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Learning from HeadStart: Does social action help young people with emerging mental health issues?

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In collaboration with:



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What is HeadStart?

HeadStart is a five-year, £58.7 million National Lottery funded programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. It 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.

Six local authority led HeadStart partnerships in Blackpool, Cornwall, Hull, Kent, Newham and Wolverhampton are working with local young people, schools, families, charities, community and public services to make young people's mental health and wellbeing everybody's business.

The Evidence Based Practice Unit at the Anna Freud National Centre for Children and Families and UCL is working with The National Lottery Community Fund and the HeadStart partnerships to collect and evaluate evidence about what does and doesn't work locally to benefit young people now and in the future. Partners working with the Evidence Based Practice Unit on this evaluation include the Child Outcomes Research Consortium (CORC), Common Room, London School of Economics and the University of Manchester.

The study was approved by the UCL Ethics Committee (Ref: 3562/003) and was registered with ISRCTN (Ref: 18086362)¹

Evidence Briefing #4

Executive summary

Context

This study aimed to evaluate Team Social Action (TSA), which is a targeted intervention run in schools by HeadStart Newham. Strand 1 employed a waitlist randomised controlled trial (RCT) and strand 2 involved qualitative interviews with pupils and staff to evaluate whether TSA had a positive and significant impact on young people's wellbeing, school connection, and peer support.

Findings

Strand 1. Waitlist randomised controlled trial (RCT)

When the number of sessions attended was not taken into account, we found that TSA had no impact on young people's wellbeing, school connection, and peer support.

After taking attendance at TSA into consideration, we found that:

- TSA had no impact on those attending 9 or more sessions.
- Attending 10 or more sessions led to a small and statistically significant improvement in young people's wellbeing and peer support.

- Attending 10 or more sessions led to a small and statistically significant reduction in how connected young people felt to their school.

There are some limitations to the analysis, therefore further research is needed to confirm these findings.

Strand 2. Qualitative interviews

The qualitative findings corroborated the above trial findings.

- Young people participating in TSA did not experience changes to their wellbeing. However, they described that participation could support development of project management and communication skills. Delivery of a successful project could provide a sense of achievement.
- Young people did not tend to become friends with other TSA participants. However, they acknowledged one another when they saw each other outside of sessions, which might have contributed to pupils' social capital.
- Young people viewed the intervention as separate from school, as school staff were not in sessions.

HeadStart Youth Practitioners, school leads and young people had a shared understanding of TSA. However, there was variation in how TSA was implemented, based on the school, the group's needs and the Youth Practitioner's facilitation style. Youth Practitioners reported inappropriate referrals to the intervention, including those with a higher level of need.



Implications and recommendations

Although further research is needed to confirm the findings, the current study suggests that:

1. Optimal attendance might be important in increasing the benefits of TSA.
2. TSA delivery could be refined to enhance young people's wellbeing, peer support, and school connection (see Implications - page 17).
3. Further work may be needed to ensure consistent intervention delivery.
4. The qualitative findings suggested that TSA might be effective in building young people's project management skills, communication skills, self-confidence, and social skills, which were not measured in the current study. Future research should therefore measure whether improvements are observed in such skills.



Main report

Team Social Action intervention

Team Social Action (TSA) is a targeted intervention run in schools by HeadStart Newham. It is designed for Year 8 and 9 pupils with an emerging mental health difficulty; specifically, a mild or moderate emotional, behavioural, attention, or relationship difficulty, as assessed by the person referring them. Pupils are nominated to participate by a professional, such as a teacher, or they can self-refer. A HeadStart Youth Practitioner has a one-to-one discussion with eligible pupils to explain the intervention and confirm they would like to take part.

The intervention involves pupils identifying a topic and then co-developing a social action project to deliver in school or the community. A TSA group comprises up to 15 pupils, supported by a trained Youth Practitioner over 10-12 weekly sessions, during or after school. The Youth Practitioner may have up to three one-to-one sessions with pupils to reflect on their needs and progress. Each pupil has a TSA workbook to document their learning. Examples of TSA projects include:

- **Sleeping rough in Newham.** Pupils delivered assemblies to all year groups to raise awareness of rough sleeping in Newham, and hosted a tuck shop to raise funds for Crisis, a homelessness charity.
- **Self-care for pupils.** This project aimed to promote the importance of self-care for wellbeing. The group created wellbeing packs and gave them to pupils.

The aim of TSA is to improve young people's wellbeing by supporting them to foster interests, highlight achievements, develop life skills such as problem-solving, understand their place in the world, and take on responsibilities and obligations, as well as improve relationships

to peers, school and/or the community. The logic model opposite (**Figure 1**) outlines the intervention selection, activities, intended outcomes and longer-term impact.

Previous research has found that young people participating in social action report stronger personal networks and teamwork, higher self-confidence, better life satisfaction, community engagement, and social and problem-solving skills²⁻⁶. However, evidence on the efficacy of social action interventions has been mixed, and some of the above studies were shown to have weak to moderate methodological quality⁷. Additionally, some studies found that young people participating in social action interventions reported worse school-related outcomes, such as attitudes and attainment (although effects were small)^{4,6}.

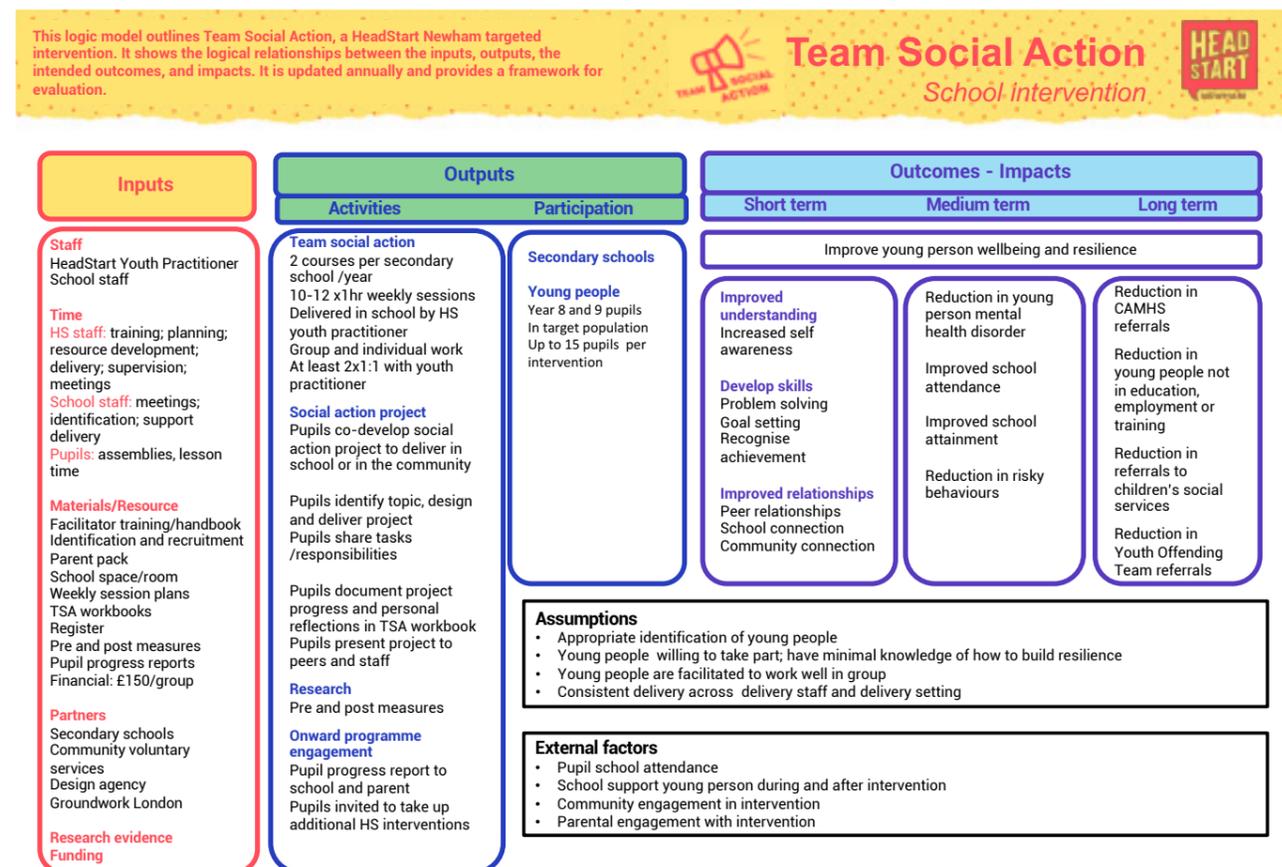


Figure 1. Team Social Action logic model

The study

This study was co-designed by the Manchester Institute of Education and HeadStart Newham. It had two strands: a waitlist randomised controlled trial (RCT) to assess the impact of TSA (led by Manchester Institute of Education), followed by qualitative interviews with stakeholders to understand the intervention experience and contextualise the results of the trial (led by HeadStart Newham). The study took place during one academic year, 2017-2018.

Research questions

The study explored four questions:

1. Whether and how taking part in TSA impacts pupil's positive wellbeing.
2. Whether and how taking part in TSA impacts pupils' perceptions of peer support.
3. Whether and how taking part in TSA impacts pupils' school connection.
4. How TSA was implemented, and whether intervention compliance (i.e., attendance) impacts on the outcomes.

Strand 1.

Waitlist randomised controlled trial

Design

Strand 1 was a waitlist RCT, which compared two randomised samples (intervention vs. control) who in the long run both accessed TSA.

Eligible pupils in the current study were randomly assigned to either participate in TSA (intervention group) or to be supported as usual in their school setting (control group). The control group could go on to participate in TSA after the outcome data was collected (see Figure 2). The randomisation was administered by an independent statistician and included a process known as 'minimisation' to ensure that the two groups had a balance of sex and age.

A 'post-test only' design was used. In other words, outcome data on wellbeing, peer support, and school connection were only collected at the end of the trial. This helped maximise the sample size, reduce data collection burden and eliminate pre-test sensitisation effects⁸. The number of young people in the trial was sufficiently large for random allocation to prevent any pre-existing differences from biasing the results⁹.

Measures

The Wellbeing Measurement Framework (WMF) is an annual pupil survey across all HeadStart partnerships¹⁰ and it was the source of the outcome data for this trial. The WMF took place after the intervention group had completed TSA, but before the control group had started it.

– **Short Warwick Mental Wellbeing Scale (SWEMBS)**¹¹⁻¹² was used to measure young people's wellbeing (e.g., "Over the last two weeks, I've been feeling useful").

– **Student Resilience Survey (SRS)**¹³⁻¹⁴ was used to measure young people's perception of peer support (this refers to how supported pupils feel by their peers, e.g., "Are there students at your school who would help you if you hurt yourself?") and school connection (this refers to how connected a pupil feels to their school, e.g., "At school, there is an adult who really cares about me").

The sample

A total of 318 young people from 10 Newham secondary schools participated in the trial: 159 in the intervention group, 159 in the control group. Over half (55.7%) were in Year 8 and the remainder in Year 9 (44.3%). Consistent with existing work^{2,6} there were more female than male pupils (59.1% and 40.9%, respectively); and around one quarter (23.9%) were eligible for free school meals (FSM). Sex, year group, and FSM eligibility were equally split between the intervention and control group.

The majority of young people (61.3%) were referred to TSA by professionals (school staff, Youth Practitioners, any other professionals) and around one quarter were self-referred (24.5%). Nomination data on the remaining young people (14.2%) was not available (i.e., missing data).

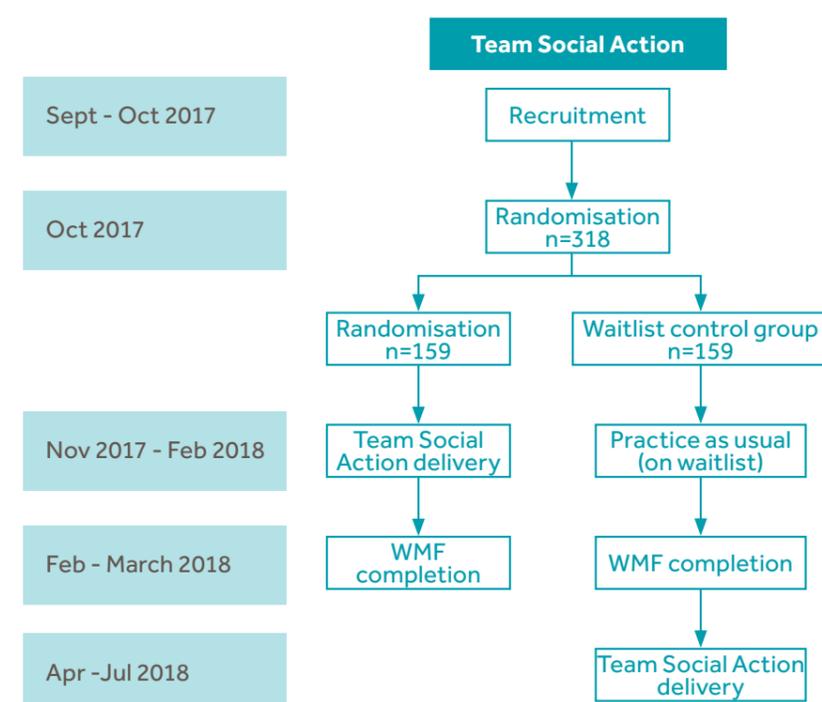


Figure 2. Team Social Action waitlist RCT flowchart

Analysis

Two types of analysis were performed. The first, intent-to-treat (ITT), analyses outcomes regardless of whether those in the intervention group received the intervention or not¹⁵. The second, complier average causal effect (CACE) estimation¹⁶, takes the number of sessions attended into account. This second approach classifies young people allocated to TSA as either "compliers" (those that attended the optimal number of TSA sessions) or "non-compliers" (those that did not attend the optimal number of TSA sessions).

Attendance to TSA was used to define compliance to the intervention, in two ways: moderate compliers (n = 49, 30.8%) were those attending 9 or more of the maximum 12 TSA sessions, while high compliers (n = 11, 6.9%) were those attending 10 or more sessions.ⁱ

i - Medium attendance (9 sessions) is the score at the 50% percentile. In other words, attendance = 9 is higher than 50% of all the attendance scores. High attendance (10 sessions) is the score at the 75th percentile. In other words, attendance = 10 is higher than 75% of all the attendance scores.



ITT and CACE models were conducted for each of the three trial outcomes: wellbeing, peer support, and school connectionⁱⁱ. For ITT we used multiple linear regression which compared the scores of young people receiving TSA to those from the control group, taking into consideration the possible impact of other characteristics such as sex, year group, and FSM eligibility. For CACE we used latent class analysis, which compared the scores of young people receiving TSA to those from the control group, taking into consideration the difference in their TSA attendance. Young people's sex, year group, and eligibility for FSM were also taken into consideration to increase the accuracy of the results.

Findings

Does participation in TSA impact positive wellbeing?

ITT analyses showed that participating in TSA had no statistically significant impact on young people's wellbeing ($\beta = .05, p > .05^{iii}$). In other words, when attendance was not taken into account there were no discernible differences between the control and intervention groups.

Similarly, CACE analysis showed that attending 9 or more sessions (moderate compliance) did not have a statistically significant impact on young people's wellbeing ($\beta = .51, p > .05$). However, attending 10 or more sessions (high compliance) led to a small but statistically significant improvement in wellbeing ($\beta = 1.49, p < .001; \Delta = .26$). In other words, participating in TSA can improve pupil wellbeing to a small degree, but only among those attending 10 or more TSA sessions.

ii - All analyses were conducted in Mplus 8.1 software.

iii - β = Standardized regression coefficient – which indicates how much of a change is expected in the outcomes when young people receive TSA.

p = Probability value – whether the effect of TSA was statistically significant (values above .05 indicate that results were not statistically significant).

Δ = Standardized effect size – which indicates the standardized difference between the intervention and control groups. Values of 0.20, 0.50, and 0.80 indicate small, medium, and large differences, respectively.



Does participation in TSA impact peer support?

ITT analyses showed that participating in TSA had no statistically significant impact on young people's perceptions of feeling supported by peers ($\beta = .13, p > .05$). In other words, no discernible differences were observed between the two groups.

Similarly, CACE analysis showed that attending 9 or more sessions (moderate compliance) did not have a statistically significant impact on young people's peer support ($\beta = .63, p > .05$). However, attending 10 or more sessions (high compliance) led to a statistically significant improvement in peer support ($\beta = 1.67, p < .001; \Delta = .14$). In other words, participating in TSA can improve to a small degree peer support among young people, but only when they attend 10 or more sessions.

Does participation in TSA impact school connection?

ITT analyses showed that participating in TSA had no statistically significant impact on young people's connection to school ($\beta = .12, p > .05$). In other words, no discernible differences were observed between the two groups.

Similarly, CACE analysis showed that attending 9 or more sessions (moderate compliance) did not have a statistically significant impact on young people's school connection ($\beta = .10, p > .05$). However, attending 10 sessions (high compliance) led to a small but statistically significant negative impact on their school connection. ($\beta = -1.07, p < .001; \Delta = .22$). In other words, participating in TSA can worsen, to a small degree, the school connection of young people attending 10 or more TSA sessions.

Attendance

CACE analyses showed that girls and young people with no FSM eligibility were more likely to attend the TSA sessions than boys and those with FSM eligibility.

Limitations

There are a few limitations to the CACE analysis that takes account of attendance at TSA: the sample size of the those attending 10 or more sessions is small, and we did not collect data prior to the intervention, which would have enabled us to analyse a range of characteristics which might explain attendance at TSA (e.g., young people with low self-esteem might have been more or less likely to attend the sessions).

Attending 10 or more sessions (high compliance) led to:



A small but statistically significant improvement in wellbeing.



A statistically significant improvement in peer support.



A statistically significant negative impact on the school connection of young people.



Keep in mind the sample size of those attending 10 or more sessions is small.



Girls and young people with no FSM eligibility were more likely to attend TSA sessions than boys and those with FSM eligibility.

Strand 2.

Qualitative in-depth interviews

Design

A qualitative study was designed to complement and build on the RCT. Experienced researchers facilitated in-depth interviews with pupils, Youth Practitioners and school staff to explore how they experienced the intervention, to help explain the RCT findings and explore any outcomes not measured in the RCT.

The sample

The sample included 21 participants: 15 pupils that had completed TSA, from across 4 schools, 3 Youth Practitioners, and 3 staff, each from a different school.

Pupil participants were selected from the group participating in TSA. Recruitment took into consideration the inclusion of a range of schools, post-intervention survey wellbeing score (low, medium, and high), year group, and gender. The Youth Practitioner and school staff sample were drawn from the schools that pupils in the qualitative study were attending.

Fieldwork took place in June-July 2018. Topic guides ensured consistency of coverage across researchers and consent was sought from parents and participants. Interviews were audio recorded and transcribed verbatim.

Analysis

The framework method, a thematic approach to analysing qualitative data, was used to identify themes within the data. Data were compared and contrasted between cases (looking at what different participants said on the same issue) and within cases (looking at how a participant

groups' opinions on one topic relate to their views on another). The analysis was fully documented and conclusions can be linked to the original source data. However, participants cannot be identified.

Findings Identifying young people

Schools' pupil identification process had been informed by HeadStart Academic Resilience training^{iv}, which clarified the target population and a system to identify pupils with emerging mental health need. Schools took different approaches to recruitment, including: promoting TSA in assemblies and encouraging pupils to self-recommend; school staff recommendations alongside a discussion with the pupil; or staff recommendation without discussing it with pupils. Where school staff had not discussed the referral with them, pupils explained that they did not know what TSA was, and had assumed it was an academic intervention or a punishment for misbehaviour.

Youth Practitioners were in favour of pupil self-recommendation, as they perceived the pupils would be more engaged with TSA from the start. Practitioners also felt that pupils with high level emotional and behavioural needs had been put forward, and that the group dynamic had not been considered when schools recommended pupils, which could be disruptive to managing behaviour and developing group cohesion.

School staff outlined two barriers to taking up TSA: (1) parents/pupils' concern that pastoral interventions may detract from academic studies and (2) parental/pupil reluctance to participate in an early mental health intervention.

iv - Expert training and coaching for school staff to ensure they have a system in place for identifying young people who could benefit from additional support to improve their resilience.

Barriers to taking up TSA



Thinking that TSA was an academic intervention or punishment.



Parent/pupil concern that pastoral interventions may detract from academic studies.



Parent/pupil reluctance to participate in an early mental health intervention.

Attendance to TSA



Young people attended an average of 8 sessions.



60% of Youth Practitioners ran 12 TSA sessions per group, and the average duration was 65 mins.

Training Youth Practitioners



90% of Youth Practitioners reported they were given guidelines on how to deliver TSA.



The average implementation quality score was 25 (out of 30).

Schools found that avoiding the words mental health and focusing on the potential opportunities and benefits of the intervention could mitigate such concerns.

Intervention implementation

Training

All 10 Youth Practitioners completed a survey about implementing TSA (Implementation Measurement Framework, IMF), and 9 (90%) reported that they were given guidelines on how to deliver TSA. Youth Practitioners explained that they had received training on how to deliver TSA, which was run in conjunction with other HeadStart intervention training. This meant that Practitioners found it difficult to distinguish specific training for TSA. Instead, Practitioners learnt how to implement TSA during delivery.

Intervention fidelity

All Practitioners delivered at least 10 sessions, with the majority (60%) delivering 12. However, pupils did not necessarily attend all available sessions. The average reported session duration was 65 minutes. In terms of procedural fidelity/adherence to TSA guidance, the average score was 15 out of a possible 20 (75%). The average implementation quality score was 25 out of a possible 30 (83%). Finally, the average responsiveness score was 8 out of 10 (80%), which indicates that young people were very enthusiastic and highly engaged with TSA.

The interviewed Practitioners had a shared understanding of TSA but described different approaches to delivery based on the school, the group's needs and their facilitation style. For example, one Practitioner included discussions about mental health, which the other Practitioners did not.

Attendance

Attendance data indicated that young people attended an average of 8 of the maximum 12 group sessions (67%). The interviews uncovered that the barriers to attendance included detentions, isolation and exclusions, whereby the pupil was not permitted to attend the session by school staff. Delivery after school was also a barrier to full attendance as pupils may have other priorities.

Outcomes

Does participation in TSA impact positive wellbeing?

The qualitative interviews revealed that pupils did not link their participation in TSA to changes in their wellbeing. Pupils' sense of wellbeing tended to relate to wider aspects of life, such as relationships with family, friends and school, and events, such as parental separation. TSA could, however, provide a temporary distraction from difficulties pupils may have been experiencing.

"In our group, even if they're smiling you don't know how they're feeling inside, so anything could have happened at home out of school in the morning, even in school...but at HeadStart, at least it would give a distraction."

TSA participant

The TSA activities, tasks and responsibilities could help pupils to develop communication and project management skills and build their self-confidence. The perceived mechanisms for these skills development included encouragement by the facilitating Youth Practitioner to express their opinions, working and communicating with different groups of pupils, public speaking at school assemblies, or running an event.

"I'm not really seen talking in assemblies, I wouldn't be the type to just go up, talk. I felt like that [presenting an assembly] really helped me to gain more confidence."

TSA participant

Delivering a social action project could provide pupils with a sense of achievement, by delivering a concrete output such as running a successful event, raising money, or creating a product, and supporting a cause that felt important and was perceived to help others. Receiving recognition from peers, school, and/or the community or charity organisation could reinforce this sense of achievement. Conversely, where a TSA project

was not fully executed or did not deliver an end product, this could leave pupils feeling that their participation had been a waste of time and reinforce a negative self-view.

"I made the presentation and we never got to do it I was actually upset. I think [Youth Practitioner] was as well, but then I just realised at least I did something for the group."

TSA participant

Youth Practitioners reported seeing growth the confidence of pupils during the intervention, which they attributed to the opportunities to present to one another, work with new people and being empowered to make decisions about the project. They also believed that the TSA activities and responsibilities could improve self-awareness among participants. Similarly, teachers perceived TSA to develop pupils' leadership skills. They had noticed small changes for some pupils, including more confidence, maturity and proactively trying new activities in school.

"It's obviously [Youth Practitioner] and the way he facilitates, but it's having that something else to do other than the usual stuff in school, so actually planning and taking part and reviewing an event, actually it helps them to grow up, it helps them to mature."

School lead, Newham secondary school



Does participation in TSA impact peer support?

In the qualitative interviews, young people explained that TSA provided an opportunity to work with a new group of peers. Pupils did not experience changes to their existing friendship groups as a result of participation. They did, however, feel that it strengthened their social capital and peer networks in school. This was achieved through the group intervention design that comprised pupils from across year groups and different academic sets. Ice breaker games facilitated group formation, as well as the discussions and activities to deliver the social action project. Pupils reported that their perceptions of others had changed during the intervention. They learnt more about one another through hearing pupils talk and share opinions, and demonstrating talents.

"When I was there, all the people were so different compared to my people, like my friends, because all these people, they were from different classes compared to me...but when we got to know each other, and we got to share ideas with each other. That was the thing that I liked about it."

TSA participant

Youth Practitioners felt that TSA could develop skills required for teamwork. At the start of the intervention they observed that pupils tended to work with existing friends or pupils in their year group, but over time progressed to working with others. Youth Practitioners encouraged pupils to help one another to encourage the development of social skills.

"We're working with Year 8s, Year 9s, they've got at least between three or five years at the school. For a young person who feels very alone to be walking down the corridor, see someone they do TSA with and go, like just a little nod of acknowledgement, is massive."

HeadStart Youth Practitioner

However, Practitioners were not always aware of tensions between pupils, even when these were known by the school. Practitioners stressed the importance of schools considering the group dynamic when recommending pupils to the intervention, as this could be problematic. School staff believed that a key feature of TSA was the shared experience for the group, and exposure to working with different peers. Schools felt this could help pupils to feel a part of something important, while developing skills to work well with new groups of people.

Does participation in TSA impact school connection?

The qualitative interviews highlighted that pupils viewed TSA as separate from school. Pupils did not describe changes in their connection to school or staff as a result of their participation. It seemed likely that this was because school staff were not perceived to be part of TSA. Pupils recalled that the school lead may ask them about TSA in passing, in the playground or corridor, but not in detail. Aside from the lead, pupils believed that few staff were aware of TSA, which was also evident from interviews with staff, as noted below.

During TSA events, pupils took note of teachers that participated by buying cake for example, and also teachers that did not participate or appeared not to show an interest. Where a project had not been delivered, pupils suspected that this might have provided teachers with a negative view of them.

Youth Practitioners and pupils explained that the wider school context was related to a young person's connection to school, more so than participation in a short term intervention such as TSA. For instance, there were schools that were undergoing a period of change during TSA delivery, e.g. academisation, and associated changes in such schools could be disruptive for pupils. Participation in TSA and access to a Youth Practitioner as someone that they could speak to about concerns at school could be protective for pupils.

Participating in TSA could be a motivator to attend school on session days in order to not to let the group or Youth Practitioner down, and because sessions were enjoyable. Motivation to attend school generally, however, did not seem to change.

"If I'm really tired I don't come to school. Some days I just don't get any sleep at night and I won't come to school, but if it was a Monday and I'm doing HeadStart I'd force myself to come to school."

TSA Participant

Where there had been a safeguarding disclosure during TSA, the Youth Practitioner had discussed it with the pupil and referred it to the school. Pupils did not always feel the school response had been appropriate or as sensitive as that of the Youth Practitioner; which may have been detrimental to these pupils' school connection.

Youth Practitioners did not think the intervention changed school connection, as there was limited school involvement. They stressed the value of teacher involvement in observing sessions and discussing pupil progress and needs.

"HeadStart is about planting the seed...you need somebody in the school to carry it on."

HeadStart Youth Practitioner

School staff leads had an overall understanding of TSA, but limited understanding of session content and did not feel the need to know more. They considered TSA as an additional resource, acknowledging the value of external delivery as an opportunity for pupils to work with another adult and have a different type of experience at school.

"It's nicer for them to have some type of activity or some type of intervention just to maybe build that school community spirit within the school, so they know that they've got somebody to come and talk to. I think maybe having HeadStart here, knowing there are interventions going on, I think that probably helps the kids."

School lead, Newham secondary school

Youth Practitioners advocated for school staff to have greater involvement in TSA. Practitioners suggested that having a staff member in sessions could help connect the school to the intervention, support behaviour management and possibly build on pupil progress after the intervention.

School leads described a better rapport and working relationship with Practitioners that were visible in the school outside of the intervention sessions, for example, attendance at Team Around the Child^v meetings, and taking the opportunities to meet with the staff lead during break time duty for example, and communicating the project development and sessions with the lead via email.



^v A multi-agency approach to identifying and addressing safeguarding concerns about children.

Conclusion

The RCT found that, if attendance is not taken into account, there is no evidence of the intervention having an impact on any of our three outcomes: wellbeing, school connection and peer support, for participants in comparison to the control group. While this is inconsistent with other studies for similar interventions that found improvements in life satisfaction and social support² the changes observed in existing studies were small.

There was also no evidence of impact among pupils attending 9 or more sessions. However, statistically significant intervention effects for wellbeing, peer support and school connection, were identified among those attending 10 or more sessions. The effect sizes were small in all cases, and while TSA led to higher wellbeing and peer support scores among high compliers, the impact on school connection was negative (i.e., school connectedness declined). The latter was consistent with existing peer volunteering interventions reporting small negative impact on academic outcomes^{4,6}.

However, there are limitations to the current analysis that was carried out, therefore further research is needed to confirm these findings. Finally, analyses showed that girls and young people not eligible for FSM were more likely to attend the TSA sessions.

The qualitative findings corroborated the results of the RCT. TSA participants did not experience changes to their wellbeing. Instead they described enjoying the intervention, and that participation could support development of project management and communication skills. Delivery of a successful project could provide a sense of achievement for pupils. The combination of these experiences could help build their self-confidence.

Pupils did not tend to become friends with other TSA participants. However, participation did provide the chance to work with new and different peers, and pupils acknowledged one another when they saw each other outside of sessions, which might suggest it contributed to pupils' social capital.

Pupils viewed the intervention as separate from school, as teaching staff were not in sessions. Practitioners could struggle to have dedicated time with the school lead to discuss the progress of pupils and the project.

While Practitioners, school leads and young people had a shared understanding of TSA, there was variation in implementation approaches across schools and Practitioners, and challenges in recommending young people appropriately.

Implications, key learnings and recommendations

Attendance matters

Although further research is needed to confirm the findings, analyses showed that girls and young people with no FSM eligibility were more likely to attend the TSA sessions. Additionally, the current study suggests that optimal attendance might be important in increasing the benefits of the TSA. Pupils might be further benefited if encouraged to attend and engage with TSA. The average attendance was 8 out of 12 sessions, and so future delivery should address this issue if the anticipated benefits of the intervention are to be realised.

Supporting positive wellbeing

Results from ITT and qualitative analysis support that young people did not feel that their wellbeing was improved. However, qualitative findings show that TSA might be influencing other important skills, such as social skills, that are shown to be significant in the promotion of positive development and prevention of risk¹⁷.

For a positive intervention experience for participants, TSA delivery may consider:

- Involvement of a community or voluntary organisation, e.g. as a guest speaker or pupil site visit, to support a sense of achievement.
- Ensure a project output is delivered, and mitigate the risk of projects not being delivered.
- The facilitating Youth Practitioner to embed celebration of achievements and learning at the end of the intervention to help pupils to recognise the skills developed.

Building peer relationships

Practitioners may consider strategies for facilitating peer relationships, such as:

- A mix of paired, group and individual work to enable pupils to work and learn from peers.
- Obtaining intelligence from the school lead about the group and their relationships.
- Managing any tensions in the group.

School connection

Consider how TSA can be viewed as delivered in partnership with the school. For example:

- Creating opportunities for TSA to be seen by pupils as working in partnership with the school.
- Raising the visibility of the TSA project in the school and enlisting the support of teachers and the wider pupil community.

Intervention fidelity across Practitioners and schools

To ensure consistent intervention delivery and outcomes, the service may review how to:

- Support schools to recommend appropriate pupils and communicate the potential benefits of participation, and avoid recommendation to TSA being viewed as a punishment.
- Shared delivery approaches across Practitioners.

Measuring change

The qualitative findings suggested that TSA may develop skills that might have benefits for young people's communication skills, self-confidence, and social skills, which were not measured in the RCT. We therefore suggest further research to measure whether improvements in other skills are indeed outcomes of the intervention. Additionally, future work would benefit by comparing the types of social action interventions and how these impact on different skills, as previous studies have done.⁵



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About the HeadStart Learning Team

The Evidence Based Practice Unit at the Anna Freud National Centre for Children and Families and UCL is working with The National Lottery Community Fund and the HeadStart partnerships to collect, evaluate and share evidence about what does and doesn't work locally to benefit young people now and in the future.

Partners working with the Evidence Based Practice Unit on this evaluation include the **Child Outcomes Research Consortium (CORC)**, **Common Room, London School of Economics** and the **University of Manchester**.

For more information visit:
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