Empower Evaluation

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Dr Han Newman and Dr Louca-Mai Brady

Centre for Research in Public Health and Community Care (CRIPACC),

School of Health and Social Work, University of Hertfordshire

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Contents

Glossary

- CAMHS – Child and Adolescent Mental Health Services
- CBT – Cognitive Behavioural Therapy
- CRIPACC – Centre for Research in Public Health and Community Care
- CYP – children and young people
- FC – Football club
- PT – Play therapy
- SENCo – Special Educational Needs Co-ordinator
- Watford FC CSE Trust – Watford Football Club Community, Sport and Education Trust
- UH – University of Hertfordshire

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Executive Summary

The Centre for Research in Public Health and Community Care, University of Hertfordshire (UH) were commissioned by Watford FC CSE Trust to evaluate their *Empower* programme. *Empower* aims to improve the mental health and wellbeing of children and young people (CYP) aged 9-12 through a combination of structured physical activity and emotional support, in locations across Hertfordshire.

Evaluation questions:

- How does *Empower* support children, young people (CYP) and families?
- What are the enablers and barriers to engagement and retention?
- How is *Empower* being implemented?

The evaluation consisted of:

- a review of relevant published evidence.
- secondary analysis of monitoring and evaluation data collected by *Empower.*
- primary data collection, (focus groups and interviews with children and young people in the April-October 2022 *Empower* cohort, parents and carers, staff and referrers).

Evidence review

- There is overall a lack of robust evidence for interventions like *Empower,* which combine physical activity and mental health promotion (e.g. health, behavioural, or psychological education).
- However, there is some evidence of positive impacts and outcomes from comparable sport-based physical activity and mental health interventions on CYP's mental health.

Secondary analysis

- 24 out of a cohort of 46 CYP aged between 9 and 11 graduated from *Empower*. Of the 46 total participants, the majority were male (60.9%), and the majority were White British (67.4%) or from other White backgrounds (10.9%).
- To measure the impact of *Empower*, staff collected evaluation data using validated tools (Child Outcome Rating Scale (CORS) & Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS)). Secondary analysis of this data gave indication of increased mental wellbeing of CYP. However, there was a high level of missing data and lack of overall change.
- The evaluation data required significant time and effort to collect and record. The lack of evidence of impact it provided, compared to that described in the qualitative data collection, raises the question of whether the 'data burden' can be justified.

Findings from qualitative data collection

Recruitment and accessibility

- Schools were a key source of recruitment to *Empower*, and the link with Watford FC made it more appealing to CYP.
- Mental health stigma, misconceptions about the programme, and reluctance and resistance from CYP to attend were challenges to recruitment. Future engagement with local people and communities is key to tackling this.
- The referral process was considered accessible and flexible by referrers and parents and carers. *Empower* provided a support option for both those on waiting lists for other services and those already accessing other forms of support.

Programme delivery

- CYP expectations of *Empower* included fear of not 'fitting in' with other CYP, and other social concerns. The connection to Watford FC led to some misconceptions of *Empower* as a football focused programme.
- CYP, and their parents and carers, described an overall positive experience of *Empower*, including its accessibility, the nature of the sessions, and the role of the staff.
- Retention was a challenge, and this was attributed to several factors, including travel difficulties and adverse personal or family circumstances.
- *Empower* participants and their parents and carers reported a positive impact on mental wellbeing, related to three areas: understanding and communicating emotions, confidence and self-efficacy, and emotional control. They also reported the development of strong relationships through the programme, and a positive impact on home and school lives.
- CYP, parents and carers, and *Empower* staff identified areas for development, including the type and level of information provided to parents and carers, and changes to the structure and format of the wellbeing workshop.

End of programme and follow-up support

- CYP who graduated from *Empower* expressed sadness at the end of the programme, and their parents and carers voiced concern about the loss of support.
- A high level of interest was shown in follow-up support for *Empower* graduates from CYP, their parents and carers, and referrers to the programme.
- There was a preference for structured follow-up support offered at regular time intervals post-graduation. The *Empower* team are planning one or two-day follow-up 'camps' held for graduates from the programme several times per year.

Conclusions

CYP and their parents and carers reported positive experiences of the programme, with widely reported improvements in CYP's mental wellbeing. *Empower* provides an accessible and safe space for CYP seeking mental health support, and the group structure and use of sport and physical activity make this a different and unique offering to other local services. Future development of the programme would benefit from review of the engagement of parents and carers, the format of the wellbeing workshops, and the monitoring and evaluation data collected. Interest and need for follow-up support has been demonstrated and plans for implementation of this should continue to be explored.

Recommendations

- Reviews of the information provided to parents and carers, the content and format of the wellbeing workshops, and of monitoring and evaluation processes.
- Minimising of disruption to key components of the programme (e.g., venue, staff).
- Exploration of opportunities to include outdoor activity.
- Highlighting of link to Watford Football Club in recruitment material, but also making it clear that the programme is not football focused.
- Consideration of how CYP can be supported at and after the end of the programme and development of plans for structured follow-up support at regular time intervals for CYP who have graduated from the Empower programme.
- Involvement of local families and communities in future development and design of *Empower* to ensure diversity in recruitment and that the programme is informed by relevant lived experience.
- Involve children and young people in the design and delivery of future *Empower* evaluations.

1. Introduction

1.1 Background – *Empower*

Empower is a free Hertfordshire-based 24-week programme run by Watford FC Community, Sports & Education Trust (Watford FC CSE Trust). Watford FC CSE Trust is a registered charity which aims to use the power of sport, physical activity and learning to make a positive difference in the communities which they serve on behalf of Watford Football Club. They currently work across Hertfordshire, as well as the London boroughs of Harrow and Hillingdon, delivering projects and programmes across four key themes of work: health and wellbeing, inclusion, education, and football and sports.

The *Empower* programme is funded by Comic Relief and delivered by Watford FC CSE Trust as part of their health and wellbeing theme. Initial funding was granted for a three-year period from 2020 to 2023 and this has now been extended for two additional years. *Empower* aims to improve the mental health and wellbeing of children and young people (CYP) aged 9-12 with a mild to moderate mental health diagnosis, or who display poor mental wellbeing. The *Empower* approach was informed by research on the link between young people's mental health and physical activity: Rafferty et al., (2016), found that physical activity not only has a positive effect on children's mental wellbeing, but also improves emotional resilience, cognitive development, and self-confidence. *Empower* is also underpinned by psychotherapeutic practices including cognitive behavioural therapy (CBT) and play therapy (PT), for example including in the programme the concepts of challenging negative thoughts and feelings (CBT), promoting decision-making, autonomy, and creativity (PT) and the utilisation of healthy coping strategies. The three core expected outcomes for young people participating on the programme are: improved mental wellbeing, improved social support networks, and the demonstration of healthier lifestyle choices.

Empower aims to improve CYP mental health and wellbeing through a combination of structured physical activity and emotional support, supporting them to manage their emotions and understand their individual triggers for symptoms of mental ill-health, increase resilience and protective factors, and by creating a peer support network. The programme is split into three phases, delivered through weekly 90-minute sessions over 24 weeks:

- **Development phase** (weeks 1-12): 12 sessions in which participants are supported to understand and explore their feelings, triggers for symptoms of mental ill-health, and ways that they can utilise coping strategies within their daily life.
- **Maintenance phase** (weeks 13-18): 6 sessions in which participants are supported to put their learning from phase one into everyday practice.
- **Reflection phase** (weeks 19-24): 6 sessions focused on participants reflecting on their moods, emotions and how they have been coping since the last session, along with opportunities for contact points via technology and work to be completed at home.

Each weekly 90 minute *Empower* session is divided into two parts – a 30-minute wellbeing workshop, followed by 60 minutes of sport and/or physical activity. The sessions are led by *Empower* programme staff (facilitators) who all hold a mental health first aid qualification and are experienced in sports coaching and training and/or mental health support for young people. Programme staff are also accompanied by externally hired psychotherapists from NESSie in ED CIC, an organisation who provide therapies and counselling to support the mental health and emotional well-being of CYP across Hertfordshire and Essex. A NESSie psychotherapist is present at every *Empower* session, and

their role is to run the wellbeing workshop component as well as to remain present and actively involved throughout the duration of the sessions. *Empower* is ran and overseen by the central team at Watford FC CSE, including a full-time Project Delivery Co-Ordinator dedicated to the programme.

Outcomes are measured using the Child Outcome Rating Scale (CORS) (Casey et al., 2020) and the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) (Fat et al., 2017). See Chapter 4 for more detailed discussion of impact and outcome data. The *Empower* Theory of Change is included in Appendix C.

1.2 This report

This report begins by outlining the evaluation's aims and methodology (Chapter 2), then provides a review of relevant published evidence (Ch.3), followed by analysis of secondary data collected by *Empower* (Ch.4). We then summarise the findings from interviews and focus groups in relation to: recruitment and accessibility, programme delivery, and end of programme and follow-up support (Chs 5-7). The report concludes with a discussion of the implications of the findings (Ch.8) and recommendations for practice and further research (Ch.9).

2. This project

The Centre for Research in Public Health and Community Care, University of Hertfordshire (UH) were commissioned by Watford FC CSE to evaluate the *Empower* programme for the cohort participating from April 2022 until October 2022, which was delivered across four groups across Hertfordshire (Borehamwood, St Albans, and two groups in Hemel Hempstead).

The evaluation aimed to explore:

1. How does *Empower* support children, young people (CYP) and families?
   - What are people's experiences of the *Empower* programme?
   - How satisfied are CYP and families with *Empower*?
   - Did any unintended outcomes (positive and negative) occur?

2. What are the enablers and barriers to engagement and retention?
   - Are diverse CYP being reached and engaged?
   - What influences engagement, drop-out or non-completion?

3. How is *Empower* being implemented?
   - If and how has the programme been able to adapt and develop since it begun?
   - If and how could *Empower* develop in the future?
   - What further monitoring and evaluation is needed?

2.1 Methodology

2.1.1 Evidence review

The review of relevant published evidence, discussed in Chapter 3, followed a protocol outlined in Appendix B. This included:

- Developing and defining search terms and scope
- Searching academic and 'grey' literature (government, voluntary and community sector reports and other relevant documents online resources)
- Screening for relevance and quality
- Synthesis

2.1.2 Secondary data analysis

Secondary analysis was undertaken of monitoring data (age, gender, and ethnicity), and evaluation data collected by the *Empower* programme, using the Child Outcome Rating Scale (CORS) (Casey et al., 2020) and the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) (Fat et al., 2017). These data were cleaned and anonymised by the *Empower* team before being sent to the UH research team for analysis using SPSS quantitative analysis software. Further detail is provided in Chapter 4.

2.1.3 Primary data collection

Semi-structured focus groups and interviews were undertaken during July 2022 to November 2022 with children and young people attending *Empower* sessions (n=28), parents and carers (n=14), programme staff and psychotherapists (n=5), and referrers to the programme (n=2). Focus groups with children and young people were undertaken at each programme delivery site at the halfway point and at the end of the programme. Focus groups and interviews with parents and carers, staff,

and referrers were undertaken at the end of the programme. To maintain anonymity amongst a small sample of participants, programme staff and psychotherapists are not referred to separately or distinctly when quoted in the findings (Chs 5-7). Instead, all quotes from those working on the programme are quoted from '*Empower* staff member'.

Primary data collection received ethics approval from the UH Health, Science, Engineering & Technology Ethics Committee with Delegated Authority. The UH ethics protocol number is HSK/SF/UH/05055. Further detail is provided in Appendix A.

2.1.4 Primary data analysis

Recordings of focus groups and interviews were transcribed and analysed using NVivo software, using a reflexive thematic analysis approach to develop, analyse, and interpret themes and patterns of meaning in relation to the research questions (Braun & Clarke, 2022). Further detail is provided in Appendix A.

3. Background

Mental health difficulties include diagnosed psychiatric disorders, as well as subclinical symptoms of poor mental health such as behavioural, social, and emotional problems (Soneson et al., 2020). There is concern regarding the mental health and well-being of young people, with one study finding a six-fold increase in the prevalence of long-term mental health conditions in England from 1995-2014 in 4-24 year olds (Pitchforth et al., 2019). According to a 2021 NHS report of the mental health and young people survey, one in six children aged 5-16 were identified as having a probable mental health difficulty in July 2021 (NHS Digital, 2021), an increase from one in nine in the previous 2017 survey. Additionally, a 2023 Government report, 'State of the nation', reported that 76% of 7- to 16-year-olds in 2022 had sought help or advice for a mental health concern in the previous year (Department for Education, 2023). A Young Minds survey of 2036 young people aged 13-25 who looked for mental health support in 2020 reported that 83% of those with mental health needs agreed that the coronavirus pandemic had made their mental health worse (YoungMinds, 2020). Furthermore, 17.6% of young people aged 5-16 reported experiencing mental health difficulties during the COVID-19 lockdown in July 2020, based on mental health prevalence data from a stratified probability sample of children and young people living in England (Early Intervention Foundation, 2020).

Young people's access to mental health support was also profoundly impacted by the pandemic, with 31% saying that they were unable to access the support they had been previously (YoungMinds, 2020). A survey of 5,000 UK parents found that COVID-19 has contributed to the anxieties of many families, with 56% concerned about the pandemic's effects on their children's mental health. Over 1 in 4 (27%) said their child had previously struggled with mental health issues as a result of the pandemic, and a further 30% said their child was still struggling with mental health issues as a result of it (NESTA, 2022). The pandemic appears to have compounded already existing barriers to accessing Child and Adolescent Mental Health Services (CAMHS) and other support (Spira et al., 2021). A review of the mental health impacts of the COVID-19 pandemic on children and young people highlighted the urgent need for practitioners and policymakers to attend to and collaborate with children and young people, especially those in higher risk subgroups, to mitigate short- and long-term pandemic-associated mental health effects (Samji et al., 2022). Additionally, researchers of depression in young people have called for the development and evaluation of mental health interventions which provide alternatives to talking therapies, which are high cost with often low completion rates, or pharmacological treatment, with concerns about their effectiveness in those younger than 18 years (Howlett et al., 2021). Whilst spending on specialist mental health services has increased in England, it has been criticised as being insufficient to keep up with the growing demand (EHRC, 2023).

The relationship between physical activity participation and mental health outcomes in children and young people has been explored in a substantial body of previous research. An internationally focused systematic review (including 114 articles) found significant associations between physical activity and lower levels of psychological ill-being (e.g., depression, stress, negative affect, and total psychological distress) and greater psychological well-being (e.g., self-image, satisfaction with life and happiness, and psychological well-being) in children and young people aged between 2 and 18 years old (Rodriguez-Ayllon et al., 2019). Additionally, Kemel, Porter, and Coombs (2022) found an associated link between the participation of physical activity and improvements in the physical, mental, and social wellbeing outcomes of young people aged 10-25, with some suggestion that lower levels of physical intensity (e.g., activities done at a comfortable pace) produced similar results

in mental and social outcomes (e.g., self-confidence in engaging in social interactions) when compared to higher levels of physical intensity.

Overall, there appears to be robust research evidence of a strong relationship between participation in physical activity and mental health outcomes in children and young people, suggesting that physical activity and exercise are a promising mental health promotion and early intervention strategy for young people (Pascoe et al., 2020). However, the importance and relevance of factors such as type of activity, physical intensity, duration of intervention or type of intervention are less conclusive (e.g., Dale et al., 2019; Hale et al., 2021). Most relevant to this project, Hale et al. (2021) suggest, in their review synthesising available evidence for physical activity interventions on the mental health and well-being of young people (11-19 years), that there has been an overall lack of interventions combining physical activity and mental health promotion in a multicomponent framework (where physical activity is combined with additional components such as health, behavioural, or psychological education), in comparison to those where physical activity interventions are delivered alone.

3.1 Sport-based physical activity and mental health interventions

This review focused on evidence related to community-based, sport and physical activity programmes which support children and young people's mental health, as well as some mental health interventions designed to support young people in youth sport settings (e.g., Diamond, Wallace, English & Caperchione, 2022) and those already involved in organised sports (e.g., Waters et al., 2022). The interventions reviewed include some that are linked to football clubs through foundations and trusts, similarly to *Empower*, as well as others in alternative physical activity and sport-based settings where comparable to *Empower* in relation to their design, structure, content, and/or multi-component framework. This section outlines the key features of these interventions and programmes, with points of comparison summarised in Table 1. Section 3.1.2 discusses evidence of impacts and outcomes for the interventions discussed, drawing on academic literature, published evaluation and impact reports, and other publicly available information.

3.1.1 Overview of comparable programmes

Sport has been identified as a promising and potentially engaging avenue for supporting young people's mental health (Swann et al., 2018). This study, focusing on the perspective of adolescent males aged 12-17 years, is part of a wider body of work in Australia developing the *Ahead of the Game* protocol, a multi-component, community sport-based programme targeting prevention, promotion, and early intervention for mental health among adolescent males (Vella et al., 2018). This protocol, developed to test the effectiveness of a multi-component, community sport-based approach, proposed four programmes, two targeting adolescents, one for parents, and one for coaches. One adolescent programme aims to increase mental health literacy, intentions to seek and/or provide help for mental health, and to decrease stigmatising attitudes. The second aims to increase resilience. The parent programme aims to increase parental mental health literacy and confidence to provide help, whilst the coach programme aims to increase coaches' supportive behaviours (e.g., autonomy supportive behaviours), and thus facilitate high-quality motivation and wellbeing among adolescents (Vella et al., 2018). These programmes are delivered via a combination of in-person and online workshops to adolescents via the sports clubs they are already a part of, and so uses pre-existing organised, community-based sport as a location in which to deliver mental health support, as opposed to providing a structured sport or physical activity component as a direct part of the intervention. However, this programme is included here due to its comparable mental health content and the highly relevant academic literature that assesses it.

In the UK other football club foundations and community trusts have also developed projects and programmes aimed at improving the mental health of children and young people. An impact report for one such programme, *Advantage*, reported that the connection to football clubs (Arsenal FC, Crystal Palace FC, Leyton Orient FC, Manchester City FC, and West Ham FC). increased participating young people's interest in getting involved because they liked football (Spira, Prytherch, & Isaacs, 2021). Perhaps one of the most comparable programmes to *Empower*, *Tackling the Blues* is a multi-component intervention, linked to Everton FC and delivered to children aged 6-16 years old. It is a school-based sport, physical activity and education-based mental health literacy programme delivered by Everton in the Community and Edge Hill University, which supports children and young people who are experiencing, or at risk of, developing mental illness (Everton in the Community & Edge Hill University, 2016). In this programme, participating children and young people are identified by their school as having a diagnosed mental illness (indicated by their use of services), or as displaying behaviours or symptoms which are associated with poor mental health and which might lead to the diagnosis of mental illness. One-hour sessions are delivered weekly in schools to a group of up to 20 pupils by mental health-trained student mentors and a Programme Co-ordinator. Each session is dedicated to a particular mental health theme (e.g., coping, stress, resilience) via a peer-led multi-sport activity session. Learning from the multi-sport session is explored further in a linked classroom-based workshop delivered the following week (Haycock, Jones, & Smith, 2020).

Similarly to *Tackling the Blues*, although not connected to a football club, the Youth Sport Trust's *Active in Mind* is a school-based programme that offers peer-led mentoring support to primary and secondary school aged young people experiencing mental wellbeing issues in schools. It creates innovative sport and physical activity opportunities for a targeted group of young people. The aims of the programme are to increase levels of physical activity and provide a safe and supported environment to improve mental and physical health to school-aged children and young people via delivery in primary and secondary schools (Youth Sport Trust, 2022).

Safety Nets is a Yorkshire Sport Foundation programme launched in 2019 in partnership with Chesterfield FC, based on an existing adult model. It is a community-based social prescribing intervention combining physical activity and psychoeducation for young people on mental health service waiting lists and creates therapy groups for young people to improve their mental and emotional wellbeing. The programme runs for eight weeks, for two hours, after school, during term time at a local club. Each weekly group focuses on different aspects of physical and mental health. The physical health aspect of the groups covers a broad range of physical activities. The mental health education section asks group members to comment and reflect on their emotional wellbeing, diet, relationships, sleep, and relaxation techniques. The groups also enable young people to learn about how and why anxiety and depression occur, and how we can learn ways of managing them. Currently, there appears to be no published reports for this programme, however there is currently an ongoing year-long feasibility study, being conducted in collaboration with the Child Oriented Mental Health Innovation Collaborative (COMIC), which will also lead to a full-scale trial.

The *Advantage* programme was launched in response to the COVID-19 pandemic to provide support to young people (aged 14-21) whose mental health and wellbeing was affected by the pandemic (Spira et al., 2021). It is a partnership between Arsenal in the Community, Palace for Life Foundation, Leyton Orient Trust, City in the Community and West Ham United Foundation, as well as local NHS Trusts. Participants receive individual mentoring support from a trained youth worker once per week for a period of up to six months. Youth workers are in turn supported by Child and Adolescent Mental Health Services (CAMHS) practitioners. This programme aims to support the physical and emotional wellbeing of young people, with a focus on education, employment, and physical activity,

but does not directly offer a physical activity component. Thus, given its older age group focus, individual rather than group focus, and lack of structured physical activity offered, this programme has many differences to *Empower,* despite also using its sport and football club base as a location from which to provide mental health support to young people.

Another comparable programme linked to a football club which focuses directly on mental health support for young people, but without a structured physical activity component, is Cambridge United's *Mind Your Head*. This is a six-week mental health education programme designed for students aged 12-14 years, delivering six classroom-based sessions covering mental health topics and aiming to increase mental health literacy. Additionally, in 2020, Liverpool Football Club Foundation announced the launch of a programme called *On-Target* in partnership with children's charity Action for Children. They announced that this programme would support and improve the mental health and wellbeing of young people in secondary schools across the Liverpool City Region, using workshops to provide basic support and knowledge around three key areas of: understanding and empathy about mental health, coping strategies and self-care, and the importance of talking and dealing with mental health concerns. There appears to be no further information available, and no evidence of its running to date.

Table 1: Key characteristics of comparable sport-based physical activity and mental health interventions

	Age group	Community-based	School-based	Linked to a professional football club	Multi-component framework	Structured/group physical activity component	Mental health and wellbeing component
Empower	9-12 years	Yes	No	Yes	Yes	Yes – 60mins group-based activity per week	Yes – weekly 30min wellbeing workshop
Tackling the Blues	6-16 years	Yes	Yes	Yes	Yes	Yes – weekly multi-sport activity session	Yes – weekly classroom-based workshop
Ahead of the Game	12-17 years	Yes (organised sport setting).	No	No	Yes	No – delivered in the context of pre-existing organised sport	Yes – online and in-person workshops
Active in Mind	School-aged	Yes	Yes	No	Yes	Yes – group-based activity	Yes – peer mentoring support
Safety Nets	Unknown	Yes	No	Yes	Yes	Yes – weekly group-based activity	Yes – weekly group mental health

							education section
Advantage	14-21 years	Yes	No	Yes	No	No	Yes – Weekly individual mentoring
Mind Your Head	12-14	Yes	Yes	Yes	No	No	Yes – Six classroom-based mental health sessions

3.1.2 Impact and outcomes

Tackling the Blues is a highly comparable programme to *Empower*, despite its delivery in a school setting. Key findings from a 2016 impact report for the *Tackling the Blues* programme stated that all groups engaged in the programme reported increases in self-confidence, self-esteem, and reductions in anxiety. It was also reported that the emotional literacy of children and young people improved, and this helped them to better manage their mental health and relationships with others. Other key findings included improved self-evaluation, co-operation, and emotional intelligence. Participants reported that supportive relationships established with mentors were key to maintaining engagement, supporting mental health learning, and building trust. Autonomy and decision-making skills were also reported to have been developed by providing children and young people with choice and ownership of the activities involved (Everton in the Community & Edge Hill University, 2016).

In addition, a 2020 academic journal article examined how pupil-centred learning activities have been used in the *Tackling the Blues* programme in weekly multi-sport activity sessions and related classroom-based activities (Haycock, Jones, & Smith, 2020). Findings from focus groups with young people who engaged in the programme between 2016 and 2018 suggested that the learning activities within the programme led pupils to focus on the impact that personal relationships with family and friends, feelings and emotions, and experiences of stress, anger and entrapment have on mental health. They suggested that the activities of the programme helped pupils to recognise and manage feelings and emotions, and identify strategies (e.g., problem-solving, communication, coping, conflict management) for managing impacts on their own and others' mental health. From these findings, Haycock et al. (2020) posit that embedding socially relevant learning activities into the content, organisation and delivery of school curricula may help improve pupils' sense of enjoyment, participation and achievement which are important for enhancing their knowledge and awareness of mental health and developing socio-emotional learning. However, they also argue that the effectiveness of whole-school approaches also depends on the wider educational systems in which schools are located, as they suggest the impacts of such approaches will depend on how they coalesce with factors such as school ethos and environment, leadership and management practices, staff development, working with parents and carers, targeted support and appropriate referral systems, and the identifying of needs and monitoring of impact.

Key findings from the *Active in Mind* programme reported that 71% of 59 programme participants sampled said that they were coping better since being on the programme, with 68% feeling more

positive overall, 64% feeling more confident and 61% feeling more relaxed. Most participants (80%) reported being more confident in trying out new things, whilst 66% were more confident talking to others and 64% reported being more confident in meeting new people. Participants also reported changes that they thought they would make as a result of the programme, and these included increased physical activity and/or sport, increased engagement with others, better diet, and improved skills, confidence, and ability to be a leader (Youth Sport Trust, 2022). A study testing the effectiveness of the multi-level, multi-component *Ahead of the Game* intervention against a nonrandomised controlled trial found positive outcomes for depression and anxiety literacy, intentions to seek help from formal sources, confidence to seek mental health information, and resilience (Vella et al., 2021).

Whilst the *Advantage* programme is overall less comparable to *Empower*, as discussed in section 3.1.1, an important and highly relevant finding from its 2021 evaluation report was its accessibility. Young people who participated in the programme, and the evaluation, said that they got involved with *Advantage* because it was easier for them to access compared to alternative options for mental health support (e.g., CAMHS), with less waiting time and longer-lasting forms of support (Spira et al., 2021). Participants in the evaluation of the programme expressed that the connection to professional football clubs increased their interest in getting involved because they liked football, as well as their preference for *Advantage* because it takes place 'in the community' rather than in schools or in a health service. Overall, the key findings of the evaluation demonstrate that *Advantage* helped young people to overcome barriers to accessing mental health support, including age, gender, minority ethnicity, and stigma. The findings also demonstrated that six months participation in *Advantage* improved young people's life functioning, decreased stress levels, improved wellbeing, and helped young people to achieve significant progress towards their goals. The evaluation report posited that *Advantage* supports young people through three key themes: accessibility, improved wellbeing through relationship (opening up and growing in confidence) and seeing a change (progress towards goals and noticing a difference in themselves) (Spira et al., 2021).

3.1.3 Monitoring and evaluation tools

Detailed information on measured impact and outcomes were not publicly available for all comparable programmes identified in this review. However, some examples are provided here, as available and relevant. The design of the *Tackling the Blues* programme was informed by research conducted at Edge Hill University and developed in collaboration with Everton in the Community. To identify the impact of the programme, a number of methods were used, including focus groups and interviews with CYP, teachers, carers, and volunteer mentors, as well as validated questionnaires, including the KIDSCREEN-27, a generic health related quality of life measure for children and adolescents measuring five dimensions: physical well-being, psychological well-being, autonomy and parents, peers and social support, and school environment (Ravens-Sieberer et al., 2007). In addition, the Emotional Intelligence Scale (Lane et al., 2009) and Trait Emotional Intelligence questionnaire (Petrides, 2009) were used with volunteer mentors (Everton in the Community & Edge Hill University, 2016).

An evaluation report presenting the initial findings of the *Advantage* programme used the Outcome Rating Scale (ORS), the Perceived Stress Scale (PSS), and the WHO-5 Wellbeing Scale (WHO-5) to assess the outcomes of the programme. These are not CYP specific, reflective of the older age group that the programme is for (ages 14-21). However, the *Advantage* programme also used goal-based outcomes (GBOs), embedded within the mentoring process, to assess impact and outcomes. Young people worked on setting goals with the help of their mentor, and GBOs were used to evaluate progress towards those goals (Law & Jacob, 2015). The evaluation report recommended that goals

continue to be set and used as outcome measures because young people found setting goals to be a helpful way of measuring their progress.

3.2 Conclusions

The positive impact and outcomes reported from comparable programmes to *Empower* demonstrate the value of sport-based physical activity and mental health interventions for the mental health of CYP with mental health difficulties. Whilst none of the programmes reviewed completely align with *Empower* (i.e., in terms of delivery format, location, structure, content, and target population), some are highly comparable, whilst others have key features which are comparable, as discussed. Whilst demonstrating the value of programmes like *Empower*, this review also highlights the relatively low number that exist, to our knowledge, and their tendency to be local to one region, as opposed to a model that is used across a range of geographical areas. For *Empower*, the findings of this review of the background literature support the use of community-based, sport-based, physical activity and mental health interventions such as theirs, and show *Empower* to be a different, but highly relevant and comparable offering, to others that exist.

4. Findings - Secondary analysis

In this chapter we present analysis of secondary data collected by *Empower*. This included monitoring data (age, gender, and ethnicity of participants), and the use of validated tools to evaluate the impact of *Empower* on participants' mental health - Child Outcome Rating Scale (CORS) (Casey et al., 2020) and the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) (Fat et al., 2017). For this analysis we used all data available from the *Empower* cohort which was the focus of this evaluation (April to October 2022). However, it is important to note that the statistics and graphical representations included in the forthcoming sections are based on a small sample size with a high number of missing data points through dropout from the programme and inconsistent attendance of some participants (22 of 46 participants (47.83%) did not graduate). Outcome measures were only taken for those participants who were in attendance at each *Empower* session. Attendance and engagement with the *Empower* programme are discussed further in Chapter 6. There are also a smaller number of missing data points from cancelled sessions (e.g., during extreme weather), and instances where staff were unable to collect data. This secondary analysis, along with the evidence review (Ch. 3), were used to inform the subsequent qualitative data collection (Chs 5-7), and **the following sections should be read as background context rather than standalone data.**

4.1 Participants – Demographics

In the cohort beginning in April 2022, **46** children and young people began the *Empower* programme (11 in Borehamwood, 13 in St Albans, and 22 across two groups in Hemel Hempstead). **24** young people graduated from the programme (having completed at least 70% of the sessions). Participants were aged from **9 to 11**. Of those participants for whom age data was available (n=45), 18 were aged 9 (39.2%), 17 aged 10 (37%) and 10 aged 11 (19.6%).

Of the 46 total participants, the majority were male, with **28 male (60.9%), 17 female (37%) and one gender questioning/non-binary** participant.

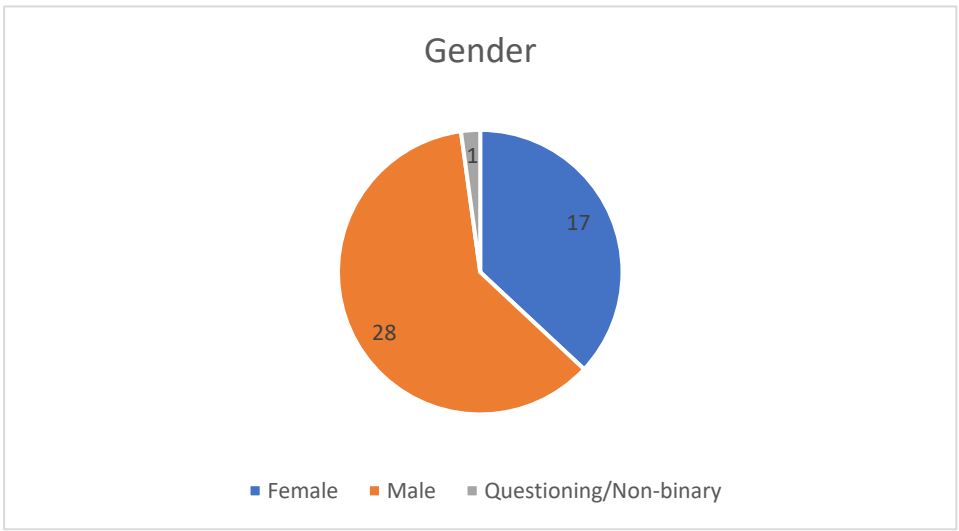


Figure 1: Gender of Empower participants

The **majority of participants who provided data (n=45) said that they were White British** (n=32, 67.4%), five (10.9%) were from other White backgrounds, and eight participants (17.4%) were from other ethnic backgrounds, including Indian, Mixed African, and other Mixed ethnicities.

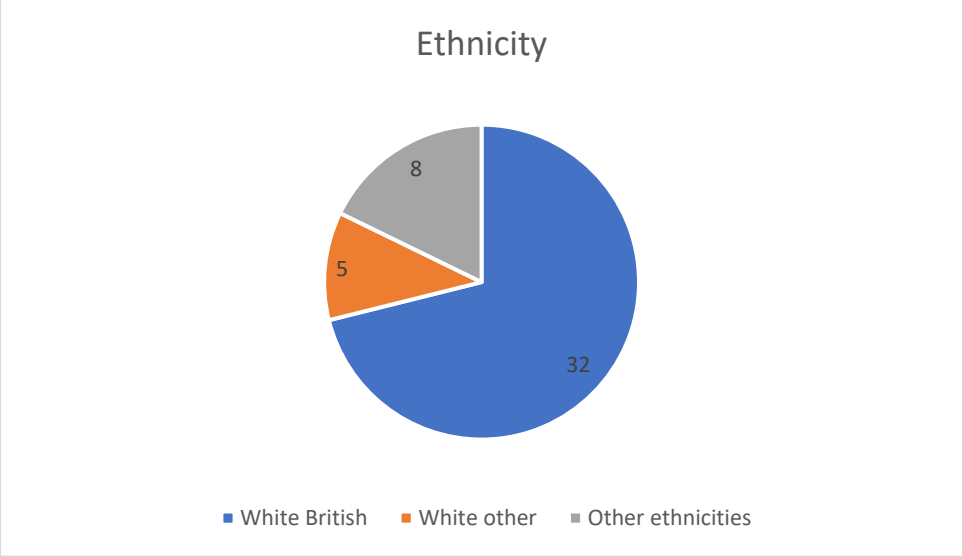


Figure 2: Ethnicity of Empower participants

4.2 Impact and outcome data

Empower monitored the impact of the programme using the Child Outcome Rating Scale (CORS) (Casey et al., 2020) and the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) (Fat et al., 2017).

4.2.1 Child Outcome Rating Scale (CORS)

The CORS is a four-item session-by-session validated measure designed to assess areas of life functioning known to change as a result of therapeutic interventions (Casey et al., 2020) and is completed by *Empower* participants at each session. CORS measures: distress, interpersonal wellbeing, social role, and overall wellbeing through scales - four 10cm lines with smiling and frowning faces either side of the line - which children are asked to mark (see Appendix D). Marks closer to the left (the 'frowny' face) indicate lower levels of wellbeing and those closer to the right (the 'smiley' face) indicate higher levels of wellbeing.

The score for each scale is determined by how far along the scale each mark is, for example: 3.3cm = a score of 3.3 (with 10 being the highest score for each scale). The four scores are added together for a total overall score out of 40.

This measure was taken **weekly** after each *Empower* programme session. Figure 3 displays the mean CORS score of the cohort at each week of programme delivery.

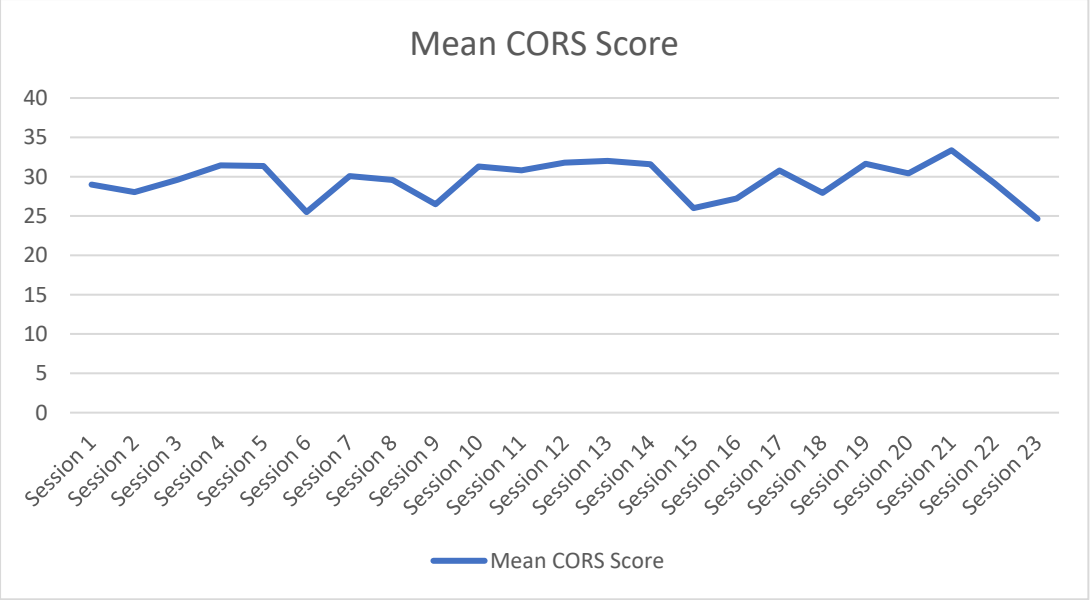


Figure 3: The weekly mean CORS scores of Empower participants across the course of the programme

The mean CORS score in week 1 was **29**, in week 12 was **31.78**, and in week 23, the final week that data was recorded, **24.64**. However, it is important to note that these weeks, and the weeks in between, contained a large number of missing data points, with only 22 out of 46 participant scores recorded in week 1, 18 participant scores recorded in week 12, and 14 participant scores recorded in week 23. When including only the 10 participants who recorded a score in both week 1 and week 23, the mean CORS score decreased from **27.3** to **25.9**. The small sample size and high level of missing data points mean it would be misleading to attempt to draw conclusions from this. However, the lack of overall change in the mean scores suggest that further review may be needed to assess the reasons for this (i.e., is this because of the missing data, how this data is collected, or is consideration needed of whether this is the right tool to use for *Empower?*). See further discussion in Chapters 8 and 9.

4.2.2 Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS)

SWEMWBS was developed to enable the monitoring of wellbeing in the general population and allows for the evaluation of projects, programmes and policies which aim to improve wellbeing (Fat et al., 2017). SWEMWBS is a self-report questionnaire. Participants either work through the questions individually or with an *Empower* staff member to ensure understanding of the questions.

Participants are asked to respond to seven items (statements), for example 'I've been thinking clearly', on a five-point Likert scale ranging from 1 'none of the time' to 5 'all of the time' (see Appendix D). Points are allocated based on the number that the participant has selected. A sum of scores on all items gives an overall score. A higher score indicates higher levels of wellbeing. The scoring ranges between 7-35 and participants can be classified into the following categories:

- Low (7-19.9)
- Medium (20-27.9)
- High (28-35)

This scale was completed by *Empower* participants every 6 weeks in order to monitor changes in their wellbeing. This was completed in weeks 1, 6, 12, 18 and 24 on completion of the programme. Figure 4 shows the mean SWEMWBS scores for the cohort at week 1 (**21.06**), week 6 (**23.43**), week

12 (**25.77**), week 18 (**24.15**) and week 24 (**23.29**). At the halfway point of the programme, mean participants' SWEMWBS score had increased by 5.71 points from week 1, however this mean score decreased by 2.48 points by the end of the programme. The mean score increased by 2.23 points from the beginning to the end of the programme. The mean SWEMWBS score remained in the 'medium' category throughout.

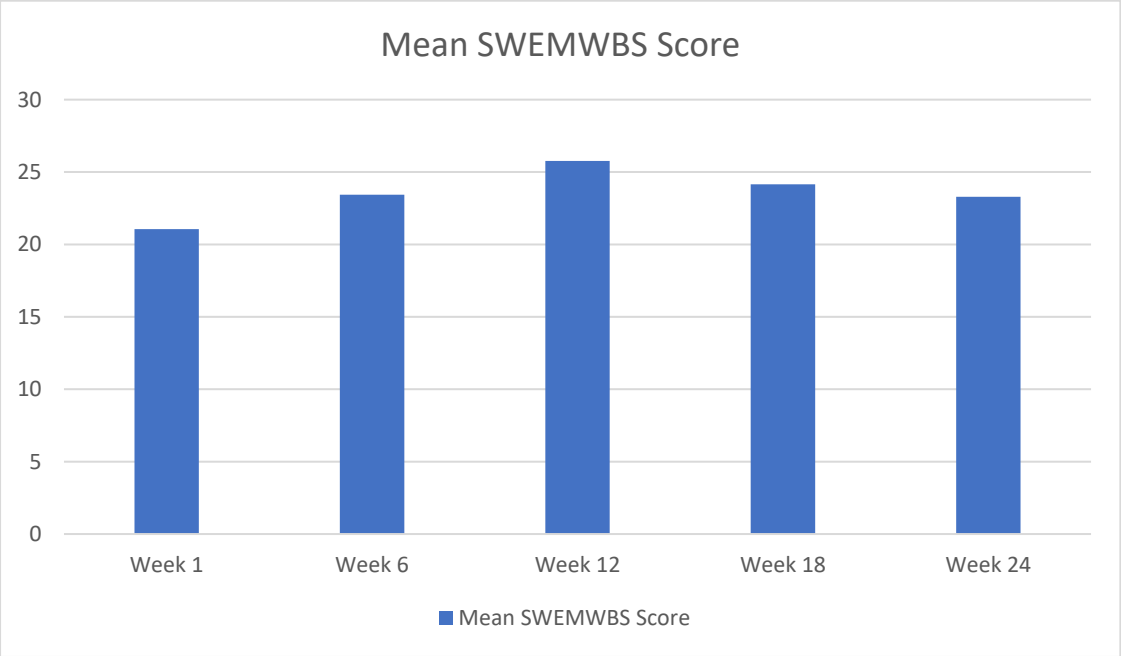


Figure 4: The mean SWEMWBS scores of Empower participants in weeks 1,6,12,18 and 24 of the programme.

Figure 5 depicts the percentage of participants classified in each of the 'low', 'medium' and 'high' categories at the beginning of the *Empower* programme (Week 1), at the halfway point of the programme (Week 12), and at the end of the programme (Week 24).

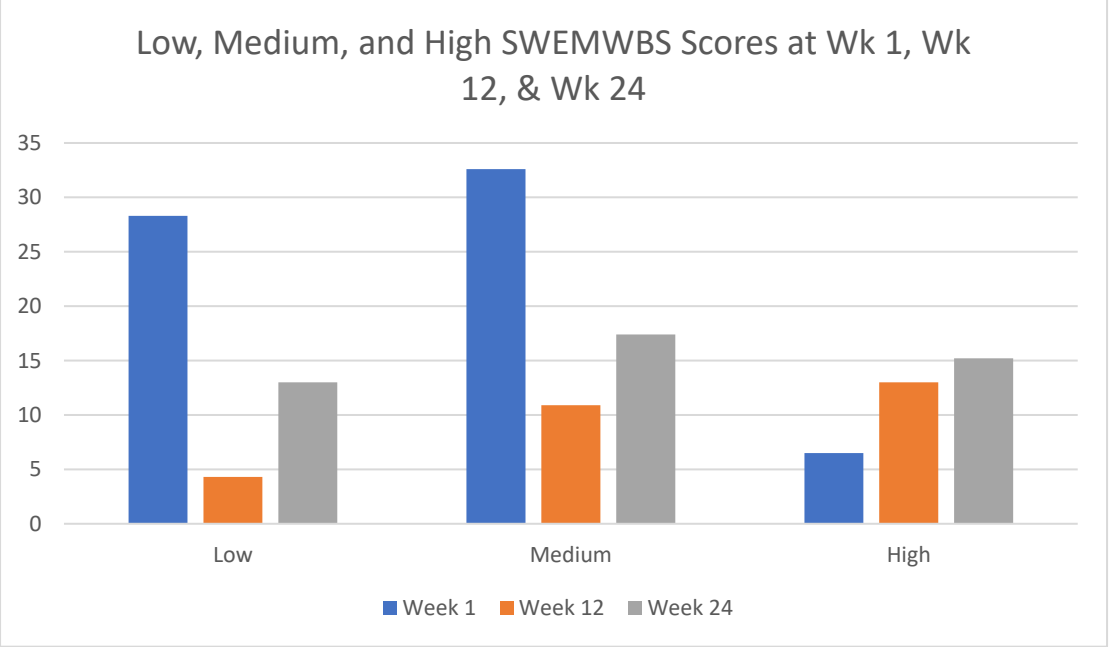


Figure 5: Low, Medium, and High SWEMWBS Scores at Week 1, Week 12, and Week 24

From the beginning of the programme to the end of the programme, the percentage of participants scoring in the 'low' category for the SWEMWBS dropped from **28.3%** to **13%**, while the percentage of participants scoring in the 'high' category increased from **6.5%** to **15.2%**. This suggests an increase in mental wellbeing across the cohort from the beginning to the end of the programme. However, it is important to note that due to missing data points, the total number of participants included in these statistics varied, with the week 1 percentages based on 31 participant scores, week 12 on 33 participant scores, and week 24 on 25 participant scores. Additionally, when including only the 10 participants who recorded a score in both week 1 and week 24, the mean SWEMWBS score increased from **21.64** in week 1 to **22.57** in week 24. The small sample size though, again means that conclusions cannot be drawn from this.

4.3 Conclusions

The secondary data from *Empower* gives some indication of increased mental wellbeing of CYP from the beginning to the end of the programme, as measured using the SWEMWBS (see 4.2.2). However, the high level of missing data (only 101 out of 230 potential data points were recorded) mean that conclusions cannot be drawn from this. The lack of overall change demonstrated by the CORS scale (see 4.2.1), as well as the missing data (434 out of 1058 potential data points were recorded), raise questions as to its accuracy and suitability for *Empower*. Overall, the lack of evidence of impact from both SWEMWBS and CORS data runs counter to the wealth of positive impacts described by participants in the qualitative data collection (Chs 5-7). There is also the question of whether the 'data burden' can be justified (i.e., the time and effort required by staff and participants to collect this data), or if it should be reduced. The need to consider whether, when and how these tools are used by *Empower* in the future, and how any data collected is used, is discussed further in Chapter 8.

5. Findings – Recruitment and accessibility

5.1 Summary

Chapters 5 to 7 summarise the findings from semi-structured focus groups and interviews with children and young people attending *Empower* sessions (n=28), parents and carers (n=14), programme staff and psychotherapists (n=5), and referrers to the programme (n=2). Throughout these three chapters we draw on relevant focus group and interview data from across these groups.

In this chapter we summarise the findings from discussions regarding the time prior to the start of the programme. The chapter starts with a summary of key points before presenting more detailed findings in relation to recruitment of participants and the accessibility of the programme.

Key points:

- Schools were a key source for recruitment to the programme, either through specific referrals via a member of staff at the school (e.g., a Special Educational Needs Co-ordinator (SENCo)), general circulation of recruitment material to all pupils, or via the *Positive Minds* programme, also run by Watford FC CSE Trust.
- Mental health stigma, misconceptions about the programme's content and structure, and reluctance and resistance from CYP to attend were identified as challenges to the recruitment of participants.
- Future engagement with local people and communities is key to breaking down stigma and misconceptions about the programme.
- The link with Watford FC gave status to the programme and helped to make it more appealing to CYP.
- The referral process was considered to be accessible and flexible by referrers and parents and carers, and the programme provided a support option for both those who were on waiting lists for other services and those who were already accessing other forms of support.
- *Empower* staff identified challenges relating to the length and format of the referral process which they are aiming to improve for future cohorts.

5.2 Recruitment pathways

Many children and young people (CYP), and parents/carers, said that they had heard about *Empower* through their school. For some this was through specific referral from a member of staff at their school (e.g., their Special Educational Needs Co-ordinator (SENCo)), for others it was through more general information on the programme, for example through a school newsletter. Additionally, some participants became aware of *Empower* through engagement in another programme that Watford FC CSE Trust deliver to Year 6 pupils (aged 10-11) in primary schools across Hertfordshire called *Positive Minds*, which aims to engage and increase awareness around mental health through a 10-week classroom-based programme. One parent referred to this as their child having already done *'a mini-programme of it'* at school before attending *Empower*; an *Empower* staff member described the opportunity that *Positive Minds* provides to raise awareness of the *Empower* programme:

> *'So…when I go into the schools, Empower is actually advertised on the back page of the [Positive Minds] book, and I always talk about it at the start or at the end [of sessions]. And say to them, look, if you want to get additional support … Because in the classroom setting, in schools, it's an hour and they're sitting in the classroom, they will have their books, and there isn't any physical activity at all… There's a lot more one-to-one contact, so [I say] if you do have anything personal that you are struggling with, you can come to [Empower].' – Empower* staff member.

Additionally, one location in which the *Empower* programme is delivered is a school with which *Empower* has created a strong referral and recruitment pathway for pupils attending that school. Other participants reported becoming aware of *Empower* through social media ('*My auntie saw it on Instagram*'), and through referrals from family support workers.

5.3 Recruitment challenges and enablers

Mental health stigma was identified by *Empower* staff as a key challenge to recruitment of children and young people to the programme, particularly in relation to diversity:

> *'So, for example… looking at the black community, mental health is a stigma term. So if we're going into those communities with a mental health project, how is that perceived then? Do they want their young people to be, I guess, stigmatised with that, or labelled with that? And the same with - similar with another number of other communities.' – Empower* staff member.

> *'In terms of ethnicity, we aren't very ethnically skewed, so mainly we have white British, and then after that it's either mixed or Indian, or from South Asian background. So we need to do better in that space. What we are looking to do, I guess, in terms of improvement, is how is mental health perceived in those spaces?' – Empower* staff member.

Another challenge identified was reluctance and resistance to attending *Empower*:

> *'there's been a couple of children who I know, and parents agree, that they would really, really benefit, but we can't get the child there, can't get them to buy into it. And so that's frustrating when you know that it would be wonderful for them, but they're not prepared to put themselves out of their comfort zone for that initial session'.* – Referrer to *Empower*.

> *'I think in our case, he was really reluctant to come and said …"I won't know anybody and I'm going to feel silly", and just out of his comfort zone completely. So he was really reluctant and he said "I think it will probably be rubbish, mum, and I won't want to go back". So I kind of had to really encourage him to do the first session, and then after that first session… he's just been joyous every week, just really looking forward to it.'* – Parent/carer.

In the example above, enjoyment of the first *Empower* session enabled the young person to overcome their reluctance to attend and to stay engaged in the programme. This is discussed further in relation to retention of participants in the programme in section 6.4. Engaging with local people and communities (discussed further in chapter 8) was deemed essential to effectively addressing mental health stigma:

> *'It's about how do we position ourselves, and maybe do we have to change wording to go into certain communities? Where do we get our referrals from? So we're looking more now at getting into community groups and community spaces, so that we are targeting those certain communities, rather than just going to schools… I think maybe the word 'mental health' might not be used, and maybe it's about wellbeing, maybe mindset. But also, I think it's not about us assuming what we think will be best but going into those communities and talking to them. So working with our EDI [equality, diversity, and inclusion] lead to just look at what do those communities want, and what does that look like for them? And what's the connotation of 'mental health' in their community?'* – *Empower* staff member.

In addition to the importance of breaking down stigma and misconceptions about the programme, the connection *Empower* has to a professional football club was noted by some as giving status to the programme and helping to make it appealing for children and young people, and their families:

> *'The link with Watford Football Club is good, because we're quite a football household, so we watch a lot of football and so that's quite nice, because it draws it in and makes it… It's kind of a bit of weight behind it as a brand'*. – Parent/carer.

> *'I thought it actually sounded brilliant, because even just being under the umbrella of Watford Football Club means something to the children, so that it's not like going to an unknown…service. It's got a little bit of status to it, from a child's point of view, and then the fact that it's the whole mixture of the physical wellbeing, and the emotional wellbeing'*. – Referrer to *Empower*.

The 'mixture' of physical and emotional wellbeing mentioned here is further discussed in section 5.4.2 in relation to the accessibility of the *Empower* programme.

5.4 Accessibility

5.4.1 The referral process

Two referrers to the *Empower* programme took part in this evaluation – one school-based, and one based in a community social care service. Both described positive experiences of referring children and young people to *Empower*:

> *'I think it works well, because so far, I never came across any problems or parents who said "no, it's not [right for my child], I can't do this"… I honestly didn't find any challenges. It was straightforward, and the parents didn't comment on this.'* – Referrer to *Empower*.

One referrer highlighted the responsiveness of the *Empower* programme team and engagement with parents and carers:

> *'We've got a pastoral team… we meet fortnightly and we go through any children… we're worried about, or we've been working with, and we then decide if there's anyone who we feel would benefit from the [Empower] programme. Then at that point, we would contact parents and say "we think this might be good, what do you think?". We also just send the blanket information to all children who are Year 4 and above… if you think this is something your child may benefit from, then you can either contact [Empower] directly or contact them through the school… [Empower staff] are very quick to respond, and so any queries we've had, [they've] replied within a day. As soon as [they] receive the referral, [they] straightaway engage with the parents.'* – Referrer to *Empower*.

The flexibility of the *Empower* programme team was also highlighted by the second referrer as an important aspect in the accessibility of the programme:

> *'I think [Empower] is accessible, and it's quite easy to access. Even if… the session[s have] already started, and a week later I'd got a child who I feel that will benefit… I just asked [Empower staff member] "have you got any place on your current project?". And [they] always comes back like "yes, we have a place, we have two places". Sometimes children do start a week later, or two weeks later.'* – Referrer to *Empower*.

Whilst children and young people, and parents and carers, did not raise concerns with the referral process, *Empower* staff identified challenges with the referral form and the impact these may be having on the accessibility of the programme:

> *'the [referral] form is very long, so it's about eight to nine pages, which could be daunting for people to fill out, especially the elements that their young people have to fill out, and they have to fill out with their young people. So that can be very daunting… another challenge is the form is… You're supposed to be able to fill it in digitally, but it seems like a lot of people can't do that, whether they don't have a laptop or they are using a phone, because it's a PDF sometimes we struggle with that and getting the forms back. – Empower* staff member.

Plans were already underway to address these potential barriers to accessibility for future cohorts:

> *'In the [referral] form we have… our media policy, our consent and maybe that could be done after, or on the first day... So that the form is just focused on the projects… so that it doesn't seem like such a burden just to get into the programme… if it was an online system… that's challenging with the scales that we have on there. But if we could do that digitally, and you could just send a link to people's phones and they can fill it out, that would be so much easier than what we're currently doing. And it might mean that we get more referrals, because it's easier to do and more inclusive and accessible.' – Empower* staff member.

5.4.2 Other services

The accessibility of the *Empower* programme was also discussed in relation to the wider context of mental health support for children and young people. Some children and young people attending *Empower* expressed their expectations that *Empower* would be 'like therapy', for example, one young person said *'do you know therapy? I thought it was going to be like that.'* Referring to the previously noted discussion of mental health stigma as a barrier to accessibility of the *Empower* programme (see Chapter 5), a member of *Empower* staff described the difference between preconceptions of the programme and reality:

> *'when you explain what the project is, it's not necessarily that we are using CBT [cognitive-behavioural therapy] or talking therapies, or anything like that. It's very light touch for the young people to better explore their emotions and understand themselves better. But if you explain it like that, it seems like a lot [of a] different programme to what people might assume it is, when you say "mental health".' – Empower* staff member.

Some children and young people attending *Empower* were doing so alongside other forms of support such as one-to-one talking therapies, or when they were unable to access other mental health support services at a time of increased need and limited capacity and funding (see Chapter 3):

> *'I think, very sadly… [in] my own role I'm seeing a real increase in anxiety from children in that [Empower] age group. And, sadly as the system is, it feels like unless you're really, really extreme, there's not a lot of support particularly available, and there just isn't the funding. And… if parents want to seek support privately, that can be pricey for them. So [Empower] feels a nice space… that's needed'. - Empower* staff member.

> *'I think [Empower is] very needed. There is more [CAMHS] support growing out there, but, obviously, it's not always accessible. Even in schools now, the support that's available is not always accessible for children. So I think having community options, something that's engaging in activities, but also is supporting their mental health, I think is absolutely fantastic.' – Empower* staff member.

Additionally, *Empower* was viewed as a unique offering in comparison to other local services and mental health support for children and young people:

> *'I haven't really got that much comparison, because the other external providers we use tend to be working on a one-to-one, rather than a group and working more just with the emotional wellbeing… And that's what I like about Empower, is that it's physical and emotional at the same time.'* – Referrer to *Empower*.

The group setting, and use of physical activity and sport are suggested here to be key benefits of the *Empower* programme, alongside mental health support.

6. Findings: Programme delivery

6.1 Summary

In this chapter we summarise the findings of the evaluation in relation to the delivery of the *Empower* programme. We outline expectations of *Empower* before reviewing the experience of *Empower* for CYP and their parents and carers, as well as the programme structure and retention to the programme. We also review the findings in relation to impact and outcomes of the programme.

Key points:

- Fear of not 'fitting in' and other social concerns characterised CYP's expectations of *Empower*. While the connection to Watford FC had a positive impact on recruitment, it also led to some misconceptions of *Empower* as being purely a sport and/or football focused programme.
- CYP, and their parents and carers, described an overall positive experience of *Empower*, including the nature of the sessions, the role of the staff, the accessibility of the programme, and the acceptance that participants felt once they had begun attending.
- Retention was a challenge for programme delivery, and this was attributed to several factors, including travel difficulties (e.g., some venues being difficult to reach by public transport) and adverse personal or family circumstances (e.g., parent or carer illness).
- *Empower* participants and their parents and carers reported a positive impact on mental wellbeing, related largely to three areas: understanding and communicating emotions, confidence and self-efficacy, and emotional control, as well as a positive impact on their home and school lives as a result.
- Strong friendships and relationships with both other CYP and *Empower* staff were also reported as a positive impact of the programme, however concerns were expressed as to how this would be maintained after the end of the programme. Healthier lifestyle choices were less reported as an outcome, although some CYP described more confidence in engaging in sport and physical activity.
- The type and level of information provided to parents and carers, particularly to enable them to better support their child during and after the programme, was identified as a potential area for programme development. In addition, changes to the structure and format of the wellbeing workshop component were suggested in order to meets the needs of a wide range of CYP.

6.2 Expectations of *Empower*

Many children and young people described feeling nervous before their first *Empower* session:

> *'I was very scared because I feel like people wouldn't like me and they would make fun of me'*, another said, *'I felt worried…you don't really know what they're going to think of you'*. - *Empower* participant

> *'my thoughts, when I first came here, was "how am I going to make friends? How am I going to meet people? How are they going to act? How am I going to act?" Because I have things where I just cut out from the world. And I also thought, what if the teachers, I mean the leaders…were judge-y and strict'. – Empower* participant.

Children and young people's fears often centred around their acceptance (or potential non-acceptance) by their peers, and related social concerns. Regarding the content of the *Empower* programme, some said they *'knew about the sports, but not about the booklets'* (booklets here refers to the wellbeing workshop component), whilst others said they had thought that *Empower* sessions were *'not sports'* but instead *'individual talk'* or an overall focus on mental health support without a physical activity component. Some said that they had worried that *Empower* would be *'boring'*, some thought it would be *'fun'* because they *'love sports'*, whilst others who had been aware of the sport or physical activity element prior to attending had initially viewed this more negatively:

> *'I thought there was going to be just like an extracurricular activity, where you just kind of have like PE coaches, yelling at you to do, like, I don't know, … around the sports hall, or something'. – Empower* participant.

Empower staff noted that some of the children and young people attending the programme had expected it to be a sports club. For example, a member of staff reported being asked, *'I thought my parents told me I was here for a sports session, why have I got a book?'.* Staff also reported that some participants had expected *Empower* to be a 'football club' because of its connection with Watford FC. So, while this connection was deemed a positive in making *Empower* more appealing for some children and young people (see 5.3), it may potentially also contribute to misconceptions which need to be clarified.

6.3 Experience of *Empower*

Children and young people who completed the *Empower* programme, and their parents and carers, described an overall positive experience. For example, one young person said, *'it's been amazing'*, whilst another said, *'I don't know how to explain it, but it's just been outstanding'*. Another described how their experience of the programme addressed concerns about social acceptance as discussed above:

> *'I enjoy coming here, because it's like a place where you can be yourself, and you don't have to have these walls, in order to… You can be yourself and no one will be judgemental.'- Empower* participant.

This enjoyment of the programme by the children and young people was further demonstrated by their sadness at its ending and desire for follow-up support (see 7.2). Parents and carers also described an overall positive experience of the programme, especially after previous difficulties in finding support for their child:

> *'I can send my child [to Empower sessions], knowing that he's going to be accepted, even with his behaviours and that they can handle it'*. – Parent/carer.

Other parents valued *Empower* as *being 'a mixed bunch of children from all over'* as opposed to *'another club within the school with the same children'.*

Other contributors to this positive experience of the programme included the role of the staff, who were labelled *'fabulous'*, *'amazing'* and *'fantastic'* by parents and carers in relation to their responsiveness and availability when queries or concerns are raised, as well as the supportive relationships developed with children and young people.

6.4 Programme structure and retention

From the perspective of the *Empower* staff, one contributor to the success of the programme for this cohort was the development of *Empower* from a 48-week programme in previous cohorts, (24 sessions: 12 consecutive weeks followed by six fortnightly sessions and then six-monthly sessions) to the 24-week programme we evaluated, with consecutive sessions every week. On this development, one staff member said:

> *'what we noticed and realised, was that there was usually a significant drop off once it became fortnightly and monthly. And there's a lot of confusion for parents and for kids, as to what date they were supposed to come, etcetera. And literally, the moment we started, I think it was in January when we changed it to 24 weeks straight, we've just seen the consistency improve a lot better. It's a lot easier to stick to when you know it's every single week, and it's not going to change.' – Empower* staff member.

However, retention of participants in this cohort, even with the condensed 24-week format, was still a challenge for programme delivery. Reasons for this were difficult to identify in this evaluation because it wasn't possible to follow up with those CYP (or parents and carers) who dropped out from the programme. However, CYP and parents and carers of those who graduated identified the running of the programme through the school holidays as a common reason why they missed some of the weekly sessions. Additionally, *Empower* staff cited travel difficulties (e.g., some venues being difficult to reach by public transport) and adverse personal or family circumstances (e.g., parent or carer illness) as reasons why some participants had dropped out from the programme. The age range that *Empower* accommodates was also identified as being a challenge to retention by both staff and parents and carers, particularly when one child was considerably older or younger than the rest of the group:

> *'When it's more evenly spread, it's definitely less of an issue… both of them were 12, almost going 13… And the rest of the group were ten years old… they stopped coming and they tried to come again every couple of weeks, but you could see it just wasn't for them, because it was just such a massive difference.' – Empower* staff member.

Those CYP who did continue to attend, and graduated, described a high level of enjoyment, and feelings of safety from the programme, which made them want to keep coming back to every session, and said that they only missed sessions when they *'had to'*, such as when going on holiday or when their parent or carer was too unwell or otherwise unable to take them.

Both CYP and parents and carers at one programme delivery location noted that the room that the sessions were held in changed during the programme, from the sports hall to another assembly-type hall and/or drama studio, due to being *'forced out by other clubs'*. This appeared to be unsettling for

some, and some parents and carers noted that this was a challenge for their child: '*that impacted on my son being a little anxious, like…what's happened, we're moving… He was a bit unsure if it was just going to be normal or not'.*

6.4.1 Staffing and support for parents and carers

The specific attendance and role of the psychotherapists at *Empower* sessions was highly valued by *Empower* staff, as well as parents and carers. The collaborative engagement of both coaches and psychotherapists in the running of *Empower* sessions was reflected on by this staff member:

> *'I think it's also helpful that we have two coaches and the therapists for each session, so that, obviously, the therapists are in their professional role, know exactly how to look after them, for their behavioural mental struggles. And we do our best to take part in encouraging them to do the sports side, as much as possible.'* – *Empower* staff member.

Parents and carers also said that the one-to-one conversations that they were offered by the psychotherapists were particularly helpful, and that they would have liked to have had further opportunity for this. In relation to staffing, some CYP at one programme delivery location noted changes to staffing during the programme and the impact that had for them: *'sad, because if you like them, or yeah. If they're fun, that's sad'*.

Additionally, parents and carers expressed a desire for more information about the programme during its running so that they can feel better able to support their child both during the programme and after it has ended:

> *'I felt that maybe some of it was confidential, and that's why it wasn't being shared with us. And, obviously, like just mentioned, we had that session with [psychotherapist] and that was helpful, so it gave us a bit of insight. But, yeah, I don't feel like there was maybe any suggestions on what we could be doing in between.'* – Parent/carer.

> *'…as far as regular information with things going on and stuff like that, they've been very informal with what they want to tell us, so yeah… that would be a real big help, because then obviously if they've worked really hard to give him these techniques, I could then help him while I'm at home to use them techniques.'* – Parent/carer.

This need for further information for parents to better able them to support their child or young person at home during and after the programme was also identified by members of *Empower* staff, who discussed ideas and plans that they are currently developing in relation to this:

> *'I think workshops for the parents, so really getting them more engaged in the process, so that if they did leave Empower, we might not need to have an after-session, because we've equipped parents with the right skills, and young people with the right skills that they can now continue that learning outside… what I was thinking is, either week one where you can do just basic mental health awareness, then week six and 12. So we see them every six weeks, and they get to learn some of the skills and how to support their young people at home… But also we could give them that extra support as well. So, for example, not just the workshops, but … 'this is what your young person learned today'…whether that's video format, newsletter format, whatever that looks like. So giving them weekly support, but also offering those deeper touch points.'* – *Empower* staff member.

6.4.2 Wellbeing workshop structure, format, and content

The wellbeing workshop component of the sessions is delivered in the first 30 minutes, and CYP each have an individual workbook in which they cover a different topic each week and fill out the relevant sections of the workbook. Some CYP said they *'really like[d] the books'*, *'writing it down [their feelings] really helps'*, and that they enjoyed some of the tasks and topics the workbook included, for example *'my favourite one was the island one, which was really fun'*, which referred to a task in which the CYP were asked to choose three things they would take to a desert island.

However, some CYP found the wellbeing workshop component *'boring'*, because *'it's writing, and I don't like writing'*. Although others said that they liked writing things down because *'no one can see it'*. *Empower* staff also reported varied levels of engagement with the workbook across groups and challenges to managing the group dynamic, particularly if some CYP wanted to spend longer on the workbook but everyone else was finished and wanted to move on to the sport and physical activity component. The incorporation of more interactive tasks beyond writing in the book was suggested as a way to improve engagement with the wellbeing workshop:

> *'I suppose you have to capture something maybe, and maybe that's why the booklets are used, to try and capture the outcomes, to show evidence…but I'd like to see some more activities that… don't rely on sitting and writing down, more, I suppose, experiential activities that they're actually doing the skills that we're talking about, would be beneficial for some of them. And they might be able to access it a little bit easier, I think.'* – *Empower* staff member.

6.4.3 Physical activity and sport component

The physical activity and sport component of *Empower* was positively regarded by *Empower* participants, who conveyed great enjoyment of it. Participants positively reported having a level of autonomy in deciding which activities or sports were played in each session and portrayed the sessions as *'fun'*. A potential area for development of this component identified by parents and carers at one *Empower* location was opportunities to conduct this part of the session outdoors:

> *'The other thing [child] enjoyed… Because in the nice weather, it is nice for them to be outside, rather than be in the hall… I think that's quite beneficial for them to be outside as well, doing the sports, rather than having to go in the hall.'* – Parent/carer.

At this location, the opportunity for the group to do the physical activity and sport component outside had happened accidentally due to an issue with the school being locked. However, this was viewed as a positive opportunity by the parents and carers of the group.

6.5 Impact and outcomes

6.5.1 Mental wellbeing

The impact of the programme on mental wellbeing of the CYP was discussed by CYP, parents and carers, staff and referrers and related largely to three areas: understanding and communicating emotions, confidence and self-efficacy, and emotional control. Some described how *'writing down'* or talking about their feelings and emotions helps and communicated how they felt more able to do that across the course of the programme. Increases to confidence and self-efficacy were reported widely across the CYP that took part in this evaluation:

'Yes, because I like it, because it actually improves my confidence. Because last time, I didn't go to school that much because I was like, nervous and worried somehow, but now I'm confident.' – Empower participant.

'So I - when I used to be little, and I kind of still am… I used to be really shy… If anyone would ask me to come play, I would be like 'no, sorry', I'm really shy. Then minutes later, I'd be like, 'oh, I should have went with them'… and then once I've came here, it's actually helped me a lot, because once my friends say, I've heard friends say, 'do you want to come and play with me'? And I'm like, 'yeah, sure', because I know that I'll have so much fun.' – Empower participant.

Additionally, many CYP also reported being better able to control their emotions, having learnt ways of doing so through their attendance at *Empower*:

'It's helped me with my anger, because before I would sometimes go through these anger phases, where I'd just get a bunch of anger built up, and I would just lash out at people. And it's like helped me conquer that'. – Empower participant.

'I used to get really angry, and sometimes threaten people when they were unkind to me. But I think now I'm just a lot more calm, and I'll either walk away or just be quiet, and just stare at whoever is being unkind to me. And kind of think, or let them think that I don't really care, and that they can just stop.' – Empower participant.

Some participants, and their parents and carers, also noted that these impacts on mental wellbeing had helped them at school, particularly in relation to their behaviour, and at home in relation to the impact on the whole family. An *Empower* staff member reflected:

'It's nice to see how much of an impact that's made in their other parts of their lives, like, their ability to go to school a bit easier' – Empower staff member.

Moreover, some participants described how they used the strategies and techniques they learned at *Empower* at home or at school:

'It's helped me and my mum, because a few weeks ago we did the breathing exercise, so because I have three siblings, it makes me angry quite a lot. So it's easier, because I have the breathing exercises.' – Empower participant.

6.5.2 Social support networks

CYP described building strong relationships with both the staff and other participants during the programme, and parents and carers described the benefit of them being able to *'meet people outside of the school environment'*. Referring to the staff and other participants, one CYP said:

'I've had more of an advantage of making new friends, because all these people have been really kind, and it's making me have the confidence to go to a new Empower where there's bunches of new people, and they might be just as kind as we are here.' – Empower participant.

In relation to staff, CYP described overall positive relationships, for example saying that *'everyone's like really funny and they're really helpful'*, although there were some negative comments about staff, mainly in relation to being *'told off'* or other behaviour and discipline related issues. Making new friends was an important outcome of the programme for many of the CYP, and the social support networks they built with both other participants and staff were valued by parents and carers too. Some expressed concern as to whether these relationships and support would or could be

maintained after the programme ended, and *Empower* staff reflected on this and how they might be able to better support these relationships to continue:

> *'I would say it could do more in terms of really homing in on those friendships that they make in Empower, and how to continue them after, whether that's connecting parents together. Your two young people had a great connection during Empower, it would be great if they had playdates or did things together outside, because they seem to do well together. I would say - but it allows them to create good networks within the group. It's just whether they continue them after… whatever that looks like.' – Empower* staff member.

6.5.3 Healthier lifestyle choices

Healthier lifestyle choices were an expected outcome of *Empower* but were not widely reported in this evaluation. Whilst participants voiced their enjoyment or *'love'* of the physical activity and sport component, very few reported changes to their physical activity and sport engagement beyond attending *Empower* sessions, which one CYP said felt like *'exercising without exercising. Having fun'.* However, some, who had not been keen on sport before the programme, reported that attending *Empower* helped them to be more confident about participating in sport and activity:

> *'I've done more sport here, to get more into it, and I realised that I actually enjoy sports, so I've been doing it outside of Empower.' – Empower* participant.

In relation to the reporting of impact and expected outcomes from the programme, an *Empower* staff member reflected:

> *'healthier lifestyle… I don't feel like that's now appropriate for Empower. That's not something… that shouldn't be an indicator, an outcome of our project, because it's not what we target, it's more about mental health, wellbeing, social networks…resilience.' – Empower* staff member.

6.5.4 Monitoring and evaluation measures

Regarding the monitoring and evaluation data collected by the programme (see Chapter 4 for details), *Empower* staff reflected on how that data is used:

> *'if people haven't improved, that doesn't necessarily mean the project hasn't worked, but is something else wider going on that we now need to support parents with?... right now we use it for… our funder, to showcase that there's improvement, but for those that haven't improved, how do we use that data? And how do we feed that back to the family? I think there could be more work done there… it's just the data we currently have, how do we use that better so that it's effective? And then once we do that, we can see do we need less or more?' – Empower* staff member.

Monitoring and evaluation is discussed further in Chapter 8 of this report.

7. Findings: End of programme and follow-up support

7.1 Summary

In this chapter we review the findings of the evaluation in relation to the end of the programme and what happens after it has ended. The chapter starts with a summary of key points before presenting more detailed findings in relation to end of programme challenges and concerns, and interest in and opportunities for follow-up support for *Empower* graduates.

Key points:

- CYP who graduated from *Empower* expressed sadness at the end of the programme, and their parents and carers voiced concern about the loss of support and structure that it entails.
- There was a high level of interest in follow-up support for *Empower* graduates from CYP, their parents and carers, and referrers to the programme.
- Participants in this evaluation discussed two potential options for follow-up support: a continuous 'drop-in' style support available for graduates whenever they wished to attend, or more structured support offered at regular time intervals post-graduation.
- An overall preference was conveyed for structured support offered at regular time intervals post-graduation, as a 'drop-in' style could present logistical challenges for staff, as well as for participants.
- The *Empower* team are in the process of developing a plan for one or two-day follow-up 'camps' held for graduates from the programme 2-4 times per year in the school holidays.

7.2 End of programme challenges & concerns

At the end of their *programme*, many young participants expressed sadness that their time with *Empower* was coming to an end. One young person said, *'I'm going to miss this place'*, another stated *'I want Empower to be longer'*, whilst another said *'I love Empower! I would sleep here if I had to and wait for the next day'*. Additionally, some parents and carers of participants in the programme voiced concern about the programme ending:

> *'[Empower] has just helped him… But I think, for him, losing this as well is going to be really hard, because it's going to put him back in the environment where he hasn't got the people that understand him… so, yeah, for me, … [I now need to] find him something else for him to do'.* – Parent/carer.

Participants discussed the potential loss of the social support networks children and young people had gained at *Empower*. This fear of losing the benefits and positive impacts of attending the programme was also recognised by staff:

> *'Their parents, they almost don't recognise them, because how they've started from six months ago to where they are now is a massive change… I think that's the reason they want Empower to keep going, is because they don't want that to end. They want to see their child develop more, and they don't want their child to go back into a shell, being less confident than they were before'.* – *Empower* staff member.

Consideration is needed on how the end of the programme, and the loss of support and structure that this entails, is managed and how children and young people can be supported by their parents and carers and *Empower* staff.

7.3 Follow-up support

7.3.1 Interest

The *Empower* programme team have begun to explore potential ideas and options for providing follow-up support for those who have graduated from *Empower*, having identified the end of the programme as a challenge of its delivery:

> *'That end bit…because there's not a lot in Hertfordshire for that age group, and [which] also uses sport and mental health. So, they could go into a mainstream mental health service or a mainstream sport [programme], but then they are missing some key elements that they got from Empower'.* – *Empower* staff member.

The end of the *Empower* programme, and associated risks of loss of benefits and impact gained was a driver for interest in follow-up support from parents and carers, and children and young people. For example, one parent/carer said, *'it seems difficult to find something that can replicate [Empower]'* and a young person said, *'I want to stay over another whole year'*, whilst another said, *'I want to start Empower again'*. This interest in follow-up support was recognised by *Empower* programme staff, who had noted feedback from parents and carers seeking further support:

> *'I know lots of parents say 'oh, they want to do it again, is there anything else?' They do feel a bit 'ooh, now that's stopped what are we going to do?' Because… [there's] a real need for this, and there's not much else [out] there. So that gap is there… I think there's definitely a need [for a service like Empower]'.* – *Empower* staff member.

7.3.2 Opportunities

Discussion of follow-up support to the *Empower* programme centred largely around two potential formats. The first being a continuous 'drop-in' style format that would be there on a weekly, fortnightly, or monthly basis and available for previous *Empower* graduates whenever they wanted to utilise it. The second being a less regular but more structured format with sessions which the cohort of graduates were invited back to at regular intervals throughout the year (e.g., scheduled, structured sessions once every three to four months). Potential benefits and challenges were identified and discussed for both, but logistical challenges to the continuous 'drop-in' option were deemed fundamental:

> *'I like the drop-in style as well because it does allow more freedom for them to know that it's there almost whenever they need it. I think the struggle for us would be, not staffing it, but knowing that one day we might get one kid, or we might be waiting to see if anyone does show up and maybe no one does. And then another day we might have loads, and we might be understaffed… because you can't really manage how many is going to come'.* – *Empower* staff member.

These challenges and concerns regarding a 'drop-in' style described by an *Empower* staff member were echoed from a parent and carer perspective:

> *'Knowing that it's there is helpful… I suppose you worry that if it's a drop-in and you're not signed up to it, somehow you won't get access. So that would be a worry that I'd have – is it going to be full? If we turn up this week but not next week… I'd probably worry about that, so just to know that there is space.'* – Parent/carer.

The challenges and concerns regarding a 'drop-in' style contributed towards a general preference for scheduled, structured sessions at regular timepoints following completion of the *Empower* programme. Within this proposed structure and format, parents and carers talked about the importance of maintaining the central components of the *Empower* programme that had been beneficial to their children and young people:

> *'I think as long as it involved people that he felt were going through the same thing as him, I think that's more of it. That he doesn't feel so outcast all the time. And the sports thing is amazing, because they get to run around, let off steam, be their own people and be involved with each other'*. – Parent/carer.

This parent/carer highlights the importance of fostering social support and connection in any follow-up sessions, something which was also perceived as being *'at risk'* following the end of the programme (see 6.5.2). They also demonstrate the value of the physical activity and sport component, and desire for this to continue in follow-up support sessions, as does the following quote from another parent/carer:

> *'Keeping the sport aspect of it because I think that's what gets them involved together, and enjoying their time together. It's not just about sitting down and talking, and they get to bounce off ideas, and that's how they make friends. Something like that would be good'.* – Parent/carer.

The children and young people who had completed *Empower* tended to express a preference for *Empower* to continue *'the same as it is'*, *'forever'*, or for an extended period of time, due to their enjoyment of the programme. However, the *Empower* programme team highlighted the importance of considering the balance between ongoing support and over-dependence on the programme:

'maybe like a transitional space, not the same as Empower where they come every week, because then, essentially, we're going to handhold them for a long period of time, but a space where they can still drop in and learn'. – Empower staff member.

The *Empower* programme team also stated that they are in the process of developing a follow-up support option in line with the preferred structure and format expressed in this evaluation. This offering would consist of 2-4 *Empower* 'camps' per year, which would be either a full day or two-day structured event held during the school holidays for previous *Empower* graduates.

8. Discussion

Children and young people (CYP), and parents and carers, reported an overall positive experience of *Empower* which positively impacted on their mental wellbeing and social support networks. The *Empower* programme provides an accessible support option for CYP who are waiting for mental health support from other services. It also provides an alternative, through its group setting and use of physical activity and sport, which can complement CYP's engagement in other services and forms of support (e.g., talking therapies, CAMHS etc). Additionally, in a wider context of inaccessibility and a lack of funding, the flexibility of the *Empower* referral process, including the ability to self-refer and accommodation of varied start times, makes the programme easy to access compared to other mental health services, which often have lengthy waiting lists and complex eligibility criteria. The findings from this evaluation demonstrate the need for community-based forms of support like *Empower*, to fill gaps in the mental health support available for CYP, as was also demonstrated by an evaluation of the *Advantage* programme (discussed in Chapter 3), which found the programme's accessibility to be a key part of its success in supporting young people (Spira et al., 2021).

Reddy (2018) highlighted a lack of integration between community, primary care, hospital and mental health services, and with education and social care, along with the 'constant reorganisation & redesign' of services, as having particular implications and outcomes for 'vulnerable' young people including those needing mental health support. From 2021, Integrated Care Systems (ICS) were established throughout England, underpinned by the Health and Care Act 2022, with the aim of improving local services and making the best use of public money through collaboration between the NHS, local councils and other partners including the voluntary, community and social enterprise sector (Dunn et al., 2022) Social prescribing, an approach that connects people to activities, groups, and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing, also provides opportunities for services like *Empower*. The use of, and evidence for the benefits of social prescribing interventions for mental health is expanding, including encouraging results from a small number of studies involving children and young people (Brettell et al., 2022).

The accessibility and need for *Empower* within this wider context of healthcare reorganisation and mental health support for CYP has implications for how it is positioned in relation to other services in the recruitment process, and for the development of recruitment material. This should be clear about how *Empower* differs from more intensive and specialist services, including CAMHS, as well as how it can support engagement with them. Additionally, recruitment material for *Empower* should highlight the connection with Watford FC, which we found facilitated recruitment, as have comparable programmes linked to professional football clubs (e.g., Spira et al., 2021). However, the link to Watford FC sometimes led to misconceptions of the content of the programme, and so recruitment materials should make it clear that the physical activity component of the programme is not football focused.

Future development of the *Empower* programme should further consider how to support and inform parents and carers of CYP participating in the programme. Specifically, how parents and carers can be better supported to help their child put into practice the psychological techniques and coping strategies that they have learned at *Empower*, both during and after the programme. However, careful consideration should be given to the content and type of information given to parents and carers, balancing this with consideration of the CYP's rights to privacy and agency (see Brady, 2020a), so for example providing information on tools, techniques and resources but not disclosing what an individual child has said or written, unless a safeguarding concern has been raised.

Another key area of focus for programme development is the wellbeing workshop component. Consideration and review are needed as to how this could be further developed to better meet the needs of a range of CYP. For example, developing the format and structure to not only include writing tasks but also verbal and interactive tasks. Development of the format and structure of the wellbeing workshops should also consider how privacy is maintained for CYP who do not want to share their thoughts and feelings with the group, and how the workshop could be structured and balanced to be accessible and inclusive for all. Opportunities for delivering the physical activity and sport component in outdoor spaces should be considered as appropriate, particularly in the summer months. The nurturing effects of spending time outdoors are considered instrumental in promoting emotional and social resilience and mental health and well-being in CYP (Jackson et al., 2021; McArdle et al., 2013; McCormick, 2017), and evidence suggests that CYP's outdoor time has been diminishing for a variety of reasons such as barriers to access, concerns about safety, parental attitudes, and competing indoor and digital activities (Thompson, 2011).

Regarding engagement and retention, challenges to retention for this *Empower* cohort included adverse personal/family circumstances, travel difficulties, dates coinciding with school holidays, and difficulties regarding age range. However, it was difficult to gather a comprehensive understanding of the barriers to this in this evaluation as the CYP and parents and carers who took part were predominantly those who consistently engaged and who were still attending the programme at the end. Review and consideration of what, and how, data could be collected and/or recorded regarding barriers to consistent attendance and completion of the programme would be beneficial for future development. In addition, consideration should be given more widely to reviewing *Empower*'s monitoring and evaluation data, assessing the amount and type of data collected, and the timepoints at which it is collected, as well as how data could be more effectively utilised. The secondary analysis of monitoring and evaluation data did not illustrate the level and range of positive impact found in the qualitative data collection. Use of the CORS scale was considered to be laborious and time consuming for staff and participants (as it was collected weekly) but did not provide data that was particularly useful in assessing and demonstrating impact of the programme. Thus, our recommendation is that *Empower* review the monitoring and evaluation tools used to measure impact and outcomes for future cohorts and reduce or streamline data collection if it is of limited use or accuracy and/or the 'data burden' is felt to be too onerous (see 4.2.1).

The monitoring data collected by Empower suggested that more work is needed regarding the reach and engagement of diverse CYP, particularly in relation to ethnic diversity. However, given the issue with data collection we previously highlighted where the CYP and parents and carers who took part were those who consistently engaged, there were barriers to exploring this in further depth. Future evaluations of *Empower*, and use of monitoring and evaluation tools by staff, should seek to further explore and address the challenges to engagement of a diverse range of CYP. Future development of the *Empower* programme would benefit from greater engagement with local people and communities, particularly in relation to engaging CYP from a diverse range of backgrounds. Involvement of young people who have graduated from *Empower*, as well as local people and communities, in its future development would be beneficial to ensure diversity in recruitment and to ensure that the *Empower* programme is informed by relevant lived experience (see Brady, 2020a). Additionally, future evaluations should, where possible, be co-produced with young people who have graduated from *Empower*. For example, this could involve training and supporting young people as young evaluators working alongside an adult research team (Brady, 2020b; Chae-Young et al., 2017; Fleming & Boeck, 2012).

This evaluation identified high interest and need for follow-up support for CYP who have been through the *Empower* programme. Consideration is also needed of how the end of the programme, and the loss of support and structure that this entails, is managed and how children and young people can be supported by their parents and carers and *Empower* staff. As discussed in section 7.3, we found that structured support offered at regular timepoints post-graduation is the preferred form of follow-up support, and the *Empower* team have already begun to develop a plan for this to be delivered several times per year in a one- or two-day format delivered during school holidays.

8.1 Conclusions

The aims of this project were to evaluate the *Empower* programme in relation to how it supports CYP and their families, enablers and barriers to engagement and retention, and how the programme is being implemented. Overall, CYP and their parents and carers reported positive experiences of the programme, with widely reported improvements in CYP's mental wellbeing. Through *Empower*, Watford FC CSE were found to provide an accessible and safe space for CYP seeking mental health support, and the group structure and use of sport and physical activity make this a different and unique offering to other services in the local area. Future development of the programme would benefit from consideration and review of the role and engagement of parents and carers, the format and structure of the wellbeing workshops, and a review of the monitoring and evaluation data collected, when and how it is used. Interest and need for follow-up support for *Empower* graduates has been demonstrated, and plans for implementation of this should continue to be explored and developed.

9. Recommendations

a) A review of information provided to parents and carers

Parents and carers of CYP attending *Empower* should be given more information to help them support their child during and after the programme, e.g. information on tools, techniques and resources. Information given to parents and carers ahead of the programme should also be clear on how it differs from and/or supports other mental health support services for CYP (e.g., CAMHS).

b) A review of the content and format of the wellbeing workshops

Develop more varied and interactive forms of engagement within the wellbeing workshop component, through a review of current content and format which focuses on inclusion and diversity. *Empower* graduates could be involved in co-designing some or all of these elements (see Recommendation i).

c) A review of monitoring and evaluation processes

Undertake a review of what, when and how monitoring and evaluation data are collected and utilised to evidence the impacts of *Empower* for participating CYP and their families, and increase understanding of the barriers to engagement and retention for those who inconsistently attend and/or do not graduate. Consider how these processes could also develop to assess the longer-term impacts of *Empower*, e.g. comparing monitoring and evaluation data across cohorts.

d) Minimise disruption to key components of the programme (e.g., venue, staff)

Explore how best to minimise disruption to key components of the programme during the length of each cohort's participation. For example, the venue, or room, in which it is held, and/or the staff who are delivering it.

e) Explore opportunities to include outdoor activity

Planning for future cohorts should explore opportunities to engage in some sport and physical activity in outdoor settings, particularly during the summer months.

f) Highlight link to Watford Football Club in recruitment material

Empower's link to Watford FC should be clearly highlighted in future recruitment material, while making it clear that the physical activity element includes a broad range of activities and is not football focused.

g) Consider how CYP can be supported at and after the end of the programme

Consider how the end of the programme, and the loss of support and structure that this entails, is managed and how children and young people can be supported by their parents and carers and *Empower* staff.

h) Structured follow-up support at regular time intervals post-graduation

Provide opportunities for follow-up support for CYP who have graduated from *Empower*. The provision offered should be less frequent than during the programme, to prevent dependency.

i) Involve local people and communities in development and design of the programme

Involvement of young people who have graduated from *Empower*, as well as local people and communities, in the future development of *Empower* in order to ensure diversity in recruitment and that *Empower* is informed by relevant lived experience.

j) Conduct a children and young people led evaluation

Future evaluations should, where possible, be co-produced with young people who have graduated from *Empower*. E.g., training and supporting young people as young evaluators working alongside an adult research team.

10. Appendices

Appendix A – Methodology

Evidence review

As part of the project, we undertook a review of relevant published evidence. Chapter 3 outlines the key findings from this review, which followed a protocol outlined in Appendix B. This included:

- Developing and defining search terms and scope
- Searching academic and 'grey' literature (government, voluntary and community sector reports and other relevant documents online resources)
- Screening for relevance and quality
- Synthesis

Secondary data analysis

Secondary analysis was undertaken of monitoring and evaluation data collected by the *Empower* programme, using the Child Outcome Rating Scale (CORS) (Casey et al., 2020) and the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) (Fat et al., 2017). These data were cleaned and anonymised by the *Empower* team before being sent to the UH research team for analysis using SPSS quantitative analysis software. Further detail is provided in Chapter 4.

Primary data collection

Semi-structured focus groups and interviews were undertaken by Dr Newman, with support from Dr Brady, during July 2022 to November 2022 with children and young people attending *Empower* sessions n=28), parents and carers (n=14), programme staff and psychotherapists (n=5), and referrers to the programme (n=2).

Eight focus groups with children and young people were undertaken, one at each programme delivery site at the halfway point of the programme (July 2022), and one at each site at the end of the programme (October 2022) (n=28). One individual interview (online) and three focus groups (in-person at delivery sites) were undertaken with parents and carers (n=14) at the end of the programme. Three individual interviews and one joint interview with *Empower* staff and psychotherapists were also undertaken online at the end of the programme (n=5), as were two individual interviews with referrers to the programme (n=2).

These focus groups and interviews focused on the research aims outlined in the introduction of this report, and thus covered three main areas: expectations and experiences of the programme, impact and outcomes, and next steps and future direction for the programme. The questions asked within each of these three sections were adapted as relevant for CYP *Empower* participants, their parents and carers, staff and psychotherapists, and referrers to the programme. Examples of some of the questions asked are included here:

- **Expectations and experiences** – e.g., what did you think or expect before you came to your first session? What do you like about coming to *Empower*? What do you not like/think could

be better? What has been your experience of *Empower*/working on *Empower*/referring to *Empower*?

- **Impact and outcomes** – e.g., how has *Empower* made a difference to you/your family? How do you think coming to *Empower* might benefit your child/your family in the longer term? What are you hoping will be the impact of *Empower* for the children who have attended/who you have referred?
- **Next steps and future direction** – e.g., does/how does the programme model need to be further revised to make it more effective in the future? If there were to be a follow-up service after *Empower* for children and young people who have been on the programme, what do you think would work best?

Primary data collection received ethics approval from the UH Health, Science, Engineering & Technology Ethics Committee with Delegated Authority. The UH ethics protocol number is HSK/SF/UH/05055.

Primary data analysis

Recordings of focus groups and interviews were transcribed and analysed using NVivo software, using a reflexive thematic analysis approach to develop, analyse, and interpret themes and patterns of meaning in relation to the research questions (Braun & Clarke, 2022). The data was analysed using a reflexive thematic analysis approach to develop, analyse, and interpret themes and patterns of meaning in relation to the research questions (Braun & Clarke, 2022). There are different forms of thematic analysis, which vary in the following ways: the role coding plays within the analytic process, how themes are conceptualised (as a pattern of shared meaning unified by a central idea, or a 'topic summary'), the extent to which researcher subjectivity is recognised and valued or managed as a risk, and the process for analysis, such as whether themes are analytic 'inputs' or 'outputs' (Braun & Clarke, 2022). Reflexive thematic analysis is an approach which views the researcher as a resource to be utilised and as both active and positioned, with coding being an organic and evolving process of noticing potentially relevant meaning in the dataset, and themes conceptualised as patterned meaning across the dataset, united by a shared idea or concept and actively generated by the researcher (Braun & Clarke, 2022). NVivo qualitative analysis software was used to systematically code and develop themes, which were then refined and redefined during the analysis process.

Appendix B – Evidence Review Protocol

Although this was not a systematic review, the review followed a rigorous protocol. The review was conducted in the broad steps set out below:

- Develop and define search protocol, including the geography, timeframe, language, search terms and sources.
- Search of peer-reviewed academic literature through University of Hertfordshire library databases.
- Search of the 'grey' literature including government, voluntary and community sector reports and relevant other online resources.
- Screening of long-listed abstracts to provide a preliminary assessment of type, quality, strength, and relevance to project.
- Full-text retrieval.
- Quality appraisal and synthesis.

Selection Criteria

Publications were included that were directly relevant to the research questions of the project, and the scope of this evidence review as outlined above. It focused predominantly on research and grey literature published **in the UK** or focused on a UK context, but also included literature from other countries that met the other search criteria, was published in English, and offered useful international perspectives helpful to the specifics of the UK context. Publications were included where full methodological details were provided, and the methodology appeared sound. Due to the nature of the topic of this review, some general information was also included for comparable programmes where there appears to be no published work available. Where this is the case, hyperlinks to this information have been embedded in the text. The review included work published since 2012, placing priority to the most recent as relevant and appropriate to do so. Initially, the review included papers that used the terms children, young people, or youth. If the age range specified within the publication was vastly different to the age range of *Empower* (e.g., focusing on young adults), this was only short listed for full review if the topic and/or programme it focused on was highly comparable to *Empower* in other aspects.

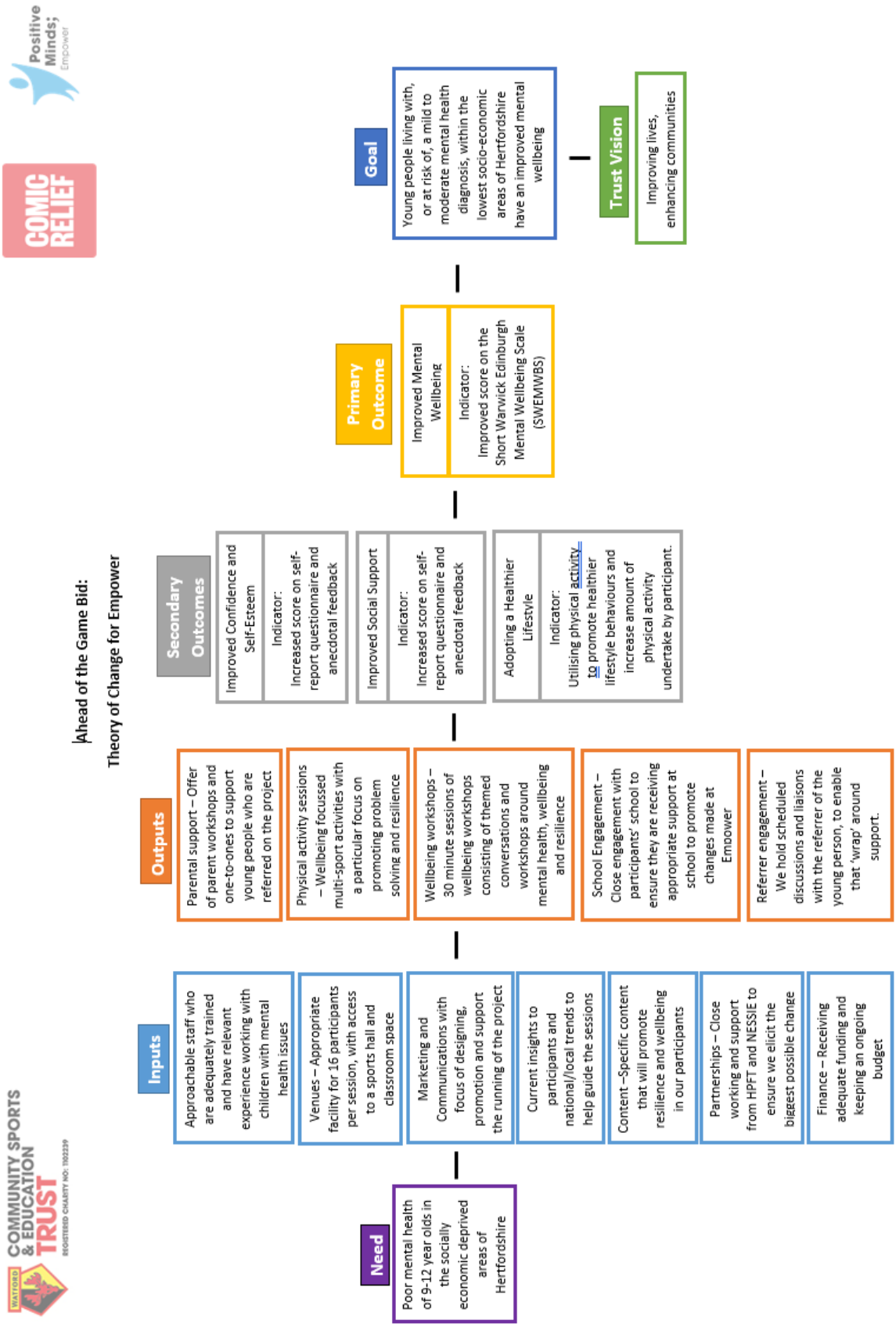
Search terms

Search terms and keywords included combinations of the following, refined to ensure relevance to the research questions and scope of this review:

Young people/children/youth AND…

- Physical activity/exercise/sport AND mental health/mental wellbeing
- Physical activity/exercise/sport AND mental health/mental wellbeing AND project
- Physical activity/exercise/sport AND mental health/mental wellbeing AND programme
- Physical activity/exercise/sport AND mental health/mental wellbeing AND intervention
- Physical activity/exercise/sport AND mental health/mental wellbeing AND literacy

Appendix C – *Empower* Theory of Change



Appendix D –Evaluation Tools

Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS)

Name:

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5

Child Outcome Rating Scale Measures (CORS)

Name _____Age (Yrs):____
Sex: M / F_____
Session # ____ Date: _____

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good.

Me
(How am I doing?)

I----------I


Family
(How are things in my family?)

I----------I


School
(How am I doing at school?)

I----------I


Everything
(How is everything going?)

I----------I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Child's Initials:…….
DoB:…….
Male/female……
Therapist: ……
School …….
Source of funding ……

40													
35													
30													
25													
20													
15													
10													
05													
0													
Session number	1	2	3	4	5	6	7	8	9	10	11	12	
Date													

Outcome rating scale and Child outcome rating scale

Marks closer to the left ('frowny' face on CORS) indicate lower levels of wellbeing and those closer to the right ('smiley' face on CORS) higher levels. Using a ruler the counsellor totals the score (between 0 and 10 for each item) and adds it to a graph, with session numbers along the X axis and ORS/CORS score out of 40 along the Y axis. The measure is designed as a clinical as well as outcome tool and the score is used as the basis for a therapeutic conversation about changes since the previous session etc. It is also a tool for planning the content of the session in hand. The validation study for ORS/CORS established clinical cutoffs for each measure. For children using CORS the cut-off is 32, i.e. a score of 31 or lower indicates 'clinical distress'. When working with children caretakers also complete the measure pre- and post-counselling and the cut-off here is 28/40.

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