2. Update Report

3. Evaluation: findings and progress

4. Key Messages from the Knowledge Seminar

5. Proportionate Universalism

6. Connecting with people - what has emerged from Family Focus

7. Key foundations and development of Phase Three Bid
   a) Achievements and areas of development required
   b) Leadership and governance
   c) Confidence in the programme
   d) Sustainability
   e) With coproduction throughout.
Programme Activities

**Partnership Programme Board, Shadow Board, Knowledge Seminars**

**Coproduction throughout Young people and Families**

- **Canterbury**
  - Penn State Resilience curriculum in secondary schools
  - Penn State Resilience curriculum in primary schools.
  - Penn State Resilience in community and target workers (setbacks Sorted)

- **North West Kent**
  - Safe Spaces in schools
  - Safe Spaces in community hubs
  - Coping packs
  - Family Focus KS2
  - Peer mentors
  - Active listening mentors
  - Youth MH First Aid

- **Thanet**
  - Restorative approaches in schools
  - Restorative approaches in the community
  - Target Restorative approaches in schools
  - Restorative Ambassadors
  - Restorative approaches families
  - Resilience Curriculum

**Resilience Mentors:** evidence based model of intensive support. FRIENDS

**Social Marketing:** skills roadshows, coping packs, reflection days.

**Digital World:** full services directory, volunteering & mentoring opportunities, self-referral form and sign posting to social media
HeadStart Headlines

- HeadStart programme reached 2100 young people
- 182 numbers of young people trained as mentors, active listeners and restorative ambassadors
- 26 schools involved
- 93 young people referred to Resilience mentors, 46 parents engaged
- 37 families involved in family focus programme, 88 individuals
- 1000 questionnaires completed by Kent for the national evaluators,
- Family Focus as the deep dive intervention for national evaluation
- Social Marketing Contract procured: Amelix
- National evaluators will visit Canterbury for the Black Out day
- Bid for Phase 2 extension of £384k submitted to BIG
- Big Conversation 100 young people 12 schools including Health Needs Provision 31st March
- Designing and attending workshops on Resilience Buildings
- Progress on the digital elements
- Academic Resilience Workshop 7th July
Evaluation
Findings and Progress

Ugochi Nwulu
Ugochi.Nwulu@kent.gov.uk
Key components and functions of a process evaluation

**Context**
- Contextual factors that shape theories of how the intervention works
- Contextual factors that affect (and may be affected by) implementation, intervention mechanisms and outcomes
- Causal mechanisms present within the context which act to sustain the status quo, or potentiate effects

**Description of intervention and its causal assumptions**
- Implementation process (How delivery is achieved; training, resources etc)
- What is delivered
  - Fidelity
  - Dose
  - Adaptations
  - Reach

**Mechanisms of impact**
- Participant responses to and interactions with the intervention
- Mediators
- Unexpected pathways and consequences

**Outcomes**
# Process evaluation plan

<table>
<thead>
<tr>
<th>NW Kent</th>
<th>Thanet</th>
<th>Canterbury</th>
<th>Across Kent</th>
</tr>
</thead>
</table>

## Description of intervention

- Development of model through:
  - Consultations with intervention developers / implementers
  - Discussion within wider evaluation

## Implementation

- Stakeholder interviews
- Documentary analysis
- Implementer self-report
- Implementer interviews
- Participant interviews
- Routine monitoring of data
## Planned interventions

<table>
<thead>
<tr>
<th>NW Kent</th>
<th>Thanet</th>
<th>Canterbury</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Safe Spaces - schools</td>
<td>1. RA - schools</td>
<td>1. PRP secondary</td>
</tr>
<tr>
<td>2. Safe Spaces - community hubs</td>
<td>2. RA - community</td>
<td>2. PRP primary</td>
</tr>
<tr>
<td>3. Family Focus</td>
<td>3. RA - targeted</td>
<td>3. PRP community practitioners</td>
</tr>
<tr>
<td>4. Peer mentors</td>
<td>4. Restorative Ambassadors</td>
<td></td>
</tr>
<tr>
<td>5. Active listening mentors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Youth MH First Aid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Online Counselling</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Across Kent</th>
<th>How do they all contribute to the theory of the intervention?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Resilience mentors</td>
<td>How do they combine to form a cohesive logic model?</td>
</tr>
<tr>
<td>2. Coping packs</td>
<td>How do we evaluate them all? AND capture the context of the implementation...?</td>
</tr>
<tr>
<td>3. Social marketing package</td>
<td></td>
</tr>
<tr>
<td>4. Emotional First Aid</td>
<td></td>
</tr>
<tr>
<td>5. Youth Health Champions</td>
<td></td>
</tr>
<tr>
<td>6. Digital world</td>
<td></td>
</tr>
<tr>
<td>7. Knowledge Hub</td>
<td></td>
</tr>
<tr>
<td>HeadStart Kent</td>
<td>NW Kent</td>
</tr>
<tr>
<td>----------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Family Focus</td>
<td>Safe Spaces</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Across Kent:</td>
<td>Resilience mentors</td>
</tr>
<tr>
<td></td>
<td>Social marketing</td>
</tr>
</tbody>
</table>

*YP / Parents*

*YP / teachers / practitioners*
Why we need a theory of change

* A key reason that complex programmes are difficult to evaluate is that the theories of change that underpin them are poorly articulated (Weiss, 1995)

* Theories of Change explain how & why a service or programme works (or helps identify in what ways and why it is not working as you expected)

* They explain the steps (and little steps) required to achieve outcomes – but also – the connections between them
NESTA Standards of Evidence

Level 1
You can describe what you do and why it matters, logically, coherently and convincingly.

Level 2
You capture data that shows positive change, but you cannot confirm you caused this.

Level 3
You can demonstrate causality using a control or comparison group.

Level 4
You have one or independent replication evaluations that confirms these conclusions.

Level 5
You have manuals, systems and procedures to ensure consistent replication and positive impact.
## Early Intervention Foundation - Standards of Evidence

<table>
<thead>
<tr>
<th>Evidence or rationale for programme</th>
<th>Description of evidence</th>
<th>Description of programme</th>
<th>EIF rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple high-quality evaluations (RCT/QED) with consistently positive impact across populations and environments</td>
<td>Established</td>
<td>Consistently Effective</td>
<td>4</td>
</tr>
<tr>
<td>Single high-quality evaluation (RCT/QED) with positive impact</td>
<td>Initial</td>
<td>Effective</td>
<td>3</td>
</tr>
<tr>
<td>Lower-quality evaluation (not RCT or QED) showing better outcomes for programme participants</td>
<td>Formative</td>
<td>Potentially Effective</td>
<td>2</td>
</tr>
<tr>
<td>Logic model and testable features, but not current evidence of outcomes or impact</td>
<td>Non-existent</td>
<td>Theory-Based</td>
<td>1</td>
</tr>
<tr>
<td>No logic model, testable features, or current evidence of outcomes or impact</td>
<td></td>
<td>Unspecified</td>
<td>0</td>
</tr>
<tr>
<td>Evidence from at least one high-quality evaluation (RCT/QED) indicating null or negative impact</td>
<td>Negative</td>
<td>Ineffective / Harmful</td>
<td>–</td>
</tr>
</tbody>
</table>

Programmes not yet rated, including those rated by evidence bodies whose standards are not yet mapped to the EIF standards, and submissions from providers or local areas of innovative or promising interventions | TBD | TBD | ? |
From describing causal assumptions (theory of change) to testing them...

- Data on implementation can be integrated into analysis for outcomes
- Intermediate outcomes / causal processes - may lead to new measures for the outcome evaluation
Survey “Common Measurement Framework”

- The Child Outcome Resilience Survey (CORS) - a general well being measure
- Me and My School - a mental health measure
- The Student Resilience Survey - a resilience measure
- EQ-5DY - a quality of life measure

Access  16th March  - 3rd April (extended collection)
Surveys  - 13 Kent schools
National evaluation – next phase

Field visits
First field visit in May
  * Interviews - operational / evaluators / schools
Second field visit in July
  * Observation phase / site visit / interviews with YP

Case study
Family Focus – later in Autumn
Knowledge Seminar 3 Report to Programme Board
Evidence Based Approaches: What is Happening in Kent

Alex Hassett and Mark Kerr
What has gone before

* Seminar 1: Conceptualising Resilience: The Beginning of the Definition and Understanding for Kent

* Seminar 2: Measuring Outcomes
Key Messages in Defining Resilience

- Resilience is not a trait but an interaction between risk and protective factors.
- We need to ensure we take an ecological and developmental view of resilience.
- It is useful to focus on resilience in terms of the areas or ‘domains’ of a person’s life that can be changed.
- Negotiation and navigation.
- We need to consider what resources are available and how accessible are they.
Key themes to consider when thinking about an outcomes framework for resilience work in Kent:

* There is a need for a county-wide holistic approach that takes a long term view on how resilience is measured.
* Need to ensure that we think about measurement at a county level (what does this tell us about Kent’s progress in terms of improving resilience in young people), a service level (how does the service know it’s contribution to the overall picture is effective) and an individual level (how do we ensure that outcomes are meaningful for the work with individual young people).
* Domains could be used as an assessment tool, for measuring outcomes and informing practice.
* An evidence matrix / outcomes framework is key to measuring resilience in its varying forms across services.
What we did in Seminar 3

- Opportunity for the various projects from HeadStart to talk about their work and progress.
- Activity building on the previous 2 seminars around mapping where the projects fit on the domains and letting people identify the gaps.
- Reading materials sent to participants prior to the seminar on ecological systemic approaches to understanding and developing resilience to guide discussions.
Presentations

* Ellie Ransley – Digital world / social marketing / and co-production
* Alex Holmes and Heather Skelton – Thanet Restorative Approaches
* Lucy Bailey – Canterbury Penn State Resilience Programme
* Lauraine Griffiths – North West Kent
* Sally Williamson – Resilience Mentors
Activity

Mapping the domains

Resilience Domains (See Gilligan, 1997; Daniel & Wassell, 2002)

Sociable Behaviour
Secure Base
Education
Talents and interests
Positive Values
Friendships
## Summary of the Mapping Exercise

<table>
<thead>
<tr>
<th>Domain</th>
<th>Projects</th>
<th>Activities / Interventions described</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure Base</td>
<td>5</td>
<td>22</td>
</tr>
<tr>
<td>Social Competencies</td>
<td>5</td>
<td>31</td>
</tr>
<tr>
<td>Education</td>
<td>5</td>
<td>45</td>
</tr>
<tr>
<td>Friendship</td>
<td>5</td>
<td>40</td>
</tr>
<tr>
<td>Positive Value</td>
<td>4</td>
<td>39</td>
</tr>
<tr>
<td>Talents and Interests</td>
<td>3</td>
<td>23</td>
</tr>
</tbody>
</table>
There is a very strong focus on provision within education and this seems to be focused at a universal level. There does seem to be a gap in terms of any targeted approaches focusing on children and young people who would benefit the most - i.e. those at serious risk of adversity.

It seems that the domain of Talents and Interests is perceived as not being that well attended to.

Projects seemed to find it hard to describe in any detail what the work actually involves and the link between the intervention and the domain outcome.
There are a lot of positive activities taking place that will potentially improve emotional wellbeing, however the question is whether this was the point of the HeadStart Programme.

Projects may feel a need to portray their project / intervention / service as mapping onto all the domains. However it is not clear that they actually are impacting on all aspects and they need to consider how realistic that is and are they really clear about how they are actually doing that.
Caveat to our reflections

- Original programme initiated without a clear sense of how resilience was being defined or conceptualised in Kent.
- No clarity on the theory of change that would underpin the services/interventions/activities that would be provided.
- The Big Lottery: very specific agenda around defining resilience and unclear about how they would be assessing impact.
- Systemic and strategic issues about how the programme was initiated. The groundwork needed to ensure a coherent model and evaluation framework were implemented was not undertaken. This has led to a scattered approach that may impact on well-being but possibly not resilience.
Broader Observations / Reflections

* Issues around how resilience is being defined/conceptualised
* Focus on universal provision as opposed to more targeted for vulnerable young people
  * For resilience to be demonstrated **adversity must be present!** So HeadStart should have a referral criteria based on risk / adversity factors
* Focus on resilience as something that can be given to children – that we can inoculate them with resilience
  * Despite the continuous reinforcement that resilience is an ‘interaction’ between risk / adversity / protective factors, partners still perceive resilience as something you can give / teach a child
Evidence base of the projects (has been problematic from the start)

E.g. Penn State UK Evaluation Report states:
* Small short term improvement in depression scores, attendance, attainment in English but all faded within a year. No improvement in behaviour or life satisfaction scores. Little difference in absence rates

Hartsdown (Thanet) have implemented a ‘success’ curriculum that has no evidence base, evaluation, or discernable components of resilience
Broader Observations / Reflections continued

* Lack of baseline data
  * It is critical that any pilot / evaluation exercise has baseline / T1 data
  * ‘What’ is measured should be informed by ‘theory of change’
  * This has been a weakness from the start, and in many respects a weakness of the Big Lottery who have been slow to confirm preferred measure (that was then subsequently changed)
There is a need to develop an overarching framework for resilience so staff/agencies can ‘sign up’ to this. This needs a clear conceptualisation of resilience i.e. how is it defined and what is the theory of change.

Based on this evidence based approaches can be mapped onto this conceptualisation and projects commissioned based on this.

There needs to be a coherent system for evidence based evaluation ensuring that each element of the system is clear on how they evidence outcomes and impact.

An evidence matrix / outcomes framework is key to measuring resilience in its varying forms across services.
The co-construction of a definition of resilience across Kent and a coherent theory of change that projects can be commissioned reviewed against are key.

Kent does need to acknowledge the challenge this poses in a market driven economy where projects are competing for commissions and where some of the stakeholders have a level of autonomy allowing them to go in their direction in despite a county-wide view.

Currently everyone involved (including the evaluators!) are trying to sell their resources to Kent whether they have been evaluated or not!
How Childhood Trauma Affects Health Across a Lifetime:

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en#t-48103
INNOVATION FUNDING: PROPOSAL FOR CASE STUDIES FOR PROMOTING RESILIENCE IN VULNERABLE CHILDREN
Overview

• This piece of work will comprise of 4 case studies to be facilitated with current HeadStart providers.

• The Board tests the Adversity in Childhood Experiences identify at risk young people

• Support workers in current projects use the Daniel and Wassell domains and resilience matrix to assess, develop interventions and assess progress.

• Incorporate ideas from Kate Cairns work on resilience mapping which extends the work of Daniel and Wassell.

• Workers to be offered training and support from the universities developing these case studies.

• The universities will write up the learning from these 4 case studies in a report for HeadStart.
Identification of Young People

- Need to identify young people who have experienced adversity and are at risk. This will need to be done within the current KCC care pathway / screening / referral process.
- Using the Adversity in Childhood Experiences identify at risk young people
Once young people have been identified we will:

- Support workers in current projects to use the Daniel and Wassell domains and resilience matrix to assess, develop interventions and measure progress.
- Will incorporate ideas from Kate Cairns work on resilience mapping which extends the work of Daniel and Wassell.
Resilience Domains (See Gilligan, 1997; Daniel & Wassell, 2002)

- Sociable Behaviour
- Secure Base
- Education
- Positive Values
- Talents and interests
- Friendships
Resilience mapping 1

Source: Cairns, K. (nd)
Proportionate
Universalism

Andrew Scott-Clark
Director Public Health
Background and Context

• Fair society, Healthy Lives: The Marmot review

  – Recognised a gradient when segmenting population for outcomes based on deprivation
  – Recognised that health inequalities result from social inequalities
  – Determined six policy objectives
    • Give every child the best start in life
    • Enable all children, young people and adults to maximise their capabilities and have control over their lives
    • Create fair employment and good work for all
    • Ensure healthy standard of living for all
    • Create and develop healthy and sustainable places and communities
    • Strengthen the role and impact of ill health prevention

Life expectancy: inequalities in this local authority

The charts below show life expectancy for men and women in this local authority for 2011-2013. Each chart is divided into deciles (tenths) by deprivation, from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there were no inequality in life expectancy as a result of deprivation, the line would be horizontal.

Life expectancy gap for men: 7.1 years

Life expectancy gap for women: 5.1 years
Concept

• Population intervention to gain a population outcome.

• Intervention scaled to meet the needs of the population.
  – Universal intervention
  – For populations that are most needy you do more than just provide the universal intervention
    • Outreach
    • Social marketing
    • Targeted work
So What?

• Apply a Public Health lens to HeadStart

• Universal surveillance of adolescent resilience
  – Quantitative measure of resilience
  – Periodic measurement (e.g. annual?)
  – Systematic measure of majority of children in Kent
  – General programmes and interventions designed to improve overall resilience.
  – Local targeted approach to individuals and groups where measurements indicate greater need
  – Reflection of temporal relationships
Connecting with People
What has emerged from Family Focus?
Discussion

Paul Dyer
Key Foundations and Development of Phase Three Bid
Proposed Draft Time Line for Phase 3 Bid Submission

Key Foundations

Explore building blocks for phase 3:

- Confidence in proposed programme
- Confidence in local leadership
- Confidence in sustainability of programme beyond BIG
- Confidence in the implementation
- Risk and Issues identified and Mitigated
- Coproduction Throughout
Confidence in proposed programme

- Local translation of HeadStart mission
- Clarity on target population
- Clarity of short, medium and long term outcomes
- Articulation of client journey

Confidence in local leadership

- Adequate and committed strategic governance in place
- Adequate day to day management in place

Confidence in sustainability of programme beyond BIG

- Robust articulation of how programme would continue to be funded after HeadStart

Confidence in the implementation

- Robust implementation plan for the first 18 months
- Detailed budget reflecting gap between current spend on the proposed programme versus required spend
<table>
<thead>
<tr>
<th>COPRODUCTION THROUGHOUT</th>
<th>Confidence in proposed programme</th>
<th>Confidence in local leadership</th>
<th>Coproduction Views</th>
<th>Areas for Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning from HeadStart 2 Young people have cited: leisure activities BMX, Youth Groups, Pastoral teachers, Animal therapy, forest club, Peer Youth health champions/mentors, Resilience mentors, Should have activities happening all the time to remind of wellbeing • Agreed key messages to all with resources and then it depends on what is needed • Canterbury family day</td>
<td>Young people identified local police important to get involved further • Generally those involved should be • More time and resources support young people to be involved in managing the progress of the programme</td>
<td>Strengths Planning and social marketing Project management from the team Meet new people Training for the mentors and ambassadors Young people continually involved Lots of communication Lots of different services being trialled which helps lots of young people, Getting support in small groups</td>
<td>We need more time, Not so fast please • Not so much information all the time • Help young people with their problems • Resilience mentoring programme too short • Being able to physically get more young people to feedback before meetings • Poor yp representation from Canterbury • More fun in HeadStart to foster interests</td>
<td></td>
</tr>
</tbody>
</table>
Why do things Work or Not

* **Youth Centres:** supports, encourages, seek support and guidance and helps have a good time

* **Restorative mentors:** helps rebuild relationships maintains friends,
* **Resilience mentors:** different strategies to keep happy
* **BMX, skate park or activities:** fun in free time, helps forget
* **Anger management courses:** boring
* **Agency support:** works well when they explain what and why they are working well
* **Music:** most young people connect well
* **Forest Schools and animal therapy:** builds trust
* **Pastoral and head of school:** listens, helps talk to someone at school, based in one place in school.
* **Peer Mentors:** someone who knows what experiencing
Confidence in the Programme

- Clarity on target population

- How will we know we have made a difference
  - Clarity of short, medium and long term outcomes

- What is that will be happening which will be making that difference
  - In Schools
  - In Community
  - In families
  - On line
Contact HeadStart Kent

Search ‘Kelsi HeadStart’

Email HeadStart@kent.gov.uk