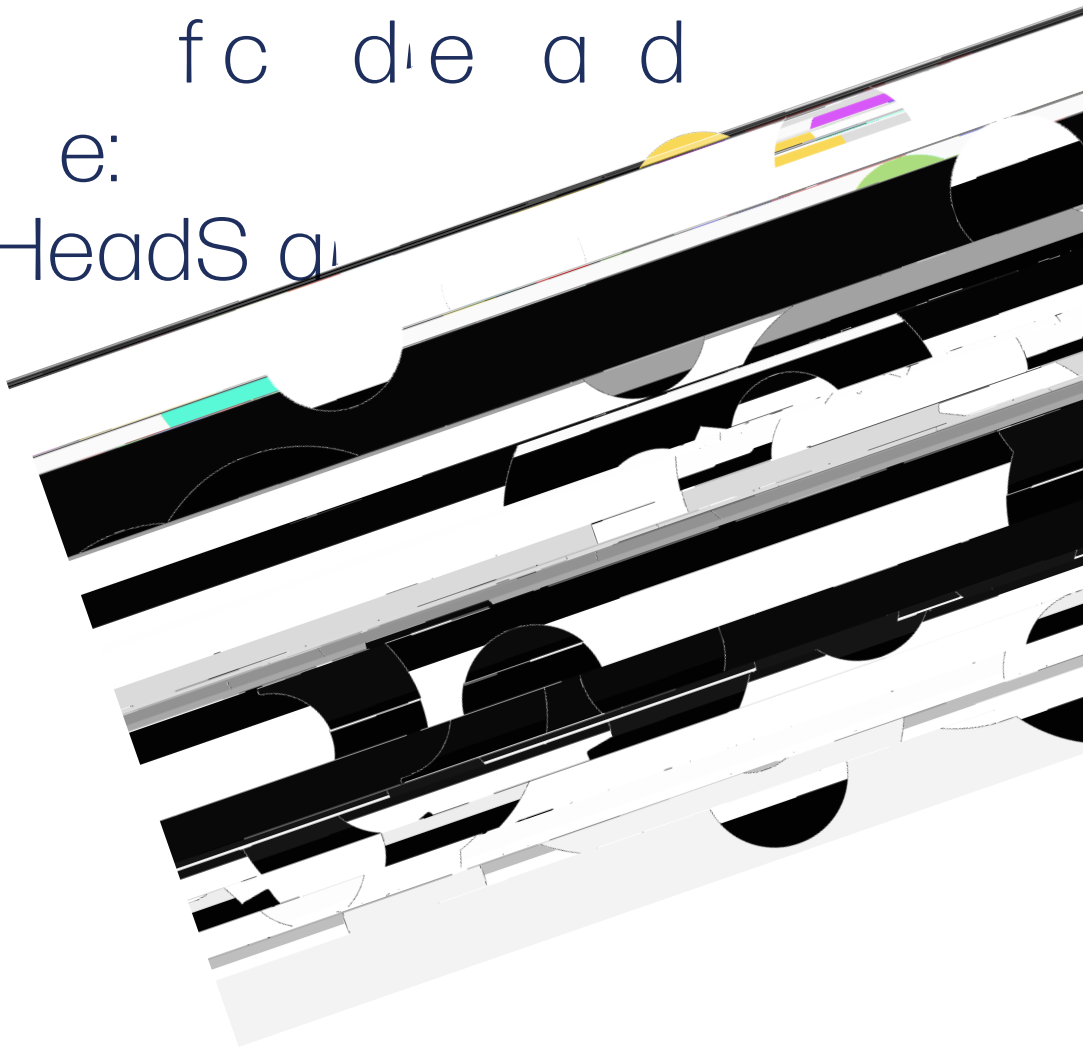
HeadStart national evaluation final report



Ma 2023

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?

This report

This report describes the reach, implementation and impact of the programme, and our learning about the nature of mental health and

of risk factors that young people experienced that has a signi f cant bearing on their mental health, showing a cumulative effect of challenges, circumstances and experiences. The quantitative 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

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.

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local strategy development, the delivery of interventions and services

Context and needs

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The national evaluation

The Learning Team

The Learning Team was appointed in 2016 to carry out the national evaluation of the HeadStart programme. The Learning Team was a consortium led by Professor Jessica Deighton at the Evidence Based Practice Unit (UCL and Anna Freud) and comprised the following organisations, who collaborated for all or part of the evaluation programme:

- The Child Outcomes Research Consortium (CORC; a project of Anna Freud)
- Manchester Institute of Education
- London School of Economics (LSE)
- Common Room

Evaluation aims and questions

Broadly, the national evaluation had the following aims:

- 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 looked 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.

The research aims were explored through the research questions, listed in Table 1. Some questions were established from the outset, while others were added in response to the evolving nature of the programme and events, such as the coronavirus pandemic. The research questions are structured in the report against three sections and collectively help to tell the 'story' of HeadStart.

Table 1. Research questions

Section	Research question
Context and need regarding young people's mental health and wellbeing	1. What risk and protective factors did young people at HeadStart schools identify experiencing in relation to their mental health and wellbeing? How does this vary for different groups (including by gender)? 2. What problems/difficulties did these young people describe experiencing and how do these change over time?
Reach, implementation and delivery of HeadStart	
Impact of HeadStart	

The scope of the national evaluation was to evaluate HeadStart support across the six partnerships. Alongside the national evaluation, the HeadStart partnerships carried out local evaluations in their own areas, sometimes commissioning university evaluation teams as collaborators. You can find links to local evaluation websites in Appendix 5. Whereas the local evaluations focused on exploring the benefits of the programme at a local area level, by design the national evaluation was much broader in aim and focus.

There are multiple challenges that accompany the evaluation of such a complex, large-scale programme, and these were compounded by obstacles that arose during the coronavirus pandemic. We discuss these challenges in detail in our section 'Overall strengths and limitations of the national evaluation'.

Evaluation approach

Our evaluation took a multi-layered approach, appropriate to a large, complex programme, to build the evidence from a range of sources. We pursued three key strands of evidence – quantitative, qualitative and nested summative studies – on the basis that collectively, these strands would capture the information needed to answer our research questions. The methods contained in the three strands are summarised below. For more detail on each strand see Appendix 1. Consistent with the principles of HeadStart, the Learning Team engaged young people in the research and evaluation of HeadStart throughout the programme. For much of the programme, we did this through local partnership groups and networks. Latterly, we established a HeadStart National Young People's Group to increase our direct engagement with young people.

Quantitative approach

The six HeadStart partnerships implemented a wide range of interventions in terms of who they were aimed at, what they were trying to achieve, delivery mechanism and implementation. This meant that we needed a common measurement framework to measure the effectiveness of HeadStart across all the target populations and a standardised approach to collecting information. To this end the quantitative arm of the evaluation drew on four sources of data:

: a large-scale pupil survey delivered year-on-year in schools in all six partnerships (over 30,000 young people in the first year of data collection). The WMF is a set of validated questionnaires to be completed by young people, designed to not only capture indicators of young people's wellbei[illegible] but capture[illegible] the rela[illegible] young [illegible] for relevant subscales and data collection [illegible]hedules. We captured data from two samples:

a

b

c

These two samples allowed us not only to observe changes in the same children over time but also to examine change in the same age group over time, which can address issues of co-occurring developmental changes.

demographic information about young people who completed the WMF (e.g., gender, ethnicity and eligibility for free school meals [FSM]) as well as fields related to school outcomes such as absenteeism, attainment and exclusions, retrieved from the National Pupil Database (NPD). For the full list of fields we requested and the coverage of the NPD data (percentage of young people with NPD data), see Appendix 1.

a template completed annually by partnerships, providing key pieces of information about each intervention being delivered.

a template completed annually by partnerships, providing information about which young people received which intervention.

Qualitative approach

The qualitative arm of the evaluation explored, in-depth, the experiences of three groups:

The total number of interviewees for each group is detailed in Appendix 1, along with interview topic guides and demographic information about the longitudinal young people's group.

The Learning Team designed the summative strand of the evaluation to provide robust assessments of the impact of a number of HeadStart interventions in isolation. This strand aimed to complement the large-scale quantitative and qualitative evaluation approaches, which looked at the impact or experiences of HeadStart interventions collectively across all six partnerships. We used randomised control trials (or, where this was not possible, quasi-experimental trials) in the summative strand, drawing on annual WMF data wherever possible. The Learning Team completed three summative evaluations of interventions in HeadStart Newham: (1) Team Social Action (TSA), a targeted, group-based intervention that was implemented by HeadStart schools; (2) More than Mentors (MtM), a targeted cross-age peer mentoring intervention implemented by HeadStart schools; and (3) Bounce Back, a school-based small group mental health intervention working to improve core resilience skills.

Other evaluation activities

The Learning Team also supported the partnerships to conduct their own economic analyses and engaged children and young people in HeadStart research and evaluation. Again, more detail about the

Prevalence of mental health difficulties

Over the past five years we have learnt a lot about the prevalence of mental health problems in children and young people, with estimates currently suggesting around one in six children and young people experience a mental disorder. However, at the beginning of the HeadStart programme our research was able to provide insight at a time when there was little up-to-date information about prevalence.

Early analyses of our HeadStart data, collected from 28,160 young people in Year 7 and Year 9 using the 2017 baseline Strengths and Difficulties Questionnaire (SDQ), gave us an overall idea of the prevalence across the four areas (or 'domains') of mental health problems measured in this age group. 18.4% of young people indicated that they were experiencing high levels of emotional problems, 18.5% indicated that they were experiencing high levels

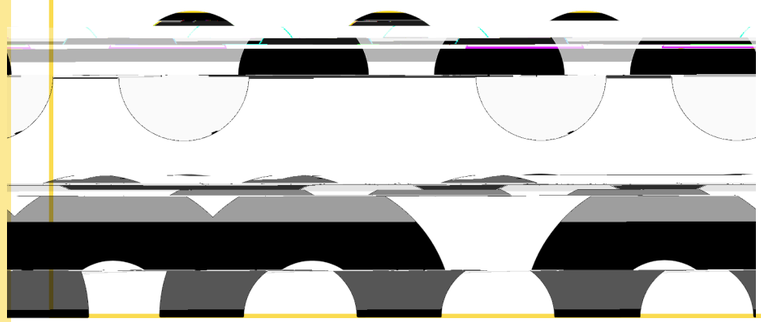
hyperactivity. These were:

- having Special Educational Needs (SEN)
- being from a low-income household (FSM eligibility)
- being in the older year group (with the exception of peer problems)
- being a child in need of extra protection (having CIN status; with the exception of emotional problems)

Other characteristics, such as being female, made it more likely that young people reported emotional problems, while being male increased the likelihood of experiencing conduct problems. This

Table 3. Variables associated with mental health only, wellbeing only, and both mental health and wellbeing[24]

Variables associated with mental health only	Variables associated with wellbeing only	Variables associated with both mental health and wellbeing
Child in Need (CIN) status	prosocial behaviour	gender
empathy	peer support	being Asian or Black (compared to being White)
school connection	community connection	being from a mixed ethnic background (compared to being White)
	participation in community life	special education needs
	participation in home and school life	FSM eligibility
		problem solving
		goals and aspirations
		emotion regulation
		perceived stress
		family connection



Strategies for coping

Through qualitative interviews with young people, we also gained insight into the range of strategies they described for coping.[19; 27; 28] These strategies included engaging in positive thinking and activities that made them feel better; disengaging from problems by ignoring them, forgetting them and being distracted; and accepting and getting used to difficult situations. Young people also talked about the various sources of support that they had or could access. The majority described their parents or carers, friends and school staff as being important individuals they could draw on for comfort, advice, distraction and instrumental support; for example, to intervene in incidents of bullying.

The coping strategies mentioned by young people were not mutually exclusive. For example, they described using activities (such as reading books) as a distraction from their problems and mentioned engaging in strategies for emotion regulation (such as use of a stress ball). Understanding young people's use of coping strategies (whether helpful or not) helps to highlight how programmes like HeadStart can seek to influence and bolster the resources that young people are already using to handle difficulties in life.[27]

We also found differences in the coping strategies described by girls and boys. More girls described engaging in creative activities; persevering or not giving up in the face of difficulty; and seeking support from their parents or carers, siblings and pets.[27] In addition, young people who reported experiencing higher and/or persistent levels of difficulty more often described using coping strategies like self-defence and self-harm, identified limitations in their use of particular coping strategies, were reluctant or unable to seek support from their parents or carers, and perceived limitations in support from school staff and professionals.[28]

Cumulative risk

The existing literature suggests that early exposure to 'cumulative risk' – an indicator that counts the number of risk factors experienced (e.g., low academic attainment, having special educational needs and disability [SEND], adverse childhood experiences, caregiving responsibilities, poverty) is associated with later emotional symptoms in adolescents. However, to the best of our knowledge, no research has yet reported the nature of this association (i.e., whether cumulative risk exposure is a direct or indirect predictor of emotional symptoms). We conducted additional quantitative analysis to explore the direct and indirect effects of cumulative risk exposure on adolescents' wellbeing and emotional symptoms.

To do this, we created a measure of cumulative risk and looked at the relationship between this and changes in emotional difficulties over time. In a sample of 19,159 young people, we found that, on average, the more risk factors young people experienced, the more their emotional difficulties increased over time. We also found that the impact of this cumulative risk marker on emotional difficulties was at least partly explained by the level of stress young people reported experiencing during this time. The findings suggest, therefore, that it isn't just the nature of the risk factor experienced that is important but also the number of risk factors that young people are experiencing that matters. Findings also suggest that where it isn't possible to reduce the risk experienced by young people, supporting them to manage the stress they are experiencing, in the context of this risk, may help reduce their emotional difficulties.

Risk, protection and change over time

To get a sense of the scale and nature of change in young people's experiences of difficult situations and emotions and the support received, we analysed qualitative interviews conducted with young people across the six HeadStart areas in year one (2017 or 2018; age 9–12) and year two (2018 or 2019; age 10–13) of the HeadStart programme. We found clear variability in young people's experiences of life and support over the first two years.

Young people who had had broadly positive experiences in their lives over time often referred to having supportive, relatively unproblematic situations and relationships with their family, friends and/or school. In our earlier analysis we identified three groups of young people in terms of the social support available to them (multiple sources of support, uncertain sources of support and self-initiated forms of support; see section 'Protective factors'). A higher proportion of the young people who had had broadly positive experiences over time had also been classified in our earlier analysis as having multiple sources of support in the first year of HeadStart, perhaps indicating relative stability in support over time in some cases.

By contrast, young people who had experienced improvement in some areas of their lives and deterioration or difficulty in others, or who had been experiencing real challenges over time, often talked about the problems they had been experiencing with their family, friends,

However, gender difference analyses also showed that the increases in mental health difficulties and decline in subjective wellbeing during early- to mid-adolescence were largely driven by an overall deterioration for girls, as boys had a fairly stable level of difficulties and wellbeing over time. Even after accounting for sociodemographic factors (i.e., ethnicity and eligibility for FSM, SEN status and English as an additional language), internal protective factors (i.e., problem solving, goals and aspirations, and empathy) and external protective factors (i.e., family connection, school connection and peer support), there was a marked gender difference in mental health difficulties and wellbeing over time:

likely to have negative feelings such as anger, frustration, sadness, loneliness, worry, anxiousness and helplessness in response to the pandemic. Compared to boys, girls also worried more about their family's health, their friends' health, their own health, the amount of money their family had, attending school, schoolwork, leaving their house, missing out on things and their future. On the other hand, girls were better at sleeping well and concentrating; they also enjoyed learning at home, spending time at home and spending time with family more than boys during the lockdown.

We also investigated if young people's mental health and wellbeing had suffered during the pandemic. To do this we capitalised on two longitudinal cohorts that had been created during the evaluation. Both cohorts completed the WMF when they were in Year 7 and Year 9; for the first cohort this period (2017-2019) fell before the pandemic occurred and the second cohort was exposed to the coronavirus pandemic between the baseline and follow-up assessments (January-June 2019 and November 2020-July 2020). This meant that the first cohort could act as a control group (i.e. a 'typical' adolescent period). Young people who experienced the coronavirus pandemic had a greater decline in emotional difficulties and wellbeing over early adolescence compared to earlier groups of young people at a similar age in 2019

Knowledge of the ways in which particular risk factors can negatively affect wellbeing could usefully inform the content of targeted support.

How many people did HeadStart support?

Between 2016/17 and 2020/21:[g]

As well as universal interventions, partnerships offered additional support to young people who were experiencing – or at risk of experiencing – mental health challenges. The majority of targeted interventions were directed towards children and young people themselves, while others supported the staff and professionals that

What did young people and parents find helpful or unhelpful about the support?

Across our studies exploring young people's experiences of support,[19; 26-29; 41] HeadStart was assumed to be just one part of a broader system of social or professional support that young people may seek. From our interviews with young people (age 9–12 years), we found that the majority described drawing on support from their parents or carers, friends and school staff for comfort, advice, distraction and instrumental support, for example to intervene in situations of bullying. In general, young people described how they turned to different people for support at different times, depending on what was troubling them. Issues that they viewed as being more personal or sensitive, for instance, were better discussed with a parent or carer than with others. School staff were often seen as being in the best position to deal with difficult situations that arose at school but not always. Young people found that that teachers could sometimes be too busy, and that support seeking could backfire in school when they were labelled as a 'snitch' by peers or if teachers had to break confidentiality.

We also found that some of these young people prefered to handle difficulties themselves, without drawing on support.

Across our studies exploring young people's experiences of HeadStart support, young people told us what was helpful about the support that they had received from HeadStart.

Some examples are:

- gaining resources, techniques, and advice for managing emotions (e.g., stress balls, breathing or counting techniques, writing down or drawing feelings, apps and help with how to think positively)
- learning how to handle family and peer difficulties and relationships
- gaining help with managing behaviour at school (e.g., goal setting)
- having fun and enjoying support (e.g., doing creative, digital, outdoor and extracurricular activities, working collaboratively in group or team activities, playing games, going on a residential trip, doing something new or different and having food in sessions)
- feeling listened to, understood and taken seriously
- getting things off your chest, letting your feelings out or releasing a weight off your shoulders by talking about emotions or problems
- improving confidence and socialising more as a result of meeting new people in group activities or developing social skills.
- being able to relate to others involved in support, such as peers in group sessions who had had similar life experiences to them, or peer mentors who were of a similar age.

Young people also told us what was less helpful or could be improved about the support that they had received from HeadStart.

Examples include:

- feeling uncomfortable working with some peers in group sessions, such as older peers or those who misbehaved
- concerns about trust, including worrying that peer mentors would tell others about your problems
- perceiving the location of support as unsafe, too far away or too expensive to get to
- being unable to attend sessions (e.g., if it disrupts after school activities, means that you miss schoolwork, or clashes with detention)
- finding the content of sessions boring (e.g., when it is repetitive)
- finding that difficult emotions or situations returned, continued or got worse when support ended.

Often, these factors were common across the range of HeadStart interventions received by the young people we interviewed, with few intervention-specific differences identified.

We also asked parents what they found helpful or otherwise about HeadStart support. That is, a small number of interventions were aimed at or included parents and carers and we invited a small sample of parents who had been involved in three HeadStart interventions to take part in qualitative interviews about their experiences. Parents described several helpful elements of the support that they and their children had received: having positive interactions with HeadStart staff, including staff being friendly and caring, and receiving helpful feedback about how their children were getting on; enjoying activities, appreciating the informal, discussion-based format of sessions, and being given resources to revisit information when needed; and learning from and connecting with other parents and carers.

In terms of less helpful elements of support: content was not always covered in enough depth; not all content was relevant for all families; and the coronavirus pandemic had disrupted support, in terms of sessions moving online. However, some parents felt that online sessions were more accessible than in-person sessions. Parents suggested that interventions could be improved through the inclusion of additional

or follow-up sessions; refining content (e.g., to include signposting to additional support); HeadStart staff providing more feedback about how their children were getting on and advice about how to help their children themselves; and devoting more time to strengthening peer relationships between parents and carers in sessions.

Implementing HeadStart: what worked well and what was challenging?

Changes to programme delivery in response to the coronavirus pandemic

activities offered were adult initiated, there had been many opportunities for young people to initiate and direct activity. The partnerships provided opportunities for young people to be involved in one-off and short-term initiatives as well as extended opportunities such as membership of advisory panels.

highlighted how, to a local partnership, the utility of any given approach to assessing value for money relates to the context and purposes of its use. For example, the initial economic evaluation tool was, in the round, not felt to be compatible with the multi-layered, test and learn structure of the HeadStart programme. That is, HeadStart was composed of multiple different types of support provision which did not translate easily into specific units of cost needed for the economic tool. A tension was evident between this understanding of HeadStart as a whole systems programme and the perceived need to procure new funding for isolated interventions, or particular aspects of activity, to ensure their survival within HeadStart partnerships.

Discussion: implementation and reach

The breadth and volume of support on offer and the reach of the support across the six HeadStart partnerships was striking. In this section we have brought together multiple perspectives on the implementation and delivery of a large-scale, long-term programme like HeadStart, including young people who had accessed HeadStart support, young people who had been involved in the development of mental health support, HeadStart partnership staff and staff working in schools in HeadStart areas.

Despite variation in partnerships' approaches to rolling out HeadStart support there were many shared challenges. From the perspective of staff working within the HeadStart partnerships, the most common of these were working with schools, staff capacity, contextual issues and achieving sustainability. In addition to these challenges, which emerged at various points during programme implementation and delivery, from 2020 onward the partnerships had to grapple with the unanticipated and significant obstacles presented by the coronavirus pandemic.

We also learned that most young people tend to turn to different people for support at different times depending on what was troubling them,

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higher at each timepoint compared to those who did not receive targeted interventions. This indicated that in general, targeted support was reaching those ‘most in need’. We did not find any difference in the trajectory of young people’s mental health or wellbeing scores between those who received targeted interventions and those who did not. In other words, we did not find any evidence that the interventions improved the mental health or wellbeing of those that received them. We found that the emotional difficulties of all young people significantly increased in 2018/19 and onwards, behavioural difficulties decreased for everyone from 2018/19 onwards and wellbeing declined over time for everyone from 2017/18 onwards, regardless of whether they received targeted HeadStart support.

Secondly, we investigated year-on-year changes – in other words, we

More than Mentors (MtM) is a targeted cross-age peer mentoring intervention that was implemented by HeadStart schools in Newham. An older pupil (aged 13–15 years) mentors a younger pupil (aged 11–13 years) with either self- or teacher-reported mild-moderate emotional,

framework that aims to support children to meet their basic, belonging, learning, coping and core self-needs. This is achieved by improving their

Young people also identified areas of negative impact of HeadStart support across our studies. These included:

- feeling left out or jealous when other people were chosen to be involved in HeadStart, but you were not
- finding the content of sessions boring (e.g., when it is repetitive) or stressful (e.g., when it is about topics that worry you)
- feeling sad about support ending.

School staff we interviewed also described their perceptions of the positive impact of HeadStart on young people:

Perceived improvements in young people's resilience, confidence, and

learn' nature of the HeadStart programme, where partnerships were encouraged to try out approaches to explore their effectiveness and only continue with those that were successful. All interventions were incorporated in the programme-wide analysis, and this mixture of approaches may have diluted the overall effect observed.

In contrast, the findings across our qualitative studies exploring young

Discussion: Impact on young people's school outcomes

interviews with seven parents (six mothers and one father).

Overall parents felt positively about the impact of HeadStart interventions that they had attended. Parents interviewed felt reassured that their children were feeling better or receiving support and more confident in their parenting abilities; noticed improvements in their communication with their children; developed new knowledge and understanding (e.g., about their children's emotional development); and learned new coping techniques and strategies.

Discussion: Impact on schools and staff, parents and carers

The national evaluation of HeadStart largely focused on analysis of the impact of support on young people (and the system), rather than on the adults and professionals around them. From the limited evidence that was gathered, however, we found that school staff not only valued the training and professional development opportunities in relation to supporting the mental health and wellbeing of young people but also noticed improvements in their own wellbeing. Parents also reported improvements in their knowledge and understanding of their children's mental health after having taken part in HeadStart interventions, and felt reassured that their children were being supported. Given the findings reported elsewhere in this report about who young people tend to turn to for support (family, friends and specific school staff members; p39) and the importance of these trusted relationships, it is noteworthy that HeadStart was perceived as effective in strengthening these support systems.

Impact on the wider system and the sustainability of HeadStart principles and practices beyond the funding

As mentioned at the beginning of this report, HeadStart partnerships were expected to take an ecological approach, meaning the young person should be considered within the context or wider system in which they are growing up. Broadly this includes their immediate environment (e.g., family and friends), their local environment (e.g., the neighbourhood they live in) and culture at large (e.g., social conditions, mass media). In other words, as well as supporting improvements for individual young people, HeadStart aimed to change the systems of support around them too, in ways that could be sustained beyond the programme funding.

At around the mid-point of HeadStart delivery, we conducted eight interviews with representatives from the six HeadStart partnerships, the Learning Team, and TNLCF. These interviews explored perceptions of sustainability and systems change.[16] Participants gave definitions of systems change and sustainability within HeadStart that suggested that these concepts were viewed as related processes, as well as end goals.

Participants spoke about HeadStart as being a catalyst, tool or lever to reshape the existing system in a range of ways:

, achieved through training and upskilling staff and young people across schools, mental health services and community organisations.

- Increased emphasis on
- Improved between organisations, services and individuals, enabling them to share learning and information more easily.
- A shift to a for example by taking 'whole city' approaches to mental health and wellbeing.
- A in HeadStart through sustained funding, embedding aspects of the programme within existing local agendas, or because local organisations are maintaining delivery beyond the funding period.
  Influencing local and national policy and practice and improving commissioners' knowledge of early intervention and prevention.
- Increasing emphasis on in policymaking and commissioning.

Participants also highlighted a range of factors that could facilitate sustainability and systems change in the context of HeadStart and programmes like it: building relationships, alliances and networks; securing local ownership, buy-in and leadership of HeadStart; co-production; embedding HeadStart within existing systems; aligning with and building on local or national policy agendas; securing continued funding; and early thinking and planning.

We also explored sustainability as a topic during our interviews with school staff members before the coronavirus pandemic. We identified the following themes:

School staff expressed sadness and concern about the HeadStart

Interviews carried out around halfway through programme delivery showed that HeadStart staff members tended to view systems change as either a necessary or helpful prerequisite for sustaining HeadStart principles or practices beyond the funding. Contributing to changes in the whole system of support around young people is one way that HeadStart could have ultimately maximised the reach, lasting impact and legacy of the programme. However, this assumes that under such a

methodology in recognition of the complex nature of HeadStart, in which numerous interwoven factors (internal and external) were active during delivery. This layered approach to evaluation captured multiple strands of data in order to explore as many aspects of the programme's logic model as possible. This approach has allowed us to explore programme-wide changes in young people's outcomes as well as the impact of some

and engagement at the programme-level; all of which could alter the impact of interventions. When we were able to gather this kind of information (see, for example, the summative evaluation of Newham's TSA intervention) we did find evidence of positive impact at higher levels of engagement versus lower levels. Getting sufficient detail on these aspects of delivery was always going to be exceptionally challenging. Each partnership's approach was multifaceted, included a range of whole school and community work alongside targeted interventions and systemic work with partners across agencies. Furthermore, projects changed over the delivery period. Again, this was compounded by the onset of the coronavirus pandemic which necessitated significant reorganisation of intervention delivery.

With regard to outcome measurement, we undertook a thorough and collaborative process to develop the WMF with input from stakeholders from across the programme. A common outcome framework was required to evaluate the HeadStart programme across all six local partnerships. This covered the main (agreed) outcomes of interest to the overall programme - young people's mental health and wellbeing – as well as variables known to be associated with or influence these outcomes. The WMF has been a real success, in no small part through the commitment from HeadStart partnerships and school staff to completing data collection, even during some academic years impacted by the coronavirus pandemic. The WMF was made freely available to users outside of the programme early on and has been widely used. However, it is necessarily a blunt measurement tool from the perspective of individual programmes, which may have more nuanced outcomes of interest. It is possible that some interventions were not effective for the outcomes included in the WMF and this meant we were not able to see a positive impact. Where our summative evaluations were able to make use of locally collected data relating to specific outcomes targeted by individual interventions, there was some evidence of positive impact. This indicates that the combination of effective and ineffective interventions may have resulted in diluted effects overall.

As is anticipated in longitudinal research, both the qualitative and quantitative longitudinal strands of the evaluation suffered some degree of sample attrition, drop out, over the duration of the programme. This was often due to young people moving schools or areas, or a lack of response from their school or parent or carer when it came to arranging their interviews. A small number of young people (or their parent or carer on their behalf) declined to take part in one or more years of the interviews. Sample attrition became particularly acute, of course, following the coronavirus pandemic (see the 'Responding to the Coronavirus pandemic: Changes to the national evaluation' section of Appendix 1). For both strands of the evaluation response rates fell significantly, and for the qualitative strand it led to a reduction of the number of interview timepoints from five to four.

Every effort was taken to maintain sample sizes but ultimately, for the quantitative evaluation especially, analysis was limited to the first three years of data. This was due to the complexity of interpreting year-on-year data which included data collected during the pandemic. On the other hand, the timing of the national evaluation was opportune in that we were able to insert additional survey items and interview questions directly addressing young people's experiences of the pandemic. We also had access to young people's mental health data collected before, during and after the pandemic (with caveats associated with attrition) through which to explore changes in young people's wellbeing over this unprecedented period.

One aspect of the original evaluation that raised significant challenges was the work to support local partnerships to conduct their own economic analysis. Although the tool developed did not lead to significant take-up, important lessons were learned about collecting and using cost data, and the kinds of information that local programmes felt were useful to make persuasive local arguments for future commissioning.

Finally, a common qualification with regard to qualitative data collection methods is that there are of course limitations in the transferability of the 8 i e data ő 1 t hi

and wellbeing and the factors that serve to undermine and protect these outcomes; point to specific examples of effective practices, and where and how support might be improved; and provide rich examples of the benefits of the programme for a range of stakeholders and potential benefits for wider educational outcomes. The findings also encourage reflection on the role of participation in youth-focused programmes and approaches to systems change and sustainability. In the next section we summarise the implications of our learning from the HeadStart programme.

What the findings tell us

The nature of the challenge.

For example, our research showed 18.4% had high levels of emotional difficulties in the first year of data collection and 18.5% had high scores for conduct. Typically, difficulties were more common for older young people (aged 13/14) than younger young people (aged 11/12).

It also affected the HeadStart partnerships' ability to provide support, and support had to be significantly adapted during this period.

Examples measured in HeadStart include special educational needs, gender identification, being a child in need of help and protection (child in need status), being a young carer and ethnicity. For example, there are significant gender differences during adolescence in mental health and wellbeing. Girls' mental health and wellbeing appears to decline as they move from early to later years of secondary school, but boys' mental health and wellbeing

appears to be more stable.
experience in their life can make mental health difficulties more
For example, experiencing trauma of some kind makes mental health difficulties more likely. Some young people's characteristics make mental health difficulties more likely too. Often this can be because these characteristics mean young people encounter greater difficulties in life. For example, young people who can sometimes experience more mental health problems, and this is probably because they are more likely to face stigma and isolation that other young people don't commonly experience. These experiences and characteristics are often known as 'risk factors'. Having one or more risk factors doesn't mean a young person will definitely experience a mental health problem, it just means the likelihood of them experiencing a mental health problem is higher than it is for those who don't have any of these risk factors. The more risk factors a young person has experience of, the more likely it is that their mental health will suffer.

- However,

These are often referred to as 'protective factors'. An example of a protective factor is having warm, supportive family relationships. As with risk factors, the more protective factors a young person experiences, the less likely they are to experience mental health problems.

- Young people experience varying levels and types of support through adolescence.

However, support from the community and school decreases slightly over this period.

What does help look like?

- Resilience is a term we use to describe what enables some young people to continue to experience good mental health and wellbeing even when they face challenges.

– such as their ability to solve problems, manage their emotions and navigate their social relationships –
, for example by increasing support from adults at schools, improving community resources and facilities and supporting families to better support children.

- It is hard to come up with clear, definitive statements about the impact of complex programmes like HeadStart.

during the HeadStart period. This could be because the complexity of

1.

22.

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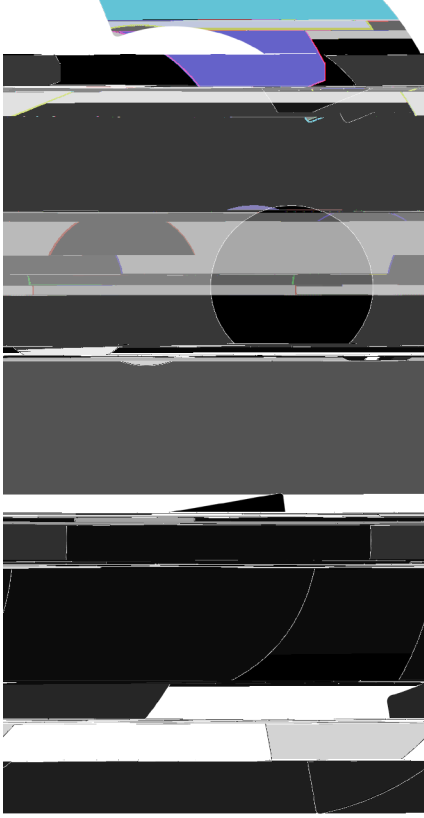

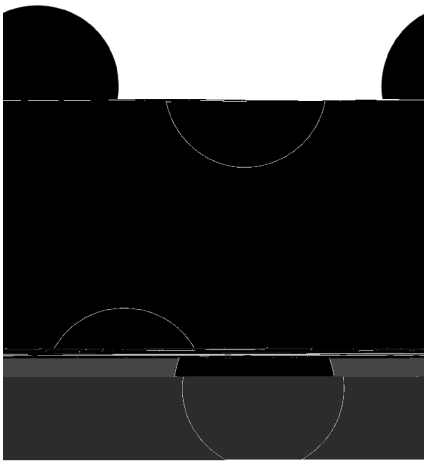

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