The impact of using the Engagement Profile and Scale on staff and pupils in a specialist school

In the Spring term (2017) my class team and I trialled the use of the Engagement Profile and Scale (Carpenter et al, 2017) in our KS2 class. Initially, we used it with three pupils.

The Engagement Scale splits engagement into seven indications – persistence, initiation, curiosity, investigation, anticipation, responsiveness and discovery. These indicators are rated from zero to four and a total score is given out of 28. Baseline observations of the pupils are conducted, and then interventions are put into place and observed. If the score has increased, then the pupil has become more engaged and the intervention was successful (Carpenter et al, 2013).

The purpose of this article is to show how the Engagement Profile and Scale was used in a classroom setting at a specialist school, discuss the impact on the pupils, the impact on the staff team and offer some reflections.

Why we did it

We decided put this piece of research into practice at this time for two main reasons. Firstly, pupils learn better when they are engaged. Carpenter et al explain that engagement is the best indicator of deep learning (Carpenter et al, 2013). The Complex Learning Difficulties and Disabilities (CLDD) Research Project developed evidence-based strategies to improve outcomes for this group of pupils. The Department for Education-funded research was conducted across...
Engagement Profile and Scale in a SEN Specialist School

96 schools and institutions with pupils with complex needs and experienced practitioners. The Project resulted in the production of the Engagement Profile and Scale as a tool which can be used to assess and promote engagement for pupils with CLDD (Carpenter et al, 2011). We know that “without engagement, there is no deep learning, effective teaching, meaningful outcome, real attainment or quality progress.” (Carpenter, 2010, p. 5).

Secondly, we knew that the Rochford Review (2016) recommended that this tool be used. We needed to find out how this tool would be best implemented in our school for our pupils. We are no different to other schools in that we have pupils that are disengaged from their learning.

Who was involved

There were three pupils involved, all in years 3 and 4, from one class of seven pupils. Alex, who has ASD, OCD, ADHD, mental health needs and learning difficulties; Jessica, who has ASD, severe learning difficulties, speech and language difficulties and mental health needs; and Anthony, who has Down's Syndrome, ASD, learning difficulties and speech and language difficulties.

All of the pupils involved display risk behaviours including hitting, kicking, biting, spitting, stabbing and scratching. In all intervention observations, none of these risk behaviours were observed. This is not a behaviour management tool, but it is an outcome that the pupils did not display risk behaviours when highly engaged. Obviously, the aim of using the tool is to improve their learning, not to make them comply.

How we did it

We ensured that the results were valid by baselining each pupil three times. This ensured that we identified a true baseline for pupils against which we could measure the success of the interventions and the improvements in their engagement (Carpenter et al, 2013). We introduced three interventions, one at a time, so that we knew the individual impact of each intervention.

A different member of staff took initial responsibility for each pupil, which highlighted the fact that all of the class team hold responsibility for the education of the pupils. Each member of staff filmed their pupil in a learning activity that they were disengaged in and rated them using the Engagement Scale. These ratings were then validated by the other members of staff who watched the video with the completed scale in front of them. When there was a discrepancy in the ratings, the staff discussed it to ensure that there was an agreement on the final figure (Jones et al, 2015).

Once the scale was completed, the responsible member of staff set an intervention, which was put into place for the next observation. The intervention observations were scored and graphs were produced to show progress.

Outcomes for pupils

All pupils showed increased attainment in their engagement scales when interventions were put into place. Uniquely, the tool allowed us to capture that progress.

Alex was almost totally disengaged in this particular lesson shown in figure 1 above. He would display risk behaviours, show signs of heightened anxiety and find it almost impossible to finish a task, let alone to learn. A camera recorded the lesson I taught and the video footage was used to complete the scale and plot interventions. Viewing the footage allowed me to reflect on many things that could be changed. These were details I hadn’t noticed whilst teaching the lesson. For example, I found out that Alex became disengaged when there was a break in the task, such as changing materials or turning over a piece of paper. This difficulty in maintaining engagement during breaks in learning was then addressed using his love of faces; during the next intervention observation his work contained opportunities to draw faces to re-engage him after a gap in the task.

The interventions vary from pupil to pupil as they are completely personalised and based on the observations of each child. Jessica’s most successful intervention involved removing tables from her work environment. A member of the class team observed that when Jessica became disengaged she would put her head on the table or push against it. This intervention was not appropriate for the whole class, as a number of learners require the tables to structure their environment and aid their own engagement. Vitaly, the result of the process was personalised pedagogies for all of the pupils in the project, the importance of which is highlighted by Imray et al (2014).

Outcomes for staff

There were three pupils involved, all in years 3 and 4, from one class of seven pupils. Alex, who has ASD, OCD, ADHD, mental health needs and learning difficulties; Jessica, who has ASD, severe learning difficulties, speech and language difficulties and mental health needs; and Anthony, who has Down's Syndrome, ASD, learning difficulties and speech and language difficulties.

All of the pupils involved display risk behaviours including hitting, kicking, biting, spitting, stabbing and scratching. In all intervention observations, none of these risk behaviours were observed. This is not a behaviour management tool, but it is an outcome that the pupils did not display risk behaviours when highly engaged. Obviously, the aim of using the tool is to improve their learning, not to make them comply.

How we did it

We ensured that the results were valid by baselining each pupil three times. This ensured that we identified a true baseline for pupils against which we could measure the success of the interventions and the improvements in their engagement (Carpenter et al, 2013). We introduced three interventions, one at a time, so that we knew the individual impact of each intervention.

A different member of staff took initial responsibility for each pupil, which highlighted the fact that all of the class team hold responsibility for the education of the pupils. Each member of staff filmed their pupil in a learning activity that they were disengaged in and rated them using the Engagement Scale. These ratings were then validated by the other members of staff who watched the video with the completed scale in front of them. When there was a discrepancy in the ratings, the staff discussed it to ensure that there was an agreement on the final figure (Jones et al, 2015).

Once the scale was completed, the responsible member of staff set an intervention, which was put into place for the next observation. The intervention observations were scored and graphs were produced to show progress.

Outcomes for pupils

All pupils showed increased attainment in their engagement scales when interventions were put into place. Uniquely, the tool allowed us to capture that progress.

Alex was almost totally disengaged in this particular lesson shown in figure 1 above. He would display risk behaviours, show signs of heightened anxiety and find it almost impossible to finish a task, let alone to learn. A camera recorded the lesson I taught and the video footage was used to complete the scale and plot interventions. Viewing the footage allowed me to reflect on many things that could be changed. These were details I hadn’t noticed whilst teaching the lesson. For example, I found out that Alex became disengaged when there was a break in the task, such as changing materials or turning over a piece of paper. This difficulty in maintaining engagement during breaks in learning was then addressed using his love of faces; during the next intervention observation his work contained opportunities to draw faces to re-engage him after a gap in the task.

The interventions vary from pupil to pupil as they are completely personalised and based on the observations of each child. Jessica’s most successful intervention involved removing tables from her work environment. A member of the class team observed that when Jessica became disengaged she would put her head on the table or push against it. This intervention was not appropriate for the whole class, as a number of learners require the tables to structure their environment and aid their own engagement. Vitaly, the result of the process was personalised pedagogies for all of the pupils in the project, the importance of which is highlighted by Imray et al (2014).

Outcomes for staff

There were three pupils involved, all in years 3 and 4, from one class of seven pupils. Alex, who has ASD, OCD, ADHD, mental health needs and learning difficulties; Jessica, who has ASD, severe learning difficulties, speech and language difficulties and mental health needs; and Anthony, who has Down's Syndrome, ASD, learning difficulties and speech and language difficulties.

All of the pupils involved display risk behaviours including hitting, kicking, biting, spitting, stabbing and scratching. In all intervention observations, none of these risk behaviours were observed. This is not a behaviour management tool, but it is an outcome that the pupils did not display risk behaviours when highly engaged. Obviously, the aim of using the tool is to improve their learning, not to make them comply.
A qualitative outcome was achieved for our class team. The process required genuine and constructive reflection on our pedagogy and practice. It created a non-judgemental culture where best practice was encouraged. None of the class team felt that they were being judged because we were well aware that we do not have all of the answers when it comes to pupils with complex needs. An additional benefit was that we widened this reflection to include other areas, as well as engagement, as part of our daily practice.

Most importantly, the research resulted in a list of evidence-based interventions which have been handed over to new class teachers and class teams for September as part of their transitions. The lists are accompanied by videos of the interventions so the new class team can see how they worked in practice. These lists have also been shared with other staff that teach the class. In this way, using the tool avoids the same work being done twice.

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Impact observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>No assemblies</td>
<td>Less signs of heightened anxiety</td>
</tr>
<tr>
<td>Weighted Jacket</td>
<td>Calmer and more focused in class</td>
</tr>
<tr>
<td>Personalised finish box – a place for his finished materials and work with his favourite character on it</td>
<td>Less materials to play with</td>
</tr>
<tr>
<td>Don’t sanction Alex, especially by confiscating his things</td>
<td>Alex able to concentrate on things other than his possessions: No attempt to harm pupils or staff.</td>
</tr>
<tr>
<td>Use faces in Alex’s work</td>
<td>Alex is hooked into his work and more interested in his work materials</td>
</tr>
</tbody>
</table>

**Reflections**

The most significant barrier to using the tool in a classroom setting was a lack of time for reflection. There are a few ways around this, but I am sure that they would differ from school to school. It might be, for example, that teachers have their PPA at the same time and spend 10 minutes scoring each other’s videos.

Crucial to the success of the trial, was that all of the interventions were personalised. None of the interventions for any of the pupils overlapped, in this case. This is not to say that some of the interventions didn’t have a positive impact on pupils, just that they weren’t identified or measured as part of the research.

As a class teacher, I can highly recommend using this tool in a specialist setting; all of our pupils made academic progress as well as becoming more engaged and our whole class team developed their practice by reflecting on pupil need and implementing personalised strategies.

**References**

Carpenter, B. (2010) *Children with Complex Learning Difficulties and Disabilities: Who are they and what are their needs?* London: SSAT.


