



Creative and sports activities

a process evaluation of implementation and benefits for young people

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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.

Creative and sports activities

HeadStart Newham is an early help service that promotes the resilience and wellbeing of 10-16 year olds. HeadStart works with young people with emerging, or at risk of developing, mental health difficulties in schools, the community and with their parents, through universal and targeted interventions. Creative and sports activities (CASA) were delivered by four commissioned community providers on behalf of HeadStart Newham. Delivery was commissioned between January 2017 to December 2018. The HeadStart CASA manager oversaw contract compliance and supported Providers to implement interventions. Each Provider organisation had an appointed lead to manage service delivery.

Eligibility

Young people were recommended to CASA interventions by a professional e.g. a teacher or social worker, by a parent /carer or them self. Young people must be aged 10-16, and live or go to school in Newham. CASA are early help interventions, and as such, it is specified by HeadStart Newham that a minimum of 70% of participants should have at least one indicator of emerging mental health difficulty. Specifically, a mild or moderate emotional, behavioural, attention, or relationship difficulty, as assessed by the person recommending them. Pupils under the care of Child and Adolescent Mental Health Services are excluded.

Interventions

CASA interventions included sports, visual and written arts, music production and dance. Interventions took place in weekly sessions in the

evenings during school terms, and in daily daytime sessions during school holidays. Specialist Facilitators, subject matter experts, led the interventions and supported groups of young people to participate in the creative or sports activity. Youth Practitioners, with a background in youth work, oversaw recruitment of young people and their journey through the intervention, through up to three one-to-one sessions with each young person to reflect on their needs and learning.

The aim of CASA was to support young people to access leisure activities, foster interests, talents and hobbies, recognise achievements, gain life skills including self-expression and regulation of emotions, as well as develop relationships with peers and the community. The logic model (Figure 1) outlines the inputs, activities and intended outcomes and impacts.

The CASA providers:

Active Newham

Specialism: Sport

Budget: £200,541

Target: to work with 225 young people



Aston Mansfield

Specialism: Visual and written arts

Budget: £201,570

Target: to work with 225 young people



Change Grow Live

Specialism: Music

Budget: £202,500

Target: to work with 225 young people



East London Dance

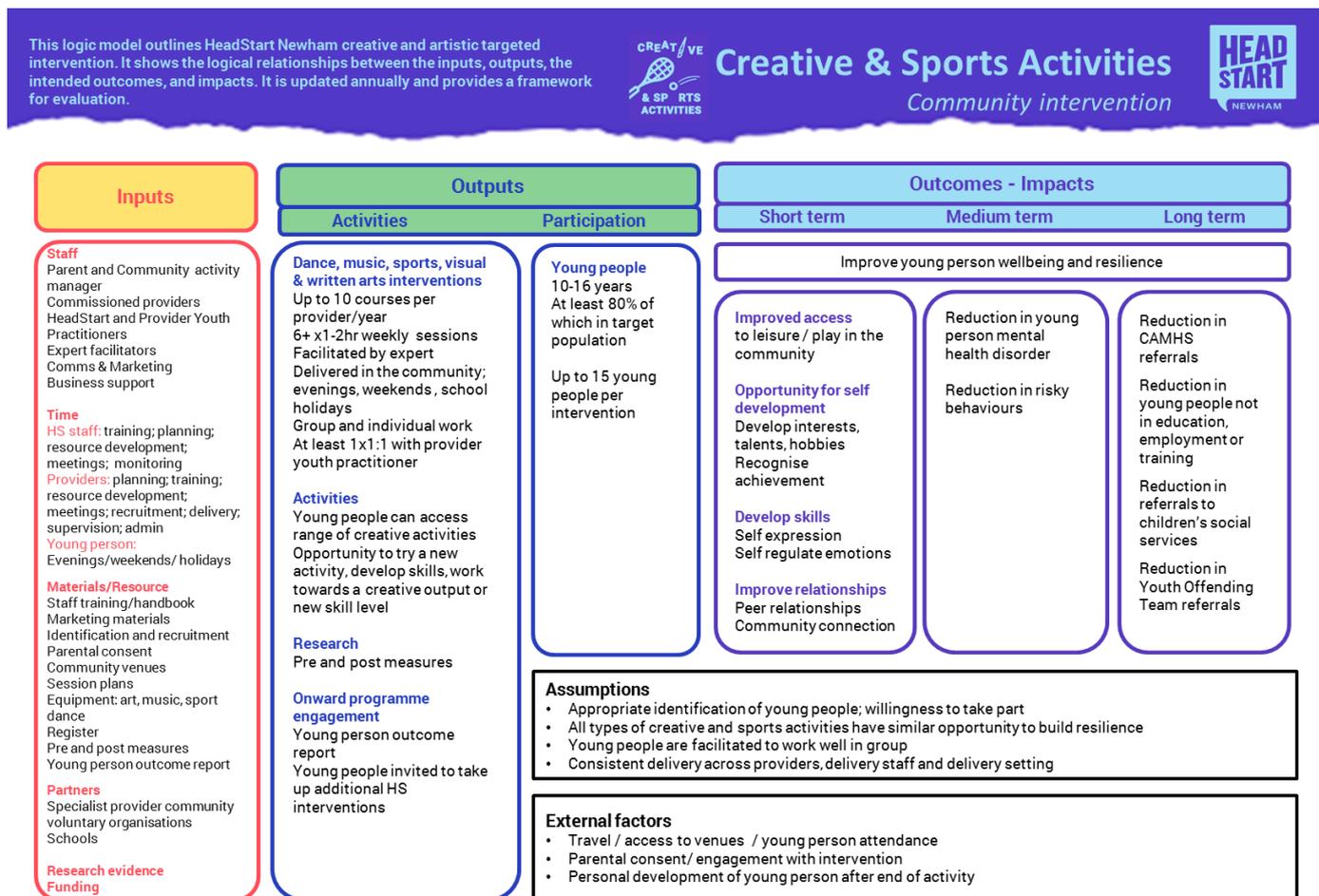
Specialism: Dance

Budget: £114,900

Target: to work with 225 young people



Figure 1. Creative and sports activities logic model



The study

This study explored how CASA was implemented in the initial eighteen months of delivery, and whether and how the interventions benefited young people. This study had four research questions:

1. *How CASA was implemented, including the barriers and facilitators?*
2. *How CASA was experienced by young people and CASA Provider staff?*
3. *Whether and how participation in interventions supported changes for young people?*
4. *Whether and how working with HeadStart supported changes to Provider organisations?*

This is not a formal impact assessment. It sought to ascertain the views and experiences of stakeholders to inform service delivery and refinement.

Method

The quantitative strand is a descriptive analysis of participant demographics and intervention attendance, recorded by CASA Providers on the HeadStart database. The analysis included available data from January 2017- November 2018, and was analysed in Excel.

The qualitative strand was the main component. It included:

- eight focus groups with young people (n=33) that had completed a CASA intervention;
- four depth-interviews with Provider leads; and
- four depth-interviews with Youth Practitioners or Specialist Facilitators.

Sample

Thirty-three young people that had completed a CASA intervention took part. The sample sought

to include a mix of gender (male $n=15$; female $n=18$), ages (7-14 years, mean=11.2 years) and from interventions across each Provider. Eight Provider staff took part: four leads, two Youth Practitioners and one Specialist Facilitator from across the Providers.

Fieldwork

Research fieldwork took place in August-October 2018. The Providers were gatekeepers to recruitment of young people and staff. Young people were given a study information leaflet inviting them to take part; written parental consent was also obtained. Provider staff were invited to partake by email from the research team. Focus groups and interviews were facilitated by experienced researchers. The researcher explained the study and sought consent to participation before each focus group/interview. They lasted about an hour each, and were arranged at a time and location convenient to participants. Topic guides were agreed with HeadStart CASA manager and Head of Service, and used by researchers to ensure consistency of coverage across data collection activities. Young people received a £10 Love to Shop voucher for their participation.

Analysis

Each research encounter was audio recorded, with consent. Framework, a thematic approach to analysing qualitative data was used. Following familiarisation of the recordings, an analytical matrix framework was developed in Excel. Key themes were listed in column headings; each row represented a focus group/interview. Data from each focus group/interview was summarised in the appropriate column. This allowed for systematic and comprehensive analysis. Data was compared and contrasted between cases (looking at what different groups said on the same issue) and within cases (looking at how a group's opinions on one topic relate to their views on another). The analysis was documented and conclusions can be linked to the original data.



Findings

The findings are divided into four main sections:

1. How young people experienced the intervention
2. The perceived outcomes for young people
3. Provider experience of implementing CASA and working with HeadStart
4. *Our Learning*: an action plan for service refinement

Intervention experiences

This section details how young people experienced taking part in CASA interventions.

Key findings:

- 🔍 The CASA interventions could provide a more relaxed learning environment than school, without the pressure of tests and exams.
- 🔍 Providers and young people described three key features of a positive informal learning intervention experience: the opportunity for self-development, working with other young people, and the support of an encouraging Specialist Facilitator.
- 🔍 Examples of good practice that contributed to a positive intervention experience included:
 - Active Newham's Youth Practitioner inspired young people on a football intervention by setting individuals goals;
 - Aston Mansfield participants were impressed by the use of specialist music and digital equipment;
 - Change Grow Live's Excel in the Arts participants enjoyed team work towards a public production;
 - East London Dance participants noted that HeadStart dance classes were different, as sessions always started with participants sharing how their day/week had been.

Intervention experiences

Fostering and celebrating interests and talents.

Across CASA provision, young people and Providers described how the interests and talents of young people were nurtured, in a 'safe', supportive environment. Young people had the opportunity to try new activities and develop existing interests and skills. Ambitions and aspirations for the future were encouraged by the Specialist Facilitators and Youth Practitioners. Young people who took part in dance, music or specialist arts felt the interventions supported them to express themselves creatively. Those that participated in sports, felt supported to develop specific sport skills. Conversely, there were young people who did not enjoy the intervention as the activity was not a personal interest of theirs, and participation had been encouraged by others, for example by parents. CASA Providers believed that celebrating young people's interests and talents and giving them something to be proud of was integral to a positive experience, which was also echoed by young people.

Providers took different approaches to supporting young people's development. Methods included goal setting with the Youth Practitioner at the start of the intervention, working towards a performance or producing a creative output, such as a poem, as well as encouragement throughout the intervention.

Providers felt that young people were involved in choosing the content of the activities and performances. However, young people expressed a desire to have more responsibility, autonomy and variety. For example, in deciding themes, roles and routines, which they felt were determined by the Specialist Facilitators. In contrast, young people taking part in sports did not report a desire for greater ownership or co-production. This suggests young people had sufficient input in sports intervention activities or that perhaps creative autonomy is not expected for sports.

"Having that space where they get to be free, they get to work on something they are interested in, without so much boundaries on them, in a school setting it would be different [CASA interventions] are small and intimate"



CASA Provider, Youth Practitioner

Belonging to a supportive peer group.

A sense of belonging, feeling accepted and supported by others in the group was important to young people's intervention experiences. This was facilitated by working as a team, sharing ideas, and providing feedback and advice to peers.

Young people highlighted the importance of explicitly introducing and welcoming new joiners to the group to support their inclusion and integration. Providers reported that the use of games and group work facilitated building peer relationships. However, there were young people who would have liked more time to socialise during the interventions. Young people could be disappointed by small group sizes, as this did not meet their expectations of a group intervention and limited opportunities to work with peers. Working with young people who were different ages was a positive feature of CASA interventions. However, young people could also

be apprehensive about this, for example, in sports interventions, older peers with a larger physique could initially feel intimidating to younger/smaller children.

Difficult group dynamics could be detrimental to a positive intervention experience. Young people and Providers recalled incidents of conflict in the groups. These were either resolved by the Youth Practitioner or Specialist Facilitator, or young people did not report to an adult. Providers highlighted the mix of young people experiencing a range of difficulties, for example affected by gangs, difficult home environments, or bullying, could add a layer of complexity to managing challenging behaviours or the group dynamics in the interventions.

A trusted adult.

Support and encouragement from Specialist Facilitators were described as imperative to a positive intervention experience. Youth Practitioners could also be seen as a trusted adult, but only where they regularly engaged and were actively involved with young people during sessions. Whereas, Specialist Facilitators were seen as experts in their field and as role models by the young people. This contributed to a different relationship dynamic, compared with relationships to school teachers. Young people liked that the facilitators were friendly and fun, and supported them to develop their hobbies, skills and interests. Young people especially appreciated that the facilitators commended and encouraged them to keep trying when they themselves felt they were not progressing well. On the contrary, young people did not like it when facilitators took a strict approach, or gave criticism during intervention activities. Providers described how the positive relationship dynamic was strengthened by the different teaching techniques Specialist Facilitators used, alongside their knowledge of wellbeing and resilience. For instance, during one intervention, at the start of each session young people were asked to share how their week had been. This facilitated

discussion about wellbeing, and demonstrated the Specialist Facilitators interest in building relationships with the young people.

Venue, resources and equipment.

CASA took place at various venues and locations across Newham. A range of specialist resources and equipment were used specific to the intervention. In general, young people were satisfied with the location of CASA activities, and resources used. However, they reported elements that detracted from their experience, for example, young people reported a lack of signposting to venues and rooms which could make it difficult for them, and parents/carers, to locate. Some venues could be difficult to access for those with special needs. For example, young people recalled that limited lift facilities restricted access for parents/carers who were wheelchair users. Facilities such as toilets and temperature regulation were also reported to be unsatisfactory in some venues.

Young people also recounted that refreshments were poorly organised – at particular venues, for instance, there was not enough food provided or water was not accessible during sessions.

The use of professional/specialist resources during interventions such as music production equipment enhanced young people's experience, especially those that had aspirations of building on their skills for the future. On the other hand, young people could be disappointed with craft equipment or resources, where they felt there was not enough provided or that they were inadequate.

Outcomes for young people

This section describes the perceived outcomes as conveyed by young people and Providers, as well as the perceived mechanisms of any change.

Key findings:

- 🔍 The Providers and young people described two distinct types of benefits of taking part in CASA: self development and improved relationships.
- 🔍 The Providers believed that all young people who took part in CASA benefitted in some way, albeit by various degrees depending on their needs.
- 🔍 Young people were generally positive about some benefits of taking part in CASA, yet there were also young people who did not report specific changes but expressed that they had a fun intervention experience.

Self development

An intended outcome of CASA was to provide young people with an opportunity for self development. This includes developing interests, talents and hobbies, and skills such as self expression and emotional regulation. Aspects of self development, which could contribute to resilience and positive wellbeing, were reported outcomes by both young people and Providers.

An area of reported change across all Providers was the development of existing or new skills, hobbies or interests. Young people recalled specific sports techniques, dance moves, or creative skills they had learnt. They noted that the skills they had acquired could be applied in other areas of life. For example those taking part in sporting and dance reported improved health behaviours such as being more physically active; while those that had taken part in creative written activities reported they had developed their writing skills, which they felt could help their academic studies.

"I have changed because at school I'm a bit of a non-speaker, and people used to make fun of me because I'm not speaking much, and outside of school I feel a bit safe so I speak a lot...so when I'm here [at CASA intervention] I talk a lot and try and pretend that it's school... I went back to school I started talking and people thought I was changed because I never used to talk"

Young person, Performance arts

Likewise, Providers believed that young people developed leadership skills that they could utilise outside of CASA. The mechanisms for acquiring these skills included the intervention activities, trying new things, working and communicating with different peers, and one-to-one support from Specialist Facilitators. Additionally, having a tangible output to work towards could help young people remain focussed on their goals and aspirations.

"Some in each group would stand there and not even talk, and now they're in the middle doing the freestyles!"

CASA Provider, Lead



Delivering a performance or creative output could provide pupils with a sense of achievement, and receiving recognition from peers, Providers and parents/carers could reinforce this sense of achievement.

Conversely, young people explained that if recognition was not reinforced by Providers or parents/carers, this could be difficult for them. For example, young people felt disappointment when a parent/carer was late to a CASA performance, or where Providers made promises to young people but did not deliver them.

According to the Providers, young people could develop their self awareness during interventions. This could help them to recognise, evaluate and manage their emotions better. The mechanisms for this were reflection of their own work, receiving feedback from peers and Facilitators, and encouragement to express themselves.

Young people explained that they learnt ways to cope with stress and were able to apply this to things like homework. They stated they felt more resilient through learning to persevere. Providers reported the specific mechanism for this change was when Specialist Facilitators ensured there was a focus on resilience during weekly sessions



such as checking in with how young people were feeling, or relating difficult tasks back to real life situations.

"[CASA intervention] also helped me because I'm now going in front of my class to like talk, and I also did it once in my assembly...I sang by myself, I was scared but I did do it"

Young person, Performance arts



Furthermore, CASA could help young people to build their confidence and feel better about themselves. Young people reported they had more confidence to express themselves and talk in front of others and to participate more in activities outside of CASA, in school lessons for example, or other extra-curricular activities. Young people related this to meeting new people, being encouraged to be more self expressive and performing in front of an audience. Providers felt the change was a result of the encouragement of the Specialist Facilitators to try new things, which could encourage young people to be brave.

On the other hand, increased confidence to self express was not evident for young people who took part in sports, perhaps as these intervention activities are more focussed on developing specific skills, rather than creative expression or performance.

Improved relationships

CASA aims to contribute to young people's positive wellbeing and resilience by building their social networks, through improving their relationships with peers and to the community.

Developing peer relationships.

CASA interventions provided an opportunity for young people to meet new peers and mix with young people of different ages, and from different schools or areas in Newham. Although there were young people who already knew peers in the groups, CASA could support the development of new relationships. Providers noted how the opportunity to create new peer relationships during the intervention enabled young people to develop their social skills. Young people felt they had made new friends which they felt positive about. For example, a young person experiencing difficulty with peers outside the intervention, explained that knowing they had friends in CASA to talk to about it, could make them feel more confident in standing up for themselves. Although contact with new friends could not always be maintained after interventions ended, young people felt it was beneficial to have met new people, and considered themselves to have a wider social circle as a result. The mechanisms that supported developing peer relationships included being in a group and learning as part of a team, which contributed to a sense of belonging.

Community connection.

CASA could offer young people a connection to participate in the Newham community. After taking part in an intervention, young people reported they had developed a sense of belonging to the group. They attributed this to working with other people and doing something different outside of school or home. This suggests that taking part in group interventions in a community setting could build community connection.

"If someone is rude to you, you have your friends here at dance and that helps you with dealing with 'normal' life"



Young person, Dance

Providers believed building community connection was influenced by an increased awareness of the support available to young people in the community, such as access to CASA Youth Practitioners, the relationships established with the Specialist Facilitators and peers, and the opportunity to link with wider community events hosted by the Provider, for instance East London Dance took young people to their Tower of

"I want students to feel it's a safe space, and it's about their health and wellbeing. It's not just about them doing a dance class; they're making relationships with each other, building friendships, in a safe space"



CASA Provider, Specialist Facilitator

London dance performance.

Improved relationships with peers or the community were not reported where the intervention group was small, or when young people already knew the rest of the group or were existing users of the provider or community venue.

Implementing CASA

This section outlines the barriers and facilitators to implementation. Specifically, recruitment and retention, planning and delivery of interventions, and partnership working with HeadStart.

Key findings:

- 🔍 Recruitment and retention:
 - Marketing to parents was key to recruiting younger children and word of mouth was a successful strategy for recruiting older children.
 - Providers encountered organisational and systematic challenges to recruitment, such as, weak relationships between CASA and the Headstart schools team; referrals from the HeadStart service containing missing contact information and the prevalence and fear of violent crime among young people and their parents.
 - Assessing whether a young person met the target population criteria was challenging. Providers acknowledged that the initial 1:1 could feel intrusive for young people and suggested a need to review the 1:1 requirement.
 - Retention of young people was challenging in the winter and during school terms, but better during school holidays.

- 🔍 Partnership working with HeadStart:
 - Providers formed positive and collaborative relationships with one another, however they felt the support from HeadStart, particularly the schools team was lacking. Providers would also have liked access to clinical supervision from HeadStart.
 - Delivering early mental health interventions aimed to enhance the resilience and wellbeing of young people was a new focus for Providers, which they felt their organisations benefited from.

Recruitment and retention

Overall, 588 young people were recruited to CASA, with a retention rate of 66 per cent (Active Newham: 73%, Aston Mansfield: 67%, Change Grow Live (CGL): 75%, East London Dance (ELD): 53%). Refer to Table 1 CASA participation below, alongside detailed participation information in Appendix A.

Providers were responsible for promoting and recruiting to their interventions. They used direct and indirect marketing strategies to promote interventions to parents and young people. They reported negotiating organisational challenges such as poor collaboration with HeadStart schools team, alongside systematic challenges of community work in Newham, such as the prevalence of violent crime. They felt that recruitment could have been improved as could attempts to reach a range of young people.

Recommendation process.

Providers were responsible for the recruitment of young people to the interventions. In order to be eligible, young people needed to be recommended by themselves, a parent or professional. A paper based recommendation system was initially used, but changed to a digital system via the HeadStart Newham website in January 2018. HeadStart Newham forwarded these recommendations to CASA Providers.

Although the intention was that young people are involved in these decisions, Providers reported that young people were not always aware they

had been recommended, which raised questions about their choice in participation.

Recruitment strategies.

The CASA Providers outlined their successful recruitment strategies included advertisements in the council's summer activity brochure and local newspaper (The Newham Recorder) and distribution of leaflets in the community e.g. to parents outside school gates.

A barrier to recruitment was parental resistance to their child participating in an early mental health intervention, due to stigmatising beliefs about mental illness or fear of stigma from others. Providers proactively sought to reach parents, for example by holding information evenings or directly contacting by text or email, where details were available.

The CASA Providers targeted new and existing partnerships with social services, schools and community centres and provided taster sessions to young people in these contexts. However, providers thought there was a misconception among school teachers that young people taking part in school HeadStart interventions were not eligible for CASA interventions, and attributed this to low numbers of recommendations from schools.

Word of mouth among young people and parents was a key way they attracted recommendations. CGL's bring a friend scheme proved successful as it helped young people feel less daunted about travelling alone in the community and increased motivation to attend.

Providers worked collaboratively to promote all interventions across their respective services, and in community venues where they directly approached existing service users. In general, Providers felt there was a lack of awareness about HeadStart and the range of interventions offered. Likewise, young people felt wider peer groups were not aware of the range of CASA interventions on offer and suggested more

prominent advertisement in the community could have been helpful.

Motivations for recommendation.

Young people consistently said that parental encouragement had influenced the decision to take part. They believed that their parents wanted them to participate as interventions were free of charge, particularly over the holidays, and the perceived potential to develop skills, especially academically that could assist with the skills needed for GCSEs, for example, on literary interventions.

Young people's personal motivations included, trying something new, developing skills, and attending with a friend. Young people also wanted to do something away from home, school and their usual activities to ward off boredom. Young people expected interventions to be fun and not

"Not many other opportunities available to our community this was one of the only options for us"

Young person, Sports

like school.

Challenges to recruitment.

The CASA Providers experienced challenges to recruitment which they felt impeded uptake to interventions. The intention was that half of the recommendations would be supplied by the HeadStart Newham school practitioner team, and half directly by CASA Providers, thus reaching a wider pool of young people. Providers experienced low number of recommendations from the HeadStart schools team. Missing information such as telephone numbers on recommendation forms from HeadStart made it difficult for Providers to get in touch with young people.

Providers believed the timing of HeadStart schools interventions contributed to low

recommendations, as school interventions started later in the academic term. The misaligned intervention schedule also meant that young people recommended in term-time could start late into a CASA intervention.

"We need to put in a lot more groundwork to increase school recruitment and to build up links with schools"

CASA Provider, Lead

Additionally, they believed not having a direct contact in HeadStart schools via HeadStart Youth Practitioners and / or school teaching staff hampered school recruitment, particularly in secondary schools. An example of collaboration between a CASA Provider and a school Youth Practitioner involved the Practitioner showing eligible young people promotional videos of CASA interventions to encourage sign up.

Providers with existing relationships with schools, made use of these, which supported recruitment of young people in the target population criteria.

Systemic barriers.

Providers highlighted the wider Newham context and how this affected recruitment and retention. They described anxieties young people and their parents had about travelling alone or to different areas in the borough for CASA interventions, because of a fear of crime or gang related violence. It was highlighted that limited resources could influence choice of venue for an intervention and this could in turn, affect recruitment if the location prompted these fears.

Additionally, Providers recognised that CASA may

"Young people have to feel we want them to be there and feel safe...We need to be aware of where we are and some of the anxieties about lone travel"

CASA Provider, Youth Practitioner

not reach all young people in Newham who are in need and reflected a need to think about engaging young people from different cultural and complex social backgrounds who may not have access to the same resources and support to attend, including young people in gangs, faith groups and young carers.

Facilitators and barriers to attendance.

Young people and the Providers illuminated personal and, or social reasons for non-attendance to CASA interventions.

Time and venue. Providers found sessions were better attended during school holidays, and observed sporadic attendance during term time. They attributed this to convenience of structured activities for both parents and young people during holidays, as well as less chance of clashes with school or other activities during this time. Although, family commitments could also be prioritised during both term and holiday periods.

Additionally, Providers explained that attendance to evening sessions varied and found it was poor during winter months, possibly due to darker evenings and poor weather. Lone travel and not

having access to transport to the venue directly from school was recognised as a factor for poor attendance.

Wellbeing. Illness could prevent attendance, particularly during winter. Providers noticed this could have a knock on effect with other young people becoming unwell or choosing not to attend because a friend was absent. Young people also explained tiredness played a part in whether they came to a session.

Incentives. There was no cost to attend CASA interventions, which was both a facilitator and a barrier. While it could support attendance, the free provision could also be a barrier to regular attendance, as other activities or commitments could be prioritised. CASA Providers also used incentives such as vouchers for other activities in the community, and the provision of snacks. However these were not seen as a key motivator for parents or young people to attend.

Table 1. Participation in CASA: recruitment, retention and demographic characteristics of participants

Participation in CASA January 17 – November 18				
Recruitment				
Started intervention, took part in 1 session	141	86	169	192
Retention				
Completed, took part in 5 sessions	103 (73%)	58 (67%)	127 (75%)	102 (53%)
Average number of sessions attended	8	11	7	10
Range number of sessions attended	1 – 38	1 – 105	1 – 29	1 - 86
Demographic information				
Gender: Male	83 (58%)	48 (46%)	63 (37%)	39 (20%)
Gender: Female	57 (40%)	38 (44%)	79 (47%)	152 (80%)
Age: 9-16 years (in target population)	131 (92%)	82 (94%)	145 (86%)	153 (80%)
Meets target population				
has a mild emotional, behavioural, attention or relationship difficulty	114 (80%)	17 (20%)	88 (52%)	6 (3%)

Planning and delivery

The CASA Providers were established organisations with experience of working directly with young people in Newham, and with an existing range of creative and sports based interventions. Working with HeadStart to deliver interventions to enhance the resilience and wellbeing of a specific target population of young people was, however, a new focus.

Provider training.

HeadStart delivered Resilience ZAP training to CASA Provider Leads in December 2016. The training covered the aims of the HeadStart service, CASA interventions, and the service's approach to building young people's resilience and wellbeing, based on the Academic Resilience Approach¹. Those that did attend reported these initial sessions were useful and informative. Many of the Specialist Facilitators and Youth Practitioners did not attend the training, nor was it repeated in instances where Provider Leads had changed. Providers that did not receive this training believed it would have been beneficial for their planning and delivery.

¹ Academic Resilience Approach framework. A resilience framework that summarises a set of ideas and practices that promote resilience, developed by Angie Hart (<https://www.boingboing.org.uk/use-resilience-framework-academic-resilience/>). The framework underpins HeadStart Newham's approach.

Target population and 1:1s.

Following recommendation, CASA Youth Practitioners arranged a one-to-one (1:1) with each young person. The purpose of which was to explain the intervention, set goals, complete outcome measures as well as assess eligibility for the intervention.

CASA Providers reported challenges to conducting 1:1s on a first meeting, as the questions and information could feel intrusive for young people that they did not have an established relationship with.

CASA Providers understood HeadStart works with young people with emerging mental health needs, typically identified at the initial 1:1. However, they did not always use HeadStart target population criteria when accepting recommendations, reporting this was difficult to assess in a short 1:1 and without having an existing relationship with the young person. Provider leads advocated that CASA could be a universal provision, believing that all young people in Newham could benefit. Where there were low recommendation numbers, they believed accepting all referrals could enhance the intervention experience for young

"All young people in Newham need resilience support, knife crime is rife, they can present fine, but then over time may disclose difficulties they are experiencing"

CASA Provider, Lead



people, as it led to bigger group sizes.

Providers were commissioned to conduct two additional 1:1s, usually at the midway and end point of interventions. This was an opportunity to check in with the young person, review their goals and complete outcome measures. Providers explained that the mid-way 1:1 was not perceived as helpful to young people or practical in terms of staff capacity. Therefore, in some instances 1:1s

were conducted with young people only at the beginning and end of interventions.

The approach to 1:1s varied between and within Providers. Young people recalled either having dedicated 1:1 time with a Youth Practitioner, having discussions with parents and a Youth Practitioner, or not having 1:1s at all. Those that remembered 1:1s felt they were most helpful when achievable goals were set and monitored. Young people were taken out of the intervention session to do the 1:1, which they did not like as it meant missing out on intervention activities. In addition, if the 1:1s were solely focused on completing the surveys this could be experienced as meaningless by young people. Providers suggested a need to review the 1:1 requirement to ensure it is practical for Providers and useful to young people.

Planning sessions.

The Specialist Facilitators working in CASA were skilled in teaching a specific creative or sporting intervention. While there were Facilitators who also had a background in youth work, not all had delivered early mental health interventions before. Providers, therefore, would have liked additional support from the HeadStart team when initially developing CASA intervention sessions.

“More details [needed] in induction on progression we expect to see so we can be more targeted in goal setting. Mental health is so broad, could say focus on motivation or confidence to help youth workers guide the sessions much more”

CASA Provider. Youth Practitioner



Providers delivered and piloted a range of interventions for different lengths of time. During implementation, they questioned whether in some cases, they needed to have more contact time with young people for interventions to be meaningful. There was a suggestion that they

could benefit from HeadStart expertise in relation to uncertainty about timeframes for interventions.

Providers commended the contributions from the other CASA Providers in supporting the development of interventions. Discussions had between Providers for example, helped generate ideas for warm up games with a focus on resilience. It is not clear from the data whether these discussions were on an ad hoc basis or during formal meetings with the HeadStart CASA manager.

Delivery location.

Providers reported that HeadStart had stipulated CASA should be delivered in community settings. As a result, Providers were unable to use school spaces out of hours and felt this restricted recruitment, implementation, and venue choices. Furthermore, they felt that there were practical challenges for running taster sessions in the community, such as the use of specialised equipment which could not be transported for demonstration.

Partnership working

Collaborative working.

Quarterly community of practice (COP)² meetings were organised by the HeadStart CASA manager and attended by the CASA leads and/or CASA Youth Practitioners. The aim was to share best practice and resolve challenges together.

Providers appreciated it when decision making was a shared process, in collaboration with the HeadStart CASA manager, and felt their feedback could help to overcome barriers. For instance, involvement in the adaption of the recommendation form to include contact details was thought to have improved recruitment. Conversely, there were times Providers felt their expertise was not utilised by HeadStart, or where challenges highlighted were not sufficiently addressed, which could be frustrating. Where Providers felt concerns were acknowledged and solutions found, this improved working relationships between HeadStart and CASA.

In general, Providers experience was that CASA and the wider HeadStart team operated independently from one another, and that the

² Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly. They have a common goal that brings people together across sectors or hierarchies to engage in shared activities related to the shared goal. They may develop and share resources or tools that supports their goal, vision or interest. <http://wenger-trayner.com/introduction-to-communities-of-practice/>

"It feels like HeadStart interventions in school get lots of support and recognition and we really don't."

CASA Provider, Lead



efforts of CASA were not as well recognised, compared with HeadStart school interventions.

They believed a more holistic approach across the whole HeadStart service, including collaborative working with schools, could be beneficial to young people, and the HeadStart service. For example, the opportunity to access pre and post survey data immediately, and share progress updates and safeguarding concerns with the wider HeadStart team, could inform tailored interventions for young people in need of extra support.

Providers expressed an interest in accessing the wider professional peer support network, such as the HeadStart schools Youth Practitioner team, which was initially limited. Building these relationships had taken more time and effort than anticipated. That said, Providers understood the HeadStart service was in its initial stages, and

"It has lots of potential...to be inundated referrals, have courses booming, have a strong young person forum, to make sure quality of what we're delivering is spot on, be completely children driven and have onward links to the community."

CASA Provider, Lead



were confident progress had been made since that would support future implementation. Providers reported having strong working relationships with each other. They felt they had access to a network of peers and worked together to resolve barriers and share best practice, both informally and at the COP meetings. One example of good practice was Providers promoting all CASA interventions rather than just their own.

They attributed positive working relationships with each other to a shared drive to strengthen community services for young people and professionals in Newham, a borough which has been affected by government cuts.

Organisational change.

Despite some challenges working in partnership with HeadStart during the early stages, Providers reflected on how implementing CASA had influenced the design of their own interventions and activities, and how they work with young people.

Working with HeadStart encouraged reflective practice for some Providers. They reported their experience had reinforced values and solidified pre-existing aims of prioritising wellbeing in Newham. The process of being commissioned by HeadStart to provide CASA, and review progress and implementation challenges supported reflective thinking on the ways in which they can make improvements to delivery.

Providers noted how they could apply their learning and training from HeadStart directly to their other programmes of work. For example, by using the resilience framework in the training of new and existing Youth Practitioners, who had not been involved in delivering CASA.

Furthermore, where working within an approach focused on mental health and wellbeing was new for Providers, they gained knowledge of working in early prevention, and increased their confidence in procuring similar contracts in the future.

Our learning

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

Our learning <i>about young peoples' intervention experiences</i>	Action
Recognising achievement	
The importance of reinforcing recognition of achievement.	Work with Providers to develop celebrations and recognising achievements.
Improving relationships	
Young people suggested: <ul style="list-style-type: none"> • a preference for interventions with larger groups • there should be time to socialise • group activities to mix with peers • a need to explicitly introduce new joiners creating opportunities to connect young people to peers and the community. 	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.
Co-production	
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.

Our learning <i>about young peoples' intervention experiences</i>	Action
Trusted adults	
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.
Session structure / facilitator approach	
<p>Young people did not always understand the need for warm ups/downs.</p> <p>Young people did not respond well to criticism, instead stating a preference for positive reinforcement.</p>	<p>We will support the Providers with session planning and how to relate the activity back to aspects of resilience.</p> <p>We have refined Provider specification to include adapting programme delivery to offer greater consistency of activities and session structures.</p>
Venues and resources	
<p>Young people would like:</p> <ul style="list-style-type: none"> • greater variety during interventions e.g. taking trips, holding sessions outdoors • locations clearly signposted, and include adequate facilities e.g. lifts, toilets, temperature control • accessible food and drink provision, suitable for intervention duration • appropriate performance spaces, resources and equipment, adequately provided for the activity. 	<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>
Reach	
Consider approaches to engage more vulnerable young people that are currently hard to reach e.g. those in gangs and young carers.	We will work with Providers to ensure they carry out wide ranging engagement and outreach across the borough.

Our learning <i>about implementation</i>	Action
Recruitment and 1:1s	
<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"> • running taster sessions in school/community • video promotion in schools • collaborative working with HeadStart Youth Practitioners • HeadStart to provide referrals with accurate contact details • alignment of CASA intervention timetable with HeadStart school interventions, and to recognise cultural and religious dates that may conflict. 	<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>
Retention	
<p>Apprehension about lone traveling and fear of gang related violence can impede participation. Providers suggested:</p> <ul style="list-style-type: none"> • Providing a transport service in the budget (from school to CASA venue) • Working with young people to pilot and identify interventions of interest to refine the CASA offer, including ensuring intervention titles are appealing. 	<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>

Our learning <i>about implementation</i>	Action
Provider training and session planning	
<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>
Collaborative working	
<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>

Conclusion

The initial phase of HeadStart CASA interventions has been implemented for eighteen months. This study sought the views and experiences of young people that took part and delivery staff, to understand how CASA was implemented and whether and how the interventions benefited young people.

Intervention experience.

On the whole, young people enjoyed the interventions, reporting they had fun, and developed their skills and interests. They expressed a desire to be more involved in decision-making about the content of interventions. Working with different groups of peers was a positive feature of CASA, as was working towards a collective output. The relationship with the Specialist Facilitator was imperative to young people's intervention experience. They were seen as experts and role models, and their support and encouragement was important. The relationship could be difficult if Specialist Facilitators were perceived to be too strict. Venues and resources provided by CASA were generally satisfactory. Nonetheless, young people reported that limited facilities, or inadequate equipment or resources could detract from their experience.

Outcomes for young people.

Findings suggest CASA participants 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 described enjoying the intervention and that participation provided a sense of belonging. Furthermore, taking part in CASA could provide young people with a

distraction from difficulties at home or school or indeed tools to cope with everyday challenges, suggesting participation could build resilience. Above all, positive intervention experiences were reported to help build their self confidence. Young people became friends with other CASA participants. Although they could not always maintain contact once the intervention had ended, they did consider themselves part of a wider social circle as a result. Participants consistently reported feeling a sense of belonging which could contribute to their community connection. Improved relationships with peers or the community were not, however, reported where the intervention group was small, young people already knew others in the group or were existing users of the Provider or community venue.

Recruitment and retention.

Recruitment to interventions posed a challenge for Providers, who felt that better collaboration with HeadStart Newham schools teams could have improved recruitment. Overall 588 young people were recruited to CASA, with a retention rate of 66 per cent. Providers believed there was limited understanding of the HeadStart service across schools and parents. Providers targeted parents to recruit younger children, and found that word of mouth was successful for recruitment of older children. Consistent attendance to interventions was particularly difficult during school term time and winter evenings. Young people's apprehension about travel to other areas of the borough, or travelling alone could affect attendance.

CASA Providers did not always use HeadStart target population criteria when accepting recommendations. They reported this was difficult to assess in a short one-to-one (1:1), particularly in the absence of an existing relationship with the young person. Provider leads advocated for CASA to be a universal provision, believing that all young people in Newham could benefit. Additionally, as interventions were not at

full capacity they perceived no need to reject any recommendations. Furthermore, 1:1s were generally conducted at the beginning and end of the intervention only, rather than the stipulated three 1:1s. Providers did not find midway 1:1s helpful as it reduced young people's time in the intervention. Young people corroborated this view, in some instances scarcely recalling 1:1s. Conversely, young people did find 1:1s helpful when they were used to set individual goals. Initially, Providers were unsure as to how long a course each intervention should run, and would have liked HeadStart guidance on this. In addition, as CASA staff did not all have expertise in health and wellbeing, HeadStart expertise could have been better utilised in designing initial session plans. On the other hand, support between the CASA providers themselves was found to be accessible and helpful.

Partnership working.

HeadStart delivered Resilience ZAP training to Provider leads at induction. Based on the Academic Resilience Approach, it covered the aims of the HeadStart service, CASA interventions, and the service's approach to building young people's resilience and wellbeing. Those who attended reported it was useful and informative. However, training was not provided to all CASA staff or repeated where Provider staff had changed.

Working with HeadStart, along with each other, was a valuable experience for CASA Providers. Provider leads found the Community of Practice meetings helpful in overcoming challenges, and appreciated being involved in a shared decision-making process. However, in general, CASA was seen as separate to the wider HeadStart service, and Providers found it difficult to build working relationships with the HeadStart schools teams. There were, however, examples where HeadStart Youth Practitioners supported CASA leads/Practitioners to engage with schools and hold taster sessions. Despite initial challenges, working with HeadStart had influenced change

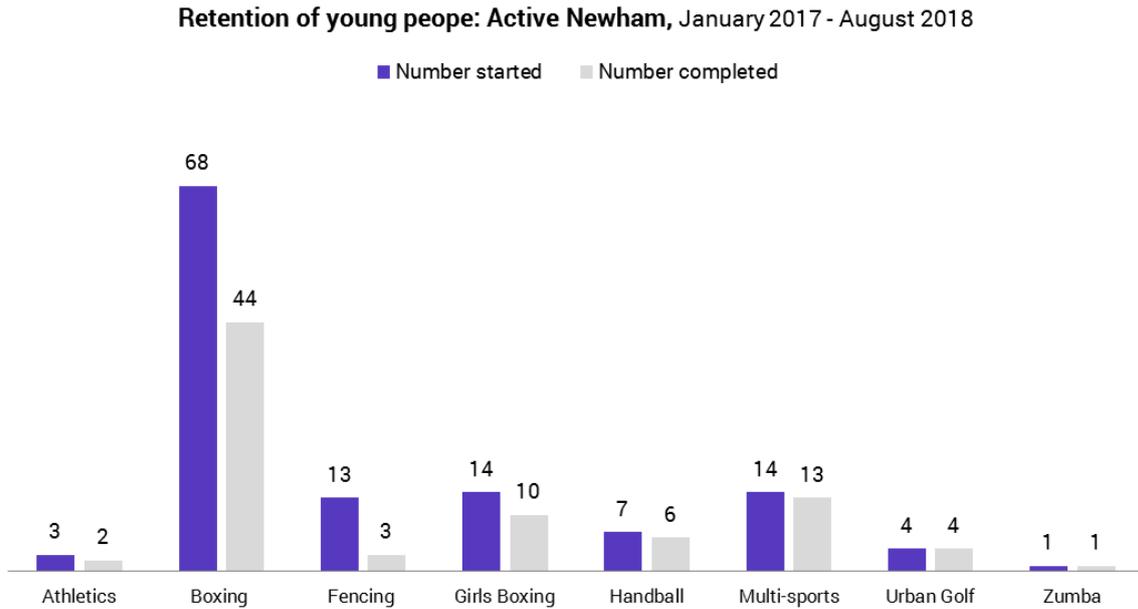
within CASA Provider organisations; encouraging use of the resilience framework in staff training, integrating HeadStart and wider local offers into existing internal referral pathways, increasing confidence in procuring new contracts of work with young people, and promoting reflective thinking and working across their services.

Appendix A

Recruitment and retention by Provider

Figure 1. Active Newham recruitment and retention

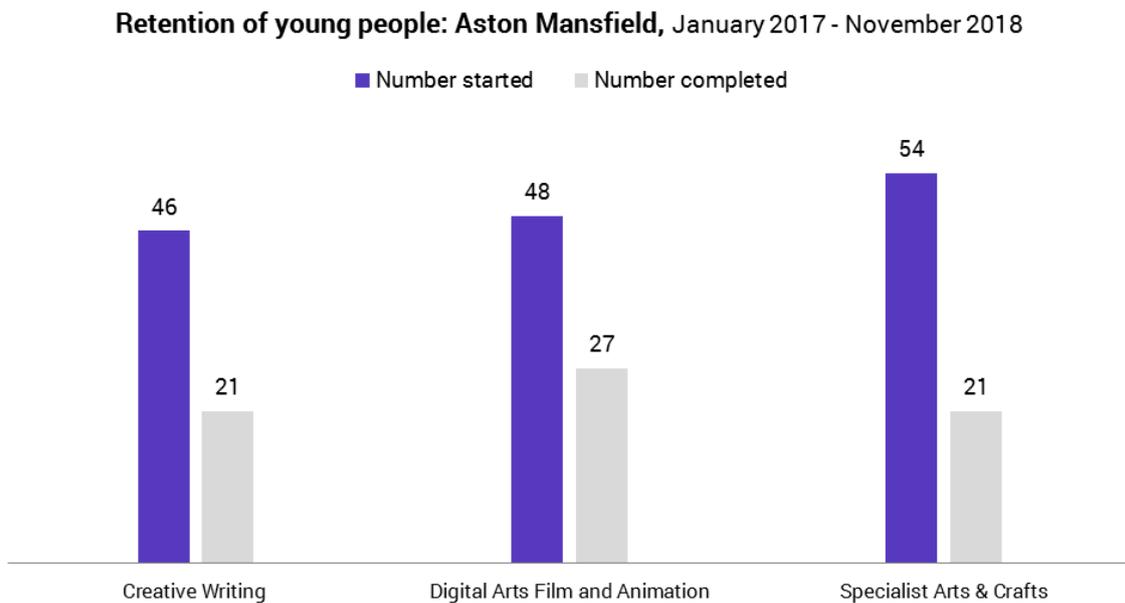
Active Newham ran 8 types of sports interventions, across 8 community locations. 141 unique young people participated in at least one session.



** Please note that young people may have taken part in multiple interventions offered by the Provider.

Figure 2. Aston Mansfield retention

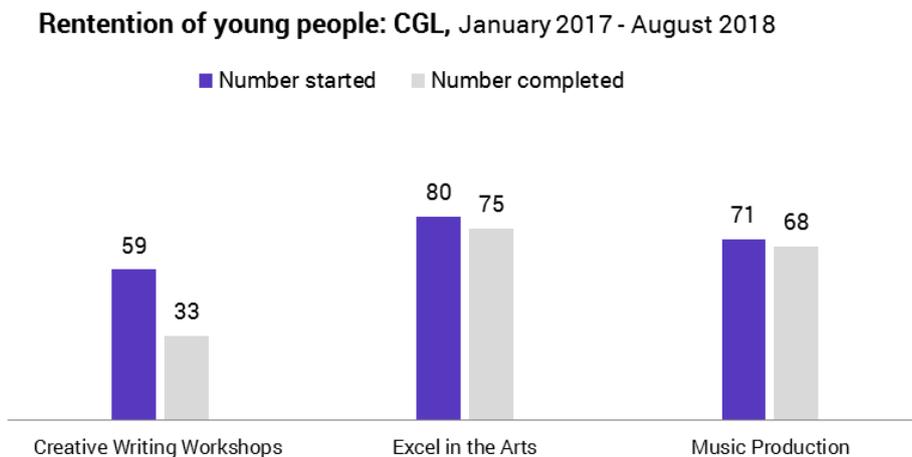
Aston Mansfield ran 3 types of creative arts interventions across 2 community locations. 86 unique young people participated in at least one session.



** Please note that young people may have taken part in multiple interventions offered by the Provider.

Figure 3. Change Grow Live retention

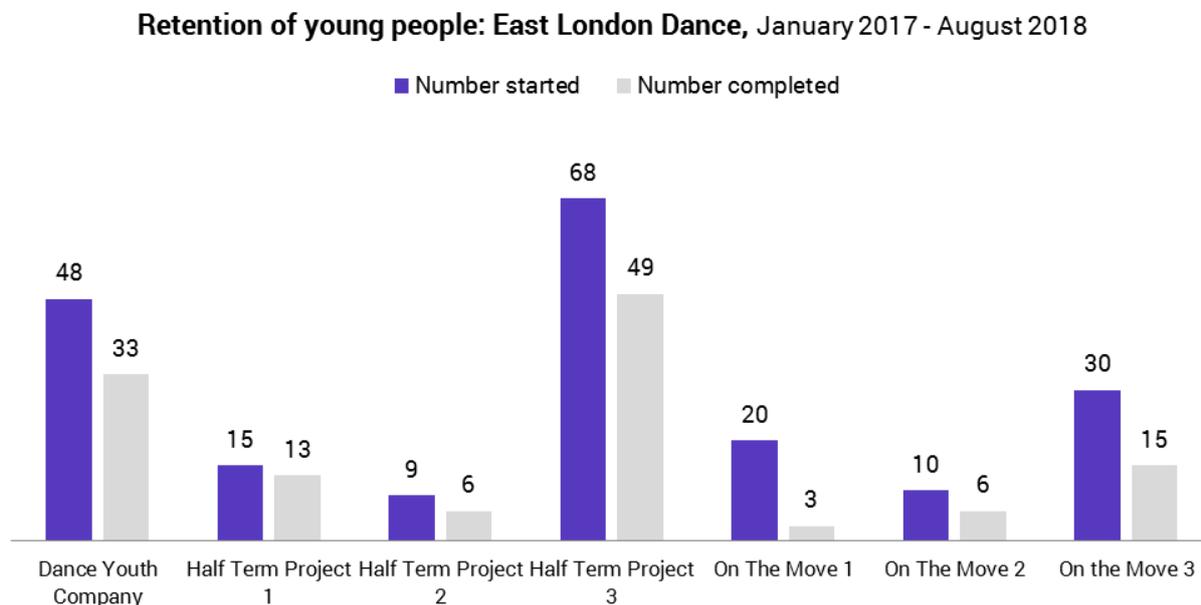
Change Grow Live ran 3 different types of music and performance arts interventions, across 8 community locations. 169 unique young people participated in at least one session.



*** Please note that young people may have taken part in multiple interventions offered by the Provider.*

Figure 4. East London Dance retention

East London Dance ran 3 types of dance interventions, across 8 community locations. 192 unique young people participated in at least one session.



*** Please note that young people may have taken part in multiple interventions offered by the Provider.*



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