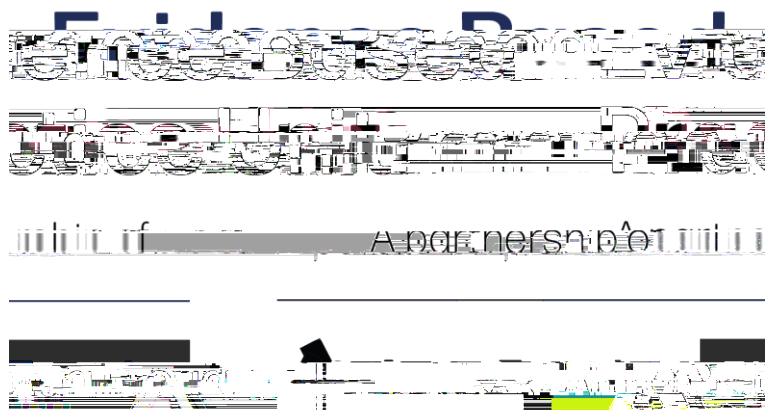


HeadStart national evaluation final report

Appendix 3: **5**dditional
impact analysis not
published elsewhere



Introduction

We conducted analysis during the HeadStart evaluation to examine the impact of universal and targeted interventions on young people's mental health and wellbeing. Some of this quantitative analysis was not published elsewhere and we therefore present it below with detailed tables and explanatory commentary. This accompanies the section 'Impact on mental health and wellbeing' in the HeadStart National Evaluation final report and is for those with an interest in the analysis and detailed findings.

Impact of universal support

T

Comparison of young people who did, and did not, receive HeadStart targeted support | Repeated time points

Multi-level regression analysis of the longitudinal survey data was used to evaluate the impact of targeted support between young people who received any targeted support (i.e., at least once over the five years) versus those who did not receive any support (Repeated time points multi-level analysis).

Findings

The results (see Figures 1 – 4 below) showed **the following**:

Mental health difficulty scores of young people who received targeted support were significantly higher compared to those who did not receive targeted support (indicating that the support was reaching those with more need).

Emotional difficulties of all young people significantly increased from 2018/19 onwards.

Behavioural difficulties of all young people decreased from 2018/19 onwards.

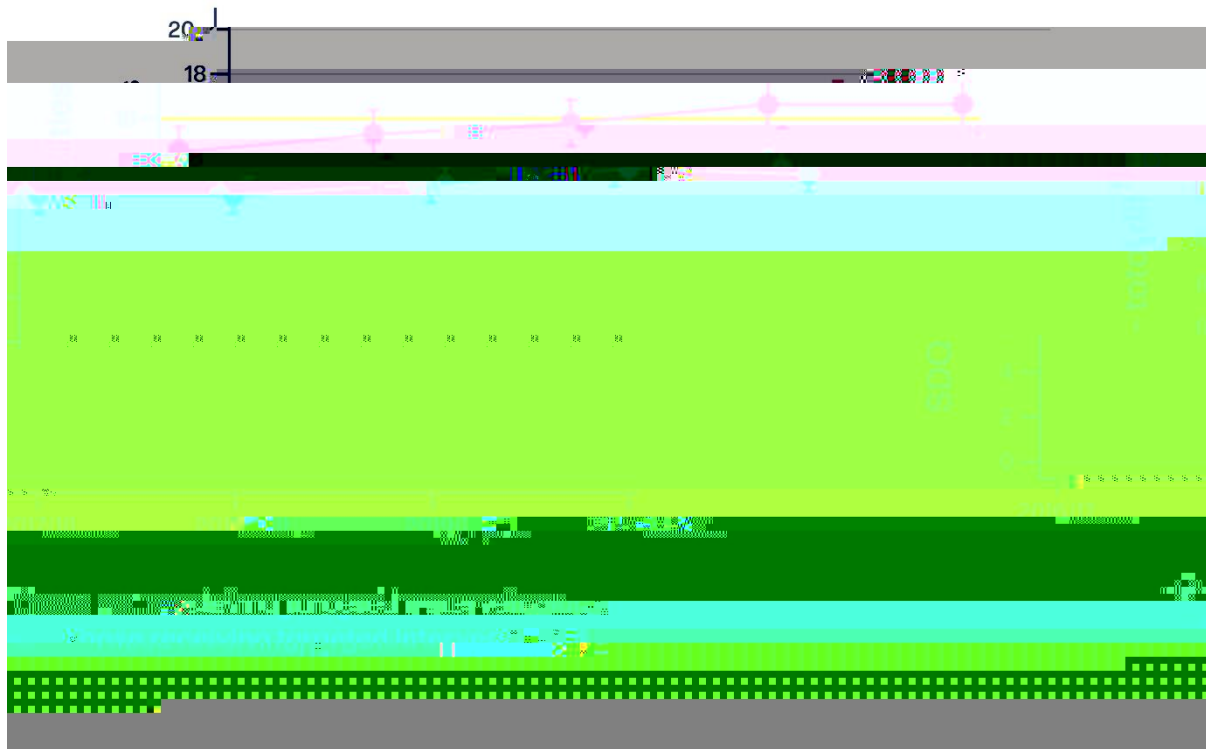
Wellbeing declined over time for all young people from 2017/18 onwards.

The results showed no greater improvement (or no reduced deterioration) in mental health and/or wellbeing scores among the young people who received targeted support. In other words, the scores of those who received targeted interventions were parallel to those who did not receive targeted support.

The aim of the interventions may not be captured well with the WMF data (i.e., the primary outcome may have been something other than mental health problems or wellbeing).

The summative evaluations showed that the level of engagement and attendance in interventions affects their impact. The data analysed consisted of a mixture of instances where interventions were well attended and where they were poorly attended meaning that effects in cases where attendance was good might have been diluted with cases where this was not the case.

Figure 1. Changes of total difficulties scores from 2016/17 to 2020/21 for the young people who received targeted interventions (pink line) versus those who didn't receive interventions (blue line). Yellow line: SDQ borderline threshold.



n = 792, intervention group n = 103

Table 4. The association between targeted support and SDQ total difficulties over time

	Coefficient (95% CI)	P
Time 1 x targeted interventions (ref)		
Time 2 x targeted interventions	0.63 (-1.07, 2.32)	0.470
Time 3 x targeted interventions	0.85 (-0.85, 2.54)	0.328
Time 4 x targeted interventions	0.84 (0.25, 1.77)	0.333
Time 5 x targeted interventions	1.13 (-0.57, 2.82)	0.194

Figures 2 and 3. Changes in SDQ emotional difficulties and behavioural difficulties scores from 2016/17 to 2020/21 for young people who received targeted interventions (**pink line**) versus those who didn't receive interventions (**blue line**). **Yellow line**: SDQ borderline threshold.

Figure 2:

n = 632; intervention group n = 81

Table 18. The association between targeted support and subjective wellbeing over time

	Coefficient (95% CI)	P
Time 1 x targeted interventions (ref)		
Time 2 x targeted interventions	-0.39 (-1.60, 0.81)	0.524
Time 3 x targeted interventions	-1.07 (-2.20, 0.18)	0.097
Time 4 x targeted interventions	-0.53 (-1.73, 0.66)	0.383
Time 5 x targeted interventions	0.04 (-1.16, 1.23)	0.948

1. Any targeted support.

2. The targeted intervention support categories were: any professionally led resilience training, therapy or counselling (individual); any professionally led resilience training, therapy or counselling (group); developing a relationship with a person in the community or school; creative and physical activity to improve mental health; parent and carer support; reflective spaces; online support; engagement and active collaboration; training for professionals; and assessment. No analyses were conducted when the intervention group had less than 10 individuals. This meant that it was not possible to analyse separately the following targeted intervention groups: any professionally led resilience training, therapy or counselling (individual); creative and physical activity to improve mental health; parent and carer support; reflective spaces; online support; engagement and active collaboration and training for professionals.

The majority of the time, no analyses were conducted between time point 4 and 5 due to sample size.

Main findings:

The baseline mental health difficulties scores for the young people who received targeted support to reduce onset of mental health problems were particularly higher than those who didn't