



## World Health Organisation Collaborating Centre - Evidence Based Public Health Nursing, Midwifery and Allied Health Professions into Practice

**Title:** Launching the 'HeadStart Covid-19 Wellbeing Service'

Service to support young people aged 10-16 years old with their emotional health through the impact of Covid-19, closure of schools and national lockdown in the UK. Offering a continuation of essential support for young people via alternative methods when delivery of face-to-face support was suddenly ceased.

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### Description

This local practice example shows the rapid adaption of a service primarily offering support to young people through face-to-face interventions, into a service offering support through additional more varied methods including:

- Telephone
- Text messages
- Letters
- Emails
- Online webchat

During national restrictions throughout the pandemic, services needed to adhere to government guidance, therefore changing the way they delivered support for young people to replace face-to-face support. This local service now offers young people ownership over how they are supported, using a combination of communication methods and supplementing face-to-face support going forward.

The benefits of the changes to the service included:

- enabling young people to access a well-established, and evidence-based, high-quality community support offer throughout 2020<sup>1</sup>;
- diversifying the possibilities for access to the service for young people depending on



their preference and circumstances;

- improving the efficiency of the referral mechanism; and
- improving staff well-being.

## Context

The aims and objectives of the service were to:

- Offer a continuation of support to young people during the Covid-19 pandemic and national or regional lockdown.
- Support young people with any emotional wellbeing issues, including those that may have specifically arisen due to the impact of the pandemic.
- Ensure the safety and wellbeing of professionals and service users by reconfiguring the delivery model from predominantly face-to-face.

Since 2018 the service has consisted of six Youth Facilitators based across Cornwall, primarily supporting young people with their mental health and emotional wellbeing within either a school or community setting. From the start of the service, to March 2020, 296 young people had completed an intervention, and 120 were being supported.

The need to modify the service arose specifically due to Covid-19 and the subsequent lockdowns. The change from face-to-face delivery to more remote methods of working was crucial to support young people already receiving support, as well as those experiencing emotional health issues relating to the pandemic.

## Method

The Wellbeing Service is an early help service available for any young person aged 10-16 who is struggling for example to manage their emotions, who has low self-esteem or difficulties with their relationships. As such there are no defined referral criteria but those presenting with complex or high levels of need would be signposted to more specialist services.

The existing referral route for the service, established to manage Youth Facilitators' workloads and which linked to Child & Adolescent Mental Health Services (CAMHS) through Bloom Professionals Consultation meetings<sup>2</sup>, was closed in late March due to the reduced capacity of CAMHS during the lockdown to support the existing Bloom model. As this was the sole referral mechanism the team quickly established an alternative referral route for the Covid-19 Wellbeing service via email, through the creation of a single, simplified referral form<sup>3</sup>. This was promoted to all key stakeholders across the county including school staff, parents / carers,



young people, professionals / referring organisations and community organisations. This referral mechanism is now embedded into the service, in addition to the Bloom route.

Weekly referral management meetings were established by the Project Officer which all Youth Facilitators attended. This enabled group discussions about the referrals received and presenting issues and a consideration made as to whether the referral falls within the Wellbeing Service or should be signposted to more specialist services. The referral meetings allow the sharing of good practice and informal mentoring between professionals, so supporting and improving staff wellbeing.

Depending on the young person's preferences, Youth Facilitators set up Zoom calls, used phone calls, texts and sent personalised packages to young people. For younger children sometimes a face-to-face initial meeting was helpful in building the relationship. NYA guidance<sup>4</sup> was followed for these meetings; Youth Facilitators were able to be flexible around their availability times and found new ways to track outcomes remotely through the Outcome Star<sup>TM5</sup>. Training on remote support was received from Trauma Informed Schools UK<sup>TM</sup> (TISUK)<sup>6</sup>, and risk assessments now reflect online confidentiality and safeguarding.

The project held an intervention fund, initially built into the project to enable young people to access specialist therapeutic services, community provision and activities to continue to benefit their well-being post-intervention. Opportunities to utilise this for example in the purchasing of digital equipment (such as laptops, tablets, and in some instances, mobile phones) were accelerated, enabling young people without access to devices to continue engaging with professionals. Equipment would be purchased with appropriate functionality, memory and any software necessary to support online learning (e.g. MS office suites). Professional judgement and parent consent together decided whether equipment was appropriate. Standard Intervention fund eligibility criteria was used.

The equipment had additional benefits, including enabling young people to continue with their studies at home, and reducing isolation, so it was decided that, with parental consent, the equipment would be retained by those vulnerable young people who qualified.

Where appropriate, and with agreement from the young person being supported, Youth Facilitators have engaged with parents more regularly. This began organically, as during lockdowns Facilitators often need to call the parent's phone to initiate the remote intervention, establishing a connection that often continued. If the young person disengaged, support could be given to the parents.



## Outcomes

The impact of this redesigned service was measured through direct feedback from young people, together with monitoring how many young people completed interventions in a planned way and Outcome Stars™. The Outcome Star is used for measuring and supporting change using person-centered, strengths-based and co-production approaches. Measurements are taken at the beginning and at the end of each intervention. Outcomes measured include:

- Emotional Well-Being
- Healthy Lifestyle
- Home and Family
- Friends and relationships
- School, training and work
- Interests and activities
- Self-esteem

During April – September 2020, outcomes reflected that support had high impact, with 93% of young people reporting at least one improved outcome, and 79% reporting at least 3 improved outcomes. Data indicates that 84% of young people exited support in a planned way, evidencing the Youth Facilitators' ability in engaging and retaining the trust of young people.

By adapting the service to continue supporting young people, the team was able to continue its Trauma Informed Approach<sup>7</sup> (a relational approach to understand the needs of children and teenagers who may be at risk of or have suffered trauma by using PACE (play, acceptance, curiosity and empathy)), focusing on early intervention, reducing risk factors and increasing protective factors of young people.

Feedback is requested from young people at the end of each intervention and has been overwhelmingly positive - *"Thank you for everything you have done for me, I was in a bad place and felt hopeless but when you came into my life everything changed for the better."*

Negative feedback around using remote methods of communications has been used to adapt how we communicate with young people e.g. on Zoom, having their camera turned off but the Facilitators turned on, so screen sharing can be used and a relationship slowly built; or meeting face to face for the first meeting.

In October 2020, a focus group was conducted with Youth and Community Facilitators, to gain their feedback around the benefits and challenges of working within the revised Wellbeing service<sup>8</sup>. Feedback highlighted that although personal anxiety levels had increased (associated with working remotely and the Coronavirus situation), the regular weekly referral meetings were valuable as a space to share ideas and support each other. Staff were also encouraged to take half an hour 'well-being' time each day, and regular line manager keeping in touch calls were made. Since then regular group clinical supervision has been set up for all Facilitators, in order

to reflect upon personal experiences, improve practice and to identify any further development needs. This is in addition to standard management supervision.

## Key Learning Points

### **Having an Agile approach to project management improves impact.**

An adaptable change process was built into the HeadStart project<sup>9</sup> as a whole, including a shared vision of what the service aims to achieve; good communications between staff, external partners and young people; regular consultation with all stakeholders on key decisions; and budget flexibility - where budget lines could be adjusted in response to changes in activity, and criteria for use could be negotiated and amended. The HeadStart ethos is Test and Learn – with agreed outcomes it is understood across the HeadStart Kernow Programme that we are looking at new ways to achieve those outcomes, and that embedding co-production activities into delivery where possible is encouraged. This built-in flexibility enabled the team to adapt to changing circumstances quickly, adjust the service offer, and utilise funding to purchase necessary resources e.g. IT equipment for isolated young people.

### **Regular communications between delivery staff is key for ensuring a consistent approach, quality of service, and to maintain staff well-being.**

Weekly meetings have provided an opportunity for Youth Facilitators to discuss referrals, formulate strategies of support and share ideas and resources. Feedback from Facilitators has been extremely positive in terms of having peer support, a more cohesive approach, and a means to feel less isolated when working from home. The referral process has now been altered in light of this feedback – referrers can now submit directly to HeadStart, where referrals are reviewed by the whole team during weekly meetings. Referrals can also come from Bloom Professionals Consultation meetings.

### **The importance of a whole family approach.**

Increased communication with parents / carers has produced positive outcomes. These have included parents having a better understanding of the young person's challenges and coping strategies, better understanding of how to respond when their child is in distress, and improved communication between young people and their parents. A focus on parent/carer communication and support is now being embedded across the service.

### **The use of digital, and flexibility over methods of contact.**

A flexible approach enables young people to choose the type of service that suits them, and this is discussed at the outset of each intervention. Having systems in place to support a remote offer has enabled the service to continue without young people having long pauses in support during national lockdowns. When face-to-face delivery has been possible, we have found that young people overwhelmingly choose this method of support over remote alternatives. However, it is clear that young people like the choice of how to engage with support. For some



young people, the home environment isn't a safe space in which to open up to a Facilitator. For these young people, face-to-face support in school or in the community is essential. For others, being at home can provide a safe space and a valuable opportunity for parents to be more involved. For young people in this situation using phone, text or online support is beneficial. We are hoping that setting up new remote systems in schools will further enhance this flexibility in the future, giving young people access to a safe space and the technology needed to communicate with Facilitators remotely. This would be the preferred method of support for any future lockdowns.

### **The importance of the Trauma Informed Approach**

Whilst flexibility of service is beneficial, consensus from Youth Facilitator feedback is that it takes longer to build a trusting relationship when working remotely. Communication based upon Playfulness, Acceptance, Curiosity and Empathy (PACE), non-judgement and reflection is a vital part of forming a strong therapeutic alliance.

A formal evaluation of the Covid-19 Well-being service is currently being conducted, using Outcome Star™ results, young people's feedback from case studies, Youth Facilitator feedback, and comparative data between 2019 and 2020 regarding age, gender, presenting issues and methods of contact.



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## References

Link to Your Way website, which hosts the HeadStart Facilitator project information: this blog post advertised the new service with link to the form - <https://your-way.org.uk/headstart-covid19-wellbeing-service/>

[1] <https://www.headstartkernow.org.uk/Learning/Revised%20Final%20HSK%20Learning%20Community%20and%20Youth%20Facilitators%20Interim%20Report%20July%202020.pdf>

[2] An innovative partnership approach with CAMHS, Primary Mental Health and other services and organisations, Bloom is an early intervention consultation model for professionals working with young people experiencing difficulties with their emotional, social or mental wellbeing. Within each Bloom meeting, professionals such as teachers, social workers, family workers and community workers meet with a CAMHS clinical psychologist and a primary mental health worker, to carefully discuss each young person's presentation and needs, and consider how the young person might best be supported.

[3] <https://your-way.org.uk/wp-content/uploads/2021/01/Headstart-COVID-19-WB-Service-2020-Referral-v4.docx>

[4] <https://nya.org.uk/guidance/>

[5] For more information on the Outcomes Star please visit <https://www.outcomesstar.org.uk/staronline/>

[6] <https://www.traumainformedschools.co.uk/>

[7] <https://youngminds.org.uk/media/3091/adversity-and-trauma-informed-practice-guide-for-professionals.pdf>

[8] <https://your-way.org.uk/wp-content/uploads/2021/02/Wellbeing-Service-Facilitator-Focus-Group-281020.pdf>

[9] HeadStart is a six-year, £67.4 million National Lottery funded programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. HeadStart aims to explore and test new ways to improve the mental health and wellbeing of young people aged 10 to 16 and prevent serious mental health issues from developing. Cornwall was awarded £9.4mm from The National Lottery Community Fund for HeadStart Kernow which Cornwall Council is leading, and the HeadStart Facilitator contract (of which the Wellbeing Service is part) is one strand of the HeadStart Kernow programme.