



UNIVERSITY
OF HULL

Independent Local Evaluation of HeadStart Hull: **Final Report**

August 2021

Written and edited by

Principle investigator: **Dr Jacquie White**
 Post-doctoral researcher: **Dr Sheila Hardy**
 Research assistant: **Sarah Colley**

Designed by

Tom Stevens

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Acronyms

- ADHD** - attention deficit hyperactivity disorder
- CAMHS** - Child and Adolescent Mental Health Service
- CBT** - Cognitive Behaviour Therapy
- CCGs** - Clinical Commissioning Groups
- CYPF** - Children, Young People and Families
- EHASH** - Early Help and Safeguarding Hub
- ERVAS** - East Riding Voluntary Action Services
- HCC** - Hull City Council
- HSH** - HeadStart Hull
- HYJS** - Hull Youth Justice Service
- IAPT** - Increasing Access to Psychological Therapy
- IPTA** - Interpersonal Therapy for Adolescents
- LGBTQ** - lesbian, gay, bisexual, transgender and queer or questioning
- MAT** - multi-academy trust
- NCLF** - National Lottery Community Fund
- NEET** - not in education, employment, or training
- OFSTED** - Office for Standards in Education, Children's Services and Skills
- PRU** - Pupil Referral Unit
- PSHE** - Personal, Social, Health and Economic
- SATs** - Standard Assessment Tests
- SCAS** - Specialist child assessment service
- SEND** - Special Educational Needs and Disabilities
- VCS** - voluntary and community sector

Foreword

Poor mental health is something that most people will experience in their lifetime, whether it is only a couple of stressful days or a diagnosis of a disorder, however I believe that everyone deserves the help, regardless of how healthy they seem to be, without there being so much stigma surrounding accessing the support. Headstart Hull, for the past five years has been using their services and interventions to support young people with their emotional health and wellbeing, as well as encouraging schools and parents/carers to help their children and themselves. This has been done through various young person led campaigns (like the YANA campaign), support systems (like the parent/student peer mentoring system) and the Mark of Excellence award. All of these support systems have been designed to support and educate young people, parents, carers, youth workers and teachers on how to help themselves and everyone around them.

Mental health in teenagers and children is often ridiculed and explained by the young person being shy or nervous in school. It's seen as something that will pass as the young person gets older, however that is frequently not the case. Fifty percent of mental health cases start by age 14, and three quarters start by 24, which shows that early intervention is vital to preventing the development of mental health issues or reducing the effect that it has on the young person. There are many factors that can contribute to being in a state of poor mental health, however concerns regarding Covid and the lockdown causing people to be in isolation is seen as the biggest factor right now. This means that now more than ever access to the necessary help is harder than before, meaning that organisations like HeadStart Hull are more essential than ever before.

As a young person, I strongly encourage and invite you to read this report as its findings show how vital not only Headstart Hull, but other mental health support systems are in endorsing positive behaviours that encourage better emotional wellbeing for not only young people but for parents and carers too. By reading about things that work and the limitations that arise, we can improve our services and help even more people with their mental health and emotional wellbeing.

Gabriela Surdyk

Gabriela Surdyk
(Previous Young Mayor and HeadStart Hull Volunteer)



Executive Summary

Introduction

HeadStart is a five-year national strategic programme funded by the The National Lottery Community Fund (NLCF) which aims to take an asset-based approach to improving the mental health of young people aged 10-16 years in England. HeadStart Hull is one of six programmes in the country. The University of Hull was commissioned to carry out the independent local evaluation of HeadStart Hull (Phase Three) delivered during the period 1st August 2016 until October 2020.

Methods

Methods included an appraisal of published literature, analysis of (secondary) data provided by HeadStart Hull and analysis of (primary) data collected by the Independent Evaluation Team at the University using a 'feedback' website and online surveys, examination of the minutes of HeadStart Hull strategic and operational meetings, an examination of information and resources provided by HeadStart Hull for children and young people and interviews with HeadStart Hull service coordinators and managers. Ethical approval was granted by the University of Hull Faculty of Health Sciences Research Ethics Committee on 28th June 2018 (REF FHS53).



Main findings

Hull is the fourth most deprived local authority in England. There was an increase of happiness and life satisfaction during the time leading up to Hull's tenure as the 2017 UK City of Culture, but this returned to the levels recorded in 2015 by the end of 2017. The number of people aged 16 to 17 years in Hull making out of work claims recorded in March 2020 was 1% compared to 0.2% in August 2016. There is emerging evidence that the COVID-19 pandemic has acted as a further multiplier of inequality in the city. For example, FareShare Hull and Humber who redistribute surplus food from the food industry report feeding more than 10,500 people every week who are directly affected by food poverty.

Some areas of the health and wellbeing of children in Kingston upon Hull are worse than England, including more teenage pregnancy, more smoking in pregnancy, low breastfeeding rates, low MMR immunisation level, poorer dental health, and higher obesity rates. Conceptions in young women under the age of 16 years in Hull fell from 61 in 1000 in that age group in the period 2015 to 2017, to 58 in the period 2016 to 2018.

In 2017/18, there were 37 admissions of children and young people aged under 18 to hospital in Hull because of a mental health disorder, a rate of 65.5 per 100,000 population aged under 18, compared to 84.7 in England. This is an increase locally from the previous year (53.6 per 100,000), but a decrease from the years 2015/16. The rate of hospital admissions of children and young people for conditions wholly related to alcohol is increasing in Hull despite it decreasing nationally. Ofsted reported in 2020 the progress and experiences of children in care in Hull have deteriorated and many children have not received acceptable responses to their needs. The number of young people in the youth justice system in Hull from April 2015 to March 2016, was 30 aged 10 to 14 years and 107 aged 15 to 17 years, compared to 36 aged 10 to 14 years and 90 aged 15 to 17 years from April 2018 to March 2019.

Pupil absences (authorized and unauthorized) increased in all school types in Hull in the school year 2018/2019 when compared with the school year 2015/2016. In 2019, across Hull, the average Attainment 8 score was 43.3, which compares to 46.7 for pupils across all state-funded schools in England.

Most young people found out about HeadStart Hull from a teacher or another member of school staff



Friendliness of others was the most helpful factor for young people to attend a HeadStart Hull service



81 out of 100 young people found it easy to arrange to attend a HeadStart Hull service



HeadStart Hull staff have reported young people being hungry on arrival to sessions



Most of the young people we asked found the HeadStart Hull service they attended enjoyable



Two thirds thought they were good fun



The average length of time a young person spent attending a HeadStart Hull service was 100 days



80% of the 104 young people we asked had not heard of the www.howareyoufeeling.org.uk website

Access to HeadStart Hull services

- As of May 2020, there was a total of 92 schools in Hull signed up to HeadStart Hull. Thirty-five of these schools were signed up as HeadStart Lite. This meant they could sign up to the ethos of HeadStart but with a limited offer of support.
- Most young people found out about HeadStart Hull from a teacher or another member of school staff.
- Between September 2016 and July 2019, a total of 1,039 young people accessed a HeadStart Hull service which collected data (some of these may be the same young person accessing a number of services and no data was provided for the Turn2Us and Play Rangers services).
- Out of 101 young people who were asked, 81 found it easy to arrange to attend a HeadStart Hull service.
- Friendliness of others was the most helpful factor for young people to attend a HeadStart Hull service.
- The parents and carers who were asked what they thought would make the service better for their child said making it quicker for children to be seen and making the course longer.
- HeadStart Hull staff have reported young people being hungry on arrival to sessions. They have tried to address this by making food available at the start or during sessions.

Experience of children and young people accessing a HeadStart Hull Service

- Most of the young people we asked found the HeadStart Hull service they attended enjoyable and just under two thirds thought they were good fun. More than half of the young people thought the service was helpful and less than half said it was confidence boosting. Negative opinions about the services were low.
- The average length of time a young person spent attending a HeadStart Hull service was 100 days, with a minimum average of six days and a maximum average of 431. School based group work - SMASH had the longest average attendance and WRAP had the shortest.
- My star™ was used to measure young people's progress. The average starting score across all star areas for the six HeadStart Hull services collecting data was 3.539, which means that the young people were working on their problems themselves and with others. The average star movement was 0.676, which is a moderate increase. The average score after attendance to the services was 4.215, which meant things were mostly satisfactory.
- The total average progress across all star areas for all the six young people's HeadStart Hull services using the measure was 48%. School based group work - SMASH had the highest level of average progress across all areas, and more young people using that service progressed than stayed the same. Counselling and Young People's Peer Mentoring also had a higher percentage of young people progressing than staying the same.
- The total average deterioration across all star areas for all of the six young people's HeadStart Hull services using this measure was 5%. Counselling had the highest level of average deterioration.
- The HeadStart Hull services for young people as a whole, were most successful in improving the star areas of feelings and behaviour and confidence and self-esteem. Progress was low for the star areas, where you live, being safe and physical health.
- Eighty-seven (80%) of the 104 young people we asked had not heard of the www.howareyoufeeling.org.uk website.
- Ninety-seven (93%) of the 104 young people we asked had not heard of the mobile application Caremonkeys.

Experience of parents and carers accessing a HeadStart Hull Service

- Most of the parents and carers using HeadStart Hull parenting services who we asked, said they would recommend the service to someone else.
- The average time a parent spent attending a HeadStart Hull parenting service was 110 days. The minimum average attendance was 22 days and the longest was 357 days.
- Family star™ was used to measure parent and carer's progress. The average star starting score across all star areas for the parents using the three parenting services was 6.14; this means that parents were trying to improve with the help of services. The average star movement was 1.272, which is a large increase. The average end score for parents using the three services was 7.412, which means they are finding what works but still need support.
- The total average progress across all star areas for parents using the HeadStart Hull parenting services was 50%. Parent peer mentoring had the highest level of average progress across all areas, and more parents using that service progressed than stayed the same. Parenting Support (HCC) also had a higher percentage of parents progressing than staying the same.
- The total average deterioration across all star areas for parents using the HeadStart Hull parenting services was 5%. Parent peer mentoring had the highest level of deterioration in seven out of eight areas.
- The parenting HeadStart Hull services as a whole, were most successful in improving the star areas of boundaries and behaviour and emotional wellbeing. Progress was low for the star area home and money.
- A comparison of the outcome star results achieved by the young people who took part in HeadStart Hull with a pilot carried out in the UK during the development of My Star™ showed that less young people in Hull improved than in the pilot (48% vs 53%), but parents in Hull achieved higher Family Star™ scores than those nationally (1.272 vs 1).

Experience of those delivering the HeadStart Hull Services

- Half the workers we asked said they feel able to raise the subject of mental health and wellbeing appropriately and sensitively because they had training, though not all of it developed their confidence or incorporated theory into practice. Some workers reported they had not had any training.
- People managing and coordinating HeadStart Hull services are proud to be part of something which is desperately needed and relied on but think there is an overlap with services provided elsewhere and this can be confusing, and the age range should not be restricted when young people of all ages need access and support.
- The top five emotions we observed when talking to managers, coordinators, and facilitators about working on the HeadStart Hull project were positivity, frustration, pride, concern and feeling challenged.
- People managing and coordinating HeadStart Hull services identified a number of ways improvements could be made, including more staff, more places to go that are under cover, appropriate counselling spaces in schools, more universal services for under 10's, better publicity to enable young people to choose what service they need for themselves, making the HeadStart checklist quicker to complete, better communication within the school network and more long-term funding to ensure sustainability.

My Star™ and Family Star™ Copyright © Triangle Consulting Social Enterprise Limited



93% of the 104 young people we asked had not heard of the mobile application Caremonkeys



Most of the parents and carers using HeadStart Hull parenting services who we asked, said they **would recommend the service to someone else**



The average time a parent spent attending a HeadStart Hull parenting service was **110 days**



The **total average progress across all star areas** for parents using the HeadStart Hull parenting services was **50%**.

Recommendations

Recognising HeadStart Hull does not exist in isolation from national and local policy drivers and the decisions of funders and commissioners our recommendations (see pages 126-128 for our full list) focus on building on the strengths and addressing barriers identified in our evaluation by:

- **Providing effective services for children and young people, parents, and carers by:**
 - Continuing to commission HeadStart Hull interventions that have demonstrated benefit.
 - Working with young people in years 10 and 11 of secondary school to co-design wellbeing interventions that more closely meet their needs.
 - Maintaining the HeadStart Hull brand and Mark of Excellence.
- **Working in partnership with all stakeholders and providers to continue to build capacity in communities to ensure a sustainable future for services that benefit the children and young people of Hull by:**
 - Reducing competitiveness and bureaucracy and strengthening collaboration by continuing to support communities of practice and networks to deliver a system wide approach.
 - Increasing the visibility, recognition and support for the vital work of charities and the voluntary sector, including those providing youth services.
 - Enabling a stronger collective bidding process for funds, including specialist central support to prepare bids to maximise the opportunity to utilise innovation and best practice from all providers.
- **Addressing the practical issues identified by:**
 - Collating and publishing a directory of spaces available in communities to identify where there are opportunities to meet and hold activities.
 - Identifying a coordinator and budget to maintain and promote the www.howareyoufeeling.org.uk website.
 - Reducing the burden of assessment of needs by streamlining the HeadStart Hull Checklist and testing it with end users.
- **Ensuring workers feel confident in their skills and safe and supported in their work by:**
 - Including training and development in how to support the wellbeing of children and young people in all job descriptions and workload models of staff working with children and young people in any setting.
 - Providing access to peer support networks and multidisciplinary models of supervision.
 - Offering more regular, open and transparent communication from leaders to workers in services.
- **Making space and time for the promotion of emotional wellbeing within schools by:**
 - Influencing Ofsted to include clearer wellbeing criteria in their standards.



Background

Globally, mental health conditions make up 16% of disease and injury in young people aged 10 to 16 years, with suicide being the third leading cause of death in those aged 15 to 19 years.¹ In England, nearly 10% of children aged five to 16 years suffer from a clinically diagnosable mental health condition, but frequently these are not recognised or treated.² Anxiety disorders are the most predominant psychiatric disorders in youth.³

A meta-analysis looking at age of onset, found that mental disorders such as anxiety disorders and specific phobia, generally start before the age of 15 years.⁴ Having one of these disorders will negatively affect the young person's quality of life, and commonly precedes other psychiatric disorders for example, depression and substance abuse.⁵



Nearly **10% of children aged five to 16 years** suffer from a clinically diagnosable mental health condition



Anxiety disorders are the **most predominant psychiatric disorders in young people**

¹ The World Health Organisation. (2019) *Adolescent mental health*. Available online: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health> [Accessed 1/7/2021]
² The Children's Society. (2008) *The Good Childhood Inquiry: health research evidence*. London: The Children's Society.
³ Cartwright-Hatton S., McNicol K., Doubleday, E. (2006) Anxiety in a neglected population: prevalence of anxiety disorders in pre-adolescent children. *Clinical Psychology Review*, **26** (7):817-33.
⁴ de Lijster, J.M., Dierckx, B., Utens, E.M. et al. (2017) The age of onset of anxiety disorders: a meta-analysis. *Canadian journal of psychiatry. Revue canadienne de psychiatrie*, **62** (4), p.237.
⁵ Simon, E., De Hullu, E., Bögels, S. et al. (2020) Development of 'learn to dare!': An online assessment and intervention platform for anxious children. *BMC psychiatry*, **20** (1), pp.1-12

Risk factors for young people developing mental health problems

There are many risk factors which increase the likelihood of young people developing mental health problems.⁶ In their guidance for school staff regarding mental health and behaviour, the department for education explain that these risks may be related to the child themselves, their family, their school, or their community (table 1).⁷

Table 1: Factors which may risk the development of mental health problems in young people

<p>In the child</p> <ul style="list-style-type: none"> Genetic influences Low IQ and learning disabilities Specific development delay or neuro-diversity Communication difficulties Difficult temperament Physical illness Academic failure Low self-esteem 	<p>In the family</p> <ul style="list-style-type: none"> Overt parental conflict including domestic violence Family breakdown (including where children are taken into care or adopted) Inconsistent or unclear discipline Hostile and rejecting relationships Failure to adapt to a child's changing needs Physical, sexual, neglect or emotional abuse Parental psychiatric illness Parental criminality, alcoholism or personality disorder Death and loss - including loss of friendship
<p>In the school</p> <ul style="list-style-type: none"> Bullying Discrimination Breakdown in or lack of positive friendships Deviant peer influences Peer pressure Poor pupil to teacher relationship 	<p>In the community</p> <ul style="list-style-type: none"> Socio-economic disadvantage Homelessness Disaster, accidents, war or other overwhelming events Discrimination Other significant life events

As risk factors are cumulative, young people exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are more likely to develop behavioural problems⁸. A national cohort study (n= 16,401) carried out in Britain⁹ showed that boys with five or more risk factors were almost eleven times more likely to develop conduct disorder under the age of ten than boys with no risk factors; and girls of a similar age with five or more risk factors were nineteen times more likely to develop the disorder than those with no risk factors.

⁶ Rutter, M. (1985) Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder. *The British Journal of Psychiatry*. **147** (6) 598-611.

⁷ Department for Education. (2016) *Mental health and behaviour in schools*. Department for Education: London.

⁸ Brown, E. R., Khan, L., and Parsonage, M. (2012) *A Chance to Change: Delivering effective parenting programmes to transform lives*. Centre for Mental Health: London. Available online: https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/chance_to_change.pdf [Accessed 7/7/2021]

⁹ Murray, J., Irving, B., Farrington, D. et al. (2010) Very early predictors of conduct problems and crime: results from a national cohort study. *Journal Of Child Psychology & Psychiatry*. **51** (11) 1198-1207.

Enabling children to be resilient to mental health problems

The department for education clarifies that an important key to promoting children's mental health is an understanding of the protective factors that enable children to be resilient to mental health problems when they encounter problems and challenges. They describe these protective factors under the headings, in the child, in the family, in the school, and in the community (table 2)¹⁰.

Table 2: Protective factors that enable children to be resilient to mental health problems

<p>In the child</p> <ul style="list-style-type: none"> Being female (in younger children) Secure attachment experience Outgoing temperament as an infant Good communication skills, sociability Being a planner and having a belief in control Humour Problem solving skills and a positive attitude Experiences of success and achievement Faith or spirituality Capacity to reflect 	<p>In the family</p> <ul style="list-style-type: none"> At least one good parent-child relationship (or one supportive adult) Affection Clear, consistent discipline Support for education Supportive long-term relationship or the absence of severe discord
<p>In the school</p> <ul style="list-style-type: none"> Clear policies on behaviour and bullying 'Open door' policy for children to raise problems A whole-school approach to promoting good mental health Positive classroom management A sense of belonging Positive peer influences 	<p>In the community</p> <ul style="list-style-type: none"> Wider supportive network Good housing High standard of living High morale school with positive policies for behaviour, attitudes and anti-bullying Opportunities for valued social roles Range of sport/leisure activities

A qualitative study carried out by the National HeadStart team concluded that it is important for young people to be able to talk to about their problems when they need to, and to have time to do the things that they enjoy or relaxes them or makes them feel better. They also found that exposure to a risk factor does not necessarily and automatically negatively affect wellbeing, so suggest that targeted support may most benefit those who have experienced a negative impact on their wellbeing following their experience of a particular risk factor.¹¹

¹⁰ Department for Education. (2016) *Mental health and behaviour in schools*. Department for Education: London.

¹¹ Staple, E., and Deighton, J. (2018) *HeadStart Year 1: National Qualitative Evaluation Findings - Young People's Perspectives*. London: CAMHS Press.

HeadStart: The National Context

The NCLF HeadStart programme aimed to improve the mental well-being of at-risk 10 to 16-year-olds.

The objectives were for:

- Socially significant improvements in the mental well-being of children at risk
- Reduction in the onset of diagnosable mental health disorders
- Improved engagement in school and improved academic attainment
- Reduced engagement in risky behaviours e.g. substance misuse, criminality & teenage pregnancy
- Improved employability.

To achieve this, the NCLF invested £56m in six local partnerships, namely Hull, Cornwall, Blackpool, Wolverhampton, Kent and Newham. Each area took the core HeadStart aim and objectives and developed a model to meet local need.

They were expected to facilitate and support:

- The implementation of a locally developed, cross-disciplinary, multi-layered and integrated prevention strategy, with the young person and their needs at its core.
- The creation and growth of the necessary local conditions to enable that strategy to become sustainable in time.
- The development of robust evidence-base around 'what works' in the area of mental well-being to be pro-actively shared beyond HeadStart with the aim of contributing to the national and local policy debate.

 The NCLF invested **£56m in six local partnerships**

About Hull

Hull (full name Kingston-upon-Hull) is a city in the East Riding of Yorkshire, England¹². It lies on the north bank of the River Humber estuary at its junction with the River Hull, 14 miles from the North Sea. In the 2011 census¹³ the population of Hull was 256,406. Demographic data from this census is outlined in table 3.



Table 3: Demographic data of Hull compared to the rest of England

	Hull	England
Male	50%	49%
Average age	37 years	39 years
Born in England	90%	83.5%
English spoken	93.5%	92%
No religion	34%	24%
Married or cohabiting	52%	58%
Professional or associate professional	20%	30%
Skilled trades	14%	11%
Elementary and elementary support	30.5%	22.5%
Sales, caring, leisure, administration	33%	38%

¹² Encyclopaedia Britannica Online. (2017) *Kingston upon Hull*. Accessed online: <https://www.britannica.com/place/Kingston-upon-Hull> [Accessed 1/7/2021]

¹³ Qpzm LocalStats UK (2017) *Kingston upon Hull Census Demographics United Kingdom*. Adapted from data from the Office for National Statistics licensed under the Open Government Licence v1.0. Accessed online: <http://localstats.co.uk/census-demographics/> [Accessed 1/7/2021]

During the period that HeadStart Hull was delivered, Hull hosted the 2017 City of Culture. This created a rise of local and national support for Hull, where residents rediscovered their home city, and visitors experienced Hull as a cultural destination¹⁴. A survey¹⁵ showed an increase of happiness and life satisfaction during this year and the time leading up to it, but this returned to the 2015 figures by the end of 2017. Hull is the fourth most deprived local authority in England¹⁶. Its economic and social status compared to the rest of England is described in table 4.

	Hull	England
Gross value added (balanced) per head ¹⁷	£23,708	£29,356
House prices ¹⁸	£120,000	£240,000
Qualified to degree level or above ¹⁹	30%	38%
5 A*-C GCSE grades including English and Maths ²⁰	51%	59%
Median weekly pay ²¹	£577	£655

The latest figures from Public Health England show that some areas of the health and wellbeing of children in Kingston upon Hull are worse than England, including more teenage pregnancy, more smoking in pregnancy, low breastfeeding rates, low MMR immunisation level, poorer dental health, and higher obesity rates²².

A monitoring visit of Kingston Upon Hull City Council children's services took place in January 2020²³. The visit was the second one since the local authority was judged inadequate in May 2019. The report explained that the local authority is not making adequate progress in improving services for children in care (including disabled children) that were judged to require improvement at the last inspection. In fact, the progress and experiences of children in care were found to have considerably deteriorated and many children have not received acceptable responses to their needs. Some of the children were observed to be at risk of harm. Leaders and managers were reported to have failed to appreciate the scale of the weaknesses and the resultant impact on children. They had not rectified the shortfalls identified at the time of the previous inspection. The health needs of children in care were prioritised, but performance has deteriorated in the last year. Investment in the dedicated looked after children and adolescent mental health services has reduced waiting times for those children with emotional and mental health needs, but there is no service to support foster carers to respond to the needs of children with complex needs. Therapeutic care is not always considered even when children's needs appear high.

In 2014, a survey in Hull of young people's health and emotional wellbeing²⁴ found the top five concerns of those participating were bullying including cyber bullying (49%), exam stress (38%), body image (37%), drugs and alcohol (29%) and self-esteem and confidence (25%). Young people were asked what support they needed, and the highest responses were one-to-one support (39%) and classroom sessions (22%). Their preferred methods of finding out about emotional health were through websites (34%), school assembly (29%), videos or YouTube (29%), newspapers or magazines (25%) and/or mobile phone apps (25%).

School nurses employed by City Health Care Partnership Community Interest Company help young people aged 11 to 19 years in Hull with physical, emotional and social wellbeing support²⁵. They are experts in child health, illness and developmental needs and provide support and a referral service for those young people with additional needs. They can give advice on issues such as body worries, alcohol, relationships, sexual health, bullying, drugs, smoking, stress, healthy eating, and self-harm. They do this through drop-in sessions at secondary school or can be contacted directly.

A sexual health service for young people to drop into is present in Hull city centre. Run by a charity, it provides advice, support and information about sex and relationships, contraception, and testing for sexually transmitted infections and pregnancy. It also helps them to deal with issues such as peer pressure, sexting and the risk of child sexual exploitation²⁶. It has been reported that since this service has been in place there has been a 55% drop in the conception rate in women under the age of 18 years with a notable decrease in those under 16 years²⁷.

For children and young people up to the age of 18 years with a mental health problem there is the Child and Adolescent Mental Health Service (CAMHS)²⁸. The service is provided by Humber Teaching NHS Foundation Trust and covers both Hull and East Yorkshire clinical commissioning groups (CCGs). Referral for this service is through a GP or self-referral by telephone. There is also a CAMHS crisis team operating 24 hours every day for young people (under 18) who are experiencing emotional distress. There were no inpatient CAMHS services in Hull between 2013 and 2020 so children and families had to travel out of area to specialist Tier 4 services. There is now an inpatient unit called Inspire which opened in Hull in January 2020 (not yet been inspected by the Care Quality Commission)²⁹. Inspire is for young people between 13 and 18 years from all the areas of Hull, East Riding of Yorkshire, Lincolnshire and NE Lincolnshire³⁰. In 2016/17 over £500,000 new recurrent investment was allocated to CAMHS in the City to increase service capacity and increase the range of services available to meet the demand over seven days per week. This resulted in no children or young people waiting over 18 weeks for a CAMHS intervention in Hull³¹.

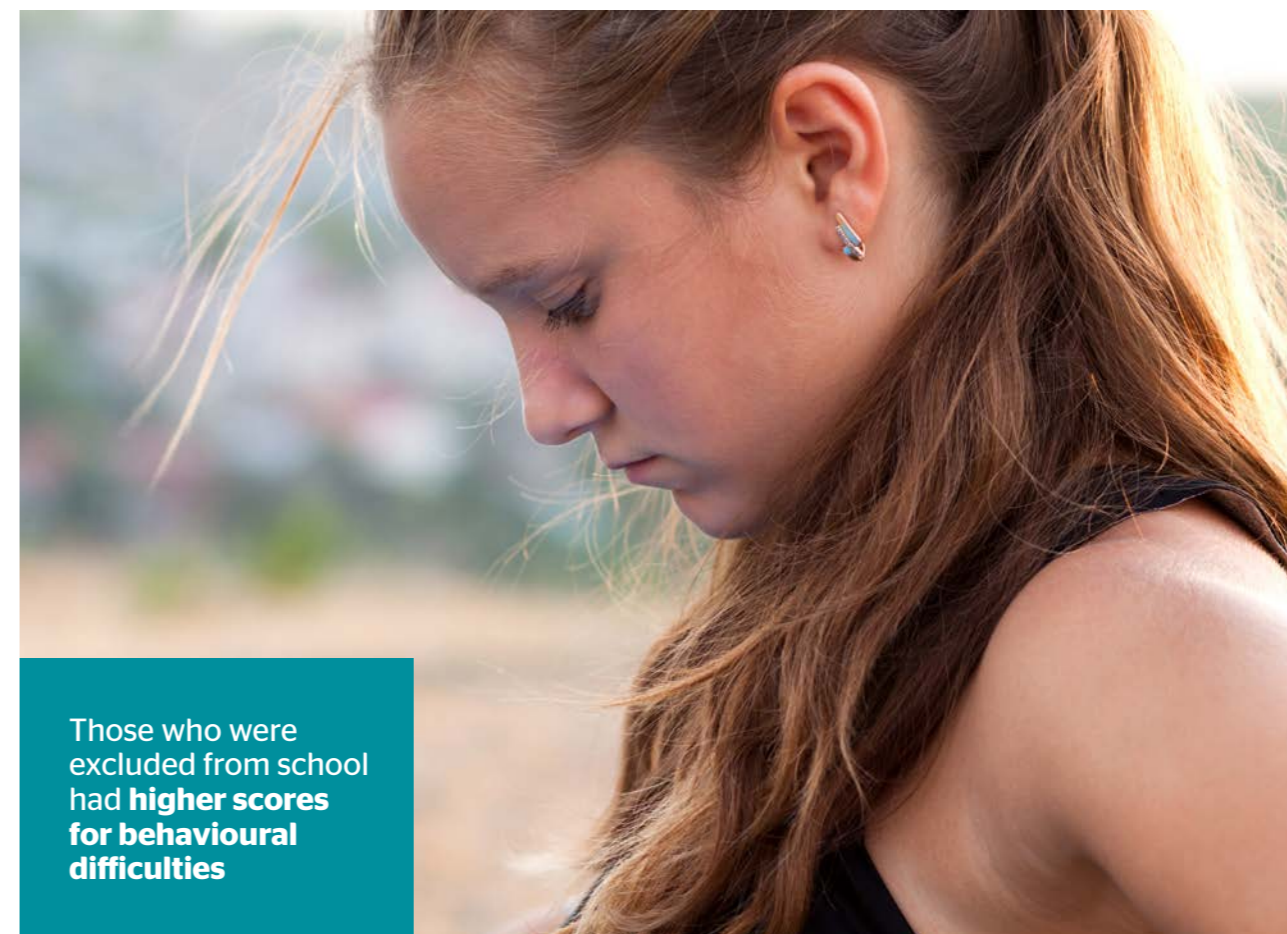
¹⁴⁻¹⁵ University of Hull. (2018) Cultural transformations: the impacts of Hull UK City of Culture 2017: preliminary outcomes evaluation. <https://static.a-n.co.uk/wp-content/uploads/2018/07/Cultural-Transformations-The-Impacts-of-Hull-City-of-Culture-2017.pdf> [Accessed 1/7/2021]
¹⁶ Hull Clinical Commissioning Group. (2019) Hull's local transformation plan, children and young people's mental health and emotional wellbeing. <https://www.hullccg.nhs.uk/wp-content/uploads/2019/11/hull-ccg-ltp-2019-refresh.pdf> [Accessed 1/7/2021]
¹⁷ Office for National Statistics. (2019) *Regional gross value added (balanced) per head and income components*. Accessed online: <https://www.ons.gov.uk/economy/grossvalueaddedgva/datasets/nominalregionalgrossvalueaddedbalancedperheadandincomecomponents> [Accessed 1/7/2021]
¹⁸ Office for National Statistics. (2020) *Median house prices for administrative geographies: HPSSA dataset 9*. Available online: <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/datasets/medianhousepriceforadministrativegeographiesquarterlyrollingyearhpssadataset09> [Accessed 1/7/2021]
¹⁹ Office for National Statistics. (2020) *Annual Population Survey, 2017*. Available online: <https://www.ons.gov.uk/> [Accessed 1/7/2021]
²⁰ Department for Education. (2017) *Revised GCSE and Equivalent Results, 2015-16*. London: Department of Health
²¹ Office for National Statistics. (2020) *Gross weekly earnings of full-time employees by region*. Accessed online: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/datasets/grossweeklyearningsoffulltimeemployeesbyregion05> [Accessed 1/7/2021]
²² Public Health England. (2019) *Young people's substance misuse treatment statistics 2018 to 2019: report*. Accessed online: <https://www.gov.uk/government/publications/substance-misuse-treatment-for-young-people-statistics-2018-to-2019/young-peoples-substance-misuse-treatment-statistics-2018-to-2019-report#sexual-exploitation> [Accessed 1/7/2021]
²³ Ofsted. (2020) *Children's service monitoring visit*. Available online: <https://reports.ofsted.gov.uk/provider/44/80477> [Accessed 1/7/2021]

²⁴ Hull City Council. (2014) *Young People Health and Emotional Wellbeing Survey 2014*. Customer Insight Team, Hull City Council: Hull.
²⁵ City Health Care Partnership. (2020) *School nurses*. Available online: <https://www.chcpic.org.uk/chcp-services/school-nurses> [Accessed 1/7/2021]
²⁶ Public Health England. (2018) *Good progress but more to do. Teenage pregnancy and young parents*. Accessed online: https://www.local.gov.uk/sites/default/files/documents/15.7%20Teenage%20pregnancy_09.pdf [Accessed 1/7/2021].
²⁷ Hadley A. (2018) *Teenage Pregnancy and Young Parenthood: Effective Policy and Practice*. Abingdon: Routledge.
²⁸ Healthwatch East Riding of Yorkshire. (2016) *Mental Health and Wellbeing Directory of advice, help and support What you can do to look after yourself Where to get help in East Riding of Yorkshire*. Accessed online: https://www.healthwatcheastridingofyorkshire.co.uk/sites/default/files/mental_health_and_wellbeing_directoryfinal_print_copy.pdf [Accessed 1/7/2021]
²⁹ Care Quality Commission. (2020) *Inspire CAMHS inpatient unit*. Accessed online: <https://www.cqc.org.uk/location/RV968/registration-info> [Accessed 1/7/2021]
³⁰ Humber Teaching NHS Foundation Trust. (2020) *About Inspire*. Accessed online: <http://camhs.th3testing.co.uk/about-inspire/> [Accessed 1/7/2021]
³¹ Children & Young People's Emotional Well-being and Mental Health Transformation Group. (2016) *A Refresh of Hull's Local Children and Young People's Transformation Plan for emotional wellbeing and mental health* - Available online: <http://hull.mylocaloffer.org/Resources/Councils/HullLO/Children-and-Young-People-Local-Transformation-Plan-Hull-CCG.pdf> [Accessed 1/7/2021]

A systematic review³² looking at poverty and childhood, highlighted research showing the impact of poverty on childhood mental health. For children living in poverty, their life chances are significantly reduced, and they have poorer mental health and wellbeing than their peers³³. Ongoing research shows that any exposure to poverty is associated with worse physical and mental health in early adolescence³⁴. There is evidence to show that in 2016 to 2017, 30% of children in the United Kingdom (UK) were living in poverty (defined as households living 60% below the median income)³⁵. This is an increase from 27% in 2010-11. The first annual survey carried out by the national HeadStart team found that being a child in need, being eligible for free school meals and having special educational needs were all associated with higher levels of mental health problems.³⁶ They also examined the data they collected at a later date to look at the relationships between mental health, academic attainment and being persistently absent from school in Year 7 pupils, and the relationship between mental health issues and school exclusions in Year 7 and Year 9 pupils³⁷. The authors explain that as the schools involved in HeadStart are located in less socially and economically advantaged areas than typical schools nationally and differ from national averages in terms of proportions with special educational needs and proportions of white pupils, results must be understood in this context. They found when the level of mental health difficulties increased, attainment results decreased and being absent from school increased. Those who were excluded from school had higher scores for behavioural difficulties, difficulties with peers and attention difficulties, and lower scores for positive wellbeing, emotional strengths, and skills and support networks.

A review of UK and international literature looked at what works in supporting children and young people to overcome persistent poverty³⁸. The authors concluded that there needs to be an integrated approach so that priorities are understood and acted upon at UK government and devolved administration levels, and implemented effectively by practitioners, with adequate and appropriate resources. They go on to say that it is critical for policy to focus on the removal of structural inequality and on capacity building among families, so interventions can tackle both external obstacles and nurture internal resilience at the same time. Taylor-Robinson et al argue that services that reduce the health consequences of child poverty should be provided³⁹. They explain that this would need a commitment to protected universal services with a scale and intensity that is proportionate to the level of need that supports all children, particularly in the early years. An example of this is the Healthy Child Programme where the vast majority of interventions and practices were developed specifically to be delivered or coordinated by health professionals, including midwives, nurses and health visitors⁴⁰, however, studies show that not all problems are preventable through maternity and health visiting services⁴¹.

³² Reiss, F. (2013) Socioeconomic inequalities and mental health problems in children and adolescents: a systematic review. *Soc Sci Med.* **90** 24-31.
³³ Marrayat, L., Thompson, L., Minnis, H et al. (2017) Primary schools and the amplification of social differences in child mental health: a population-based cohort study. *Journal of Epidemiology & Community Health.* **72** (1) 1-7.
³⁴ Lai, E., Wickham, S., Law, C. et al. (2018) Child poverty is rising in the UK - and it is damaging child health. *Working paper.* University of Liverpool.
³⁵ Department for Work and Pensions. (2018) *Households Below Average Income: 1994/95 to 2016/17.* Available online: <https://www.gov.uk/government/statistics/households-below-average-income-199495-to-201617> [Accessed 1/7/2021].
³⁶ Deighton, J., Lereya, T., Patalay, P. et al. (2018) *Mental health problems in young people, aged 11 to 14: Results from the first HeadStart annual survey of 30,000 children.* London: CAMHS Press.
³⁷ Lereya, T. and Deighton, J. (2019) *Learning from HeadStart: the relationship between mental health and school attainment, attendance and exclusions in young people aged 11 to 14.* London: EBPU.
³⁸ Nelson, J., Martin, K. and Featherstone, G. (2013) *What Works in Supporting Children and Young People to Overcome Persistent Poverty? A Review of UK and International Literature.* Belfast: Office of the First Minister and Deputy First Minister (OFMDFM).
³⁹ Taylor-Robinson, D., Higgerson, J., Anwar, E. et al. (2014) *A fairer start for children in the north of England: A discussion paper submitted to the inquiry into health equity in the north of England.* University of Liverpool 1-63.
⁴⁰ The Department of Health. (2009) *Healthy child programme: Pregnancy and the first five years of life.* Available online: <https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life> [Accessed 1/7/2021]
⁴¹ Asmussen, K. (2018) *What works to enhance the effectiveness of the Healthy Child Programme: An evidence update.* Early Intervention Foundation. Available online: <https://www.eif.org.uk/report/what-works-to-enhance-the-effectiveness-of-the-healthy-child-programme-an-evidence-update> [Accessed 1/7/2021]



Those who were excluded from school had **higher scores for behavioural difficulties**



30% of children in the United Kingdom (UK) were living in **poverty***

* defined as households living 60% below the median income

Two reviews of poverty and inequality were carried out in 2010 where key actions were recommended^{42,43}.

These include:

- protecting investment in early years services
- shifting expenditure towards the early years wherever possible
- providing high-quality and consistent support and services for parents during pregnancy
- provision of high-quality universal services in childhood
- routine support to families through parenting programmes
- children's centres and key workers, delivered to meet social needs
- providing support so that all children can access a healthy diet in the early years
- providing high-quality home visiting services
- focusing on narrowing the educational attainment gap at all stages

In 2018, a UK study commissioned by Kellogg's to explore the barriers that prevent a healthy diet, described Marfleet, an area east of Hull city centre, as the worst food desert in the UK⁴⁴. The authors explain that a food desert is a neighbourhood area with a population of 5,000 -15,000 people containing two or less supermarkets. The Trussell Trust run Hull Foodbank which is a project founded by a variety of local churches in November 2011⁴⁵. They have four foodbanks⁴⁶. Schools, churches, businesses, and individuals donate non-perishable, in-date food, and food is also collected at supermarkets. Volunteers sort food ready to be given to identified people in need. They also signpost people to agencies able to solve the longer-term problem. The Trust usually give out 60 parcels per week though this dramatically increased during the Covid-19 pandemic⁴⁷. FareShare is the UK's longest running food redistribution charity which was born out of the belief that food should go to waste, especially when people are going hungry⁴⁸. FareShare Hull and Humber redistributes surplus food from the food industry to more than 120 organisations throughout the region. They report feeding more than 10,500 people every week who are directly affected by food poverty⁴⁹. Other foodbanks in Hull include East Hull foodbank, Beannie foodbank and the Salvation Army. Parents receiving certain benefits can apply for free school meals if their child attends a Hull school or sixth form on a full-time basis⁵⁰.

A group of individuals, groups and businesses known as the Hull Food Partnership are aiming to make sustainable, healthy, affordable food a reality for everyone. Over 40 organisations signed the Hull Food Charter. The objectives of this charter are to create a better food culture, increase food knowledge and skills, promote healthy food, work towards food equality, encourage a sustainable food economy, and develop sustainable supply chains. In 2019, in order to achieve these objectives, the partnership devised an action plan outlining their plans for the following three years⁵¹.

In their plan for young people and families⁵², Hull City Council explain in the section to tackle child poverty that, at the highest level, partnerships in the city are working as a priority to make sure that people are not in poverty, but they do not describe how this will be done.

⁴² Marmot, MG., Allen, J., Goldblatt, P. et al. (2010) *Fair society, healthy lives: the Marmot review. Strategic Review of Health Inequalities in England Post 2010*. Available online: <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review> [Accessed 1/7/2021]
⁴³ Field, F. (2010) *The foundation years: preventing poor children becoming poor adults*. London: The Stationery Office.
⁴⁴ Corfe, S. (2018) *What are the barriers to eating healthily in the UK?* London: The Social Market Foundation.
⁴⁵ The Trussell Trust. (2020) *Hull Foodbank*. Available online: <https://hull.foodbank.org.uk/> [Accessed 1/7/2021]
⁴⁶ The Trussell Trust. (2020) *Hull Foodbank*. Available online: <https://www.trusselltrust.org/get-help/find-a-foodbank/hull/> [Accessed 1/7/2021]
⁴⁷ Hull and East Yorkshire news. (2020) Food bank's desperate appeal after delivering 250 food parcels every day. Available online: <https://www.hulldaily.co.uk/news/hull-east-yorkshire-news/hull-food-bank-parcels-appeal-4056625> [Accessed 1/7/2021]
⁴⁸ FareShare. (2020). *Our History*. Available online: <https://fareshare.org.uk/what-we-do/our-history/> [Accessed 1/7/2021]
⁴⁹ FareShare. (2020). *Hull and Humber*. Available online: <https://fareshare.org.uk/fareshare-centres/hullandhumber/> [Accessed 1/7/2021]
⁵⁰ Hull City Council. (2020) *Free school meals*. Available online: <http://www.hull.gov.uk/education-and-schools/schools/free-school-meals> [Accessed 1/7/2021]
⁵¹ The Hull Food Partnership. (2021) Available online: <https://hullfoodpartnership.org.uk/signup> [Accessed 1/7/2021]
⁵² Hull City Council. (n.d) *Hull's children, young people and families plan 2019-2023*. Available online: <http://www.hull.gov.uk/sites/hull/files/media/HCPFP%20web%202022.pdf> [Accessed 1/7/2021]

The second Bradley Commission briefing⁵³ showed that almost all young adults in contact with the criminal justice system have multiple problems including mental ill health. Most will have first presented with mental health symptoms during their teenage years⁵⁴.

In the UK there are various prevention programmes designed to avoid young people being involved in crime⁵⁵. The young person may be offered a place if they have been in trouble with the police, are considered to be at risk of committing a crime, or they are involved in anti-social behaviour. Attendance is voluntary. Programmes may be run by the council's youth offending team or by local organisations such as youth charities.

The Hull Youth Justice Service (HYJS) is a multi-agency service which includes Hull City Council, Humberside Police, Humberside Probation Trust, NHS Hull, One Hull Strategic Partnership, Hull Citysafe, and East Riding Voluntary Action Services (ERVAS). Their key aims are to reduce youth crime, protect the public and safeguard young people by offering tailored interventions to suit individual needs. They work with children and young people from an early stage to understand what difficulties they are going through to prevent offending and help with other problems they may be facing⁵⁶. They offer access to a named youth justice officer, specialist staff (such as a police officer) or a victim liaison officer. They aim to identify children and young people who can be diverted from formal legal action and help avoid the stigma of a criminal record through intervention at an early stage.

The number of young people in the youth justice system in Hull from April 2018 to March 2019 was 36 aged 10 to 14 years and 90 aged 15 to 17 years⁵⁷.



⁵³ Centre for Mental Health. (2014) *The Bradley Commission briefing 2. Young adults (18-24) in transition, mental health and criminal justice*. Available online: <https://www.centreformentalhealth.org.uk/publications/young-adults-18-24-transition-mental-health-and-criminal-justice> [Accessed 1/7/2021]
⁵⁴ Centre for Mental Health. (2019) *Youth Justice*. Available online: <https://www.centreformentalhealth.org.uk/youth-justice> [Accessed 1/7/2021]
⁵⁵ Gov.UK (2020) *Youth crime prevention programmes*. Available online: <https://www.gov.uk/youth-crime-prevention-programmes> [Accessed 1/7/2021]
⁵⁶ Hull City Council. (2020) *Youth crime prevention*. Available online: <http://www.hull.gov.uk/children-and-families/safeguarding-and-welfare/youth-crime-prevention> [Accessed 1/7/2021]
⁵⁷ Ministry of Justice. (2020) *Youth justice statistics: 2018 to 2019. Local level pivot tables*. Available online: <https://www.gov.uk/government/statistics/youth-justice-statistics-2018-to-2019> [Accessed 1/7/2021]

Substance misuse

Public Health England reported 77% of young people in England with a mental health problem in the year April 2018 to March 2019 received some form of treatment for substance misuse⁵⁸. They explain that these young people often enter specialist substance misuse services with a range of problems or 'vulnerabilities' which are related to, or in addition to, their substance use. These include using multiple substances, having a mental health treatment need, being a looked after child or being not in education, employment or training (NEET). Other risk factors which can affect their substance use are self-harming behaviour, sexual exploitation, offending or domestic abuse.

Public Health England advocate that services provided to support young people to help them to reduce the harm their alcohol or drug use causes them, should aim to prevent it from becoming a bigger problem as they get older. They should be part of a wider network of local prevention services, which support young people with a range of issues and help them to build their resilience.

ReFresh is a young people's drug and alcohol service provided by Hull City Council who give confidential support for young people up to the age of 18 who live, study or work in Hull⁵⁹. They offer a listening ear, advice and information on reducing and using substances safely, health checks, help with emotional and mental health, and support for families. Hull's rate of problem drug use is the fourth highest in the country, with opiate users the third highest nationally⁶⁰.

Nationally, the rate of hospital admissions of children and young people for conditions wholly related to alcohol is decreasing but this is not the case in Kingston upon Hull⁶¹. The admission rate in the latest period is worse than the England average. For the period of April 2015 to April 2018, 79 children in Hull under the age of 18 years received hospital care for alcohol abuse, and 156 young people aged 15 to 24 years were treated for drug misuse in hospital⁶².



156 young people aged 15 to 24 years were treated for drug misuse in hospital*

* For the period of April 2015 to April 2018

The infographic features a teal background on the left with white text and a white icon of a person and a building with a cross. On the right, a photograph shows a person's hands holding a small white packet, with another person's hand holding a small amount of white powder.

⁵⁸ Public Health England. (2019) *Young people's substance misuse treatment statistics 2018 to 2019: report*. Available online: <https://www.gov.uk/government/publications/substance-misuse-treatment-for-young-people-statistics-2018-to-2019/young-peoples-substance-misuse-treatment-statistics-2018-to-2019-report#sexual-exploitation> [Accessed 1/7/2021]

⁵⁹ Hull City Council. (2020) Drug and alcohol support. Available online: <http://www.hull.gov.uk/health-and-wellbeing/public-health/drug-and-alcohol-support> [Accessed 1/7/2021]

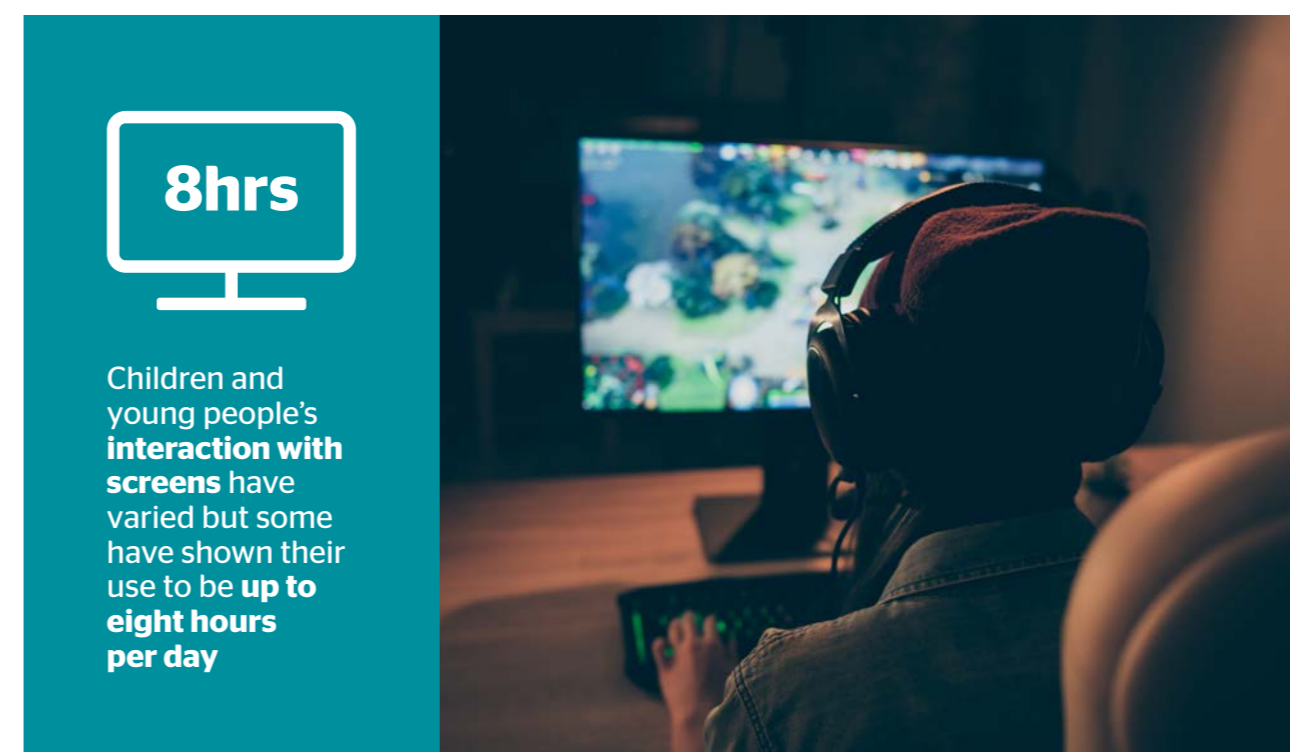
⁶⁰ Hull City Council. (2016) Public Health Briefing. Available online: <http://www.hull.gov.uk/sites/hull/files/media/Editor%20-%20CET/Drugs%20Councillor%20Briefing%20-%20Public%20Health.pdf> [Accessed 1/7/2021]

⁶¹ Public Health England. (2021) Child Health Profile Kingston Upon Hull. Available online: [file:///C:/Users/User/AppData/Local/Packages/microsoft.windowscommunicationsapps_8wekyb3d8bbwe/LocalState/Files/SO/56033/Attachments/NHS%20Fingertips%20Profil%20for%20Hull\[60641\].pdf](file:///C:/Users/User/AppData/Local/Packages/microsoft.windowscommunicationsapps_8wekyb3d8bbwe/LocalState/Files/SO/56033/Attachments/NHS%20Fingertips%20Profil%20for%20Hull[60641].pdf) [Accessed 1/7/2021]

⁶² Public Health England. (2019) 2019 child health profiles. Available online: <https://www.gov.uk/government/statistics/2019-child-health-profiles> [Accessed 1/7/2021]

Screen-based activities

Popularity and widespread use of screen-based activities has grown among children and young people; they can access media and social media to generate their own content and interact 24 hours a day⁶³. Assessments of children and young people's interaction with screens have varied but some have shown their use to be up to eight hours per day^{64,65}. This increased engagement in screen-based activities has led to concerns about its possible impact on their mental health and psychosocial wellbeing^{66,67}. A recent systematic map of reviews⁶⁸ investigated the associations between screen-based activities and mental health and psychosocial outcomes. They explored screen time, internet use, problematic/addictive internet use, social media, gaming, cyberbullying, sexting and smartphone use. However, due to the quality and design of the reviews, the authors were unable to explain the consequences of, and causal mechanisms that explain how and why, the use of screen-based activities may impact mental health and psychosocial outcomes, over time. More recently, a systematic review, meta-analysis and grade of the evidence found that problematic smartphone usage was reported in approximately one in every four children and young people and accompanied by an increased chance of poorer mental health⁶⁹.



8hrs

Children and young people's interaction with screens have varied but some have shown their use to be up to eight hours per day

The infographic features a teal background on the left with a white monitor icon containing the text '8hrs'. On the right, a photograph shows a person wearing headphones and looking at a computer screen displaying a game.

⁶³ Galpin, A. and Taylor, G. (2018) Changing behaviour: Children, adolescents and screen use. Available online: <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Changing%20behaviour%20-%20children%2C%20adolescents%2C%20and%20screen%20use.pdf> [Accessed 6/7/2021]

⁶⁴ Carson, V., Hunter, S., Kuzik, N. et al. (2016) Systematic review of sedentary behaviour and health indicators in school-aged children and youth: an update. *Applied physiology, nutrition, and metabolism*. **41** S240-S265.

⁶⁵ Mullan, K. (2017) Technology and Children's Screen-Based Activities in the UK: The Story of the Millennium So Far. *Child Indicators Research*. **11** (2) DOI: 10.1007/s12187-017-9509-0

⁶⁶ Frith, E. (2017) Social media and children's mental health: a review of the evidence. London: Education Policy Institute.

⁶⁷ Livingstone, S., Mascheroni, G., Staksrud, E. (2018) European research on children's internet use: Assessing the past and anticipating the future. *New Media & Society*. **20** 1103-1122.

⁶⁸ Dickson, K., Richardson, M., Kwan, I. et al. (2018) *Screen-based activities and children and young people's mental health: A Systematic Map of Reviews*. London: EPPI-Centre, Social Science Research Unit, UCL Institute of Education, University College London.

⁶⁹ Sohn, S., Rees, P., Wildridge, B. et al. (2019) Prevalence of problematic smartphone usage and associated mental health outcomes amongst children and young people: a systematic review, meta-analysis and GRADE of the evidence. *BMC Psychiatry*. **19** 356. <https://doi.org/10.1186/s12888-019-2350-x>

To avoid poor mental health in children and young people, globally experts have recommended that parents should assist their children to balance between media time and other activities^{70,71}. In 2019 the UK Chief Medical Office gave advice for parents and carers on how to help children develop balanced screen use⁷².

The top tips outlined in the guidance are detailed in the table below.

UK Chief Medical Officers' advice for parents and carers on Children and Young People's screen and social media use		
1	Sleep Matters	Getting enough, good quality sleep is very important. Leave phones outside the bedroom when it is bedtime.
2	Education Matters	Make sure you and your children are aware of and abide by, their school's policy on screen time.
3	Safety when out and about	Advise children to put their screens away while crossing the road or doing an activity that needs their full attention.
4	Family time together	Screen-free mealtimes are a good idea - you can enjoy face-to-face conversation, with adults giving their full attention to children.
5	Sharing sensibly	Talk about sharing photos and information online and how photos and words are sometimes manipulated. Parents and carers should never assume that children are happy for their photos to be shared. For everyone - when in doubt, don't upload!
6	Keep Moving!	Everyone should take a break after a couple of hours sitting or lying down using a screen. It's good to get up and move about a bit.
7	Talking helps	Talk with children about using screens and what they are watching. A change in behaviour can be a sign they are distressed - make sure they know they can always speak to you or another responsible adult if they feel uncomfortable with screen or social media use.
8	Use helpful phone features	Some devices and platforms have special features - try using these features to keep track of how much time you (and with their permission, your children) spend looking at screens or on social media.

⁷⁰ Yolanda, L., Chassiakos, R., Radesky, J. et al. (2016) Children and Adolescents and Digital Media. *Pediatrics*. **138** (5) e20162593; DOI: <https://doi.org/10.1542/peds.2016-2593>

⁷¹ Australian Government Department of Health. (2019) *Australia's Physical Activity and Sedentary Behaviour Guidelines and the Australian 24-Hour Movement Guidelines*. Available online: https://www.health.gov.au/health-topics/physical-activity-and-exercise/physical-activity-and-exercise-guidelines-for-all-australians?utm_source=health.gov.au&utm_medium=callout-auto-custom&utm_campaign=digital_transformation [Accessed 6/7/2021]

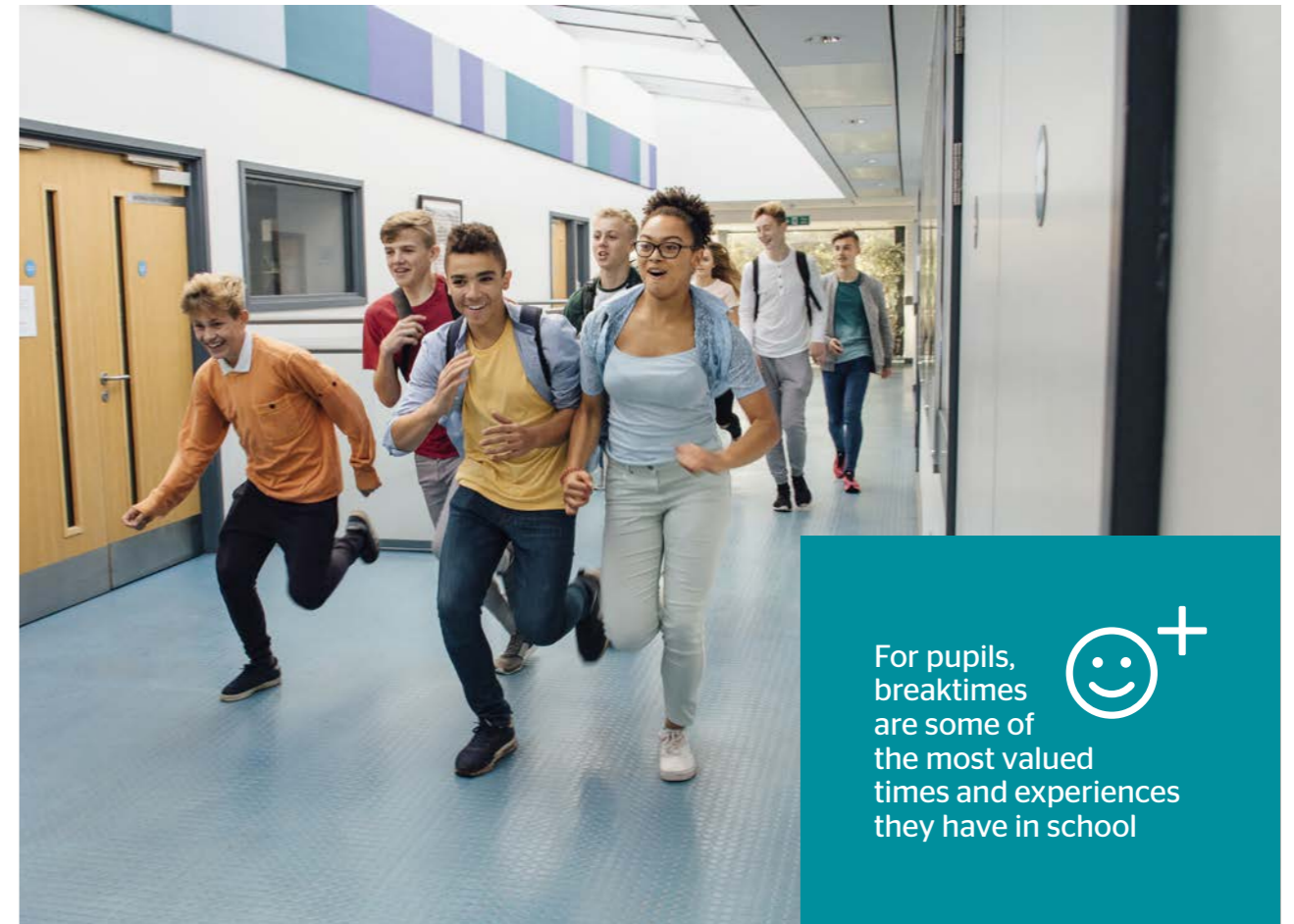
⁷² Davies, S., Atherton, F., Calderwood, C. et al. (2019) United Kingdom Chief Medical Officers' commentary on 'Screen-based activities and children and young people's mental health and psychosocial wellbeing: a systematic map of reviews'. Department of Health and Social Care.

School breaks



There is no statutory requirement for schools to provide children with a break in the school day and there is little reference to them in government policy or in Ofsted inspection processes. The authors of a study⁷³ carried out in 2019 regarding school break and lunchtimes explained that for many adults, breaks are a habitual, relatively unimportant pause in a busy day and when considered it is in the context of the practicalities of school management. They go on to report that for pupils, breaktimes are some of the most valued times and experiences they have in school, and their previous research has shown that breaktimes have an important role in social development. They advocate that the removal of breaks is counterproductive to pupils' wellbeing.

The length of school lunch breaks in Hull vary, for example one primary school gives children 55 minutes to eat their lunch and play with their friends⁷⁴, and an academy schedules 25 minutes between lessons to eat lunch⁷⁵.



⁷³ Blatchford, P. and Baines, E. (2019) School break and lunch times and young people's social lives: A follow-up national study (Report to Nuffield Foundation, reference EDU/42402). Available online: [https://www.nuffieldfoundation.org/sites/default/files/files/Baines%2042402%20Breaktime%20Survey%20-%20Main%20public%20report%20\(May19\)-Final\(1\).pdf](https://www.nuffieldfoundation.org/sites/default/files/files/Baines%2042402%20Breaktime%20Survey%20-%20Main%20public%20report%20(May19)-Final(1).pdf) [Accessed 6/7/2021]

⁷⁴ Chiltern Primary School. (2020) *The school day*. Available online: <https://www.chiltern.hull.sch.uk/the-school-day> [Accessed 6/7/2021]

⁷⁵ Aspire. (2020) *The Academy day*. Available online: <https://aspirehull.com/school-day-timings/> [Accessed 6/7/2021]

HeadStart Hull

HeadStart Hull is delivered by Hull City Council. In preparation for the programme, the HeadStart Hull team carried out a needs' assessment. They identified many young people not in education, employment and training (NEETs), and young people, their families and communities had low aspirations. Schools had a lower-than-average attendance according to Department for Education criteria and they organized many managed moves (as a result of challenging behaviour or dispersal of migrant families). Both schools and communities reported high levels of emotional health concerns in young people which did not require clinical intervention (according to local referral criteria) but needed additional support.

HeadStart Hull is one of 12 areas in England that took part in phase one, a consultation and engagement stage. Phase two was a two-year pilot, and phase three was a five-year programme where six of the original 12 areas got funded for four years. Each area was given funding to extend their programme for a further year.



Phase One

To find out about what local children felt worried them and where they would like to get help, the pilot organizers consulted with 1377 children and young people in Hull aged 7-20 by questionnaire, and with 50 young people aged 11-15 in focus groups. They also consulted with parents to establish their needs.

Phase Two

Prior to phase two, Hull City Council were developing the Children and Young People's mental health and wellbeing Joint Commissioning Strategy and had undertaken a review of their local CAMHS service. This established a strong partnership network across Hull Clinical Commissioning Group, Hull City Council and NHS, Community and voluntary and community sector partners. Phase Two was a two-year HeadStart Hull pilot programme which aimed to build the resilience and improve the emotional wellbeing of 10 - 14-year olds. It ran from September 2014-July 2016 and took a test and learn approach to identify what works. It offered a range of universal and targeted support which focused on improving the emotional wellbeing and resilience of young people by working in four areas or strands identified by the NLCF for this pilot: a child's time and experiences at school; their ability to access the community services they need; their home life and relationship with family members; and their interaction with digital technology. The pilot programme worked with 10 primary schools and three secondary schools. Schools were provided with training and guidance on trigger points for referrals. Children, young people and families could access one or more from a menu of services at the targeted/ targeted plus level dependent on need.

In the first year of the two-year pilot, 6421 young people were involved in the whole school approaches, 686 attended play sessions, and 135 received targeted support. The Jigsaw PSHE project was implemented within the primary schools. The workforce training was evaluated and 92% of participants reported improved knowledge, skills and confidence. Young people were asked about the pilot drop-in service and they reported the benefits of being able to see someone quickly without referral. A measurement tool called the Outcomes star (My Star™ for young people and Family Star™ for work with parents) was used to evaluate the targeted interventions for young people and parents and improvements after partaking in both groups.

Phase Three

The learning from Phase Two and further meetings and consultations with local stakeholders (including young people) led to the production of the Phase Three vision and model which was designed to meet the needs of young people and their families in the Hull Population.

The vision of the programme

The vision of Phase Three of the HeadStart Hull programme are to enable young people to have positive mental health and wellbeing, thrive in 'their communities' and to 'bounce back' from life's challenges.



Programme goals

Photo: © Chris Pepper

The goals of the programme are:

1. **Children and young people will:**
 - Be confident to discuss their feelings and/or worries with a trusted adult and support their peers
 - Be able to find and access support when and where they need it
 - Be less likely to experience an emotional crisis
 - Have rising aspirations for the future
 - Have improved self-esteem and confidence.
2. **Parents will confidently and appropriately support their child with emotional health and wellbeing.**
3. **Everyone working with children and young people will be able to identify emotional health issues early and provide effective support to young people and their families.**
4. **To deliver an effective service.**

To meet these goals, HeadStart Hull offer a support scaffold of protective factors by:

1. **Providing the children and young people in the city with:**
 - A “Trio of Trusted Adults” - in the school, community and at home
 - Positive Peer Networks - friends they can rely on and support each other
 - Stronger Family Networks
2. **Working to ensure emotional and mental health has parity of esteem with physical health by:**
 - Reducing stigma
 - Promoting positive mental health
 - Ensuring mental health is seen as everyone’s business in the same way as Safeguarding is
 - Supporting schools and youth services to adopt and embed a whole organisational approach.



Intervention

The HeadStart Hull interventions were designed to meet the objectives for children and young people, parents and carers, and individuals working with children and young people. **They are delivered in four stages, universal, universal plus, targeted and targeted plus.**

- The **universal** approach is for young people aged 5 to 16 years. It aims for HeadStart Hull to be an integral part of the overall early help delivery model for supporting children, young people and families, and not delivered or perceived as a separate and isolated programme. It includes: developing a culture, both in schools and community of an asset based approach to positive emotional health and improved resilience; encouraging and supporting children and young people to talk about feelings and worries with a trusted adult; and helping children and young people establish a trio of trusted adults (in school, in the community and in the family).
- **Universal plus** aims to enable workers in universal settings such as schools, youth centres, and community-based services, to provide rapid, short term support to children, young people and their families when they ask for it or when a low-level need is identified without the need to refer to another service.
- There are a number of **targeted** interventions for children and young people (aged 10 to 16 years) and their families, these include Young People’s Peer Mentoring, young people’s work groups, parents’ peer support and parenting programmes. Referrals are taken from schools and community-based services, and children, young people and parents can also self-refer. The criteria are based on risk factors and symptoms identified in the HeadStart Hull checklist which the team based on evidence by Rutter⁷⁶.
- **Targeted Plus** includes interventions which schools and community-based services can access for children, young people and families if a need is identified which cannot be addressed by the referring service or is more complex than can be addressed within targeted services. The referral criteria are also based on risk factors and symptoms identified in the HeadStart Hull checklist.

⁷⁶ American Psychological Association. (2010) Meet a psychology icon. *American Psychological Association*. 41 (5) 35.

Headstart Hull Delivery Model

"Enabling young people to have positive mental health and wellbeing, thrive in 'their communities' and to be able to 'bounce back' from life's challenges"



For children and young people

Children and young people have access to nine interventions in **four different stages**.

1. Universal Level

There are two interventions in this stage, **Jigsaw - PSHE (personal, social, health and economic education)** and **Children and young people Led Campaigns**.

Jigsaw - PSHE

Personal, social, health and economic (PSHE) education has in various forms been part of the National Curriculum for schools in UK since 2000. Some aspects, but not all, have been compulsory. PSHE is defined by the school's inspectorate Ofsted as a planned programme to help children and young people develop fully as individuals and as members of families and social and economic communities. The Jigsaw PSHE package when used across a whole year group/school is designed to help teachers to identify which children may be struggling with issues their peers can manage well so additional support can be offered. The Jigsaw PSHE package was implemented in the HeadStart Hull primary, secondary and special schools.

Children and young people led campaigns

The Children and young people led campaigns aims to develop a network of young activists (HeadStarters) to reduce stigma and raise awareness. They are supported by the HeadStart Hull Young People's Co-production Worker who leads and co-produces campaigns on issues which matter to them and their community. The young activists are encouraged to learn campaigning and fundraising skills such as crowd sourcing online so they can run and fund their own campaigns in the future. These consist of a range of short programmes which are developed and co-commissioned with the young activists (HeadStarters) and included additional City of Culture events in 2017 when Hull was the UK City of Culture. The expectation is that there will be at least four Campaigns per year.

2. Universal Plus

There are two interventions in this stage, **drop-ins**, and **Play Rangers**.

Drop-Ins for Children and Young People (Turn2Us)

Turn2Us Drop-ins within secondary schools are a lunch time support session where young people can "pop and chat" to a youth worker. This provides young people with quick access to a listening ear, advice, and support without the need to be referred. They also provide links into youth services and other universal provision where appropriate.

Play Rangers

A Community (Play) Ranger service encourages and enables play to take place outdoors. It provides children and young people with the supervision and guidance of an adult when needed. The aim is to show families see the value of play as a tool to improve confidence and learn new skills for their children as well as to the community as a whole.

3. Targeted

There are three interventions in this stage, *Young People's Peer Mentoring*, *young peoples' group work (schools)* and *young peoples' group work (community)*.

Young People's Peer Mentoring

Young People's Peer mentoring aims to provide support with transition as well as addressing other key issues identified in the HeadStart Hull criteria such as bullying, exam stress, and lack of peer networks. It is delivered in school, but for those who do not want to access the service in school, or to provide consistency during school holidays, it is also delivered in the community. The training for peer mentors is nationally accredited providing a level 2 qualification.

Young people's group work

The young people's group work provides peer-to-peer groups described as positive restorative. These aim to reduce anxiety, improve confidence and self-esteem, build peer networks, and develop resilience strategies.

- The school-based group work programme offers weekly group work sessions in school time, and if needed one to one support and parental outreach (SMASH and WRAP).
- The community based programme offers a weekly group work session run by youth workers, and links to the Turn2Us drop-ins if additional one-to-one support is needed (SMILE).

4. Targeted Plus

There are two interventions in this stage, *Counselling*, and *Emotional resilience coaches*.

Counselling

Community based counselling provision is delivered in community and/or school settings as decided by the child or young person.

Emotional Resilience Coaches

Emotional resilience coaches provide one-to-one coaching for young people and family support in school or in the community.



For parents and carers

Parents and carers have access to three interventions in **two different stages**.

1. Universal Plus

There is one intervention in this stage, *training and awareness raising for parents and carers*.

Training and awareness raising for parents and carers

The Jigsaw Families Programme (Primary) and Solihull online training for parents (Secondary) packages are designed to provide support to parents in improving their ability to discuss issues and support their children in an age-appropriate way. The aim is to build family networks, resilience, and good emotional wellbeing.

- The Jigsaw Families Programme is a series of six sessions for up to 10 family pairs (one parent or carer bringing one child). It is led by trained and accredited facilitators who are existing staff working in schools or other services such as HCC Parenting support. Each session focuses on a key theme including communication, managing change, belonging and positive behaviour. The issues discussed are raised through child-friendly stories and short video clips which the family pairs can revisit at home. The programme includes two sets of materials, one for lower primary and one for upper primary.
- Solihull online training for parents. Originally, HeadStart Hull worked with MindEd to provide information about young people's mental health to local parents. They were informed by MindEd that they could personalise the page to fit Hull and get data on those accessing it in Hull. However, this was not the possible due to changes nationally. The HeadStart Hull organisers promoted the courses through the professionals' and parents' part of the 'How Are You Feeling' website 'where appropriate but as they could not get data specific to Hull, they decided not to include it in the core offer. Hull City Council adopted the 'Solihull online training for parents' as part of their parenting strategy, but this is not specific to HeadStart Hull. Therefore there is no access to local data to measure parents' progress.

2. Targeted

There are two interventions in this stage, *Parent peer mentoring* and *Parenting support*.

Parent peer mentoring

Parent peer mentoring is delivered by Child Dynamix and offers one to one support from a parent to a parent. Parent peer mentors offer a listening ear, help to access services, and support to identify areas of change to build a happy family home. They work with parents with at least one child in the 10-to-16-year age range.

Parenting Support

Parenting Support (HCC) is provided by HeadStart Hull's Parenting Practitioners, who are based in the East, West and North of Hull. Parenting Practitioners work with parents to support the emotional wellbeing of young people aged 10-16, through group work and one to one support. The parenting support service for parents of children with a disability (parenting-SEND) is coordinated by the KIDS charity. The parenting programmes provided are based on evidence-based group work including Strengthening Families 10-14⁷⁷ which involves the parent and the young person, and Stepping Stones⁷⁸ for families with young people with a disability.

⁷⁷ Early Intervention Foundation. *Strengthening Families Programme 10-14*. Available online: <https://guidebook.eif.org.uk/programme/strengthening-families-programme-10-14> [Accessed 6/7/2021]

⁷⁸ Tellegen, C., and Sanders, M. (2013) Stepping Stones Triple P-Positive Parenting Program for children with disability: a systematic review and meta-analysis. *Res Dev Disabil.* **34** (5) 1556-71.

For staff working with children and young people

There are three interventions for staff working with children and young people across **two different stages**.

1. Universal

There are two interventions in this stage, **workforce development**, and **forums and networks**.

Workforce development

Training is provided by qualified tutors to multi-agency frontline staff including schoolteachers and other school staff, early help practitioners, family support workers, school nurses, youth workers, social workers, and the voluntary and community sector (VCS). The process includes multi-disciplinary training groups designed to facilitate relationships between services and schools. The aim is to improve their skills, knowledge, confidence and empathy with young people and families to enable them to provide a consistent approach to information and support, and to raise issues appropriately and sensitively. They are taught when and where to refer to if additional support through targeted/targeted plus interventions is required. The training also includes youth and/or adult mental health first aid, mindfulness, self-harm, and other thematic issues identified in the annual training needs analysis such as separation, bereavement and loss. Some of the training is co-produced and delivered by young activists (HeadStarters). The intention is to have a ratio of one member of staff who has accessed training for every 28 children aged 10-16 in the first year of HeadStart.

Forums and networks

Forums and networks have been established to share learning, skills development, and dissemination of good practice.

- The Voluntary and Community Sector (VCS) Resilience Network is made up of over 20 voluntary and community sector organisations who are working with children and young people around emotional wellbeing and good mental health. The network aims to meet regularly to share good practice and learning from the HeadStart Hull programme, and to support the systems change to develop sustainability.
- The Schools Resilience Network provides the opportunity to share learning and best practice of working with children and young people around emotional wellbeing and good mental health. It aims to support the systems change and sustainability across HeadStart Hull Schools.
- An annual multi-agency event is planned to share learning across the partnership.



2. Universal Plus

The whole school/organisational approach builds on the workforce development undertaken by the organisation to ensure a whole system approach to improving emotional wellbeing and increasing resilience in the children, young people and families they work with. It aims to embed this work within the ethos of the organisation from the senior leaders to the frontline staff through improved policy and practice. Children and young people have a voice in how this is developed and in evidencing the impact. This includes:

- Audit of schools/organisations current position against eight criteria (leadership and management; curriculum, teaching and learning; enabling the student voice; staff development; identifying need and monitoring impact; working with parents/carer; targeted support; promoting respect and valuing diversity).
- Support on policy and practice on gaps/thematic issues to achieve eight criteria.
- Support to achieve the HeadStart Hull Mark of Excellence (Quality Mark).
- Training to enable frontline staff to facilitate low level interventions with young people and parents.
- Training young people as mystery shoppers/young inspectors to evaluate the effectiveness and impact of the whole school approach and award the HeadStart Hull Mark of Excellence Quality Mark.

To be awarded the HeadStart Hull Mark of Excellence organisations must be able to evidence that each of the following criteria has is being met⁷⁹:

- There is support for young people's emotional well-being at a senior leadership level
- There is an ethos and environment that promotes respect and values diversity
- Young people are supported to explore and understand their feelings and take responsibility for their mental well-being
- Staff and volunteers can identify and support vulnerable young people and request additional support, where appropriate
- Young people are supported to voice their opinions and influence decisions
- Parents and carers are encouraged to support the emotional well-being of their child
- Staff and volunteers are trained to support their own emotional wellbeing
- There are monitoring and evaluations systems in place to effectively measure performance and evidence impact.

The application and assessment process takes approximately six months to complete, and once achieved the organisation will be expected to provide evidence that the award criteria continue to be met on an annual basis.

⁷⁹ Hull City Council. (2018) *Hull's transformation plan for children and young people's emotional wellbeing and mental health*. Available online: <https://www.hullccg.nhs.uk/wp-content/uploads/2018/10/hull-childrens-mental-health-transformaton-plan-annual-refresh-oct-2018.pdf> [Accessed 6/7/2021]

Who delivers each HeadStart Hull service

Jigsaw PSHE - Schools

Turn 2 Us- Hull City Council (HCC) Youth Service

Play Rangers - Hessle Road Network, and the Maxlife and St Michael's Youth Projects, all registered charities.

Young People's Peer Mentoring - Cornerhouse, a registered charity

SMILE (Community) Group Work - HCC Youth Service

WRAP Group Work (Schools) - Barnardo's, a registered charity

SMASH Group Work (Schools) - Humber NHS Foundation Trust

Emotional Resilience Coaches - HCC

Counselling - The Warren until August 2018 and Hull and East Yorkshire MIND, a registered charity from December 2018

Parent Peer Mentoring - Child Dynamix, a registered charity

Parenting Support - HCC

Parenting support for children with additional needs - KIDS Yorkshire and Humber, a registered charity

Children and Young People's Campaigns - Children and Young People Volunteers "Headstarters"

Websites and mobile applications

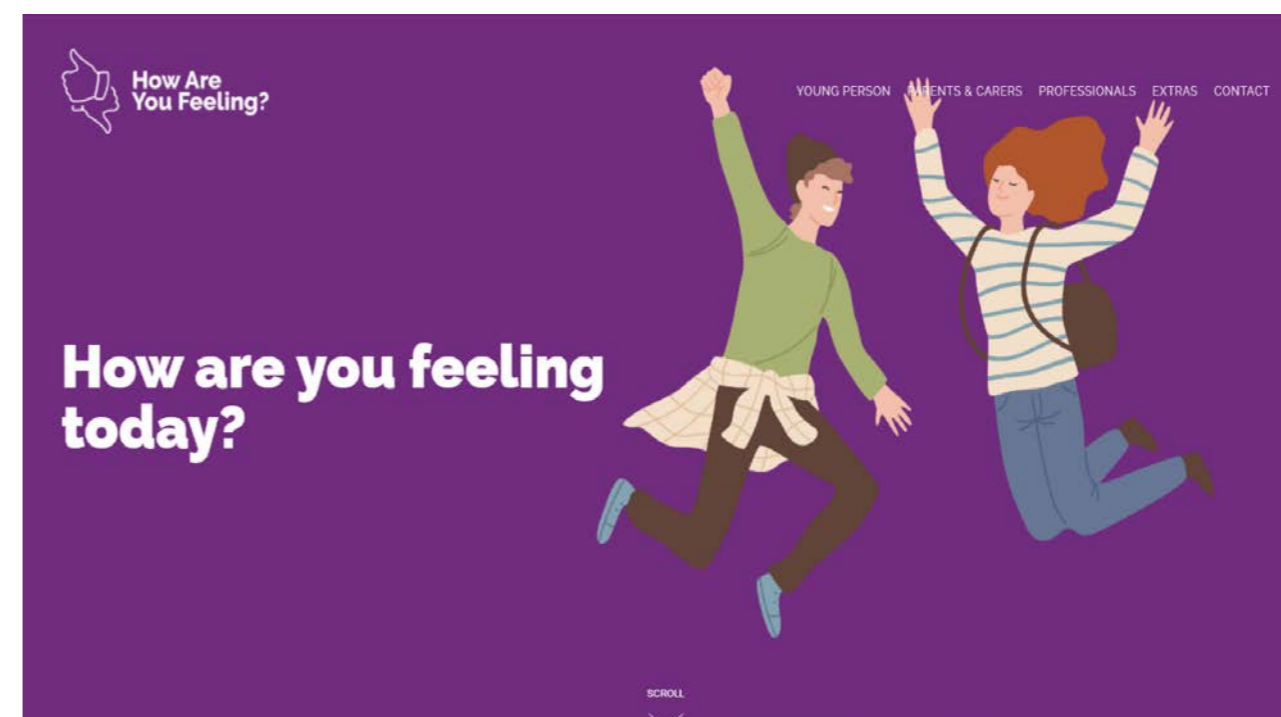
In addition to the HeadStart Hull programme, the team have provided websites and a mobile application for young people.

Websites

HeadStart Hull provide two websites for young people, '*How Are You Feeling*' and '*HeadStart Hull*'.

How Are You Feeling?

www.howareyoufeeling.org.uk



This site aims to be the trusted source for young people, parents and carers to find advice and support. The home page allows access to eight sections, Young People, Parents and Carers, Service Professionals, HeadStarters blog, News and Views, campaigns, videos and campaigns, Events. It also provides links to twitter and six organisations who provide advice and/or support (Young Minds, Childline, Rise Above, MindEd, Samaritans, Beat eating disorders).

Young People

The section of the website for young people signposts them to services, describes how to approach identified groups of people for advice, explains how to stay physically well, defines how to be a HeadStart Hull Young Volunteer, and provides case studies which are conveyed as demonstrating the powerful and positive impact of the HeadStart Hull Services.

Parents and Carers

This part of the website lists the services available for parents and carers of children aged 10 to 16 years, provides a booklet named, 'Support and Help for Emotional Well-being For Children, Young People, Parents and Carers', a page for planned activities, a description of HeadStart Hull, and case studies depicting positive stories about the support their services provide.

Service Professionals

This section of the website is for professionals within the HeadStart Hull Programme. They are provided with a guide to the programme and each service, a list of training and how to access it, and case studies. There is also a resources page which is password protected.

HeadStarters blog

This space is provided for the HeadStarters to say what they want to say. The blog aims to give regular volunteer updates, as well as articles and thought pieces and poems by young people in the group.

News and Views

Pieces of interesting news are posted here.

Campaigns

How to become a HeadStarter is described in this section along with descriptions of the series of "Top Tip" postcards created by the young volunteers that give bite-sized advice on several topics such as exam stress and online safety.

Videos and campaign films

The HeadStarters have produced a number of short films tackling the issues that have an impact on them and these can be accessed here.

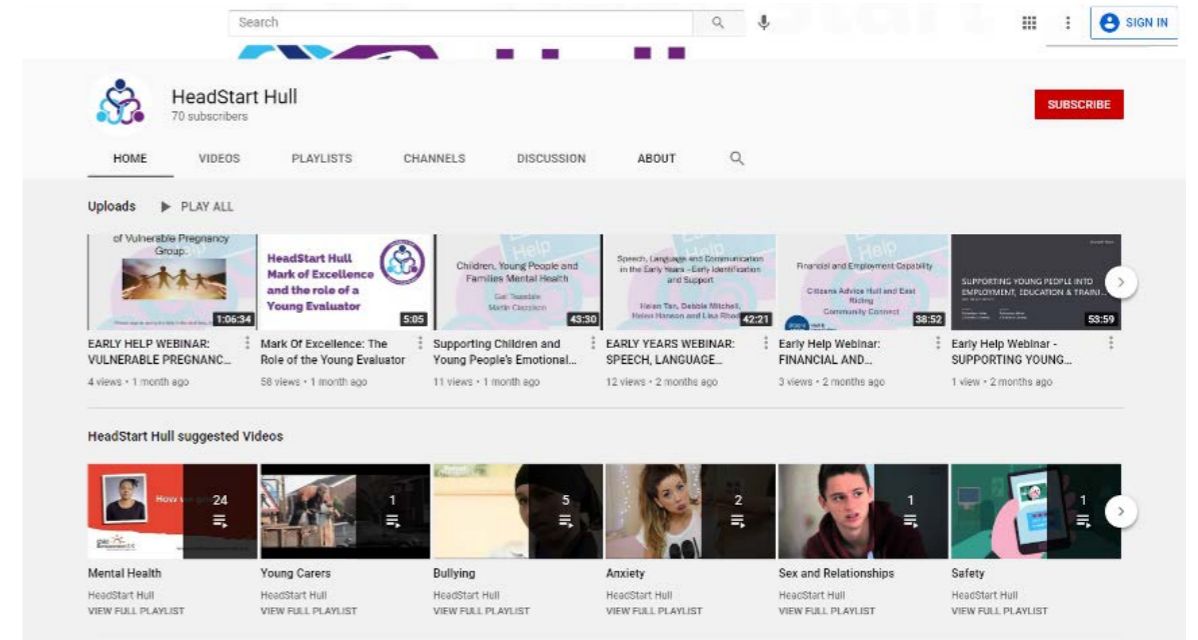
Events

This part of the website lists events, activities, workshops, drop-in sessions, and national days.



HeadStart Hull

www.youtube.com/channel/UCKdSLjtWdS6Cbh9caLjrD3g/featured



This website is managed by Hull City Council. It has six pages **Home**, **Video**, **Playlists**, **Channels**, **Discussion** and **About**.

Home and video

The homepage links to five groups of video footage, mental health, young carers, bullying, anxiety and sex and relationships. It also has a video clip made by young people to let others know they are not alone during the Coronavirus pandemic. There are webinars regarding services for young people. All the footage can be accessed through the video page too.

Playlists

This page has links to the films recommended by HeadStart Hull for young people.

Channels

The channels page provides links to five websites, Child Bereavement UK, Hull City Council, HeadStartFM Wolverhampton, Emma Train-Sullivan, and Fixers UK.

- **Child Bereavement UK.** This page contains short films regarding child bereavement.
- **Hull City Council.** The page accessed through this link contains films uploaded by the council about services and events in Hull.
- **HeadStartFM Wolverhampton.** This is the website of the HeadStart service provided in Wolverhampton. It contains films they have created and recommended.
- **Emma Train-Sullivan.** Emma is the programme manager of an emotional Resilience Education Programme called SMASH. This page houses a promotional film about the programme.
- **Fixers UK.** Fixers is a project of the Public Service Broadcasting Trust, funded by the National Lottery through the Big Lottery Fund. They describe Fixers as young people using their past to fix the future. This page contains films that they have uploaded.

Discussion

This page allows people to comment, though there is no invitation or instruction.

About

This page briefly describes the HeadStart service and provides links to their twitter account and website and to the mobile application (caremonkeys) developed by young people for young people.

Mobile application

Caremonkeys was a mobile application (app) created and designed by five girls who felt that young people needed to access confidential support more easily. They worked with Cornerhouse, Hull, who deliver a walk-in sexual health service for young people aged 13-19. HeadStart Hull provided Cornerhouse with £5000 to develop the app and a further £5000 was awarded from the Police and Crime Commission. It was launched during the HeadStart Hull pilot during 2014-2016. The app provided advice and contact details for support with bullying, abuse, depression and anxiety. It also enabled users to report an incident to authorities such as CEOP and Childline. The app showed up on the user's phone as a game to keep it hidden and had a hide me button for a quick exit. It could be downloaded from the caremonkeys' website. However, the company used to design and run it closed down and there was no finances to maintain it.

Delivering an effective service

HeadStart Hull has a Programme Manager who is also the Integrated Services Manager for Children and Young People's Health. There is a HeadStart Hull core team which is based within the Early Help Service at Hull City Council. They are responsible for coordinating the implementation, delivery, and evaluation of the programme in partnership with the universal, universal plus, targeted and targeted plus providers. This team will also work to sustain the HeadStart Hull programme once the project period has finished. Each team providing a HeadStart Hull service has its own manager. At the start of the project there were three groups which met at regular intervals, the HeadStart Hull Partnership Group, the HeadStart Hull Programme Operational Delivery Group, and the HeadStart Hull Programme Performance and Evaluation Subgroup.

HeadStart Hull Partnership Group

The HeadStart Hull Partnership Group met quarterly. The group membership had representatives from two voluntary sectors, the city council, the clinical commissioning group, the foundation trust, the city healthcare partnership and a primary, secondary and special school. Their purpose was to deliver the HeadStart Hull vision by holding the Programme to account for the delivery of outcomes against the agreed delivery plan and financial plan, and providing focus on supporting the long-term sustainability of the work of the HeadStart Hull programme.

HeadStart Hull Programme Operational Delivery Group

The HeadStart Hull Programme Operational Delivery Group met monthly. The group membership included the programme manager, the core team and the managers of each service. Their purpose was to:

- Manage the operational implementation and delivery of the phase three HeadStart Hull five-year programme against the agreed model and outcomes.
- Ensure effective communication and joint working between key partners to maximise outcomes and support for children, young people and their families in receipt of a HeadStart Hull service.

HeadStart Hull Programme Performance and Evaluation Subgroup

The HeadStart Hull Performance and Evaluation Subgroup agreed to meet monthly then bimonthly as the project progressed. The membership included seven representatives from the city council (including analysts and research officers) and one each from the national evaluation team, the foundation trust and the University of Hull. Their purpose is to support the:

- Operational implementation and delivery of the phase three HeadStart Hull five-year programme against the agreed model and outcomes.
- Development and implementation of an effective performance framework to enable accurate and timely monitoring reports to be provided to the NCLF as well as other appropriate meetings e.g. HeadStart Hull Partnership, CYPF (Children, Young People and Families) board.
- Effective implementation of the national and local independent evaluation programmes.

THRIVE

Since late 2019, senior leaders in Hull have been embedding the THRIVE framework to help plan and implement change in Hull⁸⁰. Between September and December 2019, the THRIVE strategy groups replaced the HeadStart Hull strategy groups.

THRIVE was originally authored by professionals involved in mental health support for children and young people, all of whom came from a health background but now has co-authors from the world of education and social care, and has drawn on views from head teacher panels, Clinical Commissioning Group leads, local authority directors and the Centre for Mental Health⁸¹. The THRIVE Framework provides a set of principles for creating coherent and resource-efficient community of mental health and wellbeing support for children and young people aged nought to 25 years, and their families. The Framework is needs-led, and these needs are defined by children, young people and families alongside professionals through shared decision making.

The THRIVE Framework is represented in five quadrants with each part of the framework taking a different focus:

1. **Thriving:** supports the development of good emotional health and wellbeing by taking a preventative approach.
2. **Getting advice:** focuses on building and promoting resilience, prevention and promotion within schools and communities, and assisting the child or young person to manage mild or temporary difficulties. It includes signposting, one off contact, and accessing information, advice, and guidance.
3. **Getting help:** describes services for children and young people who have clinical presentations that would benefit from short term focused evidence-based treatments in line with NICE guidance.
4. **Getting more help:** illustrates in-patient and outpatient provision that support children and young people in the long term, such as eating disorders, and early intervention in psychosis.
5. **Getting risk support:** defines services that provide immediate support to keep the child or young person safe. This crisis support should be for a limited time period and enable a child or young person to move between the THRIVE quadrants easily once their needs change.

Hull's revised priorities for 2020/21 included further developing an integrated system of support that aligns with the THRIVE quadrants. The senior leaders wanted staff working across the City of Hull from education, voluntary organisations, health and social care to understand the THRIVE framework and further develop the common language that will support a seamless pathway. The names of many of the meetings have been changed to incorporate THRIVE into the title so that the concept of 'Thriving' and the THRIVE framework is commonly known and understood by all practitioners across all agencies in Hull. For example, the 'Transformation Plan Steering Group' has now become the 'THRIVE Strategic Group' and the 'HeadStart Operations Meeting' has now become the 'THRIVE Operational Group'.

The range of pathways and interventions offered in Hull aligned with the THRIVE quadrants are described below. Many of the interventions sit within more than one quadrant so have been represented in the quadrant they align with most.

⁸⁰ Hull Clinical Commissioning Group. (2019) *Hull's local transformation plan, children and young people's mental health and emotional wellbeing*. Available online: <https://www.hullccg.nhs.uk/wp-content/uploads/2019/11/hull-ccg-ftp-2019-refresh.pdf> [Accessed 6/7/2021]

⁸¹ Wolpert, M., Harris, R., Hodges, S. et al. (2016) *THRIVE Elaborated* Available online: <http://implementingthrive.org/wp-content/uploads/2016/09/THRIVE-elaborated-2nd-edition.pdf> [Accessed 6/7/2021]

Hull pathways and interventions for children and young people aligned with the THRIVE quadrants

Thriving

- Jigsaw PSHE (Primary and Secondary)
- HeadStart Hull whole school approach and Mark of Excellence
- Workforce Development
 - HeadStart Hull workforce development
 - CYP IAPT training
- THRIVE workforce training and development
- Parenting Support:
 - Solihull on-line parenting guide
- Self-Care:
 - 'How are you feeling website'
 - Anna Freud - 'On my mind'
- HeadStart Hull literature - 'Z' cards, leaflets, campaign videos
- 'Got Your Back'
- HeadStart Hull Volunteering
- Young people lead Campaign
- HeadStart Hull Peer Mentor volunteering
- Local events to promote awareness and knowledge of services
- CYP voice and influence
 - Hull young people's parliament
 - Parents Forum
 - Loud mouths
 - Communications and Engagement plans

Getting advice

- Play Rangers
- Turn 2 Us
- School Nurse 'drop-ins'
- 0-19 Service
- Contact Point
- Autism and ADHD assessment

Getting help

- HSH Young people's peer mentoring
- HSH Schools and community-based group work
- HSH Counselling
- HSH Emotional Resilience Coaches
- Parenting and Early Help:
 - Parent peer mentoring
 - Strengthening families 0-14 year olds
 - Strengthening families strengthening communities
 - Triple P (teen)
 - Supporting separated families
 - Family links nurturing programme
 - Incredible years programme
 - HENRY
- Support for parents of children with additional needs
- Young peoples' psychological intervention service
- Looked after children:
 - 'Edge of care'
- Regional peri-natal service
- Children's Neuro-disability service developments
- Specialist mental health service:
 - Aromatherapy
 - Drama therapy
 - Cognitive Behaviour Therapy (CBT)
 - Family Therapy
 - Interpersonal Therapy for Adolescents (IPTA)
 - Time to Tiger
 - Boost group

Getting more help

- Eating Disorder Service
- Transforming care:
 - CYP dynamic risk register
 - Complex needs panel
 - Personal health budgets
- Forensic CAMHS
- Specialist child assessment service (SCAS)

Getting risk support

- Crisis Team
- Regional inpatient unit
- AMBIT





Method

A national evaluation is being carried out which will analyse the six HeadStart programmes as a whole. Measures include surveys, training evaluations, service user feedback, monitoring forms and an economic evaluation. Each HeadStart team developed its own relevant performance framework and commissioned a local independent evaluation specific to the local programme.

This evaluation by the University of Hull, provides the local independent evaluation of the HeadStart Hull service and was designed to complement the measures formulated by the HeadStart Hull team. The aim was to highlight what works well and to make recommendations for improvement.

The overall objectives were to find out:

- whether the goals set by the HeadStart Hull team have been met.
- whether workers feel knowledgeable and confident about young people's emotional health and resilience.
- the accessibility and acceptability of services.
- the experience of young people and parents using the service.
- whether workers think the service is effective and how well they feel supported.
- if there are any gaps in the service.



Photo: © James Mulkeen

Methods

- Examination of relevant literature (research, national surveys, reports, guidance and policies).
- Analysis of data provided by HeadStart Hull.
- Collection of data was through a 'feedback' website <https://www.headhull.co.uk/> (the government wants organisations to encourage people to use digital services). This website housed questionnaires, and case study and storytelling templates. A research assistant from the University of Hull visited HeadStart Hull sites with a laptop to assist young people to complete feedback. For young people with disabilities and learning or language difficulties (who cannot participate using the website with assistance) we offered to carry out interviews with the assistance of their support worker, teacher or other HeadStart Hull service provider.
- Online surveys were offered to school staff.
- Examination of the minutes of strategic meetings where available.
- Looking at information provided by HeadStart Hull for young people.
- Interviews with service managers.

The restrictions put in place during the COVID-19 pandemic meant some of the methods we intended to use such as focus groups, could not take place. Interviews during this period had to be carried out virtually, and our research assistant was unable to continue visiting services to assist young people to access the feedback website.

Participants

The participants included:

- Children and young people attending the HeadStart Hull services
- Parents and carers of the children attending the HeadStart Hull services
- Parents and carers attending the HeadStart Hull services
- Staff working in the HeadStart Hull schools and those providing a HeadStart Hull intervention.



Photo: © Chris Pepper

Analysis

Descriptive analysis was used for quantitative data. Thematic analysis was employed for the interviews, surveys, focus groups and questionnaires.



Photo: © Tom Arran

Ethics and data protection

The service evaluation protocol for the Independent Evaluation was designed to use secondary data routinely collected by HeadStart Hull and Hull City Council as part of the delivery of their services and primary (new) data collected by the Independent Evaluation Team at the University of Hull through the feedback website and by interview and/or online survey. Ethical and data protection considerations addressed in the design of our protocol and data sharing agreements included participant consent, the protection of personally identifying information and access or referral to appropriate sources of support if participation triggered or highlighted concerns about the behaviour, wellbeing or safety of a participant or any other child, young person or adult disclosed to us.

Only secondary data from children and young people who had provided consent to their (anonymised) data being shared with us by signing an information sharing agreement with Hull City Council was included in the evaluation. The HeadStart Hull and University Data Controllers ensured this agreement was adhered to and that all data was cleaned of personally identifying information before being transferred using a secure (Hull City Council approved) platform. After an exchange of information, participants in primary data collection methods indicated their consent to the collection, processing and analysis of their data by either providing (anonymous) feedback using the tools on our website or online survey, or by signing a consent form prior to interview. Participants were actively discouraged from sharing personally identifying information about themselves or others and when this did occur this information was redacted from transcripts before analysis. Where there were known or potential barriers to use of our feedback website (e.g. online access or digital literacy issues) a member of the evaluation team worked with the HeadStart Hull Coordinators, service leads and workers who knew the child, young person or parent to support them to complete the data collection tools offline with support. Information was routinely exchanged with all participants about pathways to and access to support. Direct referral protocols (e.g., regarding any safeguarding concerns) did not need to be used during the study.

Approval for the evaluation protocol, participant information and consent proformas and the data management plan was granted by the Faculty of Health Sciences Research Ethics Committee at the University of Hull on 28th June 2018 (REF FHS53). The end date of the study was extended from 31st July 2021 to 1st September 2021 with the agreement of the HeadStart Hull Programme Manager due to delays with the transfer of secondary data from the Council and the pandemic. The Faculty of Health Sciences Research Ethics Committee approved this extended date as an amendment to the protocol on 4th January 2021.

Participants were actively discouraged from sharing personally identifying information about themselves or others and when this did occur this information was redacted from transcripts before analysis.



Results



HeadStart Hull Schools

As of May 2020, there was a total of 92 schools in Hull signed up to HeadStart Hull (see table 5).

There are two categories, HeadStart Full and HeadStart Lite. Hull City Council wanted the HeadStart Hull model to take a city-wide approach as children from the 71 primary schools across the city transition to secondary schools that had signed up to be part of HeadStart Hull. They wanted to ensure young people transitioning to a HeadStart Hull secondary school had all received consistency in learning about emotional health through PSHE and were equipped with key skills and concepts. Thirty-seven primary schools signed up to HeadStart Hull, but Hull City Council were unable to engage and sign up all schools before submission of the bid. With the increased number of conversions of schools to academies and the establishment of the multi-academy trusts (MATs), the other schools came forward to join during the implementation. All MATs had some HeadStart Hull schools within them, but no MAT had all schools signed up. HeadStart Lite was developed to enable non HeadStart Hull schools to sign up to the ethos of Headstart Hull but with a limited offer of support. For example, they could attend school resilience networks, but they had to purchase the Jigsaw PSHE pack rather than have it funded by HeadStart Hull. Any school wanting to be a Lite school had to sign up by the end of the academic year 2018 and 33 primary schools did this, though an additional one joined in 2019. Eleven secondary schools signed up for HeadStart Hull with a further one joining as a HeadStart Hull Lite school. Two secondary schools are identified as having full HeadStart Hull status and another is identified as HeadStart Hull Lite, but they have not signed the agreement. There are five Pupil Referral Units (PRUs) in Hull and three of these have full HeadStart Hull status. PRUs cater for young people who are unable to attend a mainstream school because they need more care and support. Six out of the seven special schools have fully signed up to HeadStart Hull. Special schools educate students who have special educational needs due to learning difficulties, physical disabilities, or behavioural problems.

Table 5: Number of HeadStart Hull schools

	Primary	Secondary	Pupil Referral Unit	Special
HeadStart Hull Full signed	37	11	3	6
HeadStart Hull Full not signed		2		
HeadStart Hull Lite signed	34	1		
HeadStart Hull Lite not signed		1		
No HeadStart Hull			2	1



92 schools in Hull signed up to HeadStart Hull

71 primary schools across the city transition to secondary schools signed up to be part of HeadStart Hull

Six out of the seven special schools have fully signed up to HeadStart Hull

National lottery objectives for HeadStart

The National lottery objectives for HeadStart are to support children and young people to improve emotional wellbeing, reduce the onset of diagnosable mental health disorders, improve engagement in school and improved academic attainment, reduce engagement in risky behaviours (e.g. substance misuse, criminality & teenage pregnancy), and improve employability⁸².

Improve emotional wellbeing

The data provided by HeadStart Hull shows that there was some success in improving feelings and behaviour, and confidence and self-esteem. More details are provided in the section 'Measures of young people's improvement completed by HeadStart Hull services.'

Reduction in the onset of diagnosable mental health disorders

A national survey carried out in 2017, showed that in Yorkshire and the Humber 14.7% of young people aged 5 to 19 years (15.4% boys, 14% girls) had a mental disorder⁸³. In 2017/18, there were 37 young people admissions to hospital in Hull because of a mental health disorder, a rate of 65.5 per 100,000 population aged under 18, compared to 84.7 in England. This is an increase locally from the previous year (53.6 per 100,000), but a decrease from the years 2015/16⁸⁴. Following a freedom of information request, a local journalist reported that in 2015/2016, 4,212 children were referred to Humber Teaching NHS Foundation Trust's CAMHS, and 279 children were assessed and refused, and in 2016/2017, 4,874 children were referred and 265 were not accepted⁸⁵. No information regarding CAMHS was included in the trust's annual report for 2018/19⁸⁶, but Hull City Council report in their young people and families plan for 2019- 2023 that referrals to CAMHS have gone up by an average of 5.9% per month since April 2015 (not dated, assume written in 2018).



14.7% of young people aged 5 to 19 years (15.4% boys, 14% girls) had a mental disorder



37 young people admissions to hospital in Hull because of a mental health disorder

4,212 children were referred to Humber Teaching NHS Foundation Trust's CAMHS

46% of students in Hull achieved five or more GCSEs at grades A-C



⁸² Stapley, E. (2017) *HeadStart Year 1: National qualitative evaluation findings*. Available online: https://www.tnlcommunityfund.org.uk/media/insights/documents/headstart_year_1_-_national_qualitative_evaluation_findings.pdf?mtime=20190409081951&focal=none [Accessed 6/7/2021]
⁸³ NHS Digital. (2018) *Mental Health of Children and Young People in England, 2017*. Available online: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017> [Accessed 6/7/2021]
⁸⁴ Hull Clinical Commissioning Group. (2019) *Hull's local transformation plan, children and young people's mental health and emotional wellbeing*. Available online: <https://www.hullccg.nhs.uk/wp-content/uploads/2019/11/hull-ccg-ltp-2019-refresh.pdf> [Accessed 6/7/2021]
⁸⁵ Corcoran, S. (2017) More than 500 kids who asked for mental health help in Hull and East Yorkshire have been turned away. *HullLive* 14th November, '17. Available online: <https://www.hulldailymail.co.uk/news/hull-east-yorkshire-news/more-500-kids-who-asked-759727> [Accessed 6/7/2021]
⁸⁶ Humber Teaching NHS Foundation Trust. (2019) *Annual Report and Accounts 2018/19*. Available online: https://www.england.nhs.uk/wp-content/uploads/2019/09/Humber_Teaching_NHS_Foundation_Trust_Annual_Report_and_Accounts_2018-19.pdf [Accessed 6/7/2021]

Improved engagement in school

Table 6 describes data from the Department for Education⁸⁷ which shows that pupil absences (authorized and unauthorized) increased in all school types in Hull in the school year 2018/2019 when compared with the school year 2015/2016. Nationally, there was an increase in secondary and special schools, with primary schools remaining constant. In Hull, persistent absenteeism remained constant in primary schools between the two academic years in line with the national trend. It was raised for secondary schools, mirroring the national situation. It reduced in special schools in Hull where nationally it was raised.

Table 6: Pupil absences in Hull schools

Type of school	2015/2016		2018/2019	
	% Absence	% persistent absentees	% Absence	% persistent absentees
Primary - Hull	4.3	9.8	4.4	9.8
Secondary - Hull	5.4	14.7	5.6	15.3
Special - Hull	8.2	25.8	8.3	23.1
Primary - National	4	8.2	4	8.2
Secondary - National	5.2	13.1	5.5	13.7
Special - National	9.1	26.9	10.1	28.8

Improved academic attainment

For 2015/16, 46% of students in Hull achieved five or more GCSEs at grades A-C (C and above is a pass), and just over half achieved GCSEs at grades A-C in both English and mathematics (51%), compared to 59% and 54% respectively for maintained schools in England⁸⁸. In 2017 the grading system for GCSEs changed to numerical. The new and old system do not directly compare but 4 and above is considered a pass. Rather than count the number of GCSEs above a pass to examine performance, the tables are based on the Attainment 8 measure. This is an average score across eight subjects taken at GCSE including English, Maths and a range of other subjects. The higher the score is, the better the results are. It was not possible to examine results for 2020, as due to the covid-19 pandemic the Government announced that it would not publish any school educational performance data based on exams for 2020. In 2019, across Hull, the average Attainment 8 score was 43.3, which compares to 46.7 for pupils across all state-funded schools in England⁸⁹.

⁸⁷ H M Government (2020) *Search for schools and colleges to compare*. Available online: <https://www.compare-school-performance.service.gov.uk/> [Accessed 6/7/2021]
⁸⁸ Department for Education. (2017) *Compare school and college performance*. London: Department for Education.
⁸⁹ Department for Education. (2019) *Compare school and college performance*. London: Department for Education.

Reduced engagement in risky behaviours

Substance misuse

In 2016, a survey of Hull's young people's health found that very few pupils aged 11 to 14 years had used or tried drugs, but by 16 and 17 years, 23% of girls and 18% of boys had used or tried drugs, most commonly cannabis (15% of girls and almost 10% of boys). Most pupils thought that young people their age should not use drugs (96%) or legal highs (95%)⁹⁰. A public health briefing regarding alcohol use in Hull reported that between 2011 and 2016 the number of young adults aged 16-24 years choosing not to drink at all, had increased from 15% to 21%. The briefing explains that alcohol specific hospital admissions in those under 18 years more than halved but was still 19% higher than the rest of England. Binge drinking in those aged 16-24 increased from 20% to 26%, and 20% of boys and 32% of girls aged 15 to 16 years reported getting drunk at least once per month⁹¹. In 2019, the Public Health England Child Health Report for the period of April 2015 to April 2018, showed that 79 children in Hull under the age of 18 years received hospital care for alcohol abuse, and 156 young people aged 15 to 24 years were treated for drug misuse in hospital⁹².

Criminality

The total number of crimes recorded in Kingston Upon Hull and Hessle was 1,422 in August 2016 and 1,516 in September 2019⁹³. The number of young people in the youth justice system in Hull from April 2015 to March 2016, was 30 aged 10 to 14 years and 107 aged 15 to 17 years, compared to 36 aged 10 to 14 years and 90 aged 15 to 17 years from April 2018 to March 2019⁹⁴.

Teenage pregnancy

The latest statistics available from the Office of National Statistics⁹⁵ show that conceptions in young women under the age of 16 years in Hull fell from 61 in a 1000 in that age group in the period 2015 to 2017, to 58 in the period 2016 to 2018.

Improved employability

According to the Office of National Statistics (2020)⁹⁶ the number of people aged 16 to 17 years in Hull making out of work claims recorded in March 2020 was 1% compared to 0.2% in August 2016. The number of people recorded as economically inactive because they were students was 27% in the academic year 2015-2016 and 25% in the year 2019. In their report regarding young people not in education, employment or training (NEET) for 2018 to 2019, Hull City Council explain that the Department for Education now measures local authorities' performance based on a combined NEET and not known figure⁹⁷. Hull's annual performance for 2018/19 was a combined figure of 6.3% (NEET 5.5% and not known 0.8%). This was higher than the national average (5.5%), statistical neighbours' average (5.4%), the regional average (6.0%) and the average for Hull in the previous year (5.5%).

⁹⁰ Hull City Council. (2017) *Children and Young People Health and Lifestyle Survey, Hull 2016: Summary*. Available online: <http://www.hullcc.gov.uk/pls/hullpublichealth/assets/Surveys/YP2016Summary.pdf> [Accessed 6/7/2021]

⁹¹ Hull City Council. (2016) *Public Health Briefing: alcohol*. Available online: <http://www.hull.gov.uk/sites/hull/files/media/Editor%20-%20CET/Alcohol%20Councilor%20Briefing%20Public%20Health.pdf> [Accessed 6/7/2021]

⁹² Public Health England. (2019) 2019 *child health profiles*. Available online: <https://www.gov.uk/government/statistics/2019-child-health-profiles> [Accessed 6/7/2021]

⁹³ UKCrimeStats. (2020) Crime in Kingston upon Hull West and Hessle, England. Available online: <https://ukcrimestats.com/Constituency/65984> [Accessed 6/7/2021]

⁹⁴ Ministry of Justice. (2020) *Youth justice statistics: 2018 to 2019. Local level pivot tables*. Available online: <https://www.gov.uk/government/statistics/youth-justice-statistics-2018-to-2019> [Accessed 6/7/2021]

⁹⁵ Office for National Statistics. (2020) *Conception statistics, England and Wales*. Available online: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables> [Accessed 6/7/2021]

⁹⁶ Office for National Statistics. (2020) *Labour Market Profile - Kingston upon Hull, City of*. Available online: <https://www.nomisweb.co.uk/reports/Imp/1946157109/printable.aspx> [Accessed 6/7/2021]

⁹⁷ Hull City Council. (2019) *TECHNICAL REPORT: Target Period NEET Report*. Available online: <http://www.hull.gov.uk/sites/hull/files/media/Target%20Period%20NEET%20Report%202018-2019.pdf> [Accessed 6/7/2021]

What children and young people told us about HeadStart Hull

We developed a HeadStart Hull feedback website to enable young people to tell us about their experience using the service confidentially. To enable this to happen our research assistant encouraged the workers to promote the evaluation website, dealt with any technical issues, assisted young people who did not have Wi-Fi, data, or access to the internet to feedback using the website, and supported young people with any literacy issues or who needed explanation about some of the questions.

Technical issues

Despite the HeadStart Hull feedback website being set up to accept multiple feedback from the same computer, youth workers reported that when young people used the website to complete feedback on a council desktop computer, it refused to access the same URL on repeated occasions. Our research assistant visited these services with a laptop and dongle.

Encouraging workers to promote the evaluation website

To raise awareness of the website our research assistant visited each of the service leads and met as many of the workers as possible. She offered to attend sessions (including those in the evening and weekends) to assist the young people. She handed out leaflets advertising the website and how to access it.

Assisting young people who did not have Wi-Fi, data, or access to the internet to use the website

Some of the workers advised us that young people and parents had a smartphone but were unable to access the survey, due to the lack of money to buy data. Where there was no free Wi-Fi access available, our research assistance visited with a laptop and dongle.

Supporting young people who needed help to use the survey

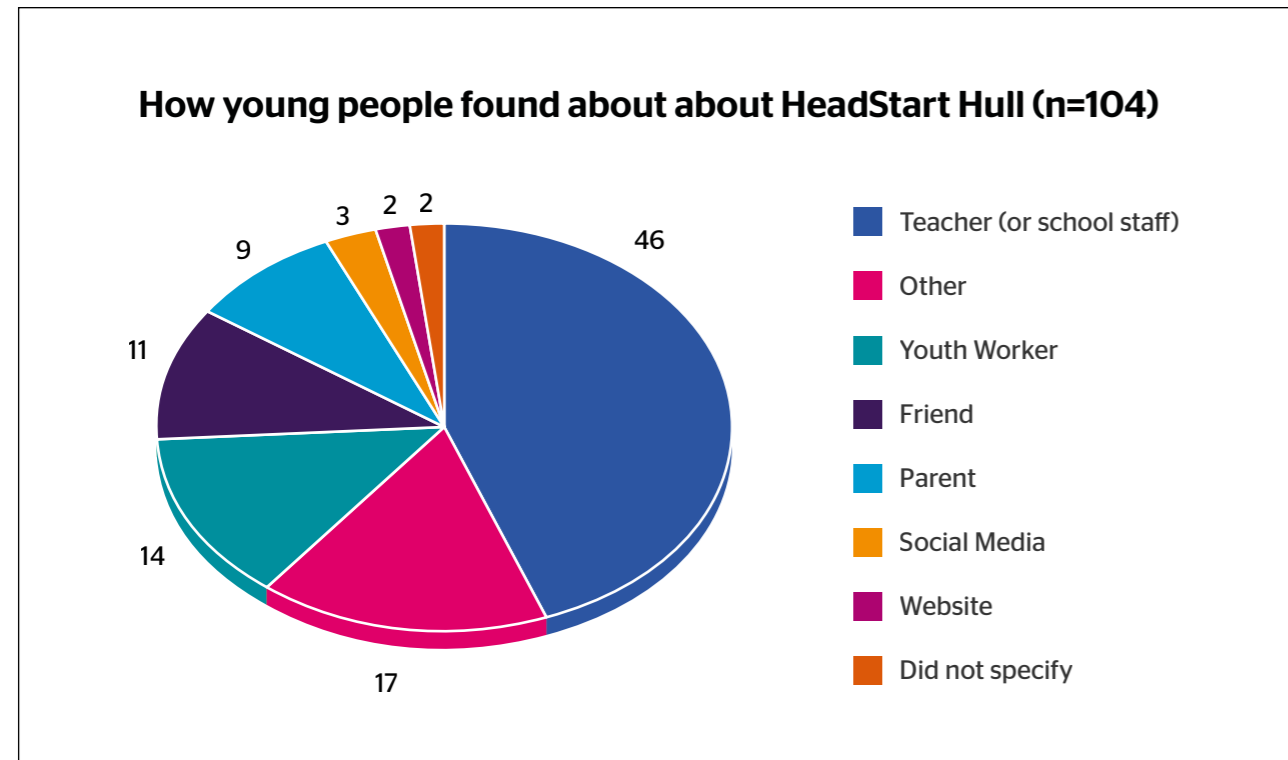
Our research assistant offered to either leave the young person completing the feedback with her laptop, whilst she sat close by in case of queries, or to help them to answer the questions. Most of the young people had at least one or two queries about the questions, for example, what does ethnicity and disability mean? In the youth club settings, the majority of the young people asked the research assistant to read them the questions and then they looked at the answer options together.

One hundred and twelve young people logged onto the HeadStart Hull feedback website developed by the University of Hull; of these, 104 completed questionnaires about their experience of using a HeadStart Hull service, one only completed the demographic information, and seven told us why they did not engage with a HeadStart Hull service after being offered it. Some of the young people provided additional information by telling us their story about attending a HeadStart Hull service.

They included young people within all the ages (10 to 16 years) served by HeadStart Hull, the highest number being aged 12 and 14 years. In terms of gender, 52 described themselves as female, 47 as male, three as unspecified, two as other and one did not complete. They were asked to name their ethnicity, 98 were white, two were Asian or Black Asian, one was Black or Black British, one was Mixed dual heritage and 10 did not specify. Fourteen young people described themselves as having a disability.

We asked the young people how they found out about HeadStart Hull services. Figure 1 shows that the majority were informed by their teacher or another member of school staff. Youth workers and friends were another source.

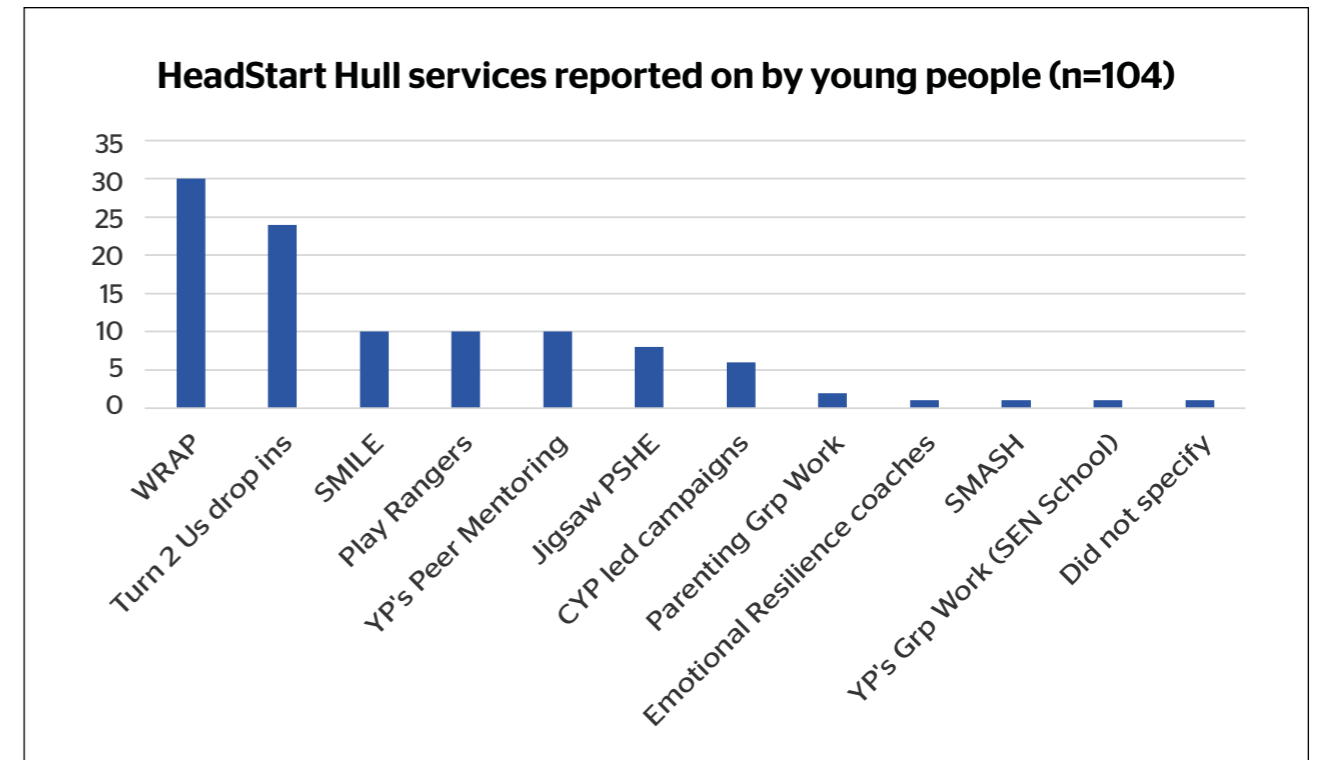
Figure 1: How young people found out about HeadStart Hull



Seven young people told us why they chose not to engage with a HeadStart Hull service after it was offered. Three had been offered Young People's peer mentoring, and one each offered counselling, Play Rangers, Young People's group work and Turn 2 Us drop ins. Two young people said their parent or guardian would not allow them to attend. Two felt that they did not need it, with one of them saying that they do not like talking about what is bothering them and tend to just keep it to themselves. Three opted for the 'other reason' option of not engaging, one stating that they wanted to be a peer mentor and did not want to be mentored and the other saying they did not know about the service.

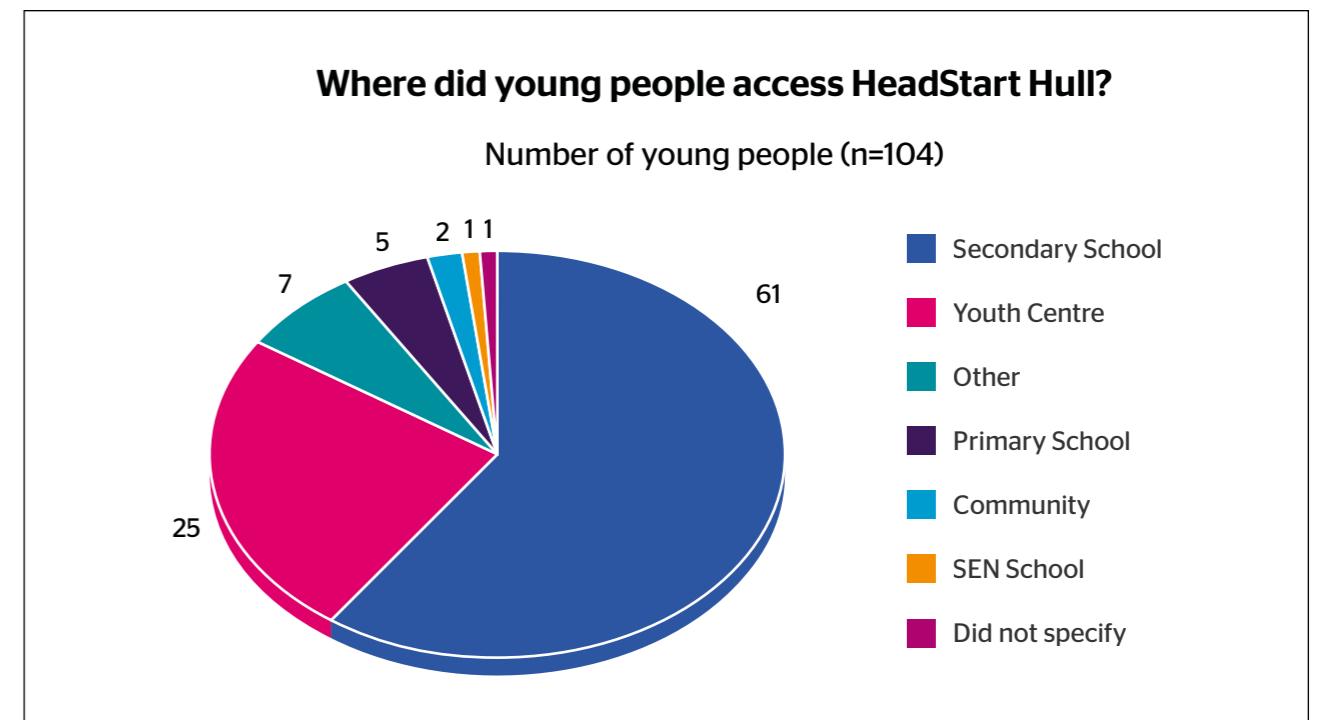
We asked the young people which HeadStart Hull service they were telling us about. It can be seen in Figure 2 that the service with the highest number of young people using them was WRAP, followed by Turn 2 Us drop ins. One person did not complete any information about the service.

Figure 2: Services reported on by young people



Young people were asked where they accessed HeadStart Hull services. It can be seen from Figure 3 that most of them accessed the services from secondary school, with the next most common place of access being youth centres.

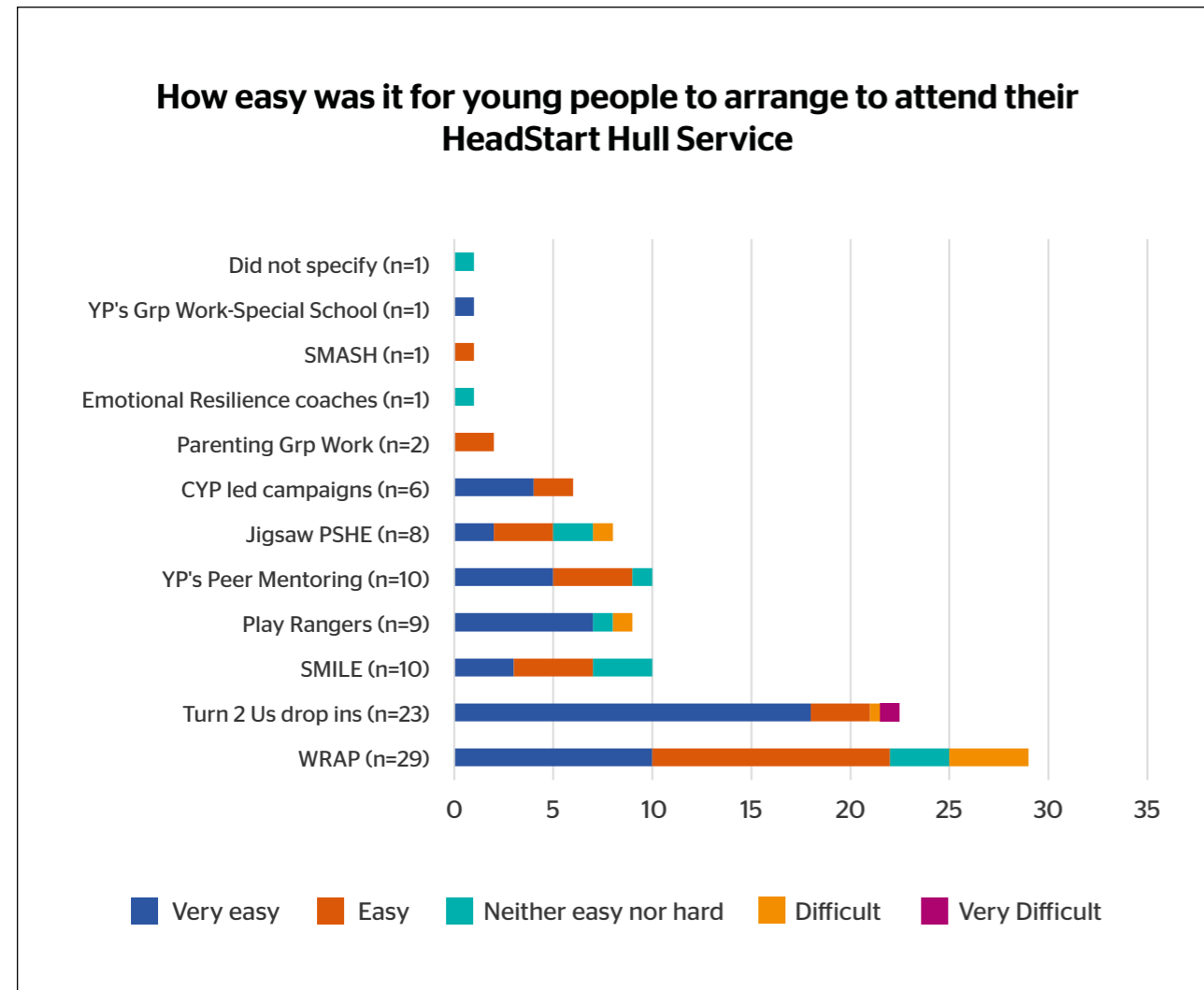
Figure 3: Where young people accessed HeadStart Hull



The accessibility and acceptability of services to young people

We asked young people how easy it was to arrange to attend the service. They could answer very easy, easy, neither easy nor hard, difficult, or very difficult. Those who did not answer this question are not included. It can be seen from Figure 4 that out of 101 young people, 81 found it very easy or easy to arrange to attend a service. Twelve found it neither easy nor hard and eight found it difficult or very difficult.

Figure 4: How easy young people found it to arrange attendance to a service (n=101)



We asked young people what helped them to attend a HeadStart Hull service. They could tick as many options as they liked. The options were: I did not have to wait long to go; it was near to where I live, OR it was at my school; my parents/guardian wanted me to go; it was explained well to me what would happen when I got there; the people there were all friendly; I found it interesting; it was helping me; or something else. Table 7 shows that the most helpful element was people being friendly, followed consecutively by the sessions being interesting, and the sessions helping them. No-one opted for the parents wanting them to go.

Service	Number of young people reporting each reason (n=90)							
	Did not have to wait	Near where live or at school	Parents wanted them to go	Explained well what would happen	People friendly	Found it interesting	It was helping them	Something else
WRAP (n=28)	9	7	0	12	18	13	15	0
Turn 2 Us drop ins (n=23)	6	10	0	2	15	13	6	4
SMILE (n=10)	3	2	0	2	10	6	5	0
Play Rangers (n=9)	3	7	0	1	5	1	2	0
YP's Peer Mentoring (n=9)	5	6	0	5	6	2	4	0
CYP led campaigns (n=6)	0	0	0	0	0	5	1	0
Emotional Resilience coaches (n=1)	0	0	0	0	1	0	1	0
SMASH (n=1)	1	1	0	1	1	1	1	0
YP's Grp Work-Special School (n=1)	1	0	0	0	0	0	0	1
YP's Peer Mentoring (n=1)	0	1	0	1	1	1	1	0
Did not specify (n=1)	0	1	0	1	0	0	1	0
Total	28	35	0	25	57	42	37	5

Some of the reasons that young people said they found accessing HeadStart Hull services difficult were having lots of referrals before getting to this group, being nervous about talking to new people, being unsure of where to go, and thinking that their teachers did not want them to miss lessons. One person thought it would be boring.

“ The teachers were a bit funny about me going and I wasn't sure if I wanted to go. ”

“ I am sometimes fearful of asking for help. ”

“ I hate speaking to new people. ”

“ There's always gonna be something difficult about anything you do but at first for me it was getting used to telling someone I didn't know what's going on but now I am more confident to. ”

The young people told us about the things that made it easy for them to attend a HeadStart Hull service. These included transports being provided, the practicalities of the referral being simple and quick, and the sessions being positive, fun, and easy to understand.

“ Transport was provided by school. ”

“ Primary school put in a referral and they came to visit me, they then came to find me on induction week and matched me up with a mentor. ”

“ Because it's very simple activities and positive, it is also very easy to understand. ”

“ At first, I was nervous, but I soon settled in. I opened up about who I was and my emotions. ”



We asked the young people about their stage of attendance to a HeadStart Hull service. Those who did not respond to this question are not included. Table 8 shows that just under half of the young people who answered had completed their sessions, half had attended one session or more and intended to continue and one person had attended one or more sessions but was not going to continue.

Table 8: Young person's stage of attendance (n=84)

Service	Completed sessions	One or more sessions and intend to continue	One or more sessions and do not intend to continue
WRAP (n=28)	28	0	0
Turn 2 Us drop ins (n=23)	0	23	0
SMILE (n=10)	1	9	0
Play Rangers (n=9)	1	8	0
YP's Peer Mentoring (n=9)	7	1	1
Emotional Resilience coaches (n=1)	0	1	0
SMASH (n=1)	1	0	0
YP's Grp Work-Special School (n=1)	1	0	0
YP's Peer Mentoring (n=1)	1	0	0
Did not specify (n=1)	1	0	0
Total	41	42	1



The experience of young people using the service

We asked young people about their experience of using a HeadStart Hull service. They could tick as many options as they liked. The options were: enjoyable, helpful, good fun, confidence-boosting, confusing, boring, and stressful. Table 9 shows that most young people found the service enjoyable with just under two thirds considering them good fun. More than half of the young people thought the service was helpful and less than half said it was confidence boosting. Negative opinions about the services were low.

Table 9: Young people's experience of using a HeadStart Hull service

Service	Number of young people reporting their experience (n=85)						
	Enjoyable	Helpful	Good fun	Confidence boosting	Confusing	Boring	Stressful
WRAP (n=28)	26	17	20	17	3	2	3
Turn 2 Us drop ins (n=23)	21	13	18	4	1	0	1
SMILE (n=10)	10	6	6	5	2	2	0
Play Rangers (n=9)	8	3	5	2	0	1	0
YP's Peer Mentoring (n=8)	2	4	2	6	0	1	0
Parenting Grp Work (n=2)	0	0	2	0	0	0	0
Emotional Resilience coaches (n=1)	1	1	1	1	0	0	0
SMASH (n=1)	1	0	1	1	0	0	0
YP's Grp Work-Special School (n=1)	0	1	0	0	0	1	0
YP's Peer Mentoring (n=1)	1	1	0	1	0	0	0
Did not specify (n=1)	0	1	0	1	0	0	0
Total	70	47	55	38	6	7	4

Some of the young people commented that their group was 'the best ever' and others described how the service was helping them:

“ Helped me talk about how I was feeling and dealing with the problems in my life by looking at the positives. ”

“ I learnt how to make friends. ”

“ It made me have more confidence in myself and to know what I am able to do. ”

“ Helps recognise early warning signs and triggers. ”

“ I feel like every session has been useful to me and after the sessions I have felt better in general. ”

“ I enjoyed working as a group. ”

“ It was amazing, life changing. ”

“ It helped me to sort out some personal issues that I had been stuck with. ”



We asked the young people what they thought would make the service better. Out of the 50 that responded, 27 said there was nothing that would make it better. Some of the suggestions they made for improvement included:

- Ensure all the participants are focussed on the activity.
- Hold sessions more frequently and/or have longer sessions.
- Have a box for ideas for sessions about what young people are worrying about and if they have any problems at home that could be dealt with as a group.
- Go outside.
- Provide more fun activities.
- Allow more free time or play time.
- Give the peer mentors more resources to help and possibly have professional referrals for people with big problems.
- Allocate more time for young people to speak.
- Have a specific room.
- Offer better activities and crafts.
- In primary school, talk more about going to secondary school.
- Encourage young people to help others.
- Ensure trained mentors continue to have students to mentor.
- Provide snacks.



Individual service feedback

We asked the young people some specific questions about CYP led campaigns, Jigsaw PHSE and Young people's peer mentoring. Young people attending Turn 2 Us drop ins, Play Rangers, Young People's group work (SMILE, SMASH, WRAP), Counselling and Emotional Resilience Coaching were asked to tell us their story if they so wished by completing a short template.

CYP led campaigns

The young people were asked why they took part in the CYP led campaigns. Out of the six who responded, four said it was because it looked like it might be fun, and one thought that it is important to help raise awareness about things that affect us. Another one said that it was a hobby that they like to do; it was helping them manage their ADHD as it chills them out a bit more. Four out of six of the young people thought that being involved in the CYP led campaigns taught them lots of new things, four thought it helped them make friends and four felt more confident.

Jigsaw PHSE

We asked the young people why they thought the PHSE sessions were useful. Eight responded to this question, of which four said they can make you feel more confident, four thought that the teacher can see which students might need help, and two stated that they learnt new things which help with making friends and dealing with problems.

Young people's peer mentoring

Nine young people talked to was about their experience of peer mentoring. Seven had been mentored by a peer, one had been a peer mentor and one had not had a peer mentor or acted as one. Comments from the young people included:

- “ Had a mentor at school but then during the lock down a member of staff met with me on zoom for four weeks transition into secondary. ”
- “ I have finished my sessions and feel better now like a weight has being lifted of my shoulders. ”
- “ I saw my mentor every week until lockdown. ”
- “ I saw my mentor 30 times. ”
- “ It has made me feel more confident, so I do not need the sessions anymore. ”

We asked the young people how having a peer mentor had helped them. Five of them said talking about their worries, and five said it made them feel more confident. Four young people said they felt less lonely, and two said being introduced to other people. Two young people described being helped with their problems and one said being encouraged to take part in activities. One young person explained that it had helped them have less arguments at home because they had been given advice on how to avoid this.

YP's Peer Mentoring

“ I went to help others and it made me feel good. I learned how to comfort and give aid. It would help people like me if the training was made more accessible. ”

Turn 2 Us

“ I attended the service to make me feel better about myself and I did. It helped being at lunchtime. ”

“ I went because I can tell people things that I would not like to tell at home, and they would understand. It helped because they made me happy and made me smile and calm down when I was angry. I learnt to be calm and listen more. ”

“ I learnt how to be safe when having sex. ”

SMILE

“ I went because I was angry and lashed out. The staff helped me. I learnt how to make pizza. More trips and baking would make it better. ”

“ I attended the service because I was worried about my neighbours keeping me up and then not being able to concentrate at school, and my dad's girlfriend calls me names. I liked the session when we did what is a good friend and what is a bad friend. I learnt how to deal with bullying. ”

“ I went because people said it was a good place to go for help and support. It helped meeting new people and friends. I learnt not to be shy and to not be afraid to shout out what you think, but make sure you're being respectful of your surroundings. ”

“ It helped because they tell you the good and bad of various things. They were very supportive, around my sexuality, as I am a huge supporter of the LGBTQ community and they were really friendly. I learnt how to handle my emotions and my actions. ”

Play Rangers

“ I went to visit friends and have fun with new people. The sugar, friends and activities made me feel good. They don't restrict creativity and mind flow. ”

WRAP

“ I attended because WRAP is for people with special needs and family problems. It helped as every session and was mindful and the staff were great. I learnt how to cope with bad times. It would be better for people like me if the staff talked to kids privately. ”

SMILE

“ My mum told me about the service. My lovely new friends made me feel good. I learnt that it's easy to make new friends here. ”

“ It would be better if we could go outside and play football. ”

Play Rangers

“ I went because my mate was there. It helped being around happy people. ”

“ It was fun and easy, plus I was with my friends. It helped me because I was with people I knew, and the activities were fun. I learnt about healthy relationships. ”

SMILE

“ It helped me with friendships, and I learnt how to react when someone annoys me. ”

“ I didn't want to at first, but I gave it a try and I enjoyed it as everybody was very nice. It helped to meet new friends. It would be better if there were sports. ”

SMILE

“ I went because I was worrying too much about my sister and coping with her was making me upset. We found her with a massive pair of scissors over her hand threatening to cut her hand off. She has autism and looks like a 12-year-old but is only 1 or 2 on the inside. It helped me when we made a worry monster a couple of weeks ago so I could talk to my parents about my worries without me having to say I need to talk. The special poems about SATs help us once we have talked about the worry, it is out of our system and we don't need to think about it anymore. I learnt that it is actually OK to worry and you are not alone. ”

“ My Mum explained the service to me and said to have a go, and it sounded like fun. I have learned that you can tell people about your worries. It would be better if there were more people of the same age or older there. ”



What parents and carers told us about their child's experience of using a HeadStart Hull service

Using the HeadStart Hull feedback website we gave parents and carers the opportunity to tell us about the experience of their child using a HeadStart Hull service. In total 11 parents and carers completed the survey. Seven were female, three male, and one other. Five were white British, four were white other, and two mixed dual heritage. Four described themselves as guardians and seven were parents. Four parents and carers (36% of respondents) described themselves as having a disability. Of the young people they were talking about four were male, three female and four did not specify. Five were white British, four mixed dual heritage and two did not specify. The young people were aged 10 to 15 years of age, two of which were considered to have a disability.

Four of the parents and carers explained that their child was offered a service (three counselling and one Turn 2 US drop ins) but they did not use it. Though asked for a reason they did not supply this information.

Of the seven young people the parents and carers told us about, two had attended Emotional Resilience coaching and one had attended Young People's peer mentoring, counselling, SMASH, Play Rangers and Jigsaw PSHE. Five of the young people had found out about the service from their teacher and one from a family support worker. Two of them found it very easy to arrange, three easy and two neither easy nor hard.

“ I contacted the school, outlined the problem and they arranged for a school mentor to speak with my daughter. The biggest difficulty was an emotional rather than practical one. ”

The parents and carers were asked what helped their child attend the service.

This included:

- We encouraged them to go
- They didn't have to wait long to go
- It was near to where we live, or it was at their school
- It was explained well to us/them what would happen when they got there
- They thought the people there were all friendly
- They found it interesting
- It was helping them

“ She realised that she needed help, and she had a friend who had had help from them previously. ”

“ She found it hard to talk about her problems. ”

We asked the parents and carers what they thought would make the service better for their child.

Their responses were:

- Make it quicker for children to be seen
- Make the course longer
- Provide indoor locations for bad weather (some were rained off)

All seven parents and carers said they thought attending the service had a positive impact on their child:

“ She understood more about what was happening and ways of managing.

My daughter finds talking through her problems helpful, she was given techniques that helped her like breathing exercises, colouring, writing down thoughts.

My daughter seems less angry when talking about certain things and we can talk properly through them without it turning into an argument. ”

“ Exercise (played tennis), learning (made craft items), social (interacted with other/new children). ”

“ He struggles with social skills and has sensory issues. Jigsaw sessions have helped him with this. ”

“ I've had a really good experience with the service and so has my daughter and our relationship has really improved as she is not mad or angry at me as much and now we talk about what's happened and that's all to the help and support we have received. ”



We asked the parents and carers whether they would recommend this service to their friends. Six out of the seven said they would. Their reasons included:

“ It had visible effects/ improvements. ”

“ Everyone has been so helpful and friendly and offered support and guidance when I was struggling with my daughter. ”

“ It's a fantastic thing for all young children. ”

Three parents and carers said the service could be improved:

“ Probably - but not sure how. ”

“ I feel if I hadn't been waiting 3 months without help for my daughter who was struggling with anxiety, her school attendance wouldn't have dropped as much as she really responded to counselling. ”

“ First time we went we struggled to find where in the park they were, maybe more signage or a big flag! ”

“ It was good as it was in school and she could talk about her struggles at school and her counsellors would let school know how she was feeling. She was on a part time timetable and was able to talk about getting her back full time. It helped her to have someone who was listening and didn't push her into situations she couldn't handle, like lessons. She learned how to deal with school and felt she had achieved something when she managed a new lesson. The service might be improved if they offered home visits, had longer sessions and visits to places for achievement. ”

What HeadStart Hull workers told us about young people's experiences of using a HeadStart Hull service

Twenty-eight staff told us about their observations of young people using a HeadStart Hull service by answering a questionnaire on the HeadStart Hull feedback website. Of these 22 were female, five were male and one did not tell us. Twenty-six of them described themselves as white and two as Asian and British Asian. One had a disability. Twenty-four of the workers provided the service the young people were using and four observed the service (see table 10). Their roles included teachers, project workers, youth workers, parenting practitioners, fishing coaches and peer mentors. There was also a young people's engagement worker, a volunteer, a special educational needs coordinator, and an administrator.

Table 10: The number of staff representing each service and those who provided or observed

Service Represented	No of staff	Provided	Observed
Jigsaw PSHE	6	6	
CYP Led campaigns	4	4	
Parenting Support	4	3	1
Parent Peer Mentoring	3	2	1
School based Group Work - WRAP	3	3	
SMILE	2	2	
Turn 2 Us	2	1	1
Emotional Resilience Coaches	1		1
Jigsaw Families	1	1	
Play Rangers	1	1	
YP's Peer Mentoring	1	1	
Total	28	24	4

Eighteen of the workers said that they thought attending the service had a positive impact on young people. These are some examples of what they observed:

- “ The children's PHSE knowledge has increased since the start of each piece in Year 1. ”
- “ Children felt comfortable to discuss a whole range of issues and benefitted from the calming techniques. We achieve great results despite not having a playground. ”
- “ Young people enjoy getting engaged in the campaigns and feel passionate about mental health and raising awareness about this. ”
- “ It opens their eyes up and makes them aware of what is going on out of their normal street life.. ”
- “ It gets them in to a different environment and it, how shall I put it, it opens them up. ”
- “ Child managed to develop more positive relationships with both adults and children. ”
- “ They became more confident and had a much better relationship with parent. ”



“ Over the course of 8 weeks, I always noticed a positive change in the young people. It seemed like they listened more and got more involved. They go from not wanting to attend to being excited to turn up! Then when they go into the family session, I notice that they interact with their parent/carer differently, in a good way. You can see the bond changing and growing. ”

“ The group helps the young people to meet and make new friends. ”

“ Saw great improvements in behaviour and relationships with parent. ”



Sixteen workers would advise their colleagues that the service was helpful. These are some of the reasons they gave us:

“ Young people can get together in a safe space to talk about mental health and unite over a common ground of raising awareness. ”

“ It gives the child an opportunity to speak to someone else and develop a trusting relationship. ”

“ It's great to be a part of a positive impact in a family's life. ”

“ Because I have witnessed the changes in approach the programme encourages in parents and the supportive environment fostered. ”

“ Gives parents the time and support to reflect on their present parenting and to learn and practice new strategies to manage their children's behaviour and to foster their emotional intelligence. ”

“ It helps the relationship build positively between parent and child and develop a better understanding. ”

“ It is a place where parents, and young people alike can confide in a mentor and share their views and experiences, but at the same time offering us offering support. ”

“ It can offer brief advice and signposting to prevent escalation but also a safety net for a young person. ”

“ Often the best person to talk to a young person is someone their own age who understands. ”

“ Jigsaw is a comprehensive, engaging scheme which is really easy to implement and follow. The children love it. ”

Seven of the workers said the service could be improved. They gave us several reasons:

“ We struggle to get the kids to Brough, so if it is out of Hull, it's harder to get the numbers. ”

“ Having more counsellors available. ”

“ I think maybe some of the material is outdated and could be improved. Like the videos, sometimes the young people have a bit of a laugh with them. ”

“ There is always room for improvement in a service to respond to changing needs of the parents and families we work with. ”

“ The videos are out-of-date. ”

“ I think that SMILE could be even better if we had more referrals for appropriate young people from other organisations. ”

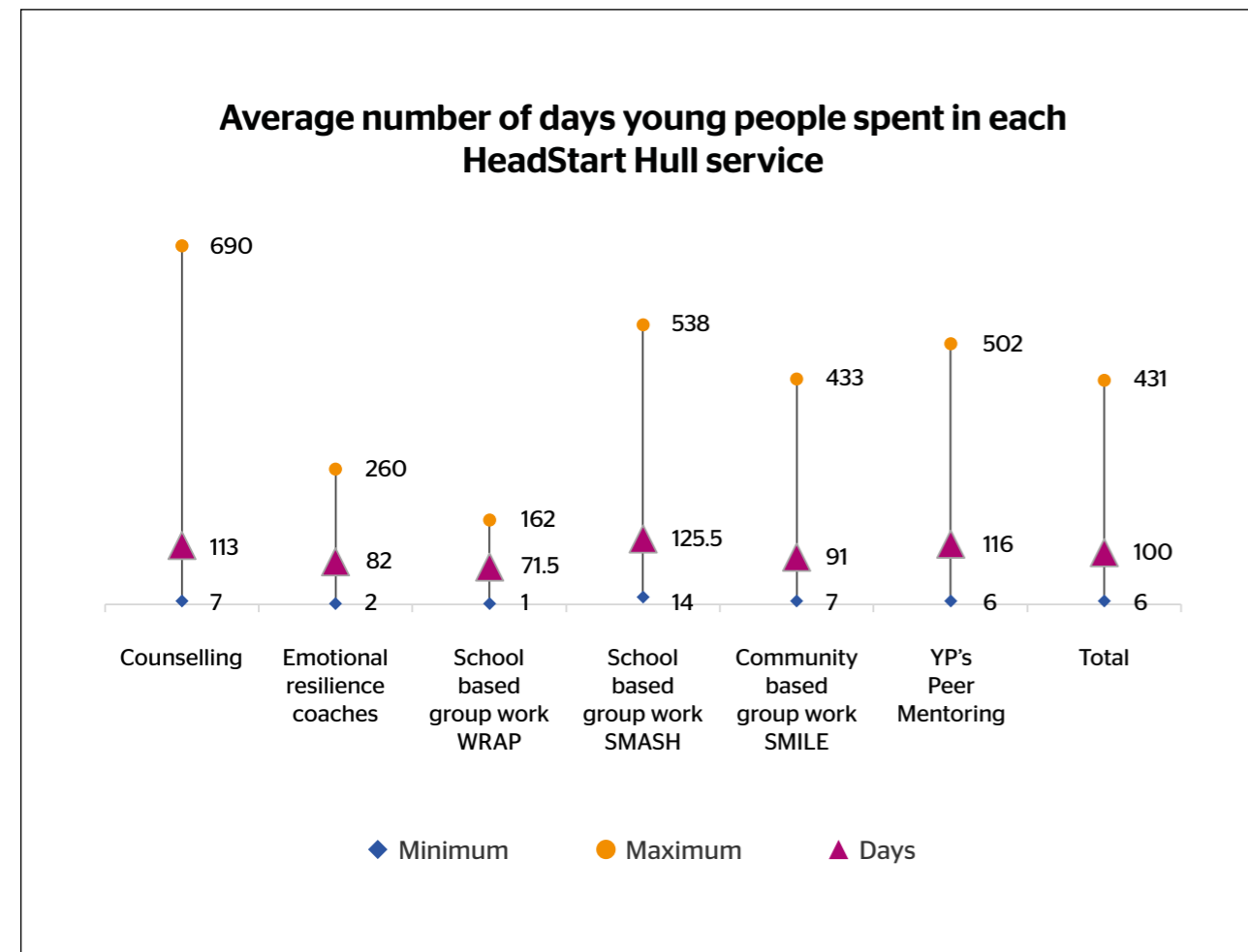
“ Some sections have too much content.' (Jigsaw PHSE). ”

Measures of young people's improvement completed by HeadStart Hull services

Demographic information for all children and young people attending schools in Hull was provided by HCC. However, as unique identifying numbers were not recorded by all HeadStart Hull services, we have been unable to describe the demographics of the children and young people accessing these services. No data was provided regarding young people involved in Jigsaw PHSE. During the three-year period, a total of 1,039 young people accessed a HeadStart Hull service which collected data, but we do not know how many of these were the same young person accessing a number of services. There was no data provided to us for the Turn 2 Us and Play Rangers services so we cannot report on the number of young people who attended (our researcher observed large numbers on her visits) or how their attendance affected them.

The average length of time a young person spent attending a HeadStart Hull service was 100 days, with a minimum average of six days and a maximum of 431 (Figure 5). School based groupwork - SMASH had the longest average attendance and WRAP had the shortest.

Figure 5 Average number of days each young person spent in a HeadStart Hull service



To measure their improvement, children and young people using a HeadStart Hull service were asked to complete a measure before they started and when they completed. The NCLF left the decision with each local project as to which tool they used. The measure chosen by HCC was My Star™. It was selected in consultation with partners as it was one tool which could be used across the range of services, and with young people and families who found it a user-friendly tool. Staff who use the measure attended a one-day training course which are regularly run by HCC.

My Star™ was developed by Triangle with Family Action, Action for Children, Westminster Council and Coram, plus a number of smaller voluntary organisations through part-funding from the UK government Department for Education Growing Our Strengths programme⁹⁸. The My Star™ developers state that it is suitable for children in families that are identified as vulnerable/troubled and receiving services and those looked after by foster carers or in a children's home. It is primarily aimed at children aged 7-14 but has been used successfully with children aged 4-18. The developers of the tool are clear that The Star can be an effective tool for many services, but it is not right for everyone⁹⁹. It does not replace a risk assessment for children¹⁰⁰. They advise that it is designed to be used as an integral part of the support provided by a service, so it is important that it fits with their approach and remit. The Star measures the change that takes place for a service user in several areas of their life. To be used effectively the services should be offering a form of one-to-one keywork, work intensely over a long timescale (over six weeks), and focus on more than two aspects of a person's life.

There are eight domains each which form a point on a star. The first four look at how well the young person considers they are looked after by others:

- **Physical health** - how well others look after them and keep them healthy
- **Where you live** - feeling at home and liking where they live
- **Being safe** - how safe they are
- **Relationships** - their relationship with their parents

The other four measure how well the young person feels they are managing:

- **Feelings and behaviour** - how they deal with difficult feelings
- **Friends** - how they make and keep friends
- **Confidence and self-esteem** - feeling at ease, knowing they matter
- **Education and learning** - doing well at school and enjoying learning

Each domain can be measured from one to five and is colour coded:

1. **Red** - means things are bad and not changing
2. **Orange** means things are bad but could change
3. **Yellow** means that they and other people are working on it
4. **Green** means it is mostly ok
5. **Blue** means things are working well for them

⁹⁸ Triangle Consulting Social Enterprise Limited. (2021) My Star™. Available online: <https://www.outcomesstar.org.uk/using-the-star/see-the-stars/my-star/> [Accessed 6/7/2021]

⁹⁹ Triangle Consulting Social Enterprise Limited. (2021) *Briefing: Choosing which Outcomes Star™ to use*. Available online: https://www.outcomesstar.org.uk/wp-content/uploads/OS-Briefing_Choosing-which-Star.pdf [Accessed 6/7/2021]

¹⁰⁰ Triangle Consulting Social Enterprise Limited. (nd) *My Star™ Organisation guide*. Triangle Consulting Social Enterprise Limited.

The young person completes the measure in collaboration with the worker by selecting appropriate examples for each of the scales. This is completed at the beginning and end of their period of attendance. An increase on average of greater than one is interpreted as a large increase, an increase of 0.25 to 1 is moderate, and a decrease is a score of more than minus 0.25.

The My Star™ data collected by services for the academic years 2016-2017, 2017-2018 and 2018-19 was provided by HCC to the University of Hull for analysis. During the three-year period, a total of 1,039 young people accessed a HeadStart Hull service which collected data, but we do not know how many of these were the same young person accessing a number of services.

Figure 6 shows the average star movement across all star areas for all the HeadStart Hull services which used this measure. The average starting score across all star areas for the six services collecting data was 3.539, which means that the young people were working on their problems themselves and with others. The average star movement was 0.676, which is a moderate increase. The average score after attendance to the services was 4.215, which meant things were mostly satisfactory.

Figure 6 Comparison of the average star movement across all star areas of young people using a HeadStart Hull service (n=1,039)

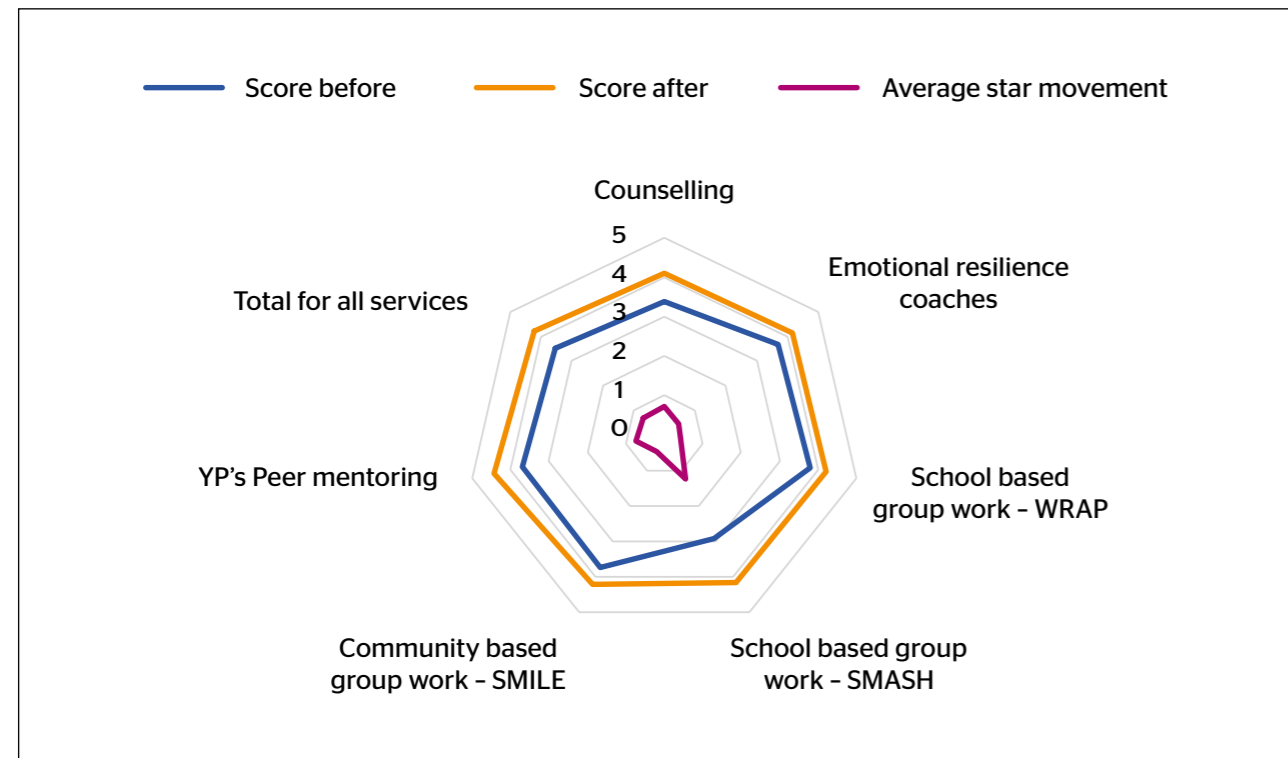


Table 11 shows that the total average progress across all star areas for all the services was 48%. School based group work, SMASH had the highest level of average progress across all areas, and more young people using that service progressed than stayed the same. Counselling and YP's Peer mentoring also had a higher percentage of young people progressing than staying the same.

Table 11: Comparison of HeadStart Hull services' average progress across all star areas (n=1,039)

Name of service	Positive progress	Stayed the same	Dropped back
Counselling	52%	41.5%	6.5%
Emotional resilience coaches	40%	57%	3%
School based group work -WRAP	38.5%	56%	5.5%
School based group work -SMASH	71%	24%	5%
Community based group work - SMILE	38%	58.5%	4%
YP's Peer mentoring	49%	47%	5%
Total for all services	48%	47%	5%



Table 12 shows that the HeadStart Hull services as a whole, were most successful in improving the star areas of feelings and behaviour and confidence and self-esteem. These are areas which measure how well the young person feels they are managing. Progress was low for the star areas, where you live, being safe and physical health. These areas look at how well the young person considers they are looked after by others. The school based group work service SMASH achieved the highest progress in every area.

Table 12: Comparison of young people's HeadStart Hull services' improvement across each star area (n=1,039)

Star area	Counselling	ER coaches	WRAP	SMASH	SMILE	YP's Peer	Total
Being safe	50%	22%	21%	53%	23%	24%	32%
Confidence and self-esteem	74%	60%	63%	86%	58%	78%	70%
Education and Learning	48.5%	44%	37%	75%	37%	53%	49%
Feelings and behaviour	68%	79%	68%	88%	53%	70%	71%
Friends	45.5%	36%	43.5%	76%	45%	58%	51%
Physical health	43%	30%	27%	59%	37%	36%	39%
Relationships	51.5%	32.5%	27%	78%	30%	42%	43.5%
Where you live	35%	18%	2%	51%	18%	29%	25.5%

Table 13 shows that the HeadStart Hull services as a whole, showed a high percentage of deterioration in the star areas relationships, and where you live and education. However, this is due to young people accessing counselling having much higher rates of deterioration in these areas than the other services.

Table 13: Comparison of young people's HeadStart Hull services' deterioration across each star area (n=1,039)

Star area	Counselling	ER coaches	WRAP	SMASH	SMILE	CYP peer	Total
Being safe	3%	2%	7%	6%	5%	7%	5%
Confidence and self-esteem	3%	1%	5%	3%	0%	6%	3%
Education and Learning	7%	6%	3%	8%	7%	4%	5.8%
Feelings and behaviour	4%	2%	5%	5%	2%	3%	3.5%
Friends	6%	5%	5.5%	4%	7%	4%	5.3%
Physical health	4.5%	2%	3%	3%	0%	3%	2.6%
Relationships	13%	1%	8%	4%	5%	4%	5.8%
Where you live	12%	5%	7%	8%	5%	6%	7.2%

Counselling

One hundred and thirty-four young people accessed counselling during the data collection period. Figure 7 shows the average My Star™ scores of all young people before and after attending the service. The average movement across all areas was 0.718 which is a moderate increase. Large increases were achieved for the areas of confidence and self-esteem and for feelings and behaviour. All other areas had moderate increases.

Figure 7: Average My Star™ scores before and after attending counselling

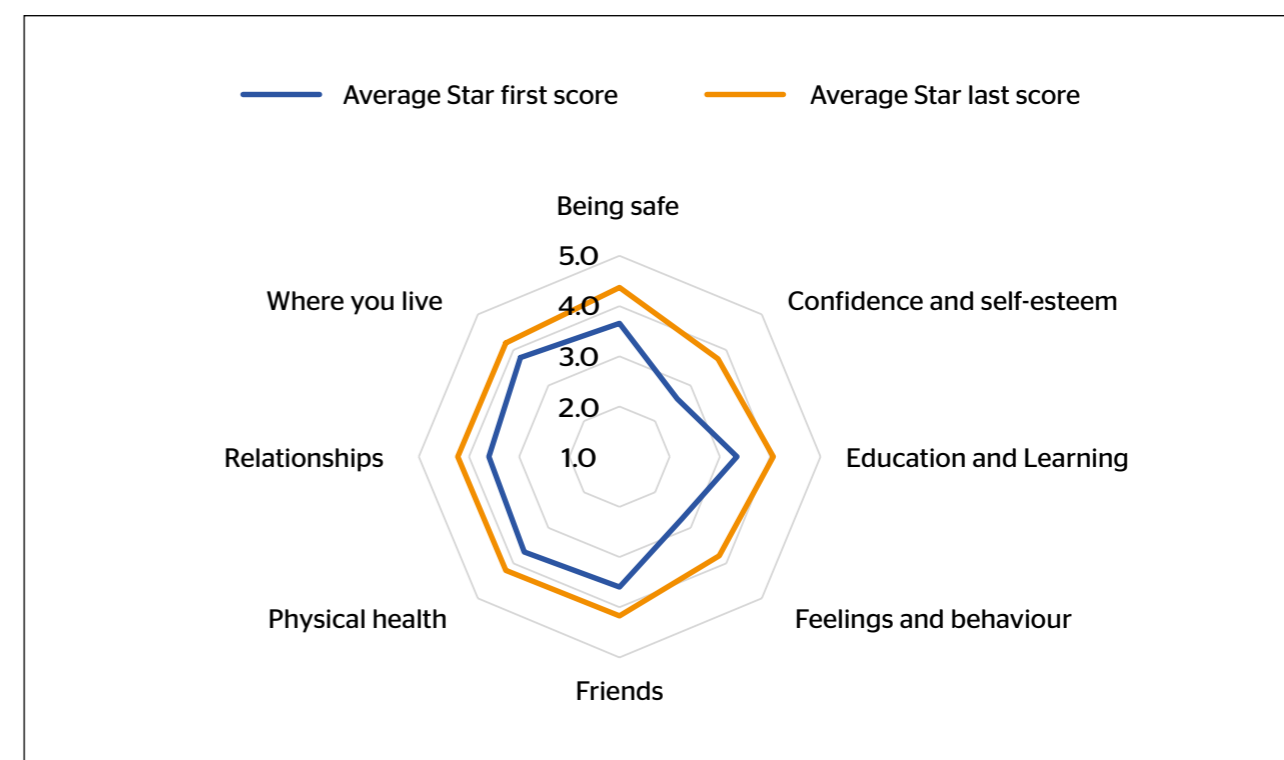


Table 14 shows that overall, 52% of young people showed positive progress. However, there was a high level of progress for confidence and self-esteem (74%) and for feelings and behaviour (68%).

Table 14: Number and percentage of young people showing progress with Counselling (n=134)

Star area	Positive progress	Stayed the same	Dropped back
Being safe	67 (50%)	62 (47%)	4 (3%)
Confidence and self-esteem	99 (74%)	31 (23%)	4 (3%)
Education and Learning	65 (48.5%)	60 (45%)	9 (7%)
Feelings and behaviour	91 (68%)	38 (28%)	5 (4%)
Friends	61 (45.5%)	65 (48.5%)	8 (6%)
Physical health	58 (43%)	70 (52%)	6 (4.5%)
Relationships	69 (51.5%)	47 (35%)	18 (13%)
Where you live	47 (35%)	71 (53%)	16 (12%)
Average across all areas	70 (52%)	55 (41.5%)	9 (6.5%)

Emotional resilience coaches

One hundred and twenty-six young people accessed emotional resilience coaching during the data collection period. Figure 8 shows the average My Star™ scores of all young people before and after attending the service. The average movement across all areas was 0.463 which is a moderate increase. A large increase was achieved for the area of feelings and behaviour. There was no significant change for the areas where you live and being safe. The other areas had a moderate increase.

Figure 8: Average My Star™ scores before and after attending emotional resilience coaching

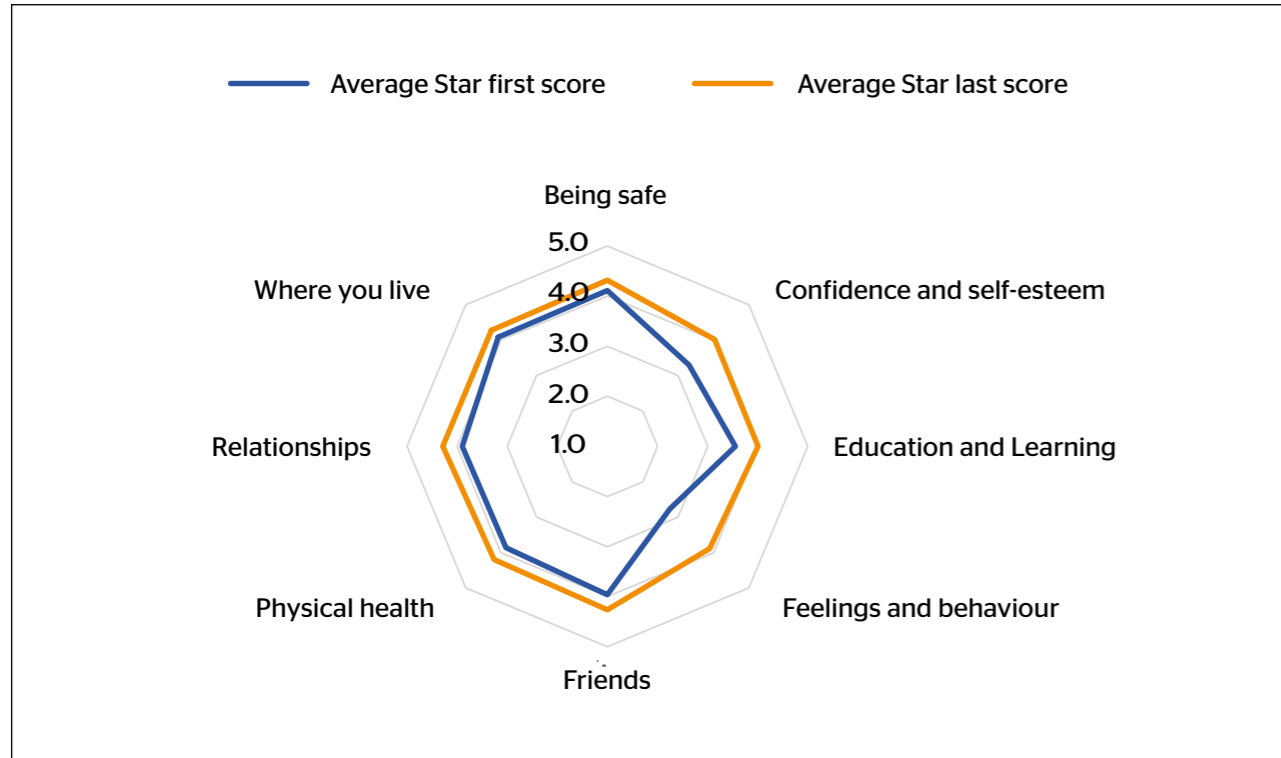


Table 15 shows that overall, 40% of young people showed positive progress. However, there was a high level of progress for feelings and behaviour (79%) and for confidence and self-esteem (60%).

Star area	Positive progress		Stayed the same		Dropped back	
Being safe	28	22%	95	75%	3	2%
Confidence and self-esteem	76	60%	49	39%	1	1%
Education and Learning	56	44%	62	49%	8	6%
Feelings and behaviour	100	79%	24	19%	2	2%
Friends	45	36%	75	59.5%	6	5%
Physical health	38	30%	86	68%	2	2%
Relationships	41	32.5%	84	67%	1	1%
Where you live	23	18%	97	77%	6	5%
Average across all areas	51	40%	572	56.7%	29	3%

School based group work - WRAP

Four hundred and twenty-one young people accessed WRAP during the data collection period. Figure 3 shows the average My Star™ scores of all young people before and after attending the service. The average movement across all areas was 0.415 which is a moderate increase. There were no large increases. Three of the areas, education and learning, relationships and where you live had no significant change, and the other areas had a moderate increase.

Figure 9: Average My Star™ scores before and after attending School based group work -WRAP

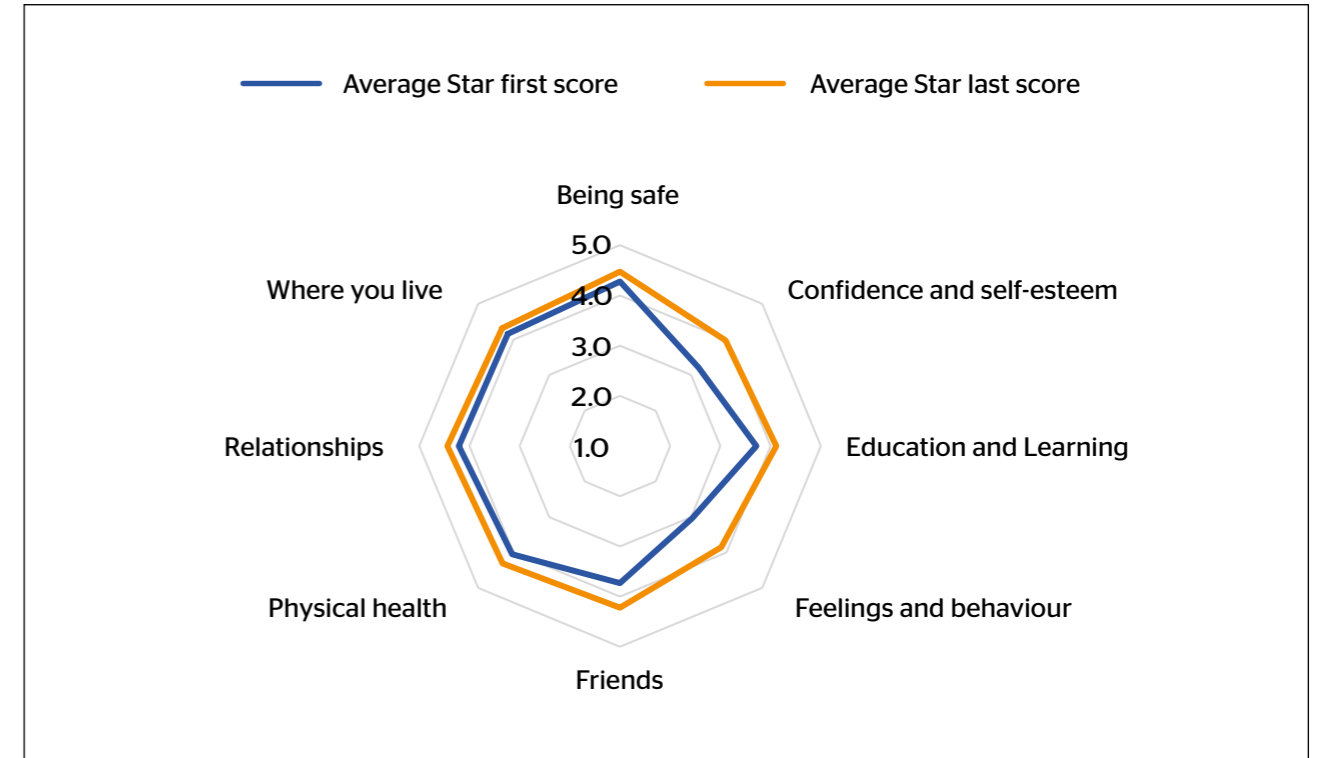


Table 16 shows that overall, 38.5% of young people showed positive progress. However, there was a high level of progress for feelings and behaviour (68%) and for confidence and self-esteem (63%).

Star area	Positive progress		Stayed the same		Dropped back	
Being safe	89	21%	302	72%	30	7%
Confidence and self-esteem	266	63%	134	32%	21	5%
Education and Learning	157	37%	250	59%	14	3%
Feelings and behaviour	285	68%	116	28%	20	5%
Friends	183	43.5%	215	51%	23	5.5%
Physical health	113	27%	296	70%	12	3%
Relationships	113	27%	275	65%	33	8%
Where you live	90	2%	300	71%	31	7%
Average across all areas	162	38.5%	236	56%	23	5.5%

School based group work - SMASH

One hundred and twenty-nine young people accessed SMASH during the data collection period. Figure 10 shows the average My Star™ scores of all young people before and after attending the service. The average movement across all areas was 1.247 which is a large increase. Large increases were achieved for the areas of confidence and self-esteem, feelings and behaviour, education and learning, friends, and relationships. The other areas had moderate increases.

Figure 10: Average My Star™ scores before and after attending School based group work - SMASH

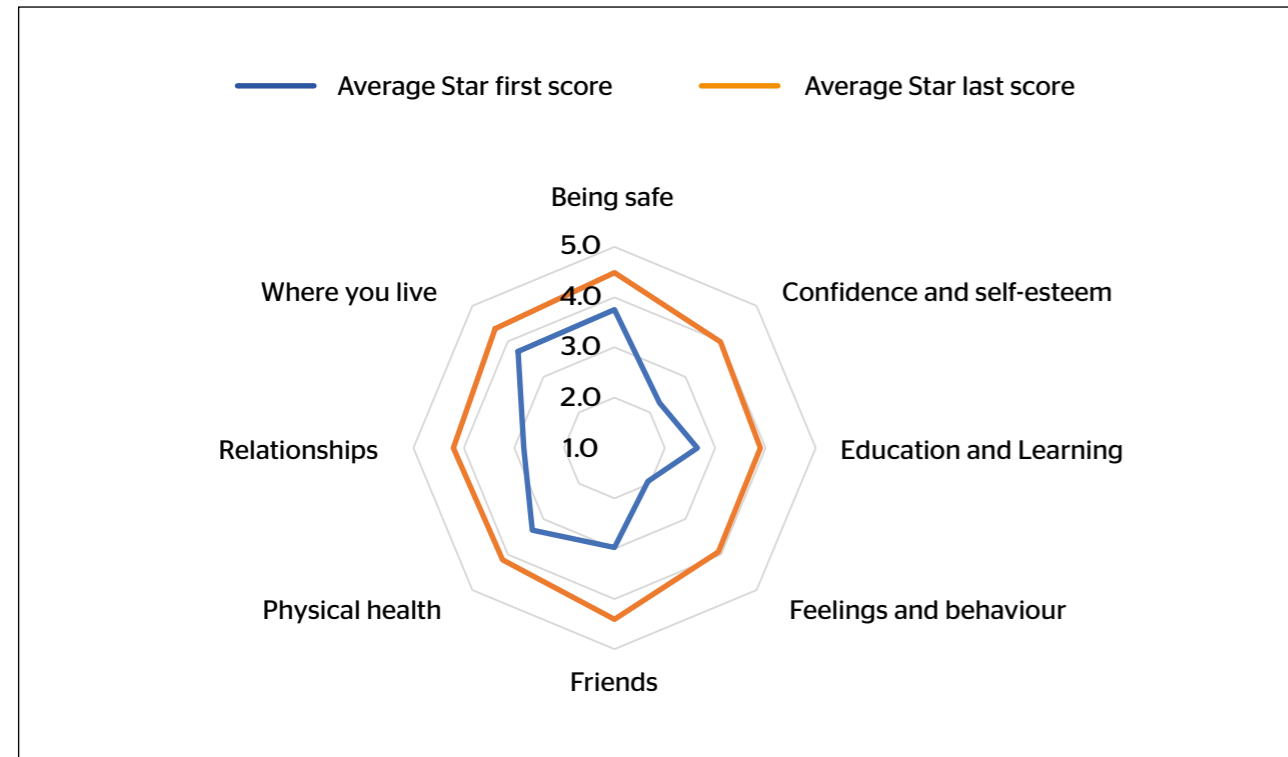


Table 17 shows that overall, 70.8% of young people showed positive progress. There was a high level of progress for feelings and behaviour (87.8%), confidence and self-esteem (86%), relationships (78%), friends (76%) and education and learning (74%).

Star area	Positive progress	Stayed the same	Dropped back
Being safe	101 (53%)	77 (41%)	11 (6%)
Confidence and self-esteem	162 (86%)	21 (11%)	6 (3%)
Education and Learning	141 (75%)	33 (17.5%)	15 (8%)
Feelings and behaviour	166 (88%)	14 (7%)	9 (5%)
Friends	144 (76%)	38 (20%)	7 (4%)
Physical health	111 (59%)	73 (39%)	5 (3%)
Relationships	148 (78%)	34 (18%)	7 (4%)
Where you live	97 (51%)	77 (41%)	15 (8%)
Average across all areas	134 (71%)	46 (24%)	9 (5.0%)

Community based group work - SMILE

Sixty young people accessed SMILE during the data collection period. Figure 11 shows the average My Star™ scores of all young people before and after attending the service. The average movement across all areas was 0.475 which is a moderate increase. All areas each achieved a moderate increase.

Figure 11 Average My Star™ scores before and after attending Community based group work- SMILE

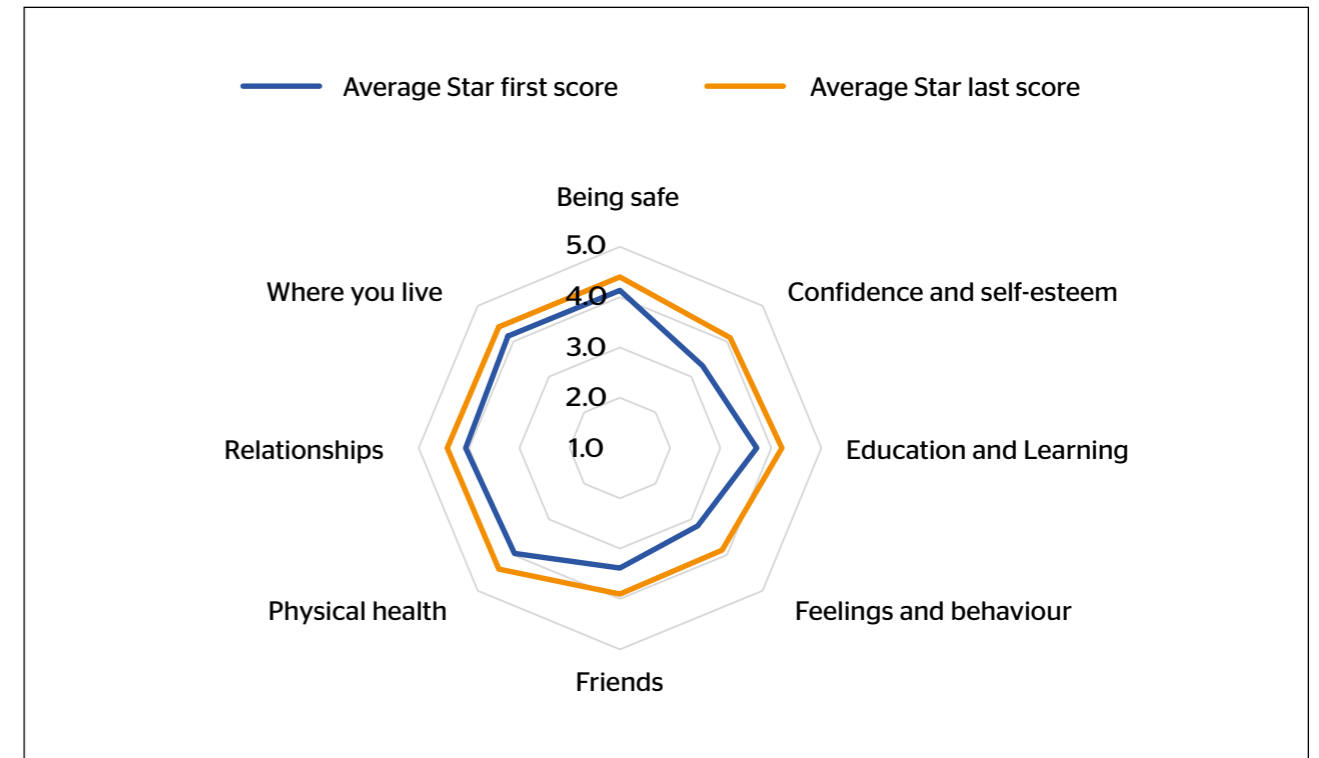


Table 18 shows that overall, 38% of young people showed positive progress. The highest level of progress was for confidence and self-esteem (58%) and feelings and behaviour (53%).

Star area	Positive progress	Stayed the same	Dropped back
Being safe	14 (23%)	43 (72%)	3 (5%)
Confidence and self-esteem	35 (58%)	25 (42%)	0 (0%)
Education and Learning	22 (37%)	34 (57%)	4 (7%)
Feelings and behaviour	32 (53%)	27 (45%)	1 (2%)
Friends	27 (45%)	29 (48%)	4 (7%)
Physical health	22 (37%)	38 (63%)	0 (0%)
Relationships	18 (30%)	39 (65%)	3 (5%)
Where you live	11 (18%)	46 (77%)	3 (5%)
Average across all areas	23 (38%)	35 (58%)	2 (4%)

YP's Peer Mentoring

One hundred and nine young people accessed YP's Peer mentoring during the data collection period. Figure 12 shows the average My Star™ scores of all young people before and after attending the service. The average movement across all areas was 0.739 which is a moderate increase. There were large increases for feelings and behaviour, confidence and self-esteem, and for friends. The other areas each achieved a moderate increase.

Figure 12: Average My Star™ scores before and after attending YP's Peer mentoring

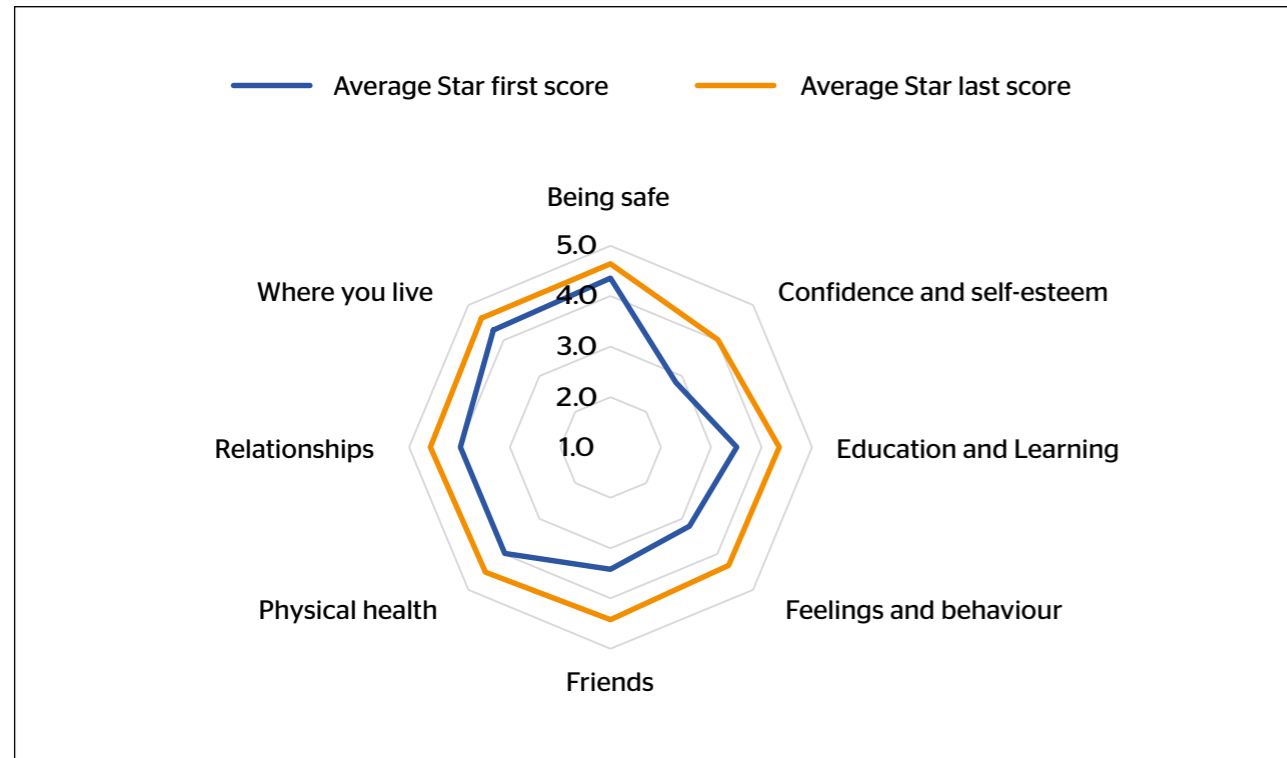


Table 19 shows that overall, 48.5% of young people showed positive progress. However, there was a high level of progress for confidence and self-esteem (78%) and for feelings and behaviour (70%).

Star area	Positive progress		Stayed the same		Dropped back	
Being safe	26	24%	75	69%	8	7%
Confidence and self-esteem	85	78%	17	16%	7	6%
Education and Learning	58	53%	47	43%	4	4%
Feelings and behaviour	76	70%	30	27.5%	3	3%
Friends	63	58%	42	38.5%	4	4%
Physical health	39	36%	67	61.5%	3	3%
Relationships	46	42%	59	54%	4	4%
Where you live	31	29%	71	65%	7	6%
Average across all areas	53	48.5%	51	47%	5	4.5%

What parents and carers told us about HeadStart Hull

Using the HeadStart Hull feedback website we gave parents and carers the opportunity to tell us about their own experiences of using a HeadStart Hull service. Two parents and carers told us that they were offered a service but chose not to use it. One of them was a non-British white male with a disability who was a guardian of a 14-year-old. He was offered parents' peer support. The other was a Bangladeshi female whose 10-year-old daughter had a disability. She said she was offered an online parenting programme but did not want people to know she had a problem.

In total 13 parents and carers told us about a parenting service. Eleven were female, and two were male. Eleven were white British, one was Pakistani, and one did not specify. Eleven were parents and two were carers. None of them described themselves as having a disability. The young people they cared for included five males and eight females. Their ages ranged from 10 to 15 years and three of them had a disability.

Eleven out of the thirteen parents and carers would recommend the service to someone else. They told us why:

- “ The support will help identify how to deal with problems and feel supported. ”
- “ Why wouldn't I, it could help so many people. ”
- “ Everyone is very supportive and helpful. They do their very best to ensure you receive all the help you need. ”
- “ As it helped me, I am going to take part again with another of my children. ”
- “ Even if you only take some of the information away, I still feel it would benefit any parent and those that think they are way above it, then I feel they are the ones who will need it the most! ”
- “ I think anyone needing support for their child and advice on behaviour and how to handle it will benefit from attending. ”
- “ Good for communication and morale. ”

Only one of the parents thought that the service could be improved by making this service more accessible earlier to any child/parent struggling with school or behaviour issues. They said:

“ Sometimes it can make you feel like a failure if someone like a school offers it, more like a punishment, whereas if it is offered or even can be asked for freely by parents then they keep their pride intact and feel more in control. I am a parent that simply wants to be the best parent I can be for my child, and asked myself for the help, but not everyone feels they can do that which is a shame, a real shame for the child. ”

The HeadStart Hull feedback website provided information from parents and carers who accessed the Jigsaw Families Programme primary package, Parent Peer Mentoring and Parenting Support. Our research assistant attended some of the parenting sessions to raise awareness of the website and to hand out leaflets detailing the weblink and why we wanted their input. One parent reported that he thought his marriage had been saved by attending the group.

The Jigsaw Families Programme (Primary)

The Jigsaw Families Programme. Three people accessed the HeadStart Hull feedback website to tell us about their experience with the Jigsaw Families Programme but only two of them (both female parents) provided any information. They said it helpful that it was near to where they lived, they did not have to wait long to go, it was explained well what would happen when they got there, it was interesting and the people there were all friendly. Both parents went to improve family communication and to support their child's emotional health. One of them also went because they were advised that the service might help them by a teacher, they wanted to improve their parenting skills, needed help with some problems they had looking after their child and to support their own emotional health. They said attending helped them see their child's needs and listen to them and learnt that it was ok to ask for help and how to approach their children's behaviour in a different way.



Parent Peer mentoring

Four out of the seven parents who accessed this service, did so from their own home which helped as they did not have to travel. They all said that the people were friendly, and the service was helping them. Some of them told us that they did not have to wait long to go, and it was explained well to them what would happen when they got there. Most of them found it interesting.

“ I was contacted within a week to tell me more about the service, she was lovely and full of knowledge, I was instantly put at ease. She booked a home appointment with me there and then for the following week. It was such a smooth process. ”

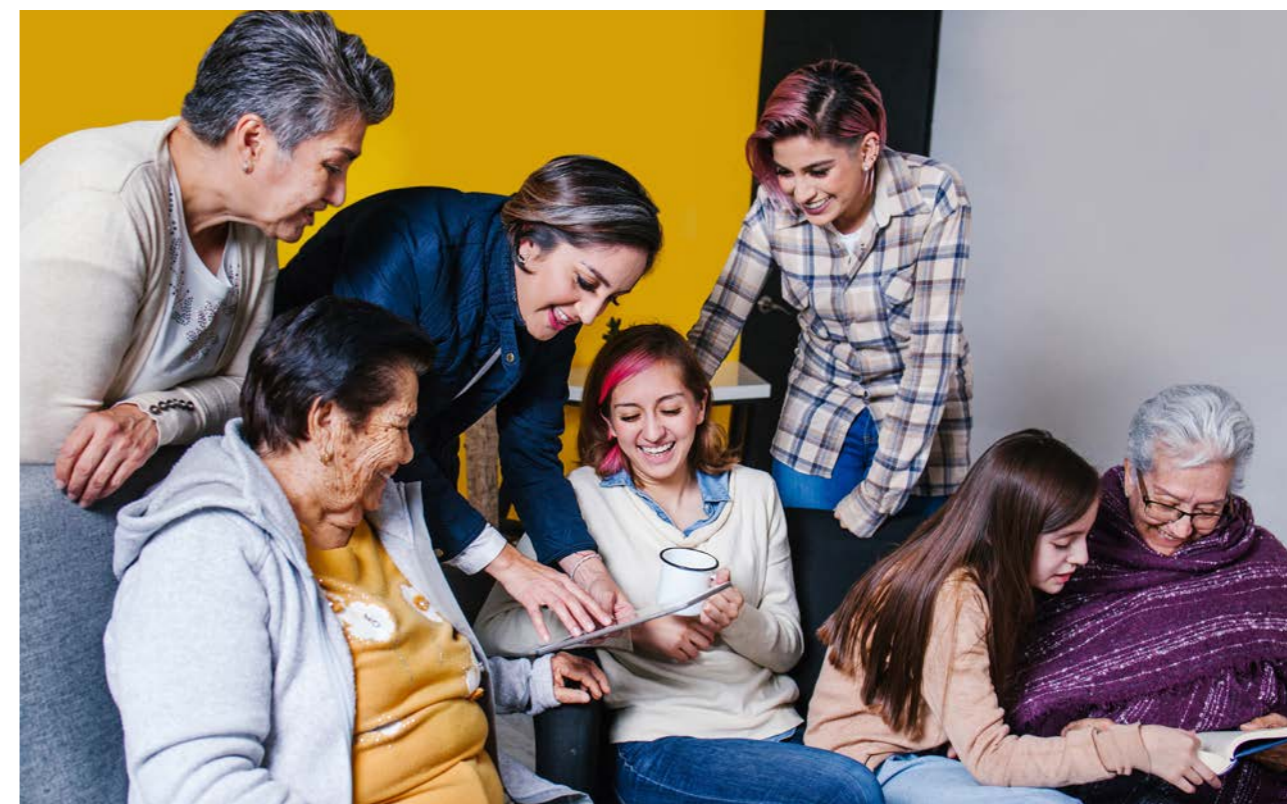
“ I think the service is worth its weight in gold, services are always cut, and I'd like to think this one is seen as very valuable and kept going. The girls are fab. ”

“ It is a brilliant project, and I wouldn't be where I am without it. ”

“ They are perfect. My emotional health is the best it's ever been. ”

“ I thought the group worked really well, everything was explained well and easy to follow. My daughter found things a bit young for her but that is hard to achieve with a mixed age group. She did join in when she attended though. ”

“ Difficult to assess due to non-face to face peer help due to COVID 19. ”



Parenting support

Two parents went to the service run by HCC and one by the service provided by KIDS. They wanted to gain more knowledge about parenting, improve their parenting skills, improve family communication, support their child's and their own emotional health

- “ Even though I had been following similar structure to my parenting, it was still good to go through the techniques and it was still confidence building for me knowing that I was on the right track. After all no one gets it perfectly right all the time and it does vary from child to child on success rates. ”
- “ It has helped me understand my child better and put systems in place to make things easier for the family. ”
- “ I shared experiences with my peer mentor. ”



A parent's story

Tell us about what helped you to decide to attend the service:

I was struggling to be on the same page in regard to parenting as my Husband, who had a drink problem. He tried to make me feel that my parenting was not tough enough, but his way just lost him respect and made the children switch off. My confidence was low, and I could see the effects this conflicting parenting was having on the children.

When you were at the service, describe the things that helped you and/or made you feel good:

Seeing the videos giving various examples so I could see what parenting styles worked and I felt it showed my husband that his ways were often way too over the top which is why he was not being listened to. I felt that it gave me a better sense of direction with how I approached things. I have always praised the children and shown love and hugs but actually writing little notes on the fridge seemed to get their attention more. I remembered that when they were in Primary School if they were anxious about a test or whatever it was, I would put a little note in their lunch box to make them smile, but sometimes we forget the things that worked but as they get older, they still need reminding. The girls now do the same for me and I find little notes of encouragement or emotions and it has the same effect, it makes me feel good too! Perfect way of leading by example and creating good habits.

Tell us about the things you learned from attending the service:

I learned to try not to fix things for the girls and let them work things out for themselves. To ask thought provoking questions so they can build confidence finding solutions for themselves. I feel I have enjoyed listening to them debating things more and it is lovely to witness how their minds are maturing and evolving. Sometimes we agree, sometimes we don't, but I have always allowed them to have their own voice and speak openly and respectfully. I have learnt that all teens have their moments and to try and remember how I felt during that time of my life. Instead of getting into battles I find creating a cooling off period helps. They still don't always do the things I have asked but I am more likely to get a sorry now that a door slammed shut. I tried the writing a set of house rules and pinning it up on their bedroom doors, with a consequence of a £1 fine. Not all the rules have stuck but I am more likely to get cups/plates brought down and washing in the wash basket, bedrooms are being kept clean and tidy. So positive moves forwards, after all life isn't perfect and neither are we.

Describe what you think would make the service better for people like you:

Maybe using a more humorous approach to advertising the groups, letting parents/carers know that it isn't about judgment and that it is ok to want and need the help in the first place. It is more about engaging and communicating with your child. It being ok to make mistakes but learning how to come back from them. The group was about parenting being relatable and basically not feeling alone in the process.

Measures of parents' improvement completed by HeadStart Hull services

Data was provided by HCC for Parenting Support (HCC) and Parenting-SEND, and for Parent Peer mentoring. The average time a parent spent attending a parent HeadStart Hull service was 110 days. The minimum average attendance was 22 days and the longest was 357 days.

Table 20: Average number of days each parent spent in a HeadStart Hull service

HeadStart Hull Service	Days	Minimum	Maximum
Parenting Support (HCC)	126	26	312
Parenting SEND	134	28	485
Parent Peer Mentoring	71	13	274
Total	110	22	357

The measure used was the Family Star™. It covers eight areas of parenting essential to enabling children to thrive: boundaries and behaviour; education and learning; emotional well-being; family routine; home and money; keeping your children safe; physical health; and social networks. For each area there is a ten-point scale that measures any difficulties parents are experiencing in this area and where they are on the steps towards addressing them. If the parent is 1-2 on the scale, they are described as 'stuck' others may be concerned about their child or they may not know what to do. Being 3-4 on the scale means the parent is 'accepting help'. At 3, they sometimes accept help, and 4 means they accept help more consistently. If the parent is 5-6 on the scale, they are 'trying'. At 5, they may give up quite quickly, and at 6 they stick to trying much longer. When the parent is 7-8 on the scale, they are 'finding what works'. By 8, they are parenting well enough for their child to thrive, but they still need support. Being at 9-10 is described as 'effective parenting'. At 9 they may need occasional support and at 10 they are parenting well enough not to need support from a service.



Table 21 shows the average star movement across all star areas for all the HeadStart Hull services which used this measure. The average star starting score across all star areas for the parents using the three services was 6.140; this means that parents were trying to improve with the help of services. The average star movement was 1.272, which is a large increase. The average score for parents using the three services was 7.412, which means they are finding what works but still need support.

Table 21: Comparison of average star movement across all star areas of parents attending a HeadStart Hull service (n=391)

Name of service	Score before	Score after	Star movement
Parenting Support (HCC)	5.711	6.838	1.127
Parenting-SEND	6.689	7.798	1.109
Parent peer mentoring	6.019	7.601	1.582
Total for all services	6.140	7.412	1.272

Table 22 shows that the total average progress across all star areas for all the services was 50%. Parent peer mentoring had the highest level of average progress across all areas, and more parents using that service progressed than stayed the same. Parenting Support (HCC) also had a higher percentage of parents progressing than staying the same.

Table 22: Comparison of HeadStart Hull services' average progress across all star areas (n=391)

Name of service	Positive progress	Stayed the same	Dropped back
Parenting Support (HCC)	51%	46%	3%
Parenting-SEND	43%	52.5%	4.5%
Parent peer mentoring	57%	36%	7%
Total for all services	50%	45%	5%

Table 23 shows that the parent HeadStart Hull services as a whole, were most successful in improving the star areas of boundaries and behaviour (82.5%) and emotional wellbeing (72%), with Parenting Support (HCC) achieving the highest level of progress in these aspects. Progress was low for the star area home and money.

Star area	Parenting Support (HCC)	Parenting -SEND	Parent peer mentoring	Total
Boundaries and behaviour	87%	86%	74.5%	82.5%
Education and Learning	39%	36%	54%	43%
Emotional wellbeing	91%	54%	72%	72%
Family routine	48%	53%	70.5%	57%
Home and money	24%	27.5%	37%	29.5%
Keeping your children safe	43%	20.5%	44%	36%
Physical health	29%	30%	48%	36%
Social networks	48%	35%	57%	47%

Table 24 shows that the parent HeadStart Hull services as a whole, had the highest deterioration in the areas of education and learning, and physical health. Parent peer mentoring had the highest deterioration in five out of the six areas.

Star area	Parenting Support (HCC)	Parenting -SEND	Parent peer mentoring	Total
Boundaries and behaviour	1%	4%	6.5%	3.8%
Education and Learning	6%	10.5%	11%	9.2%
Emotional wellbeing	1%	7%	7.5%	5.2%
Family routine	3%	0.5%	2.5%	2%
Home and money	4%	0.5%	10.5%	5%
Keeping your children safe	3.5%	1.5%	6%	3.7%
Physical health	5%	7.5%	10%	7.5%
Social networks	1%	5%	6.5%	4.2%

Figure 13 shows the average Family Star™ scores of all parents or carers before and after attending Parenting Support (HCC). The average movement across all areas was 1.127 which is a large increase. Three of the areas, social networks, home and money, and education and learning had large increases, and the other areas had a moderate increase.

Figure 13: Average Family Star™ scores before and after attending Parenting Support (HCC)

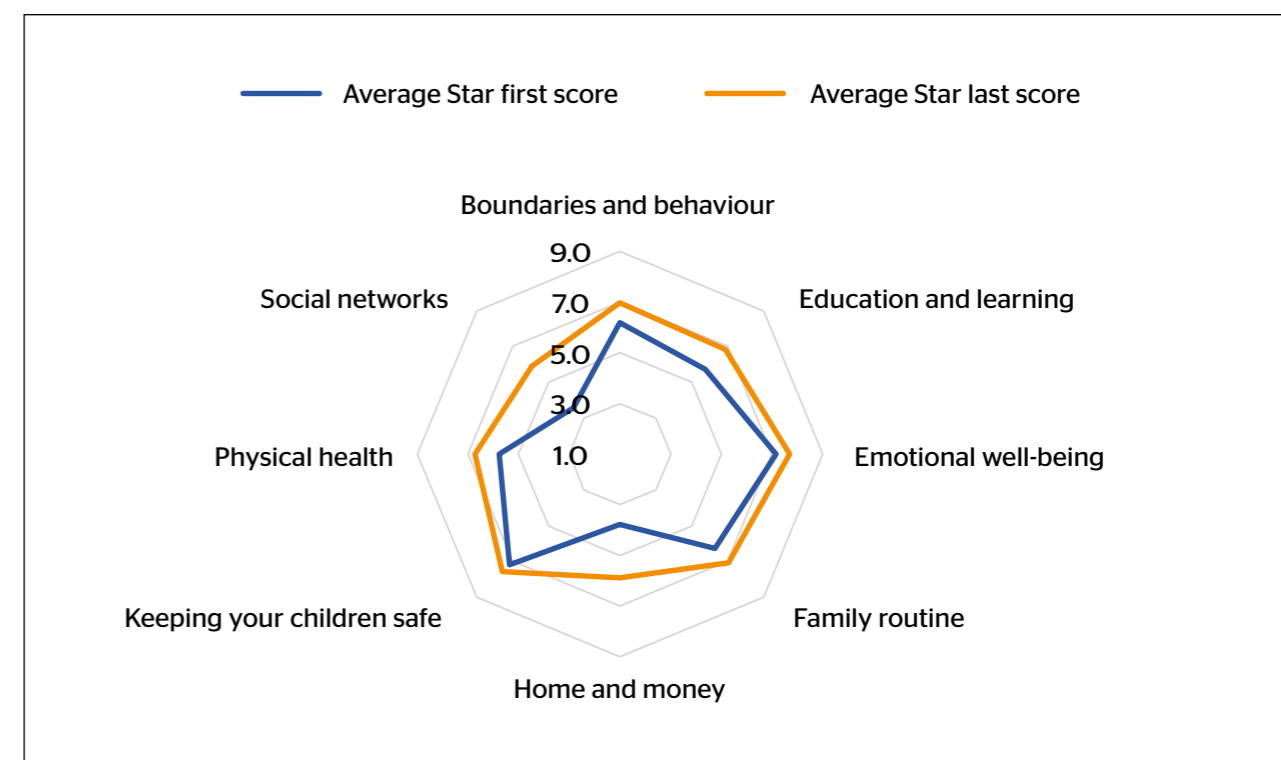


Table 25 shows that Parenting Support (HCC) had a 51% progress rate overall. Progress was high in the star areas of emotional wellbeing (91%) and boundaries and behaviour (87%).

Star area	Positive progress		Stayed the same		Dropped back	
Boundaries and behaviour	97	87%	14	12%	1	1%
Education and Learning	44	39%	61	55%	7	6%
Emotional wellbeing	102	91%	9	8%	1	1%
Family routine	54	48%	55	49%	3	3%
Home and money	27	24%	81	72%	4	4%
Keeping your children safe	48	43%	60	53.5%	4	3.5%
Physical health	32	29%	74	66%	6	5%
Social networks	54	48%	57	51%	1	1%
Average across all areas	57	51%	51	46%	4	3%

Figure 14 shows the average Family Star™ scores of all parents or carers before and after attending parenting-SEND. The average movement across all areas was 1.108 which is a large increase. Three of the areas, home and money, social networks, and education and learning had large increases, and the other areas had a moderate increase.

Figure 14: Average Family Star™ scores before and after attending Parenting-SEND

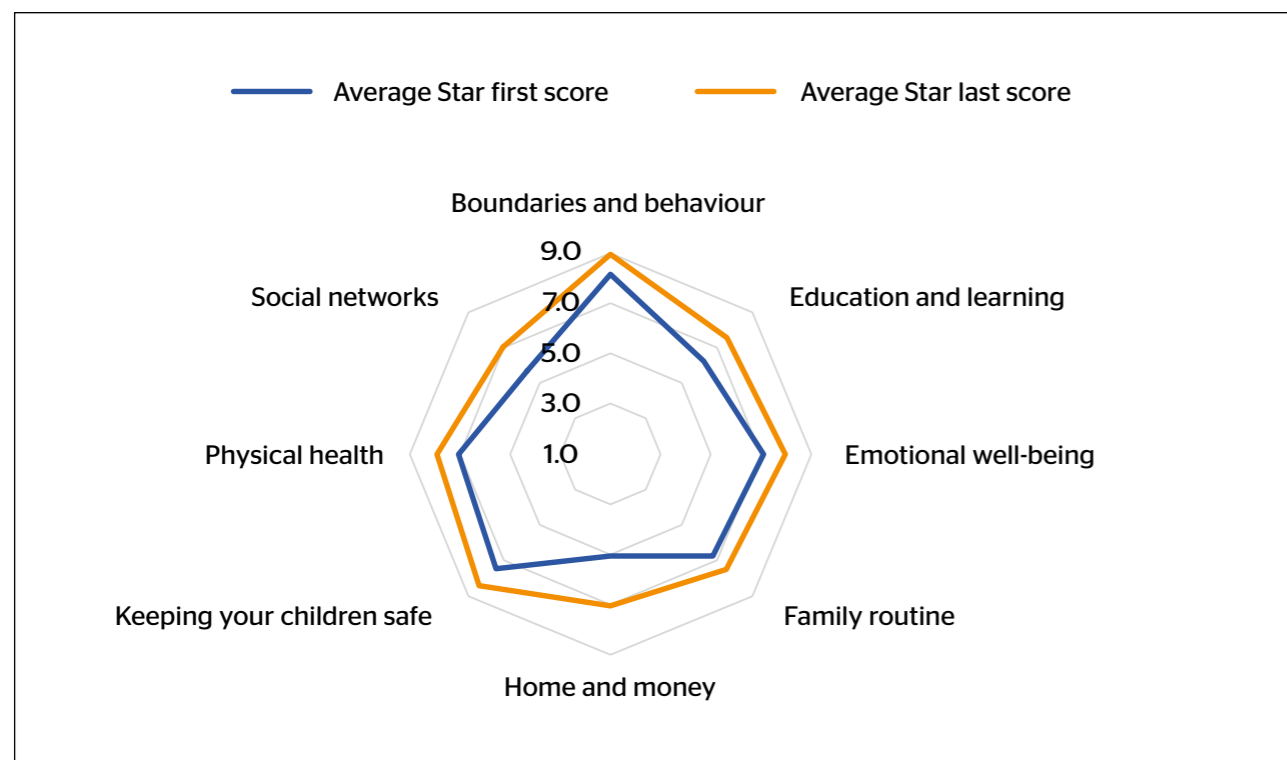


Table 26 shows that the Parenting-SEND service had a 43% progress rate overall. Progress was high in the star area of boundaries and behaviour (86%).

Star area	Positive progress	Stayed the same	Dropped back
Boundaries and behaviour	135 (86%)	15 (10%)	7 (4%)
Education and Learning	56 (36%)	84 (53.5%)	17 (10.5%)
Emotional well-being	85 (54%)	61 (39%)	11 (7%)
Family routine	83 (53%)	73 (46.5%)	1 (0.5%)
Home and money	43 (27.5%)	113 (72.0%)	1 (0.5%)
Keeping your children safe	32 (20.5%)	123 (78%)	2 (1.5%)
Physical health	47 (30%)	98 (62.5%)	12 (7.5%)
Social networks	55 (35%)	94 (60%)	8 (5%)
Average across all areas	67 (43%)	83 (52.5%)	7 (4.5%)

Figure 15 shows the average Family Star™ scores of all parents or carers before and after attending Parent peer mentoring. The average movement across all areas was 1.582 which is a large increase. All eight areas had a large increase.

Figure 15: Number and percentage of parents showing progress with Parent Peer Mentoring

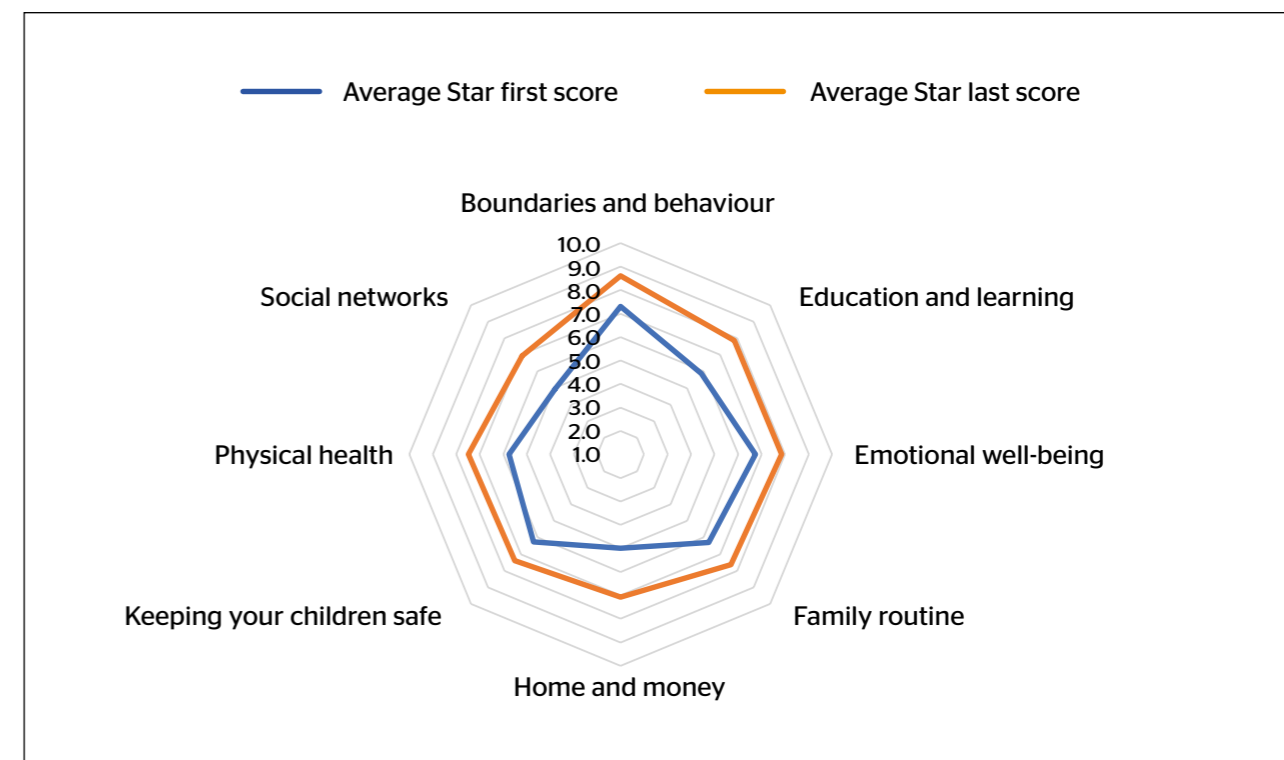


Table 27 shows that the Parent peer mentoring service had a 57% progress rate overall. Progress was high in the star areas of boundaries and behaviour (74.5%) and family routine (70.5%).

Star area	Positive progress	Stayed the same	Dropped back
Boundaries and behaviour	91 (74.5%)	23 (19%)	8 (6.5%)
Education and Learning	66 (54%)	43 (35%)	13 (11%)
Emotional well-being	88 (72%)	25 (20.5%)	9 (7.5%)
Family routine	86 (70.5%)	33 (27%)	3 (2.5%)
Home and money	45 (37%)	64 (52.5%)	13 (10.5%)
Keeping your children safe	54 (44%)	61 (50%)	7 (6%)
Physical health	59 (48%)	51 (42%)	12 (10%)
Social networks	69 (57%)	49 (40%)	4 (3%)
Average across all areas	70 (57%)	44 (36%)	8 (7%)

What staff working with children and young people told us about HeadStart Hull

Staff working with children and young people had the opportunity to tell us about workforce development, and the forums and networks by completing a questionnaire on the HeadStart Hull feedback website.

Workforce development

Thirteen workers from the 28 who completed a questionnaire said they feel able to raise the subject of mental health and wellbeing appropriately and sensitively. They said this was because they went on training such as 'Youth mental health first aid', 'Understanding and response to self-harm', 'Jigsaw' and HCC training such as 'Understanding attachment'. From this they gained the confidence to speak up about mental health and were given important information and guidance on how to respond and act in emergency situations. Some of the Headstart Hull training were seen as less helpful in developing confidence, and not very helpful in terms of incorporating theory into practice. Some people had not had any training.

Seventeen workers said they know when and where to refer to if additional support through targeted/targeted plus interventions is required. Some explanations given were going through the HeadStart Hull award which focused the areas where they knew they could help, having an easy to navigate website and learning about the checklist while working for HeadStart Hull.

Twelve of the workers said their knowledge of mental health had increased and 14 of them were more confident and empathic when dealing with young people and their families in regard to mental health and wellbeing. Some staff said they believed they had these skills from previous roles.

“ Gained an understanding of what life is like when living with a mental health difficulty and what day to day life may look like and therefore, empathy is critical. ”

Forums and networks

Some workers were not aware of the forums and networks. Six workers told us they found the forums and networks helpful and thought the forums were structured well.

“ Helpful for finding out what services and activities are out there to signpost young people to. ”

“ Time out from school is difficult at times due to my role. ”

“ It's great to see the same people and share ideas, concerns and any problems. ”

HeadStart Hull website

The HeadStart Hull website became a hosting space for the videos to be shared through the how are you feeling website. At the time of writing the webinars had had views within the last month but the videos had not been viewed for between 10 months and five years. At the time of this report only one comment had been made.

How are you Feeling? website

We asked 104 young people what they thought about the 'How are you feeling?' website. Eighty-seven had not heard of it and four of them chose to make no comment. Thirteen young people had seen the website and we asked them to name the sections which they found the most helpful. Nine said the Home page, two people said the Discussion, Video, About and You Tube, and one person said Channels and Playlists.

Mobile application

We asked 104 young people what they thought about the mobile application Caremonkeys. Ninety-seven of them had not heard of it and four chose to make no comment. Three young people had used it, with two of them stating the elements they found useful were the advice and contact details for support with bullying, abuse, depression, and anxiety, and being able to report an incident to authorities.

Delivering an effective service

To establish how well the HeadStart Hull services were delivered we looked at the referral process and gained the views of staff through interviews and surveys.

Referral for a targeted or targeted plus HeadStart Hull

Before requesting support for children and young people aged 10-16 from Targeted/Targeted Plus services provided through HeadStart Hull, a checklist tool must be utilized. Prior to using this checklist tool, staff should have undertaken a HeadStart Hull briefing to ensure there is consistency in how additional support is requested. The checklist is designed to aid the assessment of emotional health and wellbeing needs. It is available to download here <https://www.howareyoufeeling.org.uk/professional-services> The form is 17-18 pages long (depending on how it is saved once downloaded), the first being the title page. The next two pages describe how to complete the form with the young person or parent/guardian. There are then seven pages to complete followed by seven or eight pages listing the services available, and for each describing the age appropriateness, approach to delivery, the setting, the presenting issues the service can address, waiting time and contact details. The person completing the form is advised to refer to this list to help them and the young person or parent/guardian identify which service will best meet their needs. They may contact one or more of the projects for an informal discussion to explore options and help in decision making. Once the most suitable service has been identified the referrer can contact them directly. They submit a request for additional support electronically and attach the completed checklist/action plan.

All HeadStart Hull services are part of Early Help, but not all Early Help services are part of HeadStart Hull. If a young person's needs relate mostly to their emotional well-being, then it is likely that HeadStart Hull services will be able to meet their needs. However, if a family is dealing with a range of issues and has more complex needs, then the Early Help (EHASH) referral form will need to be completed to access the appropriate service for help.

Effective management

We asked staff managing the young people's services and some of the HeadStart Hull core team who assist them, several questions each Autumn to look at how services are managed and supported. We carried out telephone interviews in 2018, a survey in 2019 and then interviews carried out by telephone, virtually and face to face in 2020.

Autumn 2018

We carried out interviews with 11 members of staff.

How provision was worked out to cover need

There was a variation in how this was done. Some managers described that they had been delivering a service already and relied on their experience to work out what they could offer with the resources they had. One said the service before was ad hoc and now it could be organised. Some told us that they were part of the pilot and so were able to work out their requirements and others were given a set provision. As demand increased for the services, some service managers had negotiated more staff. One service manager explained how being given a definitive age group to look after made it difficult to offer their service.

Workforce development was worked out by sending out a questionnaire to all people linked with HeadStart Hull asking what training need was and the staff numbers at all levels. There was a 50% return, and this informed their plan for April 2016. The team were given another person to increase their capacity.

Advertising

Each manager described how they advertise their service in order to get the best response. Some HeadStart Hull providers have a presence in schools, so the young people and families get to know them. They talk at assemblies and speak to school staff so they can signpost the young people to the service. HeadStart Hull staff go to suitable events and meetings where they have stands and/or do presentations. Social media is used such as twitter and facebook. Services are advertised on the television and radio, via posters and leaflets displayed in settings such as schools, leisure centres, GP practices, libraries, and social care. The newsletters of other organisations and the Hull City Council website are also utilised. At outside events, big flags are put up so they can be seen.

The workforce development team publish a training diary once a year in Spring. It covers 15 months of training so schools can look before end of term. They ask the policy and practice officers to promote the diary when they talk to people, but some staff are still not aware of it. The team are aware of the need to promote this further. One-off courses go to the heads of schools for them to disperse.

Schools are informed about Jigsaw through an initial introduction via email or phone, followed by a meeting with the head.

How risks are identified and managed

This question could be interpreted as risks to staff and/or people using the service, or as the risk of not delivering an effective service.

- **Risks to staff and/or people using the service:** Some service managers explained that there are policies and protocols in place for assessing and preventing risk including disclosure, venues, lone working, child protection and individual activities. They report that staff are highly trained in outcome star, in-house risk and safety management plans which cover everything, for example self-harm, drug use, safeguarding and escalating; these staff are supported to manage risk. Risk and safety plans are developed with the young person, practitioner, and others as appropriate. The checklist used for HeadStart Hull services provides some 'do's and don'ts'. Weekly team meetings, fortnightly peer supervision and monthly individual supervision were examples given of identifying and managing risk. All schools have own safeguarding procedures. One manager stated that though they felt supported within their own team they did not feel the same about the HeadStart Hull group. They stated that the meetings were too formal and not open to discuss difficulties. Particular risks for the Play Rangers are cited as the behaviour of others e.g. older people on quad bikes, needles, and dog dirt. Youth workers are aware of these issues and meet before period of delivery and after to discuss how to manage.
- **Risk of not delivering an effective service:** Some managers explained that their services were not effective during the pilot, so they sustained their relationships with schools and adapted and changed accordingly. They expressed the need to build capacity outside of HeadStart Hull ready for when it ceases. For the Play Rangers, one of the biggest risks to delivering an effective service is described as the weather, 'a massive problem if it's raining'. They have identified places where there is shelter such as shopping centres. To ensure that each school delivers the same quality of Jigsaw a member of the HeadStart Hull core team sits in to provide feedback to PHSE leads. Staff often book and then do not attend workforce development training; methods of overcoming this are being considered.

How feedback informs change in the service

A number of different methods of collecting feedback are being used by the various HeadStart Hull services. These include: celebration events at end of programme; presentations and young people talking about their journey; exit interviews, My Star™ at beginning and end of programme; evaluation forms; monitoring forms; feedback boards; surveys via surveymonkey; questionnaires at end of programme; feedback from school staff via forums and networks (hosted at different schools every six weeks); 1 to 1 supervision and group supervision; review meetings; comments book; advice tin.

The information gathered is used to inform change through:

- Key messages being described in meetings (local and strategic) and in quarterly reports
- Making the changes suggested
- Adapting sessions accordingly.

Children are asked directly about Jigsaw by the HeadStart Hull team when they sit in. Any concerns are discussed with the Jigsaw provider. Audits are also carried out and any issues are written into improvement plans.

For workforce development, staff are given time for reflection in sessions to say what went well and what needs to change. These are highlighted in reports to the HeadStart Hull manager.

Links to Ofsted

It was agreed that the services provided by HeadStart Hull do not link with Ofsted but one manager said that their link with the Care Quality Commission supports the schools with Ofsted as it can help them to hit the markers. Another felt that improving emotional wellbeing links to Ofsted standards. The criteria for PHSE links to statutory legislation, so it was felt that Jigsaw should tick all the Ofsted boxes. Staff providing work force development are not inspected by Ofsted but it was viewed that preparing staff links into Ofsted. The mark of excellence is linked to Ofsted outcomes.

What managers think would improve their service

Factors that managers stated may improve or have improved the services offered by HeadStart Hull included:

- Offer services without the HeadStart Hull branding as HeadStart Hull is linked to mental health and this might put a young person off accessing them.
- Have enough time to build up relationships with the young person before any issues are discussed.
- Have more places to go that are under cover.
- Offer more universal services for under 10's.
- Help staff to encourage young people to use the services.
- Have more staff, and more time for management and administration.
- Deliver group work in schools as well as in the community so young people do not have to come out of school.
- Give schools the capacity to release their staff to be involved in services and access workforce development.
- Utilise better publicity to enable young people to understand all the services and choose what they need for themselves.
- Allow more opportunities for teams to collaborate to address issues effectively.
- Have more long-term funding to ensure sustainability.
- To have concentrated on the universal approach first so the whole school approach becomes embedded into core actions, i.e. get the infrastructure in place first before adding on the targeted services.
- If Ofsted had clearer criteria for wellbeing requirements, then there may be more buy-in from the schools that are academic data driven.
- Provide schools with appropriate counselling spaces, i.e. private and uninterrupted.
- Create a more confidential system for counselling pupils in schools.
- Provide a teacher training day about JigSaw.
- Develop PHSE for children in special schools and for parents.

Autumn 2019

Thirteen members of staff responded to an online survey.

Resources for HeadStart Hull services

Staff were asked whether they had been provided with more resources to deliver their HeadStart Hull service or carry out their role in the last year. One member of staff was unsure and four said they had not. Two people said they now have more staff due to extra funding. Others said yes they had received more funding but did not provide details. One service manager said they have used charitable funding to sustain their service.

Advertising

Staff described the different ways in which they advertise:

- Service specific leaflets and posters
- Attending school assemblies, parents' evenings and staff training
- Notice boards in school
- Speaking to house/year/pastoral staff on a regular basis
- Attending appropriate meetings to promote the service
- Liaising with youth and community groups
- Talking to parents
- Through HeadStart Hull itself, with the sixty second guides, handbook, the Z cards, Facebook, Twitter and the How are You Feeling (HeadStart Hull) website

Identifying and managing risks

Staff were asked specifically how they identify and manage risks that may prevent HeadStart Hull from being delivered adequately. A few managers interpreted the question as risks to staff and/or people using the service, rather than the risk of not delivering an effective service.

- **Risks to staff and/or people using the service:** Some managers described that their staff had an understanding of safeguarding and how to report effectively. There are risk assessments in place for home visits which are reviewed annually and updated if there have been any issues. Staff and volunteers receive regular supervision and any problems are reported.
- **Risk of not delivering an effective service:** Most service managers explained that they had processes in place to ensure an effective service. These include: referral to more appropriate services when they cannot meet an individual's needs; meetings with contacts in schools to discuss barriers; following service level policies and practices; liaising with the HeadStart Hull team and attending HeadStart Hull operational meetings; team meetings; supervision; reflecting on practice; reviewing feedback; reports and audits.

Collecting and managing feedback from users

Staff were asked what their feedback methods were and how they collect and manage it.

- Feedback methods reported included: My Star™; Family Star™; evaluation forms completed at the end of training or sessions; pre and post Warwick and Edinburgh Mental Wellbeing Scale; Questionnaires; one-to-one and group evaluations; informal feedback; quotes on social media; texts; routine outcome measures; informal verbal feedback; and emails.
- Collection methods used by staff include: during weekly session delivery; at monthly monitoring and supervision; feedback from the school co-deliverer and debrief at the end of weekly sessions; feedback from school staff at the end of group interventions; mid-point and closure reviews; exit interviews; celebration events; forms at the end of each session; continuous conversations with individuals and groups of young people participating in the projects; conversations with parents; and meetings.
- Managing feedback. The information collected is collated using UPshot, Survey Monkey and Stars online. It is used in a variety of ways including: writing impact reports for schools with regards to the progress of pupils taking part in any interventions; fed into the quarterly and annual reports to illustrate the impact of the support offered and to shape practice and delivery; negative comments are used to improve and adapt services.

What would improve the service or role provided

Factors that managers stated may improve the services offered by HeadStart Hull included:

- Consider ways of releasing young people from school more easily to take part in the service they have been referred to.
- Access to rooms to talk confidentially in schools.
- A central point to coordinate checklist referrals as some pupils are receiving several services.
- Make the HeadStart Hull Checklist quicker to complete for school staff.
- Increase awareness of HeadStart Hull services.
- Additional funding to work at primary school level.
- Assistants, administration support and/or coordinators for managers to increase effectiveness.
- Better communication within the school network.
- More training and information regarding how service is constructed and run and how to complete a checklist, so referrals are appropriate.
- More awareness of what the services are and who qualifies as appropriate candidates.
- More opportunities to develop clear actions with referrers.

Please describe the support you get from the HeadStart Hull team or provide if you are part of the team

Most of the service managers explained that the support from the HeadStart Hull team is very good. They describe how this is given by the team:

- They continue to publicize the vision of HeadStart Hull at a senior level and promote mental health and emotional wellbeing within schools and across their work force.
- They have been instrumental in supporting a multi-agency approach and to support new ways of working, for example a transitions group work pilot and an exam stress pilot.
- Hosting operational meetings, delivery partner meetings and managers meetings which brings together all HeadStart Hull Services to share good practice.
- Providing a range of promotional material and HeadStart Hull training.
- Helping if there are any problems with delivery in the schools.
- Assisting with issues that have escalated beyond the services' processes.
- Supporting to complete the self-assessment for the Headstart Hull mark of excellence.
- Providing updates via e-mails and events.
- Being in direct contact via telephone and e-mail when in need of support and guidance.
- Administrators very helpful.

Some team managers described less helpful aspects of the support received from the HeadStart Hull team:

- Monitoring supervision meetings from service manager and other members of the core team have at times not felt very supportive.
- Other than support regarding clients from the service manager, none.
- Some team members are more helpful and supportive than others.
- Sometimes contact information is not up to date.

School staff survey

School staff were invited to take part in an online survey so they could describe their experience with the HeadStart Hull service. This was advertised by the HeadStart Hull team and promoted by the research assistant from the University of Hull. Ten people participated in the survey, there were six from a primary school, two from a secondary school and two from a special school. They consisted of two teachers, an assistant teacher, a head teacher, a deputy head teacher, an assistant head teacher, a pastoral lead, a special educational needs coordinator, a child protection coordinator and a homeschool education worker. Without a list to prompt, the staff were asked which HeadStart Hull services they had seen benefit a child, five said Jigsaw (two specifically stated the POWER intervention, and one Jigsaw families), two said SMASH (school-based group work), one said resilience and counselling, one mentioned the HeadStart Hull checklist and another one to one support (name not specified). KIDS, ReFresh, and MIND were cited once. One respondent said they had not seen a HeadStart Hull service benefit a child.

The staff were asked what their experience of referring to a HeadStart Hull service was like and to name the service. Everyone answered but only three of them actually described their experience. One person stated when referring to SMASH that they thought the Headstart Hull checklist is far too long and onerous and needs reviewing. The person who referred to the unspecified one to one service had also listed two non HeadStart Hull services and described them all as first class and professional. The third person described HeadStart Hull as an excellent service, always at the end of the phone to support, and regular visits. Respondents were questioned about the practical issues when HeadStart Hull services are held in school. Three answered that this not applicable and two people said there were none. Two people stated not having staff available when needed was an issue, three mentioned lack of room space and four stated timing as it is difficult to fit the service in around lessons. When asked about the changes they had seen in the young people as a result of Jigsaw Personal Social and Health Education (PSHE), one member of staff thought this was not applicable to them and one said 'sadly, not a lot'. Two answered positively but did not describe any changes they had seen in young people. The positive changes seen included being more:

- Able to express themselves and talk about their feeling and the feelings of others.
- Open to discussion around topics that would have previously been more difficult such as mental health, body image, relationships and sex education.
- Understanding of their place in the world and how to keep themselves safe.
- Confident in dealing with difficult situations and transitions.

Staff described the methods their school uses to ensure a whole school approach to improving emotional wellbeing and increasing resilience in the children, young people and families they work with. These included:

- All staff (including governors and the senior leadership team) delivering the Jigsaw materials and using the termly assemblies.
- Having a learning mentor for specific children and groups for targeted intervention.
- Keeping parents aware through letters, website and parents' meetings.
- Promoting the need for emotional wellbeing and where to seek support.
- Clear communication with staff about achieving best practice.
- Having detailed action plans based on Mark of Excellence criteria.
- Taking part in initiatives that draw attention to issues young people may face, for example, anti-bullying week.
- Working together to ensure all young people and their families are supported.
- Training staff appropriately, for example youth mental health first aid.

One respondent explained that their school now has a room which houses a full time Pastoral person. Children, staff and parents use this too.

Staff were asked what they thought were the barriers and enablers to achieving the HeadStart Hull Mark of Excellence. These are described in table 28.

Table 28: Perceived barriers and enablers to achieving the HeadStart Hull Mark of Excellence

Barriers	Enablers
<ul style="list-style-type: none"> • Lack of time to complete documentation, gather evidence and make changes • Lack of time to conduct assessments • Not being able to release staff • Difficult to evidence certain standards in a physical manner • The elements do not quite fit due to the nature of the school and the children's cognitive ability • Changes in staff and busy school life • The scale and range of areas covered • Not enough HeadStart Hull workers • Support not good enough from HeadStart Hull 	<ul style="list-style-type: none"> • Staff all being supportive and aware of requirements • Support from Headstart Hull regarding what could be regarded as good practice • Having a passionate team who work together towards the same goal • Sign posting to best practice • Having a mentor • Having support from a HeadStart Hull lead • Having a small team to work on the various aspects



Effect of HeadStart Hull on its service managers, coordinators, and facilitators

Fourteen people who either managed a HeadStart Hull service, or who coordinated or facilitated HeadStart Hull services were interviewed virtually via Zoom, MS Teams, WhatsApp, or telephone. The planned face to face interviews could not go ahead due to the COVID-19 pandemic. Participants were offered the opportunity to speak freely and develop their ideas at length regarding their role and responsibilities, what they thought was good about HeadStart Hull, any related issues that caused them concern and what they thought needed to be done. The data was studied using an interpretative phenomenological analysis (IPA) approach¹⁰¹. IPA guidelines do not offer a recipe for data interpretation and researchers are advised to think creatively in their analysis¹⁰². IPA involves a 'double hermeneutic' in that the researcher must attempt to make sense of the participant, who is making sense of their experience.

The findings presented here illustrate how working on the HeadStart Hull project influenced the emotions of the managers, coordinators, and facilitators in terms of: enjoyment; pride; passion; positivity; motivation; frustration; concern; vehemence; overwhelm; feeling challenged; indifference; exasperation; support; regret; trust; value; satisfaction; perplexity; admiration; hope; and reassurance. The top five emotions we observed were positivity, frustration, pride, concern and feeling challenged.

Feeling challenged
Concern **Pride** **Hope**
Perplexity **Support** **Admiration** **Vehemence**
Regret **Positivity** **Overwhelm**
Indifference **Enjoyment** **Reassurance**
Passion **Exasperation**
Motivation **Satisfaction** **Trust**
Frustration

¹⁰¹ Smith, J. A., Flowers, P. & Larkin, M. (2009) *Interpretative Phenomenological Analysis: Theory, Method and Research*. Sage Publications, London.

¹⁰² Pietkiewicz, I. & Smith, J. (2012) A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Czasopismo Psychologiczne* (Psychological Journal) 18 (2); 361-369.

Positivity

Only one person interviewed did not convey any positive aspects of the HeadStart Hull service. Some were overwhelmingly positive about the whole programme and others could identify positive aspects. The positives attributes of the programme identified by those interviewed were:

- It is an evidence-based programme.
- It is delivered by staff who have had the training and are accredited to deliver it.
- Services have adapted really well to the limitations imposed during the COVID-19 pandemic.
- It is being made sustainable by training others to deliver parts of the programme.
- Staff are delivering services with young people.
- It supports an emphasis on personal responsibility and the value of the young person's place in life.
- There are good relationships between key players.
- It offers different opportunities of support and avoids lengthy waiting lists.
- The focus is on all partners in family, not just one individual.
- Each agency has an individual approach which adds to the richness.
- Service managers are aware of what is going on across the city regarding children and young people.
- Promoting HeadStart Hull through schools raises its profile and gets information across the city.
- The services have been able to respond to the changing needs and develop training.
- It has made young people's mental health everyone's business.
- People are looked after in their community.
- There is good training and support for autism.
- There is group work for those who cannot engage with a 1 to 1 service and vice versa.
- It has helped schools understand each other and be open to share.
- In schools, wellbeing is now priority.
- Virtual talks have been received well by some children and young people.
- Building relationships is encouraged.
- It is very young person focussed, their voice is heard, and they are involved in decision making.
- It is easy to work with multi-academy trusts.
- The Jigsaw and PSHE resources enable creativity.
- The amount of services under the HeadStart Hull umbrella is good.

- Teams have been brought together and linked up.
- The outcome star is a good tool to evidence the support offered and the distance travelled.
- The young people have felt at ease and been able to talk which helps them to get the right support.
- Referring through the agencies is easy.
- If fills in the gaps in current services.
- It encourages young people need to trust different adults in different places.
- Some of the red tape has been avoided because of the involvement of voluntary services.
- Support is provided to the young person as long as they need it.
- The 'How Are You Feeling' website is good as it was produced with young people.
- It is a diverse set of services.
- It allows different ways of contact with family and enabled more engagement with male parents.
- There is less stigma than going to a higher level of service.
- Having a youth worker in every Secondary school in Hull is reassuring for young people and parents.
- It is a visible and accessible service.
- Being able to meet disengaged young people in different settings enables conversations that may not have happened in schools.

“ I have worked with children and young people for 25 years and it stands out as something quite special. ”

“ The principles of HeadStart Hull are fantastic! ”

“ We have done some great work with Dads! ”

“ People know the branding (HeadStart Hull) and where to go. ”

Pride

All the people interviewed apart from one, showed an element of pride in HeadStart Hull. They were proud about their own personal contributions and/or achievements, their team's contributions and/or achievements and the overall HeadStart Hull service itself.

Personal

Some of the areas where staff indicated a sense of personal pride were:

- The quality of the tender they wrote for providing their service.
- Keeping the schools engaged in HeadStart Hull.
- Ensuring that schools understand the focus on wellbeing.
- Changing the actions of their service to meet the needs of the population.

“ It is one of the best things I have done in a long time. ”

The team

The people we interviewed were very proud of the contributions and achievements of their team, these included how their teams:

- Have clearly defined roles and are enthusiastic.
- Bring together a range of people to help the individual.
- Make a positive impact on young people and parents.
- Deliver a tailor-made service.
- Work with supporters and peers.
- Adapt their work for different people.
- Adapted to deliver their service during the COVID pandemic.
- Support each other.
- Work with young people so they can voice what they need and want.
- Provide an important service.
- Make the service needs led.
- Worked with primary schools to help children transition to secondary.

“ It is enjoyable and is a great team to work with. ”

“ It has made such a difference. ”

“ It was such a big piece of work and a big change in that life (working with parent experiencing domestic abuse). ”

“ The work we're doing is so important. ”

HeadStart Hull as a whole

The biggest sense of pride seemed to come from being part of a service which is desperately needed and relied on. The people we interviewed talked about how HeadStart Hull filled a gap in support services for young people in Hull (particularly as pastoral staff in schools have been cut), and if it was taken away it would need to be replaced by something else. They cited with pride individual elements of the whole programme:

- Being a programme of services with options that can be tailored to work around the family.
- Having people with different knowledge and experiences to deliver services.
- Being able to liaise with other services without boundaries.
- Having successful outcomes.
- Raising the profile of emotional wellbeing.
- Offering good training.
- Being partners with the schools in a positive way.
- Being part of a nationally recognised project.
- Providing a free service to schools.
- Decisions are made collaboratively.
- It has brought schools together.
- Adapting well in the pandemic.

“ It's so b****y brilliant. ”

“ It's powerful. It is an amazing project. ”

“ We've got it! We have got services which support young people's wellbeing and have raised the profile as an important factor. ”

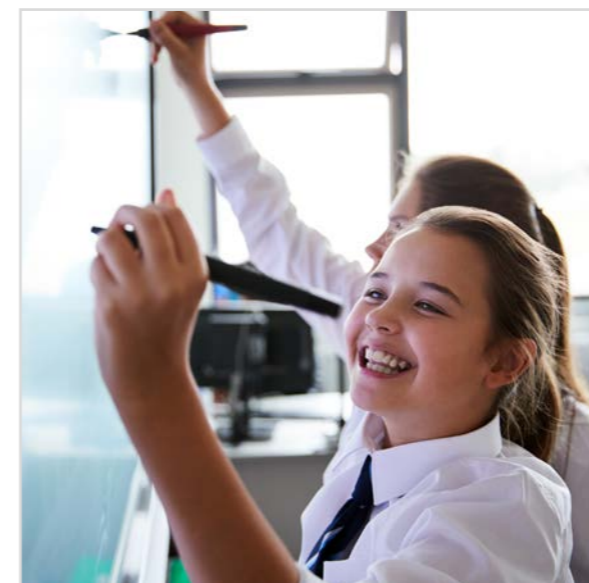
Passion

Four people out of the fourteen we interviewed conveyed a sense of passion about working as part of the HeadStart Hull service. They talked about the advantages of HeadStart Hull such as:

- Services can be delivered over different timescales and be used by children, young people and adults.
- School staff now feel able to speak to young people.
- Being able to deliver services in different venues to suit the young person.
- Teams have had training to understand what they are delivering.
- Raising the profile of wellbeing and getting people to be confident.
- Being part of a secure community.
- Enabling the young people to be experts.
- Having the freedom to be creative.

“ HeadStart Hull is city wide and is amazing. That all schools signed up and are part of the offer is amazing and I don't want to fault that. ”

“ The first thing I love about HSH is the linked-in-ness. A group of specialists in their own right all linked up to deliver a complete offer. ”



Enjoyment

Over a third of the staff managing or coordinating HeadStart Hull services who were interviewed expressed enjoyment in their work:

“ It's amazing and I really enjoy and love what I do. ”

“ I love my job. ”

“ I love the fact that we get in a room with other providers and sit and talk with each other where we are all having the same difficulties. ”

Motivation

Two of the people we interviewed suggested that they were motivated to get the job done and explained how they did it; one about themselves and the other about their team.

“ I approached the others to work together. 'Name of service' isn't big enough to do it all. We have all got the level of expertise in our related areas. ”

“ The practitioners have worked hard and have liaised with the schools to get some of the young people places at school, if needed. They have contacted the schools and explained that these are the reasons or concerns why this young person needs a place. They have negotiated a place for them. ”

Feeling challenged

Twelve of the people interviewed expressed feeling challenged by elements of the HeadStart Hull service. Some appeared to have huge day to day challenges while others reported on one or two aspects which felt challenging. These included:

- Schools were not ready to take on HeadStart Hull at the beginning.
- There is not enough staff to deliver the programme as it was designed to be delivered.
- The checklist is too big and cumbersome and puts people off. Some managers have got round this by going into schools to support self-referral or helping people to complete the checklist.
- Other services provided by Hull City Council which may be relevant to children and young people are not on the HeadStart Hull checklist, for example, Early Help.
- School staff do not appreciate the skills and experience of youth workers so do not utilise them appropriately.
- The young people get fed up filling in the evaluation tools.
- Some people go through the service but are still distressed (not mentally ill).
- The Peer Mentors in the community have not had enough input to build their skills.
- People were confused by what HeadStart Hull was at the beginning and it was looked on negatively.
- Some HeadStart Hull services overlap with those provided elsewhere and this can be confusing.
- Schools are bombarded with information, so it was difficult to get their attention. There is not the capacity to get the engagement of every school in every multi academy trust.

- During the COVID pandemic, some young people and their families could not access services because they were online and they either had no device or no data. It was hard to know that people were really struggling.
- The service does not address the root of some of the problems such as creating job or education opportunities so young people have a future.
- Working with the young people and their families can be challenging. Staff feel they have got to be personally resilient.
- Getting a diagnosis takes too long and sometimes young people with additional needs are permanently excluded before they have been assessed by CAMHS.
- Not being able to use social media to contact young people.
- HeadStart Hull is overly complicated about who can respond to what.
- Some of the young people's issues are linked to schools being so enormous which will not change.
- Some staff felt under pressure to deal with young people with complex problems.

“ For organisations like ours, I think of myself like a hamster in a wheel: finding funding; reporting to the funders; and then finding more funding. ”



Concern

Eleven people interviewed voiced concerns about HeadStart Hull. For most, their concerns were a small part of their feedback, but a few people were extremely worried. The issues discussed were about the HeadStart Hull service currently and what will happen in the future.

HeadStart Hull concerns

- Group work has not taken up as much as 1 to 1 therefore support networks are not being built.
- HeadStart Hull is sometimes seen as 'bolt-on' to local authority services for young people.
- Schools need training to know how to support their own wellbeing as well as how they can support the young people. Though some videos and online training are available, there is a concern about having the right skills, for example, dealing with bereavement.
- The COVID pandemic has made it difficult to take on referrals or make plans.
- There is a risk of parents and non-mental health staff becoming deskilled if staff take on too much of the responsibility.
- When there was the move from HeadStart Hull to THRIVE, paperwork was distributed as THRIVE with no mention of HeadStart Hull. HeadStart Hull was a brand and had a good reputation in the city. People expressed concern at losing this. As the HeadStart Hull name and logo are synonymous in the city, it was suggested the service is called THRIVE HeadStart Hull.
- The checklist is too long, and people do not find out whether there are new services on offer.
- There are gaps around the different age groups and who does what. Having only age 10 to 16 years is too limiting.
- There is little employment in Hull for young people which makes it difficult to maintain mental health and aspirations.
- Family therapy has been put in place for young people when there is domestic abuse present. Staff are concerned that this is not adequate.
- Everything is time-ended or an intervention rather than developing young people led support groups which could run forever.

Concerns for the future

- There will be a gap in services if HeadStart Hull is not recommissioned. Schools cannot pay for an alternative as they do not have the budget and will therefore have no help.
- Their personal future, i.e. losing their jobs, so some people may leave because they need the security.
- There is a need to know what will happen at the end of the project so planning can be done.
- The participants wanted to know who will fund the service, and whether the core team will be maintained.

- Relationships between schools and services will be lost.
- There will be more people needing to access HeadStart Hull just as the funding is coming to an end.
- There is concern about what the impact on charities will be at the end of the project.
- People expressed that some of the initial energy about HeadStart Hull had gone and there is a need for a committed clear transition plan for when the funding ends.

“ Like any other service, people get used to it and if it is pulled away, it leaves a gap. If you haven't had it, then you are not aware of it. ”

“ It is hard to think of the project the way it was, as everything is about this [Covid-19], even though we have had 4 years of it. Being in a park, kicking a ball, sitting in groups, making bangles etc. ”

“ I can't bear the thought of another period of austerity and the impact on children and families. It is hard to see the positives at this time. ”

“ What's the point of going to College, if there's no jobs. Young people will have nothing to lose and nothing to aim for. ”

“ There's just over a year left on the contract and I can't imagine my working life not being involved in that. ”

“ The website - who is going to take it on? Young people love it. It doesn't have to be a HSH thing, as it is called How are you Feeling? ”

Frustration

All the people interviewed apart from one displayed an element of frustration regarding HeadStart Hull. Frustration was mainly caused by the management and organisation of HeadStart Hull, but some was by the delivery and the future of the service.

Management and organisation

- Some of the services delivered by the council could have been delivered by the voluntary sector but they were not put out for tender. The voluntary sector is more able to be responsive to adapt as they have less barriers.
- Not all staff and services were in place at the beginning of the project, so valuable time was lost.
- Some roles are too demanding, for example, managing a service and holding a case load.
- The information about HeadStart Hull was not disseminated well enough at the start of the project which affected engagement. There was too much reliance on the 'How Are You Feeling' website which was not so good at the start. There is still a lack of awareness about HeadStart Hull and what it can provide.
- The age range of 10 to 16 years means young people in the same year group cannot access the same services.
- The checklist is really long and off-putting.
- Some people think that HeadStart Hull is one service rather than a range of services.
- In Secondary schools, years 10, 11 and 12 do not get enough time for emotional wellbeing. In year 11 and 12, there is not enough time on moving into adulthood and the transition to further education.
- Not all schools have made all the staff aware of HeadStart Hull and how to access its services.
- There is a lack of communication between the HeadStart Hull services which can cause confusion for young people who may be accessing more than one.
- Peer mentors are underestimated and could do more.
- Involvement in working out capacity at the beginning of the project was not offered.
- The planning and organisation are poor.
- Some of the organisations feel they have lost their own identity as they are branded as HeadStart Hull.

- Providers do not know what others are finding difficult as they are not sent copies of the quarterly reports.
- There are too many restrictions and regulations.
- When there is collaborative work between a HeadStart Hull and another service, the outcomes measures are only recorded for HeadStart Hull.

Delivery

- The gap between the HeadStart Hull services and secondary care.
- The inflexibility of secondary care services to see people away from their base and their poor attitude towards the capabilities of other disciplines looking out for young people's wellbeing.
- When young people are distressed or causing problems at school, they are sent out rather than having more school staff to enable and support them to continue.
- Too much support is provided online and not all young people can access this due language barriers, lack of understanding or finances. The COVID pandemic has made this worse.
- The demand on some services is so high that they have not been able to see people.
- Young people are often referred to services incorrectly due lack of knowledge or fear of the referrer. This can result in them attending a number of services before they get the right one.

The future of the service

- Staff may leave because of the uncertainty of the future.
- There is a possibility of losing the branding of HeadStart Hull at the end of the project and this could damage established relationships.

“ The schools will say typical, we had something great until it stopped. ”

“ It is so restrictive within the Council and there's so much red tape. ”

Vehemence

Four people we interviewed indicated vehemence regarding some aspects of the HeadStart Hull project. These included:

- A perceived lack of succession planning when young people's mental health and wellbeing could be affected. A permanent funding stream with strategic plans were advocated.
- Hull City Council got extra money for existing services without having to go through the same difficult tendering process as the voluntary sector.
- Referrals are often received with no perspective from the child.
- It was felt there could have been more learning from what is happening nationally to inform local delivery of HeadStart Hull.

“ It (HeadStart Hull) is commissioner heavy. ”

Overwhelm

Four people interviewed appeared overwhelmed by some aspects of HeadStart Hull. The reasons for this were:

- A lot of monitoring is required.
- The workload is too heavy. Some managers are holding caseloads and their management duties and supportive role take up a large amount of time.
- Being part of something bigger than a local project.
- Not always having access to supervision.
- Dealing with young people who are self-harming and at risk of suicide without support.
- Working without a template to model their service on, so having to make it up as they went along.

“ But what I have realised is that the time I am giving is taking over other parts of my life. ”

Satisfaction

Half of the people we interviewed displayed a sense of satisfaction in being part of a HeadStart Hull team.

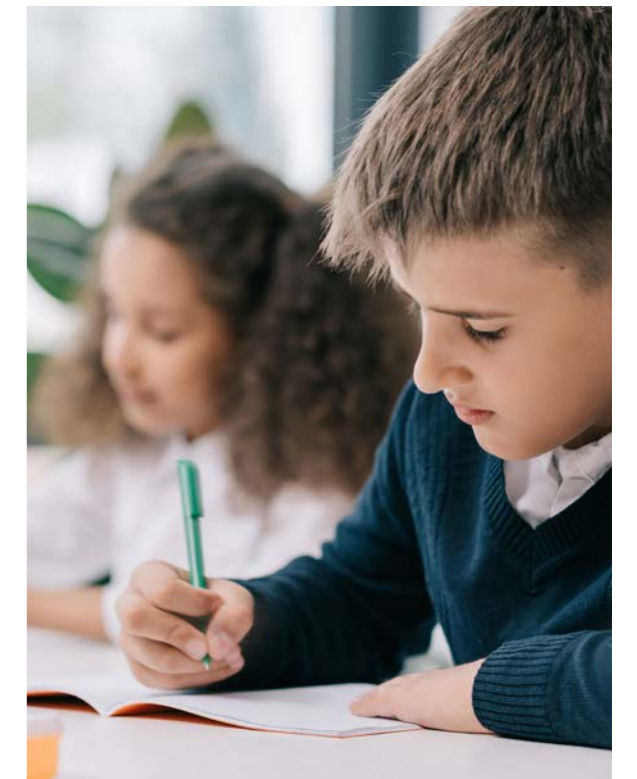
The causative facets described were:

- Shortening the checklist so people use it.
- How well they have adapted to the needs of the people who use their service.
- How well they have adapted their service during the COVID pandemic.
- How well they work together to deliver their service.
- How much they have learnt from the role.
- Continuing their service as it is following the end of the funding was desired.

Indifference

Two people interviewed described some features of HeadStart Hull but appeared indifferent.

- HeadStart Hull has filled a gap in services.
- Some schools are highlighting children's wellbeing, but others are still quick to exclude young people.
- Working with young people under the age of ten despite the restrictions.



Exasperation

Nine people appeared to be exasperated regarding some of their experiences. These included:

- Difficulties in dealing with the social work service and observing some poor practice.
- Having to put in a tender even though they had been part of the previous pilot.
- There was some poor training for Youth Mental Health First Aid at the beginning.
- The need for more training for staff delivering HeadStart Hull services.
- The need for funding at the end of the project so services can continue.
- The My Star™ assessments have to be repeated as services do not always share them with each other due to confidentiality.
- The services do not always communicate well with each other (verbal and written).
- Children under 10 years need access to the service.
- Getting inappropriate referrals.
- Not being listened to.
- Not always being able to get into schools.
- The system allows families who are trepidatious not to try contacting services again if their first call was not answered.
- There is an unwillingness of some teams to use case management systems to record notes that would allow information sharing and recording of group numbers.
- There is an inconsistency in the way similar services are delivered in different areas of Hull.
- There is still a gap in services.

“ It was not properly commissioned. ”

“ It would be a tragedy if the service disappeared. ”

“ By the time 11-year olds come to us they have had 5 years of hell. ”

“ Teachers go into school to teach, not to do mental health. ”

“ There needs to be a central system (for referrals). ”



Regret

Six people interviewed expressed some regret about the way services were organised under HeadStart Hull:

- Not having group work or training staff in primary schools or services for children under 10 years.
- Offering all the services at once bombarded the schools with information.
- HeadStart Hull has not been given a enough profile within the city.
- There has not been enough exploration on working together from a community perspective.
- HeadStart Hull did not do enough to support young people during the COVID pandemic.
- Disparity between the voluntary sector and council services regarding safeguarding. There have been instances where there is only one person running a group meaning young people at risk are not able to attend.

“ The schools that ran through the pilot were OK as they were drip fed but it was a shock to some schools. ”



“ It should be more robust. It is unsafe the way it is set up. ”

Support

Six people talked about support. This was reported as both positive and negative.

Positive

- The HeadStart Hull team are available to phone for advice.
- Staff are enabled to make their own decisions about young people.
- Services are able to give young people extended time to make engagement possible.
- The HeadStart Hull team have offered help and information.
- Teams work together in a supportive way.
- There is a lot of support across the management teams.
- Schools reported that they were happy with the support given to them and for keeping in touch during the COVID pandemic.

Negative

- There is not enough support to deal with some of the situations met by people delivering the services and it feels unsafe (for example, young person being sold for sex by their mother, people with suicidal thoughts).
- There is no access to case management systems.
- There is no supervision.
- The way that HeadStart Hull run the meetings for service providers promotes competitiveness and is unhelpful.
- There is not enough proactive contact from the HeadStart Hull team to the providers particularly during the COVID pandemic.

Trust

Four people interviewed talked about trust. This was mentioned in a positive and negative way.

Positive

- People feel trusted by the HeadStart Hull team to make decisions about the number of sessions a young person may need (i.e., providing less or more than the agreed standard as appropriate). This reduces the red tape.

Negative

- There is a reluctance to share information by services about people referred to them because each service has their own targets to meet.
- There is not enough honesty about the likelihood of jobs being sustained and the future of the service.
- There is an element of an air of competitiveness which should not be there.

“ People are fearful they will be judged, and you have to be careful about being honest. ”

“ It's bringing all the providers together and we get to know each other and the different services. However, it feels quite controlled and less natural. ”

Value

Five of the people we interviewed discussed value. They talked about it in the terms of feeling valued or not valued as workers and the value of the service felt by the young people using it.

Workers

- The opinions of each person are valued as they are asked about what is working well or not working. Ideas are considered and often taken onboard.
- There is a fear that the local authority does not see the value of the HeadStart Hull service.
- One service expressed they felt like an add on.
- People do not get asked for their ideas when new themes are being put together.
- Some requests for discussions about role responsibilities and future roles have been ignored.
- The focus is now on Thrive and the CCG.

Young people

- Young people valued the service so much they have continued to volunteer. The age for volunteers was extended to 25 years to accommodate this.
- There is not enough enablement for young people to lead despite reports to the contrary.

“ We can feel a bit invisible at times. ”

“ There was a lot of talk about the success of the project. It now feels like Toy Story. Andy got Buzz Lightyear and we are the old toys. ”

Perplexity

Two people alluded to there being some perplexity:

- Some job titles and roles were felt to be confusing.
- The services are all branded HeadStart Hull but as there is no central point there is no way of services knowing if referrals have gone elsewhere unless the child tells them.
- HeadStart Hull is promoted as a whole systems approach, but it was felt that it is not as there are no systems to see who is working with whom, or a central point for queries to come in to.

“ I get the brand but not the mechanisms. ”

Admiration

Two people expressed admiration. There was admiration for schools who were signed up to HeadStart Hull and those who had not. One school was described as having a real sense of community with their parents and the staff to support their pupils. Even though they have always worked well with parents, since HeadStart Hull they developed a completely different way of working. They have check-ins, phone calls and bring the parents in to support learning. Another school who opted out of HeadStart Hull was described. They opted out as they were making changes to improve the school and it would have been conflicting to their key drivers at that time. They developed their own peer mentor project that fitted in with their own curriculum and enabled young people to build their resilience and confidence. They tried to do it all in-house and chose projects and resources that suited their fundamental principles.

There was also admiration for individual members of the team who were very interested in mental health and wanted to progress.

Hope

Three people expressed hope for the future. They hoped for:

- A wider age range.
- The movement that HeadStart Hull has started to carry on.
- HeadStart Hull to continue.
- The partnerships to continue even if HeadStart Hull ceases.

“ It can only get better. ”

Reassurance

One person was reassured by the thought that some of the same things that they were experiencing and seeing locally is happening nationally. It made them feel that Hull was not that different to everywhere else.



Whole School/Organisational Approach

Both voluntary and community sector (VCS) organisations and schools can work towards the Mark of Excellence. At the time of writing this report, the following have achieved it:

Voluntary and community sector

- Astra Youth Centre
- Route One Youth Centre
- Hesse Road Network / Network Young People's Centre
- Child Dynamix Parent Peer Mentors

Schools

- Tweendykes special school
- Biggin Hill primary
- Sirius North secondary
- Chiltern primary
- Wheeler primary
- Southcoates primary
- Priors
- Maybury
- Oakfield
- Woodlands
- Ainthorpe
- Boulevard Centre
- Eastfield primary

The following schools were close to completing but have stalled due to the covid-19 lockdown (this may have changed since the writing of this report):

- Sirius West secondary
- Paisley primary
- Newington primary

Observations

Our researcher made some interesting observations when visiting HeadStart Hull services. Some of them are described here.

Dealing with food poverty



HeadStart Hull staff have reported young people being hungry on arrival to sessions. They have tackled this by making food available at the start or during sessions, for example, bacon sandwiches, or houmous and crudités, or biscuits and sweets. They have also allowed the young people to take any leftovers home with them at the end of the session for themselves and other family members.



Fishing

From 2017, fishing sessions with bait and equipment included were funded by HeadStart Hull and delivered by the Hull and District Anglers' Association. The sessions were advertised by Play Rangers. It ran across three of the Hull and District Anglers' Association locations (www.hdaafishing.co.uk/venues/), two in Hull (Oak Road and Willows Pond) and one near Brough, East Yorkshire.

No numbers were provided to us for attendance at the Brough location, but there was regular attendance of over 50 children and young people at the Willows Pond, and 35 to 40 at Oak Road Pond. In 2019, 935 young people attended the 66 sessions run over the summer at both ponds (over 2300 total visits). One hundred and seventy-nine of these were female. Often family members came along too, making it a family outing.

“ There have been up to 92 children and young people at one time at the Willows Pond, which meant that the young people were virtually sat holding hands with one another! ”

In 2020, during the Covid-19 lockdowns, there was attendance at the summer sessions by 385 children and young people of which nearly a quarter were female. Being outside made social distancing possible.

One successful coach started six years ago when he was 13 years old. He has Autism and Tourette's. Another coach commented on how calm some of the young people with Autism, ADHD, Tourette's become when they are fishing. The same coach remarked that the impact of being outside in nature watching the wildlife had a positive effect on all of them, and the skills they learn help with employability.

“ Some of the children asked if they were now in the USA, as they believed the Humber Bridge (very close to Hull city centre) to be the Golden Gate Bridge in San Francisco. ”



Case Studies: Fishing

White female aged 16 years

She saw it advertised on Facebook three years ago and just went along. Equipment was provided and a mentor taught her to fish. She is still learning new skills. It has helped her with confidence, communication and multi-tasking. Her mother has seen positive effects. She is starting a coaching course and will then be the only female fishing coach.



White Male aged 18 years

He heard about it through his school. He was one of the first to be coached and is now a coach himself. He enjoys passing on his skills to other people. He describes its benefits as getting people to take part in a sport, meeting new people with a similar interest, and being out and about instead of being stuck inside.

Father of a son who went fishing

He tells us: 'I got back into fishing as my son wanted to go. I have learnt new things. They enjoy it, especially if they catch something big. There is a lad walking around with his Grandad who still has the photo of the fish he caught on his wall at home, and it is good to see them come back year after year. It is quite a calming sport, quite relaxing. I think some of the kids who come are quite quiet and it helps bring them out to interact with the other kids. I think it's good that the people are brought out from the city in the minibus, or we would be struggling for numbers as getting here is the main issue. I think some of the young people like the father figures too, as they come from families that have split up.'



I think it's good that the people are brought out from the city in the minibus, or we would be struggling for numbers as getting here is the main issue.



The COVID-19 lockdown

At the start of 2020, the world was hit by a pandemic of COVID-19. This is an infectious disease caused by a newly discovered coronavirus (World Health Organisation 2020)¹⁰³. In order to prevent the spread, the government issued an emergency protocol (or lockdown) that prevented people from leaving their homes apart from certain activities while keeping a two metres distance. During these lockdown periods, organisations (including the youth service, early help family support, children's social care, early years, school nursing and health visiting, education psychology, CAMHS, and HeadStart Hull) delivered adapted services to offer some support for young people and parents (online, phone and text). HeadStart Hull's adaptations are listed below:

- **Play Rangers service** - planned provision for activities in parks and other locations over the Easter Holidays was suspended. Arts and crafts, sports and family activity boxes were sent out to young people.
- **Turn 2 Us drop ins in secondary schools** - Turn 2 Us Youth workers attended each secondary school once a week to provide emotional health support to young people who were in school on request from the school. This changed to Turn 2 Us Outreach in local communities then changed again to options of phone chats, and bookable opportunities for a young person to call and arrange to meet with a Turn 2 Us youth worker face to face in the nearest youth centre.
- **Young People's Peer Mentoring** - this service was suspended. Workers provided one to one support within the school for those young people who were attending at the school's request.
- **Community-based group work (Smile)** was adapted by offering walk and talk and one to one for young people who had received a service or were due to receive group work.
- **School-based group work - Smash.** The service provided phone consultation to school staff where appropriate.
- **School-based group work - Wrap.** At the request of the school, workers provided one to one support for those young people who are attending and delivered to school staff too.
- **Emotional Resilience Coaches** adapted to offer phone or online contact, or face to face walk and talk outside or a face-to-face meeting within a local youth centre or children's centre.
- **Parent Peer Mentoring.** This service was suspended but the project remained open for new referrals and were able to offer telephone support.
- **Parenting Support.** This service continued to accept referrals. They undertook online sessions prioritising families struggling at home with emotional wellbeing or at high risk of family breakdown.
- **Parenting group work for parents with children and young people with additional needs aged 5-16.** Practical information and emotional support were offered to assist parents in meeting their children's needs.

¹⁰³ World Health Organization. (2020) *Coronavirus*. Available online: https://www.who.int/health-topics/coronavirus#tab=tab_1 [Accessed 6/7/2021]

The Humber, Coast and Vale Health and Care Partnership commissioned a free online mental health and emotional wellbeing support service called Kooth to help children and young people in Hull, East Yorkshire, and North Lincolnshire¹⁰⁴. People aged between 11 and 25 years in these areas were able to register to use this service (created by XenZone, the UK's largest provider of online mental health services), using a computer, smartphone, or tablet device. Kooth is accredited by the British Association for Counselling and Psychotherapy and provides one-on-one online sessions with qualified counsellors, peer-to-peer support through moderated online forums, and articles. Users can keep an online journal to track their wellbeing via an interactive goal tracker. As there are no waiting lists or thresholds for use, children and young people were able to use the service as soon as they registered.

A survey was carried out by Hull's Thrive Strategic Partnership Board to help them develop a forward plan to support the emotional health and wellbeing of children, young people and parents/carers impacted by the Covid-19 crisis¹⁰⁵. Seventy-one young people completed the survey. The board concluded that there needed to be more effort to ensure young people are aware of the support accessible to them; tools and resources to educate families on how to support one another during this time need to be provided; and support must be given to young people and parents/carers to cope with the transition back into normal life.

Some other changes made during the pandemic included:

- getting food out
- supporting summer activities outside / sport
- supporting the fishing
- considering the travellers
- increasing one to one support
- using the Barnardo's resource 'how to return to school life after Covid' <https://www.barnardos.org.uk/support-hub/back-to-school>

Funding for the HeadStart Hull programme has been extended until July 2022¹⁰⁶ but there is no information at the time of writing regarding financing the programme beyond this time.

Comparison of HeadStart Hull with similar programmes

We looked at the scores of a similar programme to HeadStart Hull. Forty-eight percent of young people in Hull showed an improvement in their My Star™ scores after using a HeadStart service compared with 53% of young people in a pilot carried out in the UK during the development of My Star™¹⁰⁷. An analysis of results collected by UK county councils showed an improvement in the average Family Star™ score as 1¹⁰⁸. This compares with the average Family Star™ score of 1.272 achieved by parents using HeadStart Hull parenting services.

¹⁰⁴ Humber, Coast and Vale Health and Care Partnership. (2020) *Free online mental health support service launched to help children and young people in Hull, East Yorkshire and North Lincolnshire*. Available online: <https://humbercoastandvale.org.uk/2020/04/01/free-online-mental-health-support-service-launched-to-help-children-and-young-people-in-hull-east-yorkshire-and-north-lincolnshire/> [Accessed 6/7/2021]

¹⁰⁵ Hull's Thrive Strategic Partnership Board. (2020) *Finding from consultation with children, young people and parents/carers in Hull to inform forward planning for emotional health and wellbeing support Report 1 (May-June 2020)*. Available online: <https://www.heyminid.org.uk/wp-content/uploads/2020/07/CYPF-Emotional-health-and-wellbeing-Covid-19-survey-findings-Report-1.pdf> [Accessed 6/7/2021]

¹⁰⁶ Hull is this. (2020) *Young people's emotional health services HeadStart Hull secure further funding*. 1st October, '20. Available online: <https://hullisthis.news/young-peoples-emotional-health-services-headstart-hull-secure-further-funding> [Accessed 6/7/2021]

¹⁰⁷ Burns, S., MacKeith, J. and Graham, K. (2013) *Outcomes Star™ Organisation guide: My Star™*. Triangle Consulting Social Enterprise Ltd.

¹⁰⁸ Good, A. and Lamont, E. (2019) *Outcomes Star™ Psychometric Factsheet: Family Star™*. Triangle Consulting Social Enterprise Ltd.

Recommendations

Our recommendations focus on building on the strengths identified through the evaluation that include the importance of continuing to commission services that have demonstrated the greatest impact on outcomes and satisfaction of children and young people and their parents, and the benefits realised by working in partnership with all stakeholders and providers. We also make suggestions for how to start to address some of the barriers identified in the evaluation such as the burden of the HeadStart Hull (assessment) checklist, the need for workers to feel confident in their skills and safe and supported in their work, and the need to make space and time for the promotion of emotional wellbeing within schools. We recognise HeadStart Hull does not exist in isolation from national and local policy drivers and the decisions of funders and commissioners such as the very welcome attention to mental health now being implemented in schools and the implementation of the Thrive framework across the city to address the needs of 0-24-year-olds. Thrive should help address some of the concerns expressed by participants in our evaluation about exclusion from services, or duplication of activity due to the focus on 10-16-year-olds from the funders of HeadStart Hull. Our recommendations therefore suggest some pragmatic actions in addition to, or to compliment these changes.

- 1.** Increase the connection and collaboration demonstrated throughout the delivery of the HeadStart Hull programme and continue to act to reduce competitiveness and bureaucracy by strengthening existing partnerships and supporting communities of practice and networks to deliver a system wide approach. This recommendation recognises the need to work collectively across systems to address structural inequalities and will require investment to enable all stakeholders and groups to participate and benefit from involvement, and training and development, particularly those with limited access to appropriate spaces and resources.
- 2.** Increase the visibility, recognition and support for the vital work of charities and the voluntary sector, including those providing youth services. This work would benefit from publication and a media campaign but also more direct involvement of Hull Community and Voluntary Services in the implementation of the City's Health and Wellbeing Strategy and delivery of the mental health and learning disability programmes by the Humber Coast and Vale Integrated Care System.
- 3.** Continue to commission universal, targeted and targeted plus HeadStart Hull interventions that have demonstrated benefit to children, young people, parents and carers in terms of the My Star™ and Family Star™ outcomes and satisfaction expressed to us in the evaluation. Consider if age limits can be altered to increase access for CYP and introduce more specific measures aligned with the key objectives of each service to aid governance and future commissioning decisions.
- 4.** Work with young people in years 10 and 11 of secondary school to co-design wellbeing interventions that more closely meet their needs as they were the group least likely to engage with HeadStart Hull services. They may require a slightly different offer; for example, they may benefit from a targeted intervention to help them address exam/assessment anxiety and prepare for the transition to further or higher education or employment.
- 5.** Maintain the HeadStart Hull brand and Mark of Excellence which was valued by participants in our evaluation by finding a way to combine it with Thrive, so the remit is expanded to match the broader age range that the Thrive model encompasses.
- 6.** Identify a coordinator and budget to maintain the <https://www.howareyoufeeling.org.uk> website and to further promote it as the "go to" place in Hull for information about services and intervention that are available to support children and young people's mental health and wellbeing across the city. It would benefit from a city-wide campaign to raise its profile.
- 7.** Collate and publish a directory of spaces available in Place (communities) to identify where there are opportunities to meet and hold activities (including spaces available under cover) that can be used by all providers.
- 8.** Reduce the burden of assessment of needs by streamlining the HeadStart Hull Checklist (or any replacement under Thrive) and test with end users. Whatever proforma is used there is a need for coordination through a central system and central point of contact to reduce duplication (for service users and for staff, and when transitioning between services).

9. Schools need time and space to focus on emotional wellbeing, both in the curriculum and through extra curricula activities. This requires a campaign to lobby for more parity between emotional wellbeing and academic attainment (which are of course inextricably linked) and understand the benefits of children and young people having enough time to eat and socialise at mealtimes in school. One way to drive engagement by schools in this agenda would be to influence Ofsted criteria to include clearer wellbeing items governed through service improvement plans, but in the absence of this central government driver a city-wide standard is recommended. This could potentially be achieved within the Prevention Concordat currently in development by the Hull Health and Wellbeing Board.

10. Training and development in how to support the wellbeing of children and young people (including support and supervision) should be included in all job descriptions and workload models of staff working with children and young people in any setting. Realistically due to budget constraints and workloads this may require support and facilitation of peer-to-peer supervision networks with access to learning and development resources, including a standardised induction pack for all new staff. Delivery using an online learning platform would facilitate engagement, access and governance although this may risk excluding some smaller charities or groups of volunteers who have limited or no access to technologies, or where there are language or digital literacy barriers so would benefit from a blended approach. A train-the-trainer approach to key content facilitation with ongoing support for a network of staff with a training element to their role out in the field would aid sustainability and avoid single points of failure.

11. To address the need to support and supervise the often emotionally demanding work of staff and build resilience in teams peer support networks and multidisciplinary models of supervision. may be useful. For example, Schwartz Rounds¹⁰⁹ are a group intervention increasingly used in the UK to support teams working in hospitals, hospices and community settings with the emotional challenges of delivering health care and have a growing evidence base so could be adapted to use in community settings. Workers in services supporting mental health and wellbeing are keyworkers and therefore have access to the Humber Coast and Vale Resilience Hub which has been commissioned by the partnership to support all workers (including volunteers) who have worked through the Covid-19 pandemic. Support is free and available to promote and support the development of resilience in teams, as well as providing access to pathways of more specific care and treatment for individuals and their families if needed.

12. More regular, open and transparent communication from leaders to workers in services would be welcomed by them. Everyone recognises it is difficult to communicate certainty (e.g. regarding future funding and sustainability) or when decisions need to be made quickly to respond to changing needs and workforce challenges (particularly when responding to changing government guidance in a pandemic). A regular e-bulletin and/or opportunity for those delivering and leading services to raise questions and receive answers in a timely manner could help deal with some of the dissatisfaction and frustration expressed by participants about communication. A regular “temperature check” anonymous staff survey can help managers identify and respond quickly to any emerging issues that may impact on staff wellbeing and satisfaction and an online platform for Q&As could avoid excessive email traffic and allow others to see the answers to questions that may be relevant to them.

13. Enable a stronger collective bidding process for funds, including specialist central support to prepare bids to maximise the opportunity to utilise innovation and best practice and continue to build capacity in communities to ensure a sustainable future for services that benefit the children and young people of Hull.

¹⁰⁹ Taylor, C., Xyrichis, A., Leamy, M.C., et al. (2018) Can Schwartz Center Rounds support healthcare staff with emotional challenges at work, and how do they compare with other interventions aimed at providing similar support? A systematic review and scoping reviews. *BMJ Open*; 8:e024254.doi:10.1136/bmjopen-2018-02425 [Accessed 07/07/2021]

Limitations

Research studies seek to generate new knowledge, service evaluations seek to answer questions about how effective a service is and if it is delivering against its aims and objectives to inform quality improvement and future plans. Service evaluations take place against the background of changes in the delivery of a service while it is being implemented and results cannot therefore be generalised to other contexts or settings or demonstrate efficacy of specific interventions. We conducted an independent service evaluation which meant we could only report details of service changes and the results of an analysis of the secondary data shared with us by the service provider (HeadStart Hull), voluntarily reported to us by users of the service and those delivering the service, or data in the public domain (e.g. within published reports and online information/resources). Protecting the personal information of participants meant we were never going to be able to link primary data to outcome data for individuals collected by HeadStart Hull.

We adapted our intended primary data collection methods to make sure government, Hull City Council and University of Hull guidance on avoiding in person contact with participants during the COVID-19 pandemic was observed. We experienced significant delays and an incomplete (secondary) data transfer from HeadStart Hull and availability of the HeadStart Hull Data Controller to prepare data for transfer and respond to our data queries was limited as they, understandably, had to respond to more pressing priorities. The work we did to establish relationships with the service delivery teams and directly support children, young people and parents accessing HeadStart Hull services to use our feedback website was curtailed once the country went into the first lockdown in March 2020. Events where we had planned to access participants to promote engagement in the independent evaluation were cancelled. These issues impacted negatively on our expected response rates, but we were thankfully still able to capture independent opinions from those accessing or delivering the services using our online survey tools and remote interviews. The voluntary nature of primary data collection meant participants self-selected participation or not in our study and this may have skewed results towards those who had more positive or negative views to share about services than the whole population receiving or delivering HeadStart Hull services. It is also likely to have excluded participants (after March 2020) who didn't have access to data or information technology or who had language, communication or literacy barriers to the use of this technology as we were unable to reach out to support these individuals in the way we had previously.

Summary

HeadStart is a five-year national strategic programme which aims to take an asset-based approach to improving the mental health of young people aged 10-16 years in England, and HeadStart Hull is one of six programmes in the country. Hull is the fourth most deprived local authority in England. The health and wellbeing of children in Kingston upon Hull is worse than the rest of the country. This includes food poverty, MMR vaccination uptake, teenage pregnancy, dental health and obesity. Young people in Hull have higher rates of admission for conditions relating to alcohol, more out of work claims, and increasing school absences. Additionally, the experiences of children in care in Hull have deteriorated. There are indications that the COVID-19 pandemic has added to the inequality in the city.

The National lottery objectives for this project were to have socially significant improvements in the mental well-being of children at risk, reduction in the onset of diagnosable mental health disorders, improved engagement in school and improved academic attainment, reduced engagement in risky behaviours (e.g. substance misuse, criminality & teenage pregnancy), and improved employability. In Hull, the only improvement in any of these areas was a small reduction in conception in teenagers under 16 years and a lower rate of absenteeism in special schools. As other services can have an impact on the objectives identified, any improvements cannot be claimed as being solely related to HeadStart Hull.

HeadStart Hull organisers set their own goals for the programme. They have been successful in meeting some of the most important ones for children and young people as the data shows nearly half of those taking part feel more able to discuss feelings and have improved self-esteem and confidence. It appears likely that the young people will be able to find and access support as school staff have been reported as signposting those in need. However, many young people are unaware of the 'How Are You Feeling' website which houses the relevant information. Raising aspirations for the future was not measured, and as referrals to CAMHS increased, it would appear that young people are not less likely to experience an emotional crisis. Goals for parents were for them to support their child confidently and appropriately with emotional health and wellbeing. This has partly been met as parents still require ongoing support. Some of the workers feel knowledgeable and confident about young people's emotional health and resilience but others have not been able to access training or have found that it did not prepare them. The young people and parents we talked to found the services were accessible and acceptable. Young people enjoyed the services and negative feedback was low. Some of the workers we spoke to think the service is effective and enables young people to be experts. Staff have mixed views regarding the level of support they get to deliver HeadStart services. HeadStart Hull is seen by workers as filling current gaps in the service but other gaps have been identified such as young people falling outside the 10-to-16-year age range and having to deal with young people who are self-harming and at risk of suicide without support. Some staff feel that the HeadStart Hull service is managed well, and others feel there could be improvements. Learning is still taking place and adjustments to services are ongoing.

We acknowledge that HeadStart Hull is not isolated from national and local policy drivers and the decisions of funders and commissioners, therefore our recommendations focus on building on strengths and addressing difficulties. These include the value of continuing to commission services that have demonstrated the best effect on the experience and satisfaction of children and young people and their parents, and the benefits achieved by working in partnership with all stakeholders and providers. We also suggest streamlining the HeadStart Hull (assessment) checklist, enabling workers to feel confident in their skills and safe and supported in their work, and making space and time for the promotion of emotional wellbeing within schools.

Acknowledgements

This project would not have been possible without the contribution of the stakeholders who gave up their valuable time to respond to our requests for information, participate in the evaluation and openly share their opinions and views about HeadStart Hull services with us. I am particularly grateful to the core HeadStart Hull Team and all the Service Leads who worked hard to help our team gain access to children, young people, their parents and carers and promote our evaluation website to them. This became even more important during the first national lockdown from March 2020 onwards, and I am immensely grateful to those children, young people, parents, carers and workers who took the time to engage with our website at a time which was filled with so much uncertainty about the future. I am also grateful for the flexibility offered from the HeadStart Hull Programme Manager to enable us to continue to progress the evaluation during the pandemic and bring it to a successful conclusion.

At the University our team received valuable support from the Data Protection Officer, our Research Funding and Human Resources Teams, the Chair and peer reviewers from the Faculty of Health Sciences Research Ethics Committee, and members of the Faculty & Executive Support Team. Our designer, Tom, helped us turn what could have been a dry report to life. Finally, I must acknowledge the hard work and dedication of my team. Sheila and Sarah worked tirelessly to help me develop and deliver this project and it would not have been possible without their expertise, willingness to adapt to use new technologies and learn new skills during a pandemic, their enthusiasm and (most importantly for my mental health and wellbeing) their sense of humour.

Thank you

Jacquie



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