HeadStart Programme

Year-end Report 2017-18

August 2018

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Table of contents

Summary of key findings

There has been considerable progress in the development of HeadStart Kent during implementation in the initial areas. Stakeholders are aware of the programme and the dissemination of key messages has taken place both locally and countywide. However, further work may be needed to develop stakeholder's understanding of how their role contributes to the programme using clear and consistent messages, as well as improving the reach to certain groups of stakeholders.

The launch of the Resilience Hub was noted as a particular success and tools accessed via the Hub are being utilised by schools and communities. The programme has reviewed, and adapted tools based on feedback and learning to ensure they continue to be regarded as effective resources and are utilised by the wide range of stakeholders.

The overarching deliverables in the implementation plan were achieved, however, detail was added, and slight adaptations were made as a result of learning and in reaction to arising situations. There were some challenges during the first stage of the programme, most notably relating to various aspects of commissioning process. Where there were challenges, lessons learnt were documented and mitigated where possible.

Many schools and community organisations are now directly benefitting from HeadStart Kent through training, funding or by delivering elements of the programme within their setting. The training has been well received by staff, with participants reporting it was effectively delivered, there was an improvement in knowledge following training and that the learning would be useful in their work with young people.

Young people are benefitting from universal support in the engaged HeadStart Kent schools and those potentially requiring support are being identified. Domains Based Conversations are viewed as a useful tool by staff and are being utilised in having conversations with young people around their emotional wellbeing and resilience, however, a limited number of follow up conversations have been recorded to evidence take up of support offered in HeadStart Kent schools and communities.

Young people have been involved in the development of the programme and have participated in numerous activities, including the local and County SpeakOut groups, which are established and well attended. The HeadStart Kent Participation Workers were described as valuable in facilitating the involvement and voice of young people in the programme and the flexibility afforded to them in their work is beneficial to the outcomes of young people.

The young people identified as requiring support from the programme have a less positive appraisal of their wellbeing and report more difficulties compared to all young people who took part in the Wellbeing Measurement Framework survey in HeadStart Kent schools last year, with older students reporting high levels of attention difficulties.

Although only a limited number of young people have so far completed support provided through programme interventions, in general those that have completed showed an improvement in their wellbeing and evidence collated in the form of case studies and quotes suggests elements of the programme are improving the resilience and wellbeing of young people.

Being at a relatively early stage in the programme, limited evidence to suggest a system-wide change in attitudes towards mental wellbeing among young people is expected, however, initial indications show the programme is making progress towards this ambition by influencing thinking and improving staff confidence through training.

Executive Summary

This year-end report combines evidence collated from a range of quantitative and qualitative sources to answer the HeadStart Kent (HSK) internal evaluation questions which support the evaluation objectives. The methodology for each source of data are detailed in the Technical Appendices.

Key findings for each evaluation objective are as follows:

Understand the level and extent of awareness of HeadStart

Various methods of communication were adopted during implementation to raise awareness of HSK among stakeholders, with the difficulties in communicating to such a wide and varied audience recognised by staff. There was also appreciation that prioritisation of stakeholders was necessary and continual communication was essential during the phased rollout.

The Resilience Hub was the element of the programme most stakeholder survey respondents reported to have heard about, with several Early Help Preventative Services (EHPS) staff attributing the increased awareness of the programme to the launch of the Hub.

Most respondents first heard about HSK between 1 to 12 months ago and heard about the programme by attending meetings or via their manager / supervisor.

Staff in schools, EHPS and the community mainly reported they understood the intended purpose of the programme, however, a smaller proportion reported they understood how their role contributes to HSK, with some staff outside of the HSK team explaining it took a while to understand how their role contributed.

Specialist Children's Services (SCS) staff had low levels of awareness and understanding of the programme overall and it was recognised that further work is needed to develop SCS colleagues' understanding around the purpose of the programme and their role within it.

Findings from the surveys carried out by the Young Evaluators in Swale and Gravesham showed that although there was awareness of the programme among students, more could be done to raise awareness, an opinion echoed by school staff when interviewed. The elements of the programme students were aware of varied dependant on location, with some most aware of the Resilience Hub and others most aware of the safe space in their school or the HSK Participation Workers. The Young Evaluators met with the HSK Programme Manager and Headteacher at St John's to discuss the findings and possible solutions, such as the incorporation of HSK activities around mental wellbeing to student's personal development time. One EHPS staff member described how young people were aware of HSK through direct engagement but explained that young people outside of that cohort may not be reached.

Nearly 32,000 parents and carers have been directly informed about HSK and although there is awareness of the programme among parents and carers, it was recognised by EHPS staff that there could be an improvement.

Possible changes for the future suggested by staff related to the improvement of communication and promotion of the programme, while ensuring the messages are clear and consistent and the purpose of the programme clarified to the varied range of stakeholders.

Explore and evidence how the programme is being implemented

When exploring the extent to which fidelity to the implementation plan had been achieved it was evident that overarching key deliverables had not altered, however detail had been added to the plan. Staff explained several challenges during implementation and noted slight adaptations made.

Various aspects relating to the commissioning of the HSK delivery partners were reflected on by most EHPS staff as a challenge during implementation. It was the perception of some staff that the programme had not been consistently assisted in relation to commissioning support. Ensuring adequate commissioning support is formally secured in future was detailed by the programme team in the lessons learnt log. One staff member made particular reference to the length of time taken to gain approval for decisions through internal governance structures, which delayed delivery of some elements of the programme. Because of the delay adaptations to training were made to ensure deliverables were achieved. A challenge regarding the externally commissioned training expressed by some staff related to the organisation of the training, with staff voicing that initially the wrong people were potentially involved in making arrangements, which caused some confusion and issues with capacity.

Another area several staff reflected on as having the potential to hinder implementation was the delay in awarding grant funding to schools, however, this was not detrimental to the programme as schools continued to develop the programme locally.

A challenge noted by some staff related to the expansion of the partnership agreements due to growing requirements to support the evaluation of the programme. Some staff felt they had underestimated the volume of information that needed to be recorded and described the subsequent challenges faced to ensure requirements were satisfied. The necessity to support schools in implementing data reporting systems was an issue raised by the programme team and mitigated by additional resource being acquired for the HSK team.

Another challenge raised by several staff during implementation was the difference in schools in terms of their structure and engagement with HSK. However, there was recognition that the HSK agenda was competing with other school priorities and the need to engage schools as early as possible was documented as a lesson learnt.

Changes to the Domains Based Conversation (DBC) form during implementation was a subject also discussed, with staff explaining the importance of the changes to ensure the tool was utilised by staff, especially within schools. The limited number of DBCs received was documented as a critical risk to the programme and work was undertaken to mitigate the risk resulting in an increase in the recording on DBCs, however work around this is ongoing.

When discussing what had aided successful implementation, several staff reflected on the assistance provided by both internal and external sources. Some staff also explained how meetings, such as Agile and the HSK Working Groups, helped to achieve deliverables, with one staff member explaining how the introduction of processes was a positive change.

Staff recognised how much had been learnt during the implementation of HSK and explained how they considered mobilisation in future areas would be more efficient. However, the potential that the initial groupings were yet to receive full benefit of the programme was highlighted as a moderate risk.

Evidence the extent to which HeadStart is reaching and engaging with its target population

The Resilience Hub and tools accessed via the Hub, such as the Resilience Toolkit and Peer Mentoring Toolkit, are being utilised by schools and communities. Based on previous learning and an external evaluation, a refresh of these tools is taking place in the summer to ensure they continue to be regarded as effective resources and are used by stakeholders.

The marketing of HSK and dissemination of key messages are taking place both locally and countywide, with a number of activities being led by young people. Community organisations and networks are being used to promote programme initiatives.

Staff in schools and the community have been trained. However, the proportion of staff trained from schools compared to those in the community varied across providers. There was also variance when comparing Districts of those attending training. There was an improvement in reported knowledge from training participants after attending training. Overall, participants reported training was effectively delivered by all providers and the learning would be useful in their work with young people.

There has been considerable progress towards estimated reach of organisations over the past year, with many schools and community organisations now directly benefitting from HSK. Up to March 2018, 14,589 young people were benefitting from universal support in HSK schools or through participation in the community.

Notifications of domestic abuse incidents are being shared daily with 17 secondary schools and 3 primary schools, with 311 young people being identified as potentially requiring additional support through these incidents. 819 young people in total were identified as potentially requiring support through received intelligence or because of an observed change in behaviour.

DBCs are viewed as a useful tool by school and EHPS staff. Some adaptations were made to the recording of DBCs based on feedback from schools during implementation and work is ongoing to ensure they are utilised by staff. Up to March 2018, 367 DBCs were recorded with 53% coming from schools. 35% of young people had reviews recorded following the initial DBC. A majority of DBCs have taken place in Swale (40%), however, this was expected due to the length of time engaged with the programme and size the HSK school population.

Overall, there were similarities in the demographics of young people identified as requiring all elements of HSK support. A majority of young people were from Swale, white British, female, aged 13 or 14 and classed in the Mosaic profile of Family Basics, families with limited resources who have to budget to make ends meet[1]. Around 30% were eligible for Free School Meals (FSM) and around 30% had an Education, Health and Care Plan (EHCP) or SEN support. There were variances in the proportion of young people attending an alternative provision school across the types of support.

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[1] Mosaic is a classification system designed by Experian to profile the characteristics of the UK population. Each household in the UK is classified as belonging to one of the 66 types, which fall into a broader range of 15 groups. These types and groups describe the residents of a household in terms of their typical demographics, their behaviour, their lifestyle characteristics and their attitude. Details of which can be found in the Technical Appendix.

HSK support	Identified as requiring	Taking up	Exception
DBCs	367	367	None
Safe space	173	8	None
Peer mentoring	119	2	Higher proportion from alternative provision schools identified as requiring peer mentoring (10%)
Online support	119	809	Lower proportion from alternative provision schools identified as requiring online support (3%). Older young people accessing online support (45% aged 15 or 16)
One to one work with a HSK worker	114	114	Higher proportion of males identified as requiring one to one work with a HSK worker (54%). Higher proportion eligible for FSM (39%)

Young people were involved with the development of safe spaces and the introduction of peer mentoring in schools and the community, with the role of the HSK Participation Workers described by EHPS staff as valuable in facilitating the involvement and voice of young people in this development.

Although young people were identified as requiring safe spaces and peer mentoring through discussing potential support during a DBC, evidence of take up has been limited, however, this is likely to be an issue with recording review conversations rather than actual lack of take up.

During the implementation interviews staff illustrated how young people had been involved with development HSK, with 889 young people directly participating in various programme activities up to March 2018. As with young people identified as requiring support, a majority of young people participating in the programme were female (67%) and a majority were white British (84%), however, a much lower proportion of young people participating in the programme were eligible for FSM (16%) or had an EHCP or SEN support (14%).

When discussing the involvement of young people in the programme, the central and local SpeakOut groups were most often mentioned by staff. They explained how young people now regularly attend the groups and reflected how diverse the groups had become. The incorporation of the Kent Youth County Council (KYCC) and attendance of Youth Council members was mentioned by a number of staff, with these young people described by staff as confident and articulate, further broadening the variety of young people involved in the programme. When comparing the Mosaic profiles of SpeakOut members with KYCC young people there were differences, with SpeakOut members reflecting the profile of those identified as requiring support (Family Basics) and KYCC members classed in more affluent categories (Domestic Success and Aspiring Homemakers).

Overall, 334 young people were identified as requiring additional support when discussing potential support during a DBC or through a referral to a HSK commissioned service when a DBC is not required, with 53% young people taking up one or more elements of support. As with support provided at Universal Plus level, the demographics of those requiring and taking up additional support were mainly consistent across the interventions. However, although there was a higher proportion of females identified as requiring additional support compared to males for most interventions, more males went on to access the support.

HSK support	Identified as requiring	Taking up	Exception (those taking up the support)
Senior EH Worker	52	52	Highest proportion with current or historical domestic abuse in family (54%). Higher proportion of males receiving support (58%).
Volunteer mentoring	91	18	Lowest proportion from a HSK school (67%). Highest proportion white British (100%).
Intensive mentoring	129	73	Highest proportion of females (60%). Lowest proportion with an ECHP or SEN support (25%).
Talents and Interests	84	14	Lower proportion from a HSK school (71%). Higher proportion with an ECHP or SEN support (50%). Majority classified as Mosaic group Transient Renters (29%).
Family Focus Transition	40	29	Highest proportion of males (76%). Highest proportion with ECHP or SEN support (56%).

Up to March 2018, 53 parents took up the additional support provided through the programme, either by working with the HSK Senior EH Worker or through the Family Focus Transition work. Due to the delay with commissioning, fewer parents and carers than estimated benefitted from the programme in the initial areas, as delivery of the first wave of transition work with families commenced later than expected.

Describe and measure the effect HeadStart has on young people and their outcomes

With the programme still at a relatively early stage, limited evidence is available to measure the effectiveness of HSK on outcomes of young people, however, the level of need of young people identified as requiring or accessing support has been explored.

During interviews with HSK school staff there were common themes when discussing the level of need and challenges faced by their students, with the main issues described as self-harm, depression, anxiety and lack of confidence. These views were reflected by the young people themselves when interviewed by the HeadStart National Learning Team.

Young people identified as requiring HSK support had a less positive appraisal of their wellbeing than the average responses for all young people who took part in the 2017 Wellbeing Measurement Framework (WMF) school survey. They also reported more emotional, behavioural, peer and attention difficulties, and more difficulties than young people aged 11 to 15 years old normally report.

Young people who were identified as requiring either volunteer mentoring, intensive mentoring or peer mentoring reported the greatest emotional, behavioural or attention difficulties.

Overall, young people in Year 9 who were identified as requiring HSK support and took part in the WMF reported more difficulties than those in Year 7.

Across all types of support, young people in Year 9 who took part in the WMF reported high levels of attention difficulties, indicating the need for significant support.

Problems with peers was the area where young people reported the least difficulties. Young people with the highest level of difficulties with peers were identified as requiring online support. Year 9 students participating in the programme showed the largest proportion of high or slightly elevated difficulties with peers, indicating a greater level of need for these young people.

Young people in Year 7 participating in the programme had a slightly better appraisal of their wellbeing than the average responses for all young people who took part in the 2017 WMF and they also reported less difficulties than average. Those participating in the programme had the highest average attendance rate and lowest proportion of young people with one or more fixed term exclusion.

Young people working with a HSK Senior EH Worker had the lowest average attendance rate and young people identified as requiring volunteer mentoring or transition work had the highest proportion of young people with one or more fixed term exclusion.

When comparing academic years 2015/16 and 2016/17, attendance at HSK secondary schools in Swale and Gravesham reduced, however, young people also attended school less in these Districts overall and nationally. There was variance when comparing the proportions of young people with one or more fixed term exclusion, which was anticipated due to the range of schools, however, two schools with the highest proportion of fixed exclusions in 2015/16 showed the greatest reduction over the two years. It is worth noting that at this stage we would expect to see a limited impact on young people's attendance and exclusions in HSK schools as a result of being involved in the programme.

Although only a limited number of young people are yet to complete support provided through HSK interventions up to March 2018, in general those that have completed the work showed an improvement in their wellbeing.

Evidence collated in the form of case studies or quotes suggested that elements of HSK, such as participation in the programme and the online support provided from Kooth, improved the resilience and wellbeing of young people.

The flexibility afforded to HSK Participation Workers in relation to the one to one support they provide to young people with emotional wellbeing issues was an area mentioned by several EHPS staff during the implementation interviews. Staff alluded that having additional time in comparison to colleagues within EHPS was beneficial to the outcomes of young people.

Describe whether, and in what ways, HeadStart is facilitating system change in school and community approaches to young people's mental health

Being at a relatively early stage in the programme, limited evidence to suggest a system-wide change in attitudes towards mental wellbeing among young people is expected, however, initial indications show that HSK is making progress towards this ambition.

During the EHPS implementation interviews staff expressed the expectation that schools, and communities would be willing to invest in the programme, as it was the perception of some staff that services delivering mental health support to young people are overwhelmed, resulting in those working with young people now exploring for alternative ways to assist them. Another expectation expressed by staff was that HSK provides schools and communities with the tools needed to enable them to better understand wellbeing issues and take a lead in supporting young people, as opposed to referring onto other services. One staff member commented that schools acknowledged cultural change is needed and welcomed assistance from HSK in doing this through the training provided.

During the school implementation interviews one staff member described how HSK had influenced their thinking around emotional wellbeing and recognised the programme had provided the opportunity for the HSK schools to regularly meet as a community to discuss the agenda, which may not have happened in the absence of HSK. Respondents to the staff survey detailed how access to staff training, grant funding and the additional HSK interventions had benefitted their work with young people. School staff explained how HSK was running alongside established systems to support young people and added to the suite of support available. It was also explained that HSK had aided in further developing support already in place for young people through resources provided by the programme.

Overall, respondents to the training survey reported confidence in applying learning from the training to their work with young people and also reported they felt more confident supporting young people's emotional health and wellbeing as a result of the training.

Staff responding to the self-efficacy survey in Swale and Gravesham HSK secondary schools tended to answer in a positive manner to all statements rather than negatively. The statement rated most positively both this year and last year related to staff feeling they can exert a positive influence on the personal and academic development of their students. When comparing responses year on year, the greatest improvement was shown in relation to staff confidence in their ability to be responsive to student needs when they are having a bad day. However, their ability to develop creative ways to cope with system constraints, such as budget cuts and other administrative problems and continue to teach well, was the area staff reported to feel least positive about this year, with positive responses to this statement also decreasing by the greatest amount compared to last year.

The results collated by the Young Evaluators at St John's Catholic Comprehensive in Gravesham showed that 64% of young people surveyed felt there was an adult in their school they could talk to if they were feeling low and 64% also felt that teachers in their school react very well or reasonably well in situations regarding student's wellbeing.

Context

This report forms an agreed deliverable of the internal evaluation of HSK. It is intended to provide findings to aid further programme development and detail interim progress towards addressing the evaluation objectives outlined and agreed by the HSK Executive at the start of the programme.

Evaluation Objectives

The aim of the internal evaluation is to provide rigorous evidence around the delivery and effectiveness of the HSK programme. It should be noted that this report is a summary of findings from the first year of evaluation, and therefore not all evaluation questions have been addressed. Further research is planned as part of this ongoing evaluation.

1. **Understand the level and extent of awareness of HeadStart**
   1.1 What level of awareness is there of HeadStart among stakeholders / the target population?
   1.2 Do they understand the purpose of the programme?
   1.3 How do stakeholders understand their own role in HeadStart?

2. **Explore and evidence how the programme is being implemented**
   2.1 What was the plan for implementation of HeadStart?
   2.2 To what extent has fidelity to the implementation plan been achieved? What adaptations have been made during the implementation?
   2.3 What has enabled / hindered successful implementation of the HeadStart programme?

3. **Evidence the extent to which HeadStart is reaching and engaging with its target population**
   3.1 What was the intended target population of HeadStart?
   3.2 To what extent has HeadStart engaged with this target population? Has there been any change in the target population? What have been the reasons for any change?

4. **Describe and measure the effect HeadStart has on young people and their outcomes**
   4.1 What has been the effect of HeadStart as a programme on young people's outcomes?
   4.2 What have been the effects of individual HeadStart interventions on young people's outcomes? How do interventions interact together?
   4.3 What are the elements that make HeadStart interventions successful? How is this learning disseminated?

5. **Describe whether, and in what ways, HeadStart is facilitating system change in school and community approaches to young people's mental health**
   5.1 In what ways is HeadStart intended to contribute to systems change?
   5.2 To what extent has the intended systems change been realised?
   5.3 What have been the obstacles / enablers to the intended systems change?
   5.4 Is any system change created by HeadStart sustained?

Key findings

1. Understand the level and extent of awareness of HeadStart

Raising awareness of HSK among stakeholders and ensuring the programme aims are understood are key mechanisms to success of HSK.

Various methods of communication were adopted during implementation to raise programme visibility which included countywide and local stakeholder workshops, newsletter circulation, the HSK Twitter account and engagement through existing corporate meetings or one to one meetings with individuals[2]. Several staff attributed the increased awareness of the programme to the launch of the Resilience Hub[3].

> *"We've got a newsletter that goes out regularly […] that goes out to thousands of VCS organisations […] We've also got Twitter accounts which has been quite successful […]"*

During an implementation interview one staff member expressed the difficulties in communicating to such a wide and varied audience and stated the prioritisation of stakeholders was necessary. They also recognised that continual communication was essential to reach stakeholders during the phased rollout of the programme[4].

> *"It was no point having a programme if only a few people knew about it. And yet our stakeholders, being the whole of people in Kent, it's almost impossible to do in an easy way. So we had a whole number of communication activities during that first year that we prioritised which stakeholders we were going to engage mostly. [Communication of the programme] can be something we have to do again and again and again over the next five years."*

Over the duration of the programme the HSK ambition is to work directly with 43 secondary schools and 90 primary schools in Kent as part of the Universal Plus offer detailed in the HSK Theory of Change (see Appendix 1), with other schools having access to training and resources through the Kent-wide Universal offer.

Schools awareness and understanding

Since the beginning of the programme over 1,500 school staff have been informed about HSK either through participating in training or through general communication methods, such as meetings and emails.

In April 2018 a survey was sent to stakeholders in schools and the community which contained questions relating to their awareness and understanding of HSK (see Technical Appendix). Responses from 82 school staff were received.

All respondents reported having heard of HSK, although a positive response was anticipated as schools participating in the programme were contacted.

78% of respondents (n=64) reported they had heard about the work with HSK secondary schools, with 74% of respondents (n=61) reporting they had heard about the Resilience Hub.

9% of respondents (n=7) reported they had heard about coproduction with young people.

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[2] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p20.*

[3] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p21.*

[4] Ibid p21.
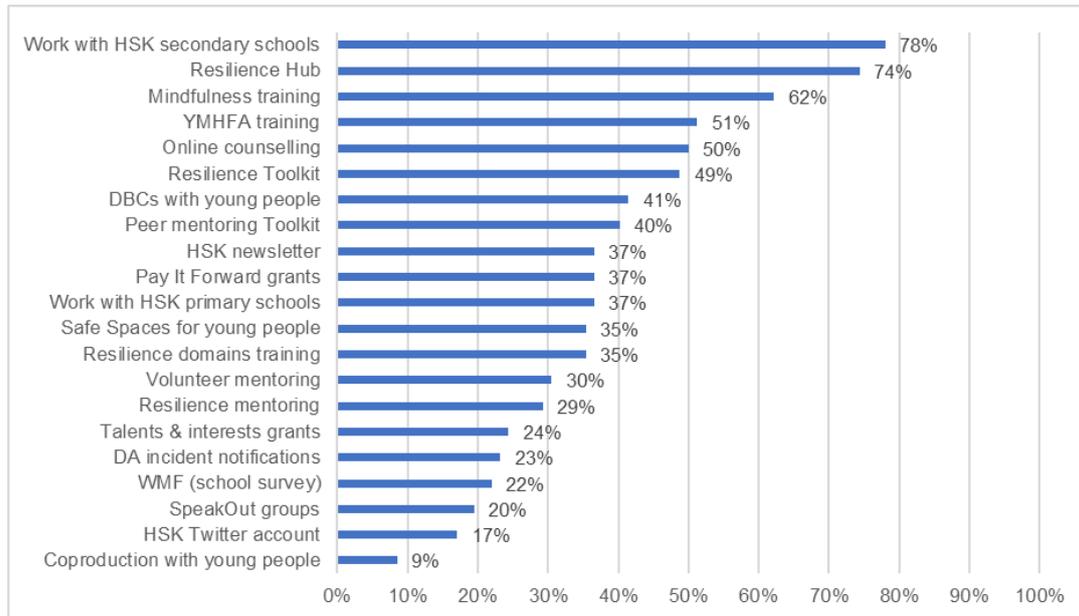
Chart 1 - Programme elements school staff had heard about

65% of respondents (n=53) reported they first heard about HSK by attending meetings, through the school or via their supervisor / manager.

34% of respondents (n=28) reported they first heard about HSK between 1 to 6 months ago.
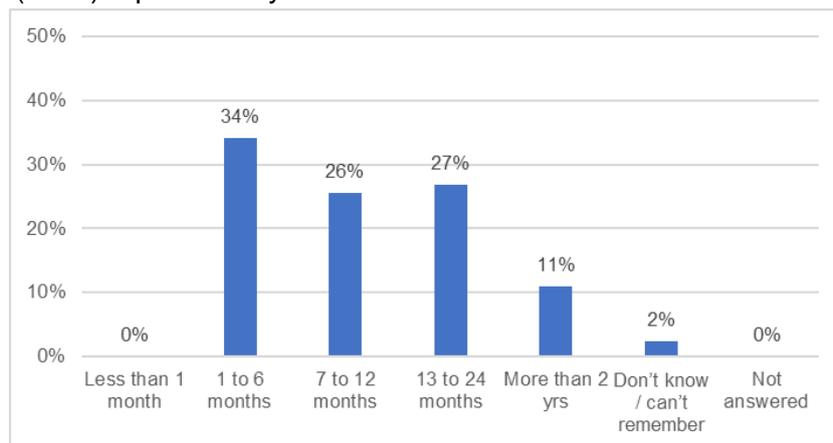
Chart 2 - When school staff first heard about HSK

90% of respondents (n=74) either 'strongly agreed' or 'agreed' to understanding the intended purpose of HSK.
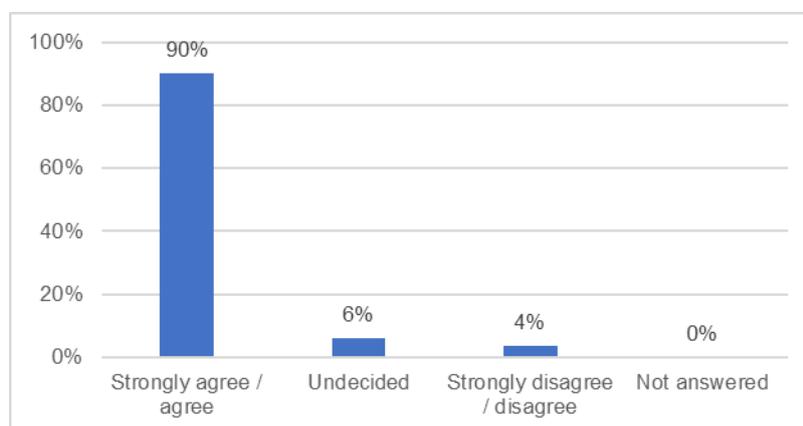
Chart 3 - School staff understanding of the intended purpose of HSK

67% of respondents (n=55) either 'strongly agreed' or 'agreed' to understanding how their role contributes to HSK.
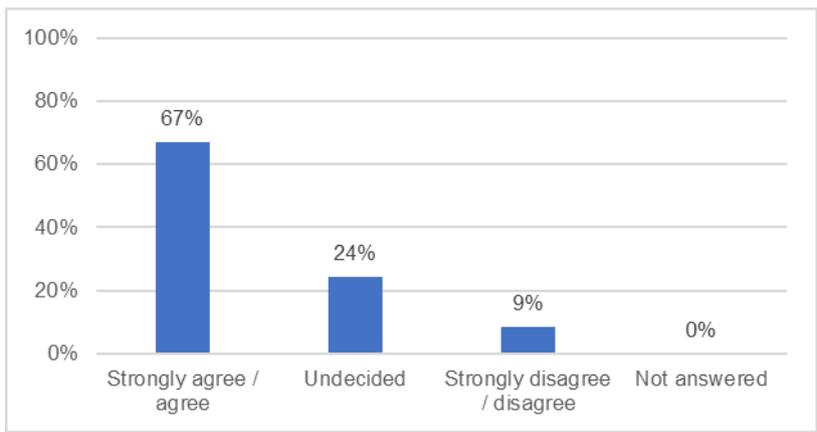

Chart 4 - School staff understanding of how their role contributes to HSK

"We have only been involved with completing the surveys, we are looking forward to being involved in other aspects in the near future."
Agree to understanding role contribution (school staff survey respondent)

"I feel it is limiting what HeadStart can do for us as a primary school if we are not part of the selected group of schools."
Disagree to understanding role contribution (school staff survey respondent)

The 22 secondary schools currently engaged in HSK across the five Districts received their 'Introduction to HeadStart' training delivered by the Project Managers in an hour session to school staff.

The training covers practical application of DBCs supported by a case study; an overview of their grant agreement and what is expected of them as a HeadStart school; the training and participation offer; commissioned services; community involvement and the online Resilience Hub is also mentioned.

At the start of the session staff are asked four questions to assess their current knowledge of HSK and the use of DBCs. This process is then repeated following the session to measure learning from training. The maximum score each staff member can receive is seven.

Overall 1,063 staff participated in the training, with the number of staff taking part in each school ranging from 3 to 92 dependant on school size.

The overall average participant score before the session was 3 points, with 46% of questions correctly answered.

The overall average participant score after the session was 6 points, with 84% of questions correctly answered.
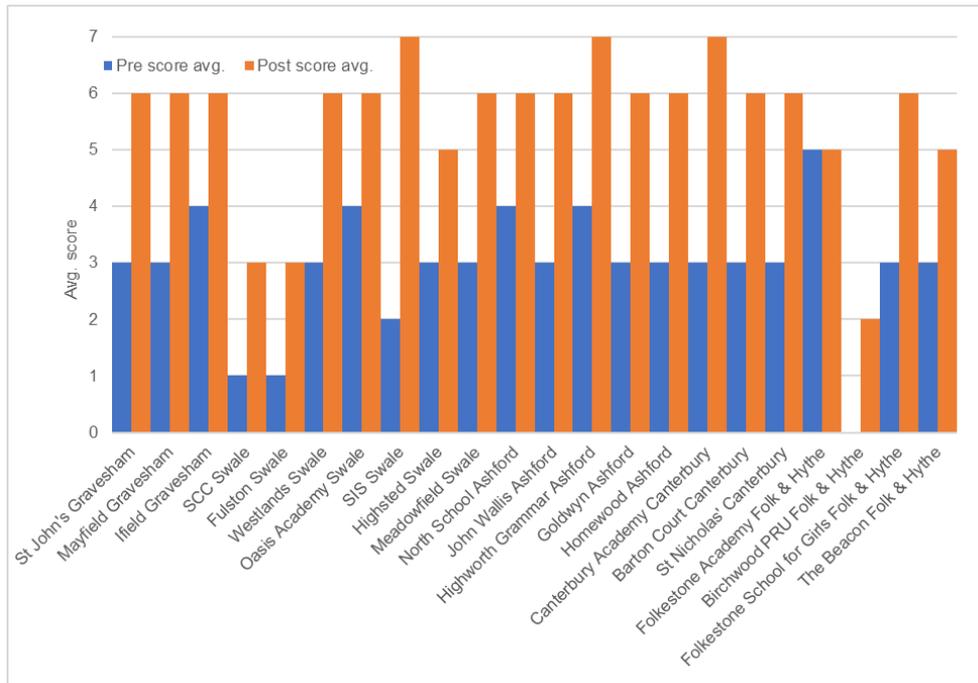
Chart 5 - Introduction to HSK participant average scores by school
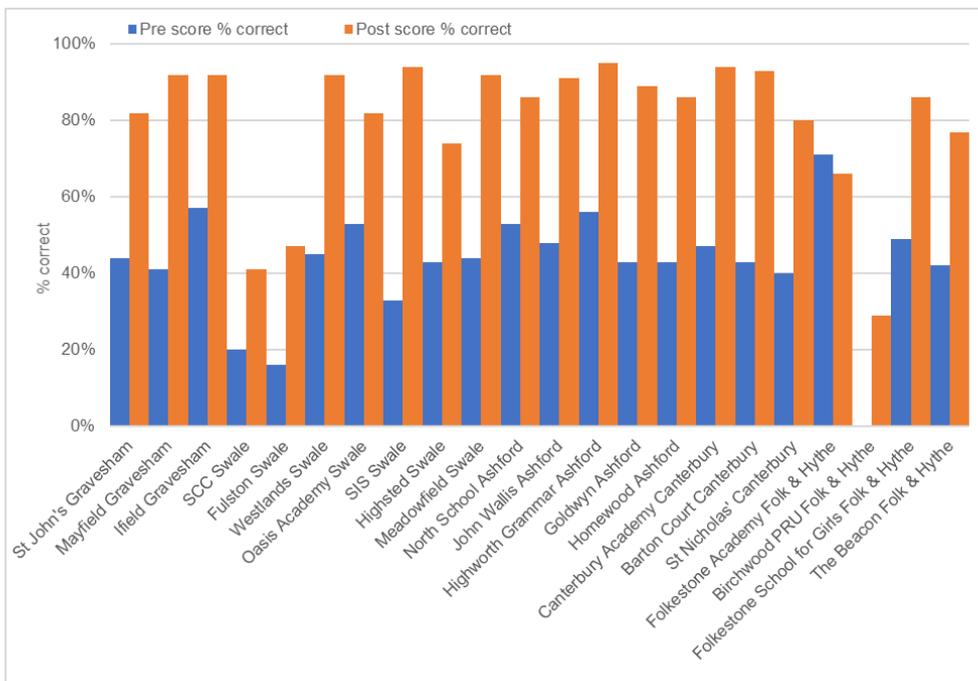
Chart 6 - Introduction to HSK participant % correct answers by school

Although it was reported that the programme was received positively by staff in schools when it was first introduced to them, one staff member interviewed about the implementation of HSK did highlight a lack of staff awareness of the programme and the tools available amongst school staff. Another staff member expressed an excitement to learn more but explained they were not fully aware of what was available to staff with regards to training, suggesting information may not be filtering down to all school staff[5].

"When we came out of that first session [with staff], it was really well received, everyone was talking about it. And then there was the assembly when we came back and since then, not much has happened. I think it's very difficult for staff to have conversations about things if we haven't been introduced to it."

[5] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – School Implementation Interviews p22.*

Schools summary

A large volume of school staff have been informed about the programme through training or via general communications. Across all elements of the programme most respondents to the stakeholder survey heard about the work with HSK secondary schools (78%) and the Resilience Hub (74%). School staff first heard about the programme by attending meetings, through the school or via their line manager/supervisor (65%), with most hearing about HSK for the first time 1 to 6 months ago (34%). A majority agreed to understanding the intended purpose of the programme (90%) and understanding how their role contributes to HSK (67%). Over 1,000 school staff participated in the 'Introduction to HeadStart' training, with knowledge of HSK substantially improving following the session. School staff reported the programme was received positively when it was first introduced to them, however, it was explained that there may be lack of awareness about the programme and the tools available across schools, suggesting some information may not be filtering down to all staff.

KCC awareness and understanding

Working with colleagues across KCC, especially within EHPS and SCS, by embedding elements of the programme to support to young people is also an aim of HSK to ensure sustainability.

Overall there were 199 responses to the stakeholder survey from staff within KCC. 109 from EHPS staff, 72 from SCS staff and 18 from other KCC directorate staff, such as Public Health and the PRU, Inclusion and Attendance Service (PIAS).

79% of overall KCC respondents (n=157) reported having heard of HSK. 92% (n=100) EHPS staff, 60% (n=43) SCS staff and 78% (n=14) other KCC staff.
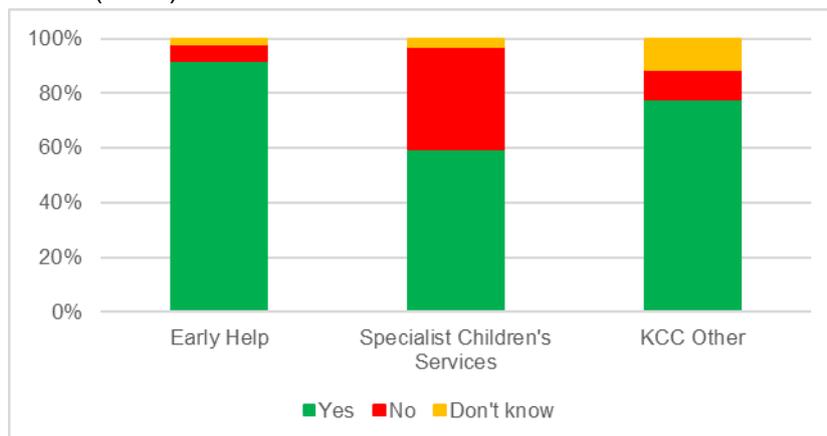

Chart 7 - KCC staff heard about HSK

During interviews with EHPS staff most mentioned how awareness of the programme had reached colleagues within EHPS. However, one staff member explained how the programme may have been previously misunderstood within EHPS but recognised an improvement in support from senior management[6].

> *"I think that's what we've probably done well, is we've been able to put that message across [in Early Help], what we're trying to achieve and what HeadStart is there to do."*
>
> *"And I think it's a lot better supported now from senior management as well [...] but now it's a lot more involved and people are really keen. And people see the benefit of it which is really good."*

57% of overall KCC respondents (n=114) reported they had heard about the Resilience Hub, with 52% of respondents (n=103) reporting they had heard about the Mindfulness training.

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[6] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p22.*

15% of overall KCC respondents (n=30) reported they had heard about the WMF (school survey).
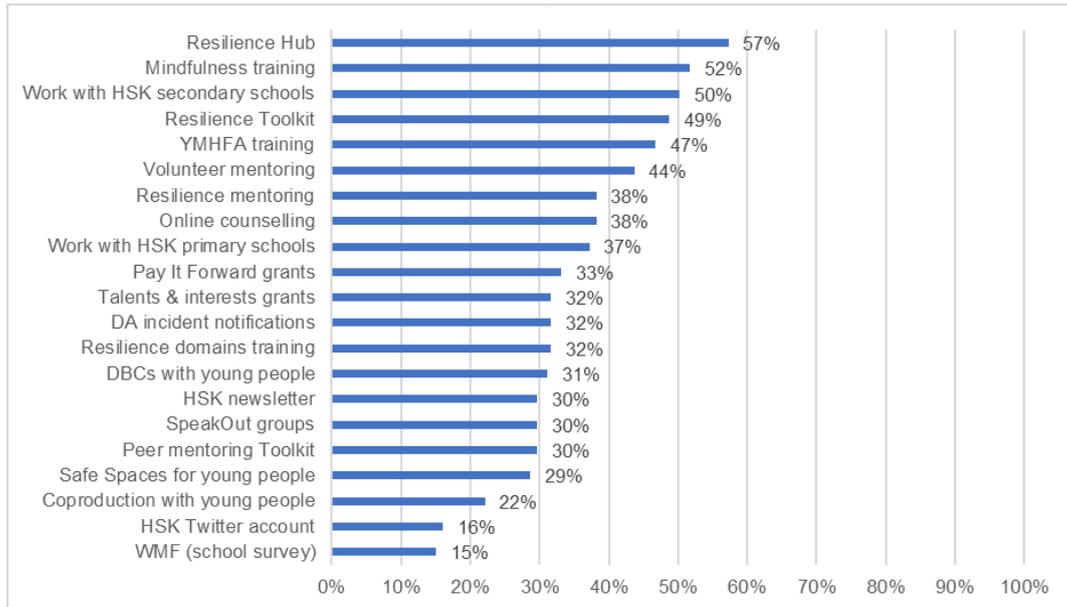

Chart 8 - Programme elements KCC staff had heard about

74% of EHPS respondents (n=81) reported they had heard about the Resilience Hub, with 65% of respondents (n=71) reporting they had heard about the Youth Mental Health First Aid training.

20% of EHPS respondents (n=22) reported they had heard about the WMF (school survey).
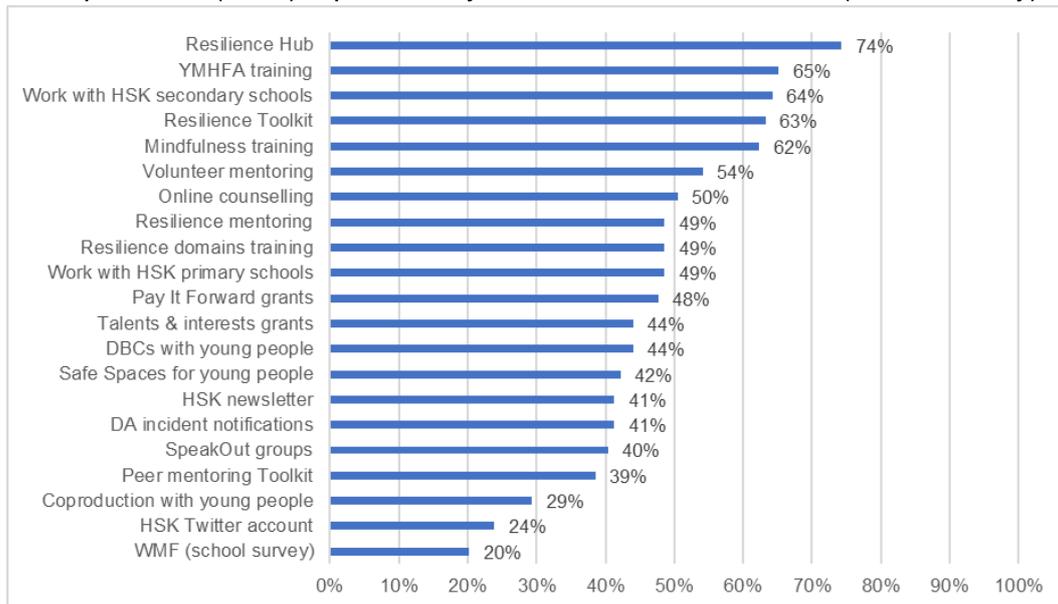
Chart 9 - Programme elements EHPS staff had heard about

35% of SCS respondents (n=25) reported they had heard about Mindfulness training, with 33% of respondents (n=24) reporting they had heard about Volunteer Mentoring (Young Lives Foundation / Porchlight).

4% of SCS respondents (n=3) reported they had heard about the HSK Twitter account.
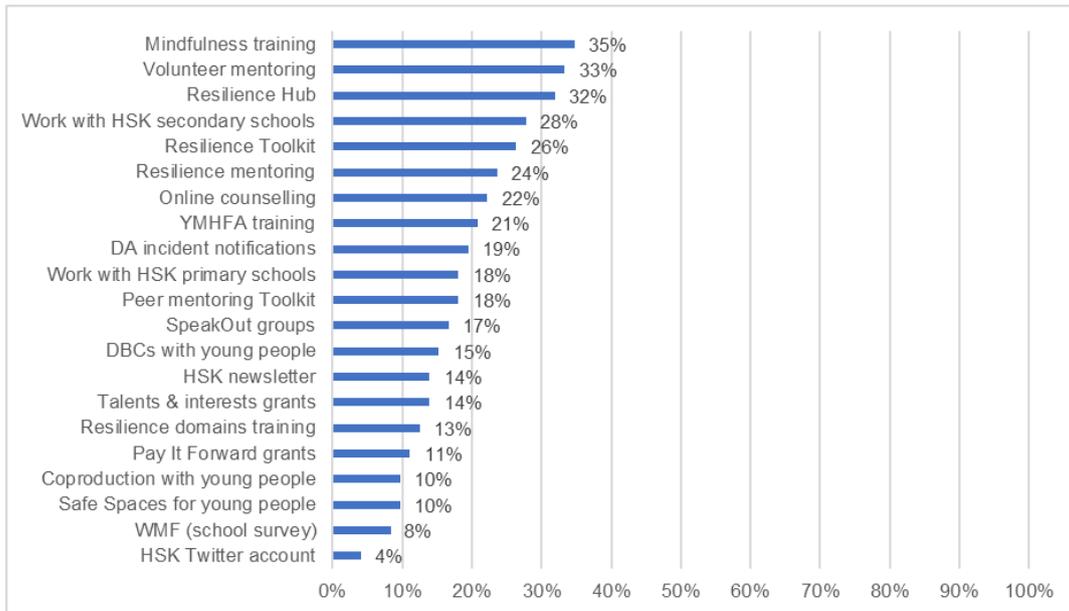
Chart 10 - Programme elements SCS staff had heard about

39% of overall KCC respondents (n=77) reported they first heard about HSK by attending meetings or via their supervisor / manager.

21% of overall KCC respondents (n=42) reported they first heard about HSK between 7 to 12 months ago, although 21% of respondents (n=42) did not answer the question, most of which were from SCS.
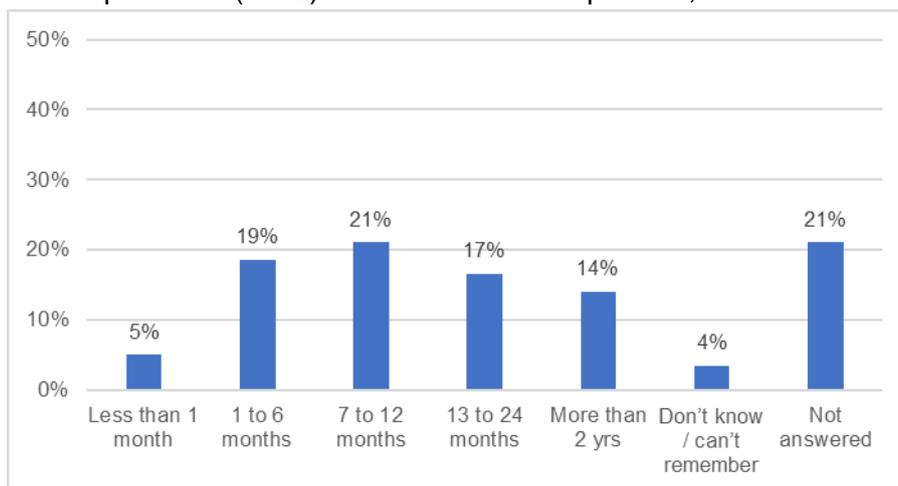

Chart 11 - When KCC staff first heard about HSK

59% of overall KCC respondents (n=117) either 'strongly agreed' or 'agreed' to understanding the intended purpose of HSK.
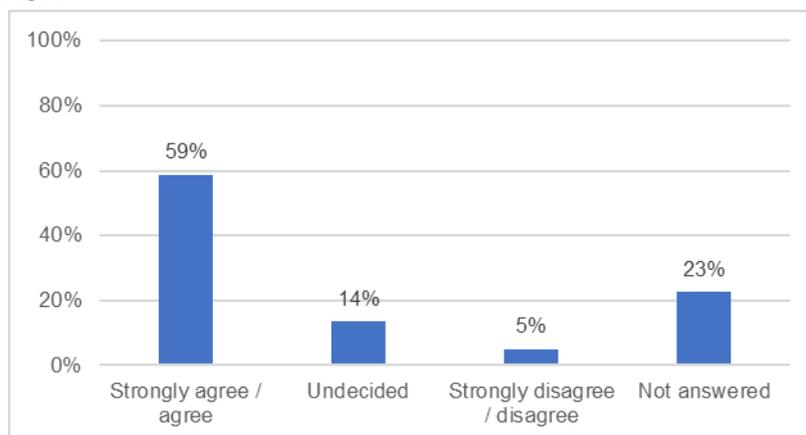

Chart 12 - KCC staff understanding of the intended purpose of HSK

73% of EHPS staff (n=80) either 'strongly agreed' or 'agreed' to understanding the intended purpose of HSK compared to 33% of SCS staff (n=24).
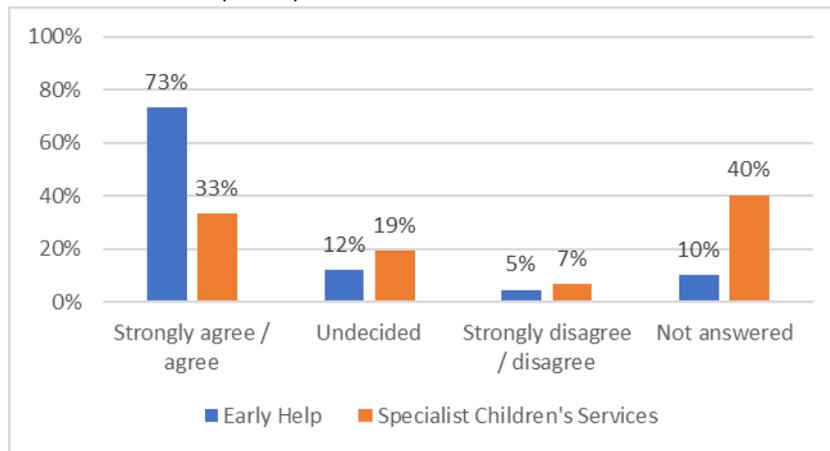
Chart 13 - EHPS and SCS staff understanding of the intended purpose of HSK

42% of overall KCC respondents (n=84) either 'strongly agreed' or 'agreed' to understanding how their role contributes to HSK.
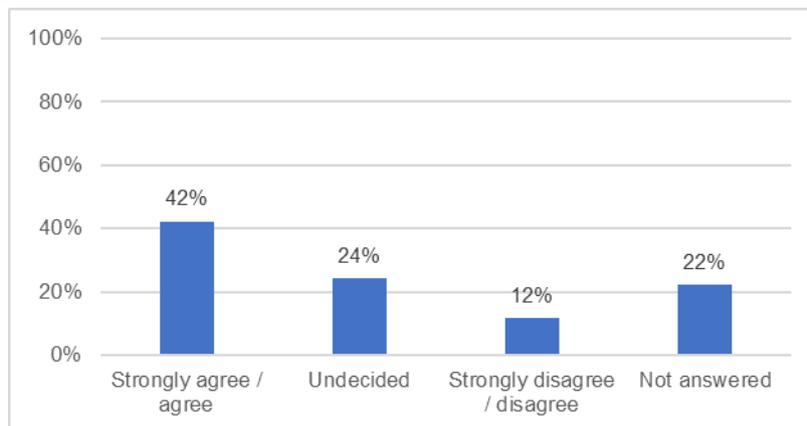
Chart 14 - KCC staff understanding of how their role contributes to HSK

57% of EHPS staff (n=62) either 'strongly agreed' or 'agreed' to understanding how their role contributes to HSK compared to 22% of SCS staff (n=16).
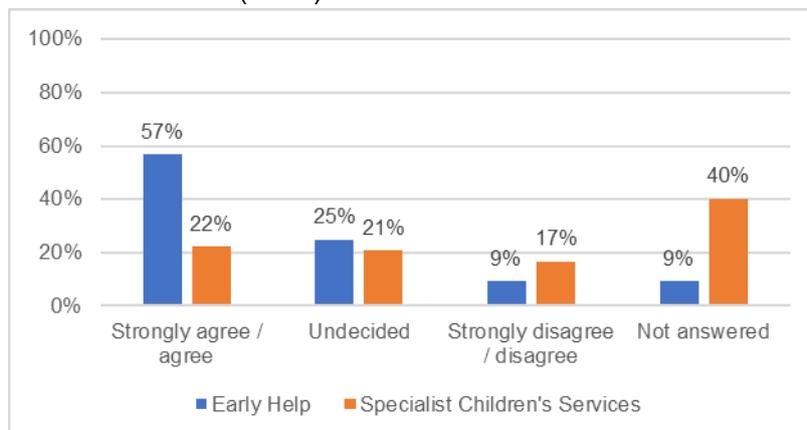
Chart 15 - EHPS and SCS staff understanding of how their role contributes to HSK

"Supporting Social Workers to identify appropriate young people who would benefit from the service."
Strongly agree to understanding role contribution (SCS staff survey respondent)

> *"Would like some guidance/training in how we can effectively contribute."*
> *Strongly disagree to understanding role contribution (Other KCC staff survey respondent)*

During the implementation interviews with EHPS staff most were confident in explaining how their role contributed to what HSK was trying to achieve, although some staff members outside of the HSK team did reflect that it took a while to understand how their role contributed[7].

> *"I think everyone mostly is clear on their role and what the HeadStart ambition is, and what they need to do within those areas."*
>
> *"If you looked at delivery, it was quite difficult to see your role. If you looked at sustainability, and who was responsible for that, it was easier to see how Early Help could have a role […]"*

During the interviews one staff member also explained how colleagues in SCS may be misinterpreting HSK as a *"standalone service"* which can be accessed via stepdown and recognised that further work may be needed develop their understanding around the purpose of the programme and their role within it[8].

> *"[Social services] just think it's HeadStart […] we can refer to HeadStart as it's a standalone service, so it's about educating them to realise that HeadStart isn't a standalone service, as such […] It's about making sure they understand what that means. And, they can tap into that before they step down. It's not something they refer on to, as such […] But, I mean, social care in general, they are very much like that, oh we will step down, and Early Help can then refer over to those agencies. So, it's not a new thing, it's just about getting them to, maybe, do it a bit sooner because they don't have to step down to tap into resources."*

KCC summary

Nearly 200 staff within KCC responded to the stakeholder survey, with 79% reporting having heard of HSK. When comparing EHPS, SCS and other KCC staff, SCS had the lowest level of awareness (60%). It was recognised by staff that awareness of HSK had reached EHPS, however, one staff member explained that it may have been previously misunderstood. Across all elements of the programme most KCC staff heard about the Resilience Hub (57%) and Mindfulness training (53%). EHPS and SCS were most aware of training and the commissioned services. There were noticeably lower levels of awareness for all elements of the programme from SCS staff. KCC staff first heard about the programme by attending meetings or via their line manager/supervisor (39%), with most hearing about HSK for the first time 7 to 12 months ago (21%), however 21% did not respond to the question, most of which were from SCS. A majority of KCC staff agreed to understanding the intended purpose of the programme (59%), with 73% of EHPS staff agreeing compared to 33% of SCS staff. A majority of KCC staff agreed to understanding how their role contributes to HSK (42%), with 57% of EHPS staff agreeing compared to 22% of SCS staff. When interviewed, most EHPS were confident explaining how their role contributed to what HSK was trying to achieve, however some staff outside of the HSK team reflected it took a while to understand how their role contributed. One staff member explained how SCS may be misinterpreting HSK as a standalone service and recognised that more work was needed to develop their understanding around the purpose of the programme and their role within it.

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[7] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p13.*
[8] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p26.*

Community awareness and understanding

In addition to engaging school staff and those within KCC, ensuring the engagement of staff from community organisations in the voluntary and private sectors is critical to the sustainability of the programme. Over the duration of the programme the HSK ambition is that 150 community organisations are directly involved in delivering one or more programme elements or are partnered to the programme.

Overall there were 55 responses from staff in community organisations to the stakeholder survey.

93% of respondents (n=51) reported having heard of HSK, although a positive response was anticipated as most respondents were from organisations partnered to the programme.

71% of respondents (n=39) reported they had heard about the Resilience Hub, with 64% of respondents (n=35) reporting they had heard about the work with HSK secondary schools.

7% of respondents (n=4) reported they had heard about Domestic Abuse incident notifications.
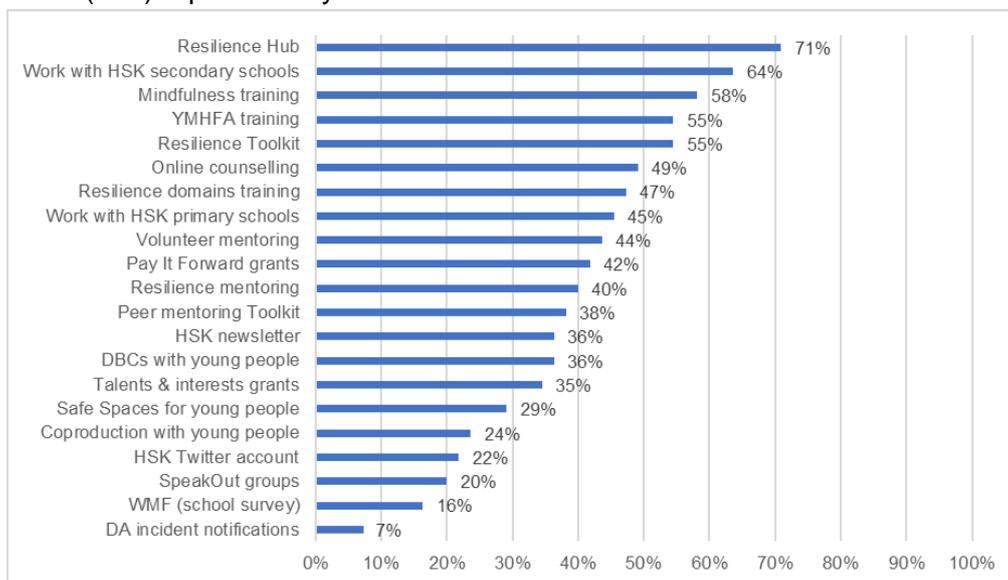

Chart 16 - Programme elements community staff had heard about

47% of respondents (n=26) reported they first heard about HSK by attending meetings or via their supervisor / manager.

27% of respondents (n=15) reported they first heard about HSK between 1 to 6 months ago.
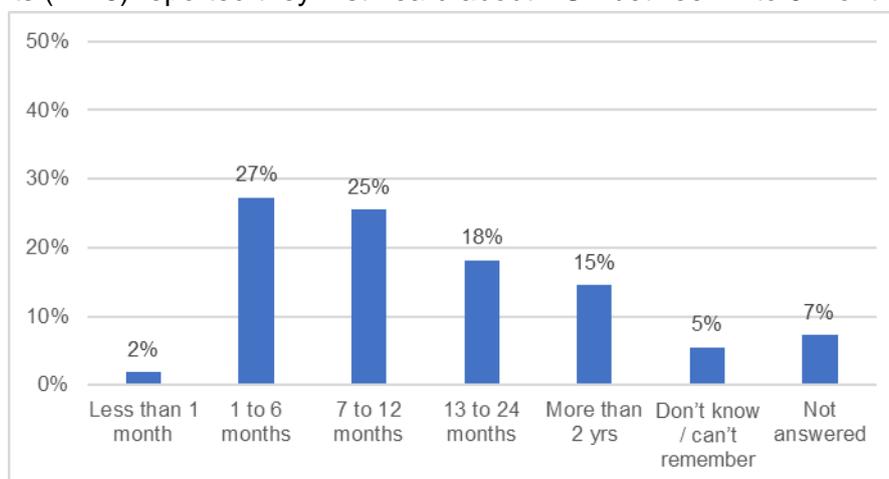

Chart 17 - When community staff first heard about HSK

75% of respondents (n=41) either 'strongly agreed' or 'agreed' to understanding the intended purpose of HSK.
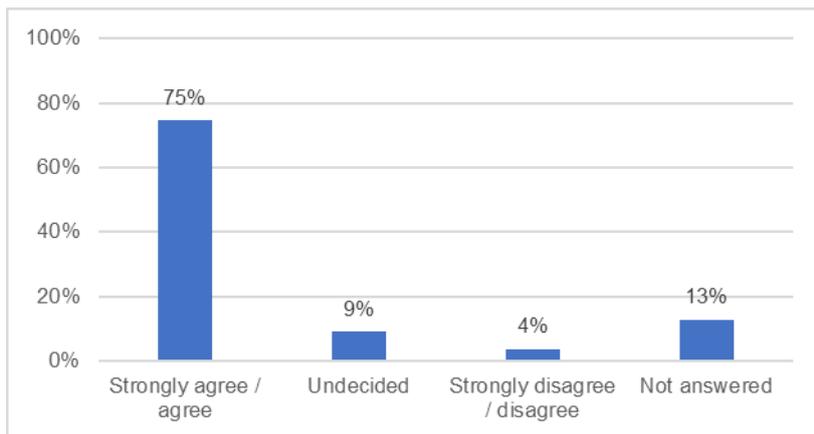

Chart 18 - Community staff understanding of the intended purpose of HSK

60% of respondents (n=33) either 'strongly agreed' or 'agreed' to understanding how their role contributes to HSK.
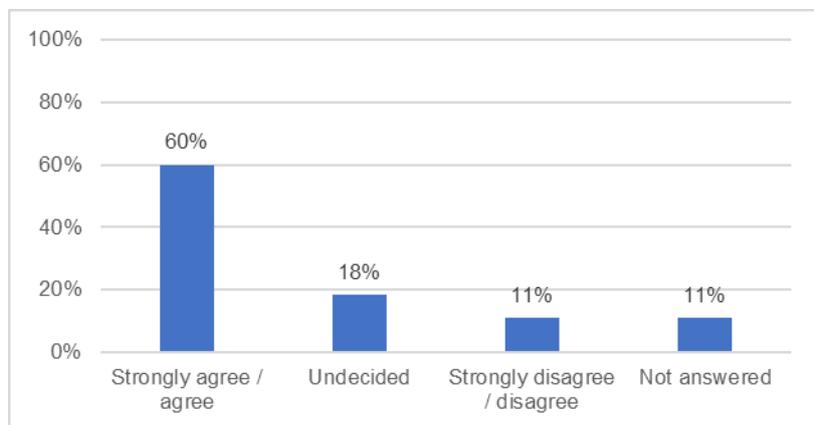
Chart 19 - Community staff understanding of how their role contributes to HSK

"As a part of a HeadStart community group we think we will be able to make a collective difference to the lives of young people."

Agree to understanding role contribution (community staff survey respondent)

"HeadStart seems to very much work on its own without engaging with the wider system, not very good at sharing the detail of what they are doing."

Disagree to understanding role contribution (community staff survey respondent)

Community summary

There were 55 respondents to the stakeholder survey from staff in community organisations. Across all elements of the programme most community staff heard about the Resilience Hub (71%) and the work with HSK secondary schools (64%). Community staff first heard about the programme by attending meetings or via their line manager/supervisor (47%), with most hearing about HSK for the first time 1 to 6 months ago (27%). A majority agreed to understanding the intended purpose of the programme (75%) and understanding how their role contributes to HSK (60%).

Young people's awareness and understanding

The Young Evaluators at St John's Catholic Comprehensive in Gravesham and Oasis Academy in Swale collated views of young people relating to their awareness of HSK and elements of the programme.

The Young Evaluators in both schools opted to design a survey to collate responses. The St John's version was in electronic format and the Oasis version was in paper form.

At St John's there were 83 responses to the survey.

52% of respondents (n=43) reported to have heard about HSK or the services offered.

53% of respondents (n=44) reported to have heard about the Resilience Hub.

12% of respondents (n=10) reported using peer mentoring in school or accessing the online counselling (Kooth).
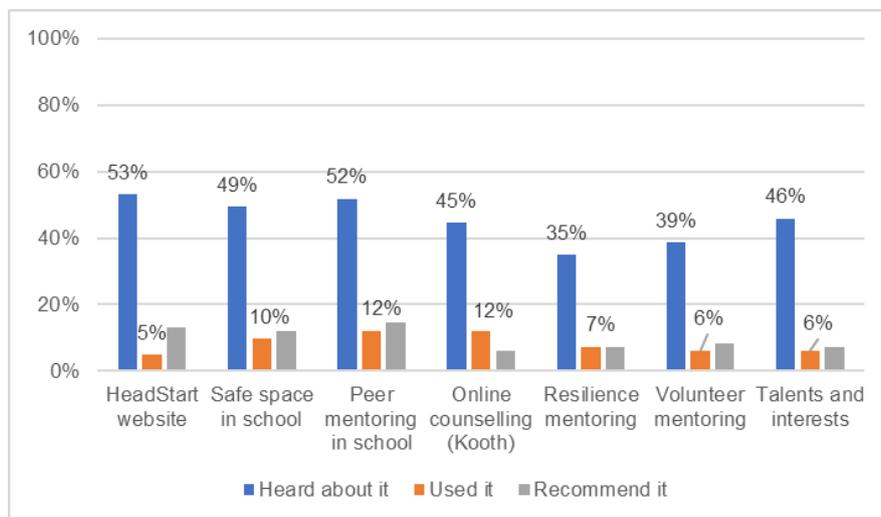
Chart 20 - St John's responses to Young Evaluator survey

At Oasis there were 27 responses to the survey on the West site and 39 responses to the survey on the East site.

52% of respondents (n=14) reported to have heard about HSK or the services offered at the West site.

33% of respondents (n=13) reported to have heard about HSK or the services offered at the East site.

48% of respondents (n=13) reported to have heard about the safe space in their school at the West site.
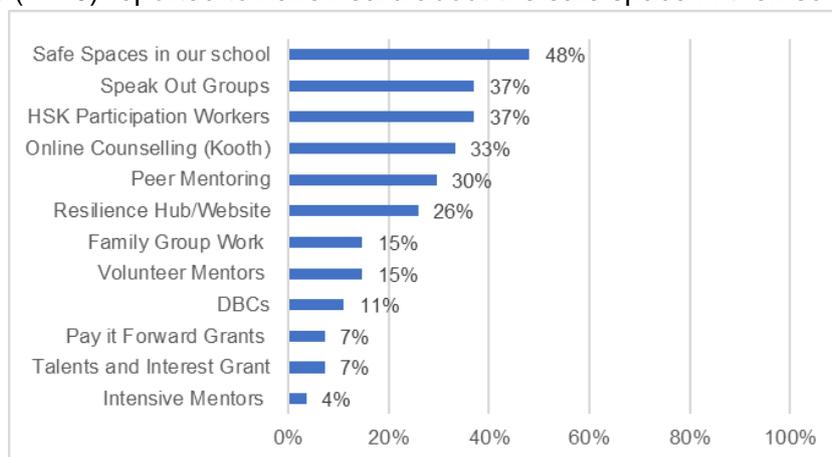
Chart 21 - Oasis West site responses to Young Evaluator survey

31% of respondents (n=12) reported to have heard about the HSK Participation Workers at the East site.
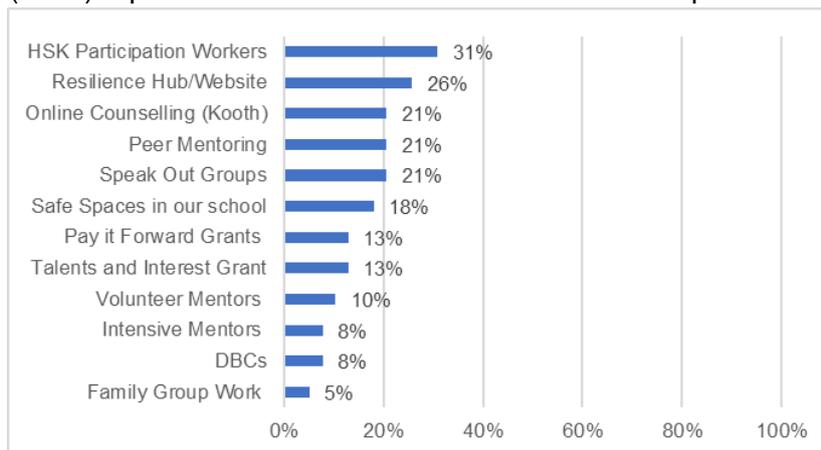
Chart 22 - Oasis East site responses to Young Evaluator survey
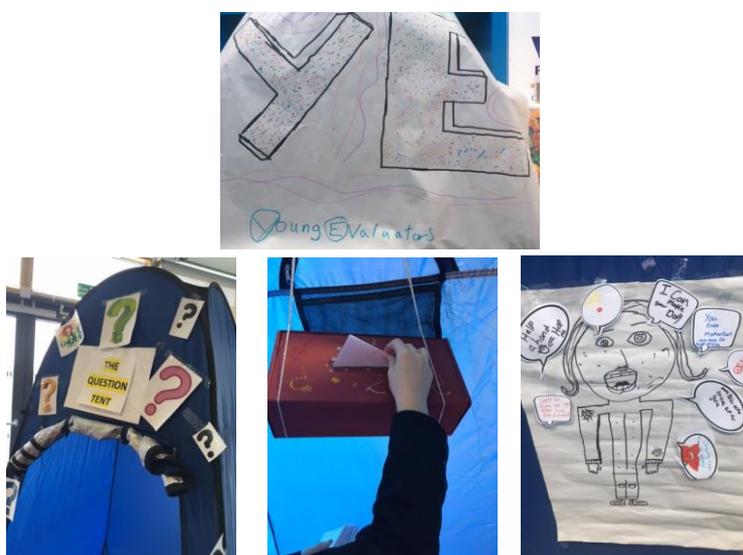
The Young Evaluators at St John's, supported by the HSK Participation Worker, also did a quiz at the Year 8 and Year 10 assembly to see how aware each group of young people were of HSK and elements of the programme. Overall, the Year 8's seemed more aware than the Year 10's, although on observing both sessions, it appeared the Year 10 students were more reluctant to participate with their peers during the assembly than the Year 8 students.

The Young Evaluators at St John's discussed the survey findings with the HSK Participation Worker and suggested some solutions around the key findings that concerned them. They recently had a meeting with their Headteacher and the HSK Programme Manager to discuss the findings and possible solutions. A solution received positively by the Headteacher was the incorporation of HSK activities around mental wellbeing to the personal development time of students.

During the implementation interviews with school staff it was acknowledged by some staff that it was likely that there was only a limited awareness of HSK among students and that more could be done to increase awareness. One staff member expressed that there was a need for students to be made aware of what is available to them[9].

> *"Students were involved [in the school survey] […] through having taken the survey, that's what they were aware of […] they did see all of [the introduction and PowerPoint] so they were aware in that way […] but there is a lot more to do to get [HeadStart] out there."*

When discussing awareness of the programme among young people with staff in EHPS, one staff member described how young people were aware of HSK through direct engagement but explained that young people outside of that cohort may not be reached[10].

> *"So for example you walk into the street and you speak to a young person, have you heard of HeadStart? You don't know if you're going to get a yes or a no. Obviously the groups we're working with [are aware…] They're not going to know quite as much as they would if they come to SpeakOut but you want them to still know […]"*

Young people summary
Findings from the Young Evaluators at St John's in Gravesham showed that 52% of respondents to the survey heard about HSK or the services offered, with most reporting to have heard about the Resilience Hub (53%). When comparing awareness between Year 8 and Year 10 students in separate assemblies, the Year 8 students showed more awareness. Findings from the Young Evaluators at Oasis Academy in Swale showed that 52% of respondents at the West site and 33% at the East site heard about HSK or the services offered. Most respondents heard about the safe space in their school at the West site (48%), with most hearing about the HSK Participation Workers at the East site (31%). The Young Evaluators met with the HSK Programme Manager and Headteacher at St John's to discuss the findings and possible solutions, such as the incorporation of HSK activities around mental wellbeing to student's personal development time. Some school staff acknowledged there was limited awareness of HSK among students and more could be done to increase awareness. One EHPS staff member also described how young people were aware of HSK through direct engagement but explained that young people outside of that cohort may not be reached.

Parents and carers awareness and understanding
Since the beginning of the programme nearly 32,000 parents and carers have been directly informed about HSK as the parents and carers of children taking part in the summer 2017 and spring 2018 WMF school survey were sent a leaflet explaining the programme. Parents and carers participating in the Family Focus Transition intervention with their child have also been made aware of the programme and it's aims by the provider.

Although there is awareness of HSK among parents and carers, during the implementation interviews with EHPS staff it was recognised by some that there could be an improvement, with staff explaining how the social insight work with young people and parents and carers was likely to identify potential gaps in awareness which would inform future campaigns[11].

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[9] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – School Implementation Interviews p12.*

[10] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p20.*

[11] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p21.*

In March 2018 a parent and carer survey was sent out to guide development of the content and resources available to parents on the Resilience Hub. This survey was sent out via The Contented Child[12] parent network and emailed to over 3,000 people and was also posted on their Facebook page with over 9,000 followers.

There were 117 responses to the survey.

77% of respondents (n=90) reported they were not previously aware of HSK before the survey was sent to them.
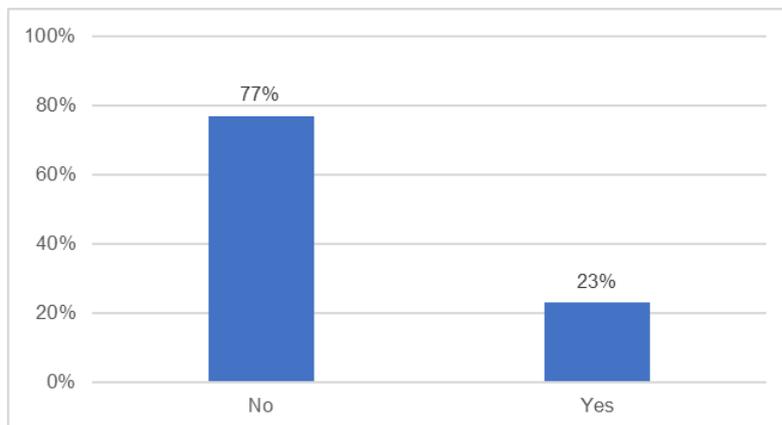
Chart 23 – Parent / carer survey respondents' prior awareness of HSK

> *"My daughter's school had the leaflet but that was the extent of any help offered."*
> *"Known through work in schools."*
> *Previously aware of HSK (parent / carer survey respondents)*
>
> *"Never heard of HeadStart despite doing lots of research to try and get help when we were in desperate need. Not sure where I would have found out about it."*
> *"Perhaps should be advertised more. There's a lot of need out there."*
> *Not previously aware of HSK (parent / carer survey respondents)*

Parents and carers summary
Nearly 32,000 parents and carers have been directly informed about HSK. Although there is awareness of the programme among parents and carers, it was recognised by EHPS staff that there could be an improvement.

Future development
When asked about possible future changes to HSK in the stakeholder survey, the theme across those making suggestions related to improved communication and promotion of the programme and clarity around its purpose.

> *"When roll out to new district or area staff come and present to the area to make aware of the service."*
> *Suggested change (EH staff survey respondent)*
>
> *"Clearer and more precise work around aims. Being clear and upfront with schools from the beginning about the work load and time this would take."*
> *Suggested change (School staff survey respondent)*

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[12] The Contented Child, 2018. *The Contented Child [online]* Available at: www.thecontentedchild.co.uk

> *"Students notoriously 'network' and I feel that a business card size card advertising what HeadStart can do to help would be a brilliant tool to promote and give out."*
>
> *Suggested change (School staff survey respondent)*

The importance of clear and consistent communication, especially with the increased awareness of the programme by stakeholders, was a theme also mentioned by staff during the EHPS implementation interviews[13] as well as ensuring the purpose was clarified for the different stakeholders[14].

> *"I think, maybe, just a clearer message as to what it is. And that it's not a standalone service. So, it's what HeadStart means to everybody. What it means to a teacher, what it means to a school, what it means to a student, a parent, an Early Help worker. How you can utilise the services and resources that are out there."*

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[13] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p13.*
[14] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p30.*

2. Explore and evidence how the programme is being implemented

The Phase 3 Case for Investment (or bid) included a comprehensive plan for implementation[15] and deliverables over the first 18 months were documented to ensure early mobilisation of the programme. On commencement of HSK a delay in delivery of the programme during the implementation was highlighted as moderate risk in the Risks, Assumptions, Issues and Dependencies (RAID) log.

Progress towards key deliverables are routinely monitored by HSK and reported to the Big Lottery Fund, KCC Project & Portfolio Board and through the programme's internal governance structure.

To explore how the programme was implemented several deliverables have been recorded and compared with later plans to contrast the original implementation plan with the programme's delivery.

Milestone	Programme Plan 1 (Implementation)			Programme Plan 2 (March 2018)		
	Duration	Start	Finish	Duration	Start	Finish
Programme Setup	76 days	06 Jun 2016	20 Sep 2016	156 days	06 Jun 2016	13 Jan 2017
Business Case Approval Sought	0 days	29 Sep 2016	29 Sep 2016	0 days	10 Feb 2017	10 Feb 2017
Phase 3 Launch Event	0 days	05 Oct 2016	05 Oct 2016	0 days	17 Oct 2017	17 Oct 2017
Finalise the Resilience Hub Specification	7 days	05 Jul 2016	13 Jul 2016	7 days	28 Nov 2016	06 Dec 2016
Resilience Hub Web Portal Set Up	90 days	14 Jul 2016	17 Nov 2016	182 days	18 Jul 2016	03 Apr 2017
Quality Mark Issued	0 days	03 Jan 2017	03 Jan 2017	170 days	01 Jan 2018	31 Aug 2018
Procurement	125 days	01 Aug 2016	27 Jan 2017	200 days	01 Aug 2016	16 May 2017
Grant Agreements with Individual Schools and Services Agreed and Signed	30 days	17 Oct 2016	25 Nov 2016	610	25 Nov 2016	28 Jul 2018

Table 1 - Programme plan comparisons (Implementation plan vs March 2018 plan)

When discussing implementation of HSK during interviews with EHPS staff, several commented that overarching deliverables had not altered, however, they recognised that detail had been added to the plan as a result of learning and in reaction to arising situations[16]. The need for flexibility in the plan due to the programme's test and learn approach had been previously acknowledged in the bid[17].

> *"I wouldn't say fundamentally the deliverables have changed."*
>
> *"Most of the changes that we've done have been just adding detail to what we're doing […] every change that we do has to be approved by the Executive Group and by the Big Lottery [...]"*
>
> *"I think because we're having to learn as we go and having to do some stuff and then learn from it, it's a bit like kind of do it and then look back at it, reflect and then it needs changes."*

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[15] KCC (2016) *HeadStart Kent Phase 3: Case for Investment p11.*

[16] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p15.*

[17] KCC (2016) *HeadStart Kent Phase 3: Case for Investment p5.*

Although key deliverables were not altered during implementation, several challenges and some slight adaptations were explained by EHPS staff when interviewed, a number of which were also documented by the programme team within the RAID or lessons learnt log.

When asked to detail any barriers to implementation of the programme, most staff reflected on various aspects of the process to commission HSK delivery partners[18]. It was the perception of some staff that the programme had not been adequately assisted in relation to commissioning support, with one staff member explaining the difficulties in navigating unfamiliar systems and processes and another describing the inconsistency in support. Ensuring adequate commissioning support is formally secured prior to any potential future bids was detailed by the programme team in lessons learnt log.

> *"I just think with the commissioning and everything like that, that we've kept finding new departments and new hoops, new things that it needs to go through. New process, new systems, again, just you're not aware of unless you've done it before. I think we all thought it would just be this, this and this and then it's turned into maybe five more stages […]"*
>
> *"We have had commissioning support, it's just a bit, kind of, you feel like you have to really ask for it, rather than it just be given, like other people seem to be just given commissioning support […] We've been given it, but not in a consistent way […]"*

One member of staff made particular reference to the length of time taken to gain approval for decisions through internal governance structures[19], a challenge also expressed by HeadStart partnerships nationally[20]. The delay in approval to proceed with commissioning resulting in the postponement of some delivery elements was documented as a moderate issue in the RAID log by the programme team and evidenced by the expanded timescale in the March 2018 programme plan.

> *"I say never underestimate the time needed to get the correct approvals from boards, senior management and meetings."*

When interviewed, several EHPS staff described how subsequent adaptations were made to the programme to ensure deliverables, such as training school staff, were achieved because of the length of time taken with commissioning[21]. This moderate risk was documented by the programme team in the RAID log and mitigated by HSK staff delivering training to school and community staff in the absence of a commissioned provider.

> *"Our biggest change, and it was only change of three or four months, was that our commissioning was delayed, for example. And then you then have to reschedule your plan and your rollout to take account of that change."*
>
> *"I think as a team, when we've had delays like through other services, like the commissioning that we've then been able to adapt and being flexible and creative, put training together, to then implement that in the schools […]"*

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[18] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p15.*

[19] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p27.*

[20] Stapley, E (2017). *HeadStart Year 1: Qualitative Evaluation Findings – Staff Member Perspectives p7 & p10.*

[21] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p16.*

Another challenge regarding the externally commissioned training which was expressed by several EHPS staff during the implementation interviews related to the organisation of training, with staff expressing the wrong people were potentially involved in making arrangements for delivery of training which caused some confusion and issues with capacity[22]. This issue was raised by the programme team in the RAID log and mitigated by one member of the team having overall responsibility for training coordination.

> *"[The Project Managers should not be] firefighting who's booking a venue and who are you putting on training. They are becoming administrators for our delivery partners that are already being paid to do it in my opinion."*

Another area several staff reflected on as having the potential to hinder implementation was the delay in awarding grant funding to schools[23], as evidenced by the modified timescale in the March 2018 programme plan. However, despite the delay schools continued to develop the programme locally.

> *"I think the funds for the schools […] took a long time which, I think, maybe a bit of a criticism from the schools."*

The expansion of the partnership agreements due to growing requirements to support the evaluation of the programme, which were not previously anticipated, was an area of change also recalled by some EHPS staff during the implementation interviews[24].

Some staff felt they had underestimated the volume of information needing to be recorded and described the subsequent challenges faced to ensure requirements were satisfied[25]. The necessity to support schools in implementing data reporting systems was an issue raised by the programme team in the RAID log, which was mitigated by additional resource being acquired for the HSK team. The difficulty in schools setting up new reporting mechanisms was recorded in the lessons learnt log.

> *"[When writing the bid] I think we completely underestimated the amount of evaluation that we would need to do and the work that takes. And obviously the expectation not just on us, but actually the schools, and that is a challenge in itself, just that level of information and data."*

The differences between schools in terms of their structure and engagement with HSK was a challenge communicated by several EHPS staff which had the potential to delay implementation[26]. This challenge was most frequently mentioned by staff across the HSK partnerships nationally[27]. However, there was recognition from staff that the HSK agenda was competing with other school priorities. The need to engage schools as early as possible, acknowledging the length of time taken to get some schools on board, was recorded by the programme team as a lesson learnt.

> *"Schools are quite complicated organisations and schools work all quite differently."*
>
> *"Some schools seem a bit more hit or miss in terms of maybe [HeadStart is] not their priority possibly."*
>
> *"They're always going to prioritise attainment and Ofsted."*

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[22] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p27.*
[23] Ibid p27.
[24] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p16.*
[25] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p28.*
[26] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p23.*
[27] Stapley, E (2017). *HeadStart Year 1: Qualitative Evaluation Findings – Staff Member Perspectives p4.*

Another subject discussed by a number of EHPS staff was in relation to the changes to the Domains Based Conversations (DBC) form during implementation[28]. Staff explained the importance of the changes to ensure the tool was utilised by staff, especially within schools. The limited number of DBCs being recorded, or taking place, was documented as a critical risk to the programme in the RAID log. To mitigate the risk, work was carried out to streamline the process and breakdown barriers in having the conversations. An increase in the recording of DBCs has been noted, however, work around this risk is ongoing.

> *"Changes to the domains conversation, that's changed quite a lot because what we first drafted to about version 15 now, not that all versions went out obviously, but actually that's changed a long way. And we're still talking about there might be more changes to come with that because the barriers with the schools and actually we need schools to be having [domains conversations]. And we find it useful, but they don't have the time and that's crucial, but we want what they do to be quality and not tokenistic. So that's changed quite a bit and I still think we're on a journey with that."*

As well as detailing challenges and adaptations staff also described several areas that had aided the implementation of HSK.

A topic EHPS staff reflected on during the implementation interviews related to the support provided from internal and external sources[29]. Staff described the support from the EHPS Information and Intelligence team in developing the Resilience Toolkit and HSK pathways. The support from Public Health and Strategic Business Development and Intelligence was also recalled by some members of staff. Other KCC departments mentioned by some staff were Finance and Digital Services. External to KCC, the Big Lottery Fund and Deloitte were described by some staff as being *"supportive"* and *"helpful"* during the development and implementation of the programme.

Some staff also explained how meetings, such as Agile and the HSK Working Groups, had assisted them to achieve deliverables by knowledge sharing and having representation outside of the immediate HSK team providing support[30].

> *"[The team] meet regularly in Agile meetings [to talk about] about what our deliverables are, what's coming up, so everyone's aware of the programme a whole and share learning. So if we're not aware of something and someone's come across it in another grouping, we can share that across the other groupings and that's really important."*
>
> *"We had five working groups that were set up that involved other people from outside the programme that kind of helped us with those deliverables as well."*

One staff member reflected that the introduction of processes was a positive change made to the programme during implementation[31].

> *"Just the processes around us doing things I think have changed. So we've introduced quite a lot of processes […] which has been really useful."*

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[28] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p16.*

[29] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p14.*

[30] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p15.*

[31] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p16.*

When EHPS staff reflected on the implementation of HSK, some recognised how much had been learnt and explained how they considered mobilisation in future areas would be more efficient[32]. However, the potential that the initial groupings have not received the full benefit of HSK was highlighted as a moderate risk in the RAID log. To mitigate this risk the sustainability plan has been developed and the request for additional resource within the HSK team to provide support to the initial groupings has been approved.

> *"It's been really interesting to see Swale and Gravesham because they were the first two. They've had to do a lot of the learning and the testing and the rollout of things. And I think Ashford, Shepway and Canterbury and the following grouping areas have got it much easier […]"*

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[32] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p14.*

3. Evidence the extent to which HeadStart is reaching and engaging with its target population

A three-level approach was adopted by HSK to achieve the programme ambitions and generate benefits for all young people and schools in Kent, with the levels aiming to address the challenges of the size and complexity of Kent[33]. Each level has an intended target population and estimated reach of programme beneficiaries (see Appendix 2), with progress towards reaching those who may benefit reported routinely.

Level	Aim	Approach	Target population
1	Improved emotional wellbeing and resilience through activities which promote cultural change.	**Kent-wide** activity to promote an understanding of the factors impacting on a young person's emotional and mental health wellbeing and the actions that can be taken to support them in building their resilience.	School staff and practitioners (including refuge workers, EHPS and VCS supporting parents/young people) Public (including young people and families)
2	Improved attendance and academic achievement to ensure young people in Kent are equipped to maximise their potential.	**Universal Plus** to support system change within discrete geographies based on Groupings of schools identified on the basis of need across Kent, providing a range of opportunities to achieve the three conditions by young people to be resilient.	School staff Local practitioners Pupils aged 10 to 16 and their parents / carers
3	Improved emotional wellbeing and resilience of targeted young people; specifically for those who have/are experiencing domestic abuse.	**Additional:** A targeted approach aligned to Tier 2 support focusing on the early identification of young people who, as a result of domestic abuse and trauma may benefit from additional early support to help retain and/or build their resilience and emotional wellbeing to prevent adverse outcomes.	Young people receiving school or community 'nudge' Young people identified by concerned parents / carers Young people aged 10 to 16 in refuges Young people aged 10 to 16 in families with domestic abuse

Table 2 - HSK aims, approach and target populations

Resilience Hub

The Resilience Hub is an online resource available to all which aims to increase knowledge and skills, promote evidence based best practice and provide a range of tools and training resources. The Hub was officially launched in October 2017 at the HSK County Stakeholder event and has been reflected on as an achievement, with one staff member describing it as a *"game changer"* during the EHPS implementation interviews[34].

> *"In October we had the Resilience Hub launch, whereas we had been going for over a year without that. So, I think that's been a real key improvement […] so we have got somewhere to direct schools or other partners, or young people, parents, which has been quite helpful."*

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[33] KCC (2016) *HeadStart Kent Phase 3: Case for Investment p49*.

[34] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p29*.

Between October 2017 and March 2018, the Hub had 6,750 hits to the homepage with 5,586 users accessing the site via a direct search, through social media or links from other websites.
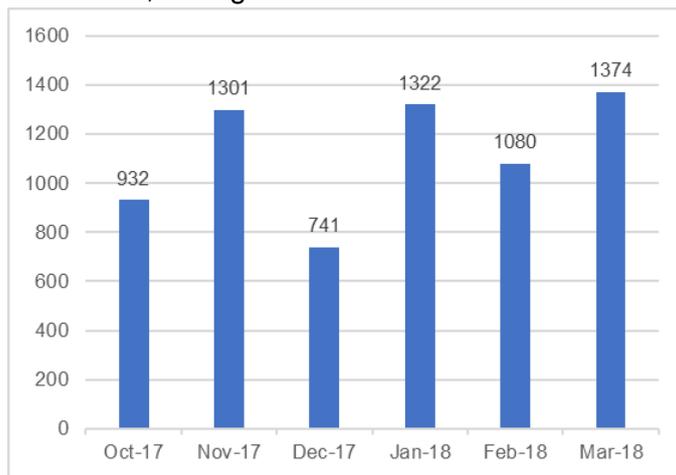
Chart 24 – Resilience Hub hits by month

From the Hub homepage the 'Schools and communities' page had the most traffic, with 50% of hits (n=2,676). The 'Young people' page had 30% of hits (n=1,579) and the 'Parents and carers' page had 20% of hits (n=1,092).
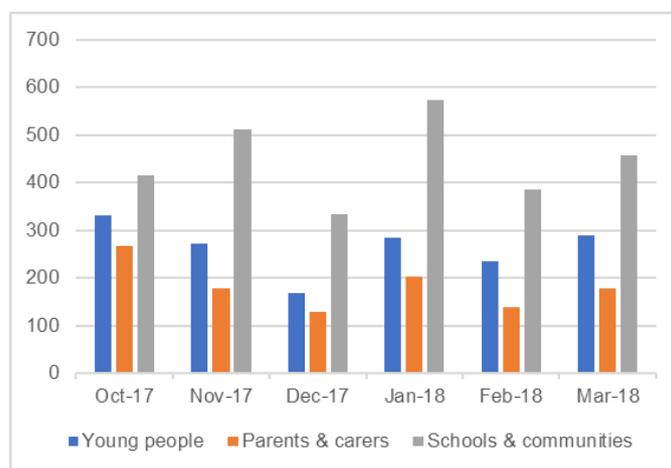
Chart 25 - Resilience Hub hits to the home pages

The pages most frequently accessed range from the 'Resilience Toolkit' page located in the 'Schools and communities' area, to the 'Help your child become more resilient' page located in the 'Parents and carers' area.
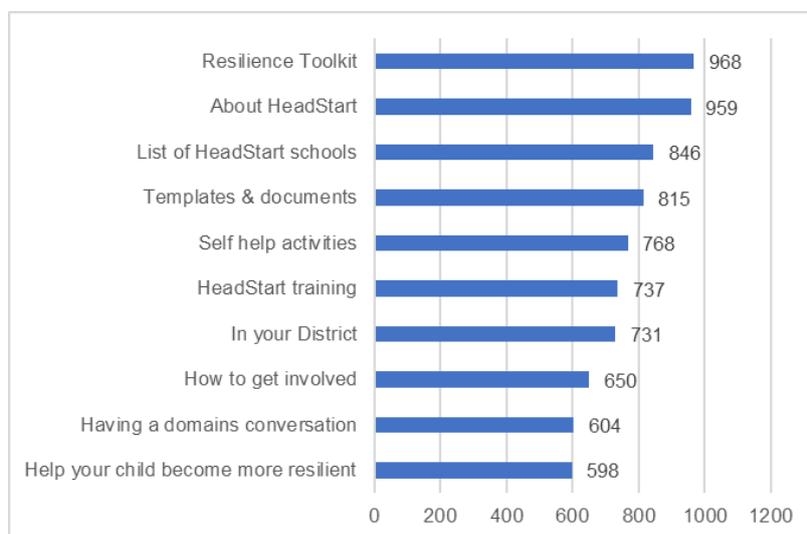
Chart 26 – Top 10 pages accessed

In response to consultation with stakeholders and as part of the ongoing development of the Hub, a complete refresh is taking place during the summer to ensure the Hub continues to be regarded as an effective resource and is utilised by all stakeholders.

Marketing and communication

As at March 2018, the HSK Twitter account had 1,071 followers, an increase of 49% compared to the previous year (n=720), with live tweets featuring on the main page of the Hub.

As detailed in the previous section 'Understand the level and extent of awareness of HeadStart', various methods of communication were adopted during implementation to raise awareness of HSK among stakeholders, with the communication of key messages to promote understanding of the factors impacting on young people's emotional wellbeing and mental health taking place both locally and countywide.

A number of activities were led by young people with support from the HSK team, such as radio interviews and attendance at National conferences to present about the programme. The annual Big Conversation was attended by 100 young people from across the County in March 2018. The day offers young people the opportunity to understand what is meant be mental health, discover more about their personalities, learn coping strategies and ask questions to experts.
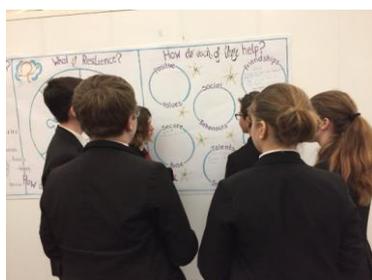
HSK is supported by Roger Gough, KCC Cabinet Member for Children, Young People and Education, who introduced the programme at the countywide Stakeholder event and promoted HSK via the KMFM radio station in October 2017[35].

Community organisations and networks, such as Stronger Kent Communities[36], are also being used to disseminate key messages and assist in the promotion of programme initiatives, such as the Pay It Forward grants.

Resilience Toolkit and Quality Mark

The Resilience Toolkit, accessible via the Hub, is a resource available to all schools across the County. The Toolkit takes schools through the process of assessing their approach to resilience and wellbeing, involving staff, young people and parents. All HSK secondary schools and some primary schools engaged in the programme have used the Toolkit to develop their own bespoke action plans. During the school implementation interviews several schools commented how the Toolkit had influenced their thinking around emotional wellbeing, with some mentioning how it focussed their attention[37].

> *"It gave us clear focus about what we needed to look at."*

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[35] Gough, R. 2017. *Interviewed on KMFM Radio* [online] Available at: https://audioboom.com/posts/6402661-listen-roger-gough-cabinet-member-for-children-at-kcc-18-10-17?t=0

[36] Stronger Kent Communities, 2018 *KentCAN* [online] Available at: www.kentcan.org

[37] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – School Implementation Interviews p16.*

Although schools have been using the Toolkit as a resource, following a review of the initial actions plans carried out by a member of the HSK team, it appeared that some schools may have been finding the development of the action plan challenging, with one member of school staff commenting during the implementation interviews that the inability to monitor progress or check their action plan against a benchmark felt *"odd"*[38]. However, following the feedback from schools who tested the first version at a practical level, the Toolkit was adapted based on this learning and a simplified online version created.

A review of the online Resilience Toolkit and draft Quality Mark was commissioned by HSK in March 2018, with the contract awarded to the University of Greenwich. When recommendations from the final report[39] are actioned, this will allow the Toolkit to be developed further and lead to school and community settings achieving the Kent Quality Mark.

To support the rollout of the Toolkit in non-HSK schools, staff from the Kent Community Health NHS Foundation Trust (KCHFT) were trained to support schools who have registered an interest in taking part in a pilot. Overall, seven schools across all designations will take part in the pilot.

Peer Mentoring Toolkit

The Peer Mentoring Toolkit, which was developed by Salus[40] and coproduced with young people and school staff, is another resource accessible to all and available on the Hub. In June 2017, the Toolkit was advertised through the Kelsi[41] e-bulletin, a newsletter which primarily goes to school staff, and also via the EHPS weekly bulletin to internal staff.

The Toolkit was designed for organisations working with young people to enable them to set up and embed a peer mentoring support programme in their setting. The Toolkit has been used by schools and workers in the community to train young people to become peer mentors. During the school implementation interviews, it was noted by a member of special school staff that although the Toolkit was useful, there was a need for it to be adapted to meet the needs of their students[42]. A refresh of the Toolkit will take place during the summer and includes work with special schools to ensure it is accessible to all students.

Since the start of the programme 232 young people have been trained as a peer mentor compared to the estimated reach of 59 young people (see Appendix 2), with 64% of those trained from Swale (n=149).
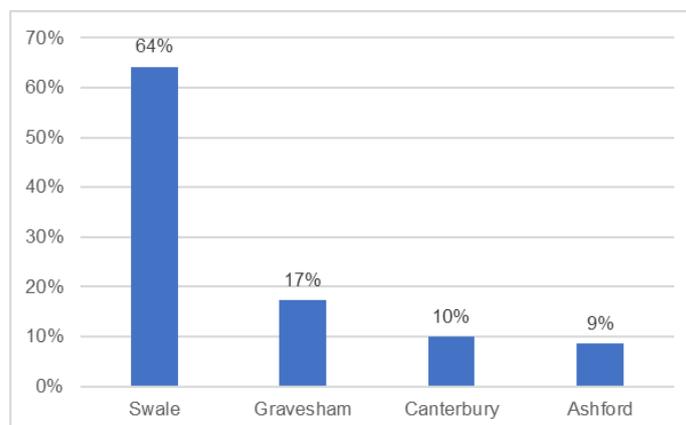
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[38] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – School Implementation Interviews p16.*

[39] Moon, A. (2018). *Promoting Resilience in Youth: A review of the KCC HeadStart 'Resilience Toolkit' and Quality Mark – Final Report*

[40] Salus, 2018 *Salus* [online] Available at: www.salusgroup.org.uk

[41] Kelsi, 2018 *Kelsi* [online] Available at: www.kelsi.org.uk

[42] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – School Implementation Interviews p15.*

Chart 27 - Peer mentors trained by District

When young people at St John's Catholic Comprehensive in Gravesend were asked by the Young Evaluators what the benefit of having a peer mentor was, they commented:

> *"It would help you express your feelings"*
>
> *"They can make you feel relaxed and calm and you can tell them anything"*
>
> *"It's good because they can help you and do something about it"*

Training

Providing training programmes to school and community staff to improve their knowledge, skills and confidence in supporting the emotional wellbeing of young people is the key mechanism in achieving the hypothesised outcomes of HSK. When discussing their initial expectations of the programme, school staff recalled feelings of excitement, especially in relation to the staff training that would be provided by the programme[43].

> *"It's the building up of the resilience of the staff as well. I think they'll then be able to pass that on to the students who are vulnerable because the training we'll get will enable us to be that little bit of a support system. Even if we're not counsellors or doctors or psychotherapists we've got that little bit of enhanced knowledge that will support us. I think the training will be really important."*

Up to March 2018, 1,842 school and community staff received training by either participating in the 'Introduction to HeadStart' session delivered by the HSK team or by attending training from a provider commissioned to deliver training on behalf of HSK, exceeding the estimated reach of 499 staff trained. 9% of staff attended more than one type of training (n=167) during this period.

Name of training	Description	Provider	Session length	Training duration
Introduction to HeadStart	This training is for Whole School/organisation staff. Aimed at informing participants of the aims of HeadStart and introducing them to the Domains Based Approach.	HSK team	1 hour	1 session
Building Resilience	This training aims to increase the knowledge, skills and confidence of practitioners working with children and young people aged 10-16 in Kent to use conversations based on an awareness of these six Resilience Domains to support the children and young people to build their resilience, and to track the impact of this.	Kate Cairns Associates	1 day	1 session

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[43] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – School Implementation Interviews p8.*

Name of training	Description	Provider	Session length	Training duration
Mindfulness (Awareness)	This training is for Whole School/organisation staff. To ensure that the workforce understands the academic basis of mindfulness, the evidence base, how it can benefit the individuals in receipt of the awareness session and how it can enhance the setting in which the training is being delivered and basic mindfulness skills.	Social Sense (Mindful Kent)	2 hours	1 session
Mindfulness (Intensive)	Participants will learn about Mindfulness in depth, become practitioners and develop skills to use and deliver mindfulness interventions/practice within their setting, including courses endorsed by the Mindful Nation UK report.	Social Sense (Mindful Kent)	1/2 day	4 sessions over 8 weeks
Youth Mental Health First Aid (Lite)	An introductory course designed to increase awareness of young people's mental health and some of the issues that affect young people aged 8-18.	Maidstone & Mid-Kent Mind	1/2 day	1 session
Youth Mental Health First Aid (Comprehensive)	This course provides a more in depth understanding of specific mental health issues and is delivered in four manageable chunks; What is mental health; Depression and anxiety; Suicide and Psychosis; Self harm and eating disorders. It focuses on the issues faced by young people today, such as cyber bullying and substance misuse, and teaches how to promote protective factors and good parenting.	Maidstone & Mid-Kent Mind	2 days	2 sessions over 2 consecutive days

Table 3 - Types of HSK training

In March 2018 a survey was sent to training participants which contained questions relating to their reaction to the training, learning from the training and confidence in applying the learning (see Technical Appendix). This survey was created to supplement evidence already collated and provided by the training providers from their individual contracted Key Performance Indicators (KPIs). Overall, there were 89 responses to the training survey, with one respondent reporting they had not attended any training.

Building Resilience training

147 staff were trained over the three sessions that were held up to March 2018.

33% were school staff (n=38) and 67% were community staff (n=99).

29% of staff trained were from Gravesham (n=42).
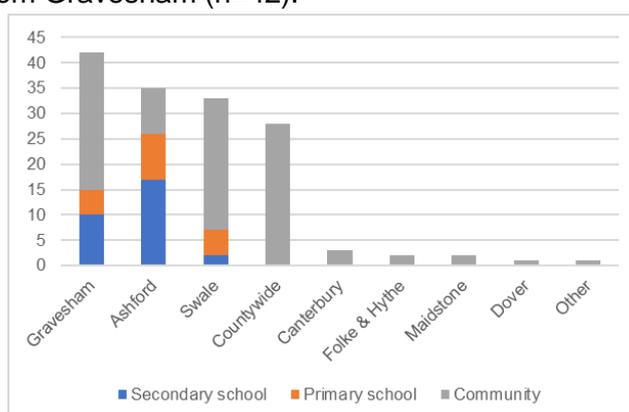
Chart 28 - Building Resilience training participants by District and staff type

51% of participants (n=75) completed their post course evaluation collated by the provider. When participants rated their understanding of how to use resilience domains out of ten prior to training the average score was 5, with it increasing to 7 after training.

38% of participants (n=28) rated the performance of the trainer as 'about average'.
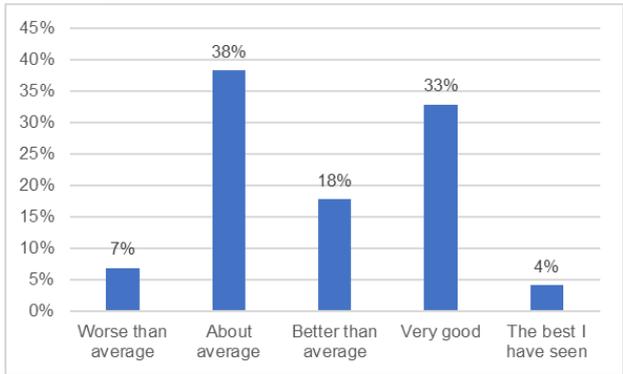
Chart 29 - Building Resilience trainer performance

Of the 89 responses to the training survey, 27 reported they attended the Building Resilience training.

59% of respondents (n=16) 'agreed' the training was delivered effectively.
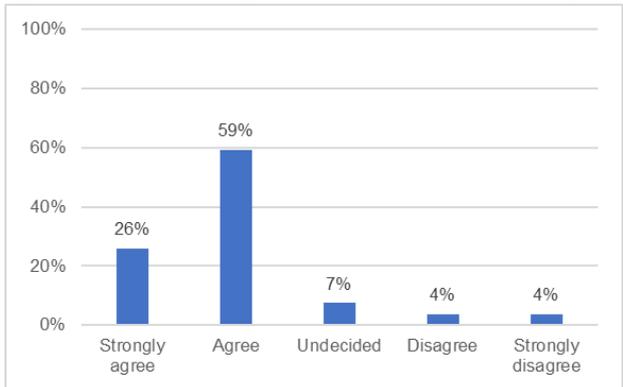
Chart 30 – Participant responses to training effectively delivered

56% of respondents (n=15) 'agreed' the learning from the training would be useful in their work with young people.
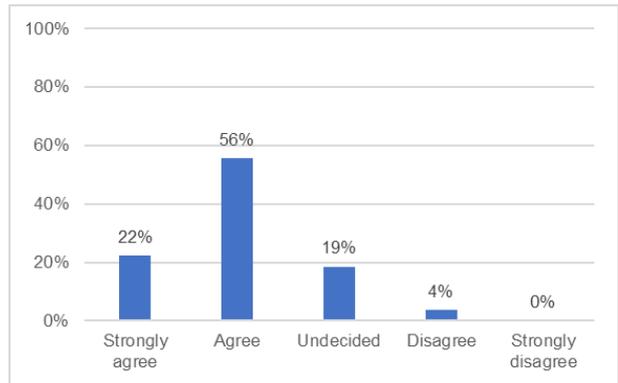
Chart 31 - Participant responses to learning useful in their work with YP

> *"The staff from Kate Cairns were brilliant. Very clear and informative."*
> Agree training effectively delivered (School staff survey respondent)
>
> *"It was presumed that all who attended had previous knowledge of the domains."*
> Undecided training effectively delivered (Other staff survey respondent)

Mindfulness Awareness training

425 staff were trained over the sixteen sessions that were held up to March 2018.
63% were school staff (n=271) and 36% were community staff (n=154).
38% of staff trained were from Ashford (n=160).
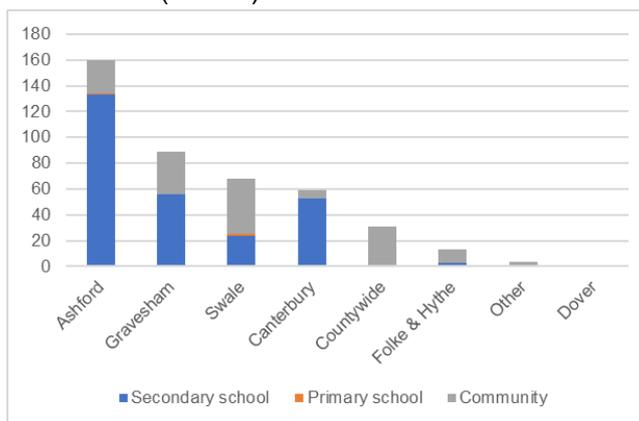
Chart 32 – Mindfulness Awareness training participants by District and staff type

46% of participants (n=198) completed their post course evaluation collated by the provider. When participants rated their awareness of mindfulness out of ten prior to training the average score was 6, with it increasing to 8 after training.

50% of participants (n=95) described how they felt 'relaxed' or 'calm' after the training.
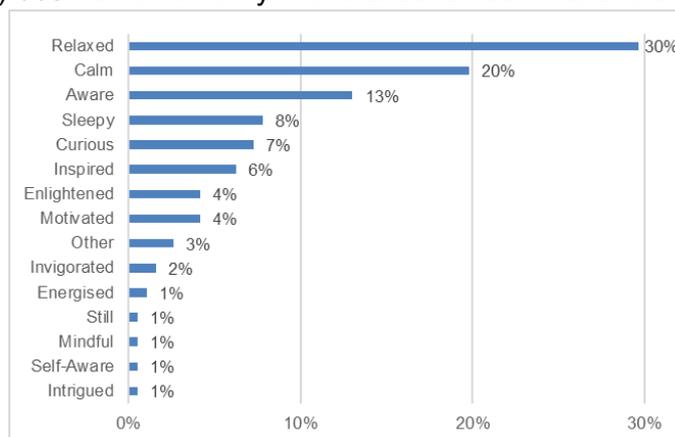
Chart 33 – Reaction to training

Of the 89 responses to the training survey, 33 reported they attended the Mindfulness Awareness training.

55% of respondents (n=18) 'agreed' the training was delivered effectively.
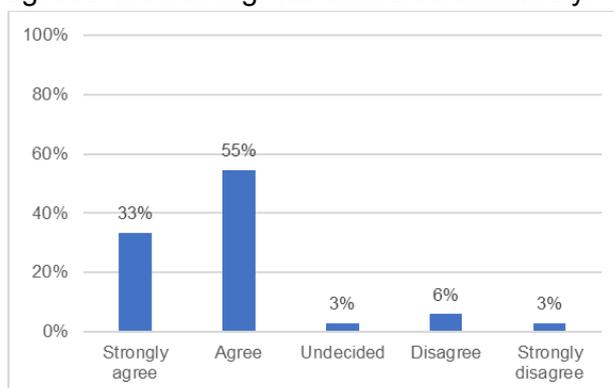
Chart 34 – Participant responses to training effectively delivered

48% of respondents (n=16) 'agreed' the learning from the training would be useful in their work with young people.
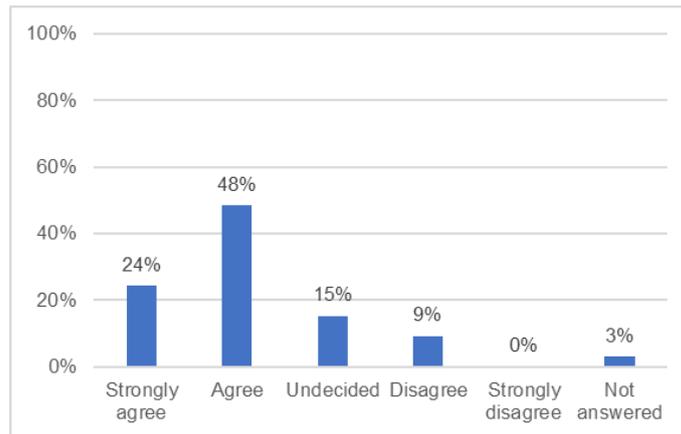

Chart 35 - Participant responses to learning useful in their work with YP

"The lady delivering had a really lovely calming voice and was great in keeping us focussed."
Strongly agree training effectively delivered (Other staff survey respondent)

"There were no examples given of practical application to young people in an educational environment."
Disagree training effectively delivered (School staff survey respondent)

Mindfulness Intensive training

24 staff in two groups were trained over the two sessions that were held up to March 2018, with training ongoing.
67% were school staff (n=16) and 33% were community staff (n=8).
33% of staff (n=8) trained were from Gravesham.
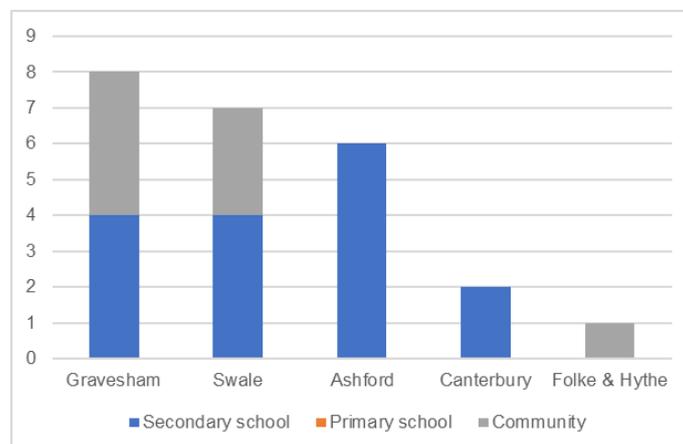
Chart 36 – Mindfulness Intensive training participants by District and staff type

Youth Mental Health First Aid (YMHFA) Lite training

138 staff were trained over the six sessions that were held up to March 2018.
44% were school staff (n=61), 34% were community staff (n=47) and 22% were parents / carers (n=30).
58% of those trained (n=80) were from Swale.
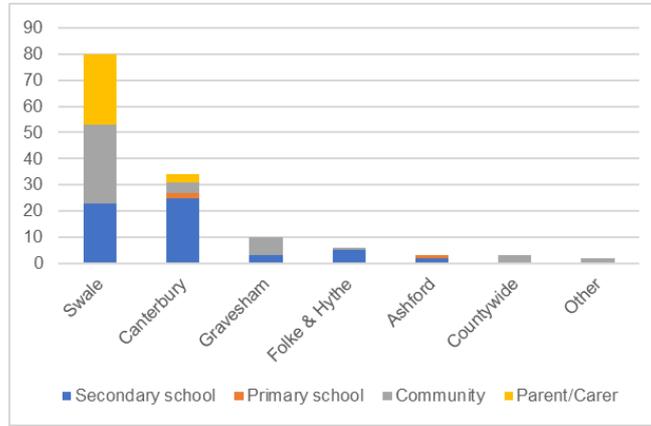
Chart 37 - Building Resilience training participants by District and staff type

100% of participants (n=138) completed their post course evaluation collated by the provider. When participants rated their knowledge and understanding of how best to support young people with a mental health problem out of ten prior to training the average score was 5, with it increasing to 9 after training.

54% of participants (n=75) rated the training as 'good'.
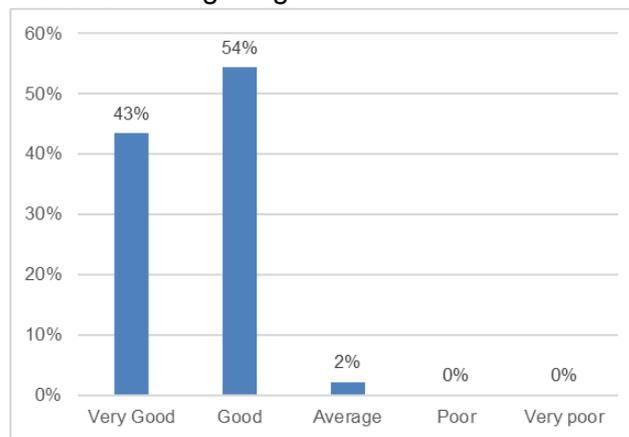
Chart 38 – Reaction to training

Of the 89 responses to the training survey, 17 reported they attended the YMHFA Lite training.
53% of respondents (n=9) 'strongly agreed' the training was delivered effectively.
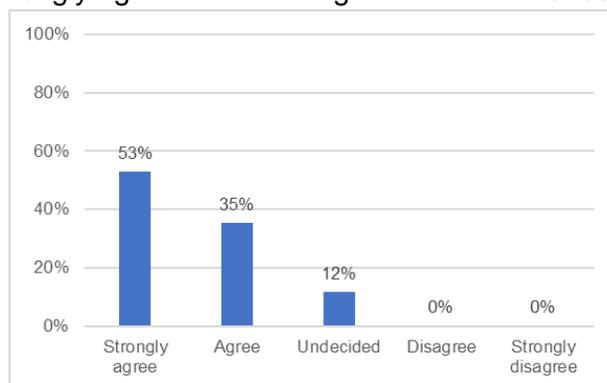
Chart 39 – Participant responses to training effectively delivered

53% of respondents (n=9) 'strongly agreed' the learning from the training would be useful in their work with young people.
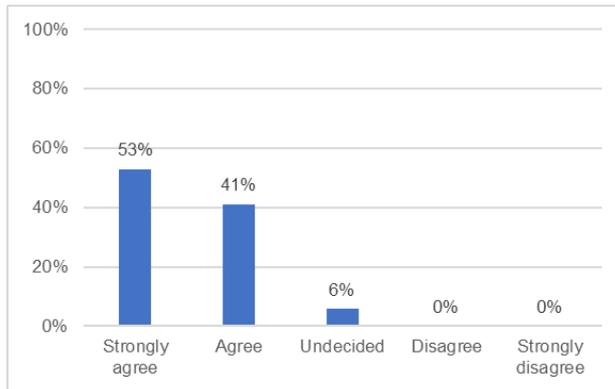
Chart 40 - Participant responses to learning useful in their work with YP

"Good pace of delivery and very informative."
Strongly agree training effectively delivered (KCC staff survey respondent)

"The trainer was excellent, but it was not very interactive."
Undecided training effectively delivered (Other staff survey respondent)

Youth Mental Health First Aid (YMHFA) Intensive training

62 staff were trained over five sessions up to March 2018.

45% were school staff (n=28) and 55% were community staff (n=34).

35% of those trained (n=22) were from Swale.
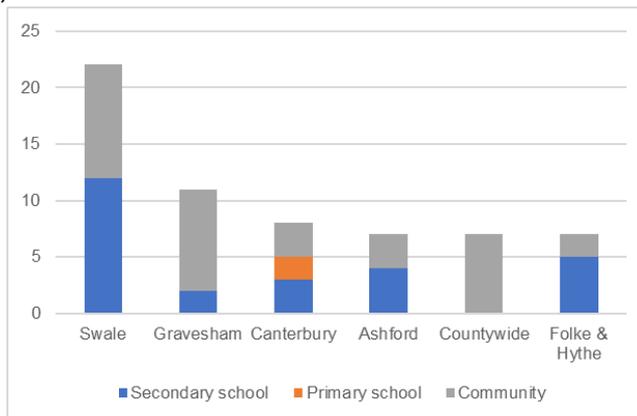
Chart 41 - Building Resilience training participants by District and staff type

100% of participants (n=62) completed their post course evaluation collated by the provider. When participants rated their knowledge and understanding of how best to support young people with a mental health problem out of ten prior to training the average score was 6, with it increasing to 9 after training.

53% of participants (n=33) rated the training as 'very good'.
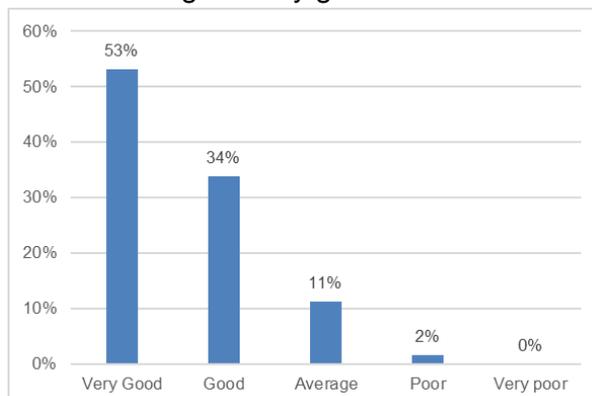
Chart 42 – Reaction to training

Of the 89 responses to the training survey, 12 reported they attended the YMHFA Intensive training. 58% of respondents (n=7) 'strongly agreed' the training was delivered effectively.
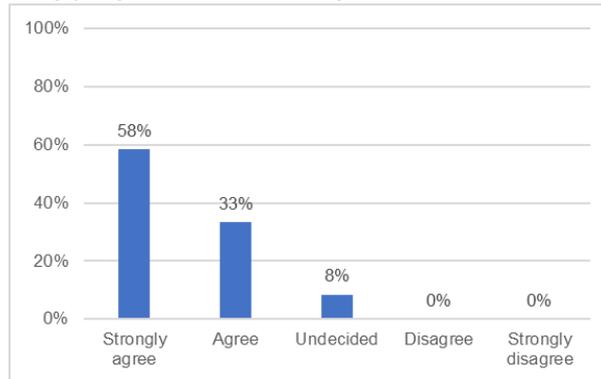

Chart 43 – Participant responses to training effectively delivered

75% of respondents (n=9) 'strongly agreed' the learning from the training would be useful in their work with young people.
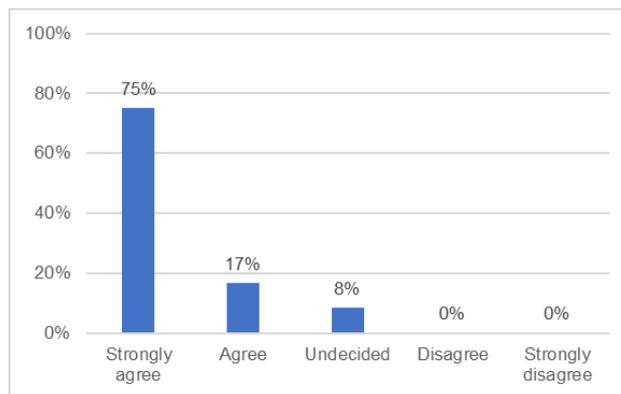

Chart 44 - Participant responses to learning useful in their work with YP

> *"The sessions were clear and informative."*
> *Strongly agree training effectively delivered (School staff survey respondent)*
>
> *"I felt that the training was not geared to professionals who are working daily with adolescents."*
> *Undecided training effectively delivered (KCC staff survey respondent)*

Although the number of school staff trained exceeded the estimated amount, when interviewed, both EHPS and school staff explained how staff leaving the school to attend training, particularly for a whole day, was a challenge[44].

> *"I think our expectations of what schools could release, for training for example, I think maybe that's been a learning curve in the sense of what they can actually release staff-wise and being realistic about who they should release as well [...] So quite a few schools have said actually we can't release more than four members of staff on any given training."*

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[44] KCC SBDI (2018). *HeadStart Programme Qualitative Insight Report – EH Implementation Interviews p27.*

Kent-wide reach summary

The Resilience Hub was officially launched in October 2017 and has been reflected on as an achievement. Up to March 2018, the 'Schools and communities' page had the most traffic from the homepage, with the Resilience Toolkit page accessed most frequently. In response to consultation with stakeholders and as part of ongoing development, a complete refresh is taking place in the summer to ensure the Hub continues to be regarded as an effective resource and is utilised by all stakeholders.

The number HSK Twitter account followers continues to grow, with an increase of 49% compared to the previous year. The marketing of HSK and dissemination of key messages are taking place both locally and countywide, with a number of activities being led by young people, such as radio interviews and attendance at National conferences. Community organisations and networks are being used to promote programme initiatives, such as the Pay It Forward grants.

The Resilience Toolkit is being used as a resource by all HSK secondary schools, and some primary schools engaged in the programme to develop their own bespoke action plans. During the implementation interviews several schools commented how the Toolkit had influenced their thinking around emotional wellbeing. Following feedback from schools who tested the first version at a practical level, the Toolkit was adapted, and a simplified online version created. An external review of the Toolkit and draft Quality Mark was carried out in March 2018. When recommendations from the final report are actioned, this will allow the Toolkit to be developed further and lead to school and community settings achieving the Quality Mark. To support the rollout of the Toolkit to non-HSK schools, staff from KCHFT have been trained to support schools during a pilot phase.

The Peer Mentoring Toolkit has been used by schools and workers in the community to train young people to become peer mentors, with 232 trained up to March 2018. A refresh of the Toolkit is taking place in the summer and includes work with special schools to ensure it is accessible to all students.

Up to March 2018, 1,842 school and community staff have received training. The difference in reach for school staff compared to community staff varied across the providers, with 33% of Building Resilience training participants being school staff and 67% of Mindfulness Intensive participants being school staff. There was also variance across the Districts, with most participants being from Gravesham for Building Resilience and Mindfulness Intensive training, most from Swale for both YMHFA courses and most from Ashford for Mindfulness Awareness. Across all types of training the average scores reported by participants around their knowledge of the training topic improved after training. Overall, participants reported the training was effectively delivered by all providers and that the learning would be useful in their work with young people. Both YMHFA courses stood out as being the training most well received by participants. Although the number of school staff exceed the estimated amount, staff did explain how staff leaving the school to attend training, particularly for a whole day, was a challenge.

Schools and community organisations

Considerable progress has been shown towards estimated reach of organisations over the past year, with many schools and community organisations now directly benefitting from HSK through training, funding or by delivering elements of the programme within their setting. During the EHPS interviews several staff explained how the secondary and primary schools were engaged with the programme[45].

> *"[The schools are] delivering rather than just saying they're part of the programme. They're actually delivering on what we were asking them to do."*

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[45] KCC SBDI (2018). *HeadStart Programme Qualitative Insight Report – EH Implementation Interviews p21.*

Organisation type	Informed		Engaged	2017/18 estimated reach
HS secondary schools	43		23	*18*
HS primary schools	41		27	*35*
Non HS secondary schools	19		4	*7*
Non HS primary schools	49		33	*14*
Other school settings	4		0	*2*
Community (VCS) organisations	179		64	*3*
Statutory services	58		26	*21*
Private sector organisations	2		2	*2*

Table 4 - Organisations informed and engaged

The number of community organisations reached through the programme exceeded the estimated volume, with several staff describing how they were supporting community organisations to access elements of the programme, such as Pay It Forward and Talents and Interests grants. However, some staff explained the challenge in engaging the breath of community organisations in Kent and recognised additional work may be needed to further expand the reach of HSK[46].

Young people benefitting universally

With regards to young people benefitting from universal support, 14 schools satisfy the definition (see Appendix 3). Up to March 2018, 14,589 young people were benefitting universally, exceeding the estimated reach, with 45% of those young people benefitting in Swale (n=6,543). Included in the total are 248 young people who participated in the programme but do not attend a universally benefitting HSK school.
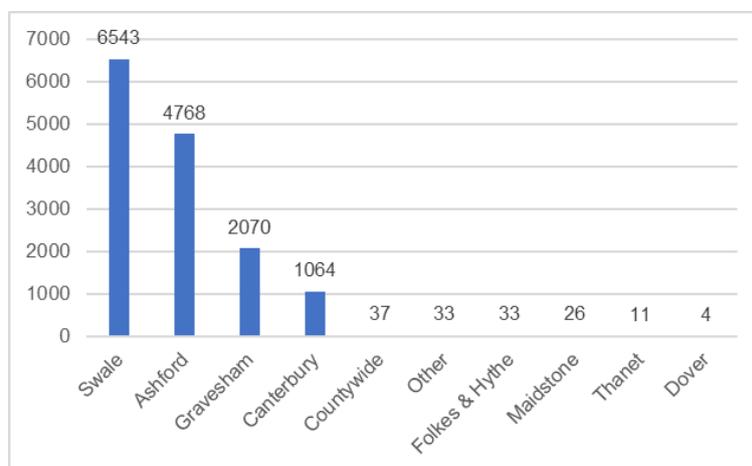
Chart 45 - YP universally benefitting

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[46] KCC SBDI (2018). *HeadStart Programme Qualitative Insight Report – EH Implementation Interviews p22.*

Young people requiring additional support

The beginning of the School Pathway (see Appendix 4) is well established with notifications of domestic abuse incidents shared daily with 17 secondary schools and 3 primary schools. During the implementation interviews with schools one staff member explained how receiving daily reports of domestic abuse incidents from HSK had shaped the way they manage safeguarding of students in their school[47].

> *"Receiving daily notifications of domestic abuse […] really has benefited us on whether we actually intervene with a young person, or whether we just have that young person in the back of our mind that there is something going on. So that has been a big influence for us in shaping the way we manage safeguarding […] We never got any of that information from Early Help or Specialist Children's Services. It was never coming to us. We might get a phone call from Social Services, I don't know, three weeks after an event, when it's been referred to them. And then they've got their 72 hours when they need to have spoken with the school. But to actually come into work at 7:00 in the morning and I've got an email waiting for me, or later in the day I sit back down at my desk and the emails come in; that is light years ahead of where we've ever been. So we can say that we were getting it, but we never were."*

Up to March 2018, 311 young people in HSK schools across the five Districts were identified as potentially requiring additional support through incidents of domestic abuse, with 69% of young people (n=215) from Swale.
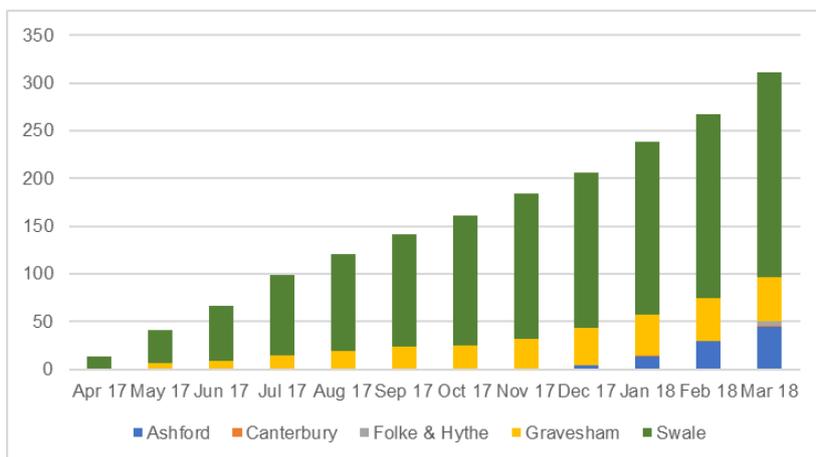
Chart 46 - Cumulative number YP with a DA incident reported to HSK schools by District

Up to March 2018, 819 young people in total were identified as potentially requiring additional support through received intelligence, such as domestic abuse incident notification, or because of an observed change in behaviour.

Domains Based Conversations

When discussing the use of DBCs with school and EHPS staff during the implementation interviews they were viewed positively. School staff explained how they provide a structured conversation and holistic view of a student[48] and EHPS staff explained how practitioners were using them as a tool to capture the voice of the older children in assessments[49].

As detailed in the previous section 'Explore and evidence how the programme is being implemented', it was recognised that changes needed to be made to the DBC form based on feedback from schools via the Project Managers. In September 2017, the DBC form was reduced to a one-page document and supporting guidance introduced to ensure the tool was utilised by school staff. In February 2018 an

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[47] KCC SBDI (2018). *HeadStart Programme Qualitative Insight Report – School Implementation Interviews p17.*
[48] KCC SBDI (2018). *HeadStart Programme Qualitative Insight Report – School Implementation Interviews p20.*
[49] KCC SBDI (2018). *HeadStart Programme Qualitative Insight Report – EH Implementation Interviews p24.*

online tool was also introduced to capture records of DBCs from those outside of the engaged HSK secondary schools, such as KCC staff and community organisations.
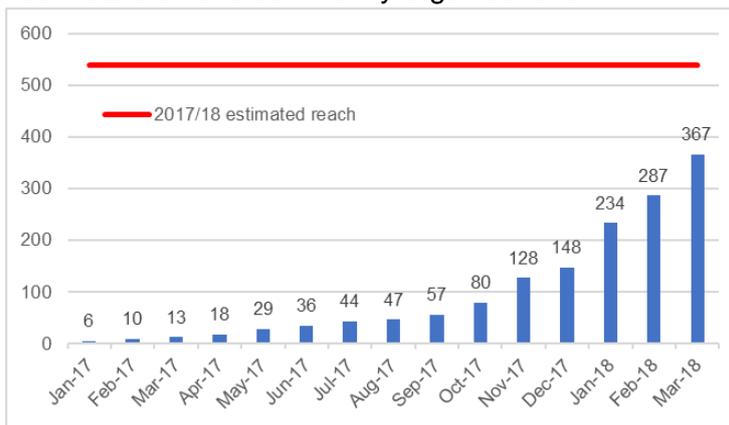
Chart 47- Cumulative number of DBCs vs 17/18 estimated reach

Although the number of DBCs recorded considerably increased in second half of the year, work is ongoing ensure the tool can be used in reactive situations, such as during a busy school day when a teacher may notice a change in behaviour of a young person but not have the time to immediately have a conversation with them. The inability to use the DBC tool reactively was a drawback mentioned by a school staff member during the implementation interviews[50].

"It could be quite hard if somebody bumps into you on the corridor for example. You want to have to say, oh, let's reschedule for when I've got all [of my paperwork] available […] I can have a five-minute conversation with somebody on the corridor and maybe not have asked some questions I needed to. I try and have a plan fully covered and prepared in case I need to do [a domains conversation]."

Up to March 2018, 367 DBCs were recorded compared to the estimated reach of 540, with 53% coming from schools (n=195) and 1% coming from SCS workers (n=3).
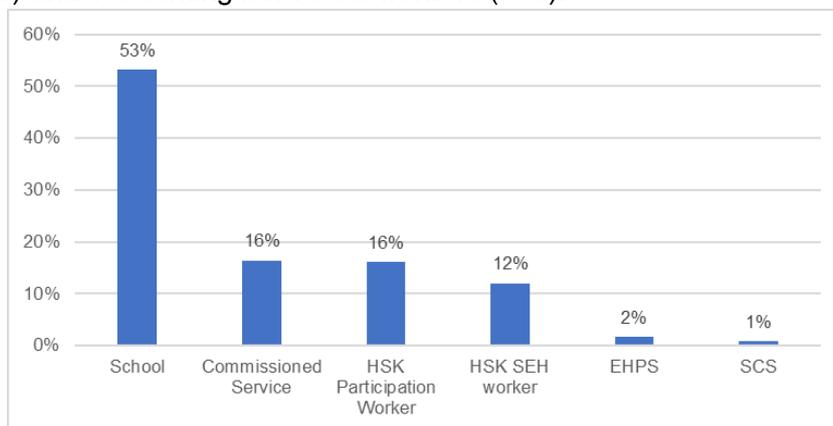
Chart 48 - DBCs recorded by worker type

40% of DBCs (n=145) were recorded in Swale, with 80% (n=116) coming from three schools in that area (Westlands, Oasis and Fulston). 96% of DBCs (n=352) were for young people in HSK schools and 6% of DBCs were for young people in alternative provision schools (n=22).

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[50] KCC SBDI (2018). *HeadStart Programme Qualitative Insight Report – School Implementation Interviews p21.*
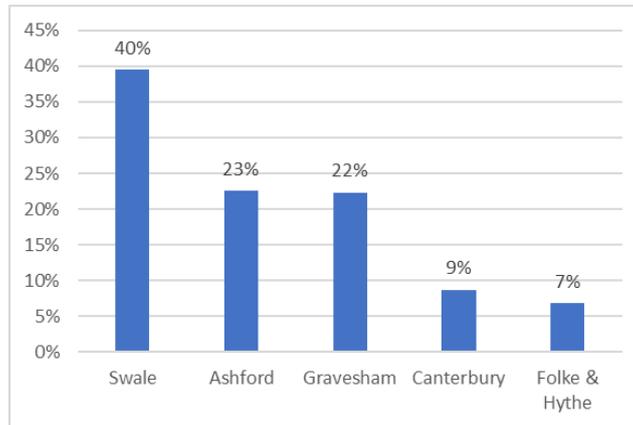
Chart 49 - DBCs by District

35% of young people (n=129) had reviews recorded following the initial DBC, with 43% of reviews happening in Ashford (n=56).
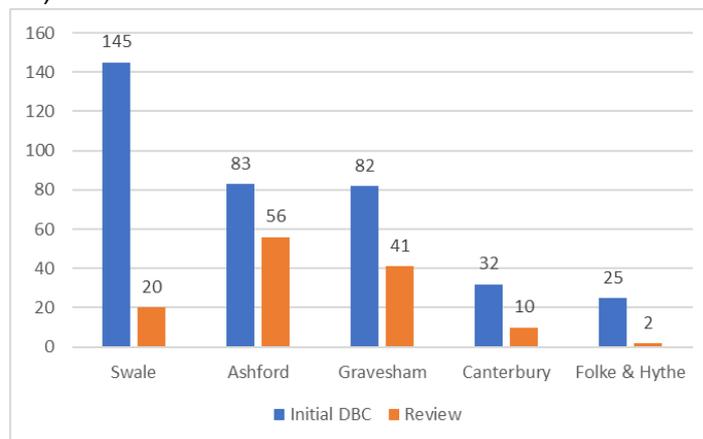
Chart 50 - Initial DBC vs reviews by District

5% of young people (n=18) having a DBC had at least one incident of domestic abuse reported to their school via the HSK daily email process and one young person lived at a refuge.

Using data contained within the 2016/17 SBDI Children & Young Person's Integrated Data Model (see Technical Appendix), an overall profile can be developed of young people identified as requiring or accessing support through HSK for those that matched to the model.

- The average age of young people having a DBC was 14.
- 57% were female (n=202).
- 92% were white British ethnicity (n=318).
- 29% were eligible for FSM (n=102).
- 28% had either an EHCP or SEN support (n=96).

Using the Mosaic classification system (see Technical Appendix) which describes the residents of a household in terms of their typical demographics, behaviours, lifestyle characteristics and attitudes, 28% of young people (n=99) were classified to group M (Family Basics - "Families with limited resources who have to budget to make ends meet"). This Mosaic classification makes up 8.8% of the total population of Kent[51].

Safe spaces and peer mentoring

It was explained by EHPS staff during the implementation interviews how young people had been involved in the development of safe spaces and the introduction of peer mentoring in schools and the community[52], with school staff describing how the HSK Participation Workers were valuable in facilitating the involvement and voice of young people in the development of the programme[53].

> *"And then young people are also involved in the programme through what's going on in the school through things like peer mentoring and the safe spaces."*

Although an ambition of HSK is to ensure diverse groups of young people are involved in the development of the programme, especially those who are vulnerable and more likely to benefit from the transformation of services[54], when school staff were interviewed they identified students already linked to interventions that support emotional wellbeing within the school, such as anti-bullying ambassadors or peer mentors, as those most likely to be associated with the development of the programme. Staff noted that students who sit on the school council were also more likely to be involved. Other students within the school were described as included to a lesser degree[55].

> *"There's a massive link between anti-bullying [ambassadors] and HeadStart. I would argue that the students that are on that committee are quite involved with HeadStart but I would argue to a lesser extent for students who aren't yet on that program."*
>
> *"I know the school council is focusing on some of the things from HeadStart. Obviously, we've got the peer mentors. They are organising an assembly in the end of this year or start of next year. So, the whole school is aware of who our peer mentors are and the process that they can use to support [students] …"*

One member of school staff mentioned how HSK had influenced their thoughts around the development of safe spaces for students. It was suggested that, in the absence of the programme, an area may have been developed anyway, but the thinking around what a 'safe space' meant would not have happened. They said HSK *"changed their outlook on what a safe space is."*[56]

> *"I would say we might've developed one area but in terms of having an idea about it being a safe space for young people, that would never have happened. That would never have happened [without HeadStart]".*

Safe spaces

Up to March 2018, 173 young people were identified as requiring a safe space when discussing potential support during a DBC. 8 young people were recorded as taking up the support compared to the estimated reach of 243, however, this is likely to be an issue with the recording of DBCs reviews, as detailed above, rather than actual lack of take up.

31% of young people identified as requiring a safe space (n=54) were from Swale.

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[52] KCC SBDI (2018). *HeadStart Programme Qualitative Insight Report – EH Implementation Interviews p19.*

[53] KCC SBDI (2018). *HeadStart Programme Qualitative Insight Report – School Implementation Interviews p9 & 11.*

[54] KCC Early Help, 2016. *HeadStart Kent Phase 3 Case for Investment p38.*

[55] KCC SBDI (2018). *HeadStart Programme Qualitative Insight Report – School Implementation Interviews p11.*

[56] KCC SBDI (2018). *HeadStart Programme Qualitative Insight Report – School Implementation Interviews p16.*
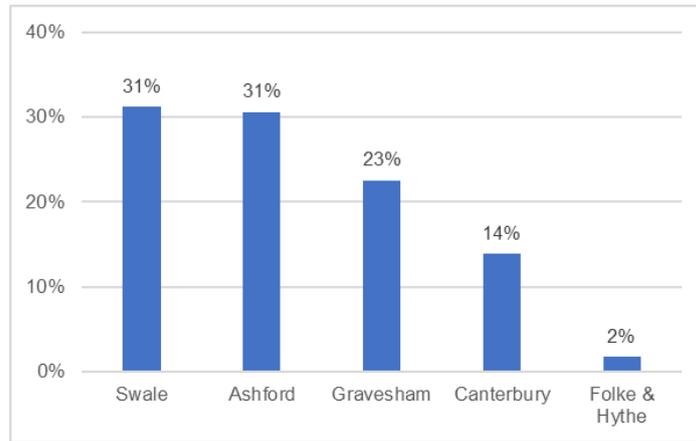
Chart 51 - YP identified as requiring a safe space by District

- The average age of young people identified as requiring a safe space was 13.
- 61% were female (n=101).
- 91% were white British ethnicity (n=149).
- 29% were eligible for FSM (n=47).
- 33% had either an EHCP or SEN support (n= 54).
- 9% were from an alternative provision school (n=15).
- 26% of young people (n=42) were classified to Mosaic group M (Family Basics - "Families with limited resources who have to budget to make ends meet").

Peer mentoring

119 young people were identified as requiring a peer mentor when discussing potential support during a DBC. 2 young people were recorded as taking up the support, however, as with safe spaces, this is likely to be an issue with the recording of DBCs reviews rather than actual lack of take up.

39% of young people identified as requiring a peer mentoring (n=46) were from Swale.
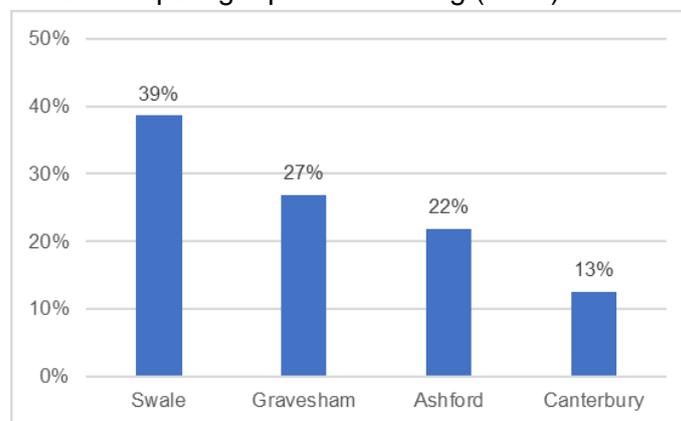
Chart 52 - YP identified as requiring peer mentoring by District

- The average age of young people identified as requiring peer mentoring was 14.
- 55% were female (n=64).
- 88% were white British ethnicity (n=100).
- 33% were eligible for FSM (n=38).
- 33% had either an EHCP or SEN support (n= 38).
- 10% were from an alternative provision school (n=12).
- 32% of young people (n=37) were classified to Mosaic group M (Family Basics - "Families with limited resources who have to budget to make ends meet").

Online support (Kooth)

119 young people were identified as requiring online support when discussing potential support during a DBC, with 39% of young people (n=47) identified in Swale.
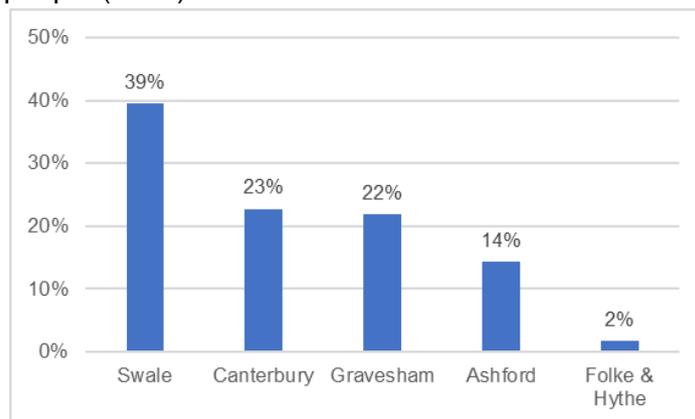
Chart 53 - YP identified as requiring online support by District

- The average age of young people identified as requiring support was 14.
- 62% were female (n=73).
- 91% were white British ethnicity (n=100).
- 34% were eligible for FSM (n=37).
- 25% had either an EHCP or SEN support (n=28).
- 3% were from an alternative provision school (n=4).
- 32% of young people (n=35) were classified to Mosaic group M (Family Basics - "Families with limited resources who have to budget to make ends meet").

The online support provided by Kooth is confidential and details of young people accessing the support are not shared, however, summary information is provided to HSK. Based on data collated by Kooth, 38% of young people accessed the additional support (n=809), compared to the estimated reach of 759.

District	YP identified	Deemed appropriate	YP taking up	YP completing	% completing
Swale	47	47	221	221	100%
Canterbury	27	27	187	187	100%
Gravesham	26	26	272	272	100%
Ashford	17	16	75	75	100%
Folkestone & Hythe	2	2	54	54	100%
Total	**119**	**118**	**809**	**809**	**100%**

Table 5 - YP taking up and completing online support by District
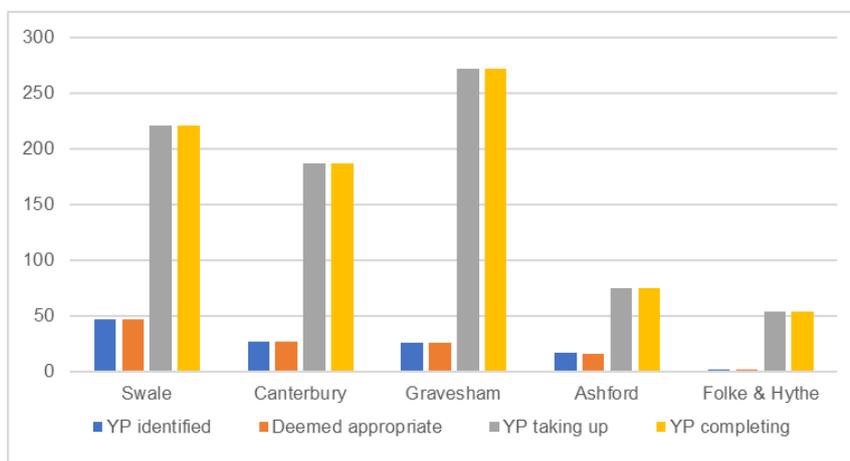
Chart 54 - YP taking up and completing online support by District

Of the 809 young people accessing the additional support:
- 66% were female (n=543).
- 45% were 15 or 16 years old (n=353).
- 16% were Black Minority Ethnic (n=133).

One to one work with a HSK worker

114 young people were identified as a requiring one to one work with either a HSK Senior EH Worker or a HSK Participation Worker, with 46% of young people (n=53) identified in Swale.
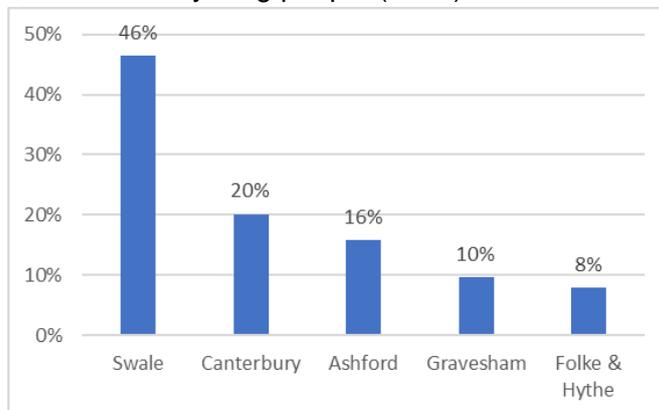
Chart 55 - YP identified as requiring one to one work with a HSK worker by District

All young people identified were worked with and 71% of young people (n=81) completed the work.

District	YP identified	Deemed appropriate	YP taking up	YP completing	% completing
Swale	53	53	53	44	83%
Canterbury	23	23	23	19	83%
Ashford	18	18	18	8	44%
Gravesham	11	11	11	5	45%
Folkestone & Hythe	9	9	9	5	56%
Total	**114**	**114**	**114**	**81**	**71%**

Table 6 – YP taking up and completing one to one work with a HSK worker by District
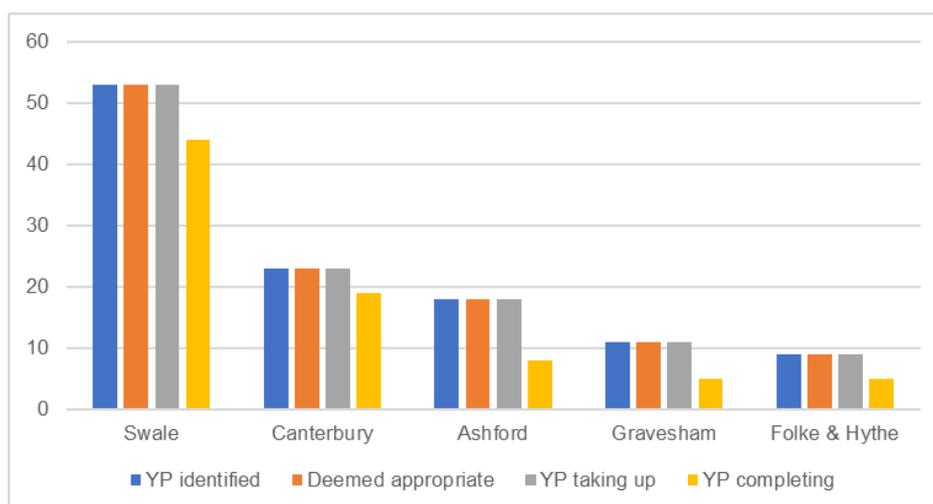
Chart 56 - YP taking up and completing one to one work with a HSK worker by District

- The average age of young people identified as requiring and taking up one to one work with a HSK worker was 14.
- 4% had a domestic abuse incident reported to the school by HSK (n=4).
- 1% lived a refuge (n=1).
- 54% were male (n=61).

- 95% were white British ethnicity (n=102).
- 39% were eligible for FSM (n=42).
- 27% had either an EHCP or SEN support (n= 29).
- 5% were from an alternative provision school (n=6).
- 35% of young people (n=37) were classified to Mosaic group M (Family Basics - "Families with limited resources who have to budget to make ends meet").

Participation and coproduction

Ensuring young people are effectively engaged in HSK through participation and coproduction is a fundamental aim of the programme[57]. The importance of the HSK Participation Worker role in engaging and supporting those young people was recognised by staff in both schools and EHPS during the implementation interviews[58]. The direct work with young people carried out by Participation Workers on either a one to one or group basis in schools and the community, was an area associated by staff with the engagement of young people who would benefit from the programme[59].

> *"Our coproduction and direct work I think has [reached young people]. So the work Participation Workers have done I think is directly [benefitting young people]."*

During the EHPS implementation interviews staff illustrated how young people had been involved with the implementation and development of the programme, especially in relation to decision making around staff appointments, the award of contracts to providers and also the promotion of HSK[60].

> *"They've been involved in things like the logos and all our promotional materials, they've been involved in interviewing staff […] they've been involved in coming up with the ideas for things like Pay It Forward and some of the other mental health road shows that we've done in schools. We've got the young evaluators […] they've come up with the ideas of how they want to do [the evaluation…] They've been coming to conferences with us […] They've got involved with commissioning services […]"*

Up to March 2018, 889 young people directly participated in the programme, with a number regularly attending SpeakOut groups, others being trained to interview staff during the recruitment process and some carrying out the role of Young Evaluator.

34% of young people participating (n=306) were from Swale and 31% (n=275) from Gravesham, with 78% of young people (n=697) participating attending a HSK school.
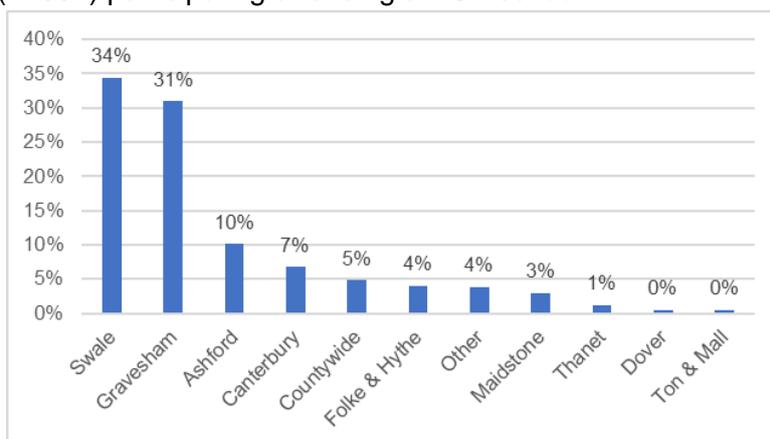
Chart 57 - YP participating by District

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[57] KCC (2016) *HeadStart Kent Phase 3: Case for Investment p12.*

[58] KCC SBDI (2018). *HeadStart Programme Qualitative Insight Report – EH Implementation Interviews p19.*

[59] KCC SBDI (2018). *HeadStart Programme Qualitative Insight Report – EH Implementation Interviews p20.*

[60] KCC SBDI (2018). *HeadStart Programme Qualitative Insight Report – EH Implementation Interviews p17.*

54% of young people (n=477) participated events such as resilience workshops, the residentials or the Big Conversation, with 11% of young people (n=100) participating in multiple elements of the programme.
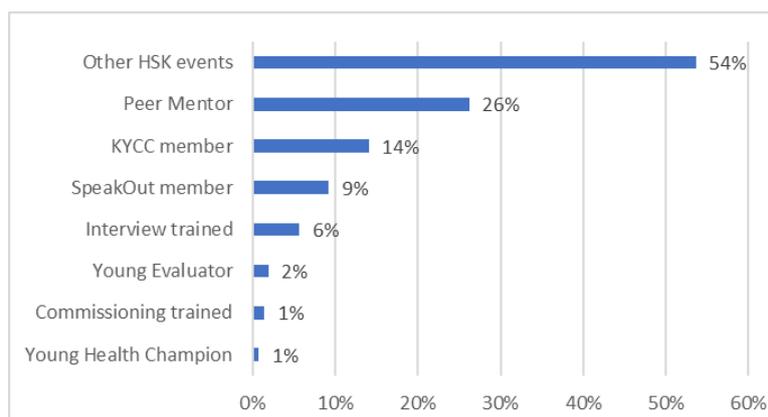
Chart 58 - Types of participation

The number of sessions attended by young people ranged from 1 to 40, with 4 being the average number of sessions attended.

20% of young people (n=180) were 12 years old when they first participated in the programme, with 14 years old being the average age of those participating. As recognised by EHPS staff in the implementation interviews, although young people aged 10 to 16 are the population predominantly reached, some slightly older young people have engaged with HSK and benefit from the programme[61].

Age	9	10	11	12	13	14	15	16	17	18	19	20+	unknown
Number	3	3	71	180	124	132	128	98	87	35	13	5	10
% of total	0%	0%	8%	20%	14%	15%	14%	11%	10%	4%	1%	1%	1%

Table 7 - Age of YP participating

Of the 889 young people participating in the programme, 83% matched to the 2016/17 SBDI Children & Young Person's Integrated Data Model (n=732).

- 67% were female (n=595).
- 84% were white British ethnicity (n=614).
- 16% were eligible for FSM (n=115).
- 14% had either an EHCP or SEN support (n=103).
- 27% of young people (n=199) were classified to Mosaic group M (Family Basics - "Families with limited resources who have to budget to make ends meet").

When discussing the involvement of young people in the programme during the implementation interviews, the central and local SpeakOut groups were the area most often mentioned by EHPS staff. They explained how young people now regularly attend groups and reflected on how diverse the groups had become. They described the broad range of ages, mixed abilities and levels of resilience represented by the young people attending[62]. One member of staff did note a perceived underrepresentation from ethnic minority groups, a justified statement when comparing the proportion of BME young people attending SpeakOut (7.6%) to the proportion of Black Minority Ethnic 0 to 15-year olds across Kent (28.8%)[63].

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[61] KCC SBDI (2018). *HeadStart Programme Qualitative Insight Report – EH Implementation Interviews p20.*

[62] KCC SBDI (2018). *HeadStart Programme Qualitative Insight Report – EH Implementation Interviews p17 & 18.*

[63] KCC SBDI, 2018. *Kent County Council District profiles* [online] Available at: http://www.kent.gov.uk/about-the-council/information-and-data/Facts-and-figures-about-Kent/area-profiles

The incorporation of KYCC into HSK and the attendance of Youth Council members at SpeakOut was mentioned by a number of staff members. These young people were described by staff as being *"eloquent", "confident"* and *"articulate"*, further broadening the variety of young people involved in the programme[64].

When comparing the Mosaic profiles of the 67 SpeakOut young people with the 97 KYCC young people matched to the 2016/17 SBDI Children & Young Person's Integrated Data Model differences can be seen in the demographics. 39% of SpeakOut young people (n=26) were classified as group M (Family Basics - "Families with limited resources who have to budget to make ends meet"), with 23% of KYCC young people (n=22) classified as group H (Aspiring Homemakers - "Younger households settling down in housing priced within their means") and 21% of young people (n=20) classified as group D (Domestic Success – "Thriving families who are busy bringing up children and following careers").
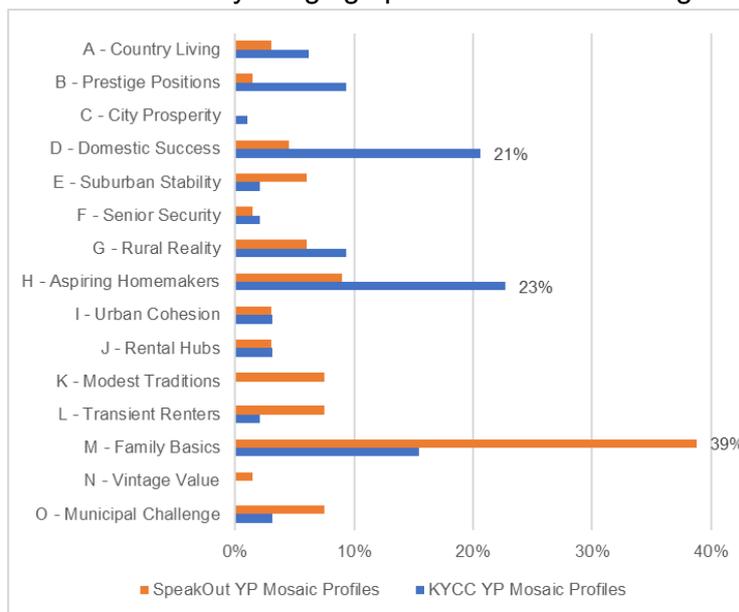
Chart 59 - SpeakOut YP vs KYCC YP Mosaic profiles

Universal Plus reach summary

There has been considerable progress towards estimated reach of organisations over the past year, with many schools and community organisations now directly benefitting from HSK through training, funding or by delivering elements of the programme within their setting.

14,589 young people are benefitting from universal support in HSK schools or through participation in the community, with 45% of those young people benefitting in Swale.

Notifications of domestic abuse incidents are being shared daily with 17 secondary schools and 3 primary schools, with 311 young people being identified as potentially requiring additional support

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[64] KCC SBDI (2018). *HeadStart Programme Qualitative Insight Report – EH Implementation Interviews p18.*

through these incidents. One school staff member explained how receiving daily reports of domestic abuse incidents from HSK had shaped the way they manage safeguarding of students in their school. 819 young people in total were identified as potentially requiring support through received intelligence or because of an observed change in behaviour.

DBCs are viewed as a useful tool by school and EHPS staff. Based on feedback from schools' adaptations were made to the recording of DBCs and there is ongoing work to ensure they can be used in reactive situations. An online tool was introduced to capture records of DBCs from those outside of the engaged HSK schools. Up to March 2018, 367 DBCs were recorded, with 53% of these coming from schools. 35% of young people had reviews recorded following the initial DBC, with 43% of reviews happening in Ashford.

40% of DBCs have taken place in Swale, with 80% of the DBCs in this area coming from three schools. A majority of DBCs took place with young people attending HSK schools (96%), with 6% being in an alternative provision school. The average age of young people having a DBC was 14, 57% were female and 92% white British. 29% were eligible for FSM and 28% had an EHCP or SEN support. Family Basics was the Mosaic profile of most young people having a DBC (28%).

Staff explained during the implementation interviews how young people had been involved with the development of safe spaces and the introduction of peer mentoring in schools and the community, with the role of the HSK Participation Workers being described as valuable in facilitating the involvement and voice of young people in this development.

Although young people have been identified as requiring safe spaces and peer mentoring through discussing potential support during a DBC, evidence of take up has been limited, however, this is likely to be an issue with recording review conversations rather than actual lack of take up.

As those identified as requiring support is taken from records of DBCs, demographics, such as where the young person lives, their average age and their Mosaic profile were the same. However, the proportion of young people attending an alternative provision school (10%), eligible for FSM (33%) or with an EHCP or SEN support (33%) was slightly higher for those identified as requiring peer mentoring. A higher proportion of females were identified as requiring a safe space or peer mentoring than males.

Up to March 2018, 809 young people took up online support, of which the majority were female (66%) and 45% were aged either 15 or 16. There were few young people from alternative provision schools (3%) identified as requiring online support.

114 young people have been worked with by a HSK worker, with 71% completing their work with them. 4% of these young people had a domestic abuse incident reported to the school by HSK and 1% lived in a refuge. 54% were male 39% and were eligible for FSM.

During the implementation interviews staff illustrated how young people had been involved with development HSK, with 889 young people directly participating in various programme activities up to March 2018. A majority of young people participating were female (67%) and 84% were white British. Some demographics of those participating were different to those young people identified as requiring support, with a much lower proportion eligible for FSM (16%) or with an EHCP or SEN support (14%).

When discussing the involvement of young people in the programme, the central and local SpeakOut groups was the area most often mentioned by staff. They explained how young people now regularly attend the groups and reflected how diverse the groups had become. The incorporation of the KYCC

and attendance of Youth Council members was mentioned by a number of staff, with these young people being described by staff as confident and articulate, further broadening the variety of young people involved in the programme. When comparing the Mosaic profiles of SpeakOut members with the KYCC young people, there were differences, with SpeakOut members reflecting the profile of those identified as requiring support (Family Basics) and KYCC members classed in the more affluent categories (Domestic Success and Aspiring Homemakers).

Systemic Family Individual Work (HSK Senior EH Worker)

52 young people and 26 parents/carers have been worked with by the HSK Senior EH Workers, with 44% of families (n=23) worked with in Swale.
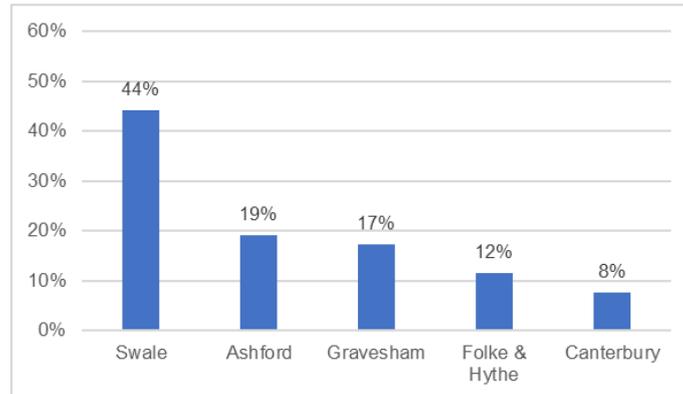
Chart 60 - Families worked with for Systemic Family Individual Work by District

All young people identified were worked with and 33% of young people (n=17) have completed the work in a planned way.

District	YP identified	Deemed appropriate	YP taking up	YP completing in a planned way	% completing	YP not completing / no longer engaging
Swale	23	23	23	11	48%	5
Ashford	10	10	10	1	10%	0
Gravesham	9	9	9	3	33%	0
Folkestone & Hythe	6	6	6	2	33%	0
Canterbury	4	4	4	0	0%	0
Total	**52**	**52**	**52**	**17**	**33%**	**5**

Table 8 - YP taking up and completing work with Systemic Family Individual Work by District
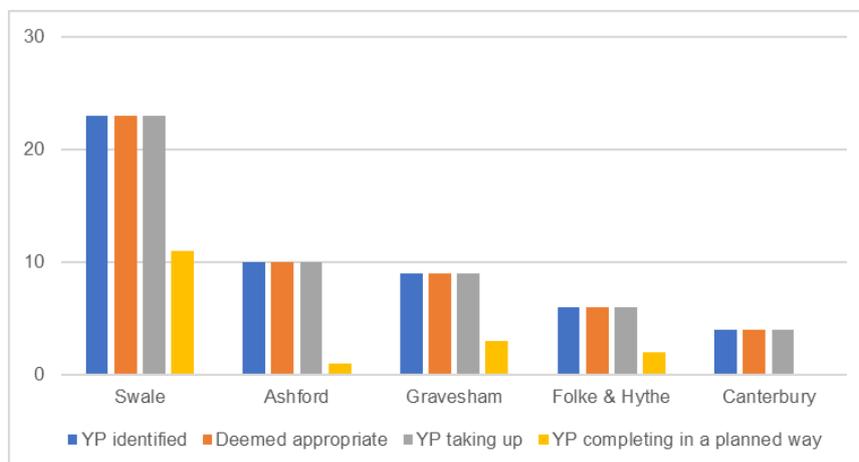
Chart 61 - YP taking up and completing work with Systemic Family Individual Work by District

- The average age of young people identified as requiring and taking up the additional support was 14.
- 54% had a domestic abuse incident reported to the school by HSK or there was a disclosure of current or historic DA during the work with the family (n=28).
- 0% lived in a refuge (n=0).
- 92% attended a HSK school (n=48).
- 58% were male (n=30).
- 94% were white British ethnicity (n=47).
- 38% were eligible for FSM (n=19).
- 32% had either an EHCP or SEN support (n=16).
- 6% were from an alternative provision school (n=3).
- 32% of young people (n=16) were classified to Mosaic group M (Family Basics - "Families with limited resources who have to budget to make ends meet").

Volunteer mentoring (Young Lives Foundation and Porchlight)

91 young people were identified as requiring volunteer mentoring when discussing potential support during a DBC, with 40% of young people (n=36) identified in Swale.
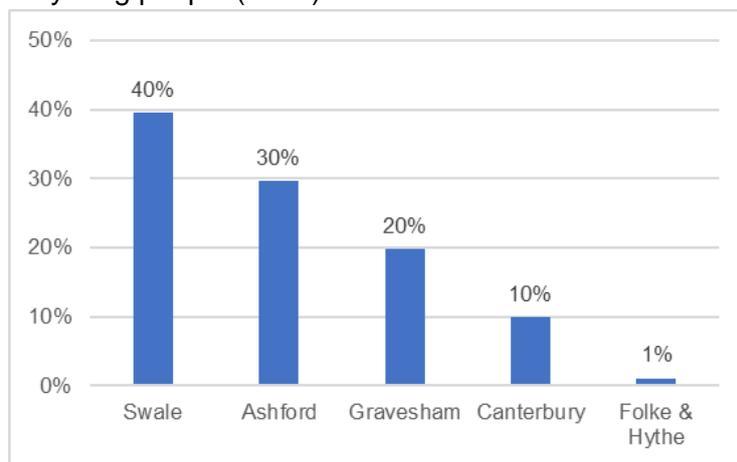
Chart 62 - YP identified as requiring volunteer mentoring by District

- The average age of young people identified as requiring the volunteer mentoring was 14.
- 3% had a domestic abuse incident reported to the school by HSK (n=3).
- 0% lived a refuge (n=0).
- 56% were female (n=50).
- 93% were white British ethnicity (n=78).
- 38% were eligible for FSM (n=32).
- 29% had either an EHCP or SEN support (n=24).
- 2% were from an alternative provision school (n=2).
- 37% of young people (n=31) were classified to Mosaic group M (Family Basics - "Families with limited resources who have to budget to make ends meet").

49 young people were referred to volunteer mentoring, however two of these young people were not deemed appropriate referrals as their level of need was too high for the service.

60% of young people referred to volunteer mentoring (n=28) had no record of a DBC returned to the HSK team from a school or community worker.

38% of young people with an appropriate referral took up the additional support (n=18) compared to the estimated reach of 64, with no young people yet to complete the work in planned way.

District	YP identified	Appropriate referral	YP taking up	YP completing in a planned way	% completing	YP not completing / no longer engaging
Swale	36	21	13	0	0%	2
Ashford	27	9	0	0	0%	0
Gravesham	18	7	4	0	0%	0
Canterbury	9	5	0	0	0%	0
Folkestone & Hythe	1	5	1	0	0%	0
Total	**91**	**47**	**18**	**0**	**0%**	**2**

Table 9 – YP taking up and completing volunteer mentoring by District
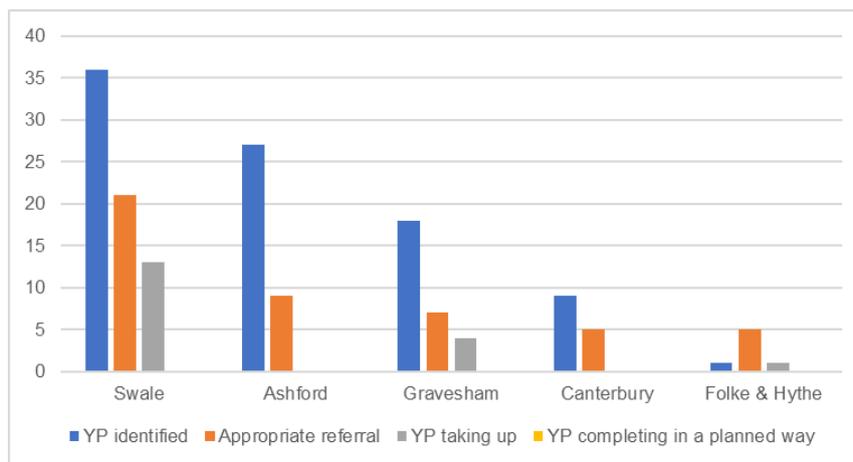
Chart 63 - YP taking up and completing volunteer mentoring by District

Of 18 young people taking up the additional support:

- The average age was 13.
- 0% had a domestic abuse incident reported to the school by HSK (n=0).
- 0% lived in a refuge (n=0).
- 67% attended a HSK school (n=12).
- 78% were male (n=14).
- 100% were white British ethnicity (n=18).
- 39% were eligible for FSM (n=7).
- 39% had either an EHCP or SEN support (n=7).
- 11% were from an alternative provision school (n=2).
- 44% of young people (n=8) were classified to Mosaic group M (Family Basics - "Families with limited resources who have to budget to make ends meet").

129 young people were identified as requiring intensive mentoring when discussing potential support during a DBC, with 40% of young people (n=52) identified in Swale.
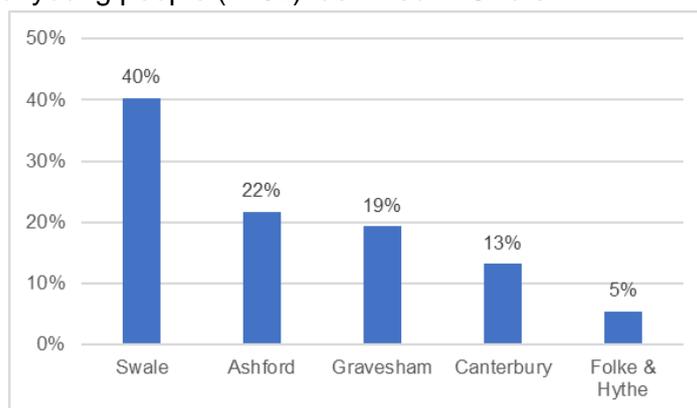
Chart 64 - YP identified as requiring intensive mentoring by District

- The average age of young people identified as requiring intensive mentoring was 14.
- 6% had a domestic abuse incident reported to the school by HSK (n=8).
- 0% lived a refuge (n=0).
- 54% were female (n=68).
- 93% were white British ethnicity (n=112).
- 29% were eligible for FSM (n=35).
- 28% had either an EHCP or SEN support (n=34).
- 5% were from an alternative provision school (n=7).
- 34% of young people (n=41) were classified to Mosaic group M (Family Basics - "Families with limited resources who have to budget to make ends meet").

111 young people were referred to intensive mentoring, however one young person was not deemed as an appropriate referral as the contact was delayed by the referring worker.

3% of young people referred to intensive mentoring (n=3) had no record of a DBC returned to the HSK team from a school or community worker.

66% of young people with an appropriate referral took up the additional support (n=73) compared to the estimated reach of 84 and 12% of those young people (n=9) have so far completed the work in a planned way.

District	YP identified	Appropriate referral	YP taking up	YP completing in a planned way	% completing	YP not completing / no longer engaging
Swale	52	43	33	9	27%	6
Ashford	28	17	12	0	0%	1
Gravesham	25	23	15	0	0%	0
Canterbury	17	10	3	0	0%	0
Folkestone & Hythe	7	17	10	0	0%	0
Total	**129**	**110**	**73**	**9**	**12%**	**7**

Table 10 - YP taking up and completing intensive mentoring by District
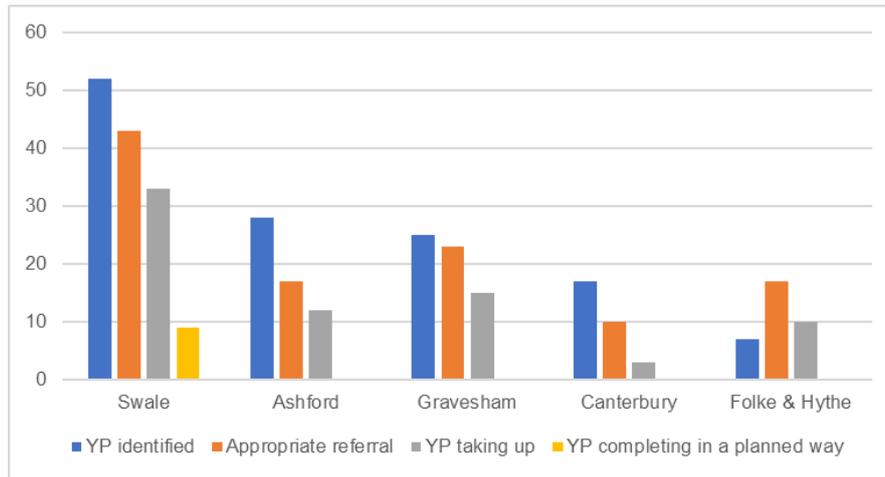
Chart 65 - YP taking up and completing intensive mentoring by District

Of 73 young people taking up the additional support:
- The average age was 13.
- 4% had a domestic abuse incident reported to the school by HSK (n=4).
- 0% lived in a refuge (n=0).
- 96% attended a HSK school (n=70).
- 60% were female (n=44).
- 92% were white British ethnicity (n=65).
- 33% were eligible for FSM (n=23).
- 25% had either an EHCP or SEN support (n=17).
- 4% were from an alternative provision school (n=3).
- 32% of young people (n=23) were classified to Mosaic group M (Family Basics - "Families with limited resources who have to budget to make ends meet").

Talents and Interests

84 young people were identified as requiring a Talents and Interests grant when discussing potential support during a DBC, with 48% of young people (n=40) identified in Swale.
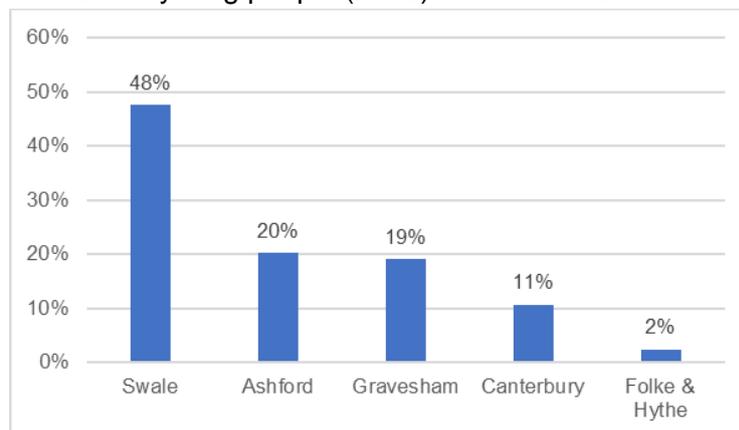
Chart 66 - YP identified as requiring a Talents and Interests grant by District

- The average age of young people identified as requiring a Talents and Interests grant was 14.
- 7% had a domestic abuse incident reported to the school by HSK (n=6).
- 1% lived a refuge (n=1).
- 56% were female (n=45).
- 86% were white British ethnicity (n=68).
- 37% were eligible for FSM (n=29).
- 27% had either an EHCP or SEN support (n=21).
- 4% were from an alternative provision school (n=3).
- 33% of young people (n=26) were classified to Mosaic group M (Family Basics - "Families with limited resources who have to budget to make ends meet").

Of the 84 young people identified as requiring a Talents and Interests grant, three young people were not deemed as appropriate for the grant by the adult having the conversation with them.

17% of young people, where the grant was deemed appropriate for them, had the grant submitted and approved (n=14) compared to the estimated reach of 48. 43% of those young people (n=6) had the grant payment processed and completed the work in a planned way.

District	YP identified	Deemed appropriate	YP taking up (submitted and approved)	YP completing in a planned way (payment processed)	% completing	YP not completing / no longer engaging
Swale	40	40	4	3	75%	0
Ashford	17	14	3	1	33%	0
Gravesham	16	16	5	2	40%	0
Canterbury	9	9	2	0	0%	0
Folkestone & Hythe	2	2	0	0	0%	0
Total	**84**	**81**	**14**	**6**	**43%**	**0**

Table 11 - YP taking up and completing Talents and Interests grants by District
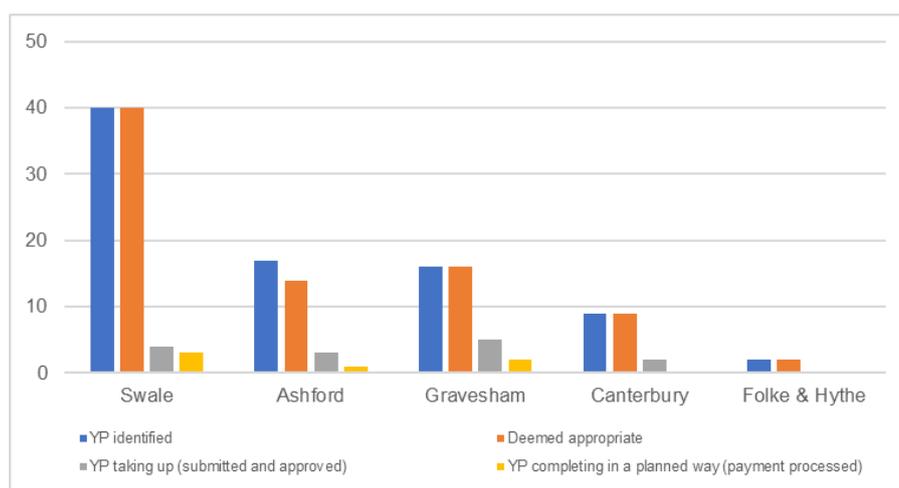

Chart 67 - YP taking up and completing Talents and Interests grants by District

Of 14 young people taking up the additional support:
- The average age was 13.
- 0% had a domestic abuse incident reported to the school by HSK (n=0).
- 7% lived in a refuge (n=1).
- 71% attended a HSK school (n=10).
- 57% were male (n=8).
- 86% were white British ethnicity (n=12).
- 29% were eligible for FSM (n=4).
- 50% had either an EHCP or SEN support (n=7).
- 7% were from an alternative provision school (n=1).
- 29% of young people (n=4) were classified to Mosaic group L (Transient Renters - "Single people privately renting low cost homes for the short term").

Systemic Family Group Work (Salus Family Focus Transition)

40 young people were identified as requiring Systemic Family Group Work, with 63% of young people (n=25) identified in Swale.
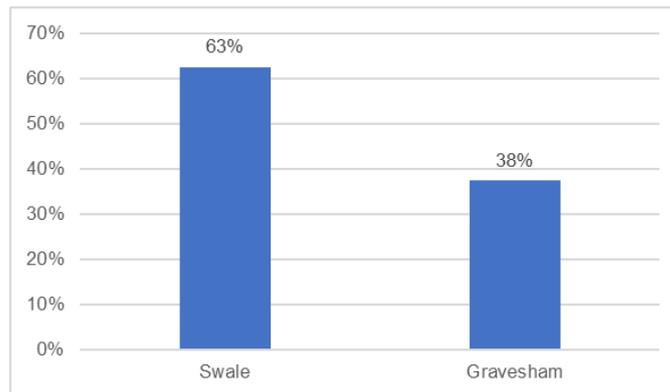
Chart 68 - YP identified as requiring Systemic Family Group Work by District

- The average age of young people identified as requiring the support was 12.
- 0% had a domestic abuse incident reported to the school by HSK (n=0).
- 0% lived a refuge (n=0)
- 65% were male (n=26).
- 87% were white British ethnicity (n=33).
- 37% were eligible for FSM (n=14).
- 42% had either an EHCP or SEN support (n=16).
- 53% of young people (n=20) were classified to Mosaic group M (Family Basics - "Families with limited resources who have to budget to make ends meet").

40 young people were referred to the support, however one young person was not deemed as an appropriate referral as they already receiving intensive mentoring support.

74% of young people with an appropriate referral took up the additional support (n=29), with 38% of young people (n=11) completing in planned way.

District	YP identified	Appropriate referral	YP taking up	YP completing in a planned way	% completing	YP not completing / no longer engaging
Swale	25	25	16	5	31%	0
Gravesham	15	14	13	6	46%	0
Total	**40**	**39**	**29**	**11**	**38%**	**0**

Table 12 - YP taking up and completing Systemic Family Group Work by District
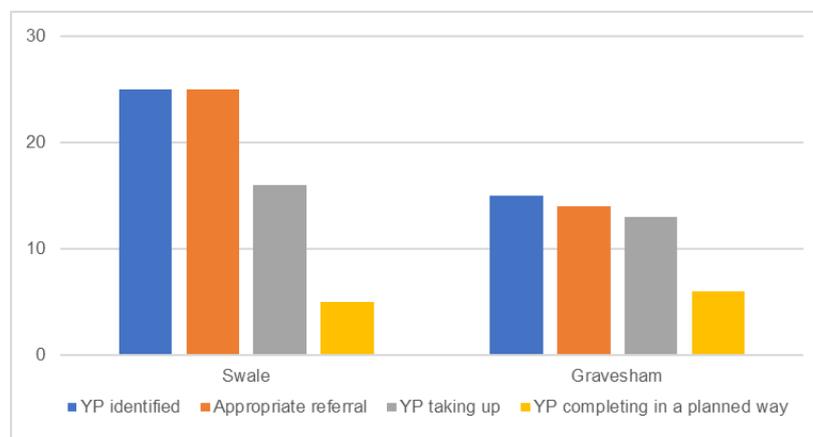
Chart 69 - YP taking up and completing Systemic Family Group Work by District

Of 29 young people taking up the additional support:
- The average age was 12.
- 0% had a domestic abuse incident reported to the school by HSK (n=0).
- 0% lived in a refuge (n=0).
- 100% attended a HSK school (n=29).
- 76% were male (n=22).
- 81% were white British ethnicity (n=22).
- 33% were eligible for FSM (n=9).
- 56% had either an EHCP or SEN support (n=15).
- 48% of young people (n=13) were classified to Mosaic group M (Family Basics - "Families with limited resources who have to budget to make ends meet").

Young people requiring additional support

Overall, 334 young people were identified as requiring additional support when discussing potential support during a DBC or through a referral to a HSK commissioned service when a DBC is not required, with 42% of young people (n=141) identified in Swale.

18% of young people (n=60) were identified as requiring more than one element of additional support during the DBC.
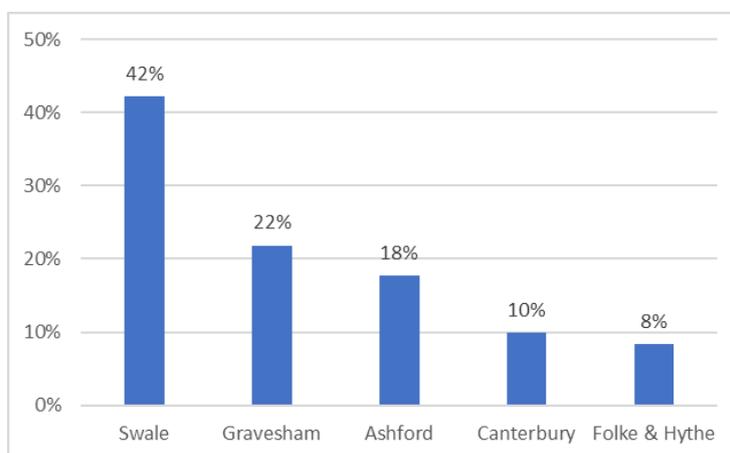
Chart 70 - YP identified as requiring additional support by District

- The average age of young people identified as requiring additional support was 14.
- 3% had a domestic abuse incident reported to the school by HSK (n=11).
- 0% lived a refuge (n=1)
- 91% attended a HSK school (n=304).
- 51% were male (n=168).
- 91% were white British ethnicity (n=290).
- 32% were eligible for FSM (n=102).
- 30% had either an EHCP or SEN support (n=95).
- 7% were from an alternative provision school (n=22).
- 34% of young people (n=107) were classified to Mosaic group M (Family Basics - "Families with limited resources who have to budget to make ends meet").

53% of young people identified as requiring the additional support took up one or more elements (n=178).

District	YP identified	YP taking up	% taking up
Swale	141	86	61%
Gravesham	73	43	59%
Ashford	59	23	39%
Folkestone & Hythe	28	17	61%
Canterbury	33	9	27%
Total	**334**	**178**	**53%**

Table 13 - YP identified and taking up one or more elements of additional support by District
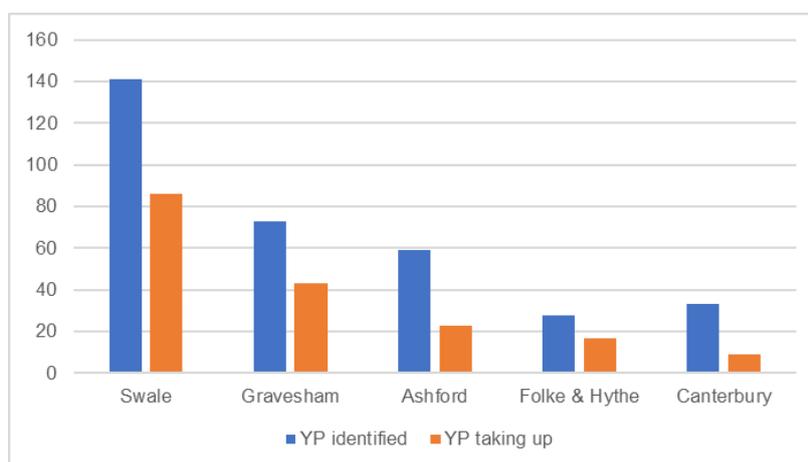
Chart 71 - YP identified and taking up one or more elements of additional support by District

Of the 178 young people taking up the additional support:

- The average age was 13.
- 3% had a domestic abuse incident reported to the school by HSK (n=6).
- 1% lived a refuge (n=1).
- 90% attended a HSK school (n=161).
- 54% were male (n=96).
- 92% were white British ethnicity (n=157).
- 35% were eligible for FSM (n=59).
- 34% had either an EHCP or SEN support (n=57).
- 5% were from an alternative provision school (n=9).
- 35% of young people (n=61) were classified to Mosaic group M (Family Basics - "Families with limited resources who have to budget to make ends meet").

Additional support summary

Overall, 334 young people were identified as requiring additional support when discussing potential support during a DBC or through a referral to a HSK commissioned service when a DBC is not required, with 53% young people taking up one or more elements of support. As with support provided at Universal Plus level, the demographics of those requiring and taking up additional support were mainly consistent across the interventions, with 13 years old the average age of those accessing support and the majority were classified as Mosaic group Family Basics. However, although there was a higher proportion of females identified as requiring additional support than males, more males went on to access the support.

Up to March 2018, 52 young people and their families were worked with by a HSK Senior EH Worker and 33% completed the work in a planned way. 58% of those worked with were male and 54% had a domestic abuse incident reported to the school by HSK or there was a disclosure of current or historic DA during the work with the family.

91 young people were identified as requiring volunteer mentoring, with 18 taking up the support and none completing in a planned way. Of those taking up the support this intervention had the lowest proportion of young people attending a HSK school (67%) and the highest proportion eligible for FSM (39%) across the additional services.

129 young people were identified as requiring intensive mentoring, with 73 taking up the support and 12% completing in a planned way. Of those taking up the support this intervention had the highest proportion of females (60%) and the lowest proportion with an EHCP or SEN support (25%) across the additional services.

84 young people were identified as requiring a Talents and Interests grant, with 14 taking up the support and 43% completing in a planned way. Of those taking up the support 71% attended a HSK school, 50% had an EHCP or SEN support and the majority (29%) were classified as Mosaic group Transient Renters.

40 young people and their families were identified as requiring Systemic Family Group Work, with 29 taking up the support and 38% completing in a planned way. Of those taking up the support 56% had an EHCP or SEN support, the highest proportion across all additional services.

Parents and carers

Up to March 2018, 53 parents took up the additional support provided through the programme, either by working with the HSK Senior EH Worker or through the Family Focus Transition work. This is compared to the estimated reach of 467 parents and carers. Due to the delay with commissioning, fewer parents and carers than estimated benefitted from the programme in the initial areas as delivery of the first wave of transition work with families commenced later than expected.

When reflecting on gaps in reach of the programme during the implementation interviews, parents and carers were described by several EHPS staff as an element that could be improved. However, staff did explain that the initial focus was on other elements of the programme, such as engaging schools and effort was being made to work with parents and carers to improve the offer[65].

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[65] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – Early Help Implementation Interviews p22.*

4. Describe and measure the effect HeadStart has on young people and their outcomes

The intended key outcomes for young people resulting from involvement with HSK are that they will have improved emotional wellbeing and resilience, reducing the prevalence of mental ill health, and improved attendance and school academic achievement giving them the opportunity for the best start in life[66].

Key outcomes as detailed in the HSK Theory of Change (see Appendix 1) are:
- Change in school/professional's response to vulnerable young people (reduction in exclusions)
- Improved academic achievement (improved attendance)
- Socially significant improvement in mental wellbeing (improved WEMWBS[67] score)
- Decrease in maladaptive or risky behaviours (reduction in offending and admissions)
- Reduction in the onset of diagnosable mental health disorders (improved SDQ[68] score)
- Improved employability

Each HSK intervention has hypothesized mechanisms that will lead to an impact on outcomes, such as improved problem solving skills or an improved ability to cope with stress, which will be measured through the WMF school survey carried out annually in HSK secondary schools (see Technical Appendix).

With the programme still at a relatively early stage, limited data are currently available to measure the effectiveness of HSK on outcomes of young people, however, comparisons before and after intervention measuring the wellbeing of young people are shown where possible and supplemented with quotes and case studies to demonstrate impact.

Level of need of young people in HSK schools

During interviews with HSK school staff there were common themes when discussing the level of need and challenges faced by their students. Students were described as *"vulnerable"* and *"from a social emotional perspective in very need of the support"*. Many described their students as being academically able but having emotional issues, with one staff member explaining how the most able students were the ones demonstrating the highest need.

Staff reported the main issues affecting student's emotional wellbeing as being self-harm, depression, anxiety and lack of confidence. Secondary to these, attendance at school was highlighted as an issue. Students *"needing someone to talk to"* was also raised on more than one occasion[69].

During interviews with young people in Kent carried out by the National Learning Team, they explained a range of problems and difficulties they experience, which also reflected the views of school staff. The worries and fears they explained ranged from a lack of self-confidence to academic struggles[70].

> *"Well, I've got quite low self-esteem and, I don't know, I'm not confident, and…well, I kind of have negative thoughts, like I'm not going to do well and stuff like that. Like, um, when there's exams, it really gets to me."*
> *Theme: Lack of confidence*

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[66] KCC (2016) *HeadStart Kent Phase 3: Case for Investment p43*.

[67] Warwick Medical School, 2015. *Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)* [online] Available at: www2.warwick.ac.uk/fac/med/research/platform/wemwbs/

[68] SDQ Info, 2013. *Strengths and Difficulties Questionnaire (SDQ)* [online] Available at: www.sdqinfo.org

[69] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – School Interviews p12*.

[70] Stapley, E (2018). *HeadStart Year 1: National Qualitative Evaluation Findings – Young People's Perspectives in Kent*

When interviewed by the National Learning Team, most young people across the HeadStart partnerships described their parents, friends and school staff as being important individuals whom they could draw on for comfort, advice, distraction, and for support such as intervening in incidents of bullying[71]. These themes were also reflected in the interviews with young people in Kent[72].

Positive wellbeing of young people identified as requiring HSK support

Young people identified as requiring or accessing HSK support have been matched to results from the WMF to explore the prevalence of mental health problems compared to the overall Kent average of all young people completing the survey in 2017. Details of the surveys used in the WMF and the questions asked can be found in Appendix 5. Where less than 10 young people completed the survey for any sub scale category or year group, results have not been shown.

The positive wellbeing survey questions relate to the extent to which young people feel positive and happy with life. Scores range from 7 to 35, with a higher score indicating a more positive appraisal of wellbeing.

With the exception of young people participating in the programme, the average scores for Year 7 students identified as requiring HSK support were lower than the overall Kent average, which indicates a less positive appraisal of their wellbeing. Those having a DBC reported the least positive appraisal of their wellbeing.
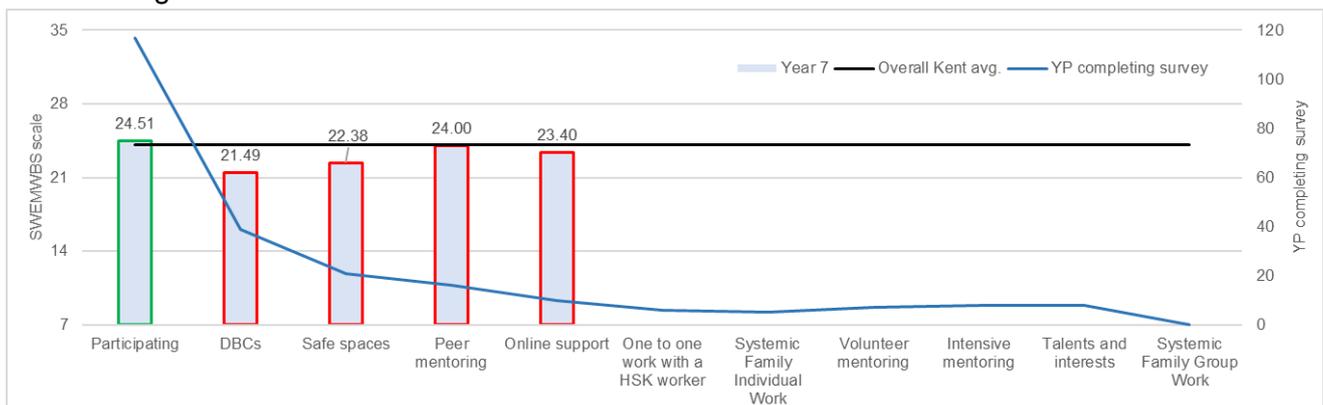
Chart 72 - Positive wellbeing scores for Year 7 students (SWEMWBS) vs Kent average by intervention

The average scores for Year 9 students identified as requiring any type of HSK support were lower than the overall Kent average, which indicates a less positive appraisal of their wellbeing. Those identified as requiring a safe space reported the least positive appraisal of their wellbeing and those participating in the programme reported the highest appraisal of their wellbeing.

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[71] Stapley, E & Deighton, J (2018). *HeadStart Year 1: Qualitative Evaluation Findings – Young People's Perspectives p3.* London: CAMHS Press

[72] Stapley, E (2018). *HeadStart Year 1: National Qualitative Evaluation Findings – Young People's Perspectives in Kent*
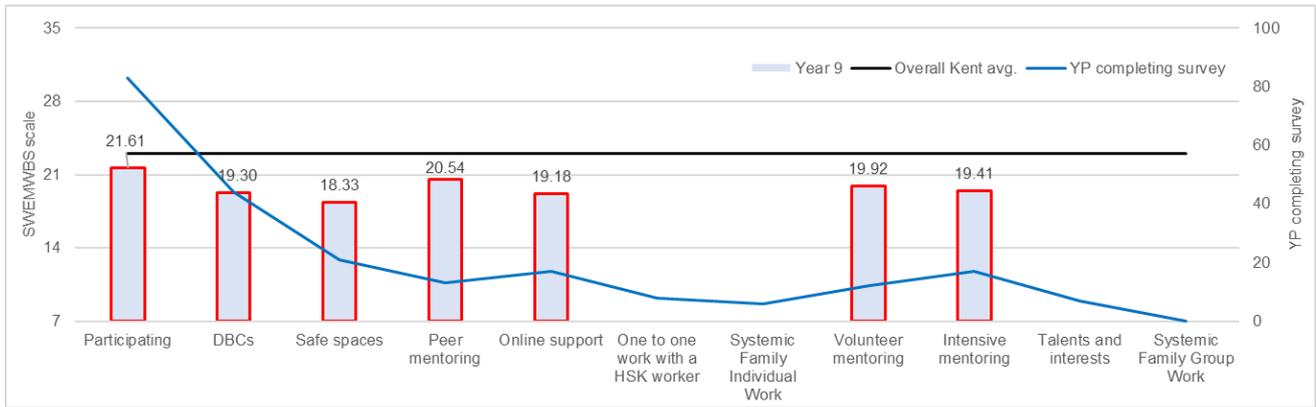
Chart 73 - Positive wellbeing scores for Year 9 students (SWEMWBS) vs Kent average by intervention

Emotional difficulties of young people identified as requiring HSK support

These questions relate to the extent to which students are feeling worried or anxious. Scores range from 0 to 10, with a lower score indicating fewer emotional difficulties. Scores are compared to the overall Kent average and the 11 to 15 year old self reported normative population data[73].

With the exception of young people participating in the programme, the average scores for Year 7 students identified as requiring HSK support were higher than the overall Kent average, which indicates more difficulties. All average scores were higher than the population norm. Those identified as requiring intensive mentoring reported the highest emotional difficulties.
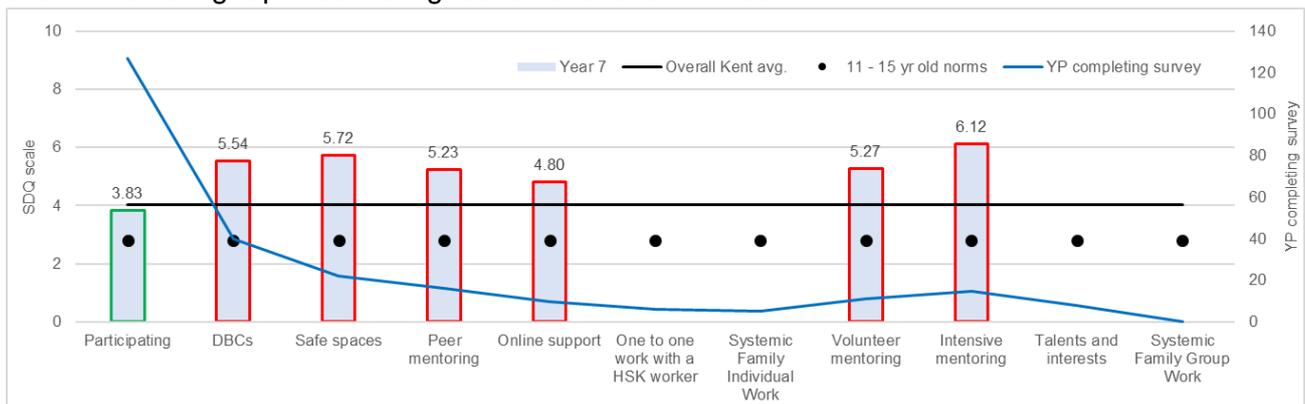
Chart 74 – Emotional difficulties scores for Year 7 students vs Kent average and norms by intervention

Dividing the overall average scores into ranges (low, slightly elevated, high), the chart below shows the proportions for each. Those identified as requiring intensive mentoring had the largest proportion of emotional difficulties (47%), indicating a high level of need. Young people scoring in this range are likely to need significant additional support. Details of SDQ score ranges can be found in Appendix 5.
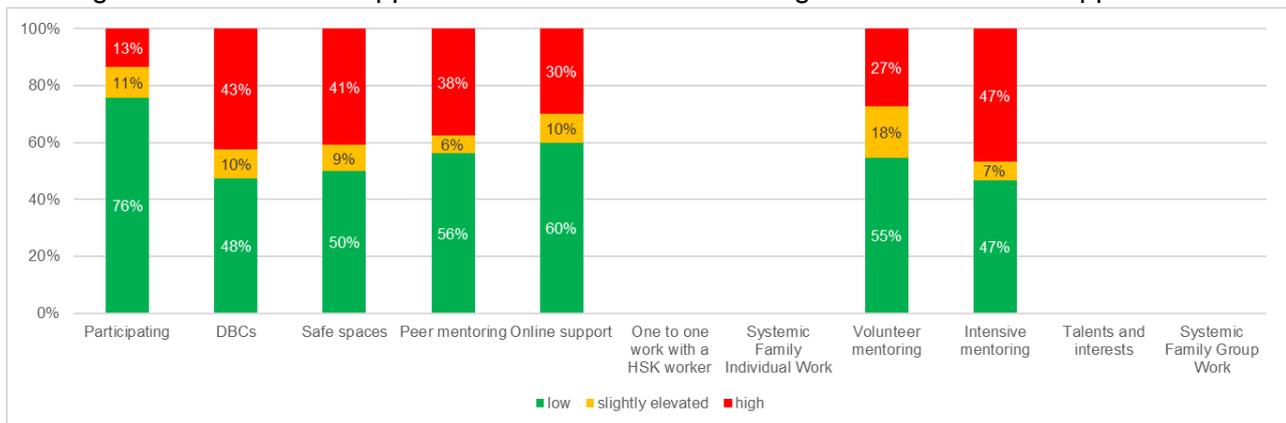
Chart 75 – Emotional difficulties average response ranges for Year 7 students by intervention

The average scores for Year 9 students identified as requiring HSK support were higher than the overall Kent average and the population norm, which indicates more difficulties. Those identified as requiring a safe space reported the most emotional difficulties.
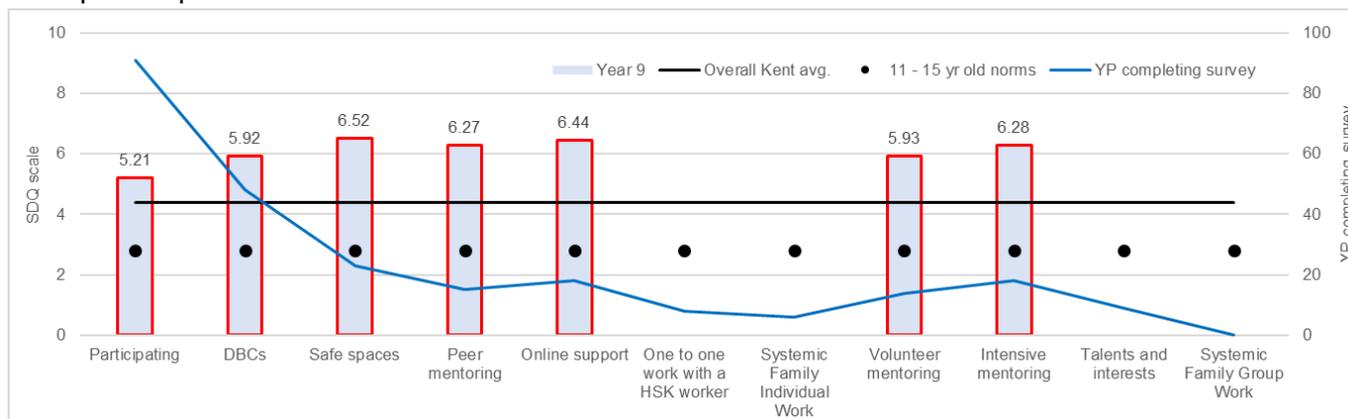
Chart 76 - Emotional difficulties scores for Year 9 students vs Kent average and norms by intervention

Those identified as requiring peer mentoring had the largest proportion of high or slightly elevated emotional difficulties (80%) indicating a greater level of need for these young people.
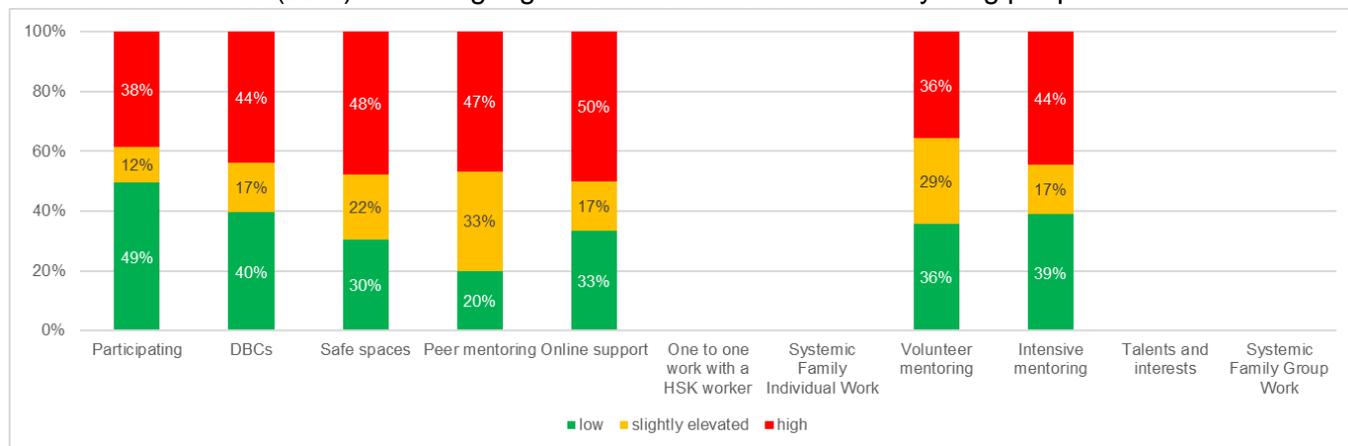
Chart 77 - Emotional difficulties average response ranges for Year 9 students by intervention

Behavioural difficulties of young people identified as requiring HSK support

These questions relate to the extent to which students are aggressive or act out. Scores range from 0 to 10, with a lower score indicating fewer behavioural difficulties. Scores are compared to the overall Kent average and the 11 to 15 year old self reported normative population data.

With the exception of young people participating in the programme, the average scores for Year 7 students identified as requiring HSK support were higher than the overall Kent average, which indicates more difficulties. All average scores were higher than the population norm with the exception of those participating in the programme. Those identified as requiring volunteer mentoring reported the most behavioural difficulties.
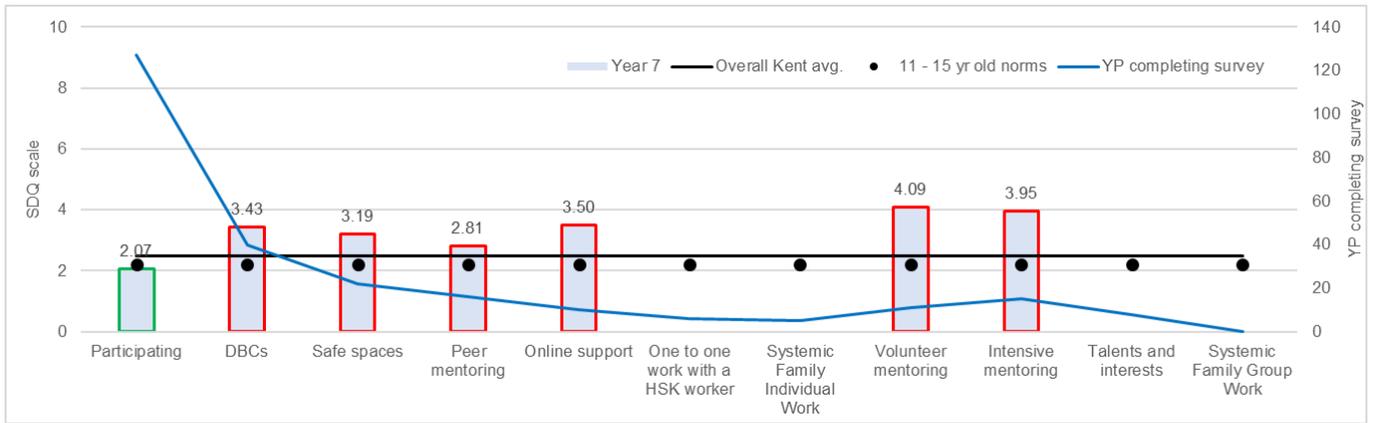
Chart 78 – Behavioural difficulties scores for Year 7 students vs Kent average and norms by intervention

Those identified as requiring intensive mentoring had largest proportion of high or slightly elevated emotional difficulties (73%) indicating a greater level of need for these young people.
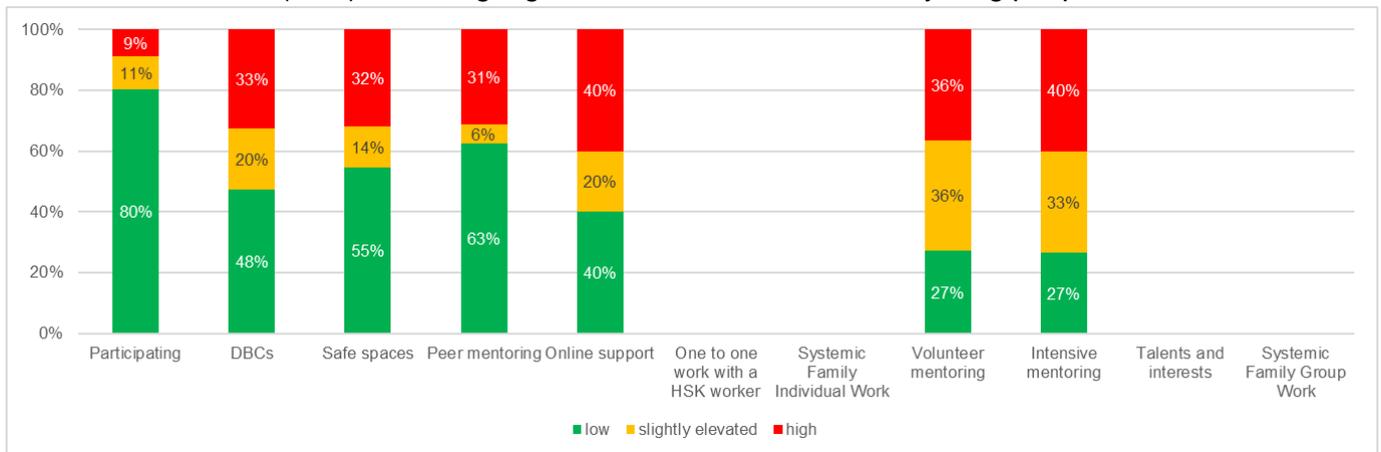
Chart 79 – Behavioural difficulties average response ranges for Year 7 students by intervention

The average scores for Year 9 students identified as requiring HSK support were higher than the overall Kent average and the population norm, which indicates more difficulties. Those identified as requiring peer mentoring reported the most behavioural difficulties.
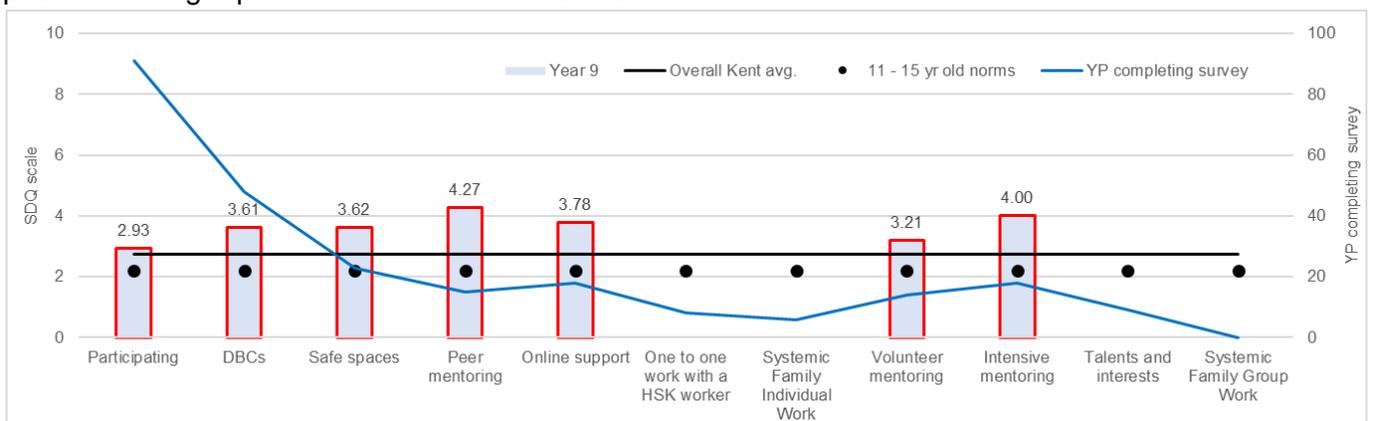
Chart 80 – Behavioural difficulties scores for Year 9 students vs Kent average and norms by intervention

Those identified as requiring intensive mentoring had largest proportion of high or slightly elevated emotional difficulties (61%) indicating a greater level of need for these young people.
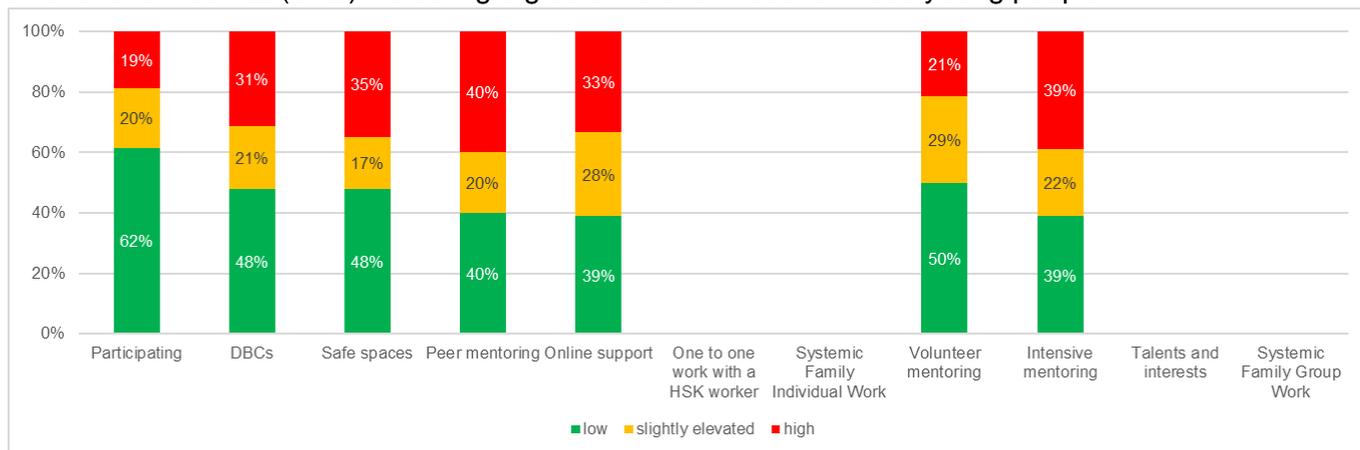
Chart 81 - Behavioural difficulties average response ranges for Year 9 students by intervention

Difficulties with peers for young people identified as requiring HSK support

These questions relate to the extent to which students have good relationships with their peers. Scores range from 0 to 10, with a lower score indicating fewer difficulties with peers. Scores are compared to the overall Kent average and the 11 to 15 year old self reported normative population data.

With the exception of young people participating in the programme, the average scores for Year 7 students identified as requiring HSK support were higher than the overall Kent average, which indicates more difficulties. All average scores were higher than the population norm. Although reported difficulties were low for all types of intervention, those identified as requiring online support reported the most difficulties with peers.
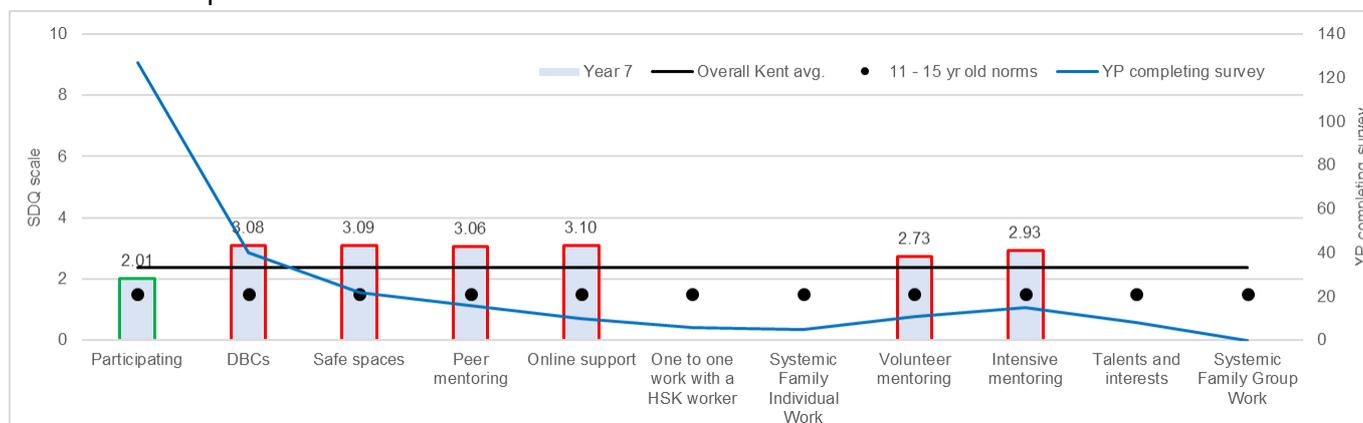
Chart 82 - Difficulties with peers scores for Year 7 students vs Kent average and norms by intervention

Overall young people scored in the low range which is expected for students of their age, however, those identified as requiring peer mentoring had the largest proportion of difficulties with peers in the high range (19%).
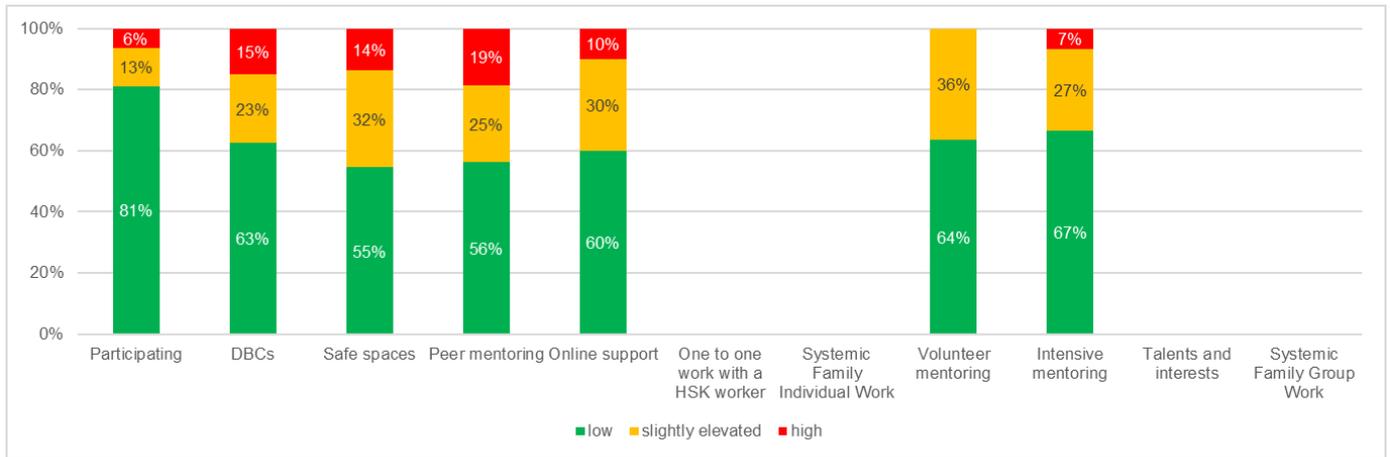
Chart 83 - Difficulties with peers average response ranges for Year 7 students by intervention

With the exception of young people identified as requiring peer mentoring, the average scores for Year 9 students identified as requiring HSK support were higher than the overall Kent average, which indicates more difficulties. All average scores were higher than the population norm. Those identified as requiring online support reported the most difficulties with peers.
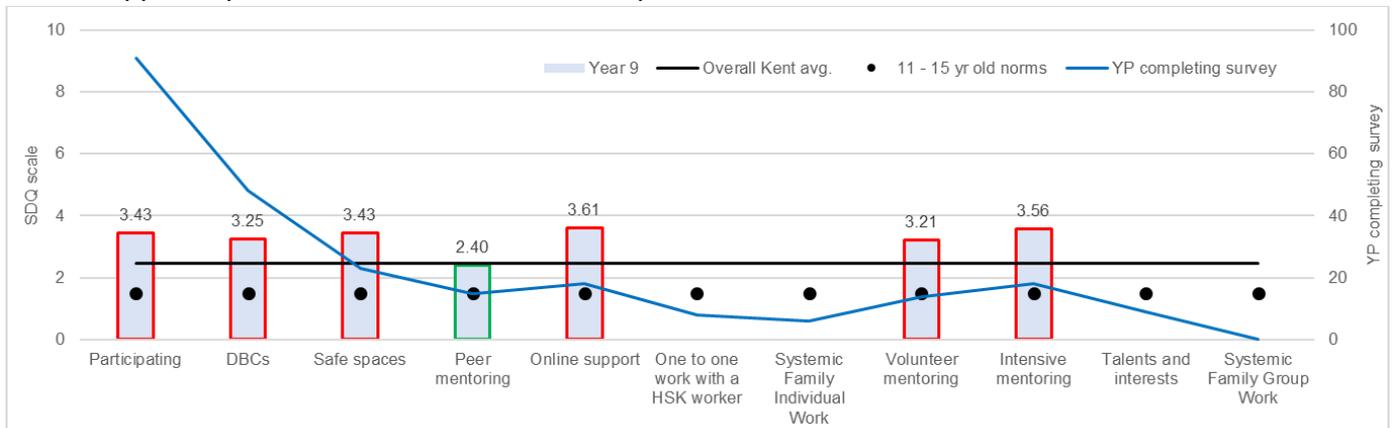
Chart 84 - Difficulties with peers scores for Year 9 students vs Kent average and norms by intervention

Overall young people scored in the low range which is expected for students of their age, however, those participating in the programme had the largest proportion of high or slightly elevated difficulties with peers (47%) indicating a greater level of need for these young people
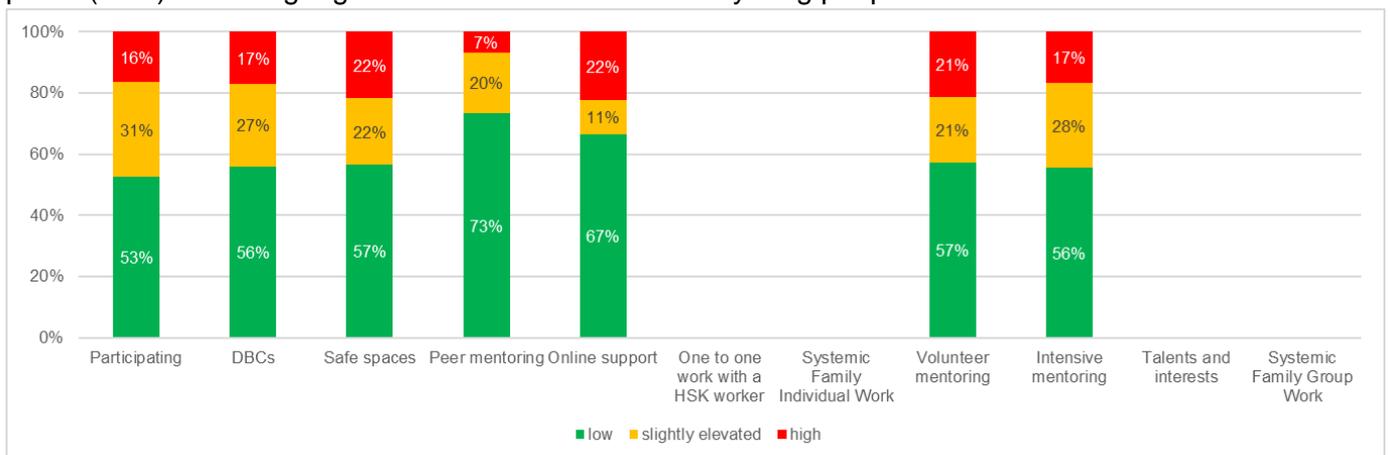
Chart 85 - Difficulties with peers average response ranges for Year 9 students by intervention

Attention difficulties of young people identified as requiring HSK support

These questions relate to the extent to which students struggle with maintaining their attention. Scores range from 0 to 10, with a lower score indicating fewer attention difficulties. Scores are compared to the overall Kent average and the 11 to 15 year old self reported normative population data.

With the exception of young people participating in the programme, the average scores for Year 7 students identified as requiring HSK support were higher than the overall Kent average, which indicates more difficulties. All average scores were higher than the population norm. Those identified as requiring intensive mentoring reported the most attention difficulties.
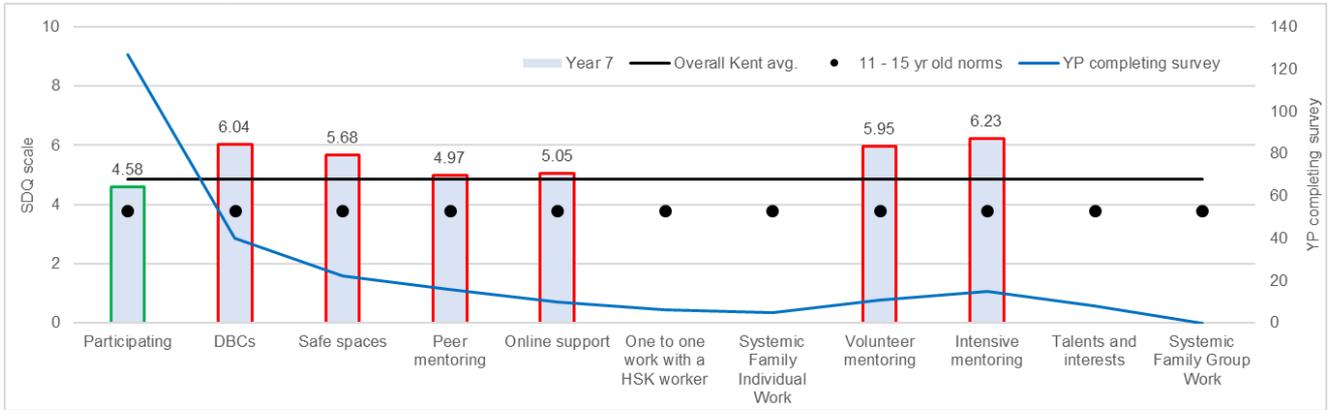

Chart 86 - Attention difficulties scores for Year 7 students vs Kent average and norms by intervention

Those identified as requiring volunteer mentoring had the largest proportion of high or slightly elevated attention difficulties (72%) indicating a greater level of need for these young people.
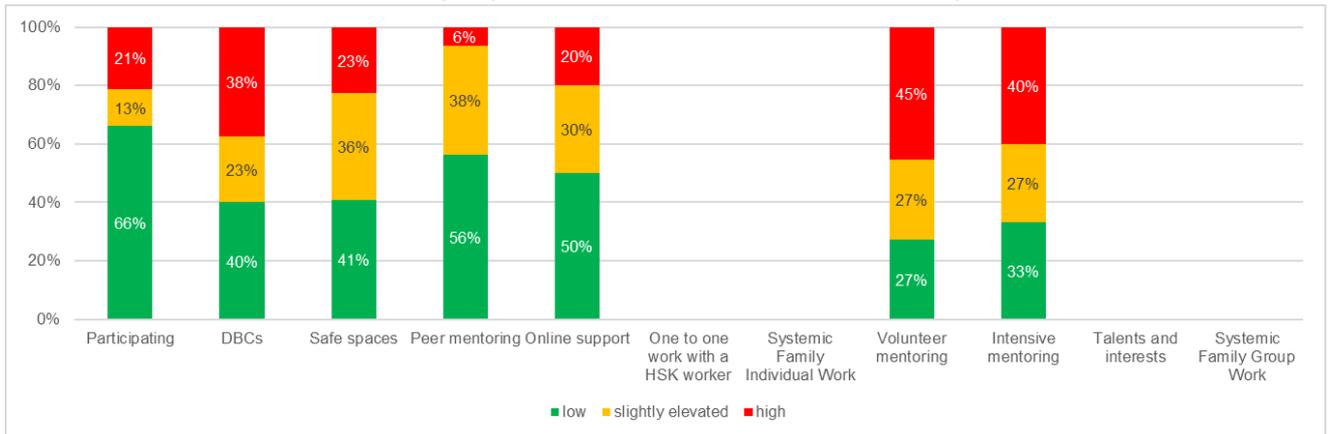
Chart 87 - Attention difficulties average response ranges for Year 7 students by intervention

The average scores for Year 9 students identified as requiring HSK support were higher than the overall Kent average and the population norms, which indicates more difficulties. Those identified as requiring peer mentoring reported the most attention difficulties.
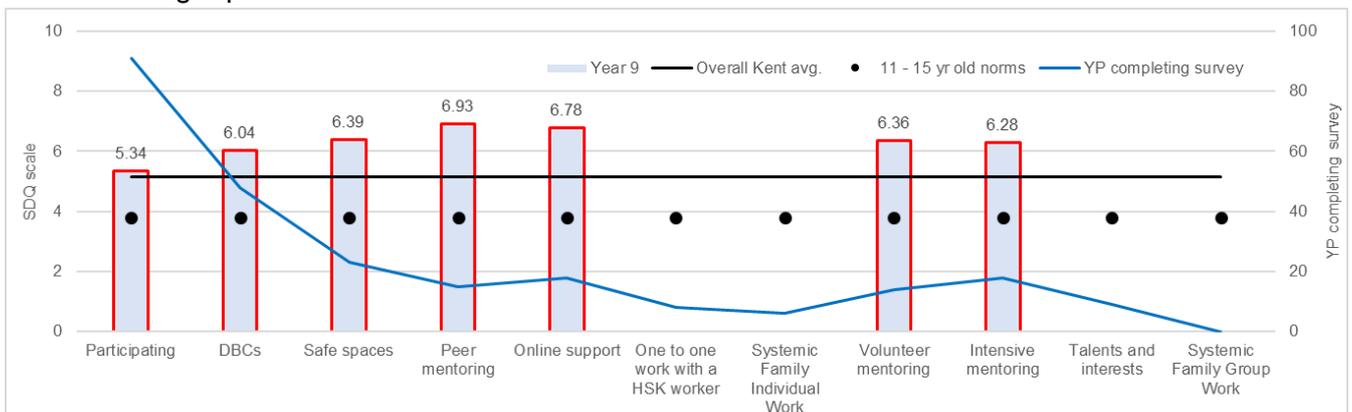

Chart 88 - Attention difficulties scores for Year 9 students vs Kent average and norms by intervention

Overall, young people scored in the high range indicating a greater level of need, with those identified as requiring peer mentoring having the largest proportion of high or slightly elevated attention difficulties (67%).
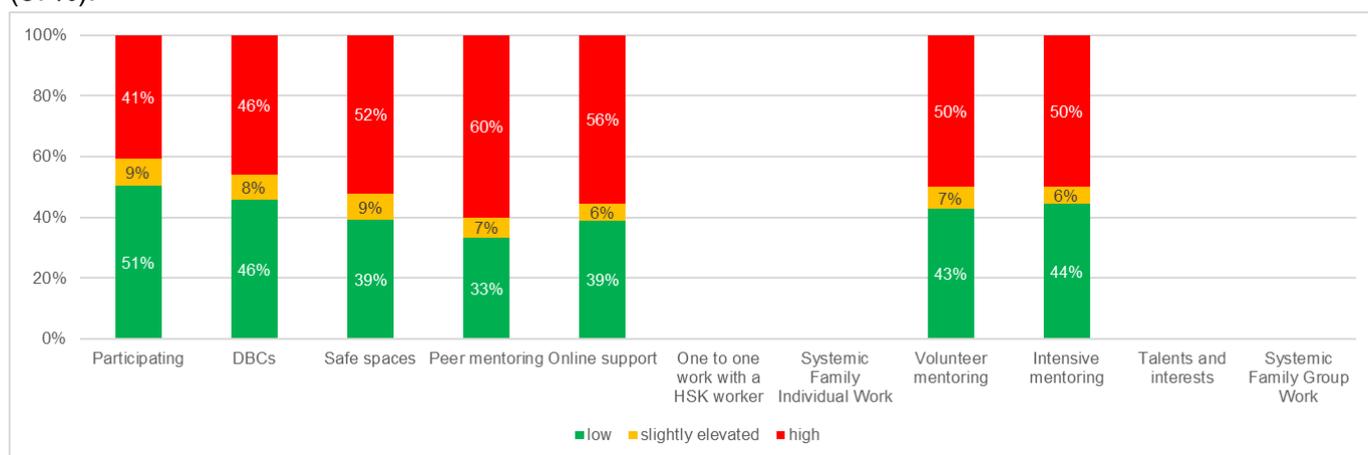
Chart 89 - Attention difficulties average response ranges for Year 9 students by intervention

Attendance and exclusions of young people identified as requiring HSK support

Of the young people matched to the 2016/17 SBDI Children & Young Person's Integrated Data Model with attendance data for the academic year, those participating in the programme had the highest average attendance rate (95.0%), with those working with a HSK Senior EH Worker having the lowest average attendance rate (85.3%).
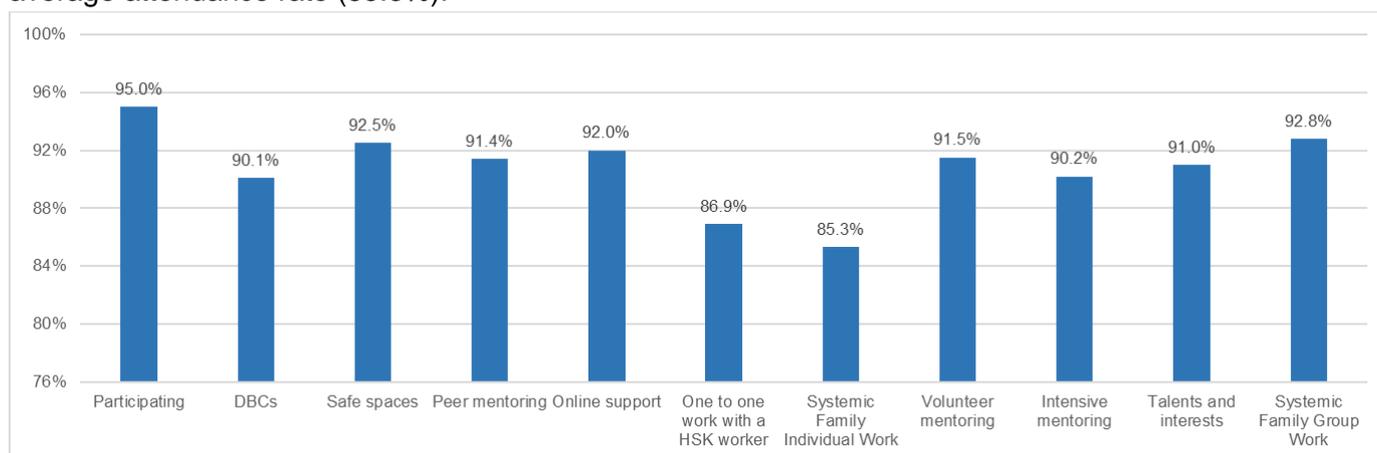
Chart 90 – Average attendance rates of YP identified as requiring HSK support by intervention
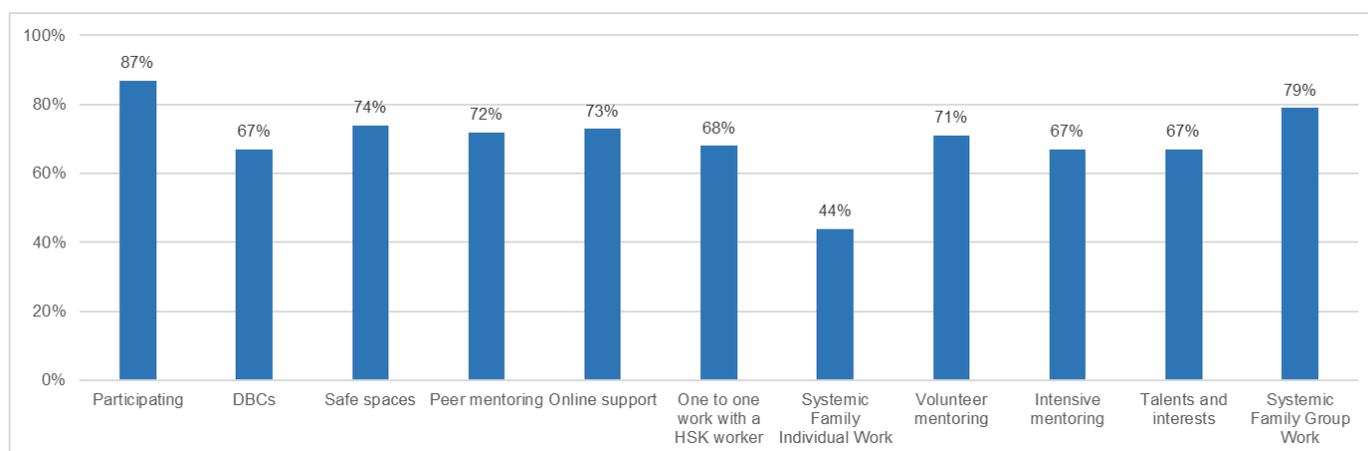
Chart 91 – Proportion of YP identified as requiring HSK support with an attendance rate of 90% or above by intervention

Those participating in the programme had the lowest proportion of young people with one or more fixed term exclusion (3%), with those identified as requiring volunteer mentoring or Systemic Family Group Work having the highest proportion (18%).
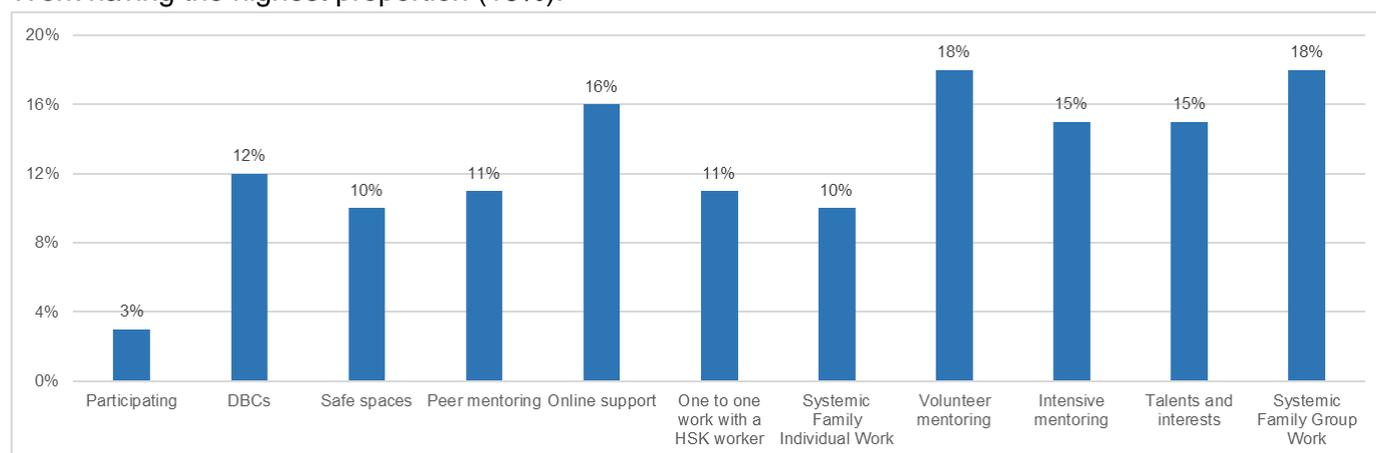
Chart 92 - Proportion of YP identified as requiring HSK support with one or more fixed term exclusion by intervention

Level of need of young people identified as requiring HSK support summary

During interviews with HSK school staff there were common themes when discussing the level of need and challenges faced by their students, with the main issues described as self-harm, depression, anxiety and lack of confidence. These views were reflected by the young people themselves when interviewed by the HeadStart National Learning Team.

Young people in Year 7 and Year 9 who were identified as requiring HSK support, and who took part in the 2017 WMF, reported a less positive appraisal of their wellbeing compared to the overall Kent average, with the exception of those in Year 7 participating in the programme who had a slighter better appraisal of their wellbeing compared to the average.

Young people identified as requiring HSK support reported more difficulties across the four categories (emotional, behavioural, peers and attention) than the overall Kent averages and also the 11 to 15 year old self reported normative population data. However, young people in Year 7 participating in the programme reported less difficulties than the overall Kent averages across all categories.

Overall, young people in Year 9 who were identified as requiring HSK support and took part in the WMF reported more difficulties than those in Year 7, a finding previously documented for Kent young people who took part in the WMF locally[74] and across the six HeadStart partnerships[75].

Young people who were identified as requiring either volunteer mentoring, intensive mentoring or peer mentoring reported the greatest emotional, behavioural or attention difficulties.

Problems with peers was the area where young people reported the least difficulties. Young people with the highest level of difficulties with peers were identified as requiring online support. Year 9 students participating in the programme showed the largest proportion of high or slightly elevated difficulties with peers, indicating a greater level of need for these young people.

[74] KCC SBDI (2017). *HeadStart Kent Programme Mid-Year Report p1.*

[75] Deighton, J., Lereya, T., Patalay, P., Casey, P., Humphrey, N., & Wolpert, M. (2018). *Mental health problems in young people, aged 11 to 14: Results from the first HeadStart annual survey of 30,000 children.* London: CAMHS Press.

Across all types of support, young people in Year 9 who took part in the WMF reported high levels of attention difficulties, indicating the need for significant support.

Young people participating in the programme had the highest average attendance rate (95.0%) and lowest proportion of young people with one or more fixed term exclusion (3%).

Young people working with a HSK Senior EH Worker had the lowest average attendance rate (85.3%) and young people identified as requiring volunteer mentoring or Systemic Family Group Work had the highest proportion of young people with one or more fixed term exclusion (18%).

Universal support in HSK schools

When comparing the attendance rates in academic years 2015/16 and 2016/17 for HSK secondary schools in Swale and Gravesham, all schools except for one showed a reduction in attendance, indicating young people are attending school less. However, a reduction was also shown for these Districts overall and nationally[76].

HSK schools in Swale	2015/16	2016/17	Difference
Sittingbourne Community College	94.0%	93.5%	-0.6
Fulston Manor School	94.2%	93.8%	-0.4
Westlands School	94.5%	94.4%	-0.1
Oasis Academy	90.2%	89.9%	-0.3
Swale Inclusion Service	67.8%	60.3%	-7.5
Highsted Grammar School	96.2%	96.4%	0.2
Meadowfield School	91.7%	90.9%	-0.8
Swale District overall	**95.1%**	**94.9%**	**-0.2**

HSK schools in Gravesham	2015/16	2016/17	Difference
St John's Catholic Comprehensive School	95.0%	94.2%	-0.7
Mayfield Grammar School	95.7%	95.4%	-0.3
Ifield School	92.4%	91.5%	-0.9
NWK APU	95.0%	94.2%	-0.7
Gravesham District overall	**95.5%**	**95.2%**	**-0.2**

Table 14 – Attendance rates for academic years 2015/16 and 2016/17

When comparing the fixed term exclusion rates in academic years 2015/16 and 2016/17 for HSK secondary schools in Swale and Gravesham, there was variance across the schools, with two schools in Swale showing a reduction in the proportion of young people with one or more fixed term exclusion. Overall, the proportion of young people with one or more fixed term exclusion decreased in Kent, however, an increase was shown nationally[77].

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[76] DfE, 2018. *National Statistics Pupil absence in schools in England: 2016 to 2017* [online] Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/692406/SFR18_2018_absence_text.pdf

[77] DfE, 2018. *National Statistics Permanent and fixed-period exclusions in England: 2016 to 2017* [online] Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/726741/text_exc1617.pdf

HSK schools in Swale	2015/16	2016/17	Difference
Sittingbourne Community College	13.80%	7.75%	-6.05
Fulston Manor School	3.88%	6.50%	2.62
Westlands School	2.30%	2.93%	0.63
Oasis Academy	17.86%	11.46%	-6.40
Highsted Grammar School	0.61%	1.31%	0.70
Meadowfield School	x[78]	1.17%	n/a
HSK schools in Gravesham	2015/16	2016/17	Difference
St John's Catholic Comprehensive School	6.78%	8.95%	2.17
Mayfield Grammar School	0.00%	0.00%	0.00
Ifield School	0.00%	0.00%	0.00

Table 15 – Fixed term exclusion rates for academic years 2015/16 and 2016/17[79]

Universal support in HSK school's summary

Attendance at HSK secondary schools in Swale and Gravesham reduced, however, young people also attended school less in these Districts overall and nationally. When comparing the proportion of young people with one or more fixed term exclusion, there was variance across the HSK schools, which was anticipated due to the range of schools engaged with the programme. However, the schools with the highest proportion of young people with one or more fixed term exclusion in academic year 2015/16 showed the greatest reduction in 2016/17. It is worth noting that at this stage of the programme limited impact on attendance and exclusions as result of being involved in HSK is expected.

Outcomes of young people having a DBC

"[The teacher] has been able to give me advice on how to look at things and react to things which has made things better."
Young person during review of DBC

"I feel much better about school now."
Young person during review of DBC

Outcomes of young people accessing online support (Kooth)

"I love your support because you treat me like I should be treated by a professional, thank you."

"I feel like I'm in a much better place now. I can function which I couldn't when I first came to Kooth."

"It's just nice to have someone to talk to as all my other friends are obviously upset and worried and no one really wants to talk, so it's just nice to know that someone is actually listening."
Young person comments contained within Kooth quarterly report

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[78] Data suppressed to preserve confidentiality.
[79] Exclusions are unavailable for PRUs

Outcomes of young people participating in HSK

To read how participation in HSK improved Lexi's resilience and wellbeing see Appendix 6.

Outcomes of young people one to one work with a HSK worker

The flexibility afforded to Participation Workers in their work with young people was an area mentioned by several EHPS staff during the implementation interviews, especially in relation to the one to one support they provide to young people with emotional wellbeing issues. Several staff alluded that having additional time in comparison to colleagues within EHPS was beneficial to the outcomes of young people, with one staff member describing the continued support they were providing to young people following closure of cases[80].

> *"Having the participation workers and knowing that they've got enough time to spend with young people and build up that relationship with them, because a lot of the youth workers in the youth service don't really have that anymore."*
>
> *"That flexibility to sit down with that young person, make a referral, take [them] along to meet a connections worker, start that process, and now that young person is starting a programme which possibly might not have happened."*
>
> *"I think some of it is the programme because we don't put timeframes on things or some targets around that. So it's not like you've got to... You can only have three meetings with that young person or six meetings or you can only meet them once a week. It's actually if that young person needs something really intense at the beginning then you give it and then obviously we've all got the same ambition, is that the independence is built in in time. And that actually that young person then, when they're ready and the parent's ready, they then can walk to the centre, you know, they can independently travel. And that's what you're building towards and that's what [they] worked towards. So I think the freedom and flexibility of the programme is probably different to others, which I think makes a difference in something like that."*

The direct work with young people especially in relation to the one to one work with those in a refuge, was an area mentioned by a number of EHPS staff during the implementation interviews as having gone well over the past year. With staff explaining how a relationship of trust had been built to achieve outcomes for those young people[81].

> *"[One of the young people has] been recommended for a Try Angle Award, is now a peer mentor and is going to peer mentor one of the other young people in the refuge. [They have] come a long way […]"*

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[80] KCC SBDI (2018). *HeadStart Programme Qualitative Insight Report – EH Implementation Interviews p25 & 26.*
[81] KCC SBDI (2018). *HeadStart Programme Qualitative Insight Report – EH Implementation Interviews p29.*

Outcomes of young people working with a HSK Senior EH Worker

Up to March 2018, 22 young people and their families completed the work in either a planned (n=17) or unplanned way (n=5).

- The number of weeks worked with ranged from 1 to 31, with the average being 18.
- The number of sessions attended ranged from 1 to 20, with the average being 10.
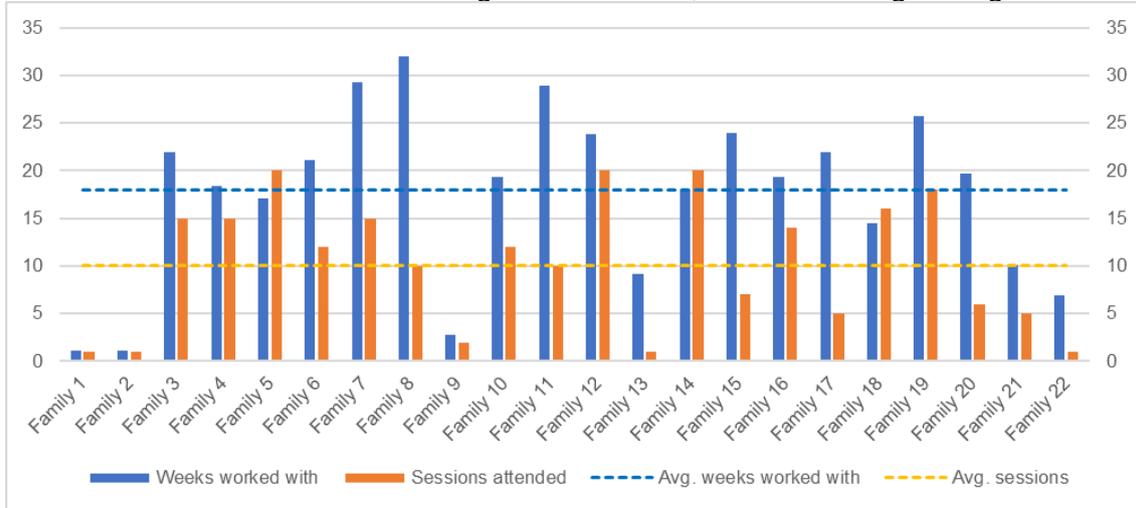
Chart 93 – Length of time worked with for YP and families completing work with HSK Senior EH Worker

Of the 22 young people completing the work, 13 had their wellbeing measured through WEMWBS before and after the support was provided. These questions relate to the extent to which young people feel positive and happy with life. Scores range from 14 to 70, with a higher score indicating a more positive appraisal of their wellbeing. An estimated 'meaningful difference' in wellbeing is shown by an increase or decrease of 3 to 8 points between the before and after scores[82].

- The average wellbeing score before the intervention was 43.
- The average wellbeing score after the intervention was 49.
- The average score difference was 6.
- 77% of young people (n=10) reported an improvement in their wellbeing after the intervention.
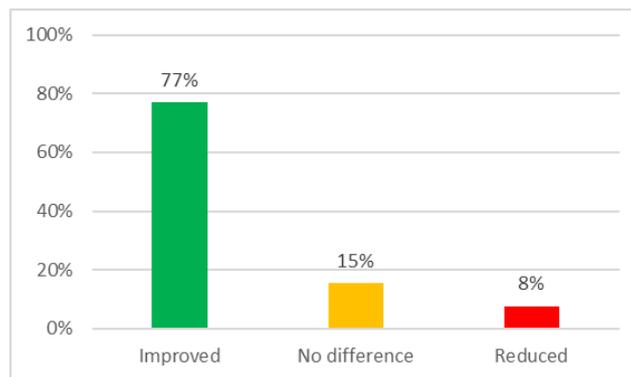
Chart 94 – Difference in wellbeing scores before and after intervention (WEMWBS)

To read how the support from a HSK Senior EH Worker improved Teddy's resilience and wellbeing see Appendix 7.

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[82] Warwick Medical School, 2015. *Using WEMWBS to measure the impact of your work on mental wellbeing: A practice-based user guide* [online] Available at:
www.warwick.ac.uk/fac/sci/med/research/platform/wemwbs/researchers/userguide/wemwbs_practice_based_user_guide.pdf

Outcomes of young people with a volunteer mentor (Young Lives Foundation)

"Young Lives Foundation have had a massive impact on the pupils and they look forward to seeing their mentors every week."
Comments from a Headteacher in the YLF newsletter

Outcomes of young people with an intensive mentor (Salus)

Up to March 2018, 16 young people completed the work in either a planned (n=9) or unplanned way (n=7).

- The number of weeks worked with ranged from 1 to 17, with the average being 9.
- The number of sessions attended ranged from 1 to 11, with the average being 7.
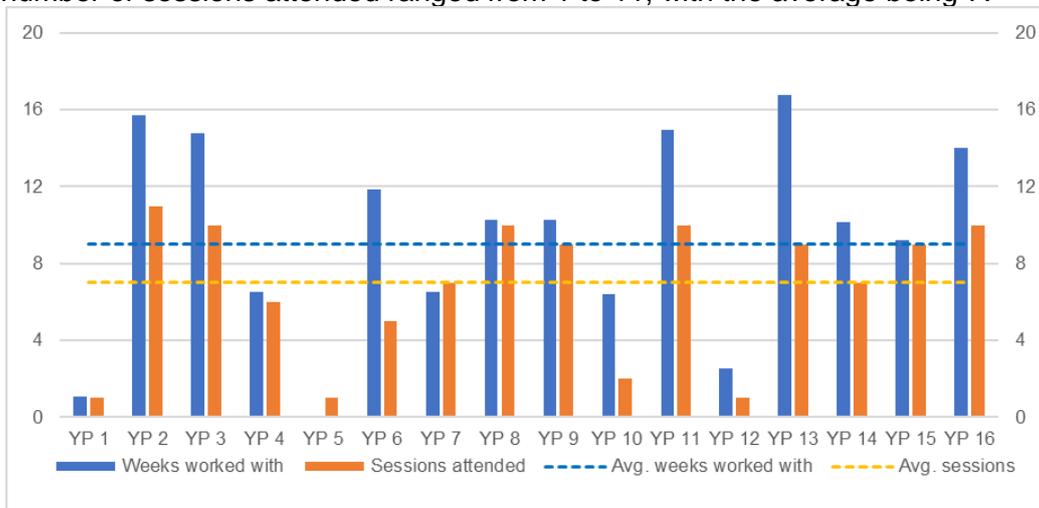
Chart 95 - Length of time worked with for YP completing work with an intensive mentor

Of the 16 young people completing the work, 10 had their wellbeing measured through WEMWBS before and after the support was provided. Scores range from 14 to 70, with a higher score indicating a more positive appraisal of their wellbeing. An estimated 'meaningful difference' in wellbeing is shown by an increase or decrease of 3 to 8 points between the before and after scores.

- The average wellbeing score before the intervention was 39.
- The average wellbeing score after the intervention was 50.
- The average score difference was 10.
- 70% of young people (n=7) reported an improvement in their wellbeing after the intervention.
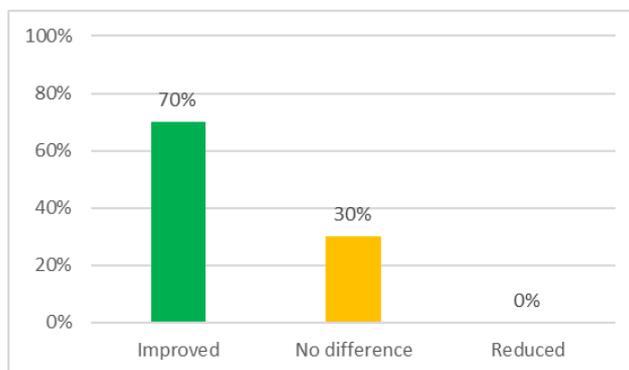
Chart 96 - Difference in wellbeing scores before and after intervention (WEMWBS)

Of the 16 young people completing the work, 9 reported they had a positive experience, were satisfied or very satisfied with the service and reported that their outcomes had been met.

To read how the support from an intensive mentor has improved Amelia's resilience and wellbeing see Appendix 8.

Outcomes of young people completing Systemic Family Group Work (Salus Family Focus Transition)

Up to March 2018, 11 young people and their families completed the work in a planned way.

- The number of weeks worked with ranged from 9 to 20, with the average being 13.
- The number of sessions attended ranged from 8 to 16, with the average being 11.
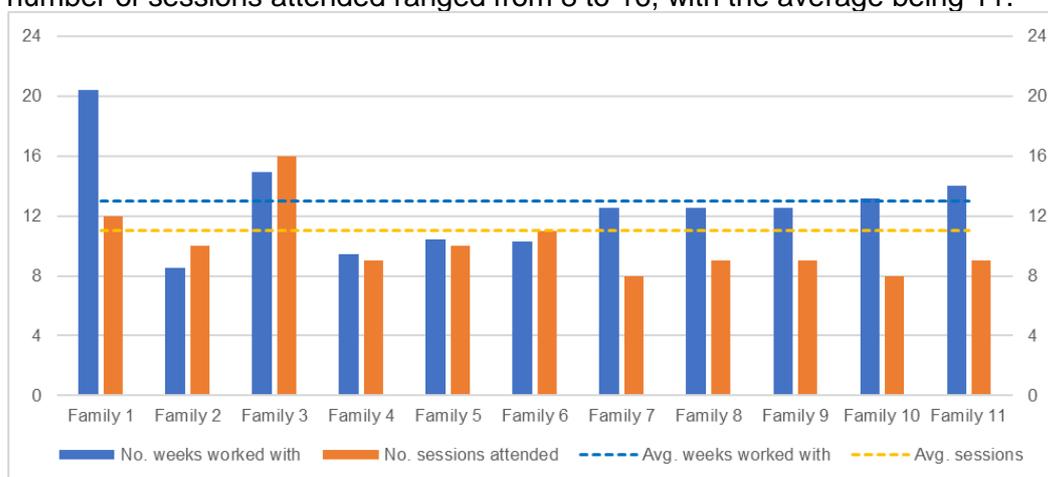
Chart 97 - Length of time worked with for YP completing work with an intensive mentor

Of the 11 young people completing the work, 10 had their wellbeing measured through WEMWBS before and after the support was provided. Scores range from 14 to 70, with a higher score indicating a more positive appraisal of their wellbeing. An estimated 'meaningful difference' in wellbeing is shown by an increase or decrease of 3 to 8 points between the before and after scores.

- The average wellbeing score before the intervention was 49.
- The average wellbeing score after the intervention was 52.
- The average score difference was 4.
- 44% of young people (n=4) reported an improvement in their wellbeing after the intervention and 44% of young people (n=4) reported no difference.
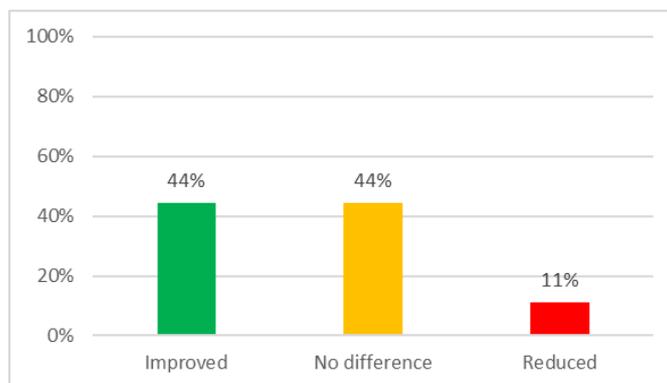
Chart 98 - Difference in wellbeing scores before and after intervention (WEMWBS)

All young people and parents reported they had a positive experience. All families also reported they were satisfied or very satisfied with the service and reported that the core course objectives had been met.

To read how the support from an intensive mentor has improved Charlie's resilience and wellbeing see Appendix 9.

Outcomes of young people involved in Pay It Forward

Up to March 2018, 38 applications for Pay It Forward Grants were received from the first three rounds. After young people at SpeakOut reviewed the applications 30 grants were awarded totalling £26,180.
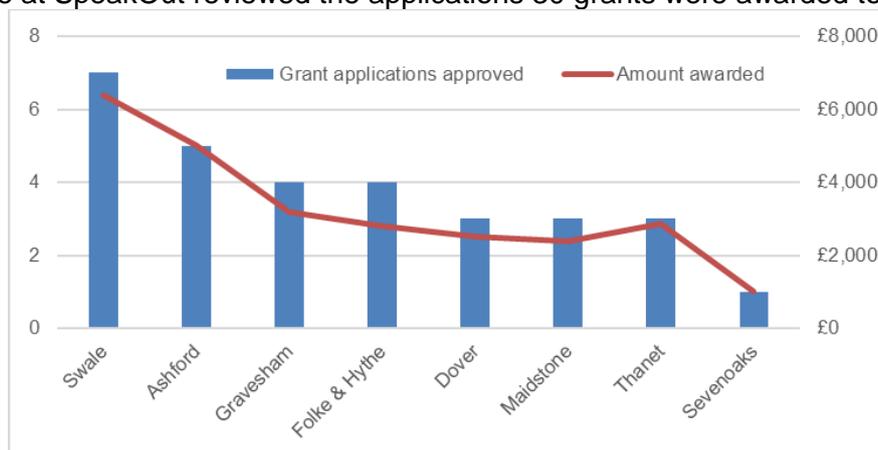
Chart 99 - Pay It Forward Grant applications approved by District

Anyone aged 10 to 16 living in Kent can apply for up to £1000 to carry out a project in their local community (residential, school, club, etc.) to improve the emotional wellbeing of other young people. The projects are led by young people in groups of two of more people, although some assistance from a trusted adult can be given.

In July 2018 the sensory garden at Homewood School was visited to gather views from the young people who lead on the project. The young people all agreed they enjoyed leading the project. A group of young people who were landscaping the garden admitted at times it was hard work, though rewarding to see the end result.

When asked what each young person contributed, they shared that they were involved in jobs unique to their skill base, including but not limited to; building bird feeders, creating a mural, planting flowers, landscaping, photography and more. They all felt included and enjoyed the teamwork.

Outcomes of young people summary

Although only a limited number of young people completed the support provided through HSK interventions up to March 2018, those that did complete the work showed an improvement in their wellbeing.

77% of young people (n=10) reported an improvement in their wellbeing after receiving support from a HSK Senior EH Worker.

70% of young people (n=10) reported an improvement in their wellbeing after receiving support from an intensive mentor. Nine of the young people also reported they had a positive experience, were satisfied or very satisfied with the service and that their outcomes had been met.

44% of young people (n=4) reported an improvement in their wellbeing after receiving support through the Systemic Family Group Work, however, 44% of young people (n=4) reported no difference in their wellbeing. All families completing the work reported they were satisfied or very satisfied with the service and that the core course objectives had been met.

Evidence collated in the form of case studies or quotes also suggested that elements of HSK, such as participation in the programme and the online support provided from Kooth, had improved the resilience and wellbeing of those young people.

The flexibility afforded to HSK Participation Workers in their work with young people was an area mentioned by several EHPS staff during the implementation interviews, especially in relation to the one to one support they provide to young people with emotional wellbeing issues. Staff alluded that having additional time in comparison to colleagues within EHPS was beneficial to the outcomes of young people.

5. Describe whether, and in what ways, HeadStart is facilitating system change in school and community approaches to young people's mental health

A core element of HSK is the intention to promote a system-wide change in attitude towards mental wellbeing among young people. The Phase 3 Case for Investment describes the aim to put into action:

"Kent-wide activity to promote an understanding of the factors impacting on a young person's emotional and mental health wellbeing and the actions that can be taken to support them in building their resilience".[83]

The change built during the HeadStart Kent programme is intended to be both systematic and lasting, and built upon the successful implementation of the following approaches:

- Promoting the Public Health whole-school approach on emotional wellbeing and mental health;
- Introducing the Resilience Domains model as a way of mapping young people's resilience and establishing where they can be supported;
- Utilising the Kent Resilience Framework as a tool to empower schools and communities to make resilient moves, and assess how effectively the school or service promotes resilience and emotional wellbeing and the measures required to improve it;
- Underpinning the entire Kent-wide element of Phase 3 will be co-production with young people, parents, families and the community to ensure their voice is always listened to.[84]

In addition, a number of activities arising from these approaches are intended to be delivered through the Resilience Hub. These activities are reflected in the Theory of Change (see Appendix 1), with progress towards the reach of these activities detailed in the previous section.

- Kent resilience toolkit (including the Quality Mark and brand)
- Menu of services on mental wellbeing and resilience
- Marketing and communications
- Design and provide training (mindfulness, domains, youth mental health first aid, parent mental health first aid).

The above approaches and activities are the ways in HeadStart Kent is hypothesised to contribute to a system-wide change in the identification of mental and emotional wellbeing issues.

Expectations

When detailing their expectations of HSK, many EHPS staff spoke of the programme's aim to build the confidence and knowledge of staff to support young people around emotional wellbeing issues. It was the perception of some staff interviewed that services delivering mental health support to young people are overwhelmed, resulting in those working with young people now exploring for alternative ways to assist them. Because of this, one staff member's expectation was that there would be a willingness from schools and communities to invest in the programme to bridge the gap in support for young people.

Another expectation expressed by some EHPS staff members was that HSK provides staff in schools and communities with the tools needed to enable them to better understand wellbeing issues and to take a lead in supporting young people within their different settings, as opposed to referring onto other services[85].

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[83] KCC (2016) *HeadStart Kent Phase 3: Case for Investment p50.*

[84] KCC (2016) *HeadStart Kent Phase 3: Case for Investment p54.*

[85] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – School Implementation Interviews p11.*

> *"My expectations [are to…] give a workforce more skills and confidence in working with young people very directly, rather than just referral to other services and expecting someone else to engage with them."*
>
> *"What we'd like ultimately is that every person is competent to have a conversation with a young person around their resilience and their emotional wellbeing […]"*

A number of staff also commented that schools acknowledged that cultural change was needed to support young people with emotional wellbeing issues at an early stage and welcomed assistance in doing this through the training provided[86].

> *"Most of them want to help but don't know how to help, so they all really get that they want to do the training […] they want that support for the young people. Most people have a genuine passion for helping young people, that's why they're in that profession."*

HSK influence

When describing how HSK may have influenced their thinking around emotional wellbeing, one member of school staff recognised that the opportunity for the schools to meet regularly as a community to discuss the agenda was beneficial[87].

> *"The opportunity that it, we were all in it together. That's what brought us together. We would never have sat down and started talking about mental health in the area, unless HeadStart said that there is this opportunity for you. The need for monthly meetings keeps us coming together."*

When staff responding to the stakeholder survey in April 2018 (see Technical Appendix) were asked if there were any specific elements of HSK they felt had benefitted their work with young people, those staff in agreement detailed support such as the resources and tools available. Access to staff training, grant funding and the additional HSK interventions were the most frequently mentioned elements they felt had benefitted their work with young people.

> *"Several of my students are receiving peer mentoring and it has made a difference."*
>
> *"Young people being able to access Kooth online and are able to access counselling support immediately."*
>
> *"Mindfulness training and the domains workshop which has expanded my knowledge base which enhances my work with young people."*
>
> *"I have been on the YMHFA and Mindfulness training and these have become valuable to my job."*
> *Staff survey respondents*

During the implementation interviews some schools described how HSK was running alongside already established systems in place to support students, with one staff member commenting that the programme *"maximised"* the suite of support available[88].

Many schools explained how they already had support in place for students, such as anti-bullying ambassadors, but it was seen that HSK had assisted to further develop this support, either due to the

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[86] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – School Implementation Interviews p24.*

[87] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – School Implementation Interviews p15.*

[88] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – School Implementation Interviews p14.*

availability of materials provided or by helping them to comparing their current approach to student support alongside the HSK tools, with the school then seeing the benefit in adapting current support to achieve the desired outcomes[89].

> *"Moving from anti-bullying ambassadors to peer mentors, and completely changing our buddying system in school as well. To create one holistic role, that lots of different roles touched on and potentially didn't do justice to what they were trying to do. I would say that's what HeadStart has changed [in the school]."*

Training outcomes

Overall, those responding to the training survey in March 2018 (see Technical Appendix) agreed they were confident in applying what they had learnt during training to their work with young people and also felt more confident in supporting young people's emotional health and wellbeing as a result of the training.
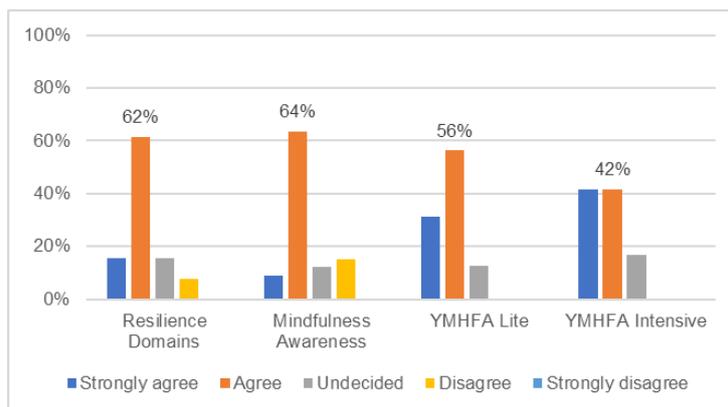
Chart 100 – Participant responses to confidence in applying learning to their work with young people
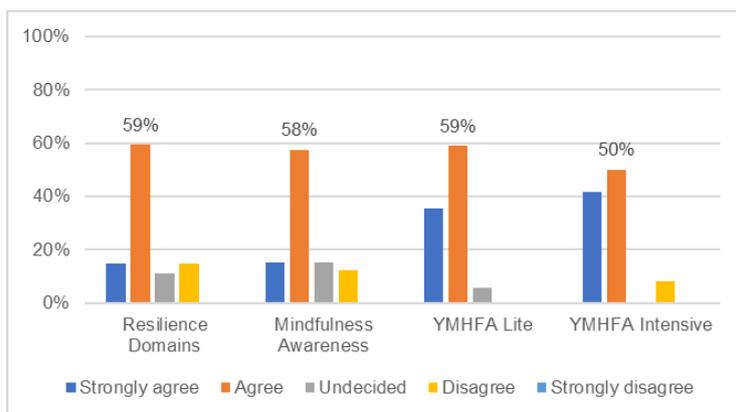
Chart 101 - Participant responses to confidence in supporting young people's emotional health and wellbeing as a result of training

> *"I think it made me think about things from different perspectives. I also felt the concept of utilising strength in one domain to develop and increase resilience in another domain was introduced in a fresh and helpful way."*
> *Resilience Domains training improved confidence supporting YP (Other staff survey respondent)*
>
> *"Helping me to relax and focus enables me to have more confidence."*
> *Mindfulness Awareness training improved confidence supporting YP (Other staff survey respondent)*
>
> *"It has made me less anxious about talking about mental health issues, as I had previously thought it was something for 'professionals' to address and that I could make matters worse by talking about it directly."*
> *YMHFA Lite training improved confidence supporting YP (Community staff survey respondent)*

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[89] KCC SBDI (2018). *HeadStart Kent Programme Qualitative Insight Report – School Implementation Interviews p15.*

Staff self-efficacy

In addition to measuring improved confidence and knowledge of staff in supporting young people around emotional wellbeing issues through participation in HSK training, the self-efficacy of staff in HSK secondary schools is also captured through an annual survey[90] which measures any change in responses over time (see Technical Appendix).

Overall, 83 responses were received from staff in the HSK secondary schools in Swale and Gravesham, compared to 55 responses in the previous year.

As with the previous year, respondents ranged from Deputy Headteachers to Teaching Assistants and grouped into four broad role categories. An increase was shown in the proportion of responses from Teachers and Middle Leaders this year, with the proportion of responses from Senior Leadership and Support staff decreasing.

	Teacher	Middle Leaders	Senior Leadership	Support staff	Unknown
2017	33%	29%	24%	15%	0%
2018	48%	30%	14%	6%	1%
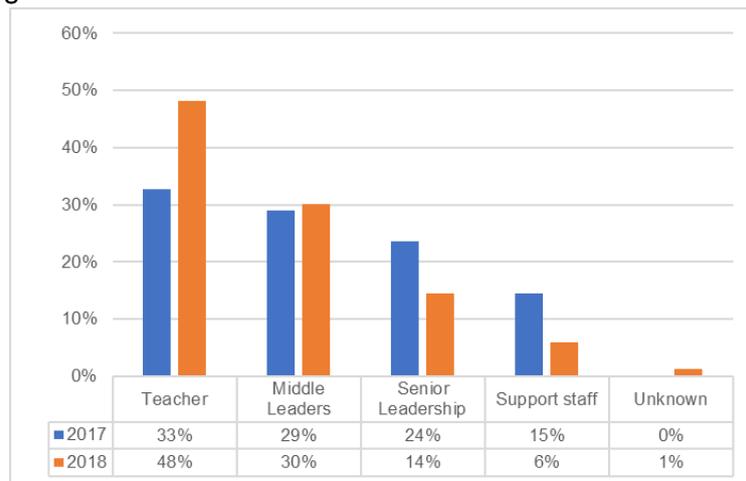
Chart 102 - Survey responses by role type

In response to all statements, those surveyed tended to answer in a positive manner (*moderately true or exactly true*), rather than negatively (*not true at all or barely true*). Collective positive responses for each statement this year ranged from 77.1% to 98.8% of the total.

Statement 7 (*If I try hard enough I know that I can exert a positive influence on both the personal and academic development of my students*) was the most positively rated of all statements in both years and increased from 96.4% in 2017 (n=53) to 98.8% in 2018 (n=82).

Statement 6 (*I am confident in my ability to be responsive to my students needs even if I am having a bad day*) was the statement that showed the greatest improvement, with 90.7% of respondents answering positively in 2017 (n=50) and 97.6% in 2018 (n=81).

Statement 8 (*I am convinced that I can develop creative ways to cope with system constraints such as budget cuts and other administrative problems and continue to teach well*) was the least positively rated of all statements in both years, with the positive responses also decreasing from 81.8% in 2017 (n=45) to 77.1% in 2018 (n=64).

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[90] Ralf Schwarzer, Gerdamarie S. Schmitz, & Gary T. Daytner, 1999. *Teacher Self-Efficacy* [online] Available at: http://userpage.fu-berlin.de/~health/teacher_se.htm

Statement 1	I am convinced that I am able to successfully teach all relevant subject content to even the most difficult students
Statement 2	I know that I can maintain a positive relationship with parents even when tensions arise
Statement 3	When I try really hard I am able to reach even the most difficult students
Statement 4	I am convinced that as time goes by I will continue to become more and more capable of helping to address my students needs
Statement 5	Even if I get disrupted while teaching I am confident that I can maintain my composure and continue to teach well
Statement 6	I am confident in my ability to be responsive to my students needs even if I am having a bad day
Statement 7	If I try hard enough I know that I can exert a positive influence on both the personal and academic development of my students
Statement 8	I am convinced that I can develop creative ways to cope with system constraints such as budget cuts and other administrative problems and continue to teach well
Statement 9	I know that I can motivate my students to participate in innovative projects
Statement 10	I know that I can carry out innovative projects even when I am opposed by sceptical colleagues

Table 16 - Self-efficacy survey statements
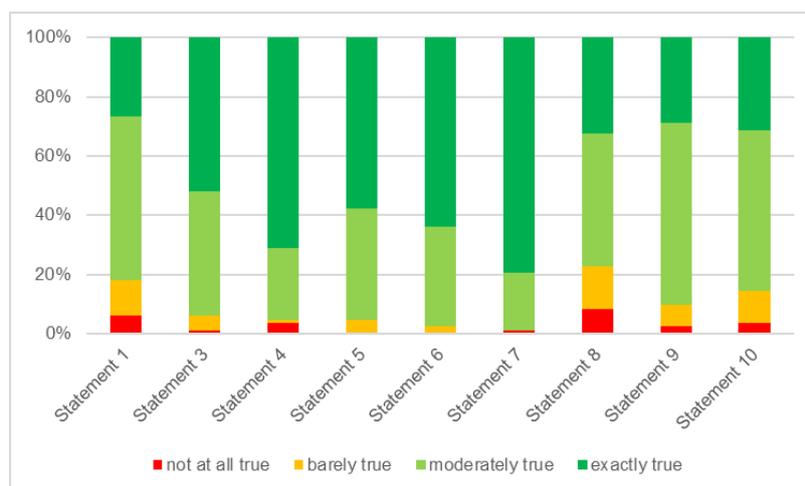
Chart 103 - 2018 survey responses by statement[91]
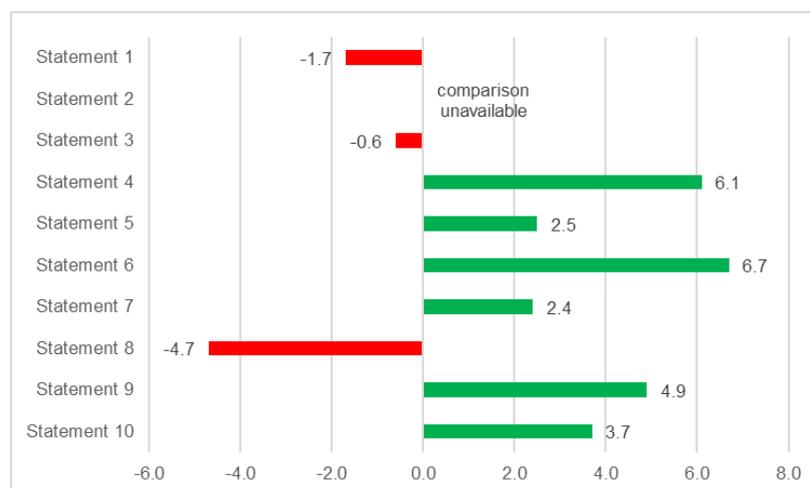
Chart 104 - Positive response differences 2017 vs 2018

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[91] Responses for Statement 2 are unavailable for 2018 due to a technical error

School staff supporting student's emotional wellbeing

As detailed in the Case for Investment[92], young people were clear on what they need to support their mental wellbeing, and HSK pledged to focus on building a sustainable system where every young person in Kent will be able to say with confidence:

"People around me understand wellbeing and how to promote it";
"My overall wellbeing is not impacted by the pressure to achieve and to 'be perfect";
"There is always someone for me to talk to".

When the Young Evaluators at St John's Catholic Comprehensive in Gravesham collated views of young people relating to how school staff were supporting their emotional wellbeing, 64% of respondents (n=53) agreed there was an adult in school they felt they could talk to if they were feeling low.
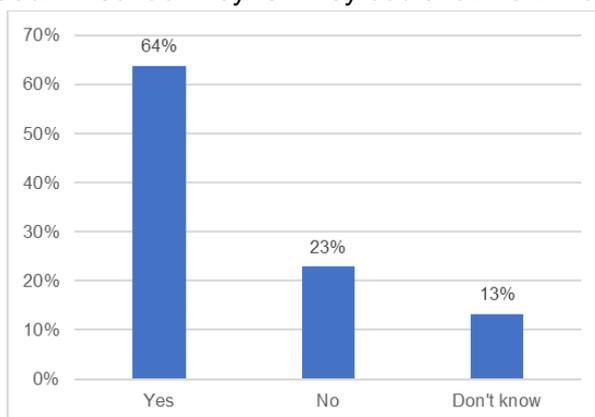
Chart 105 – Is there an adult at school to talk to if you were feeling low

64% of respondents (n=53) also felt that teachers in their school react 'very well' or 'reasonably well' in situations regarding student's wellbeing.
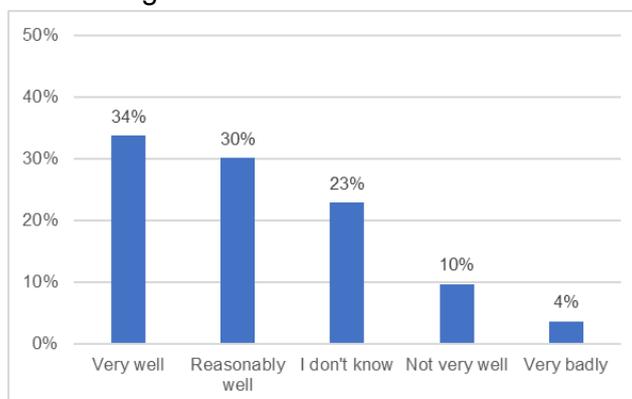
Chart 106 – How well students think teachers react in situations regarding student's wellbeing

Facilitating system-wide change summary

Being at a relatively early stage in the programme, limited evidence to suggest a system-wide change in attitudes towards mental wellbeing among young people is expected, however, initial indications show that HSK is making progress towards this ambition.

During the EHPS implementation interviews an expressed expectation was that schools and communities would be willing to invest in the programme, as it was the perception of some staff that services delivering mental health support to young people are overwhelmed, resulting in those working with young people now exploring for alternative ways to assist them. Another expectation expressed by staff was that HSK provides schools and communities with the tools needed to enable them to better

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[92] KCC (2016) *HeadStart Kent Phase 3: Case for Investment p43.*

understand wellbeing issues and take a lead in supporting young people, as opposed to referring onto other services. One staff member commented that schools acknowledged cultural change is needed and welcomed assistance in doing this from HSK through the training provided.

During the school implementation interviews one staff member described how HSK had influenced their thinking around emotional wellbeing and recognised the programme had provided the opportunity for the HSK schools to regularly meet as a community to discuss the agenda, which may not have happened in the absence of HSK. Respondents to the staff survey detailed how access to staff training, grant funding and the additional HSK interventions had benefitted their work with young people. School staff explained during the implementation interviews how HSK was running alongside established systems to support young people and added to the suite of support available. It was also explained that HSK had aided in further developing support already in place for young people through resources provided by the programme.

Overall, respondents to the training survey reported confidence in applying learning from the training to their work with young people and also reported they felt more confident supporting young people's emotional health and wellbeing as a result of the training.

Staff responding to the self-efficacy survey in Swale and Gravesham HSK secondary schools tended to answer in a positive manner to all statements rather than negatively. The statement rated most positively both this year and last year related to staff feeling they can exert a positive influence on the personal and academic development of their students. When comparing responses year on year, the most improvement was shown in relation to staff confidence in their ability to be responsive to student needs when they are having a bad day. However, their ability to develop creative ways to cope with system constraints, such as budget cuts and other administrative problems and continue to teach well, was the area staff reported to feel least positive about this year, with positive responses to this statement also decreasing the most compared to last year.

The results collated by the Young Evaluators at St John's Catholic Comprehensive in Gravesham showed that 64% of young people surveyed felt there was an adult in their school they could talk to if they were feeling low and 64% also felt that teachers in their school react very well or reasonably well in situations regarding student's wellbeing.

Appendix 1 – HeadStart Kent Theory of Change

Updated: 14/02/2017

Column headers: Population | Approach | Activities | Output | Mechanism | Outcomes | Impact

Left-side rows: VISION | Need/Issue | Aim

VISION
By 2020 Kent young people and their families will have improved resilience, by developing their knowledge and lifelong skills to maximise their own and their peers' emotional health and wellbeing; so to navigate their way to support when needed in ways which work for them

Need/Issue
Leadership/Visibility/Lobby

Consistent, domains-based approaches across universal and additional services (schools and communities)

Aim / Bands

KENT-WIDE — Improved emotional wellbeing and resilience through activities which promote cultural change

UNIVERSAL PLUS — Improved attendance & academic achievement to ensure young people in Kent are equipped to maximise their potential

ADDITIONAL — Improved emotional wellbeing & resilience of targeted young people; specifically for those who have/are experiencing domestic abuse....

KENT-WIDE

Population: School staff & Practitioners (incl. Refuge workers, EHPS, and VCS supporting parents/young people), Public (incl. young people and families)

Approach: Enable consistent Kent-wide principles and approach — 8 Principles, Domains based, Framework, Co-production

Activities: Resilience PRACTITIONER? Hub
1. Kent Resilience Toolkit (& Quality Mark/Brand)
2. Peer Mentoring Toolkit
3. Menu of Services on mental well-being and resilience
4. Marketing & Communications (key messages)
5. Design & provide training:
   - Mindfulness
   - Domains
   - Youth Mental Health First Aid

Output:
- Toolkit, quality mark, menu of services created and accessible
- Number of school staff & other practitioners complete training (Subset of total)
- Number of settings awarded Quality Mark

Mechanism: Improved practitioner knowledge/skills/confidence

UNIVERSAL PLUS

Population: School staff, Local Practitioners, Pupils 10-16 & their parents/carers

Approach: Empower schools & communities to enable well-being in young people — 8 Principles, Domains based, Framework, Co-production

Activities: School staff/practitioners are trained in above (4); Local HeadStart workers (leadership/role modelling for practitioners)
1. Safe spaces
2. Mindfulness in lessons
3. Peer mentoring
4. On-line counselling

Output:
- Number of school staff & other practitioners complete training
- Practitioner domains-based discussion & facilitate access to universal plus and additional for at-risk young people ('nudging')

Mechanism: Practitioner behaviour: use skills/approaches to improve identification of children who are at risk of poor well-being

ADDITIONAL

Population:
- Young people receiving school or community 'nudge'
- Young people identified by concerned parents / carers
- Young people 10-16 in Refuges
- Young people 10-16 in families with DVA

Approach: Enable young people at risk to navigate their way to support — 8 Principles, Domains based, Framework, Co-production

Activities:
1. Activity-based mentoring - paid mentors
2. Activity-based mentoring - volunteer mentors
3. Systemic family group work
4. Systemic family individual work
5. Talents and interests
6. DVA (under development): Pyscho-education activity (incl. conflict resolution) based on local assets

CRU notifies HeadStart school-based lead of young person with DAI

Refuge practitioner contact local HeadStart staff / link with school

Output:
- Number of young people taking up activity-based mentoring
- Number of families engaged

Mechanism: Increased experience of protective domains (external, supporting resilience) *(Resilience Scale)*

Outcomes & Impact

- Change in school/ professionals response to vulnerable young people (< exclusions)
- Improved engagement in school *(attendance)*
- Improved achievement *(Attainment progression & GCSEs)*
- Socially significant improvement in mental well-being *(WEMWBS)*
- Decrease in maladaptive/ risky behaviours *(Offending) (Admissions)*
- Reduction in the onset of diagnosable mental health disorders *(SDQ)*
- Improved employability

Appendix 2 – April 2017 to March 2018 Reach Reporting (part 1)

KENT HEADSTART
Quarter 4 - April 2017 to March 2018

ORGANISATIONS / STAFF

	Since inception	Current year projections	Current year to date
HS secondary schools informed	43		
HS primary schools informed	41		
Non HS secondary schools informed	19		
Non HS primary schools informed	49		
Other school settings informed	4		
Community (VCS) organisations informed	179		
Statutory services informed	58		
Private sector organisations informed	2		
HS secondary schools engaged	23	18	23
HS primary schools engaged	27	35	27
Non HS secondary schools engaged	4	7	4
Non HS primary schools engaged	33	14	33
Other school settings engaged	0	2	0
Community (VCS) organisations engaged	64	3	64
Statutory services engaged	26	21	26
Private sector organisations engaged	2	2	2
Secondary school staff informed	1373		
Primary school staff informed	178		
Community staff informed	1111		
School staff taking up training	1336	349	1336
Community staff taking up training	506	150	506
Total taking up training	**1842**	**499**	**1842**
School staff completing training	1336	349	1336
Community staff completing training	506	150	505
Total completing training	**1842**	**499**	**1841**

YOUNG PEOPLE

	Since inception	Current year projections	Current year to date
Young people informed	25637		
Young people participating	889		
Twitter followers	1071		
YP in schools benefitting from Universal support	14589	13,989	13823
YP in school identified as requiring additional support	681	468	674
YP in community identified as requiring additional support	138	83	136
Total YP identified as requiring additional support	**819**	**551**	**810**
YP recruited to additional support (deemed appropriate)	367	540	354
YP taking up the additional support	913	405	904
YP completing the additional support in a planned way	884	324	882

ADDITIONAL (UNIVERSAL+) SUPPORT		

DOMAINS CONVERSATIONS

YP identified as requiring a domains conversation	819	*551*	810
YP requiring domains conversation and it is deemed appropriate	367	*540*	354
YP taking up domains conversation	367	*540*	354

1:1 work with HeadStart worker

YP identified as requiring 1:1 work with a HeadStart worker	114		105
YP requiring 1:1 work with a HeadStart worker and it is deemed appropriate	114		105
YP taking up 1:1 work with a HeadStart worker	114		105
YP completing 1:1 work with a HeadStart worker	81		72

SAFE SPACES

YP identified as requiring safe spaces	173	*331*	169
YP requiring safe spaces and it is deemed appropriate	171	*324*	167
YP taking up safe spaces	8	*243*	8

PEER MENTORING

YP identified as requiring peer mentoring	119	*234*	115
YP requiring peer mentoring and it is deemed appropriate	114	*117*	110
YP taking up peer mentor training	232	*59*	171
YP completing peer mentor training	232	*44*	171

ONLINE SUPPORT

YP identified as requiring online support	119	*486*	116
YP requiring online support and it is deemed appropriate	118	*486*	115
YP taking up online support	809	*759*	809
YP completing online support	809	*759*	809

TARGETED (ADDITIONAL) SUPPORT		
YP identified as requiring targeted (additional) support	191	*270*	188

VOLUNTEER MENTORS		
YP identified as requiring a volunteer mentor	91	*303*	90
YP requiring a volunteer mentor and it is deemed appropriate	47	*288*	47
YP taking up volunteer mentoring	18	*64*	18
YP completing volunteer mentoring	0	*51*	0
YP not completing or no longer engaging	2		2

INTENSIVE MENTORS		
YP identified as requiring an intensive mentor	129	*259*	129
YP requiring an intensive mentor and it is deemed appropriate	110	*233*	109
YP taking up intensive mentoring	73	*84*	73
YP completing intensive mentoring	9	*67*	9
YP not completing or no longer engaging	7		7

TALENTS AND INTERESTS		
YP identified as requiring talents and interests	84	*331*	82
YP requiring talents and interests and it is deemed appropriate	81	*264*	79
YP taking up talents and interests	14	*48*	14
YP completing talents and interests	6	*43*	6
YP not completing or no longer engaging	0		0

PARENTS / CARERS		
	Since inception	*Current year projections*	*Current year to date*
Parents informed	31733		
Number of parents / carers identified as requiring the programme element	67	**519**	64
Number of parents / carers actually taking up the programme element (family work - systemic)	53	**467**	50
Number of parents / carers completing the programme element in a planned way	18	**374**	18
Parents / carers not completing or no longer engaging	0		0

Appendix 3 – Reach Definitions

Informed organisations / staff	Has received communication (face to face or online through emails etc) regarding the programme. E.g. A representative from a community group attends a workshop giving them an overview of the programme
Informed YP	Those in a universally benefitting school and those informed about the programme not at universally benefitting schools.

	Big Lottery Fund definition	Local definition
Secondary schools engaged	Number of secondary schools that are actively signed-up to the programme and directly involved in one or more HeadStart programme elements beyond the WMF.	A school has received training OR are submitting records of domains conversations OR have received funding through Pay it Forward OR Talents & Interests.
Primary schools engaged	Number of primary schools that are actively signed-up to the programme and directly involved in one or more HeadStart programme elements beyond the WMF.	A school has received training OR are submitting records of domains conversations OR have received funding through Pay it Forward OR Talents & Interests.
Other school settings engaged	Number of other school settings that are actively signed-up to the programme and directly involved in one or more HeadStart programme elements beyond the WMF.	Receiving money or training through HeadStart
Community organisations engaged	Number of community based organisations that are directly involved in delivering one or more HeadStart programme elements or are partnered to the programme	Receiving money or training through HeadStart
Statutory services actively engaged	Number of statutory services that are directly involved in one or more HeadStart programme element.	Receiving money or training through HeadStart
Private sector organisations engaged	Number of private sector organisations that are directly involved in one or more HeadStart programme element. *NB: Organisations registered with both the Charity Commission and Companies House should be captured as community based organisations above.*	Receiving money or training through HeadStart
YP in schools benefitting from Universal support	Number of young people (aged 10-16) involved in the universal programme in schools and / or community based organisations. (This may include some Year 5 pupils where appropriate)	A secondary school has completed their whole school training, done their first draft action plan AND have a safe space / peer mentoring programme is being set up; a primary school's nominated persons have attended the HeadStart community workshop (which gives an overview of the programme and how to hold a domains conversation), they have completed their first draft action plan, they have a safe space set up and they have peer mentoring programme set up (or is being set up). PLUS young people participating but NOT in a HS school that is benefitting universally

HeadStart Pathway: School Touch Points

Key
- Observations and decisions
- New HeadStart Process

Step one
Change in behaviour / observation on young person noticed or new outside intelligence received via refuge or domestic abuse incident. Protocols to identify vulnerable young people in place.

- Year 6 -7 transition
- Concern about behaviours, attitudes or appearance
- Change in behaviours
- A concern raised by pupil with: a peer/member of school staff

Step two
School records information and concern

Step three
- Domains conversation between pupil and school
- Details recorded on Domains Lite
- Set review date
- Action taken by school to support young person: opportunities, specific peer mentors, safe spaces, mindfulness, online counselling

If required

Escalate if safeguarding concern is raised.

In school support identified

Community support identified

Opportunities taken up by young person

School gains parental consent when needed

School records opportunities discussed

Record details on Domains Lite

Step four
Review meeting between school and pupil to review actions/progress on Domains Lite. School records opportunities taken up for purpose of evaluation. Record outcomes.

Progress made against actions

No progress made against actions

Maintained universal

Step five
Actions are reviewed, amended and updated. Option to involve parents/carers. New review date is set.

Young person and school agree to involve family

Step six
School/HeadStart worker facilitates school pupil and family meeting

Get consent where needed

Step seven
Domains Lite updated with actions and outcomes

- HeadStart Kent commissioned services
- Early Help Worker
- Youth Hubs
- Ref to Adult Services
- Ref to Voluntary and Community Sector (VCS) in your locality
- Commissioned Voluntary and Community Sector (VCS) in your locality

Step eight
School/HeadStart facilitate school, family and pupil review meeting

Progress, actions, outcomes are recorded

Progress made against actions

No progress made against actions

Maintain universal

Discuss next steps

Mental health and wellbeing

Survey	Subscale	Question	Min score	Max score	Low Range	Slightly Elevated Range	High Range
Strengths and Difficulties Questionnaire	Emotional difficulties	I get a lot of headaches, stomach-aches or sickness I worry a lot I am often unhappy, down-hearted or tearful I am nervous in new situations. I easily lose confidence I have many fears, I am easily scared	0	10	0-5	6	7-10
Strengths and Difficulties Questionnaire	Behavioural difficulties	I get very angry and often lose my temper I usually do as I am told I fight a lot. I can make other people do what I want I am often accused of lying or cheating I take things that are not mine from home, school or elsewhere	0	10	0-3	4	5-10
Strengths and Difficulties Questionnaire	Difficulties with peers	I am usually on my own. I generally play alone or keep to myself I have one good friend or more Other people my age generally like me Other children or young people pick on me or bully me I get on better with adults than with people my own age	0	10	0-3	4-5	6-10
Strengths and Difficulties Questionnaire	Attention difficulties	I am restless, I cannot stay still for long I am constantly fidgeting or squirming I am easily distracted, I find it difficult to concentrate I think before I do things I finish the work I'm doing. My attention is good	0	10	0-5	6	7-10
Short Warwick Edinburgh Mental Wellbeing Scale	Positive wellbeing	I've been feeling optimistic about the future I've been feeling useful I've been feeling relaxed I've been dealing with problems well I've been thinking clearly I've been feeling close to other people I've been able to make up my own mind about things	7	35			

Appendix 5 – WMF Survey Questions (part 2)

Emotional strengths and skills

Survey	Subscale	Question	Min score	Max score	Low Range	Slightly Elevated Range	High Range
Trait Emotional Intelligence Questionnaire	Managing emotions	I find it hard to control my feelings	6	42			
		I change my mind often					
		I'm able to deal with stress					
		I can control my anger when I want to					
		Sometimes, I get involved in things later I wish I could get out of					
		I try to control my thoughts and not worry too much about things					
Student Resilience Survey	Problem solving	When I need help, I find someone to talk to	3	15			
		I know where to go for help when I have a problem					
		I try to work out problems by talking about them					
Perceived Stress Scale	Coping with stress	In the last month, how often have you felt that you were unable to control the important things in your life	0	16			
		In the last month, how often have you felt confident about your ability to handle your personal problems?					
		In the last month, how often have you felt that things were going your way?					
		In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?					
Student Resilience Survey	Goal setting	I have goals and plans for the future	2	10			
		I think I will be successful when I grow up					
Student Resilience Survey	Empathy	I feel bad when someone gets their feelings hurt	2	10			
		I try to understand what other people feel					
Strengths and Difficulties Questionnaire	Helping others	I try to be nice to other people. I care about their feelings	0	10			
		I usually share with others (food, games, pens etc.)					
		I am helpful if someone is hurt, upset or feeling ill					
		I am kind to younger children					
		I often volunteer to help others (parents, teachers, children)					

Appendix 5 – WMF Survey Questions (part 3)

Support networks								
Survey	Subscale	Question	Min score	Max score	Low Range	Slightly Elevated Range	High Range
Student Resilience Survey	Family support	At home, there is an adult who is interested in my school work					
		At home, there is an adult who believes that I will be a success					
		At home, there is an adult who wants me to do my best	4	20			
		At home, there is an adult who listens to me when I have something to say					
Student Resilience Survey	Community support	Away from school, there is an adult who really cares about me					
		Away from school, there is an adult who tells me when I do a good job					
		Away from school, there is an adult who believes that I will be a success	4	20			
		Away from school, there is an adult who I trust					
Student Resilience Survey	School support	At school, there is an adult who really cares about me					
		At school, there is an adult who tells me when I do a good job					
		At school, there is an adult who listens to me when I have something to say	4	20			
		At school, there is an adult who believes that I will be a success					
Student Resilience Survey	Peer support	Are there students at your school who would choose you on their team at school					
		Are there students at your school who would tell you you're good at doing things					
		Are there students at your school who would explain the rules of a game if you didn't understand them					
		Are there students at your school who would invite you to their home					
		Are there students at your school who would share things miss you if you weren't in school with you					
		Are there students at your school who would help you if you hurt yourself					
		Are there students at your school who would miss you if you weren't in school	13	65			
		Are there students at your school who would make you feel better if something is bothering you					
		Are there students at your school who would pick you for a partner					
		Are there students at your school who would help you if other students are being mean to you					
		Are there students at your school who would tell you you're their friend					
		Are there students at your school who would ask you to join in when you are all alone					
		Are there students at your school who would tell you secrets					
Student Resilience Survey	Participation in community	Away from school I am a member of a club, sports team, church group, or other group					
		Away from school I take lessons in music, art, sports, or have a hobby	2	10			
Student Resilience Survey	Participation in home and school	I do things at home that make a difference (i.e. make things better)					
		I help my family make decisions					
		At school, I decide things like class activities or rules	4	20			
		I do things at school that make a difference (i.e. make things better)					

Appendix 6 – Case Study: Participation in HSK

Lexi had recently moved to Canterbury. There were concerns over social isolation. Lacking confidence and feeling stressed Lexi was finding it difficult to cope with the recent changes of not only a new home and area, but the loss of friends and having to make new ones.

Introduced to HeadStart by Canterbury AC Youth Centre lead, Lexi was informed about HeadStart and the website. Training to be on an interview panel was being offered which would lead to interviewing of new staff as part of HeadStart recruitment and it was suggested it may be something Lexi would be interested in. Lexi agreed saying *"I found it really useful, interesting and fun"*. One of the participation workers who was supporting on the interview panel, told Lexi about SpeakOut and that there was one due to start in January. Fortunately, some of the young people that had also been involved in the interviewing were also attending, so Lexi went along and got to meet some new people too. Lexi now attends SpeakOut every month which has really helped her confidence.

Lexi said, *"It made me look at things [interviews] differently and I think it will help when I apply for jobs in the future. I feel calmer now, more settled and better able to deal with when I'm feeling stressed because I'm more aware of it and have learnt to take time out for me to de stress. This really helps. More people need to be more self-aware and supported to look after themselves, in the way that HeadStart and the school has helped me".*

Teddy initially would not engage with Early Help or other professionals. He was at a very low point at the time of referral around November/ December last year and had attended A&E on a couple of occasions presenting with low mood/ suicidal ideation. This was triggered by the separation of his parents and an unhealthy relationship.

Teddy's sister mentioned that he had a keen interest in basketball. The HSK SEHW just happened to be a basketball coach and so was able to persuade Teddy to engage by going to the park and shoot some hoops. Following this Teddy revealed some initial thoughts and feelings around low self-esteem, family issues and relationship issues. Teddy then agreed to meet the EHW in school. The school allowed the use of the school basketball court at lunch time in an effort to encourage Teddy to engage with support. Following the game Teddy agreed to complete the Domains tool. Teddy's resilience domains revealed that he had a lot of red and yellow around Secure base, Education, Friendships and low mood/ self-esteem. He was offered further one to one support from EHW, Online counselling from Kooth for times when he was feeling low at home and they discussed his interest in basketball and around him joining a club and possibly getting a Talents and Interests grant.

Teddy continued to engage with HSK SEHW around self-esteem, resilience, healthy relationships and anger management. Teddy also attended a basketball club where he really enjoyed the session and ended up becoming a player for the team. He has played in two games so far and was key player in one of their recent wins. Teddy has developed good friendships with other teammates, which has been good in boosting his self-esteem and surrounding him with a positive and supportive peer group. A Talents and Interests grant has been applied for to cover the costs of playing for the basketball sessions and his kit.

As a result of the HSK SEHW support and also accessing online counselling, Teddy has developed into a happier and more resilient young person. He has had no further attendances to A&E and his school attendance has also improved from not attending at all to almost on a full timetable again. Teddy has also developed positive friendship with peers and a positive social activity in joining the basketball team.

CAMHS reported that Teddy did not need any specialist support due to engaging well with Early Help/ HeadStart.

The school advised Teddy's school attendance has improved and there have been no behavioural concerns.

Teddy is pleased with his progress and feels he is in a much better place than at the time of referral. He has developed his emotional wellbeing and resilience and is now dealing with situations and his emotions in a healthier way. Teddy is more settled in his personal life and is pleased to have made some friends at the basketball club. Teddy says his relationship with family members has improved and things are better at home.

Teddy's mother and siblings have noticed a positive change in his emotional wellbeing and relationships have improved.

Appendix 8 – Case Study: Intensive Mentoring *(internal use only)*

Amelia is 15 years old and living with her Mum. Amelia has a good relationship with her Mum and enjoys spending time with her friends.

Amelia was referred to the Intensive Mentoring service by the pastoral manager at her school due to challenges in her school and social life. Since returning to school for Year 11 Amelia has been struggling to settle and make progress in lessons. Her attendance was very concerning for this stage of her school career.

There have been a couple of significant events within her friendship group which she is finding very difficult to rationalise. She experienced two teenage suicides within her friendship group in a short timeframe (2 weeks) and because of this she has been experiencing low and unpredictable moods. Amelia has also verbalised some teenage behaviours, including arguments with Mum.

Amelia started the sessions very well and they were tailored for her focussing on how to deal with her feelings, but mainly finding the positives in her life and things that she is thankful for. The sessions focussed on realising potential by looking at strengths. Amelia is always engaged in the sessions, willing to talk about things, and participate with the activities such as the feeling box, breathing/relaxation techniques, and friendship skills. Amelia has been very open and honest with her responses, and always says 'thank you' at the end of every session.

Mum is very supportive of Amelia. She is willing to help complete the tasks I have set for Amelia, such as saying something positive to Amelia about her day. Mum just wants what's best for her daughter. Mum had also been interested in Amelia seeing a counsellor and details for local services were provided, however, the family decided not to pursue further.

Amelia has had her mock exams and feels more confident for the exams coming up. Her confidence has seemed to improve as she's now focusing on the positives in her life, and through our sessions has found the people and activities that build up her confidence. She loves running and would like to pursue a career in travel and tourism. She is hoping to go to college in the summer.

Charlie was referred to the Year 7 Family Focus Transition programme and identified for the additional support by the Head of Year 7.

Charlie started at secondary school in September 2017. It was noted during Term 1 that he appeared to be struggling with some of the demands of transition. For example, arriving late frequently after returning home to collect books or equipment that had been forgotten. The reasons were not obvious. Although some of the organisation issues had already been resolved by time of referral, school felt additional support would be beneficial to build resilience and prevent problems emerging later in the year. Charlie has an older sibling in the school who had struggled and started refusing to attend in Year 8 resulting in a brief period of Social Services involvement.

The family were unable to attend Week 1 due to prior commitments. Charlie was therefore offered a 1:1 session in school, whilst both Mum and Charlie attended a home session prior to Mum coming to the second whole family session in Week 4. Charlie has since attended three Year 7 group sessions and a family session. The family session was also attended by both Mum and Dad who was visiting from out of area for a few weeks.

In addition to the structured group programme the family have also been offered support tailored to their personal goals. This offering included a 1:1 session with Charlie in school, a session with Mum and Charlie at home, email conversation with Mum and texts supporting family engagement. Both Mum and Charlie were signposted to support through Kooth online counselling services.

During intervention, it became apparent that Charlie was experiencing considerable social anxiety. This was particularly evident in forming new friendships. By November 2017 he was unable to identify any friendship group at school. He had transferred with one friend from primary school but felt this friend had now moved on to new social groups. Charlie was very tearful when discussing this and his anxiety was impacting on his participation in new opportunities such as after school groups. He had started to develop a core belief that he couldn't make friends.

During group sessions, learning supported Charlie in areas such as communication, including how our body language might cause others to react to us. He also explored ways of managing difficult emotions. He spent time with his Mum and Dad creating 'success steps' to help him reach his goal to feel more confident speaking to other people and making friends. During a session exploring how our thoughts about something impact our feelings and our behaviour, the group worked together at problem solving ways to alter outcomes from the belief 'I'm not good at making friends'.

School were unaware of the anxiety Charlie is experiencing. He finds articulating his emotions very difficult. His behaviour in school is generally excellent and does not draw attention to his needs. As he finds articulating his emotions difficult, it was unlikely that he would have actively sought support prior to a crisis. Mum was unaware of how challenging he was finding it until discussions in a home visit. Through participation in the programme, both his Head of Year and the Welfare Team were made aware. This enabled them to consider how universal school support could be put in place to support him to develop his social networks and confidence. This includes considering how he can be encouraged to participate in extra- curricular activities and making staff leading a school trip aware of his difficulties to support him to engage.

Mum and Dad were more aware of the issues he was experiencing and create opportunities for him to share his feelings and think about how change things. Mum was completely unaware until the programme that Charlie was feeling that he needed to take responsibility for collecting his sister after school, preventing him from attending after school groups. When this issue was discussed in a session with them at home, she spent time exploring this with him, where his ideas had come from and reassuring him that his sister was not his responsibility as there was a clear and agreed after school care plan in place for her. Mum was planning to ensure Charlie was confident to set up an account with Kooth so he can access ongoing support.

Charlie had opportunities to participate in informal peer support conversations both before, during and after sessions. This included discussions on what it is like when you feel lonely or 'picked on' during lunch time and a discussion with another member of the group about how to access sports activities that Charlie is interested in attending. Having time and a small group environment to share feelings and experiences has increased his confidence at speaking in front of other Year 7 students and normalising common experiences during the secondary transition programme.

Charlie was very positive overall about the changes in his friendships. He felt he had finally been confident enough to make two friends on the school trip. It seemed that the school had thought carefully about which group to put him in and he had found people that he had things in common with. In the groups on friendship later in the programme he had been able to articulate what had happened and how he felt about meeting some friends to the rest of the group. He reported that talking to these two boys had continued at school beyond the trip and after the 2-week Christmas break. During the final review meeting we spent time talking about how he could continue to develop these relationships going forward.

By the end of the programme he was also attending an after school group that he had been too anxious to go to previously. Mum reported that she had notice significant improvement in the way he was talking about school and felt he was much more confident. By the end of the programme school felt that all of the initial issues that had triggered the referral were no longer ongoing concerns.

All technical appendices can be provided on request.

- Methodology – Stakeholder survey
- Methodology – Reach
- Methodology – Training survey
- Methodology – Wellbeing Measurement Framework
- Methodology – Teacher self-efficacy survey
- SDBI Children and Young Person's Integrated Data Model Data Summaries
- MOSAIC Group Summary

Other documents referenced:
- Risk, Assumptions, Issues and Dependencies Log 01/05/2018
- Lessons Log 30/01/2018
- MOSAIC Secondary School Nearest Neighbour 2017

Strategic Business Development and Intelligence deliver a range of analytical reports to support evidence based decision making and improved commissioning of services. The reports we produce use systematic and rational approaches to research and analysis, combining data from relevant sources to enable stakeholders to have more confidence in their choices.

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