



# Creative and sports activities

a process evaluation of implementation and benefits for young people

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# Thank you!

This study would not have been possible without the support and input of many people. We are thankful to all young people and delivery partners that took part. This study was led by the research team at HeadStart Newham, including Michelle Mooney, Laurie Poole, Elizabeth Ville and Valdeep Gill.

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## HeadStart

This report focuses on HeadStart Newham. HeadStart is a National Lottery funded programme developed by The National Lottery Community Fund. It aims to explore and test new ways to improve the mental health and wellbeing of young people and prevent serious mental health issues from developing.

The programme supports a broad range of initiatives for building resilience and emotional wellbeing in 10 to 16 year olds in order to:

- improve the mental health and wellbeing of young people
- reduce the onset of mental health conditions
- improve young people's engagement in school and their employability
- reduce the risk of young people taking part in criminal or risky behaviour.

The programme is being delivered in six local authority areas between 2016 and 2021: Blackpool, Cornwall, Hull, Kent, Newham and Wolverhampton. HeadStart Newham is delivered in partnership with the London Borough of Newham.

## The National Lottery Community Fund

The National Lottery Community Fund is the largest funder of community activity in the UK. Every year it distributes over half a billion pounds for good causes, all thanks to the players of The National Lottery.

# Summary

HeadStart Newham is an early help service that promotes the resilience and wellbeing of 10-16 year olds. Creative and sports activities (CASA) are a range of interventions run in the community (sport, dance, and creative arts such as music production and animation), by commissioned community and voluntary services organisations. This process evaluation aimed to understand service implementation and assess whether and how the interventions benefit young people.

## Method

This study involved analysis of routine monitoring data collected by HeadStart, as well as focus groups with 33 CASA participants and 8 depth interviews with commissioned delivery staff. Qualitative research encounters took place between August – October 2018, were audio recorded and thematically analysed.

## Findings

**Intervention experience.** On the whole, young people reported participation in CASA was fun, but expressed a desire to be more involved in decision-making about content of interventions. Working with peers and towards a collective output were key features of a positive intervention experience. The expertise and relationship developed with the Specialist Facilitators was imperative to young people's experience. Venues and resources were generally satisfactory, except where young people perceived the facilities, equipment or resources to be limited or inadequate.

**Outcomes for young people.** Young people developed new or existing hobbies, skills and

interests, and relationships with other young people. CASA did not directly change young people's connection to their community but they did report a sense of belonging during the intervention, and participation broadened their social circle. Self development and forming positive relationships with others helped to build young people's confidence, which they could apply in other areas of their lives. Improved relationships with peers or the community were not reported where the intervention group was small, where young people already knew each other, or if they were existing users of the Provider or the community venue.

**Recruitment and retention.** Overall 588 young people were recruited to CASA, with a retention rate of 66 per cent. Targeting parents and word of mouth were successful strategies to recruitment. Challenges to recruitment included a lack of collaboration with the HeadStart schools team, and young people's apprehension about travelling around Newham. Interventions run during school terms and winter evenings posed a barrier to retention due to competing priorities young people had to manage, and apprehension about travel. Providers reported that assessing whether a young person meets the target population during a short one-to-one (1:1) and before they had formed a relationship was difficult. Young people did not always remember having a 1:1, could find them invasive and unhelpful as it detracted from their activity time. However, those who set goals with the Youth Practitioner during 1:1s found this helpful for their self development.

**Partnership working.** Providers found the initial induction training delivered by HeadStart was informative and useful, proposing it should have been repeated for staff not in post at inception. The Community of Practice meetings were valued as they helped to overcome challenges and share decision-making, with other CASA providers and HeadStart. However, Providers would have liked more collaboration, and support to develop

relationships with the HeadStart schools team. Working with HeadStart was reported to have influenced change in Provider organisations, for example by encouraging use of the resilience framework in staff training, integrating HeadStart and wider local offers into existing internal referral pathways, increasing confidence in procuring new contracts of work with young people, and promoting reflective thinking and working across their services.

## Making use of the findings

HeadStart Newham may wish to use these findings to review delivery and consider how to achieve the intended outcomes. This might include:

- How taking part in CASA can support wellbeing, for example, by setting goals with young people and recognising achievements.
- How to facilitate positive relationships with a trusted adult, for example by actively participating in the sessions and taking the time to get to know young people.
- How CASA providers can work with schools teams to improve referral pathways and increase recruitment of young people, for example by providing taster sessions in schools.

Findings could also be used by external Providers and Commissioners to inform design and delivery of similar programmes aimed at building resilience through early intervention programmes in the community.

To further build on these qualitative findings, future studies should focus on exploring outcome measures for young people who take part in CASA.

## Foreword

*by Penny Phillips, HeadStart CASA Manager*

The research findings outlined in this report are particularly helpful in supporting our action with newly contracted providers for 2019-2020.

HeadStart has refined the provider specification for the targeted Mental Health Creative Arts and Sports Activities support based on learning from implementation, and this report has reinforced the importance of focussing on the following key areas going forward:

- Sharing and disseminating learning and evidence from research, supporting providers to create responsive action plans where relevant
- Developing ways of working with Providers and the schools Youth Practitioner team to improve referral pathways and take up of community based activities
- Supporting providers with training and practice design to enhance the 1:1 experience for young people

An action plan for our learning is set out below.

If you would like a full report, please contact:  
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# Our learning

<b>Our learning</b> <i>about young peoples' intervention experiences</i>	<b>Action</b>
<b>Recognising achievement</b>	
The importance of reinforcing recognition of achievement.	Work with Providers to develop celebrations and recognising achievements.
<b>Improving relationships</b>	
Young people suggested: <ul style="list-style-type: none"> <li>• a preference for interventions with larger groups</li> <li>• there should be time to socialise</li> <li>• group activities to mix with peers</li> <li>• a need to explicitly introduce new joiners creating opportunities to connect young people to peers and the community.</li> </ul>	Work with Providers, Specialist Facilitators and CASA Youth Practitioners to develop their practice in planning sessions, welcoming new members and enabling young people to build relationships.
<b>Co-production</b>	
Young people wanted more involvement in decisions about creative intervention content e.g. themes, roles, music selection.	We will offer the Providers training and support to implement co-production approaches in their sessions.
<b>Trusted adults</b>	
To become a trusted adult, Youth Practitioners had to be actively engaged in sessions and with young people.	We will work with Providers on how Specialist Facilitators and Youth Practitioners can use their role to build relationships with young people and become a trusted adult.
<b>Session structure / facilitator approach</b>	
Young people did not always understand the need for warm ups/downs.  Young people did not respond well to criticism, instead stating a preference for positive reinforcement.	We will support the Providers with session planning and how to relate the activity back to aspects of resilience.  We have refined Provider specification to include adapting programme delivery to offer greater consistency of activities and session structures.

<b>Venues and resources</b>	
<p>Young people would like:</p> <ul style="list-style-type: none"> <li>• greater variety during interventions e.g. taking trips, holding sessions outdoors</li> <li>• locations clearly signposted, and include adequate facilities e.g. lifts, toilets, temperature control</li> <li>• accessible food and drink provision, suitable for intervention duration</li> <li>• appropriate performance spaces, resources and equipment, adequately provided for the activity.</li> </ul>	<p>The specification regarding venue and resources was reviewed and revised for Providers for future delivery.</p> <p>We plan to check in frequently with Providers and young people to ensure we are providing activities in a space that is appropriate, with the correct equipment.</p>
<b>Reach</b>	
<p>Consider approaches to engage more vulnerable young people that are currently hard to reach e.g. those in gangs and young carers.</p>	<p>We will work with Providers to ensure they carry out wide ranging engagement and outreach across the borough.</p>
<b>Our learning</b>	<b>Action</b>
<i>about implementation</i>	
<b>Recruitment and 1:1s</b>	
<p>The importance of raising profile of HeadStart CASA in schools, communities and with parents, including who can participate and reducing stigma about early mental health interventions.</p> <p>Providers found it hard to assess whether a young person met the target population criteria.</p> <p>Young people and their parents were not always aware a referral had been made.</p> <p>Inconsistent approach to 1:1s. There was insufficient time to conduct three over the intervention, and they were not always perceived as helpful.</p> <p>Providers suggested:</p> <ul style="list-style-type: none"> <li>• running taster sessions in school/community</li> <li>• video promotion in schools</li> <li>• collaborative working with HeadStart Youth Practitioners</li> <li>• HeadStart to provide referrals with accurate contact details</li> <li>• alignment of CASA intervention timetable with HeadStart school interventions, and to recognise cultural and religious dates that may conflict.</li> </ul>	<p>The HeadStart CASA manager and Youth Practitioner manager will work together to support improvement in these areas.</p> <p>To help combat stigma we will develop workshops around the effect of CASA on mental health, positive wellbeing and resilience.</p> <p>The CASA manager will work with the Resilience Training Leads and Youth Practitioners to train school staff on good practice for referrals.</p> <p>We will review who undertakes the 1:1 and develop coaching tools and activities that support 1:1s. 1:1 practice has been addressed in the new Provider specification, stipulating time must be allowed for 1:1s with young people outside of session times. We have also trialled different approaches to recruit of young people.</p> <p>CASA will now run on an ongoing timetable so that young people can join at any time during an academic term.</p>

<b>Retention</b>	
<p>Apprehension about lone traveling and fear of gang related violence can impede participation. Providers suggested:</p> <ul style="list-style-type: none"> <li>• Providing a transport service in the budget (from school to CASA venue)</li> <li>• Working with young people to pilot and identify interventions of interest to refine the CASA offer, including ensuring intervention titles are appealing.</li> </ul>	<p>We will work to find solutions to apprehension about lone travel. Providing transport is not within CASA budget.</p> <p>Providers will be encouraged to co-produce the design and refinement of their courses with young people.</p>
<b>Provider training and session planning</b>	
<p>HeadStart induction training delivered to account for CASA staff turnover.</p> <p>HeadStart expertise could improve session plans to integrate resilience and wellbeing tools.</p> <p>Providers suggested having access to supervision, as well as observations and feedback on intervention sessions.</p>	<p>All CASA Provider Leads receive half day training with the CASA Manager. We will consider developing a train the trainer for Provider leads to cascade training on an introduction to resilience theory and practice for new starters.</p> <p>CASA Manager to work with HeadStart Specialist Mental Health Practitioner to develop ways of working to support planning and delivery with a resilience focus.</p>
<b>Collaborative working</b>	
<p>Sharing decision-making about CASA with Providers, utilising their knowledge and experience of running community interventions.</p> <p>Embedding CASA into the wider HeadStart service, including sharing best practice and problem solving between Practitioners.</p>	<p>Develop ways to further support a collaborative working approach to problem solving, and ensure provider experience and knowledge is valued and utilised.</p>



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