

HeadStart national evaluation final report

Appendix 1: evaluation approach

Evidence Based Practice Unit

A partnership of



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Introduction

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

Research questions

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

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

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

questions that were being explored by the Learning Team beyond those established for assessing impact. The research questions in Table 1 of the main report reflect updates made at this review. Within the broad aim of the programme were a number of themes which collectively told the ‘story’ of HeadStart: (1) the context and needs (nationally); (2) implementation and reach; and (3) impact. Nested within each of these themes were the detailed research questions listed in Table 1 in the main report.

To ensure that the national evaluation continued to reflect HeadStart programmes across the six partnerships over the six-year period and, importantly, to enable the exchange of information and findings between the Learning Team and the partnerships, we worked closely with the partnerships by:

- creating a Learning Steering Group which met biannually, with representation from the Learning Team, TNLCF, partnership and participation leads and other colleagues
- holding regular workshops with partnership staff members with a range of expertise (researchers, participation leads and partnership leads).

Quantitative approach

The quantitative arm of the evaluation was centered around four sources of data:

1. The [Wellbeing Measurement Framework \(WMF\)](#): a large-scale pupil survey delivered year-on-year in schools in all six partnerships across England.
2. Pupil background information: demographic information about young people who completed the WMF, retrieved from the National Pupil Database (NPD).
3. The Template for Intervention Description and Intervention (TIDieR): a template completed by partnerships, providing key pieces of information about each intervention being delivered.
4. Who Got What (WGW): a template completed year-on-year by partnerships, providing information about which young people received which intervention.

The Wellbeing Measurement Framework

What is it?

The six HeadStart partnerships implemented a wide range of interventions in terms of who they were aimed at, what they were trying to achieve, delivery mechanism and implementation. This meant that we needed a common measurement framework to measure the effectiveness of HeadStart across all the target populations, and a standardised approach to collecting information. The Wellbeing Measurement Framework (WMF) was created in 2016. It is a survey comprising a set of validated questionnaires to be completed by young people and was designed to

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

- Short Warwick and Edinburgh Wellbeing Scale (SWEMWBS; Stewart-Brown et al., 2009)
- Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997; 2001)
- Trait Emotional Intelligence Questionnaire - Adolescent Short Form (TEIQU-ASF) - Self-Regulation Subscale (Petrides et al., 2006)
- Perceived Stress Scale (PSS, four-item version; Cohen et al., 1983; Cohen and Williamson, 1988)
- Student Resilience Survey (SRS [minus the self-esteem and empathy subscales]; Sun and Stewart, 2007; Lereya et al., 2016)
- a young carer question (bespoke, see p. 9 of the [WMF](#))
- In the final year of data collection (2021), young people were also asked some bespoke questions about their gender and sexual identity (young people in Year 11 only) and their feelings and experiences during the coronavirus pandemic lockdown (Years 9 and 11). Please see p31 for a list of these additional questions.

How was it developed?

The process of creating the WMF was a multi-stage, iterative task on which we worked closely with the HeadStart partnerships, TNLCF, Common Room and Young Minds (a leading UK Charity advocating for children and young people's mental health).

A longlist of domains and measures were put forward by the Learning Team (and added to by partnerships) and reduced to the five measures above through a series of votes attended by the HeadStart partnerships, TNLCF, Common Room and Young Minds. The inclusion and exclusion criteria for the WMF were:

- The measures should have evidence for acceptable psychometric properties (i.e. reliable, valid and sensitive to change).
- The measures should be suitable for self-completion by 11-16 year-olds.
- Completion during a school lesson should be feasible.
- The measures should contain positively worded items where possible.
- The information shouldn't be readily derived from existing data sources.

In January 2017 we undertook a piloting phase in five mainstream and four alternative provision schools and made amendments based on feedback from these sites. We could not change the measures themselves but we were able to make improvements in terms of accessibility, readability and pupil experience. In late 2017 we also undertook a consultation process, led by Common Room, into how we

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

Sample

All participating schools in each HeadStart partnership took part in the quantitative evaluation. In terms of deciding which young people to invite to participate in the evaluation, we chose a population-based approach. This means not only looking at outcomes for those involved in targeted interventions but also monitoring outcomes for all children in specific year groups in HeadStart schools. The reasons for this were to:

- capture a baseline for children before they access targeted interventions and to give an indication of initial prevalence rates
- consider the impact of universal or whole-school approaches
- provide the potential for comparisons between individual young people who have and have not received interventions within settings.

To pursue an appropriate and non-burdensome population-based approach, we aimed to collect data in two ways:

1. Sample 1: all children and young people in HeadStart settings who were in the Year 7 age group in the first year of HeadStart. These children were followed up annually when they were in Year 8, Year 9, Year 10, Year 11 and Year 12. This sample would allow longitudinal analysis based on the same young people over time to examine whether there were any changes in outcomes for this group. The strength of this approach is that it allowed us to observe changes in the same children over time, potentially before and after they receive support from one or more interventions.
2. Sample 2: repeated snapshot measurement year-on-year of those in Year 9. This allowed us to examine change in the same age group over time, which can address issues of co-occurring developmental changes.

See Table 1 for a summary of the data collection schedule. As some of the local authorities had not started delivering interventions from the first year of the programme, we started tracking a second Year 7 longitudinal cohort in 2019 to ensure we captured as much of the HeadStart activity as possible. One local authority was a year late in delivering interventions so requested to initiate an additional tracker year group starting in 2018. See Table 2 for achieved sample size, year on year, and see Table 3 for demographic information about the sample at baseline (2017).

Table 1. Quantitative data collection schedule (LA = local authority)

	Year 7	Year 8	Year 9	Year 10	Year 11
2017	From 6 LAs		From 6 LAs		
2018	From 1 LA	From 6 LAs	From 5 LAs		
2019	From 5 LAs	From 1 LA	From 6 LAs		
2020			From 6 LAs	From 6 LAs	
2021			From 5 LAs		From 3 LAs

Table 2. Final quantitative sample sizes

Data/time point	Academic year	Year group					Total
		Y7	Y8	Y9	Y10	Y11	
1	2016-17	15833	13	14908	23	8	30785
2	2017-18	927	16033	14241			31201
3	2018-19	11139	986	14567			26692
4	2019-20			4228	3601		7829
5	2020-21			5462		3742	9204

Table 3. Demographic information about the HeadStart quantitative sample at baseline (2017). Includes only respondents who had matched NPD data. Also includes those with and without follow-up data.

Characteristic	Year 7 (N, %)	Year 9 (N, %)
Gender		
Male	7342 46.98%	7049 47.73%
Female	8286 53.02%	7719 52.27%
Ethnicity		
White	11690 78.15%	11042 78.13%
Asian	1465 9.79%	1441 10.20%
Black	890 5.95%	850 6.01%
Mixed ethnicity	631 4.22%	562 3.98%

Chinese	27 0.18%	31 0.22%
Any other ethnic group	255 1.70%	207 1.46%
Eligible for free school meals (FSM)		
Yes	2621 17.24%	2263 15.88%
No	12,581 82.76%	11,985 84.12%
Special educational needs (SEN)		
Yes	1872 12.47%	1511 10.70%
No	13,135 87.53%	12,611 89.30%

Procedure

Every year, children and young people in participating schools completed surveys using a secure online system during a usual school day, in the presence of a teacher or adult to offer support. The online system was designed to be easy to read and child friendly.

Feedback to schools

Each year, participating schools were provided with a bespoke online feedback report so that they could understand the level and type of need in their pupil population. Via the online reports schools could see the average scores for young people in their school on each of the measures, benchmarked with average scores from all the schools in their area (combined) and average scores across the whole HeadStart sample. Individual-level responses were not available to schools.

Pupil background information

To obtain socio-demographic information about young people who were completing the WMF, we made applications to the NPD, held by the Department for Education. Requested fields included gender, ethnicity, eligibility for free school meals (FSM), child in need status and presence of special educational needs (SEN). We also requested fields related to school outcomes, such as rates of absence, attainment and exclusions. For the coverage of the NPD data (percentage of young people with NPD data), see Table 4. NPD data was merged with the WMF data for analysis.

Table 4. Proportion of young people surveyed at each time point with NPD data

Data/time point	Academic year	Year group					Total
		Y7	Y8	Y9	Y10	Y11	

1	2016-2017	99.6%	92.3%	99.4%	4.3%	0.0%	99.4%
2	2017-2018	98.4%	99.4%	99.6%			99.4%
3	2018-2019	99.8%	99.9%	99.8%			99.8%
4	2019-2020			99.2%	99.1%		99.2%
5	2020-2021			50.4%		92.1%	67.3%

The Template for Intervention Description and Intervention (TIDieR)

In order to collect standardized information about the interventions being delivered across the six HeadStart partnerships we created the TIDieR (Hoffman et al., 2014). This online template was completed or refreshed each year by staff at the HeadStart partnerships. Most TIDieR questions elicited responses from a set of options and included the intended primary outcome of the intervention, the primary recipient of the intervention, the mode of support, the setting, and the number and frequency of sessions, among other questions See the full TIDieR template on p34.

Who Got What (WGW)

In addition to the online TIDieR form, partnerships submitted an annual record of which young people who had completed the WMF had also received some sort of targeted HeadStart support. The targeted WGW form asked for the following pieces of information for each pupil: intervention name, start date, end date, number of sessions attended and reason for the ending of the contact period.

At the level of the school, partnerships also completed an annual universal WGW form. For each participating school, partnerships were asked to provide information on what universal intervention was being delivered, during which project year and to which year groups.

WGW data were submitted to the Data Manager and eventually merged with the WMF (survey) data for analysis.

Ethical considerations

Ethical approval for the HeadStart quantitative evaluation was granted by the University College London (UCL) Research Ethics Committee (ID number 7963/003). Every year, consent for participation in the research was sought from parents and carers prior to, and from young people at the outset of, the survey sessions. Information for parents and carers and opt-out consent forms were sent out by schools via their usual channels, with opt-out deadlines of at least two weeks from the date they were sent. Parental opt-outs were returned by Freepost, phone or

email to the Data Manager, and child assent was recorded via computer at the beginning of survey sessions.

Ethical considerations were ongoing throughout the evaluation when collecting, reporting, and archiving data, particularly during the pandemic to minimise any additional difficulties for schools and participants (see section below).

Information governance

TNLCF and the Learning Team took approaches to ensure that the personal data (i.e. information about an identifiable person) obtained as part of the HeadStart evaluation was kept secure, ethical, and lawful. The HeadStart evaluation began prior to the UK Data Protection Laws (GDPR) being enacted; practices were reviewed and amended on two occasions after GDPR was introduced to ensure practices remained compliant.

Legally, TNLCF's basis for processing personal data as part of the HeadStart research as the Data Controller was that it is necessary for a '*task carried out in the public interest*' (UK GDPR Article 6(1)e). As a UK-wide community funder, it is in the public's interest to know what happened in the HeadStart programme and to find out more about young people's wellbeing, what factors matter, and how to support them better. The longitudinal study also used 'special category' or sensitive personal data such as ethnicity and sexual orientation; the lawful basis for doing so being it was necessary for '*archiving purposes, scientific or historical research purposes or statistical purposes*' (UK GDPR Article 9(2j)).

Anna Freud Centre, lead partner of the Learning Team, processed the personal data obtained as part of the evaluation on behalf of TNLCF (the 'data controller'). University of Manchester, a partner in the Learning Team, was a sub-processor of data. Personal data collected as part of the longitudinal survey were held on the University of Manchester's secure, password protected servers with limited access. Datasets were fully anonymised before being shared for analysis with researchers at the Anna Freud Centre. No personal data from the quantitative study was shared with TNLCF or the Anna Freud Centre.

Agreements and documentation governed the secure sharing of personal data obtained in the quantitative study between University of Manchester and each local authority HeadStart partnership, to enable the administering of the survey, link with DfE pupil background information, and to inform better delivery and quality of local services supporting young people.

The consent process for the longitudinal survey was based on an opt-out approach; parents or carers could opt their children out of the process at any time and ask for their personal data to be deleted. Privacy notices were provided to all research participants (and to parents and carers where relevant) to ensure all those taking part understood what data was being collected, the legal basis for processing it,

how it was being stored and shared (and with whom) and what would happen to the data once the research was complete.

At the completion of the evaluation an anonymised dataset of the quantitative study has been made available via the UK Data Service for wider public benefit and future use by other researchers.

Comparison sample

We explored, in depth, the possibility of including a ‘counterfactual group’, against which to compare young people in HeadStart schools, to discern the impact of HeadStart. That is, a cohort of young people in non-HeadStart schools who would follow the same pattern (or close enough) of survey data collection over the evaluation period. We also considered carefully the option of using existing datasets (e.g., Millennium Cohort study, Understanding Society and the Avon Longitudinal Study of Parents and Children) but none were close enough in terms of the measures used, years of data collection or age of young people to make the comparison meaningful.

After submitting a proposal to TNLCF in 2017, we received additional funding to recruit a cohort of non-HeadStart schools from across England. Recruitment took place in September 2017, and from March to July 2018 young people in Year 7 and Year 9 from 62 non-HeadStart secondary schools completed the WMF. These schools committed to annual survey completion for three years (2018, 2019 and 2020), which provided them with a useful understanding of mental health needs and wellbeing among their own pupil population, as well creating longitudinal and snapshot samples against which we could compare the HeadStart samples. However, the extent of the disruption in schools caused by the coronavirus pandemic from 2020 onward meant that it became impracticable to continue with this arm of the evaluation, so these data were not incorporated into the final evaluation.

Later in the programme (2020-2022), in order to investigate the impact of HeadStart on school outcomes such as attendance, exclusion and attainment, we approached the idea of a control sample by using a method called synthetic control methods. We compared HeadStart local authorities to local authorities similar to HeadStart areas on certain pupil variables. Local authorities that were included in the analysis were similar in terms of pupil composition across the pre-intervention years in terms of gender, ethnicity, eligibility for FSM, SEN, referrals into children’s social care and area deprivation. See section ‘Impact on young people’s academic outcomes’ in the main report for more detail on this and for the results of this analysis.

Qualitative approach

The qualitative arm of the evaluation explored the experiences of three groups: (1) young people, (2) HeadStart staff and wider stakeholders and (3) parents/carers. In this section we describe the aim of each of these focused evaluations and the approach taken.

Qualitative research and evaluation activity with young people

The aim of this strand of the evaluation was to explore young people's experiences of coping and receiving support for difficult situations and feelings in life. This included young people's experiences of the HeadStart programme, as well as coping strategies and other sources of social and professional support more broadly. We took a systemic approach to our inquiry, which assumed that HeadStart is one part of a much broader system of coping behaviours, support, and protective factors around young people. Therefore, to effectively evaluate young people's experiences of HeadStart, we wanted to explore the context within which HeadStart sat in young people's lives, the different ways in which HeadStart had influenced young people's lives, and in turn which aspects of young people's lives might have influenced their experiences of HeadStart. Moreover, given that HeadStart was a multi-year programme, taking a longitudinal design enabled us to explore how young people's experiences of adversity or difficulties in life, coping behaviour and experiences of support changed over time.

Design

This strand of the evaluation had a qualitative, longitudinal design, consisting of semi-structured interviews with the same cohort of young people once per year over the original five-year period of the HeadStart programme (starting in 2017). However, due to restrictions associated with the coronavirus pandemic in 2020, interviews were unable to take place for the majority of the year and the study became a four-timepoint study, rather than a five-timepoint study as was originally intended. We carried out the final interviews in 2022.

Sample

In 2017, the HeadStart partnerships identified up to three schools in their local areas who could facilitate this strand of the evaluation. Young people at each school were invited to take part if school staff or HeadStart staff identified them as already having begun receiving some form of support from the HeadStart programme by Time 1 or identified them as being eligible to receive such support in the future. Staff were asked to ensure that they invited young people eligible for different types of HeadStart support, including support delivered on a universal level (including some young people for whom there is some concern that there emerging difficulties) or a targeted level. Not all of the HeadStart interventions had begun by the outset of the study, thus the study inclusion criteria focused on

eligibility for either current or future HeadStart support. Depending on each school's preference, young people were either selected by staff and offered the opportunity to take part or were invited to express interest in being involved.

At the first timepoint, between 12 and 16 young people were interviewed at each partnership. At Time 1, children and young people across five of the partnerships were aged 11-12 years old. Children and young people in Blackpool were aged 9-10, as the HeadStart Blackpool programme began when they were in primary school. By Time 4, the majority of the young people were aged 15-16. Table 5 presents the total number interviews conducted at each HeadStart partnership in each year of the study. Demographic information about the sample of young people is presented in Table 6.

Table 5. Total number of interviews conducted at each timepoint and at each partnership.

Timepoint	Partnership						Total
	Blackpool	Cornwall	Hull	Kent	Newham	Wolverhampton	
Academic year	2017	2017	2017 (N=6) / 2018 (N=7)	2017	2017	2018	
Year group	Year 5	Year 7	Year 7	Year 7	Year 7	Year 7	
Time 1 total	12	14	13	15	16	12	82
Academic year	2018	2018	2018 (N=6) / 2019 (N=7)	2018	2018	2019	
Year group	Year 6	Year 8	Year 8	Year 8	Year 8	Year 8	
Time 2 total	12	12	13	15	15	11	78
Academic year	2019	2019	2019 (N=5) / 2021 (N=2)	2019	2019	2021	
Year group	Year 7	Year 9	Year 9 / Year 10	Year 9	Year 9	Year 10	
Time 3 total	10	12	7	15	13	5	62
Academic year	N/A	2020 (N=4) / 2021 (N=6)	2021 (N=1) / 2022 (N=3)	2021	2021	N/A	
Year group	N/A	Year 11	Year 11	Year 11	Year 11	N/A	
Time 4 total	0	10	4	10	4	0	28
Total	34	48	37	55	48	28	250

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

	<i>Time 1</i>	<i>Time 2</i>	<i>Time 3</i>	<i>Time 4</i>
	<i>N (%)</i>	<i>N (%)</i>	<i>N (%)</i>	<i>N (%)</i>
Gender				
Female	42 (51.2)	41 (52.6)	30 (48.4)	16 (57.1)
Male	40 (48.8)	37 (47.4)	31 (50.0)	10 (35.7)
Prefer not to disclose	0	0	0	0
Missing	0	0	1 (1.6)	2 (7.1)
Age				
Mean (SD)	11.90 (.96)	12.45 (.87)	13.54 (.94)	15.59 (.49)
Range	9 years, 10 months - 12 years, 9 months	10 years, 7 months - 13 years, 9 months	11 years, 9 months - 15 years, 2 months	15 years, 1 month - 16 years, 8 months
Prefer not to disclose	0	0	0	0
Missing	0	2 (2.6)	2 (3.2)	2 (7.1)
Ethnicity				
Any other Asian background	3 (3.7)	2 (2.6)	0	1 (3.6)
Any other Black background	0	2 (2.6)	0	0
Any other ethnic background	1 (1.2)	2 (2.6)	1 (1.6)	1 (3.6)
Any other White background	6 (7.2)	7 (9.0)	4 (6.5)	3 (10.7)
Asian or Asian British: Bangladeshi	1 (1.2)	1 (1.3)	0	0
Asian or Asian British: Indian	2 (2.4)	2 (2.6)	2 (3.2)	1 (3.6)
Asian or Asian British: Pakistani	1 (1.2)	2 (2.6)	2 (3.2)	0
Black or Black British: African	4 (4.9)	2 (2.6)	2 (3.2)	0

Mixed: White and Asian	3 (3.7)	2 (2.6)	2 (3.2)	0
Mixed: White and Black	2 (2.4)	0	2 (3.2)	0
African				
Mixed: White and Black	2 (2.4)	1 (1.3)	2 (3.2)	0
Caribbean				
White British	55 (67.1)	51 (65.4)	42 (67.7)	19 (67.9)
White Irish	2 (2.4)	2 (2.6)	1 (1.6)	1 (3.6)
Prefer not to disclose	0	0	1 (1.6)	0
Missing	0	2 (2.6)	1 (1.6)	2 (7.1)
Total	82	78	62	28

Procedure

The interviews typically took place in a private room at participants' schools. Until 2020, the interviews took place during an in-person visit to each school. Because of restrictions associated with the coronavirus pandemic, beginning in 2020, subsequent interviews took place either during an in-person visit or via video call (Microsoft Teams). The interviews were conducted by five members of the Learning Team. Participants received a £10 voucher after each interview as a thank you for taking part. All interviews were audio recorded and transcribed. The average interview length across timepoints was 38 minutes (SD = 11.06).

The interviews used a semi-structured format whereby young people were asked about core topics of interest, but young people were able to lead the conversation around these topics according to whatever they felt was most pertinent to talk about. During the interviews, we asked young people about their experiences of, and perspectives on, coping with difficult situations and feelings in life. This included strategies they drew on and sources of social support, HeadStart support and other professional support they accessed (and their opinions on this support). The topic guide at Time 1 was developed by the Learning Team in collaboration with young people. At Times 2, 3, and 4, young people were also asked about any changes over time in relation to topics raised in previous interviews. Copies of the topic guides used at each interview timepoint can be seen Appendix 2.

Ethical considerations

Ethical approval for the HeadStart Qualitative Evaluation was granted by UCL Research Ethics Committee (ID number 7963/002). All young people and their parents or carers read a study information sheet and consent or assent form at the outset of the study, and then gave their informed consent or assent to take part. The study information sheet highlighted that young people's participation in the study was entirely voluntary and that they could withdraw at any time without consequence. The content of the interviews was confidential between the young people and the Learning Team, with identifying details (e.g., names of people and places) anonymised in young people's interview transcripts. We informed young people at the outset of each interview that confidentiality would only be broken should any safeguarding issues arise. Safeguarding issues were discussed with the safeguarding contact at the young person's school.

Data analysis

We used different qualitative data analysis techniques to answer different research questions in this strand of the evaluation. Further detail can be found in each of our [qualitative HeadStart briefings](#).

Qualitative research and evaluation activity with HeadStart staff and stakeholders

The aim of this strand of the evaluation was to explore the perspectives of HeadStart staff members and wider stakeholders (e.g. representatives from clinical commissioning groups and school staff) in the HeadStart partnership areas on topics including their experiences of designing and delivering HeadStart over the course of the programme, working at schools involved in HeadStart, perceptions of local area level and systems change, and perspectives on the sustainability of HeadStart.

Design

This strand of the evaluation consisted of a series of studies focusing on different elements of HeadStart staff members' and stakeholders' experiences of the programme, including:

- challenges faced and solutions identified during the first year of HeadStart programme delivery
- how systems change and sustainability are being approached in HeadStart
- delivery of the HeadStart programme during the coronavirus pandemic
- school staff members' experiences of HeadStart
- perspectives on economic evaluation in HeadStart
- perceptions of local area level change and systems change as a result of HeadStart.

Sample

HeadStart staff members and wider stakeholders were invited to take part in interviews or focus groups either by the HeadStart programme lead in each area or the Learning Team. HeadStart staff members who participated in this strand of the evaluation often consisted of programme leads, strategic leads, evaluation leads, young people's participation leads, and/or the leads of school, community, or digital strands of the HeadStart programme in each area. Wider stakeholders included: senior leaders within HeadStart local authorities; representatives from clinical commissioning groups (CCG), the voluntary and community sector (VCS), and public health; and school staff members (e.g., senior leaders, pastoral care staff, and teaching staff). Specific details about the sample recruited can be found in each of the relevant study reports.

Procedure

Interviews and focus groups took place over the phone, via Microsoft Teams, or in a private room at the HeadStart partnerships' or the Learning Team's offices. All interviews and focus groups were audio recorded and transcribed. Some focus group discussions also took place at cross-partnership workshops or during capacity

building meetings at the partnerships. Field notes were taken during these focus group discussions. The interviews and focus groups were typically conducted by the Learning Team's Qualitative Research Lead. Information about the lengths of the interviews and focus groups in each study can be found in each briefing from the HeadStart qualitative evaluation.

Ethical considerations

Ethical approval for the HeadStart Qualitative Evaluation was granted by the UCL Research Ethics Committee (ID number 7963/002). All participants read a study information sheet and consent form at the outset of each study, and then gave their informed consent to take part. For focus group discussions that took place during cross-partnership workshops or during capacity building meetings at the partnerships, opt-out consent was sought from participants. The study information sheet highlighted that participation was entirely voluntary and that participants could withdraw at any time without consequence. The content of the interviews or focus groups was confidential between participants and the Learning Team, with identifying details (e.g., names of people and places) anonymised in participants' interview transcripts.

Data analysis

We used different qualitative data analysis techniques to answer different research questions in this strand of the evaluation. Further detail can be found in each of our qualitative HeadStart briefings.

Qualitative research and evaluation activity with parents and carers

The aim of this strand of the evaluation was to explore the perspectives of a small sample of parents and carers who had been involved in HeadStart interventions, to provide a snapshot of parents' and carers' experiences of being involved in different types of HeadStart support.

Design

The selection of the interventions to recruit parents and carers from was a pragmatic exercise based on:

1. what intervention information the Learning Team already had access to, via intervention description forms (TIDieRs) completed by the HeadStart partnerships
2. which interventions had already been comprehensively evaluated locally by the HeadStart partnerships
3. which interventions were still being implemented at the HeadStart partnerships around the time of data collection (the final year of the HeadStart programme, 2021-2022).

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

Sample

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

Interviews were conducted with seven parents (six mothers and one father): three had been involved in WRAP in Hull; one had been involved in the Intensive Mentoring Programme in Kent; and three had participated in SPACE in Cornwall. In one interview, a mother and father were interviewed together. All participants received a £10 voucher as a thank you for their time.

Procedure

The interviews took place over the phone or via Microsoft Teams. Once again, the interviews used a semi-structured format. Interview questions asked parents and carers about:

- their experiences of and views on the activities, content and contact that they and/or their children had received during the HeadStart intervention
- their perceptions of helpful and less helpful aspects of the intervention
- their perceptions of the impact of the intervention
- barriers and facilitators to taking part in the intervention
- their suggestions for improvement.

A copy of the topic guide developed by the Learning Team can be seen in Appendix 2.

Ethical considerations

Ethical approval for the HeadStart qualitative evaluation was granted by the UCL Research Ethics Committee (ID number 7963/002). All participants read a study information sheet and consent form at the outset of each study and then gave their informed consent to take part. The study information sheet highlighted that participation was entirely voluntary and that participants could withdraw at any time without consequence. The content of the interviews or focus groups was confidential between participants and the Learning Team, with identifying details (e.g., names of people and places) anonymised in participants' interview transcripts. Participants were informed at the outset of each interview that confidentiality would only be broken should any safeguarding issues arise.

Safeguarding issues were discussed with the safeguarding contact at the HeadStart service that the parent or carer had been involved with.

Data analysis

We analysed interview transcripts using thematic analysis (Braun and Clarke, 2006) to identify themes across participants' interviews (and across the interventions).

Information governance across qualitative strands of research

Personal data (e.g., audio recordings and interview transcripts) were held securely at all times at Anna Freud. The pseudonymised dataset was shared with colleagues at the University of Manchester for analysis, who are part of the research team. Pseudonymised data meant that individuals were assigned a study ID number and could not be directly identified without the use of additional information and kept separately under restricted access.

As with the quantitative strand of work, legally, TNLCF's basis for processing qualitative personal data as part of the HeadStart research was necessary for a '*task carried out in the public interest*' (UK GDPR Article 6(1)e). The lawful basis for processing '*special category*' or sensitive personal data was that it is necessary for '*archiving purposes, scientific or historical research purposes or statistical purposes*' (UK GDPR Article 9(2j)).

Summative evaluations

The aim of the summative strand of the evaluation was to provide robust assessments of the impact of a range of individual interventions being delivered by HeadStart partnerships. Throughout the programme three summative evaluations of interventions in HeadStart Newham were completed. The summative evaluation strand was designed to be achieved via randomised control trials (or, where this was not possible, quasi-experimental trials) drawing on annual WMF data (see summary) wherever possible.

Although all of the summative evaluations were based on interventions in Newham, each HeadStart partnership area was invited to nominate a given intervention. The Learning Team subsequently worked with partnerships to co-design a summative evaluation using an adapted version of the Population, Intervention, Comparator, Outcomes (PICO) method. Finalised PICO sheets were signed off by the Learning Team, the HeadStart area in question and TNLCF prior to the commencement of each summative evaluation. Numerous summative evaluations that were planned or underway had to be abandoned as a result of the coronavirus pandemic (and more specifically, the closure of schools to most pupils). The completed

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

Responding to the coronavirus pandemic: Changes to the national evaluation

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

Quantitative evaluation

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

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

The pandemic also made the interpretation of the available data complex. Under typical circumstances, a substantial drop in sample size from one timepoint to another might make the interpretation of longitudinal analysis unclear because of potential bias in terms of which respondents are missing (i.e., are respondents from a certain group or with certain characteristics more likely to be missing from the dataset?). In this case, however, there was the additional concern that we would not be able to draw any generalisable conclusions about the trajectory of

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

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

Qualitative evaluation

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

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

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

Summative evaluations

Numerous summative evaluations that were planned or underway had to be abandoned as a result of the coronavirus pandemic (and more specifically the closure of schools to most pupils, implemented as part of the strategy to prevent the spread of the virus). These included quasi-experimental evaluations of

HeadStart Wolverhampton's Work Ready intervention and HeadStart Kernow in Cornwall's Thrive intervention, both of which had to be abandoned. However, in the case of the former, a qualitative study of participants' experiences and perceptions of the intervention was completed and published (Carmichael-Murphy et al., 2022). A further planned summative evaluation - which would have comprised a randomised control trial of HeadStart Kernow's SPACE intervention - could not proceed due to information governance challenges.

Economic analysis within local partnerships

One strand of the Learning Team's work focused on supporting partnerships to capture information about value for money that could be used to inform plans and decisions about the future sustainability of their programmes. There was no formal economic evaluation of HeadStart at a national or whole-programme level.

Specialist expertise was provided by the London School of Economics (LSE) Personal Social Services Research Unit (PSSRU). LSE developed a methodological and data framework for the economic evaluation of HeadStart, together with a modelling tool and templates and guidance that local partnerships could use to assess the economic impact of their approaches. The economic model was based on a 'costs avoided' approach, providing a means to calculate the costs associated with negative outcomes that were avoided as a result of HeadStart activity. LSE drew on existing literature and costs data in relation to young people's mental health and wellbeing to provide estimates of how much of this cost could be avoided by providing an intervention. A model and template for calculating unit costs allowed the cost of the intervention to be taken into account in the model.

LSE led workshops to introduce local partnership representatives to this economic model and how to use it, and delivered their final report in June 2017 (Bonin and Beecham, 2017). Subsequent to this the Child Outcomes Research Consortium provided implementation support to local partnerships to help them to apply and use the economic model. There were, however, a number of factors that limited use of the economic impact model. We have outlined some challenges in the main report and provided more detail on some in this appendix for brevity. HeadStart partnerships found the process time consuming and there were some types of programme delivery for which it was difficult to attribute costs or impacts, particularly within the timeframe of the programme. Some technical aspects of the model were demanding for local teams too, with examples being the calculation of effect sizes, or sourcing and bringing together consistent cost or staffing data from schools, council services or provider agencies that had different conventions in their calculation and recording of information (e.g., overheads). The Learning Team supported partnerships in making pragmatic decisions and adapting the unit cost tool to maximise its use to support learning and decision-making in their context. Local partnerships also highlighted types of HeadStart

programme delivery for which it was particularly difficult to attribute costs or impacts, including cross-programme activity such as workforce training and development, and whole school approaches.

Another constraint in the model (devised by LSE) was that it relied on the availability of existing research to identify and calculate the costs of poor outcomes that could be avoided through the delivery of HeadStart interventions. A lack of research relating to certain outcome areas - for example, the cost-savings associated with improving wellbeing - meant the tool was not able to reflect all of the benefits and value of HeadStart interventions. Data for measures of programme impact in other outcome areas (for example GCSE results, or the proportion of young people with 'not in employment, education or training' status) were not available for the relevant cohort until late in the life of the programme, too late for many decisions related to sustainability. Local partnerships' motivation to invest in applying the model in full was also affected by their reservations about value for money data being distorted by the fact that some interventions and approaches were still relatively immature. This raised a concern that full programme effects might not yet be in evidence, while costs in the set up and first phase of delivery might be high. This was compounded by the fact that HeadStart programmes were designed to impact at the system level, and that the impact of system-level changes would be slower to materialise. At the same time the costs associated with delivering an intervention as part of a whole-system approach would be higher than costs for delivering interventions as a discrete project.

Engaging young people in research and evaluation

Consistent with the principles of HeadStart, the Learning Team engaged young people in the research and evaluation of HeadStart throughout the programme. For much of the programme, we did this through local partnership groups and networks. Latterly, we established a HeadStart National Young People's Group to increase our direct engagement with young people.

Early involvement included young people working with the Learning Team to develop the WMF (led by Common Room). This occurred not only in mainstream schools but in alternative provision schools too. Consultations with young people took place in order to make the online survey more accessible to students in special schools. Based on these consultations changes we made to the survey length and communication aids. Following feedback from young people after the 2017 survey period that some felt underprepared to complete the online survey, and often did not know why they were doing it or how, Common Room worked closely with HeadStart Blackpool to produce a short introductory video featuring young people. This video was made available to teachers to use at the start of survey sessions in subsequent survey periods.

As we started to publish research, we worked with young people to share emerging learning, begin to understand what the findings meant to them and allow them to suggest future areas for exploration. For example, we visited groups of young people from the HeadStart partnerships to discuss the gender differences that we found through our analysis. The young people's thoughts and ideas informed the content of the HeadStart conference in 2020. Young people were integral to the conference, planning the content and structure, facilitating activities, chairing the conference as well as being attendees. Around a third of the conference attendees were young people.

In the early months of the coronavirus pandemic, we worked with a group of young people involved in HeadStart in the local partnerships to help us understand their experiences during the national lockdown. They worked together to provide advice to those working with young people at that time. They also reflected on the challenges and benefits of online HeadStart activity, highlighting the benefits of being able to meet together including getting support and seeing other people, as well as the challenges of online sessions including technical problems and the limitations of online communication.

In 2020, we established the HeadStart National Young People's Group of with representatives from all six HeadStart partnerships. Our Participation and Engagement Officer facilitated regular online workshops, supported by other members of the Learning Team. Young people in the group contributed to our work in a range of ways:

- They gave feedback on the findings in our research paper about young people's social support and contributing to the communication of the research. We incorporated the young people's ideas when presenting the paper at various talks, including HeadStart digital learning events.
- They helped shape research about how they handle difficulties or problems in their lives. Young people in the group renamed this taxonomy '[How I Cope: A Young Person's Guide](#)' and gave feedback on the themes from this research - for example, whether the themes resonated with their experiences and what improvements they would make to the way these themes were communicated to ensure they would make sense to other young people. The young people also worked on the social media design and concept for the guide with a graphic designer.
- They inputted into PhD research on participation in the HeadStart programme - specifically helping to define co-production, rating the level of impact they think their involvement has had and inputting into the design of interview questions for young people.
- Some of the group contributed to a video about what HeadStart means to them. This video was played at the HeadStart digital Learning events in 2020 and was well received. It was viewed by attendees at the events as

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

- They collaborated with the research team to review the ways in which the HeadStart partnerships engage young people in research and evaluation and produce recommendations for anyone looking to meaningfully engage young people in research or evaluation (Child Outcomes Research Consortium, 2020).
- They helped to refine the key messages from the national evaluation for a young person’s audience and providing feedback on the most effective format for these messages in terms of reaching young people.

Sharing learning

A key strand of the national evaluation was the dissemination of learning. This reflected a priority for TNLCF that findings should be released as new learning comes to light, rather than waiting until the end of the evaluation programme. Throughout the evaluation, the Learning Team reported learning and findings through different types of output which were tailored to intended audiences, and engaged in other dissemination activities such as conferences, podcasts and events. Outputs from the evaluation were published on HeadStart Learning Team’s [website](#) and TNLCF’s [Evidence Library](#). A full list of dissemination outputs and activities can be found in Appendix 4.

Data collection tools and additional detail

This section includes the data collection tools referred to in the sections above, and some detail to support the methodological approaches outlined.

Table 7. Wellbeing Measurement Framework: Constructs measured in the quantitative strand of the HeadStart evaluation

Variable	One example item	Source
Individual level		
Emotional difficulties	I worry a lot.	SDQ
Behavioural difficulties	I get very angry.	SDQ
Hyperactivity/attention difficulties	I am restless, I cannot stay still for long.	SDQ
Pro-social behaviour	I try to be nice to other people.	SDQ
Emotional regulation	I find it hard to control my feelings.	TEIQue
Perceived stress	In the last month, how often have you felt that things were going your way?	PSS
Absence	... is a persistent absentee from school (greater than 10% sessions missed in the school year preceding the study baseline).	NPD

Attainment	... achieved minimal government expectations for academic attainment at the end of primary school.	NPD
Exclusions	... has been temporarily or permanently excluded from a previous school.	NPD
Empathy	I try to understand what other people feel.	SRS
Problem-solving	When I need help, I find someone to talk to.	SRS
Goals and aspirations	I have goals and plans for the future.	SRS
Special educational needs (SEN)	... has a learning difficulty or disability which requires special educational provision to be made for them.	NPD
Ethnicity	Ethnicity major variable.	NPD
Language	Pupil's language	NPD
Age	Date of birth.	WMF
Family and home environment		
Family connection	At home, there is an adult who is interested in my schoolwork.	SRS
CIN	... has been referred to children's social care, most frequently because of concerns about abuse or neglect, acute family stress or familial dysfunction.	NPD
Child in care	... is looked after by a Local Authority. A care order to place the child in care has been granted in court, or a children's services department has cared for them for more than 24 hours.	NPD
Young carer	Are you or have you ever been a young carer? Young carers are children and young people under 18 who provide regular or ongoing care to a family member who has an illness, disability, mental health condition or drug/alcohol dependency.	Single item indicator
FSM	... receives free school meals on the basis of their parent's income falling below a set threshold and/or being in receipt of prescribed benefits (e.g., income-based jobseeker's allowance).	NPD
Peer group		
Peer support	Are there students at your school who would share things with you?	SRS
Peer problems	I am usually on my own.	SDQ
School		
School connection	At school, there is an adult who really cares about me.	SRS
* Participation in home and school life	I do things at home that make a difference (i.e., make things better). At school, I decide things like class activities or rules.	SRS

Community		
Community connection	Away from school, there is an adult who really cares about me.	SRS
Participation in community life	Away from school I am a member of a club, sports team, church group or other group.	SRS
Index of Deprivation Affecting Children (IDACI)	The proportion of children under 16 that live in low-income households in a given area.	NPD

WMF additional gender, sexual orientation and coronavirus questions (2021)

Where are you completing this survey?

- at school
- at home

What type of device are you using to complete this survey?

- desktop computer
- laptop
- smartphone
- tablet or iPad

These questions are voluntary, so you can leave them blank if you prefer.

Is your gender the same as the sex you were registered at birth?

- yes
- no
- prefer not to say

Which of the following best describes your gender identity?

- male
- female
- non-binary (I do not identify as either male or female)
- prefer to self-describe _____
- prefer not to say

Which of the following best describes your sexual orientation? Mark one response.

- completely heterosexual/straight
- mainly heterosexual/straight
- bisexual
- mainly gay or lesbian
- completely gay or lesbian
- other sexual orientation _____
- prefer not to say

This year, we would like to ask you a few additional questions about the coronavirus pandemic lockdown (Covid-19). During the coronavirus pandemic lockdown, schools, shops and workplaces were closed to most people and we were asked to stay at home. The lockdown started in March and began to be lifted in June.

Evidence Based Practice Unit



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

1. During the period of the coronavirus pandemic lockdown, were you attending school in person?
 - No, I was not attending school in person.
 - Yes, I was attending school in person when the rest of my year group were not.
 - Yes, I was attending school in person along with the rest of my year group.

2. During the period of the coronavirus pandemic lockdown, please tell us if the situation led to changes for you in terms of:

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

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

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

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

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

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

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

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

The Template for Intervention Description and Intervention (TIDieR; completed online)

1. Please tick this box if this intervention is no longer running.
2. Please indicate the real name of the intervention component:
3. Please indicate the name of the overall intervention it is part of:
4. What is the name that young people know the intervention by?
5. What is the purpose of the intervention component? (Tick as many as applicable.)
 - To bring about system-wide change by introducing system-wide policies, training, restrictions, or actions (environmental).
 - To foster skills, behaviours and attitudes that are key to children's social and emotional development (developmental).
 - To increase knowledge and raise awareness around young people's mental health and wellbeing (informational).
6. Why - which of the following best represents the primary outcome of the intervention component? (Tick only one.)
 - increased mental wellbeing
 - reduction in the onset of diagnosable mental health disorders
 - improved engagement in school and academic attainment
 - reduced engagement in 'risky' behaviour (criminal activity)
 - reduced engagement in 'risky' behaviour (health risk behaviours)
 - improved employability
7. Why - which of the following best represents the secondary outcome of the intervention component? (Tick as many as applicable.)
 - increased mental wellbeing
 - reduction in the onset of diagnosable mental health disorders
 - improved engagement in school and academic attainment
 - reduced engagement in 'risky' behaviour (criminal activity)
 - reduced engagement in 'risky' behaviour (health risk behaviours)
 - improved employability

8. How - what are the hypothesized mechanism(s) that lead to impact on outcomes? (Tick as many as applicable.)

- self-regulation
- coping with stress
- family relationships
- relationships within the community
- participation in community life
- participation at home
- participation at school
- peer relationships
- problem solving skills
- empathy
- having goals and aspirations
- other

9. To what extent does the intervention component incorporate the below modes of support?

Not at all	A little	Somewhat	Quite a lot	Very much
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- Social and emotional skills development of young people
- Creative and physical activity for young people
- Information for young people
- Peer support for young people
- Behaviour for learning (e.g., behaviour support, sanctions)
- Structural support for young people (e.g., creating physical 'cool down' spaces or providing necessary equipment)
- Individual work for young people
- Group work for young people
- Information for parents
- Training for parents
- Counselling for parents
- Support for parents
- Training for staff
- Supervision and consultation for staff
- Support for staff
- Whole school culture change
- Other (please specify below)*

10. If 'Other', please specify the area covered.

11. What is the evidence base for the intervention component? (Please tick as many as applicable.)

- new and untested
- evidence through local formative evaluation
- evidence through local impact evaluation
- evidence of efficacy published in peer-reviewed publications
- evidence based intervention but substantially modified

12. Is the intervention component accredited by an institution?

- yes
- no

13. Do beneficiaries gain accreditation from participation in the intervention component?

- yes
- no

14. If you selected 'yes' above, who accredits the intervention component?

15. Is the intervention component manualised?

16. Have you substantially modified the design and/or delivery of the intervention component as it was created by the original authors? Examples of substantial modification include things like significantly reducing the number of intervention sessions due to me constraints, delivering a one-to-one intervention in a group setting to meet local need, or having teachers deliver an intervention originally designed to be implemented by health professionals.

- yes
- no

17. If yes, please indicate how.

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

- yes
- no

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

	With young people	With parents	With staff	Other
Design				
Delivery				
Commissioning				
Evaluation				

20. How much are young people involved in the co-production at each stage? (Click only one.)

- Tokenism (young people have a voice but do not have a big influence on the intervention).
- Assigned by and informed (young people are assigned a specific role and informed how and why they are being involved).
- Consulted and informed (young people give advice, but the main event is run by adults. The young people are informed about how their input will be used and the outcomes of the decisions made by adult).
- Young people-initiated and directed (young people initiate and direct and adults are involved only in a supportive role).
- Young people-initiated, shared decisions with adults (young people initiate but the decisions are shared between young people and adults).

	Tokenism	Assigned by and informed	Consulted and informed	Young people initiated and directed	Young people initiated
Design					
Delivery					
Commissioning					
Evaluation					

21. Who - who are the primary recipients of the intervention component? (Tick as many as applicable.)

- young people
- parents
- school staff
- other staff

22. Who - who are the secondary recipients of the intervention component? (Tick as many as applicable.)

- young people
- parents
- school staff
- other staff

23. Is the intervention component:

- universal (i.e., provided for all young people in a given setting)
- Universal plus (i.e., provided for a selected group of young people for whom there is some concern that there emerging difficulties)
- targeted (i.e., provided for young people at risk of or showing early signs of mental health difficulties).

24. If you selected 'universal' above, please indicate the specific schools/settings and year/age groups in which the intervention component is being delivered.

25. For targeted intervention components please indicate the selection criteria: (Tick as many as applicable.)

- problems in school (e.g., relationship of family with school)
- Problems in community (e.g., gang activity)
- problems in family (including domestic abuse)
- learning difficulties
- developmental difficulties (e.g., autism)
- emotional problems
- withdrawn
- peer problems
- behavioural problems
- attainment difficulties

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

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

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

27. Who - who is providing the intervention component?

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

- voluntary sector
- local authority
- parent
- school
- young person
- other

28. Do the individuals delivering the intervention receive? (Tick all that apply.)

- training
- ongoing supervision (e.g., monthly consultation with external agent)
- none
- other

29. How - what is the mode of engagement? (Tick as many as applicable.)

- face-to-face
- phone
- short message text (SMS)
- email
- mail
- web
- Video link
- social media
- other

30. How - what level is the intervention component delivered at?

- individual
- group

31. If you selected 'group' above, please indicate the average group size.

32. Where - where does the intervention component take place?

- school
- community setting
- private office
- other

33. How often does the intervention component take place?

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

34. What is the duration of a typical session?

Hours _____

Minutes _____

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

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

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

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

- N/A
- number of cohorts _____

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