

Achievement for all (AfA) effectiveness trial

Submission date 04/05/2016	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 06/05/2016	Overall study status Completed	<input checked="" type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 12/08/2022	Condition category Other	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Achievement for All (AfA) programme is a national school-based programme aiming to address the gap in attainment between children with learning difficulties and their classmates. Following an initial test funded by the Department for Education, AfA has been rolled out nationally to schools by a charitable organisation that was set up for this purpose. The AfA model has been shown to be very promising, particularly in relation to vulnerable learners in the education system (including those from disadvantaged backgrounds). However, there is genuine uncertainty about the strength of the claims made around the ability of the programme to produce socially significant change in attainment and other outcomes for children. This study aims to explore whether tailored whole school approaches delivered by AfA can lead to improvements in children's academic performance in literacy in children in Year Four and Five. The study will also look at whether the programme can also lead to improvements in maths, attendance and resiliency.

Who can participate?

All year four and five pupils (aged 8-10) attending participating primary schools in England

What does the study involve?

Schools are randomly allocated to one of two groups. Those in the first group take part in the AfA programme, in which a specially trained AfA coach works with the Senior Management of the school to assess the school's needs, create an action plan and implement it. The action plan typically will involve coaching visits alongside training/professional development opportunities. Coaching visits include tailor-made activities that are pertinent at a given point in time (e.g. an introduction to the programme with all staff in the first term of implementation), training in specific aspects of the intervention (e.g. structured conversation training) and termly review meetings. AfA is designed to be flexible and is expected to be tailored to the specific needs and priorities of each participating school, which are agreed in the initial need analysis. Those in the second group continue as normal for the two years of the study.

What are the possible benefits and risks of participating?

Schools in the usual practice group receive a financial incentive of £1000 to stay in the trial (paid out as: £200 following random allocation, £200 at the end of the first year of the trial, £200 at

the midpoint of year 2 of the trial, and £400 at the conclusion of the trial and on completion of required data/surveys). Schools in the AfA group benefit from receiving 70% of the cost of the AfA provision from the project funder. There are no risks involved with taking part in this study.

Where is the study run from?

The study is run from University of Manchester and takes place in 140-160 primary schools in England (UK)

When is the study starting and how long is it expected to run for?

May 2016 to March 2020

Who is funding the study?

Education Endowment Foundation (UK)

Who is the main contact?

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Contact information

Type(s)

Public

Contact name

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Additional identifiers

Protocol serial number

N/A

Study information

Scientific Title

A clustered randomised control trial of school children aged 8 to 10 following the Achievement for All intervention compared to school's usual practice to raise aspirations, access and achievement of pupils in participating schools

Acronym

AfA

Study objectives

Research questions:

1. Compared to usual practice, what is the impact of AfA on children's literacy (primary outcome), maths, attendance and resilience-related outcomes (secondary outcomes)?
 - 1.1. After 5 terms of exposure (Year 5 cohort)
 - 1.2. After 6+ terms of exposure? (Year 4 cohort)
 - 1.3. What are the perceived impacts of AfA among intervention stakeholders (e.g. teachers, head teachers)?
2. In relation to RQ1 above, are there differential intervention benefits in the above outcomes among pre-specified subgroups of children?
 - 2.1. Among children eligible for free school meals (FSM)?
 - 2.2. Among the target group of children identified by participating schools as belonging to 'the lowest achieving 20%'?
 - 2.3. What processes underpin any differential intervention benefits identified?
3. How is AfA implemented, and what difference does it make?
 - 3.1. How and why does AfA implementation vary?
 - 3.2. To what extent does implementation variability moderate intervention outcomes?
 - 3.2.1. Do outcomes vary as a function of 'on treatment' status?
 - 3.2.2. Do differential intervention benefits among specified subgroups vary as a function of 'on treatment' status?
 - 3.2.3. What are the proposed critical components of AfA, and to what extent does their relative presence/absence influence outcomes?
 - 3.3. To what extent does contextual variation influence the implementation of AfA (and, subsequently, outcomes)?
 - 3.3.1. How and why is this the case?
4. Is there evidence to support the AfA theory of change?

Ethics approval required

Old ethics approval format

Ethics approval(s)

Manchester University Research and Ethics Committee, 01/08/2016, ref: 16292

Study design

Randomisation is to be carried out at the school level (cluster) using a minimisation algorithm.

Intervention arm: Schools receive two years of support from an Achievement for All (AfA) coach. The intervention begins with a needs analysis performed by an AfA coach and the school's senior leadership team. This results in the generation of an action plan, which typically will include coaching visits alongside training/professional development opportunities. A step-by-step guide is provided for participating schools. In addition, they are able to access an online learning platform (The Bubble) containing the various core, tailored and partner modules. The core modules are: Coaching for Inclusive Leadership, Provision to Close the Gap, Developing

Behaviours for Attendance, Learning and Personal Wellbeing, Structured Conversations. In the standard timeline, coaching visits include bespoke activities that are pertinent at a given point in time (e.g. an introduction to the programme with all staff in the first term of implementation), training in specific aspects of the intervention (e.g. structured conversation training) and termly review meetings. AfA is designed to be flexible and is expected to be tailored to the specific needs and priorities of each participating school, which are agreed in the initial need analysis. Thus, beyond the core modules, there are a range of tailored and partner modules that schools may choose to undertake. Similarly, the '20% target group' may be interpreted differently in different schools (e.g. those pupils for whom the most recent test data places them in the bottom 20% vs. those deemed vulnerable to underachievement).

Control arm: Schools continue their normal practice without any support.

The intervention is designed to last 2 years. In our study, we have one cohort of Year 5 pupils who will be followed up after 5 school terms and we have a Year 4 cohort that will be followed up after 6 terms.

Primary study design

Interventional

Study type(s)

Other

Health condition(s) or problem(s) studied

Poor academic attainment in literacy as defined by teachers, low attendance rates, low levels of resiliency and low levels of academic attainment in maths

Interventions

Achievement for All (Treatment Arm) vs School's usual practice (Control Arm)

Intervention Type

Other

Primary outcome(s)

Literacy attainment is measured using Key Stage 2 literacy scores (from Standardised Attainment Tests at the end of Key Stage 2) from the National Pupil Database (NPD) in May 2018 for children in year 5 at the time of recruitment and May 2019 for children in year 4 at the time of recruitment.

Key secondary outcome(s)

1. Attendance (% half-days missed due to unauthorised absence) is determined using the National Pupil Database (NPD)
2. Resilience is measured using subscales of the Student Resilience Survey, captured via a secure online survey platform (World App Key Survey) in September 2017 and June/July 2018
3. Maths attainment is measured using Key Stage 2 maths scores (from Standardised Attainment Tests at the end of Key Stage 2) from the National Pupil Database (NPD) in May 2018 for children in year 5 at the time of recruitment and May 2019 for children in year 4 at the time of recruitment

Completion date

30/03/2020

Eligibility

Key inclusion criteria

1. All pupils in Year 4 and 5 (aged 8-10)
2. Attending primary schools in England

Participant type(s)

Healthy volunteer

Healthy volunteers allowed

No

Age group

Child

Lower age limit

8 years

Upper age limit

10 years

Sex

All

Total final enrolment

6338

Key exclusion criteria

1. Children not in Year 4 or 5 at the start of the trial
2. Those who do not meet the inclusion criteria

Date of first enrolment

01/06/2016

Date of final enrolment

30/09/2016

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

University of Manchester
Manchester Institute of Education
Oxford Road
Manchester
United Kingdom
M13 9PL

Sponsor information

Organisation

University of Manchester

ROR

<https://ror.org/027m9bs27>

Funder(s)

Funder type

Charity

Funder Name

Educational Endowment Foundation

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are not expected to be made available due to changes in which the National Pupil Database is held by the Office for National Statistics.

IPD sharing plan summary

Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Funder report results	results		03/11/2020	No	No
Protocol file		03/04/2019	12/08/2022	No	No
Statistical Analysis Plan	version 3.1	03/04/2019	12/08/2022	No	No