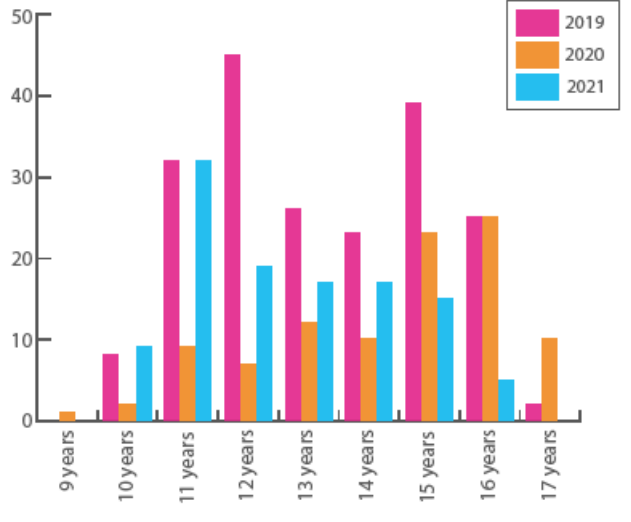


# HEADSTART COVID-19 WELLBEING SERVICE REPORT

APRIL TO OCTOBER 2019 - 2021



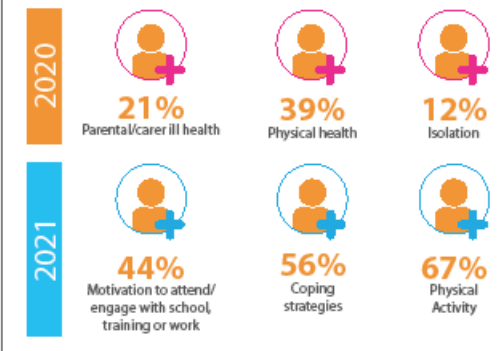
## SERVICE USERS BY AGE



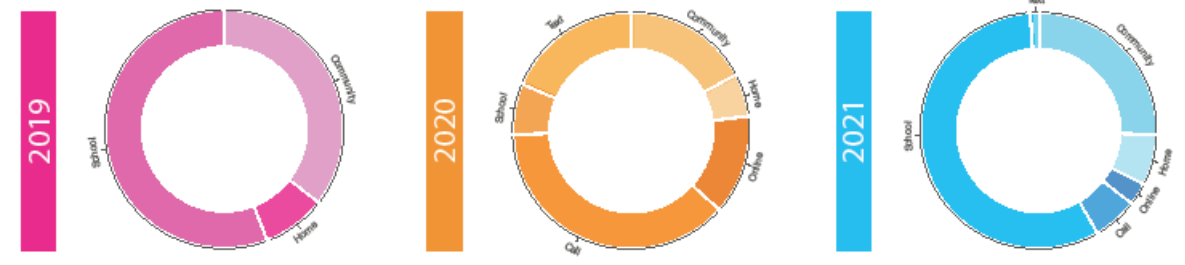
## NEW YOUNG PEOPLE SUPPORTED



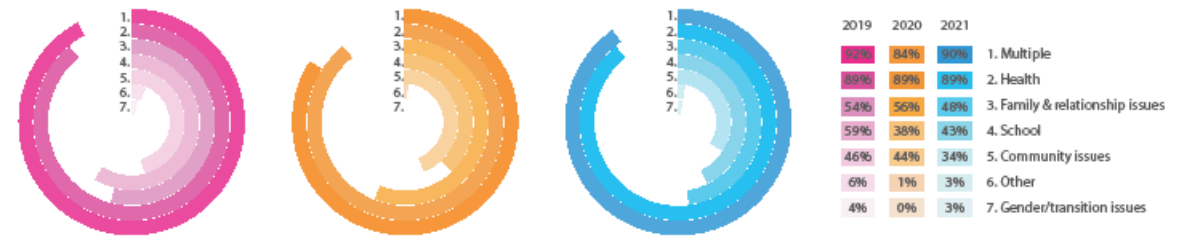
## SPECIFIC INCREASES



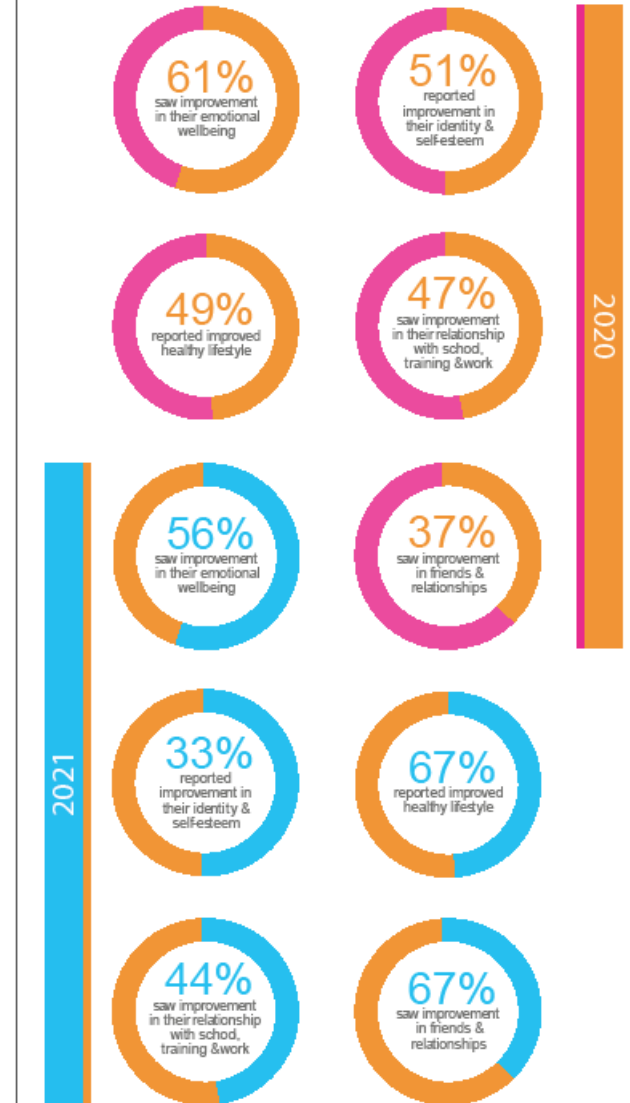
## ENGAGEMENT METHOD



## PRESENTING ISSUES



## WELL-BEING SERVICE IMPACT



## **The HeadStart Facilitator contract**

Commissioned by Cornwall Council in 2017, the HeadStart Facilitator contract objective was to provide early intervention support to 10-16 year olds in order to reduce the onset of mental ill health. The service comprised of six Youth Facilitators and three Community Facilitators. The Youth Facilitators provided direct face to face support on a 1-to-1 and groupwork basis, to 10-16 year olds suffering with their emotional well-being. Support was delivered at school, in community settings, and, where appropriate, in the home. Three Community Facilitators provided Mental Health Awareness training, signposting and support to families and professionals, and direct support to families via mentoring and information sharing. From September 2019, referrals for Youth Facilitator support came through the Bloom Professionals Consultation meetings via the Early Help Hub. The Bloom meetings offered a holistic approach to reviewing options and referrals were considered by CAMHS Clinical Psychologists, Primary Mental Health workers, Early Help Locality managers, and other professionals, as well as Youth and Community Facilitators.

This report focuses on the Youth Facilitator service and the effect that the Covid pandemic had on the direct interventions with young people.

The impact of the pandemic meant that the Youth Facilitator service had to change quite considerably. At the start of the lockdown in March 2020, the Bloom consultation model had to be revised in order to take into account the limited capacity of CAMHS staff. Only referrals for young people in the 'Risk' quadrant of the i-THRIVE model could be considered, making it necessary for the Youth Facilitator service to quickly adapt. The team quickly established an alternative referral route for the Covid-19 Wellbeing service via email, through the creation of a single simplified referral form. Weekly referral management meetings were established by the Project Officer which all Youth Facilitators attended. Group work was paused and a focus given to 1-to-1 support. As face-to-face work was no longer an option, Facilitators set up Zoom calls, used phone calls, texts and sent personalised packages to young people

Since the easing of lockdown and Covid-19 restrictions, Bloom has been able once again to discuss the referrals of any young person allocated to it by the CAMHS Access Team which is co-located with the Early Help Hub. Youth Facilitators have been able to meet with young people face to face, in schools and in the community. Group work has resumed, including the summer transition programme for those transitioning from primary to secondary school.

### **How did young people present and how did they engage?**

There were fewer young people receiving support through the service in 2020 compared with 2019 and 2021. This is likely a result of the anecdotally more complex cases being accepted during the pandemic and although high levels complexity remains an issue, the return to a higher proportion of face-to-face work and the gradual reopening of community provision has enabled a higher level of young people to be supported.

## Age of young people supported

The age range of young people supported varied from 10-16 in all years. Of note, in 2021 only 17% were 15-16 years old compared with 48% in 2020 and 32% in 2019.

## Presenting issues

Information concerning presenting issues is collected for each young person accessing the service and recorded on an internal system at the outset of the intervention (reasons for referral). In 2019 and 2021, the three most prevalent presenting issues all related to health: emotional (74%, 74%), mental (50%, 44%), and social (38%, 25%). In 2020, these were also the commonly cited presenting issues: emotional (58%), mental (43%), and social (41%).

Presenting issues can also be analysed in terms of variance, which shows how prevalent the presenting issue is, compared to the previous year. Considering variance:

- the prevalence of physical health issues grew during the pandemic then reduced again after.
- there was a higher percentage of presenting issues related to parental/carer ill health during the pandemic than before or after.
- there were more presenting issues related to isolation during the pandemic than before, this then dropped to even lower than pre-pandemic levels in 2021.

## Communication methods

In 2019, 100% of interventions were done face to face, either at school in the community, or at home. The charts highlight the significant change in the ways young people communicated with Youth Facilitators, with a variety of methods used during the lockdown period. From April to October 2020, 53% of young people supported chose multiple methods of communication. The trend to use multiple communication methods continued into 2021 with 32% of young people receiving support through blended methods, although the majority (68%) were still receiving interventions via face-to-face.

The Facilitators reported positively on the flexibility of providing support to young people throughout the day, at a time that suited the young people and when they needed it. In a third of the case studies, it was commented that guiding the conversation was more difficult over video and other remote communication.

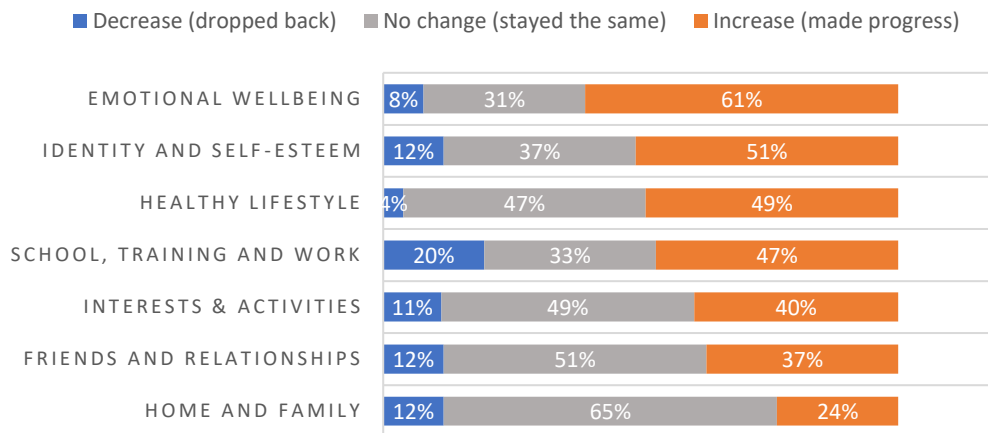
## What impact did we make?

### Measuring Impact with My Mind Stars

Despite working remotely for the majority of the 2020 period, Facilitators continued to use the Outcome Star as a tool to measure and support change. The My Mind Star is used as a talking aid and as a way to focus the intervention on the identified need. The initial My Mind Star is completed before the young person receives the intervention, with Second Star's measurement being completed after the intervention. Like all Outcome Stars, the My Mind Star uses a Journey of Change model. The Journey of

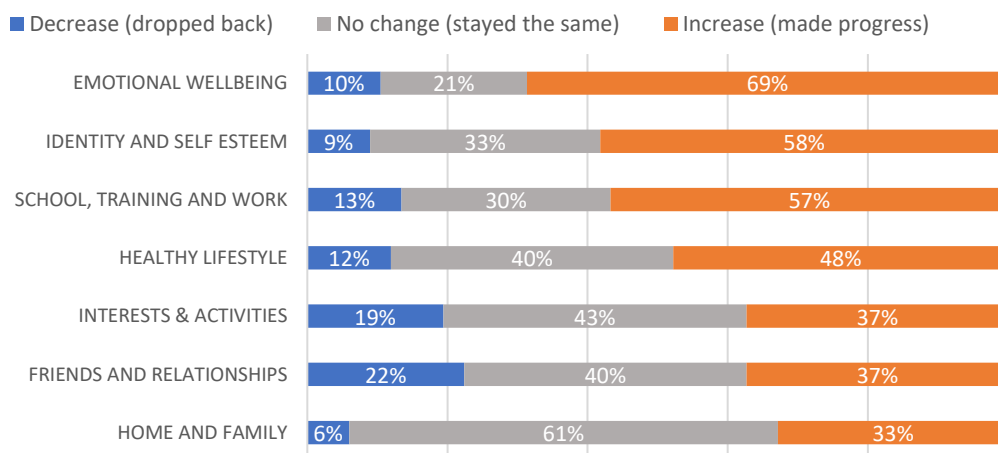
Change is a theory that sets out the stages the young people go through in making sustainable change to their lives. Young people are not scored (unlike other measures of wellbeing) but rather indicate their position on a scale: 1= Stuck; 2= Talking about it; 3= Believing and taking action; 4= Learning what works; 5= Managing well

## MY MIND STAR MEASUREMENTS 2020



- 61% saw an improvement in their emotional wellbeing.
- 51% reported improvement in their identity and self-esteem.
- 49% reported improved healthy lifestyle.
- 47% saw improvement in their relationship with school, training & work.
- 37% saw improvement in friends & relationships
- 24% saw improvement in their home & family (with 65% seeing no change)

## MY MIND STAR MEASUREMENTS 2021



In 2021 as in 2020, the highest percentage of improvements were in emotional wellbeing and identity and self-esteem. The biggest variation is with the improvement in relationship with school, training and work.

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*“I used to feel there is no one there and I was on my own, but things have changed. I go to school every day now, I attend all lessons and even attend exams. I no longer self-harm and I don’t experience suicidal thoughts. I have started eating again and I don’t spend much time in my room at all. I’m more confident in myself and I know I deserve friends. I have named the sunflower seed I have planted “Proud” because I am growing to be proud of myself.”*

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### **Case study review**

There were 13 Youth Facilitator and 2 Community Facilitator case studies between April and September 2021, compared to 21 in the same period in 2020. This could be due to some gaps in staffing and the fact that the Facilitators had more time to write detailed case studies, due to not needing to travel between appointments during the national lockdown. All case studies are written by the Facilitators and include sections on presenting issues, support received, Facilitator comments, and young person feedback.

Through all three years the case studies showed that much of the support provided was helping young people to identify coping strategies, building up their self-esteem and learn more about expressing their feelings.

### **What have we learnt and how have we improved our service?**

Weekly meetings have continued to provide an opportunity for Youth Facilitators to discuss referrals, formulate strategies of support and share ideas and resources.

The dual-referral route has continued to be in effect with weekly referral meetings with all available Youth and Community Facilitators continuing post lockdown, allowing professionals, parents and young people to complete a simple referral form and return it to the central account. Alongside this, referrals continue to come from Bloom Professionals Consultation meetings if it is agreed within the meeting that HeadStart Facilitators would provide the most appropriate support.

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

Since face-to-face delivery resumed, we have found that young people overwhelmingly choose this method of support over remote alternatives. However, it is clear that young people like the choice of how to engage with support.