Evidence Briefing #12: October 2021

Learning from HeadStart: changes in perceived social support during early adolescence

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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 to 16 and prevent serious mental health issues from developing.

To do this, six local authority-led HeadStart partnerships are working with local young people, schools, families, charities, community and public services to design and try out new interventions that will make a difference to young people’s mental health, wellbeing and resilience. The HeadStart partnerships are in the following locations in England: Blackpool; Cornwall; Hull; Kent; Newham; Wolverhampton.

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 the EBPU on this evaluation include the Child Outcomes Research Consortium (CORC) and the University of Manchester. 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.
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Executive Summary

Background

Perceived social support refers to our beliefs about how much support is available from our relationships with others, and the adequacy of this support. Adolescence is an important period of transition during which young people may draw on social support from multiple sources. During this time, young people experience changes across several areas of life. Peers tend to become a greater source of support as adolescents gain growing autonomy from their parents and carers.\(^1,2\)

The academic literature demonstrates that social support is often perceived and experienced differently by adolescent boys and girls.\(^3,4\) Compared to boys, girls typically feel better supported by friends.\(^4,5\)

Our February 2020 HeadStart briefing highlighted a pattern of increasing mental health difficulties and decreasing subjective wellbeing between early and mid-adolescence, explained by girls showing an overall deterioration that is not seen for boys.\(^6\)

In the current study, we try to understand whether there could be a link between the deterioration in wellbeing and changes in perceived social support. We investigated three key questions:

1. Does perceived social support change during early adolescence, from Year 7 to Year 9 (11-14 year olds)?
2. Are there differences in perceived social support between adolescent boys and girls?
3. What is the association between different sources of perceived social support and wellbeing?
Methods

Our analysis relates to the longitudinal sample of 10,888 young people who completed the Wellbeing Measurement Framework (WMF) yearly, starting in 2017 when they were in Year 7 (aged 11-12) and finishing in 2019 when they were in Year 9 (aged 13-14).

We measured subjective wellbeing using the Short Warwick and Edinburgh Wellbeing Scale (SWEMWBS). We used the Student Resilience Survey (SRS) to measure perceived social support, identifying four subscales of interest: home, school, peer, and community support.

Findings

Looking at the sample as a whole, perceived levels of school and community support reduced during adolescence, whereas perceived levels of peer and home support remained somewhat more stable.

We found some differences between adolescent boys and girls when it comes to perceived social support, and in the way in which perceived social support changed over time. In Year 7, girls reported significantly more support than boys from home, school, the community and peers. By Year 9, girls continued to report significantly more support from peers than boys, but boys reported significantly more support from school than girls. No significant difference was found between boys and girls on home or community support by Year 9.

Our study suggests that perceived social support and wellbeing are related. At both Year 7 and Year 9, home, school, peer and community support were all significantly positively correlated with subjective wellbeing. Furthermore, feeling supported in one area (e.g. at home) was associated with feeling supported in other areas (e.g. by peers).
Implications

Bolstering access to supportive relationships could help to support and improve mental wellbeing. These findings are particularly timely and relevant due to the social isolation experienced by many young people over the last 18 months because of coronavirus pandemic restrictions.

The reduction in perceived social support between Year 7 and Year 9 provides a rationale for holistic approaches (such as those adopted by the HeadStart partnerships) that aim to establish and reinforce connections for adolescents in multiple areas of their lives. The perceived reduction in school support between Year 7 and Year 9 points to the transition into secondary education and the first years of secondary school as an opportunity to enhance support for pupils who may feel less supported than they did in primary school.
Perceived social support refers to our beliefs about how much support (material, emotional, psychological) is available from our relationships with others when we need it, and the adequacy of this support. Adolescence is an important period of transition from childhood into adulthood during which young people may draw on social support from several sources, including their peers, parents and carers, relatives, and teachers. During this time, young people experience changes across multiple areas of life, including emotional, physical and social development, shifts in interpersonal relationships and increasing autonomy from their parents and carers. Peers tend to become a greater source of support during adolescence, and friendships represent an important aspect of early adolescents’ growing autonomy.

From the research literature, we know that there are meaningful associations between how adolescents perceive these support networks and important developmental outcomes, including psychological wellbeing, self-esteem and academic attainment and adjustment. Perceived social support is important as it acts as a protective factor (or buffer) against stressful life events that adolescents may face, such as bullying, interpersonal conflicts and academic pressures.

The academic literature demonstrates that social support is often perceived and experienced differently by adolescent boys and girls. Compared to boys, adolescent girls typically feel better supported by close friends and are more satisfied with the support they receive. Taken together, findings of existing research provide evidence for differences between boys and girls in perceived support and the varying role of different types of perceived social support on mental health outcomes.

In February 2020, we published a HeadStart briefing that highlighted an overall pattern of decreasing subjective wellbeing between early and mid-adolescence, which is explained by girls showing an overall deterioration that is not seen for boys. To try to understand these differences we decided to look into perceived social support in the same pupils - could the deterioration in wellbeing be linked to changes in perceived social support? In this study, we investigated three key questions:

1. Does perceived social support change during early adolescence, from Year 7 to Year 9 (11-14 year olds)?
2. Are there differences in perceived social support between adolescent boys and girls?
3. What is the association between different sources of perceived social support and wellbeing?

*In this briefing we discuss gender and consider the similarities and differences in perceived social support for adolescent boys and girls. A limitation of this study is that when these data were collected, young people did not have the opportunity to self-define their gender. Instead, data about gender was extracted through data linkage with National Pupil Database (NPD). We acknowledge that understanding the mental health and wellbeing of transgender and non-binary children and young people and the challenges they may experience is an important area for future inquiry. Based on feedback and suggestions from young people about what has been missing from the survey in previous years, Year 10 and 11 pupils taking part in the Wellbeing Measurement Framework survey are now being asked questions about how they identify their gender and sexuality.*
Methods

Sample

The analysis we present in this evidence briefing relates to the longitudinal sample of 10,888 young people (54% girls and 46% boys) who completed the Wellbeing Measurement Framework (WMF) yearly, starting in 2017 when they were in Year 7 (aged 11-12) and finishing in 2019 when they were in Year 9 (aged 13-14).

Of these pupils, 77% were White, 23% were from Asian, Black, mixed or ‘other’ ethnic groups; 11% had a statement of special educational needs (SEN), an Education, Health and Care (EHC) plan or SEN support; and 33% of young people were eligible to receive free school meals (FSM). There were slightly more girls (54%) than boys.

At the stage we collected these data, we were not able to ask young people directly about their self-identified gender (see footnote a).

The Wellbeing Measurement Framework (WMF)

The WMF is a year-on-year school-based online survey that HeadStart uses to measure wellbeing and resilience in children and young people. From 2017 to 2019, children and young people in Years 7 (aged 11-12), 8 (aged 12-13) and 9 (aged 13-14) in participating schools completed this survey each year as part of exploring and evaluating their mental health and wellbeing. The full framework can be found on the Child Outcomes Research Consortium website: https://www.corc.uk.net/resource-hub/wellbeing-measurement-framework-wmf/
Measures

We measured subjective wellbeing using the 7-item child self-report Short Warwick and Edinburgh Wellbeing Scale (SWEMWBS). Subjective wellbeing means feeling generally good about life, feeling able to deal with problems well and feeling positive about the future. Example statements from the WMF include: ‘I’ve been feeling optimistic about the future’ and ‘I’ve been dealing with problems well’.

We used the Student Resilience Survey (SRS) to measure perceived social support. The SRS comprises 12 subscales measuring students’ perceptions of their individual characteristics as well as protective factors embedded in the environment. For this study, we identified four subscales of interest: home (four questions), school (four questions), peer (13 questions), and community support (four questions). Example items from the SRS include the following:

- ‘At home, there is an adult who listens to me when I have something to say’ (home support).
- ‘At school, there is an adult who really cares about me’ (school support).
- ‘Away from school, there is an adult who I trust’ (community support).
- ‘Are there students at your school who would make you feel better if something is bothering you’ (peer support)?

In the Findings section of this briefing, average levels of perceived peer support appear to be much higher compared to the other areas of support we investigated. However, it is important to note that the score range for peer support is much bigger than for the other areas of support. This is because young people answered 13 questions about peer support compared to four questions about home, school and community support. As a result, it is not meaningful to compare directly between young people’s perceptions of peer support and their perceptions of home, school and community support.

Analysis

We present average differences in perceived social support from Year 7 (aged 11-13) to Year 9 (aged 13-14) in the tables in the following section, along with the associated effect sizes and statistical significance tests. Effect size refers to the magnitude of change and statistical significance refers to the likelihood that a result is due to chance.

To explore change in perceived social support across time, we used a multi-level modelling technique. Multi-level modelling techniques are useful as they allow us to account for group effects. It is often seen that pupils from one school respond more similarly to one another than to pupils from different schools. This is an example of a group effect.
How young people in HeadStart have described social support

In addition to our quantitative research, the HeadStart Learning Team has carried out qualitative interviews with young people year-on-year to yield qualitative data. While these qualitative interviews don’t directly address the questions laid out in this briefing, in some of these interviews young people do touch on a range of different sources of support. Illustrative quotes from these interviews with young people at Year 7 and Year 9 are included on this page to highlight how young people describe different kinds of social support they draw on, in their own words. These have been grouped into the four sources of social support discussed in this evidence briefing: home support, school support, community support and peer support.

Home support

“I tell my mum most things. I pretty much tell her everything. Me and her are really close.”

“When I talk to my sister, she’ll open up to me about something as well, so it’s like a win-win game.”

“I don’t really like talking to [my dad or my sister] about anything like this with them [...] If I’m upset or anything, I’ll just talk to my nan or something.”

“It makes me feel a bit sad because like my mum is at work and then my dad’s at home a bit annoyed and then because I don’t really get involved I just go to my room and do my own thing, just to stay away from it. But then normally then my brothers go to bed and I talk to my dad about my day [...]”

School support

“If there’s any problem with [a] relationship or something that you’re worried about will happen, then you just go to [teacher] at a lunchtime and she will bring you to her office. And you pretty much talk about what you feel uncomfortable with and she’ll sort that out around school. [...] If kids feel uncomfortable, that is her specific job to make it better.”

“I know that there is some [support in school], but I don’t know, I just wouldn’t go to them, I just go to my mum and dad and friends and stuff like that.”

“Before I didn’t like some of the teachers, but then I went to parents’ evening, and then like I got good reports. And then the teachers told, um, my mum the behaviour. And then after, the teachers, like, tried to help me more, and I improved my learning.”

“[support group]: and my teacher in there, is like, it’s just me and her. And she talks about worries and she always makes me laugh and everything. But she’s my form tutor, as well. So I can talk to her about it, as well.”
Peer support

“I think I’ve got the strongest relationship with him [boyfriend], I can tell him about anything. And sometimes I did say I’ve got a strong relationship with my parents but sometimes I can’t always cry to them or tell them some of the things, but I can be really weird around him and show my emotions around him, more than most people.”

“I speak to my friend, because he’s got the same sorts of issues as me. He’s got like issues with his family, stuff. I speak to him quite a lot about it.”

“When I’m upset or scared or anything, [my friends] are always there for me, so it makes it better. [...] They talk to me, they talk things through with me, they ask me what’s wrong, ask me if I want to talk about it and just things like that.”

“I could talk to him about anything and he always listens. Even if he doesn’t know what to say, he will listen to me, and if he does, he always helps me and he’s amazing.” “I can talk about anything and I know he won’t, like, judge me.”

Community support

“[Counsellor] – we talk about issues. I talk to her, and that, but I don’t open up to her with a lot, because I need to trust her a bit more first. Because we’ve only been doing it for a couple of weeks, I don’t know whether I can trust her yet.”

“I found helpful, [...] where the HeadStart person told us like, “If you’re stressed like, just talk to someone that like you more rely on and you can trust.”
Findings

Does perceived social support change during early adolescence, from Year 7 to Year 9 (11-14-year olds)?

It is difficult to answer this question with a simple ‘yes’ or ‘no’. Our results suggest that when looking at the sample as a whole, perceived levels of school and community support reduce during adolescence whereas perceived levels of peer and home support remain somewhat more stable.

This is because when we look at the total sample, although we see a statistically significant mean reduction across perceived home, school, community and peer support (Table 1) between Year 7 and Year 9, the magnitude of this difference is small\(^b\) for school and community support and negligible\(^c\) for home and peer support.

### Table 1. Wellbeing and perceived social support scored at Year 7 and Year 9

<table>
<thead>
<tr>
<th></th>
<th>Year 7</th>
<th>Year 9</th>
<th>Mean difference between year 7 and Year 9</th>
<th>Effect size (Cohen’s d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total SWEMBS raw score</td>
<td>24.6 (5.07)</td>
<td>23.5 (5.57)</td>
<td>-1.06**</td>
<td>0.21</td>
</tr>
<tr>
<td>SRS Home</td>
<td>17.9 (2.60)</td>
<td>17.5 (3.10)</td>
<td>-0.40**</td>
<td>0.11</td>
</tr>
<tr>
<td>SRS School</td>
<td>15.44 (3.8)</td>
<td>13.96 (4.3)</td>
<td>-1.48**</td>
<td>0.32</td>
</tr>
<tr>
<td>SRS Community</td>
<td>17.42 (3.44)</td>
<td>16.46 (4.13)</td>
<td>-0.97**</td>
<td>0.22</td>
</tr>
<tr>
<td>SRS Peer support</td>
<td>53.1 (11.1)</td>
<td>52.7 (11.4)</td>
<td>-0.40**</td>
<td>0.03</td>
</tr>
</tbody>
</table>

**Paired-samples t-test is significant at level .01

\(^b\) Small effect size when it is less than 0.5

\(^c\) Negligible effect size when it is less than 0.2
Are there differences in perceived social support between adolescent boys and girls?

Our study suggests that there are some differences between adolescent boys and girls when it comes to perceived social support. In Year 7, girls reported significantly more support than boys in terms of home, school, community and peer support. By Year 9, girls continued to report significantly more support from peers than boys, but boys reported significantly more support from school than girls. No statistically significant difference could be found between boys and girls on perceived home or community support by Year 9. Results are presented in Table 2.

The way in which perceived social support changed over time differed between boys and girls for each source of support, except peer support. Compared to boys, girls perceived higher levels of home, school, and community support at Year 7. However, perceptions of social support converged over time, and by Year 9 boys and girls perceived similar levels of home and community support, and boys perceived higher levels of school support than girls (Figure 1).

On the other hand, the patterns of perceived support from peers for boys and girls remained stable over the three years. Although perceived peer support declined marginally for both boys and girls over this period, girls continued to report significantly more support from their peers than boys.

As the score range for peer support is bigger than for the other areas of support we investigate in this evidence briefing, we advise caution when comparing perceptions of peer support and of home, school and community support. For more information, see the Measures section on page 7.

### Table 2. Boys’ and girls’ perceived social support at Year 7 and Year 9

<table>
<thead>
<tr>
<th>Source of Support</th>
<th>Year 7 Mean (sd)</th>
<th>Year 9 Mean (sd)</th>
<th>Mean difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Girls</td>
<td>Boys</td>
<td>Mean difference</td>
</tr>
<tr>
<td>SRS Home</td>
<td>18.10 (2.56)</td>
<td>17.70 (2.67)</td>
<td>0.40**</td>
</tr>
<tr>
<td>SRS School</td>
<td>15.51 (3.74)</td>
<td>15.34 (3.82)</td>
<td>0.17*</td>
</tr>
<tr>
<td>SRS Community</td>
<td>17.64 (3.34)</td>
<td>17.14 (3.55)</td>
<td>0.50**</td>
</tr>
<tr>
<td>SRS Peer support</td>
<td>55.14 (10.30)</td>
<td>50.45 (11.46)</td>
<td>4.70**</td>
</tr>
</tbody>
</table>

** Independent samples t-test is significant at level .01
*Independent samples t-test is significant at level .05
The score range for peer support is bigger than for the other areas of support we investigate in this evidence briefing, therefore it is not meaningful to compare directly between perceptions of peer support and of home, school and community support. For more information, see the Measures section on page 7.
What is the association between different sources of perceived social support and wellbeing?

Our study suggests that perceived social support and wellbeing are related. At both Year 7 and Year 9, home, school, peer and community support were all significantly positively correlated with subjective wellbeing. Furthermore, all four sources of support were significantly correlated with each other, showing weak to moderate positive associations. This means that feeling supported in one area (e.g. at home) was associated with feeling supported in other areas (e.g. by peers). It is important to note that because this relationship is correlational in nature, we cannot say conclusively that feeling supported in one area causes young people to feel supported in other areas of their lives.

Implications

Boosting young people’s access to supportive relationships could help to support and improve wellbeing.

Initially we set out to explore whether deterioration in wellbeing noted in our previous briefing was at least partly driven by poorer social support for young people as they get further through adolescence. In our current study, perceived social support was associated with wellbeing across timepoints. While we should be cautious about inferring a causal relationship between perceived social support and wellbeing, our findings are consistent with previous research which indicates that perceived social support may serve as a protective factor, supporting mental health and wellbeing. In addition, in an earlier HeadStart briefing we found that young people who had experienced more difficulty in their lives over time were more likely to have uncertain sources of support. Interventions and approaches that help young people to feel better supported could therefore be a key aspect of provision that aims to improve young people’s wellbeing.

Focusing on building supportive relationships in schools and with peers may be particularly beneficial as findings show a decline in both of these from early to mid-adolescence. Practice examples presented in this report describe some ways in which HeadStart partnerships have been supporting young people to build supportive relationships.

These findings are particularly timely and relevant due to the social isolation experienced by many young people over the last year because of coronavirus pandemic lockdowns and other restrictions. Systematic literature reviews of research tell us that children and adolescents are probably more likely to experience high rates of depression and anxiety during and after enforced isolation ends. HeadStart is able to help meet some of the increasing needs of young people during this time by continuing to boost young people’s support networks, remotely and in-person where restrictions have allowed.
The HeadStart partnerships use a wide range of approaches and interventions which aim to help young people to feel better supported in various areas of their lives, including at home, at school, in the community and with peers. Here are some examples:

1. Trio of Trusted Adults (HeadStart Hull)
   This programme supports children and young people in Hull to have:
   - a “Trio of Trusted Adults” – in school, in the community and at home
   - aspirations for the future
   - confidence and self-esteem
   - positive peer networks – friends they can rely on
   - stronger family networks.
   These five assets come together to form a scaffold of support that helps children and young people to thrive and bounce back from life’s challenges. This scaffold also supports improved academic attendance and achievement and helps young people to know where to access support if they (or a friend) need it.
   To achieve this, HeadStart Hull has put in place universal and targeted initiatives which enable:
   - children and young people to be confident to discuss feelings and worries with a trusted adult and to support their peers
   - children and young people to find and access support when and where they need it
   - parents and carers to confidently and appropriately support their children with emotional health and wellbeing
   - everyone working with children and young people to identify emotional health issues early and provide effective support
   - quick access to effective targeted early help interventions which reduce the need for specialist/clinical services in the long term.

2. SPACE (HeadStart Kernow)
   HeadStart Kernow is seeking to embed a trauma informed approach across the system working around children, young people and families. SPACE is a programme that was created to help parents and carers understand what is meant by a trauma informed approach and to familiarise them with the trauma informed language being used in schools and across organisations who are working with and supporting their children.
   Trained facilitators deliver a five-week education programme to groups of parents and carers, offering practical activities and insights into the neuroscience behind trauma, attachment theories, toxic stress responses and why protective factors are important.
   SPACE is a relationship-based delivery model which actively promotes working in partnership alongside parents and carers. It helps support them in recognising the impact of adult behaviours on children, and how they can develop protective behaviours and resilience in both themselves and their children. The programme recognises that each participant may be shaped but not defined by their experiences, and that there is always capacity for change.
   A universal programme intended for all parents and carers, SPACE supports learning that promotes understanding of both children’s and adult’s emotional health, wellbeing and behaviour and how life experiences can influence this. With particular emphasis on the maintenance of positive emotional, mental health and wellbeing for the whole family, SPACE also provides parents and carers with take-away strategies to implement at home.

For more information, visit https://www.headstartkernow.org.uk/parents--carers/space/
3. More than Mentors* (HeadStart Newham)

More than Mentors is a programme that involves peer-to-peer mentoring over 10-12 weekly sessions supported and supervised by a Youth Practitioner and a Mental Health Practitioner. Each group includes 10-15 mentees and 10-15 mentors. Each session is 1.5 hours long plus an additional hour of training and supervision for mentors.

The session entails group activity time followed by a 1:1 mentoring session. Each mentor works through a toolkit with their mentee during the intervention. They explore different areas the mentee may like to focus on, and identify and set goals linked to the mentee’s wellbeing and emotional resilience.

Year 9 and 10 pupils can train to be a mentor, and Year 7 and 8 pupils can sign up as a mentee. Mentors attend 2 days of training to learn skills needed to mentor younger peers. More than Mentors aims to enable pupils to work together with their peers and a HeadStart Youth Practitioner to learn ways to improve resilience, build confidence and gain problem solving and goal setting skills.

For more information, visit https://www.headstartnewham.co.uk/activities/more-than-mentors/

4. Friend for Life (HeadStart Blackpool)

Friend for Life is a programme delivered by HeadStart Blackpool, through which adult volunteers receive training and support and become friends for life with children and young people in care, making a commitment to keep contact with the young person for as long as the young person needs them. Friend for Life was inspired by research around the importance of significant adults.

Children choose their Friend for Life. It is not a professional relationship, but a friendship intended to provide a consistent relationship with a trusted adult over time. Children involved in the programme told HeadStart Blackpool that they value that their Friends are volunteers and are reliable. The volunteers reported immediate benefits from the friendship itself. Some volunteers also reported a better understanding of children and the inequalities they face, and many reported improved opportunities to connect to others via shared events.


Implications (continued)

A holistic approach to supporting young people is crucial and could help to improve young people's wellbeing.

Our findings suggest that young people experienced a reduction in perceived support in all four domains measured here (peer, school, home and community), and particularly in school and community support. It is important therefore to consider that interventions should aim to establish and reinforce connections for adolescents across contexts, in multiple areas of their lives.

The changes in perceived support between Year 7 and Year 9 provide a strong rationale for the holistic approaches the HeadStart partnerships take, aiming to improve the support networks, resilience, and wellbeing of young people. Given that HeadStart works across the areas of school, peer, home, and community support, the results of this evidence briefing suggest that HeadStart interventions are targeting and tapping into a range of key sources of support for young people.

Community support from adults away from school reduced across time for both boys and girls, suggesting that bolstering community support among young people between Years 7-9 could be an important focus for wellbeing interventions, within programmes like HeadStart and more broadly.

Another clear finding from this study is that girls tended to report higher levels of peer support compared to boys and that this remained the case as they moved through Year 7 to Year 9. Again, this is in line with existing research which tells us that adolescent girls typically feel more supported by close friends than boys and are more satisfied with the peer support they receive. The observed differences between boys and girls in terms of how they perceive their social support networks is important as it has implications for how we might provide more targeted interventions to meet the needs of young people. However, our study also finds that both boys and girls report a reduction in peer support between Year 7 and Year 9, suggesting that universal interventions aiming to increase peer support for young people as they move into later adolescence could form a valuable part of approaches to supporting young people's wellbeing at this stage of life.

It is important to ensure that young people feel supported during and beyond the transition from primary to secondary school.

The finding that perceived support from an adult at school decreases between Year 7 and Year 9 is largely consistent with the literature. Previous research has reported that perceived support from teachers begins to decrease from age 11, and has suggested that this could be related to the transition from primary to secondary school which happens in the UK at around this age. For instance, as part of this transition young people make the shift from being taught by one key teacher at primary school to having lessons with multiple teachers at secondary school, which may make it more difficult for them to develop a personal relationship with a teacher. Our finding about the reduction in perceived support from school points to the transition into secondary education as an opportunity to bolster support for those pupils who may feel less supported than they did before.
Acknowledgements

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