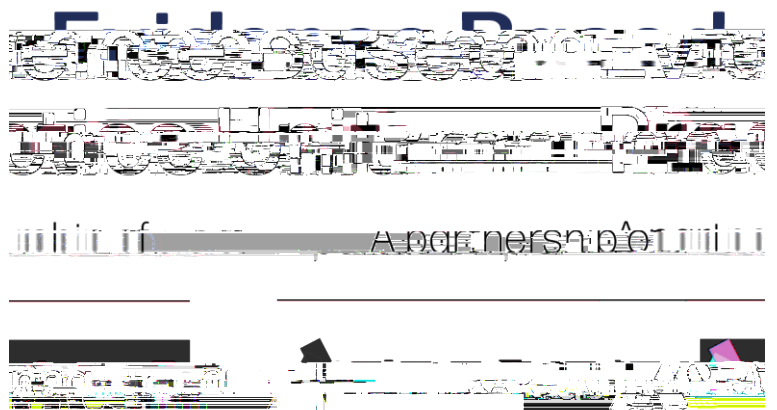


# HeadStart national evaluation final report

## Appendix 1: evaluation approach





## List of tables

Table number	Title
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## Introduction

The evaluation of a large, complex programme like HeadStart required a layered methodology. We planned a number of different approaches that would collectively capture what was needed to answer the research questions in section 'About the national evaluation' in the main report. The evaluation contained three key strands of evidence – quantitative, qualitative and nested summative studies. In addition, the Learning Team supported the HeadStart partnerships to conduct their own economic analysis, and took approaches to engage young people in HeadStart research and evaluation. This appendix explains the methodology for each strand of the evaluation and provides detail to accompany the HeadStart national evaluation final report.

## Research questions

Initially the national evaluation was tasked with answering six impact research questions:

1. Is the mental wellbeing of young people, receiving and/or having received 'HeadStart', improving? Can we, at least, ascertain with certainty that it is not deteriorating?
2. Is the onset of diagnosable mental health conditions among young people, receiving and/or having received 'HeadStart', reducing?
3. Are the academic engagement and attainment of young people, receiving and/or having received 'HeadStart', improving?
4. Is the employability of young people, having received 'HeadStart', improving?
5. Is the incidence of risky behaviour among young people, receiving and/or having received 'HeadStart', reducing? (For instance, engagement in criminal activity, engagement in substance use and teenage pregnancy.)
6. Are these changes associated with what the partnerships have done as part of HeadStart?

However, the national evaluation research questions underwent two reviews in response to the evolving nature of the programme across the partnerships. First, it became clear early on in the life of the evaluation that the data needed to answer research questions (4) and (5) would not be available nationally. Instead it was agreed that these questions would be better answered with data available to local partnerships. Second, given the length of the evaluation programme (seven years) the evaluation underwent a review process with The National Lottery Community Fund (TNLCF) in 2020, approximately halfway through the evaluation term. This review also sought to determine whether the research questions established in 2016 (a) still reflected the aims of the programme that was being delivered and (b) could feasibly be addressed with available data, and (c) reflected the breadth of



not only capture indicators of young people's wellbeing and mental health problems (outcomes), but also to capture the mechanisms that, according to the literature, explain the relationship between internal and external risk factors and young people's outcomes. The WMF included the following measures (please see Table 7

might be able to make the WMF more accessible for pupils in special schools. Together with staff in HeadStart partnerships and special schools, and trialed with pupils in special schools, we created a shortened version of the WMF with prioritised measures. We also shared learning from the consultation in terms of how to adapt survey sessions to the needs of pupils as much as possible.

## Sample

All participating schools in each HeadStart







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1	2016-2017	99.6%	92.3%	99.4%	4.3%	0.0%	99.4%
2	2017-2018	98.4%	99.4%	99.6%			99.4%
3	2018-2019	99.8%	99.9%	99.8%			99.8%
4	2019-2020			99.2%	99.1%		99.2%
5	2020-2021			50.4%			











Table 6. Demographic information for young people participating in qualitative longitudinal study at each time point

	<i>Time 1</i>	<i>Time 2</i>	<i>Time 3</i>	<i>Time 4</i>
	<i>N (%)</i>	<i>N (%)</i>	<i>N (%)</i>	<i>N (%)</i>
Gender				
Female		41 (52.6)	30 (48.4)	16 (57.1)
Male	40 ( )	37 (47.4)	31 (50.0)	10 (35.7)
Prefer not to disclose	0	0	0	0
Missing	0	0	1 (1.6)	2 (7.1)
Mean (SD)	11.90 (.96)	12.45		



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Mixed: White and Asian	3 (3.7)	2 (2.6)	2 (3.2)	0
Mixed: White and Black	2 (2.4)	0	2 (3.2)	0
African				
Mixed: White and Black	2 (2.4)	1 (1.3)	2 (3.2)	0
Caribbean				
White British				







On this basis, the Learning Team contacted three of the HeadStart partnerships for this piece of work: HeadStart Kent, HeadStart Hull and HeadStart Kernow in Cornwall. HeadStart Kent and HeadStart Hull were delivering interventions for young people which included contact with, or support for, parents and carers as a component the Intensive Mentoring Programme (HeadStart Kent) and Wellness Resilience Action Planning (WRAP; HeadStart Hull). HeadStart Kernow in Cornwall had begun delivering a new professionally-led intervention for parents and carers in 2020 – Supporting Parents and Carers Emotionally (SPACE).

## Sample

Staff at the HeadStart partnerships invited parents and carers to express interest in taking part in a confidential interview with the Learning Team.

Interviews were conducted with seven parents (six mothers and one father): three had been involved in WRAP in Hull; one had been involved in the Intensive

Safeguarding issues were discussed with the safeguarding contact at the HeadStart

summative evaluations in HeadStart Newham focused on (1) Team Social Action (TSA; Gill, Panayiotou, Demkowicz, and Humphrey, 2019), a targeted, group-based intervention that was implemented by HeadStart schools; (2) More than Mentors (MtM; Panayiotou, Ville, Poole, Gill, and Humphrey, 2020), a targeted cross-age peer mentoring intervention implemented by HeadStart schools; and (3) Bounce Back (Humphrey and Panayiotou, 2021; 2022) a school-based small group mental health intervention working to improve core resilience skills.

## Responding to the coronavirus pandemic: Changes to the national evaluation

The coronavirus pandemic significantly disrupted both the quantitative and qualitative strands of the national evaluation.

### Quantitative evaluation

Because the national evaluation's survey was designed around completion in schools under school staff supervision, the pandemic required significant reorganisation but ultimately had a substantial impact on completion rates (see Table 2). To allow as much flexibility as possible for schools we made the following adaptations to the survey completion process in 2020 and 2021 (following ethical approval):

1. The survey completion window was widened to allow schools as much time as possible to plan survey sessions.
2. We made adaptations to the surveys so that they could be completed on smartphones and tablets.
3. We facilitated survey completion at home. Pupil safeguarding and managing their privacy were key considerations with this option. We put several steps in place to maximise pupil safety:
  - a. Young people' were supported to complete the survey during an allocated timeframe, with school staff available during that timeframe if required.
  - b. In the event of a pupil becoming upset or distressed while completing the survey, a designated staff member from that pupil's school was available to provide support or signpost to the most appropriate form of support.

The pandemic also made the interpretation of the available data complex. Under typical circumstances, a substantial drop in sample size from one timepoint to another might make the interpretation of longitudinal analysis unclear because of

young people's mental health (for example) from changes in survey responses from 2020 onward because of the atypical context in which they were given. The inclusion of a non-HeadStart comparison sample might have mitigated against this issue to a degree, but it became incredibly difficult to maintain contact with this comparison sample of schools and ultimately the decision was taken to terminate this aspect of the evaluation. For these reasons, many of the findings shared in this report are based on analysis using the first three years of survey data (2017–2019).

The HeadStart survey, however, was also an opportunity to systematically gather young people's thoughts and feelings about their experiences during national lockdown periods. Again, ethical approval was granted to include some new questions in 2020 and 2021 to this effect (see p31 for list of additional questions).

## Qualitative evaluation

From 2017–2019, interviews with young people typically took place in schools, in person. School closures in 2020 meant that this was frequently not possible. Instead, ethics approval was sought to conduct interviews with young people virtually (via video calls) where in-person visits could not be facilitated. There were several challenges associated with this.

First, liaison with young people had previously been largely mediated by schools. As schools were confronted with the immediate challenges around them, HeadStart liaison necessarily became less of a priority. When communication with schools was difficult, we contacted young people's parents and carers to try and arrange the young person's interview. However, by the final timepoint of the study, the parents' and carers' contact details, which had been collected at the outset of the study, were often out of date and therefore this was not often a fruitful avenue.

Second, once contact was made with young people it was not always possible to arrange a virtual interview because schools had limited access to technology or a private space. School safeguarding procedures did not always allow for young people to access video calls alone with a researcher. Therefore, for these schools, we waited until restrictions had lifted to arrange an in-person visit. We also sought ethical approval for an online, open-ended survey version of the interview, which we could send to young people as a last resort. However, this option was only taken up by two young people. As you can see in Table 5, the sample size for the final interview timepoint (N= 28; when young people were in Year 11) fell









well as additional people on the YouTube channel, with at least 300 viewers overall.

They collaborated with the research team to review the ways in which the HeadStart partnerships engage young people in research and evaluation and produce recommendations for anyone looking to meaningfully engage young

Attainment	... achieved minimal government expectations for academic attainment at the end of primary school.	NPD
Exclusions	... has been temporarily or permanently excluded from a previous school.	NPD
Empathy	I try to understand what other people feel.	SRS
Problem-solving	When I need help, I find someone to talk to.	SRS
Goals and aspirations	I have goals and plans for the future.	SRS
Special educational needs (SEN)	... has a learning difficulty or disability which requires special educational provision to be made for them.	NPD
Ethnicity	Ethnicity major variable.	NPD
Language	Pupil's language	NPD
Age	Date of birth.	WMF
Family and home environment		
Family connection	At home, there is an adult who is interested in my schoolwork.	SRS
CIN	... has been referred to children's social care, most frequently because of concerns about abuse or neglect, acute family stress or familial dysfunction.	NPD
Child in care	... is looked after by a Local Authority. A care order to place the child in care has been granted in court, or a children's services department has cared for them for more than 24 hours.	NPD
Young carer	Are you or have you ever been a young carer? Young carers are children and young people under 18 who provide regular or ongoing	





If you do not want to answer these questions, please exit the survey now. If you do want to answer these questions, please click next.

1. During the period of the coronavirus pandemic lockdown, were you attending school in person?
  - No, I was not attending school in person.
  - Yes, I was attending school in person when the rest of my year group were not.
  - Yes, I was attending school in person along with the rest of my year group.
  
2. During the period of the coronavirus pandemic lockdown, please tell us if the situation led to changes for you in terms of:

*Options: much worse; a little worse; no change; a little better, much better*

- feelings of anger
- feelings of frustration
- feelings of sadness
- feelings of loneliness
- feelings of worry
- feelings of anxiousness
- feelings of helplessness
- ability to sleep well
- ability to concentrate

3. We would like to know how you felt over the period of the coronavirus pandemic lockdown. Please tell us about how you felt about the following:

*Options: much less worried, less worried, no change, more worried, much more worried*

- my family's health
- my friends' health
- my own health
- the amount of money my family has
- attending school
- my schoolwork
- leaving my house
- missing out on things
- my future

4. We would like to know about your experience of the coronavirus pandemic lockdown. Please tell us if you agree with the following:

*Options: strongly disagree, disagree, neither agree nor disagree, agree, strongly agree*



- I enjoyed spending more time at home
  - I enjoyed learning at home
  - I enjoyed spending more time with my family
5. We would like to know about what helped with your mental health and wellbeing during the period of the coronavirus pandemic lockdown. During lockdown, how helpful did you find the following forms of support:  
*Options: Not at all helpful, somewhat helpful, helpful, very helpful, did not access this form of support*
- an adult at home
  - a sibling at home
  - an adult at school
  - a family member outside of the home
  - another adult outside of family or school
  - friend or classmates from school
  - friends who are not from my school
  - ongoing one to one support from a mental health service or other young people's service
  - group support from a mental health service or another young people's service
  - one-off help, advice or guidance from a mental health service or another young people's service
  - websites, apps, other information





10.

18. Is the intervention component co-produced (e.g., designed and delivered in collaboration with young people and/or other stakeholders such as parents) in terms of design, delivery, commissioning and evaluation (if not please leave this question blank) with relevant stakeholders (e.g., young people, parents, staff)?

yes

no

19. If you selected 'yes' above, with whom did you co-produce the intervention component at each of the below stages? (Please tick as many as applicable.)

With young  
people

With parents

With staff

21. Who – who are the primary recipients of the intervention component? (Tick as many as applicable.)
- young people
  - parents
  - school staff
  - other staff
22. Who – who are the secondary recipients of the intervention component? (Tick as many as applicable.)
- young people
  - parents
  - school staff
  - other staff
23. Is the intervention component:
- universal (i.e., provided for all young people in a given setting)
  - Universal plus (i.e., provided for a selected group of young people for whom there is some concern that there emerging difficulties)
  - targeted (i.e., provided for young people at risk of or showing early signs of mental health difficulties).
24. If you selected 'universal' above, please indicate the specific schools/settings and year/age groups in which the intervention component is being delivered.
25. For targeted intervention components please indicate the selection criteria: (Tick as many as applicable.)
- problems in school (e.g., relationship of family with school)
  - Problems in community (e.g., gang activity)
  - problems in family (including domestic abuse)
  - learning difficulties
  - developmental difficulties (e.g., autism)
  - emotional problems
  - withdrawn
  - peer problems
  - behavioural problems
  - attainment difficulties

attendance difficulties  
body image  
eating problems (anorexia/bulimia)  
self-harm  
delusions and hallucinations  
physical health issues  
long-term health issues  
separation, bereavement, and/or loss  
parental mental health issues  
parental physical health issues  
living in financial difficulty  
refugee or asylum seeker  
deemed " child in need" of social services input  
looked after child status  
part of child protection plan  
experience of abuse and neglect  
contact with youth justice system  
young carer status  
from a minoritised ethnic group  
part of the lesbian, gay, bisexual, trans, non-binary, queer, intersex and  
asexual (LGBTQIA+) community  
experiencing gender dysphoria  
transition  
other

26. How are the individuals attending the intervention component selected?  
(Tick as many as applicable.)

self-referral  
referral by young person  
referral by parent  
referral by professional  
referral by multi-disciplinary team  
screening  
compulsory attendance

27. Who - who is providing the intervention component?

private independent provider  
independent not-for-profit provider  
health sector

voluntary sector  
local authority  
parent  
school  
young person  
other

28. Do the



33. How often does the intervention component take place?

- daily
- weekly
- fortnightly
- monthly
- one-off session
- other (please specify)

34. What is the duration of a typical session?

Hours \_\_\_\_\_

Minutes \_\_\_\_\_

35. How long – what is the average duration of one iteration of the intervention component?

- a day
- a week
- a month
- a term
- a year
- more than a year
- other (please specify)

36. How many sessions are supposed to be provided 'per manual'?

37. How many cohorts receive the intervention component in a year?

N/A

number of cohorts \_\_\_\_\_



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Panayiotou, M., Ville, E., Poole, L., Gill, V., & Humphrey, N. (2020). *Learning from HeadStart: Does cross-age peer mentoring help young people with emerging mental health difficulties?* (HeadStart Evidence Briefing 8). Evidence Based