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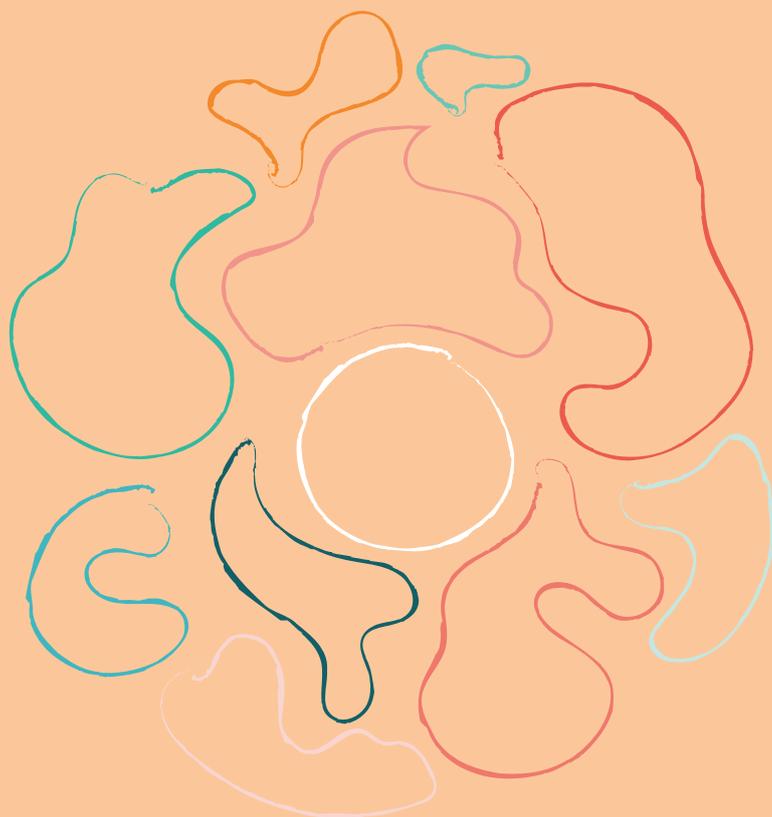
A partnership of



Targeted interventions in **HeadStart**

How do HeadStart partnerships support the mental health of young people, and do they reach those in need?

HeadStart heads up briefing: June 2022



Written by:

S. Tanya Lereya
Chloe Edridge
Charlotte Nicoll
Jess Deighton

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About this briefing

In this briefing, we aim to illustrate the range of targeted interventions offered by six local authority led partnerships through the HeadStart programme. We also investigate whether these interventions reached young people with higher needs in terms of their mental health and wellbeing.

What is the HeadStart programme?

Started in 2016, HeadStart is a six-year, £67.4 million National Lottery funded programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. HeadStart aims to explore and test new ways to improve the mental health and wellbeing of young people aged 10-16 and prevent serious mental health issues from developing. Six local authority led HeadStart partnerships in Blackpool, Cornwall, Hull, Kent, Newham and Wolverhampton are working with local young people, schools, families, charities, community and public services to make young people's mental health and wellbeing everybody's business.

HeadStart offers both universal support (whole-school approaches¹) and targeted support (accessed by fewer young people who are experiencing mental health difficulties or who are at greater risk of developing difficulties in the future). The six HeadStart partnerships reported that between 2016/17 and 2020/21, the programme reached over 212,000 young people through universal provision, which involves interventions provided to all children and young people irrespective of mental health and wellbeing needs. Across the partnerships, over 24,500 children and young people received targeted support (meaning support for those at greater risk of difficulties, or those showing early signs of difficulties with respect to their mental health or wellbeing). In addition, 3,900 parents and carers have been supported and over 19,000 staff have been trained.

¹ The HeadStart Learning Team published a briefing exploring the evidence about whole-school approaches: Demkowicz, O. & Humphrey, N. (2019). *Whole school approaches to promoting mental health: what does the evidence say?* Evidence Based Practice Unit. Available from <https://www.ucl.ac.uk/evidence-based-practice-unit/headstart-learning-team/headstart-reports-publications>

This briefing focuses on the targeted support offered by HeadStart partnerships between 2016/17 and 2018/19.

HeadStart partnerships provide multiple interventions to increase wellbeing, boost resilience and reduce the onset of mental health problems. Some interventions also aim to increase school attainment, reduce risky behaviour, and improve employability. Interventions are delivered in a range of settings including schools, communities, online, and with families. Some interventions are child-focused (for example, peer mentoring, one-to-one counselling), some are directed at school staff or other professional groups (for example, training) and some are directed at parents and carers (for example, Parent Peer Mentoring).

The HeadStart Learning Team

The Evidence Based Practice Unit (EBPU) at the Anna Freud Centre and University College London (UCL) is working with The National Lottery Community Fund and the HeadStart partnerships to collect and evaluate evidence about what does and does not work locally to benefit young people now and in the future. Partners working with EBPU on this evaluation include the University of Manchester and the Child Outcomes Research Consortium (CORC), a project of the Anna Freud Centre. This collaboration is called the HeadStart Learning Team. Previous partners in the HeadStart Learning Team include the London School of Economics (LSE) and Common Room.

Methods

1 — We used the **Wellbeing Measurement Framework (WMF)** (2016/17 – 2018/19) to collect data on over 65,000 children and young people. The WMF is a set of questionnaires that measure mental health, wellbeing, and resilience in children and young people. Through the WMF, we measured mental health difficulties using the child self-reported version of the Strengths and Difficulties Questionnaire (SDQ), a 25-item measure comprising four problem scales (emotional symptoms, conduct problems, peer relationship problems, hyperactivity/inattention problems) and a prosocial behaviour scale. The findings we present below focus on two problem subscales of the SDQ (emotional difficulties, created by summing the emotional difficulties and peer problems scales; and behavioural difficulties, created by summing the conduct problems and hyperactivity/inattention problems scales). We also present findings relating to the total difficulty score which is the combination of the four problem scales. For the problem scales, higher scores indicate higher levels of difficulty.

We measured subjective wellbeing with the seven-item child self-report Short Warwick-Edinburgh Wellbeing Scale (SWEMWBS). High scores on the SWEMWBS indicate greater positive mental wellbeing.

2 — We collected **'who got what' data** (2016/17 – 2018/19) from HeadStart partnerships. 'Who got what' data provides information about which children and young people received the different interventions available, and for what period of time.

3 — We collected **intervention descriptions** for each intervention across the HeadStart partnerships. This includes information about who delivered the intervention, who received it, where it was delivered, its intended duration, and the outcome it was aiming to improve.

To investigate the mental health status of children and young people receiving interventions, we merged the 'who got what' data with the annual WMF data. However, not all young people who received an intervention completed the WMF survey, as the WMF was carried out with specific year groups only. The data we present here is therefore from a subset of young people for whom both 'who got what' and WMF data were available, meaning that our analysis of these merged data do not represent the full range or extent of the support provided by HeadStart.

We took mental health difficulties and wellbeing scores from the closest time point to the intervention date. In some cases, this meant that the gap between the intervention and the survey data was over a year. We compared mental health difficulties and wellbeing scores for young people who received the intervention to the scores for young people who did not receive any targeted intervention. Scores for young people who did not receive any targeted intervention were calculated by averaging the scores of those who did not receive any targeted interventions across the three years.

Development of intervention groupings

Overall, we identified 76 targeted interventions across the six HeadStart partnerships. To group these interventions into meaningful, descriptive subsets, two members of the HeadStart research team created broad groupings that described and clustered these interventions according to the kind of activity involved. A member of the HeadStart Research Advisory Group (who has a clinical background) reviewed the groupings, and after further revisions we shared the groupings with The National Lottery Community Fund and the HeadStart partnerships to make sure these groupings accurately reflected ongoing practice.

Findings

We created 10 groupings after reviewing the 76 targeted interventions identified as having been delivered across the HeadStart partnerships between 2016/17 and 2018/19. These 10 groupings are displayed in Figure 1.

The majority of targeted interventions delivered by HeadStart partnerships fell under the 'professionally-led resilience training, therapy, or counselling delivered across group settings' category (n = 19), followed by 'developing a relationship with a person in the community or school' (n = 12), and 'training for professionals' (n = 12). The smallest groupings were 'assessment' and 'reflective spaces', with only one intervention in each of these (See Figure 1).

In addition to these targeted interventions, all six HeadStart partnerships delivered universal interventions as part of implementing whole-school approaches to mental health.

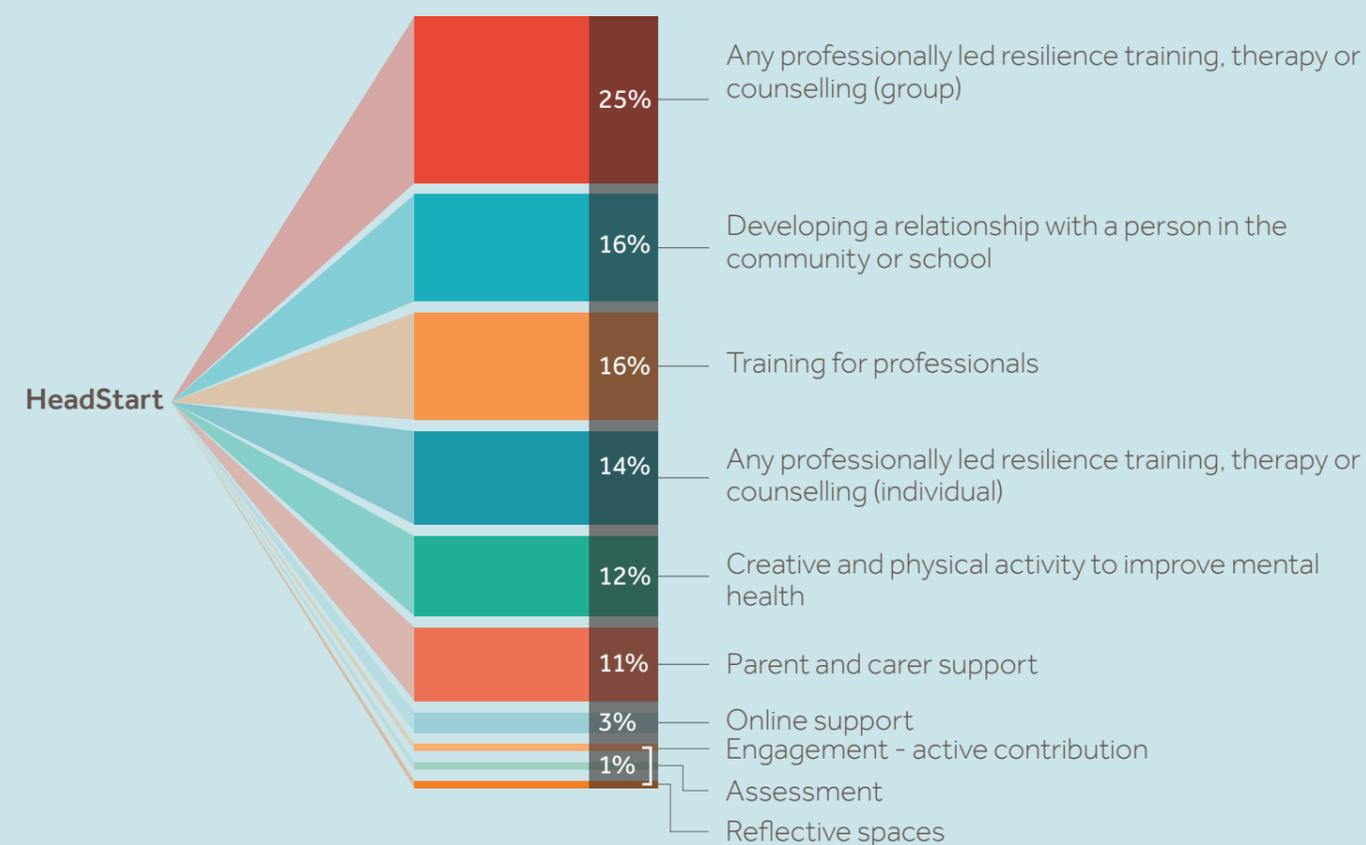


Figure 1: A visual representation of the HeadStart targeted intervention groups. Percentages show the proportion of targeted interventions we assigned to each group.

Description of the 10 HeadStart intervention groups:

1 Any professionally-led resilience training, therapy or counselling (group)

This group consists of 19 interventions aimed at children and young people in group settings, to build their coping and resilience skills with peers, family and carers, those in the community, or professionals. Two examples of interventions that belong to this group are described, below and on the next page.

Team Social Action

[Team Social Action](#) (TSA)² involves weekly facilitated group activities over one school term. Young people (Year 5 or 6 and Year 8 or 9 pupils) work as a group to identify a volunteering or social action project with school or community components and are supported to co-develop and complete this project. Up to three one-to-one sessions take place, with youth practitioners supporting pupils to reflect on their learning. The intervention is facilitated by a trained youth practitioner. TSA aims to support young people to foster interests, highlight achievements, develop life skills, understand their place in the world, take on responsibilities, and increase connectedness to peers, school, and the community.

Intervention provided by HeadStart Newham

Wellness Resilience Action Planning (WRAP) targeted group work in schools

[WRAP](#) is a targeted group work programme delivered by Barnardo's in secondary schools across the North and West of Hull. WRAP is delivered one day a week and requires the young person to come out of school for the day. WRAP promotes an individualised approach as each young person develops their own wellness plan. The service also has a transition offer to primary schools for Year 6 pupils and delivers the full group work offer to pupils in Years 7–10. The service also (where appropriate) provides family support to improve the whole family's emotional health and wellbeing.

Intervention provided by HeadStart Hull

2 Developing a relationship with a person in the community or school

This group consists of 12 interventions that aim for children, young people and families to have someone to support them when needed. An example of an intervention that belongs to this category can be found below.

Intensive Mentoring

Resilience mentors help young people experiencing many risk factors to build resilience, to enable them to better deal with day-to-day issues and setbacks in life and empower them to feel able to reach their potential. The mentors may also help improve parents' and carers' understanding about how to build young people's resilience and sustain this. Paid mentors utilised cognitive behavioural approaches or mindfulness as well as mentoring, coaching, and support of young people and families, if appropriate. Find out more about [Intensive Mentoring](#).

Intervention provided by HeadStart Kent

² The HeadStart Learning Team and HeadStart Newham published a briefing that reports on an evaluation of Team Social Action: Gill, V., Panayiotou, M., Demkowicz, O. and Humphrey, N. (2019). *Learning from HeadStart: Does social action help young people with emerging mental health issues?* Evidence Based Practice Unit. Available from <https://www.ucl.ac.uk/evidence-based-practice-unit/headstart-learning-team/headstart-reports-publications>

3 Training for professionals

This group consists of 12 interventions. These interventions provide training for professionals to better understand children and young people's mental health and wellbeing and equip staff to support children and young people with mental health difficulties. An example of an intervention that belongs to this category can be found below.

Diploma in Trauma and Mental Health Informed Schools and Communities (Practitioner Status)

[This training](#) involves an 11-day Level 5 course validated by the Institute for Arts in Therapy and Education. The training provides participants with key insights into the psychology and neuroscience of mental ill health and challenging behaviour, alongside vital tools and techniques in knowing how to respond to a child's narrative of painful life events. Participants are also trained to know when to seek the support of psychologist-led supervision and when, due to limits of competence, to refer on. The course not only focuses on work with individual children but also on changing whole school cultures, helping schools to be mentally healthy for all. The curriculum covers interventions designed specifically to address teacher stress, teacher absence and poor staff retention.

Intervention provided by HeadStart Kernow in Cornwall

4 Any professionally-led resilience training, therapy or counselling (individual)

This group consists of 11 interventions. It includes interventions aimed at children and young people on a one-to-one basis, providing emotional support on issues such as bullying, bereavement and relationships. Interventions in this group include counselling, and one-to-one therapeutic sessions run by coaches and facilitators. An example of an intervention that belongs to this category can be found on the next page.

Moving on Up (one-to-one)

Through Moving on Up, resilience coaches offer therapy for up to two years to pupils with low resilience. Activities are tailored to the needs of children and young people who are transitioning from primary to secondary school. Activities build resilience through an asset-based approach and use the Resilience Framework (basics, belonging, learning, coping, core self). These activities include support work, mentoring, linking the young person with a trusted adult in their new school, training, advocating for the young person and their family, offering co-production opportunities, and providing a positive role model to the young person.

Intervention provided by HeadStart Blackpool

5 Creative and physical activity for mental health

This group consists of nine interventions led by schools and the community to engage children and young people in music, sport, creative arts, dance and games, to help them develop their confidence and reflective skills. An example of an intervention that belongs to this category can be found below.

Getting Ahead – residential and experience days programme

Getting Ahead offers a series of interventions taking place outside of the school environment. It provides experience days, where a cohort of young people meet to undertake activities with a strong digital focus. These activities are designed to impact positively on mental health, specifically self-efficacy, confidence, collaboration and problem-solving skills.

Intervention provided by HeadStart Wolverhampton

6 Parent and carer support

This group consists of eight interventions and includes support for parents and carers through mentoring, group workshops, and weekly sessions to help families build resilience together and to learn about their own children's emotional needs. An example of an intervention that belongs to this category can be found below.

Parent Peer Mentoring

Trained [parent peer mentors](#) help parents and carers to access services and support them to identify changes needed to build a happy family home. They help in reducing parental stress, they offer a listening ear and they provide skills and knowledge to help parents and carers better support children and young people. They also offer group workshops and drop-in services in schools and the community.

Intervention provided by HeadStart Hull

7 Online support

This group consists of two interventions and includes the provision of supportive online spaces (such as chat forums) and accessible articles on mental health and wellbeing. An example of an intervention that belongs to this category can be found below.

Kooth

[Kooth](#) online support enables access to information, advice, and group chat as well as counselling via chat or messenger. Young people have access to the resource on an as-needed basis.

Intervention provided by HeadStart Newham

8 Engagement – active contribution

We identified one intervention as belonging to this grouping, which allows children and young people to take an active role in decision-making and supports young people to feel empowered by helping them build confidence so they can have their say. This intervention is described below. Note, this description of young people's active contribution reflects targeted interventions. A central aspect of the wider HeadStart programme is young people's participation at all levels including in the design, delivery and evaluation of the programme.

Youth engagement

Youth engagement activities offer a fun, informal space for young people to increase their peer networks, learn new skills and share their expertise. There are parallel co-production opportunities where young people are involved in key decisions around education, mental health, local services, funding awards and town-wide planning. Supported employment for young professionals and cross-partnership working maximises youth voice and diversifies opportunities, with additional support to enable those often excluded. For example, resilience committees in schools and URPotential networks in the community.

Intervention provided by HeadStart Blackpool

9 Assessment

We identified one intervention as belonging to this grouping, as described on the next page. Assessment is used routinely by partnerships to assess a young person's needs and the suitability of interventions. However, the Resilience Conversations intervention we include here is different in that it provides structured face-to-face conversation with the young person as part of the assessment process, including identifying actions or signposting, therefore it was included in the intervention categories.

Resilience conversations

[Resilience conversations](#) are structured conversations with a young person, where they are asked to discuss and rate their lives in six resilience areas: feeling secure, health, emotions and behaviours, education, friendships, talents, and interests. The practitioner and the young person then develop actions together in relevant resilience areas, including identifying extra support that might be available.

Intervention provided by HeadStart Kent

10 Reflective spaces

We identified one intervention as belonging to this grouping, where the young person can step away and take time for themselves and their mental wellbeing. This intervention is described below.

Safe spaces

[Safe spaces](#) are physical spaces, rooms, or other assets set aside in schools or community youth hubs. They are set up and monitored by a named staff member. Safe spaces provide somewhere for young people to take time out from stressful situations in or outside of school. The environment is supportive and positive and provides an area in which young people can escape external stressors or seek support, and in which they may receive coaching, training, mentoring, mindfulness and other kinds of support.

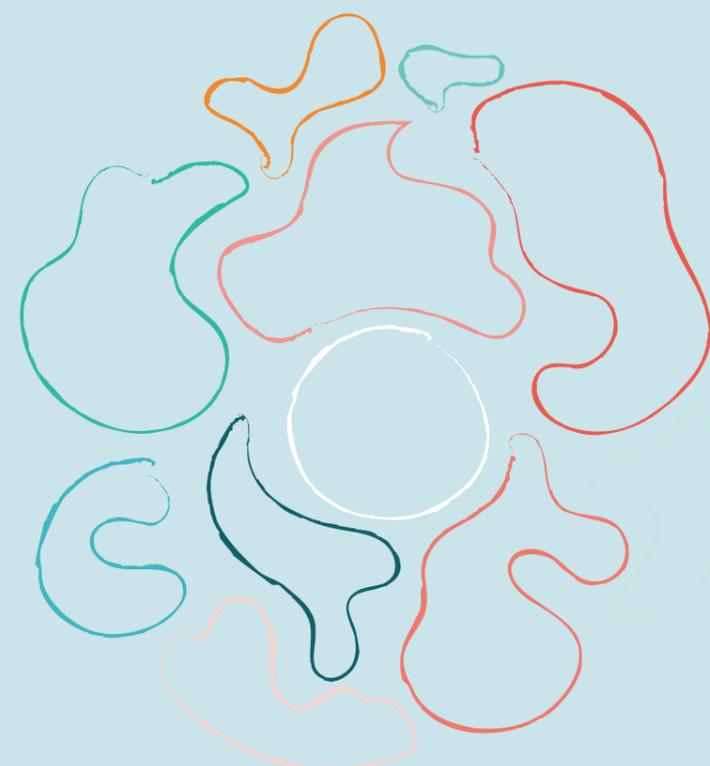
Intervention provided by HeadStart Kent

Do HeadStart interventions reach those in need?

Having illustrated the range of targeted interventions offered by the six HeadStart partnerships, we investigated whether they reached young people with higher needs in terms of their mental health and wellbeing.

Overall, young people who received any type of targeted intervention were more likely to have mental health difficulties (emotional, behavioural or total difficulties) compared to those who did not receive any targeted intervention. See Figures 2, 3, and 4 on the following pages for a visual representation of the mental health difficulties scores of those who received targeted interventions compared to those who did not receive any targeted intervention.

Because mental health and wellbeing data were not available for all recipients of targeted interventions, we analysed the subset of interventions for which both information about the intervention was available, and data regarding the mental health and wellbeing of recipients were available (see *Methods* on pages 5-6 and Table 1 in the annex, which displays the total number of targeted interventions available through HeadStart and the number of interventions we analysed).



SDQ emotional difficulties



Figure 2: Emotional difficulties scores of young people receiving targeted interventions

Note: Figure 2 represents young people's average emotional scores in each type of targeted intervention compared to those who did not receive any targeted intervention. The groupings 'training for professionals' and 'engagement – active contributions' were not included in the analysis.

SDQ behavioural difficulties

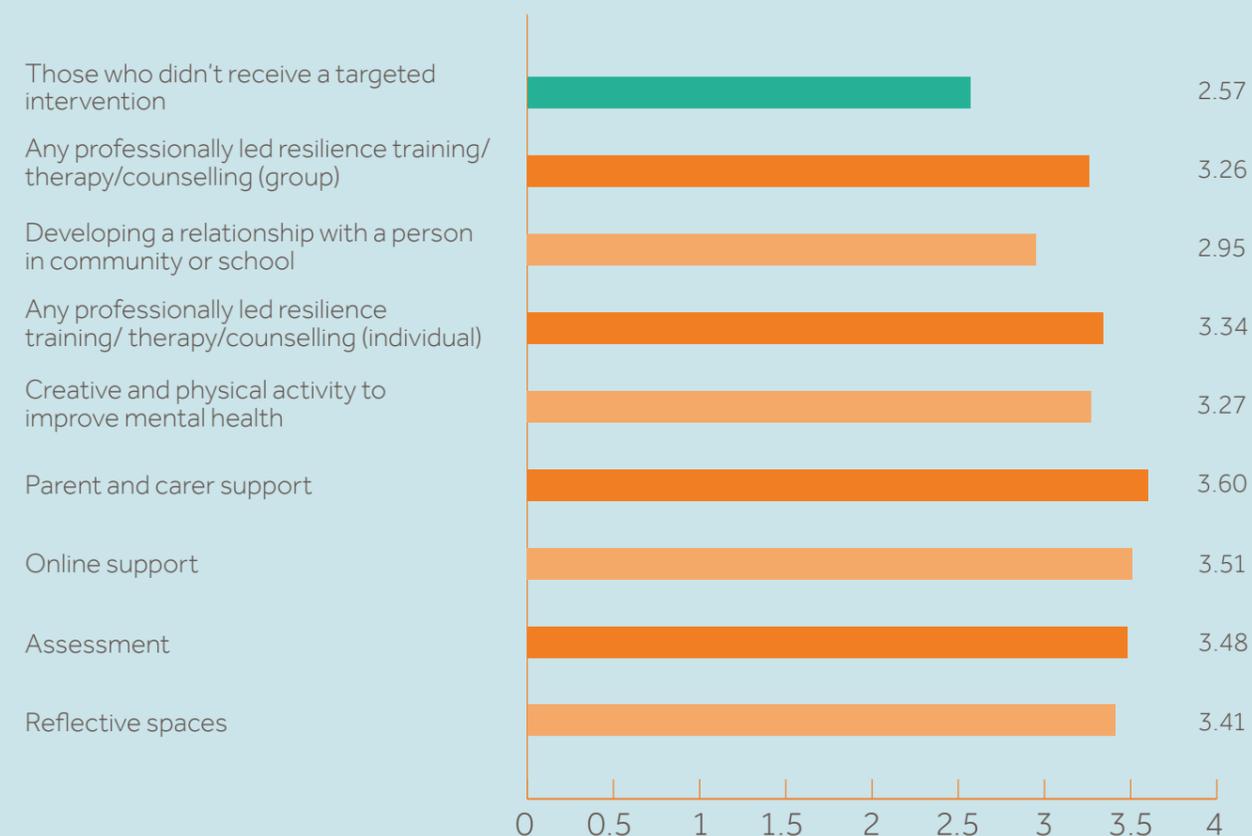


Figure 3: Behavioural difficulties scores of young people receiving targeted interventions

Note: Figure 3 represents young people's average behavioural scores in each type of targeted intervention compared to those who did not receive any targeted intervention. The groupings 'training for professionals' and 'engagement – active contributions' were not included in the analysis.

SDQ total difficulties



Figure 4: Total difficulties scores of young people receiving targeted interventions

Note: Figure 4 represents young people's average total mental health difficulties scores in each type of targeted intervention compared to those who did not receive any targeted intervention. The groupings 'training for professionals' and 'engagement – active contributions' were not included in the analysis.

Subjective wellbeing

Young people who received any type of targeted intervention were more likely to have lower wellbeing. Figure 5 provides a visual representation of the wellbeing scores of those who received targeted interventions compared to those who did not receive any targeted intervention.

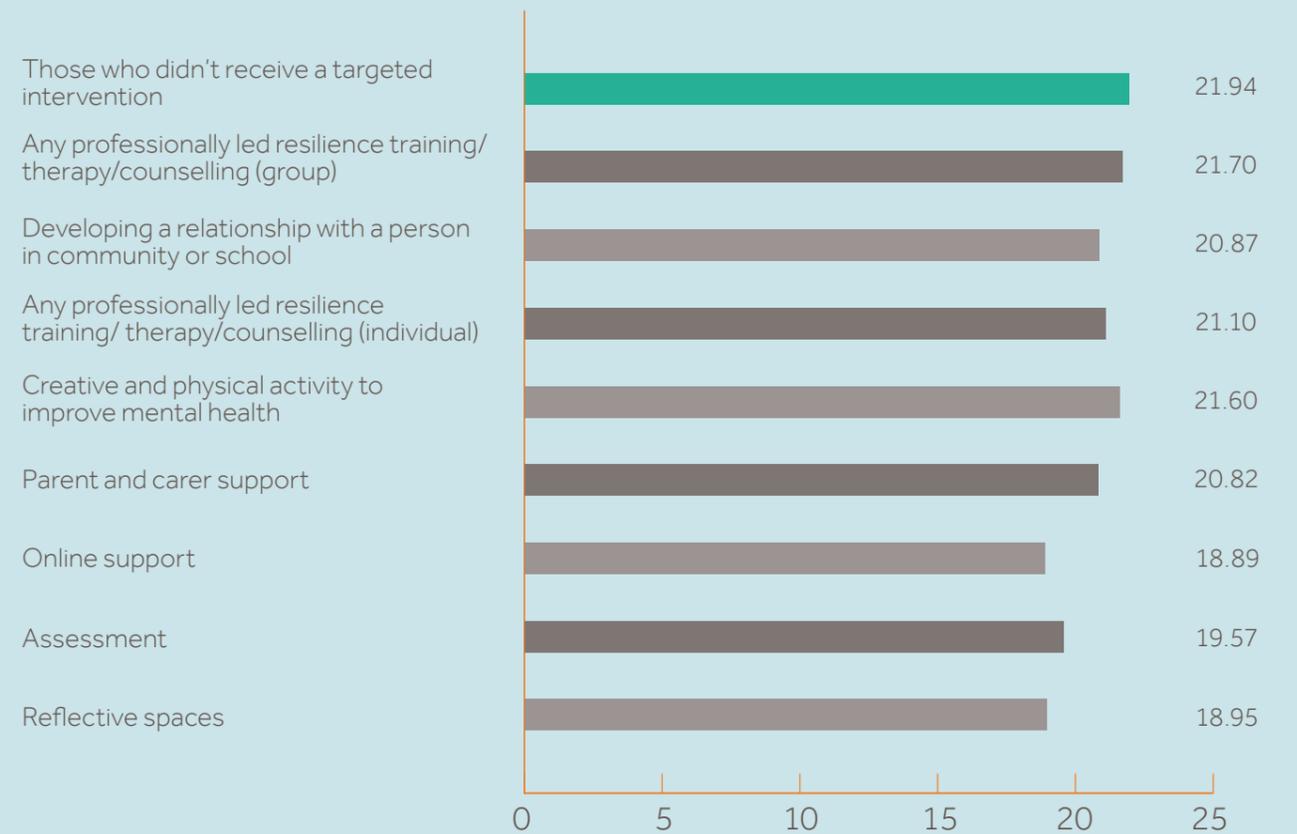


Figure 5: Subjective wellbeing scores of young people receiving targeted interventions

Note: Figure 5 represents young people's average subjective wellbeing scores in each type of targeted intervention compared to those who did not receive any targeted intervention. The groupings 'training for professionals' and 'engagement – active contributions' were not included in the analysis.

Conclusion

Between 2016/17 and 2020/21, the HeadStart programme has reached over 212,000 children and young people through universal provision and over 24,500 children and young people through targeted support. In addition, HeadStart provided training and support to 3,900 parents and carers and over 19,000 professionals during this period.

Between 2016/17 and 2018/19, the programme implemented 76 targeted interventions across six HeadStart partnerships. The findings presented in this briefing show that HeadStart supported young people in a wide variety of ways. We grouped targeted interventions into 10 different categories. Some (for example, professionally-led resilience training) have been more common than others (for example, reflective spaces).

Interventions offered through HeadStart are aimed at young people with different levels of need, with universal interventions aiming to promote wellbeing and better mental health for everyone, and targeted interventions focusing more on young people with higher levels of need. The results showed that overall, young people who received any of the targeted interventions were more likely to have higher mental health difficulties scores and lower wellbeing scores than young people who did not access targeted interventions. This indicates that the significant focus that HeadStart partnerships have placed on identifying young people who might benefit from targeted support has been successful, and is likely to have contributed to many of those with high levels of need accessing support.

However, our analysis also showed that some children and young people who were experiencing high levels of mental health difficulty, based on survey scores, did not receive targeted support. Survey responses are not always an accurate marker of individual need, and indeed they were not used to identify specific young people's needs in HeadStart. However, it is likely that some of the young people who scored high on their survey responses, and who (based on the data available) do not appear to have accessed targeted support, would have benefited from additional support. It is not clear from the data available whether these young people were not being identified as needing support or were offered support but did

not take it up. A primary aim of HeadStart is to prevent problems from escalating to the point where more interventions are needed later on, therefore it is also possible that those with highest need might have been channelled to more appropriate interventions offered elsewhere or to specialist services.

Finally, it is important to note that this briefing focuses only on the targeted support aspect of HeadStart. The programme also includes extensive universal support in schools and communities, and offers additional training for those working with young people. Not only does this wider provision vastly extend the reach of the programme, it also has the potential to play a key role in preventing the emergence of mental health problems. Future analysis from the HeadStart Learning Team will explore the impact of universal and targeted provision in HeadStart.

Annex

Table 1 The total number of interventions and the number of interventions that were analysed

	Number of interventions overall	Number of analysed interventions
Any professionally led resilience training/therapy/counselling (group)	19	17
Developing a relationship with a person in community or school	12	12
Training for professionals	12	0
Any professionally led resilience training/therapy/counselling (individual)	11	6
Creative and physical activity to improve mental health	9	5
Parent and carer support	8	3
Online support	2	1
Engagement - active contribution	1	0
Assessment	1	1
Reflective spaces	1	1

Acknowledgement

The authors are grateful for the work of the wider research teams at the Anna Freud Centre and the University of Manchester for their role in data collection and management. Thanks are also due to the local authorities and schools in the HeadStart areas for coordinating data collection, and to the participants for taking the time to complete the measures.

**Evidence Based Practice Unit (EBPU), Anna Freud Centre,
4-8 Rodney Street, London N1 9JH**

Tel: 020 7794 2313
www.ucl.ac.uk/ebpu

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