HeadStart national evaluation final report executive summary

Supporting the mental health and wellbeing of children and young people: the role of HeadStart

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Evidence Based Practice Unit

A partnership of

Anna Freud

UCL

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Executive summary

Background

In recent years we have witnessed an escalation in mental health problems for children and young people and a corresponding decrease in wellbeing. Young people themselves have identified mental health as an area of concern that they believe requires more prominence and greater investment.

What was HeadStart?

HeadStart was 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. It aimed 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. To do this, six local-authority-led HeadStart partnerships in Blackpool, Cornwall, Hull, Kent, Newham and Wolverhampton worked with local young people, schools, families, charities, community services and public services to make young people's mental health and wellbeing everybody's business. The programme was designed to test and learn – to try new approaches and be innovative – with the intention being to sustain and embed effective approaches locally. The HeadStart programme ended in July 2022.

This report

This report describes the reach, implementation and impact of the programme, and our learning about the nature of mental health and wellbeing in children and young people and what influences it.

Approach

Because HeadStart was a complex programme involving many different activities across multiple sites, the evaluation took a multi-strand approach. It incorporated large-scale quantitative data collection in the form of self-report surveys from children and young people; qualitative interviews with young people, programme staff, school staff and parents; and nested summative evaluations[a] of selected interventions. The key areas of investigation for the evaluation are broadly stated below:

To find out the **nature of the problem (context and need):** what was the level and type of existing mental health need in HeadStart areas?

To find out **what help looks like (implementation and reach):** what did HeadStart areas focus on and deliver, and to whom?

To find out **whether HeadStart had a positive impact on the mental health and wellbeing of children and young people (impact):** did those receiving HeadStart support experience improvement in their mental health and wellbeing over the period of the programme? If improvements were detected, for whom, under what conditions and to what extent did HeadStart contribute to these changes?

Findings

Context and need

Data from the large-scale self-report survey indicated that experiencing a mental health difficulty was quite common among young people, with 42.5% experiencing some kind of mental health difficulty at any one time. These difficulties were more common in older young people and more common in girls than boys. Over the early adolescent period our survey data showed a general decline in young people's mental health and that this was predominantly driven by girls' mental health deteriorating markedly.

In addition to gender and age, we identified a number of risk factors that increased the likelihood that young people would experience a mental health problem. These included having special educational needs, being from a low-income family and being considered as in need of extra help or protection (having child in need [CIN] status). Findings indicated that it was not just the nature but the number

a) robust assessments of the impact of a number of HeadStart interventions in isolation, using randomised control trials (RCTS) or quasi-experimental designs

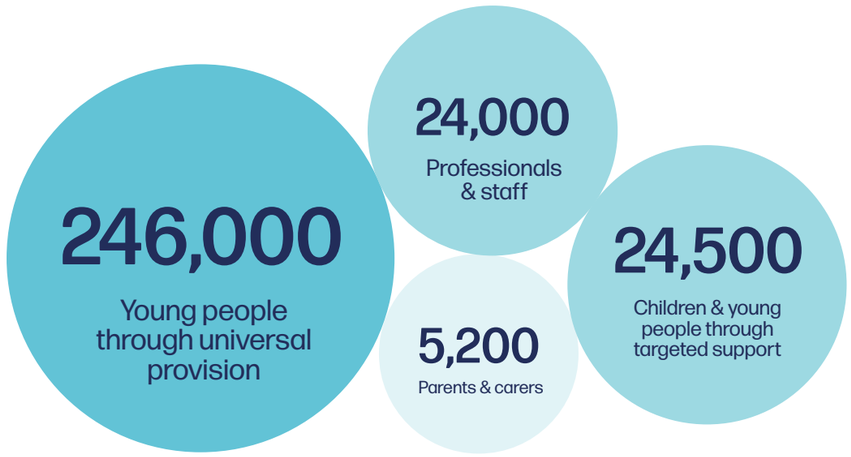
of risk factors that young people experienced that has a significant bearing on their mental health, showing a cumulative effect of challenges, circumstances and experiences. The quantitative and qualitative research also highlighted a range of protective factors that reduced the risk of experiencing a mental health problem. Key protective factors included having multiple and trusted sources of support (e.g., from family, friends and school), being able to successfully regulate emotions and having low levels of stress.

Our data also showed that mental health and wellbeing are related but distinct constructs meaning that while there was a strong relationship between the two, it was possible to experience mental health problems while also experiencing positive wellbeing and, similarly, to experience poor wellbeing but not have significant mental health problems.

Our qualitative research showed a range of approaches young people took to help them cope in the face of challenges to their mental health and wellbeing. Frequently this involved turning to trusted others for support, drawing on different people depending on what was troubling them. Young people also engaged in positive thinking and favourite activities (e.g., creative activities and reading books) which could help them feel better and/or distract them from their concerns.

Implementation and reach

HeadStart reached 24,500 children and young people through targeted support, 246,000 young people through universal provision and 5,200 parents and carers. Over 24,000 professionals and staff across school, local authority and community settings have been trained in ways to support young people's mental health and wellbeing.[b]



b) Reach figures for the HeadStart programme (July 2016- July 2022) based on data reported to the Fund by HeadStart partnerships

HeadStart partnerships included both targeted and universal support in their approaches to supporting young people. Universal support is provision that is accessed by, not just on offer to, all young people in a given population. This could include, for example, training for school staff in understanding mental health and how to identify vulnerable pupils. In HeadStart schools, every pupil received at least one universal intervention during the programme. Some partnerships also offered interventions that they termed 'universal plus' – interventions that were made universally available but not everyone would have made use of. Targeted support, on the other hand, refers to interventions offered to select groups of young people who meet the criteria for needing additional help with their mental health and/or wellbeing. The kinds of targeted activities offered through HeadStart included professionally-led resilience training, therapy or counselling delivered on a group or one-to-one basis, parent or carer support, building relationships and connections, training for professionals, creative and physical activity to improve mental health and online support.

HeadStart partnerships experienced challenges around the implementation of the programme but were able to share useful learning as a result. For example, in order to successfully gain traction, interventions need to be sympathetic to existing practices and principles in schools and local communities, as well as the preferences of young people. In terms of wider challenges, the coronavirus pandemic had a significant impact on programme delivery with referrals slowing down, some types of support having to adapt their delivery mode significantly (often to virtual delivery) and others stopping altogether. Overall, the findings illustrate the ways in which preventive programmes like HeadStart can adapt and play a valuable part in reaching new areas of need during periods of major challenge.

In terms of sustaining HeadStart practices beyond the life of the programme, HeadStart partnerships told us that integrating with local services and fitting within existing systems as far as possible were crucial, as was developing key relationships and getting buy-in at a senior level (especially in schools).

Impact

Young people, parents and school staff all gave accounts of the benefits they perceived of HeadStart support. However, looking across the programme as a whole using our large-scale survey data, we could not identify a statistically significant impact of either the targeted or universal HeadStart support on young people's mental health and wellbeing. This may have been due to challenges in establishing comparison groups against which to

compare our HeadStart sample. It also may have been because the mixture of practices rolled out as part of this 'test and learn' programme included both interventions that did and did not achieve a significant impact. In support of this, our nested summative evaluations did indicate some effective interventions delivered through HeadStart, and some that were less effective or that needed sufficient engagement to achieve positive outcomes.

In terms of school outcomes, in the early stages of the programme we found a reduction in the rates of exclusion in schools that were in HeadStart areas compared to those that were not. We did not find any evidence that being in a HeadStart area had a positive impact on young people's attendance or attainment at school.

Findings across our qualitative studies illustrate the range of ways HeadStart had a positive impact on young people's mental health and wellbeing from the perspectives of young people themselves, school staff and parents. These studies also identified, to a lesser extent, some areas of possible improvement for HeadStart interventions. Through our qualitative investigation focusing on young people's active involvement in programme delivery, young people told us about a range of benefits they had experienced through their participation roles. These included improvements in young people's resilience, confidence and wellbeing, the development of social-emotional skills, and fostering agency, voice, and power.

Our qualitative evaluation work with HeadStart staff and local area stakeholders highlighted that HeadStart had facilitated collaboration and improved joined-up working at a local area and systems level, raised the profile of young people's wellbeing and the importance of preventing the onset of mental health difficulties, and addressed gaps in support for young people, parents and carers, and staff in school and community settings.

Conclusions and implications

Taken together, our findings illustrate the extensive reach of HeadStart within the six partnership areas and the range of influences the programme has had – from systemic changes across local areas and changes in school practices, to benefits described by young people, parents and school staff. While the programme-wide quantitative analysis did not show a net improvement in mental health and wellbeing for all those in contact with the programme, the lack of a comparison group limited our scope to robustly investigate impact. Our summative evaluations did point to a number of effective practices, especially when engagement with these interventions was sustained over a longer period of time. We also observed some positive effects on wider school outcomes – specifically, a reduction in school exclusions during the early stages of the programme. Furthermore, the range of benefits described by young people, parents and school staff often extended beyond those measured by the evaluation survey.

The HeadStart programme provides many examples of how we might reconceptualise models of support for young people's mental health and wellbeing, particularly in terms of prevention and early intervention. It was clear from both quantitative and qualitative studies that young people's mental health often varies based on their own lived experiences and identities and that some challenges young people experience can make mental health difficulties more likely. This suggests that careful thought should be given to how we identify those in need of support – not only taking into account their level of mental health difficulties, but also the degree of risk and challenge they are exposed to in their lives. While it was clear that HeadStart's targeted interventions were aimed at those with high need and that some innovative models were used to identify those who would benefit from support, there were also indications that some young people who might have benefitted from help didn't receive it.

Our findings also indicate that young people experiencing high levels of risk coupled with a lack of social support might have quite different support needs compared to young people who can access informal support from family, school and friends. While the latter may only require short-term, focused support to manage a mental health problem, the former may need more intensive or sustained help, drawing on multiple sources of support. HeadStart, as a multi-layered, complex intervention embedded across the system, provides more opportunities for young people to experience multiple sources of support. We suggest that this embedded, system-wide approach is a promising area for further development.

The programme has also yielded rich learning about evaluating complex programmes. These kinds of evaluations should draw from multiple sources of information. This includes many of the features that were built into the HeadStart evaluation – for instance, local evaluations embedded in the design of local programmes, an emphasis on young people's, parents' and carers' perspectives, and national evaluation drawing on new data collected from intervention sites, and data from existing administrative datasets (such as those routinely collected in schools). Further improvements to the HeadStart evaluation could have been achieved by building in a robust comparison group from the outset of the programme, with non-delivery sites collecting the same data as delivery sites; and by having a greater focus on data quality, especially in terms which interventions are delivered to whom and how.

Newer approaches to examining routine data provided us with valuable insights around the relationship between the programme and wider academic outcomes. For researchers evaluating complex programmes in future, a greater emphasis on building in comparison groups using a wider range of administrative datasets (e.g., health and social care data) might also be beneficial. Finally, context and implementation are important aspects of success in any intervention. Active monitoring and evaluation of the support on offer in mental health and wellbeing programmes is therefore important, to ensure it is having the desired impact.

Outputs and publications from the HeadStart learning programme can be found here: https://www.annafreud.org/research/past-research-projects/the-headstart-learning-programme/

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