



# HeadStart Programme

## Qualitative Insight Report

Additional support – Provider and young person's perspectives

May 2019

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# Executive Summary

This report is the output of interviews conducted with additional support delivery partners commissioned by HeadStart Kent (HSK) and young people who have received the support. The support provided through Level 3 of the programme is intended for young people who require bespoke support to build their resilience, recover from trauma or adversity and improve their emotional health and wellbeing. The interviews were conducted to explore their views on how the support is delivered and experienced, with a view to learn what is working and identify any opportunities for change.

Findings are based on six in-depth interviews with young people conducted in February 2019 and nine in-depth interviews with delivery partner staff conducted in March 2019. Thematic analysis was applied across six key themes with the related issues identified below.

## Staff experience, aims and approach

Staff feel supported and have sufficient training to carry out their roles. However, additional training could be beneficial where gaps have been identified. A number of staff explained how they were using the tools and training provided through HSK in their work with young people.

The approach to delivering the support was explained by staff as being led by the young people and adapted to their individual needs. They also stressed how it is a confidential non-judgemental space for young people to talk.

Most staff mentioned how the approach was either focussed on the individual strengths of the young people or based around their hobbies and interests, with goals being set in agreement with them.

## Implementation and referrals

Most staff members remarked how there was initially a low volume of referrals, however this increased, and some explained how they now had waiting lists. Some recalled administrative or logistical challenges in setting up the intervention during mobilisation and expressed that a period of grace in the contract before supporting young people may have been beneficial.

Staff mentioned how some schools were proactive at referring, while others were not, and they detailed various potential reasons for their reluctance to be involved. They explained how they took an active role in building relationships, particularly with schools, to raise awareness and understanding of the support they provide.

Several staff remarked that it seemed schools were referring to multiple services at the same time to get external support for their students and explained how this could potentially cause confusion for the young people and parents/carers when numerous different services subsequently contact them. When discussing with the young people interviewed how they were introduced to the support, they all understood why they were referred and also welcomed the support.

A number of staff mentioned how completed referral forms were a useful starting point for their work with young people.

### Level of need

Staff explained that the level of need and issues faced by young people accessing the support varied depending on the individual. However, the overall main themes related to managing emotions, specifically issues with anger, anxiety, stress regarding school pressures, confidence or relationships at home. They also commented that a high proportion of young people had autism or ADHD. At least one or more of these characteristics were also reflected by the young people interviewed.

Staff stated that the level of need of some young people referred was higher than appropriate for the support they provide and explained how they were refusing these, sending them back or referring onto more specialist services. They commented how the perceived changes to the Early Help support levels and other services being overstretched could be affecting the volume and level of need of those being referred.

The staff explained how it could be challenging when what initially seemed like a low-level referral could escalate after a relationship of trust was built with the worker and more serious issues were disclosed. Some staff remarked how in these cases they would refer onto more suitable services.

They mentioned how the young people receiving support often came from complex families, particularly those going through transition, which may have affected the level of parental engagement. They also remarked how the young people they support, or their families, have historically or are currently receiving support from the school or other services, which was the case for all but one of the young people interviewed.

### Delivery of support

Staff explained how the support was usually delivered on a weekly basis in school or the community dependant on the needs of the young person, which was echoed by the young people interviewed. Some staff did express that providing support within the school sometimes restricted their approach.

The young people who were mentored all received support on a one to one basis and some mentioned this was preferable to group work as it better suited their individual needs. The staff also expressed that one to one support was more appropriate as young people have varied needs, however they remarked that thematic group work could be suitable if needs were similar. Both the staff and young people involved in the transition support explained how a group situation was challenging at times when there were differing needs within the group.

Staff explained how the sessions were predominantly led by the young people and based around their goals or needs. They illustrated how the sessions consisted of discussion with a solution focussed approach to dealing with difficulties. Games and crafts were used to engage the young people, and some were also supported to develop their talents and interests. There were

differing responses when the young people were asked what they liked about the sessions, with some preferring emotional support and others the practical support, such as writing CVs.

Most of the young people voiced they would have liked the support for longer and explained how they experienced a decline in their wellbeing after the support ended. However, some described how the worker continued to support them informally or they had been referred onto other sources of support. Several staff expressed there was a need for flexibility in the length of time young people are worked with, as some require longer and others less.

Staff detailed various ways they were ensuring the young people continued to be supported following the intervention, with some directing them to other trusted adults and others supporting them to navigate their way to community support or talents and interests. The young people were aware of other sources of support in school; however, the male interviewees expressed reluctance accessing this support as they did not view it as confidential.

## Outcomes

It was evident from the interviews with young people that most had built a strong relationship of trust with their worker. Staff stated that having dedicated time to talk to someone in confidence, who was not associated with the school, was the element that made support successful. They also explained how providing tools and techniques so young people better manage their emotions helped improve outcomes.

Although the young people interviewed described the individual ways the support had helped them personally, the overall themes related to the regulation of emotions, such as anger, anxiety or stress. Several detailed how they continued to use what they had learnt after the support had finished. Some young people also explained how it had helped with their relationships. In addition to helping to develop relationships with peers, the transition support also assisted the young people to gain essential life skills.

## Challenges and future development

When discussing challenges faced by staff most related to difficulties in co-ordination with schools. They explained how at times there were problems making arrangements to visit students and also a lack of availability of suitable private space in schools to deliver the support. Another challenge related to the time it takes to collect feedback from schools after the support has been provided. However, there was appreciation that school staff are busy, and this could be an administrative burden.

The continual need to recruit volunteers to ensure there is a large enough pool to make suitable matches to young people was also explained by several staff as a challenge.

The suggestions for future developments related to more support for young people within their school settings when they have a lower level of need that could be met there and also additional support for parents.

## Conclusion

After some initial administrative and logistical challenges, alongside differing levels of engagement from schools, staff explained how the volume of referrals had increased, with some now having waiting lists.

Although staff mentioned that the level of need of young people accessing support varies depending on the individual, overall themes related to managing emotions, specifically issues with anger, stress, confidence or relationships at home. Staff reported that a high proportion also have autism or ADHD and often come from complex families.

Staff explained that the level of need of those referred was sometimes higher than appropriate for the support they provide and commented that the perceived changes to the Early Help support levels and overstretched specialist services may be contributing to this.

Although staff are using tools and techniques in the sessions to help young people to achieve their agreed goals, the sessions are led by the young people and tailored to their individual needs. They usually consist of discussion and games/crafts to engage the young people.

The young people explained what they liked about the sessions and how it helped them, which differed depending on the individual. However, overall themes related to regulation of emotions, such as anger, anxiety or stress and improved relationships with family or friends.

It was evident that most of the young people interviewed had built a strong relationship of trust with their worker and staff stated that having dedicated time to talk to someone in confidence, not associated with the school, was the element that made the support successful.

Most young people voiced that they would have liked the support for longer and explained how they experienced a decline in their wellbeing after the support ended. Staff explained how they were ensuring the young people continued to be supported following the intervention by directing them to other sources of support. However, some young people expressed reluctance in accessing other support, particularly at school, as they did not view it as confidential.

The challenges expressed by staff mostly related to difficulties in co-ordination with schools and some also mentioned the continual need to recruit volunteers. The suggestions for future developments related to more support being provided to young people within their school setting and also additional support for parents.

## Context

The HSK Phase 3 Case for Investment Bid<sup>1</sup> detailed that the level 3 offer ‘will provide additional bespoke support to young people to build their resilience, recover from trauma or adversity and improve their emotional health and wellbeing. The young people supported at this level will be predominantly identified via those working with adults affected by domestic abuse. In addition they may also have experienced substance misuse or mental health services in their families. This level will also include young people whose behaviour or emotional wellbeing may not yet appear problematic, but issues in the family may impact on their wellbeing in the future.

Young people will receive one to one support from a professional, trained to help develop their resilience and support their recovery from trauma or adversity. The young person will benefit from systemic work with their family and may also benefit from a mentor to help them develop their Resilience Domains including talents and interests.’

The additional support explored in this report includes:

Support	Delivery partner	Aim	Approach
Intensive Mentoring	Salus	Mentors will support young people to build resilience to enable them to better deal with day-to-day issues and setbacks in life, have improved emotional wellbeing, and therefore empower them to feel able to reach their potential.	<p>Mentors will utilise cognitive behavioural approaches which may include elements of mindfulness. Practice will be evidence based. The approach will vary according to the needs of the young person.</p> <p>The programme should be asset focused, building on existing strengths and resources available to the young person and their family.</p>
Volunteer Mentoring	Young Lives Foundation and Porchlight	Mentors will address anxiety and emotional problems through using the resilience domains, to map a young person’s resilience and then working with the young person to support their resilience.	<p>Mentors will utilise cognitive behavioural approaches which may include elements of mindfulness. The approach will vary according to the needs of the young person.</p> <p>Mentors will encourage young people to develop the skills and if necessary, negotiate additional resources through grants such as Talents and Interests.</p> <p>The programme should be asset focused, building on existing strengths and resources available to the young person and their family.</p>

<sup>1</sup> KCC (2016) *HeadStart Kent Phase 3: Case for Investment* p7.

Support	Delivery partner	Aim	Approach
Family Focus Transition	Salus	<p>This support will develop the family's sense of resourcefulness so they can make informed and progressive decisions about how and what they need to do or access to increase the quality of their lives within the resilience domains.</p> <p>The service will aim to increase the engagement of students and carers in education. It will also aim to create systemic change in family's lives by linking family cultures/dynamics, school goals, mental health and wellbeing and community participation.</p>	<p>The intervention will vary based upon the individual needs identified for each family. The activities undertaken by each family as these are tailored to each individual case.</p> <p>The support will need to engage with the families to ensure participation and to explore areas of support that is required to enable good school transition.</p>

This report forms an agreed deliverable of the internal evaluation of HSK. It is intended to outline the findings from qualitative data collection, in the form of interviews, around delivery partner and young people's views of the additional support to gain a broader understanding of how the interventions are delivered and experienced.

Findings from the interviews will be used as evidence to answer evaluation questions which support the evaluation objective *'describe and measure the effect HeadStart has on young people and their outcomes'*.

This report aims to reflect the wide variety of engaged and enthusiastic voices encountered during these interviews, and where possible, contains anonymous direct quotes and extracts from the interviews for each point made.

# Methodology

## Interviews with young people

In November 2018 a topic guide for the interviews with young people who have received additional support from HSK commissioned services was developed. Eight young people were selected to take part in the interviews based on when the support finished, gender and self-reported wellbeing scores measured through WEMWBS<sup>2</sup>. Two young people for each intervention and delivery partner were selected.

A participant information sheet and consent form were developed with the delivery partners. The delivery partners invited the young people to be interviewed and liaised with the parents/carers and school staff to gain consent. At this stage two young people did not want to take part and alternative young people were selected and invited to participate.

Six young people were interviewed in February 2019. Four were male, two were female and they were aged between 12 and 16. Of the eight interviews arranged, two young people did not take part. One young person did not want to take part on the day and both the delivery partner and interviewer deemed it not appropriate to interview another young person due to a change of circumstances at home and school.

Interviews were held face to face with a trained interviewer following a semi-structured format, lasting between roughly 15 and 30 minutes each. This allowed for full exploration of the topic guide, which included:

- Explanation of the interview focus and approach
- Explanation of how data would be used
- Informed consent process
- Introductory questions around their age, where they live and their hobbies or interests
- An exploration of:
  - Their introduction to the intervention
  - Their experience of taking part in the intervention
  - How and why the intervention helped them
  - Any improvements that could be made

## Interviews with delivery partner staff

In December 2018 a topic guide was developed and the main contacts for each delivery partner were emailed to invite staff to participate in interviews. The selection of staff was left to the discretion of the delivery partner. However, it was suggested that some staff should be in a co-ordination role and others involved in direct delivery of the support.

Nine staff were interviewed during eight interviews in March 2019. Six staff were involved in direct delivery of the support to young people and three were in co-ordination roles.

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<sup>2</sup> Warwick Medical School, 2015. *Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)* [online] Available at: [www2.warwick.ac.uk/fac/med/research/platform/wemwbs/](http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/)

Interviews were held face to face with a trained interviewer following a semi-structured format, lasting roughly 30 minutes to 1 hour 30 minutes each. This allowed for full exploration of the topic guide, which included but was not limited to:

- Explanation of the interview focus and approach
- Explanation of how data would be used
- Informed and signed consent process
- Introductory questions around their role, length of time in the role and training or support they have received
- An exploration of:
  - Their understanding of the intervention and who it is intended for
  - Implementation
  - The referral process and take up of support
  - Delivery of the support
  - Outcomes of young people and their families
  - Potential future changes to the intervention or the HSK programme
  - Sustainability

## **Analysis**

Interviews were recorded and transcribed in full for thematic analysis. This analysis was performed following stages of data familiarisation, initial coding and development of a thematic framework for structured analysis. This framework allowed for themes to be contrasted across interviews to find overarching patterns and disparities.

The key themes resulting from this analysis are recorded in the next section.

# Key findings

## Staff experience, aims and approach

Of the nine delivery partner staff interviewed the length of time in their roles ranged from 3 months to 5 years, with a number of staff having previous experience supporting or working with young people and families.

When discussing training and professional support they receive to carry their roles, all staff expressed that support was always readily available if needed and some staff mentioned they have regular one to ones or group supervisions.

They all explained the various types of training they had received, with some detailing how they were using experience from previous roles in their current practice. One staff member expressed how it could be beneficial if additional training is provided where potential gaps in experience are identified, such as supporting young people with autism or ADHD.

A number of staff recalled how they had also participated in training available through HSK, which was well received, and were using tools such as mindfulness or Resilience Conversations in their work with young people.

*“The [training] that HeadStart provided was hugely valuable.”*

When describing the interventions and who they are intended for, most staff members explained how the support helps young people to build resilience or improve their emotional wellbeing. However, the young people they detailed as those that may benefit varied slightly across those interviewed, which was expected due to the different types of support they deliver.

When detailing their approach to delivering the support, all staff expressed that it was led by the young people and adapted to their individual needs. They also stressed that it was a confidential non-judgemental space for young people to talk and were of the opinion that this is what made the support work well.

*“...essentially this is their private, confidential space to express themselves. Although it isn't counselling, I see it first and foremost as a space for them to voice anything that they've got on their mind [...] beyond that, it will be working on any issues or concerns that they have...”*

Most staff mentioned how the approach was either focussed on the individual strengths of the young people or based around their interests or hobbies, with some explaining how they used this as a basis to engage the young people. A number of staff also mentioned that goals were set in agreement with the young people.

*“I always tailor it to what the young person would love to do and what they're passionate about.”*

## Implementation and referrals

When asked about implementation of the interventions, most staff members remarked how there were a low volume of referrals at the start. However, they explained that after this initial period they had an influx of referrals and some now had waiting lists.

*“It was a very slow start. Referrals weren’t coming in, or there was quite a long gap before things got going. That was a challenge at the beginning.”*

Some staff recalled administrative or logistical challenges in setting up the intervention during mobilisation. They expressed that an initial period of grace in the contract before supporting young people may have been beneficial to give staff extra time to recruit volunteers and have the correct paperwork and processes in place. It was also mentioned that sufficient time was needed to promote the service and gain appropriate referrals to provide the support within the contracted timescales for delivery in school terms.

Staff mentioned how some schools were proactive at referring, while others had limited involvement with the service. When discussing potential reasons for reluctance to be involved, staff remarked that they may already have similar inhouse support for students or may not want to be associated with the service as it could imply the students were having difficulties. One staff member commented that schools were unclear what the support was and felt they didn’t have enough information from HSK to be able to refer.

*“I guess there are quite a lot of schools that didn’t really want the intervention because of their inhouse staff. They said they have their own inhouse counsellors who would deal with that.”*

*“They felt like they hadn’t been informed by HeadStart properly.”*

When discussing awareness of the support among those that could potentially refer, a number of staff detailed the active role they take to building relationships, especially with schools, to ensure young people in need of support are referred. They explained how they were attending meetings and events to raise awareness and understanding of the support offered.

*“I think it is about communication and relationships between people. It’s word of mouth as well.”*

Several staff remarked that it seemed schools were referring to multiple services at the same time to get external support for their students. They explained how this could potentially cause confusion for the young people and parents/carers when numerous different services were contacting them, as well as causing confusion for the services contacting them.

Some staff also explained that at times there was an element of distrust from some parents/carers as there could be misunderstanding or an assumption that the support was linked to statutory services.

*“I think what schools often do, is they will send out lots of referrals to lots of different people and literally see who comes back first.”*

*“A lot of the parents that I’ve seen [...] didn’t know what it was about [...] then I have to explain it and then arrange to meet up. And normally, when I meet up with the parent and then the young person, the young person’s not even aware of what’s happening.”*

Although staff providing the support expressed there may sometimes be confusion among the young people and parents/carers when contacted regarding the support, when discussing with the young people who received the support how they were introduced to the intervention they all explained that they understood why they were referred and that they also welcomed the support.

A number of staff mentioned how completed referral forms, containing adequate background information, were useful as a starting point in their work with young people. One staff member stated that the person within the school who knows the student best should be completing the referral form to provide robust information. However, they recognised this was not always possible depending on the arrangements within the school regarding who completes referral paperwork.

*“I take the referral form as the suggested starting point, but it’s very much a discussion to be had with the young person to actually agree the targets, because if the young person is not on board, then you’re not going to get anywhere.”*

## Level of need

All staff explained that the level of need and issues faced by the young people accessing the support varied depending on the individual. However, they described that the overall main themes related to managing emotions, specifically issues with anger, anxiety, stress regarding school pressures, confidence or relationships at home.

A number of staff also commented how a high proportion of young people with autism or ADHD were being referred and worked with.

Although the young people chosen for interview were not selected based on their level of need, their difficulties reflected the above staff experiences of young people generally accessing the support. All had emotional health and wellbeing issues and a number also had learning difficulties or autism.

*“Self-esteem and confidence are massive...a lot of the young people that have low self-esteem and confidence have then gone on to self-harm and it’s just almost like a cycle. A lot of it stems from relationships with parents [...] that’s normally the root cause of a lot of stuff for the young people. Not everyone, but a lot of the young people.”*

*“There’s always usually an ADHD diagnosis in [the referral]. Anxiety is a huge one [...] A lot of them are behavioural. Conflict at home, parents, siblings, separations. School pressures is a huge one. Exams. At least eight times out of ten there’s an ADHD diagnosis. It’s a really common theme. Anxiety or ADHD, either both or either or is on the referral somewhere.”*

Several staff stated that the level of need of some young people referred was at times higher than appropriate for the support they provide and remarked that these young people should have been directed towards more suitable services. They explained how some referrals were being refused and sent back to Early Help (EH), Children’s Social Work Services (CSWS) or referred onto more specialist services.

*“School referrals are pretty straightforward. It’s the Early Help referrals that are a little bit more risky. They are the ones that I feel like I don’t want to turn away, because they clearly need something, but they need a professional, not necessarily a volunteer mentor.”*

Staff commented how the perceived changes to the EH support levels and other services, such as CAMHS, being overstretched may have affected the volume and level of need of those being referred.

Some staff were also of the opinion that EH were referring onto HSK services when closing the case with the family to provide ongoing support to the young people.

*“...everybody’s thinking the same thing, I don’t want to drop this person, but I have to sign them off at this point, so where can I go with it?”*

Some staff explained how it could be challenging when young people who initially seemed to have a low level of need at times escalated to a higher level of need after a relationship of trust had been built with the worker and more serious issues were disclosed. Some staff remarked how in these cases they would refer onto more suitable services.

Another challenge expressed by some staff related to the criteria for referrals into the support being too broad and difficult to gatekeep.

*“...you can get a low-level referral that looks quite basic and then a month in, they spill the beans, or something happens, and it escalates [...] HeadStart hasn’t necessarily come with [a threshold]...We’ve had to gatekeep that ourselves, which has proved difficult...”*

Staff explained how the young people receiving the support often came from complex families, particularly those going through transition, which may have been a barrier and affected the level of parental engagement in the support. Some suggested that additional support for parents may be beneficial going forward. They also remarked that the young people or their families have historically or were currently receiving support from the school or other external services. This was also the case for all but one of the young people interviewed.

*“I would say that most of my referrals that I had, came from complex families, hence why they didn’t engage. Because they didn’t have the resilience themselves [...] there were lots of different barriers. You kind of lost them after that first session.”*

## Delivery of support

Staff explained how the support was usually delivered on a weekly basis in school or the community dependant on the young person's needs and agreement with them. Some staff described how they have routine times and locations where they meet with the young people.

The young people interviewed explained how the support was provided to them at school during the school day. However, one young person detailed how they were supported in the community as this was more suited to their needs and situation with schooling.

Some staff expressed how delivering support in the school environment could at times be restricting and explained how they were limited to discussion and games with the young people.

*"It can be a bit difficult in this sort of environment, but just because you're limited with what you can do. You've only got an hour and you don't want it to be a class."*

When describing their approach to delivering the support, staff stated how the sessions were predominantly led by the young person and based around their agreed goals or needs.

Most staff explained how the sessions mainly consisted of discussion, where they were listening to problems or concerns raised by the young people, advising them how to better deal with those difficulties and also teaching them techniques to help improve their resilience.

*"I very much went in with a plan, went in with resources, but if we went off that's what we did. Because it was about their session, not me as such."*

*"That's what I always say to them. It's about giving you lots of different tools and things, that when I'm not seeing you, you've still got all of these things that you can still draw upon. You don't have to be seeing me, but one of the things about resilience is asking for help when you need it."*

Staff explained how the use of games or crafts were also used alongside talking to engage the young people. This approach was echoed by the young people when interviewed. Some young people also explained how they had been encouraged and supported to develop their talents and interests.

When the young people interviewed explained what they liked about the sessions, they all had different responses which were specific to them as individuals. Some explained how they liked the emotional support, while others preferred the practical support, such as writing CVs or applying for jobs.

*“I think I’ve now got the balance reasonably good in terms of we play some games and we do some fun activities. But I also make sure that there’s plenty of time in there to be talking about what they want to talk about and for us to work through a few exercises. Usually we’ll do an exercise or two a week, just something covering stress or anger or whatever it is to help them achieving their targets.”*

All of the young people interviewed who received mentoring detailed how they were supported on a one to one basis. Some mentioned how one to one support was preferable to group work as it was better suited to their individual needs.

Staff also mentioned that one to one work was needed due to the varied needs of each young person. However, when discussing the potential of group work, some staff remarked that thematic group work could be suitable for young people with the same needs.

The broad range of needs shown by those accessing the transition intervention was explained by one staff member. They remarked how supporting young people with such varied needs in a group situation was challenging and suggested that some of the young people may have been better suited to one to one support. When interviewed, one young person recalled how they felt that disruptive behaviour from other young people in the group was challenging.

*“There was a real broad spectrum of why the children were being referred in. So as a worker that’s quite difficult to manage [...] And because the programme had been designed to deliver in groups, you had to kind of get the groups right to ensure that the children then all got something from it.”*

Most of the young people interviewed voiced that they would have liked the support for longer and explained how they experienced a decline in their wellbeing after the support ended.

However, they explained how they were either still receiving informal support from their worker or had been referred onto other sources of support. A number of staff also explained how they continued to ‘touch base’ with some of the young people they had previously been working with.

*“I learned from them for a little while, and then that was helping a bit, but then when I stopped doing that I had no-one.”*

Several staff expressed the need for flexibility in the length of time young people are worked with, as some require longer and others less to achieve their goals. One staff member suggested that the measure of success should be led by young people achieving their outcomes rather than the length of time worked with.

*“If we’ve met their need, then I think that should count as a success even though they didn’t finish the complete programme...”*

Staff detailed various ways they were ensuring young people continued to be supported following the intervention. Some staff explained how they were directing young people towards other trusted adults both inside and outside of school. Others explained how they were supporting the young people to navigate their way to community support or talents and interests.

One staff member suggested that it would be beneficial to know of the other services that support young people in the area.

*“...what else would be useful, will be knowing what other services we could refer to [...] It'd be quite useful if we had a list of other agencies there are in the area.”*

The young people interviewed were aware that other sources of support were available to them in school. However, the male interviewees expressed reluctance in accessing this support as they did not view it as confidential.

*“...I can't really tell [the teachers] most things because they'll tell other teachers and then they'll tell me to go tell more teachers about what's happened.”*

*“I hate when people gossip to other people [...] but I know with [the mentor] that's all confidential. I know that I can tell them anything and it doesn't come out that room.”*

## Outcomes

When staff were asked how the support has helped the young people, most considered that having dedicated one to one time with someone they can talk to in confidence, who was not associated with the school, was the element that made it successful.

It was evident during the interviews with the young people that most had built a strong relationship of trust with those providing the support.

*“From what [the young people] feedback, it’s having someone who isn’t anything to do with the school that is a definite plus to them. I stress to them that what we talk about is confidential. I’m not doing anything that they find really boring. They like playing the games and they just open up. They’re learning to talk through things and think about different options.”*

*“[The young people] said they quite enjoyed that it was a one-to-one sort of space without the judgment of friends or family. I suppose because it’s quite a unique relationship that you’re not parent, you’re not school [...] They’ve said, I quite like that time. It’s time for them to just be them.”*

*“I think being that person that can listen, I think that’s the biggest thing that they get out of it, that somebody’s actually taking what [they] have to say seriously or to heart...”*

A number of staff also explained how providing young people with tools and techniques to better manage their emotions had helped those who received the support to be more relaxed, happier and optimistic.

The young people interviewed described the various ways the support had helped them individually. However, the main themes related to them being better able to regulate their emotions, specifically anger, anxiety or stress. Some explained how the support had also helped with their relationships with family and friends.

Several young people detailed how they were continuing to use what they had learnt in their sessions, such as the use of mindfulness or coping mechanisms, after the support had finished.

*“[The mentor] sort of changed my views [...] about life, you know, they just said the positives out of all the aspects of it all.”*

*“The amount of support that these sessions have offered, with confidence, with everything, even my mum’s confidence with how to cope better with life in general.”*

*“[The mentor] took [the young person] to a class and that particular young person said after about a couple of months, actually I don’t need a mentor anymore, I want to be able to do this myself. So we got her a Talents and Interests grant and she’s going to go off and doing it herself. It’s being able to feel that they can achieve something that they want to.”*

One staff member explained how the support provided to young people going through transition had helped them to gain essential life skills and develop relationships with their peers. The young person interviewed explained how they liked having the opportunity to build relationships with young people from other schools.

*“The programme is good because it does build on their resilience and those life skills that they do need. During the programme they all have something in common and they could all support each other. Then friendships actually formed from those groups as well.”*

A number of staff recalled how the feedback about the support from school staff and parents/carers has been positive.

*“When it comes around to the feedback, it’s all been very positive, and it does show you that actually sometimes I don’t think you need to do that much to have a really positive impact.”*

## Challenges and future development

When discussing challenges faced by staff, most related to difficulties in co-ordination with schools. Staff explained how sometimes there were problems making arrangements to visit students and suggested there was at times a lack of availability of appropriate private space within schools to deliver the support. One young person fed back that they felt the room where the support was provided to them was not suitable as there was constant noise from other students nearby.

*“When you’re ringing up the [school] reception, it’s like a doctor’s surgery. It’s really hard to get to speak to a doctor.”*

Another area most staff described as challenging related to the time it takes to collect feedback from schools, and also parents/carers, after the support has been provided. However, there was appreciation that staff in schools are busy and providing the information required could be an administrative burden.

One staff member mentioned that the initial collection of feedback from young people may be too soon in the process as it takes time to get to know them, build a relationship and deliver the support needed. They suggested that if an additional month was added to the collection of feedback that would be more suitable and fit with the delivery of support.

*“...I think the biggest thing for me is paperwork, we get a fair bit of paperwork, but the schools just don’t do it and you keep chasing up, chasing up. That takes a lot of time...”*

Several staff explained how there was a continual need to recruit volunteers to ensure there is a large enough pool to match young people to and expressed how matching to suitable volunteers was a challenging at times.

*“It’s just constant recruitment [...] there’s always going to be waiting lists, especially with volunteers, because people have got to want to volunteer...”*

A number of staff also mentioned how they felt more development was potentially needed around parental support as parenting issues had been identified during delivery of support to the children.

*“It’s more and more apparent that there is such a wider support need [for parents] and, obviously, Early Help are a family intervention service. But we know the restraints of those as well. And there’s some that need the support but don’t necessarily meet Early Help’s threshold. I do definitely think there’s a gap there for parental support.”*

The development of support in schools, such as peer mentoring or access to safe spaces was also mentioned by several staff. They explained that rather than directing them to external support, sometimes this lower level support was all that was needed to meet the need of the young person.

*“Just having someone available [in school], whether it’s internal mentoring as well, things like that, extra support services within the school, or designated people.”*

The Strategic Commissioning Analytics team lead the authority on the process of gathering and analysing information regarding customers, in order to build deeper and more effective customer relationships and improve strategic decision making. We deliver high quality reports which combine data and analysis from relevant sources, using a wide range of professional methodologies, probing issues of interest, and drawing out valid and robust findings.

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