Ahead of the Game UK Toolkit

Kat Craig and Alison Carney
February 2024

COMIC RELIEF

ATHLEAD

Contents

Introduction

There is a growing recognition of the need for mental health and wellbeing support among communities in the UK and beyond. This presents an opportunity to move beyond sport for change programmes that passively achieve wellbeing outcomes to creating programmes that are intentionally designed to achieve them.

The Ahead of the Game UK Toolkit is designed to support organisations who have identified the need to build more intentional mental health support into their sport for change programmes; addressing wellbeing more intentionally could lead to destigmatising mental health and also preventing more serious mental health conditions. It is also a resource for the ecosystem that supports these organisations – funders and mental health service providers, for instance, or local organisations that provide sport activities or mental health and wellbeing activities.

Most sport for change initiatives have always contained an element of wellbeing in their programming, in that that there is an integral wellbeing benefit of participation in sport and physical activity. Going from passively addressing and measuring wellbeing outcomes to intentionally designing sport for change interventions that provide support for the mental health and wellbeing of both participants and staff is a big jump for any organisation. This Toolkit provides tools for these organisations to enable them to move toward an intentional approach that designs for mental health and wellbeing and achieves concrete outcomes that can be measured. We encourage organisations to study both this Toolkit and the insights from the Ahead of the Game UK Learning Report that accompanies it. We look forward to ongoing discussions and learning in this space, as the sector continues to grow, evolve and share experiences.

Addressing mental health is particularly complex because of the diversity of need and the constantly changing group of stakeholders and participants involved in any sport for change programme. The Ahead of the Game UK Learning Report published in 2023 which accompanies this toolkit explains that complexity. The report describes the disproportionate impact on mental health and wellbeing that structural injustices have on marginalised groups such as Black people and people of colour, members of the LGBTQIA+ community, and people who have been out of education or are in the criminal justice system.

Many organisations that deliver sport for change do not have staff with the mental health expertise to tackle these challenges. We hope that this Toolkit will help organisations build in and reflect on practices that can make their programmes more intentional, safe and effective in addressing mental health and wellbeing and more inclusive of the diverse needs in the communities they work in.

How to use this toolkit

This is not a comprehensive list, but an array of tools that will help you plan and carry out a sport for mental health and wellbeing programme. We strongly encourage you to use this Toolkit alongside the Ahead of the Game UK Learning Report, in which we discuss the learning shared by Ahead of the Game UK funded partners. Three themes emerged from that report:

- the need for a compassionate and inclusive approach to mental health and wellbeing
- the need for successful partnerships and referrals, and
- the need for sustainable engagement and impact.

We hope you keep these in mind as you embark on your programme design and delivery journey.

In the Learning Report, the funded partners give specific examples of sport for mental health programmes that they implemented successfully. You can learn how they had to adjust and adapt to meet the evolving needs of their communities, and how they worked hard to reach the people who fall through the cracks and are systemically excluded from mainstream mental health services.

Some of the tools in this Toolkit come directly from funded partners, and some emerged during Ahead of the Game UK learning discussions. All are tools that should be used with processes that include the voices of participants and the communities you work with and that take into consideration their mental health and wellbeing.

These tools are templates. They can be tailored to fit your specific partnership and programme. Although the tools have been tried and tested by the funded partners in the context of programmes that support mental health and wellbeing through sport, many are also more broadly applicable. We encourage you to use them wherever and whenever they may be relevant and useful.

The toolkit is separated into four steps, and in each step you will find between three and seven tools. The steps are:

At the end of the Toolkit there is a list of tips for how funders can support this work. Organisations need resources if they are to support the mental health and wellbeing of all participants, and this is where funders can help.

STEP 1: PLANNING → **STEP 2: COLLABORATION** → **STEP 3: SAFETY** → **STEP 4: LEARNING**
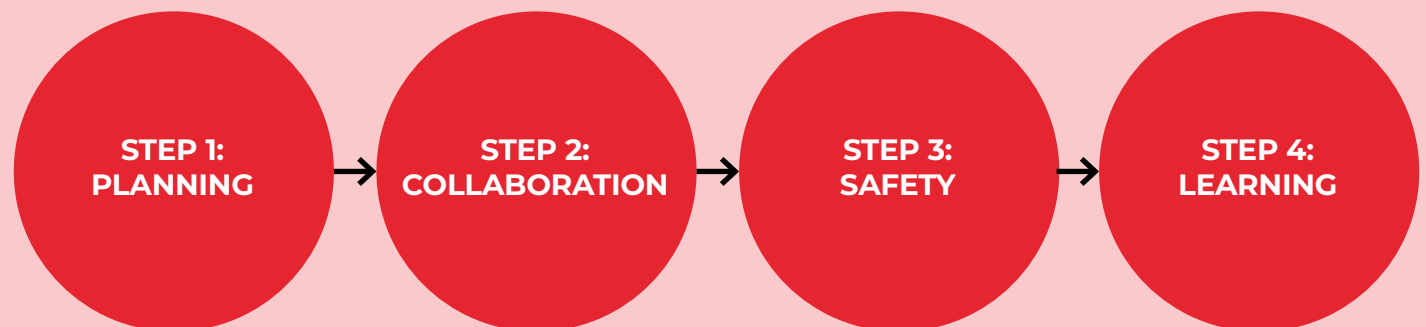
About Ahead Of The Game UK and the authors of this toolkit

Comic Relief's Ahead of the Game UK initiative aims to improve mental health outcomes in the UK through combined sport-based approaches and quality mental health support. The eight organisations (or, in some cases, partnerships between multiple organisations) demonstrated project designs that fulfilled one or more of the following criteria:

1. a focus on improving mental wellbeing and helping people function better

2. ensuring mental health provision is intentional, not incidental

3. providing sustained support for individuals and in communities

4. ensuring that provision is high quality and that delivery staff are themselves well-supported and building partnerships and/or working collaboratively

5. working in partnership, particularly between actors in the sport for change sector and the mental health sector, to ensure relevant expertise in programmes

Comic Relief appointed Athlead, a specialist sport and social impact consultancy, to conduct the Learning Coordination for Ahead of the Game UK. The team was led by Kat Craig and Alison Carney and supported by Joel Williams. We are deeply grateful to the funded partners for their commitment to both their programmes and this learning community. Without their impressive work and generosity in sharing their learnings and tools, this Toolkit would not be possible.

The learning coordination was designed to provide a necessary respite and safe space for joint reflection. The key principles of the Athlead approach to learning were to:

1. centre the expertise and experience of the funded partners

2. create space for funded partners to step back from day-to-day delivery and reflect on challenges and opportunities

3. provide regular, facilitated exchanges of information and co-creation of solutions.

Additionally, these organisations are constantly learning, and it's hard to do that in isolation. We heard from the Ahead of the Game UK funded partners that it was particularly valuable to have a space provided by Comic Relief where they could share ideas and experiences with other organisations using sport for mental health and wellbeing support.

STEP 1:
Planning Tools

The Ahead of the Game UK cohort all strongly agreed that addressing mental health through a "one size fits all" approach will not work. Each participant has different needs and will be on a different journey with their mental health and wellbeing. Also, each community or programme location is distinct and therefore what works in once place might not work the same way in another.

Any sport programme seeking to address mental health and wellbeing must therefore be carefully planned and designed. In this step you will find four planning tools. Tool 1: Stakeholder Mapping Matrix helps you understand your community and context. A key element of understanding need is knowing who else is working in this space so you can avoid duplication and maybe team up or coordinate.

You can then dig deeper by talking to stakeholders in the community during community consultations. Tool 2: Community Consultations helps you to identify the mental health and wellbeing needs of the community.

Once you have identified those needs you can use two more tools, Tool 3: Strategic Reflection Questions and Tool 4: Theory of Change, to build a strategy that ensures your programme will be effective.

Tool 1:
Stakeholder Mapping Matrix

Type of tool: Planning

Purpose: Stakeholder mapping will help determine what support you offer, with whom you might partner, and where you might find additional resources.

When to use: This exercise should be done in the planning stage of a programme and repeated at key intervals. It can form part of a broader strategic exercise, such as a Theory of Change process (see Tool 4: Theory of Change) and can be done in person or virtually.

Who should be involved: As many people who will be involved in the programme as possible –the programmes or delivery team, MEL team, any senior management team members and members of the community or future programme participants, if possible. Engaging everyone early in the planning of the programme, and involving them in an activity to understand the stakeholders in the community where the programme will be delivered, will help to build buy-in and form a common understanding.

Supporting mental health and wellbeing in a community is a team effort. As the Ahead of the Game UK Learning Report highlights, our sport programmes can play an important role but they are not a "silver bullet". The people you're seeking to serve will often also rely on other organisations or individuals. This will have an impact on how effective your programme is. For example, if you're supporting someone with acute mental health needs and their local GP surgery shuts down, your programme may become less effective.

Stakeholder mapping helps you understand how different stakeholders might have an interest in and influence over your programme. Early stakeholder mapping helps determine what service you offer in the wider context of support, who you might collaborate with and when their services will be most helpful to your participants. Mapping should include all stakeholders, even those who you decide will not have much involvement in the programme, or who may have a negative impact on your participants' mental health and wellbeing.

Process:

1. Create a register of stakeholders. Ask the group to brainstorm all potential individuals, organisations and agencies who might be interested in or influenced by the programme. All ideas are welcome at this point so encourage your team to think outside the box!

2. Classify stakeholders in a matrix. Using a white board (or on screen if facilitating virtually), share the following matrix and fill in all the stakeholders in the left-hand column.

3. Populate the matrix: Reflect on each of the stakeholders and discuss how much they will influence the programme outcomes and how much they will be impacted by the programme. Begin collaboratively to place each stakeholder on the matrix.

4. Strategise for engagement: Once you've mapped your stakeholders on the matrix, you can discuss strategies for engagement with each of them. Some will have a greater influence on the programme outcomes than others. Some will be significantly impacted by the programme. These may become priority stakeholders for engagement.

Example matrix:

Stakeholder	Contact person and contact info	Impact (How much does the programme impact them?)	Influence (How much influence do they have on our programme?)	What is important to this stakeholder?	How could this stakeholder aid our programme?	How could the stakeholder hinder our programme?	What is our strategy for engaging this stakeholder?
Schools we partner with		Medium	High – because they refer young people to the programme	That young people stay in school	They can send referrals of young people who need mental health support and an after school activity	Providing incomplete information or not referring students who fit our programme	Regular communication and sharing of information. Invite them to events.
Local mental health charity		High	Medium – because they partner with us but do not directly deliver	That young people who are struggling with mental health have more support	They can provide additional psychological support	If they do not share their monitoring information then we do not have enough MEL data	Regular communication and checking in with them. Make sure we have a clear agreement
Young people who are out of school		High	High – because we design the programme for the needs they share		They can engage with the programme and give us feedback	If they do not come to sessions	Each young person has a coach and a mentor who contacts them regularly

TOP TIP:
Don't forget that your participants are stakeholders as well – arguably your most important ones!

8

Tool 2:
Community Consultations

Type of tool: Planning

Purpose: To deepen your understanding of the mental health and wellbeing needs of the community, based on both demand and supply.

When to use: After you have mapped the stakeholders, as part of the planning and programme design phase.

Who should be involved: Appoint a key team member to lead, and focus on engaging all the priority stakeholders and at least one stakeholder from each category in the stakeholder matrix. As many different stakeholders as possible should be involved.

Process: The consultation can be done through group discussions, interviews with the different stakeholders, or a questionnaire, depending on what works best for you and for the stakeholders.

TOP TIP:
Don't get overwhelmed by this exercise. Even if you have limited resources, schedule a quick call with your five most important stakeholders, or send an electronic questionnaire. Some consultation is better than no consultation!

Community consultation form:

Name:

Date:

Organisation (if relevant):

What does the specific demographic your programme is seeking to support need (a) most and (b) most urgently?

How is the wellbeing of people in the community?

Are there certain people in the community who you believe are struggling more with their wellbeing?

Are young people in the community engaged in sport and/or physical activity? Which sports?

What support is there in the community for young people if they are struggling with mental health?

What does the specific demographic your programme is seeking to support need (a) most and (b) most urgently?

What resources are there in the community for young peoples' wellbeing?

Is there anything you think we should know as we plan a programme to support the mental health and wellbeing of young people in the community?

Have there been any trends or changes in the mental health and wellbeing of young people in the community recently?

Tool 3:
Strategic Reflection Questions

Type of tool: Planning

Purpose: These are overarching questions that you should ask and discuss in the planning phase of your programme and then at regular intervals throughout the life of your programme. The questions allow you to revisit what you learned in the community consultation and check that what you are doing with the programme is still meeting the community need, that it is inclusive, and that it is achieving the intended goal. Assessing the needs of the community should be part of an ongoing process because those needs may change.

TOP TIP:
These questions require action. Having the conversations and reflecting on the strategy of the programme is just the first step – you must then take action to remedy problems such as the exclusion of certain members of the community. This may mean making significant changes to your activities, staff, or overall programme direction.

Strategic reflection questions

Organisation:

Date:

What is the main need of our participants?

What are the activities we have planned to help with that need and support their mental health and wellbeing?

Do we have the right expertise and qualifications on the team to provide the right support in these activities?

Who might be left out of our activities?

What can we change to our activities or approach to include them?

Are participants experiencing change? How do we know?

What happens to participants when they leave the programme? Do we know?

Tool 4:
Theory of Change

Type of tool: Planning

Purpose: To think through and develop the theory of how you believe your programme will achieve mental health and wellbeing outcomes, and the steps required to get there. The Theory of Change will give you a basis from which to build strategy and monitoring, evaluation and learning (MEL), and it also gives you a visual diagram of the programme that you can go back to and review. Developing a Theory of Change for your programme helps to paint a more complete picture of your total process or trajectory.

When to use: Ideally before the start of a programme, but this can also be done at a point of strategic review of the programme, for example after two years or when funding is renewed.

Who is involved: As many members of the team and of partner organisations as possible, including participants, if available.

Process: A Theory of Change is ideally developed collaboratively in a series of meetings or workshops during which the different parts can be discussed. If you do not have the budget for external support to develop a Theory of Change and do not have the capacity to develop it over several workshops, you can still build one on your own as a small team and share it for feedback from stakeholders.

Discuss each part of the Theory of Change and start to build a diagram (see template below). In addition to the diagram, take notes to create an accompanying narrative that explains the different parts of the Theory of Change and how they relate to each other. You can start by discussing the social issue that your programme seeks to address, or you can start with the vision or aim of the programme. Some people find that starting with the aim and working backwards can be a more positive way of looking at the work. Theories of Change should be easy to use. They do not need to be long or complicated. A simple diagram with a brief narrative that clarifies what is included on the diagram and is understood by the organisation and stakeholders is the goal.

Theory of Change diagram template:

	Activities	Enabling factors	Stakeholders	Intermediate outcomes	Long term outcomes	
What is the social issue we are addressing?	Example: Regular individual mentoring sessions with staff counsellor	Example: We have the right expertise on staff	Example: Families/ carers of participants	Example: Regular participation in sport activities	Example: Increased personal resilience	**Vision or aim of programme**

The Social Issue: This is the problem you have identified in the community (or communities) that your programme will be designed to address. An example could be "Young people under 18 years old in our community are isolated, dropping out of school and extracurricular activities, and their mental health and wellbeing is suffering."

Activities, or ways of working: These are the ways that you will work in the programme. They might include sport sessions, individual mentoring sessions, life skills sessions, etc.

Enabling factors: These are the factors that you must have in place in order for your activities to be successful in achieving change (meaning your desired outcomes). They may be the staff expertise needed, safe spaces to host sessions, partnerships to fully support participants' mental health, etc.

Stakeholders who influence change: You can take these directly from your stakeholder mapping exercise and insert the stakeholders who have a strong influence on the outcomes of the programme.

Intermediate outcomes: These are the first changes that you hope to see in your programme, not the long term changes. It is helpful to think about these in terms of how soon a change will happen. For example, an intermediate change for a participant might be that they go from watching a sport activity on the side to participating in the sport activity in a way they feel comfortable with.

Long term outcomes: These are the changes that happen over a longer period. Your intermediate outcomes should lead to long term outcomes. So, using the example above, if a participant goes from not participating in any sport or physical activity to participating in a way that feels comfortable to them, then a long-term outcome would be increased physical wellbeing or perhaps a positive relationship with sport or physical activity.

Vision or aim: This is the bigger vision for social change that you have for the programme. Why are you doing this programme, and what do you aim to achieve?

TOP TIP:
If you get stuck in creating the diagram, or if you see there is an activity that you do, but you are not sure which outcomes it leads to, try talking through the theory: "If we do [activity], and make sure we have [enabling factor], then we will see [intermediate outcome] and that will lead to [long term outcome]".

This helps you identify gaps and make sure you have filled in all outcomes, and that you know which outcomes are intermediate and which are long term.

There are many ways to build a Theory of Change and many ways of making a diagram. A few additional resources that we recommend are:

Theory of Change: A guide for small and diaspora NGOs by Cathy James

Sport for Development Outcomes and Measurement Framework by the Sport for Development Coalition, chapter on How to Develop a Theory of Change

STEP 2:
Collaboration

Building the right team is essential for delivering a quality programme that meets the mental health and wellbeing needs of the community. This could relate to your internal organisational team, but also to wider partnerships. Building good mental health and wellbeing practices can be complicated and often requires a multidisciplinary approach, so partnerships are particularly important in this context.

There are different kinds of partnerships that can be helpful in delivering programmes for sport for mental health and wellbeing. In the Ahead of the Game UK cohort, several of the sports organisations partnered with mental health services or professionals to ensure that they met the diverse mental health needs of their participants. Building a strong basis for partnership using the following tools can lay the foundation for a sustainable and effective programme.

Tool 5:
Making Partnerships Work Checklist

Type of tool: Collaboration

Purpose: This tool presents a set of questions for your internal team to reflect on before entering into partnerships. This reflection will help you build a strong basis for partnership.

When to use: Before or at the beginning of a partnership.

Who should be involved: Members of the team who will be actively working in the partnership.

Process: Bring together the internal team who will be working on the programme in partnership to discuss all of the questions in the checklist. Takes notes and use the notes from this discussion as a basis for the initial conversations you will have with the partners you will work with.

> **TOP TIP:**
> It is always valuable to include diverse voices in discussions when you are thinking through how to build a programme or in this case partnerships. Invite as many different perspectives from your organisation as possible to this conversation.

Making Partnerships Work Checklist

Partnership Purpose	**Consider questions such as:** • What do we want to get out of this partnership? • What will be the impact on mental health and wellbeing if this partnership is a success? • How would a successful partnership benefit participants?
Our Value-add	**Consider questions such as:** • What do we bring to this partnership? What is the balance in sport knowledge and mental health knowledge? • What are our core strengths? • Why are these of interest to a prospective partner?
What we're looking for	**Consider questions such as:** • What gaps in our expertise/knowledge/lived-experience in terms of mental health are we seeking to fill? • How important is this partnership to our ability to function? • What type of commitment are we looking for in a partnership?
Our Mission and Values	**Consider questions such as:** • What is our core mission and how does it align/differ from that of our prospective partner? • What are our core values and how do these align/differ from that of our prospective partner? • What is our organisational culture and ethos and how do these align/differ from that of our prospective partner? • What are non-negotiable common values in a prospective partner?
Complementarities	**Consider questions such as:** • In what ways does a prospective partner differ from us in how they work on a day-to-day basis? Consider capacity, resources, operations, governance, visibility, advocacy, delivery model. • How does the partner's expertise complement ours (in mental health and wellbeing or sport)?
Risks	**Consider questions such as:** • Have we had a frank conversation about our concerns? (Trust, communication, loss of individual identity/visibility, inequalities in power/control etc) • Have we agreed a clear division of labour/roles and responsibilities? • Have we agreed the parameters of our partnership? Where does the collaboration stop?
Partnership agreements	**Consider questions such as:** • Have we agreed regular check-ins and lines of communication? • Have we agreed a process to raise grievances in a constructive and timely manner? • Do we have a way to "consciously uncouple" if things don't work out? • How do we handle sensitive cases or cases that neither of us have the relevant capacity to support an acute mental health need?
Win-Win	**Consider questions such as:** • Expectations: do we agree on which assets each partner is bringing and taking away? • Do we each understand the risks and agree on how to mitigate them? • Have we agreed what outputs and outcomes are markers of success?

Tool 6:
Partnership Agreement Questions

Type of tool: Collaboration

Purpose: To build a strong relationship with transparency and understanding with a new partner, to pre-empt challenges and agree in advance how you'll tackle them.

When to use: At the beginning of a partnership

Who should be involved: Team members from both organisations who will be actively working in partnership.

Process: This activity can be done in conversation, or by sharing the template of questions before a conversation, each party writing their answers and sending them to the other and then having a conversation about those written answers.

TOP TIP:
This agreement conversation should happen after you have had internal conversations using the Making Partnerships Work checklist. It is important that when you use this agreement tool not only that both partners answer all the questions but that you have a conversation about the answers in case clarity or further discussion is needed.

Partnership Agreement Questions

Date:

Organisations involved in the partnership

What is the vision we have for this work we will do together?

Who will be actively working in partnership? What can be done to reduce dependency on specific individuals?

What do we want our partnership to achieve? Consider the potential contribution of the partnership to each organisation's strategic goals.

What are our organisation's values? What are our non-negotiable expectations concerning our values?

How do we want to work together? What do we want to agree on now in terms of mutual respect? What do we want to do if there is a breakdown in respect?

What is being transacted in each direction between our organisations? For example: money, information, access, equipment, training, people.

What roles and responsibilities does each of us have in the partnership?

How do we want to communicate? How often and in what way?

How do we do reporting together? What is each partner responsible for?

How will we monitor change in our programme? Who is responsible for MEL and how will we share information?

What is our exit strategy if something is not working? Do we want to agree on a process for leaving the partnership?

Tool 7:
Newsletter Template for Communication with Families/Caregivers

Type of tool: Collaboration

Purpose: Giving a regular update about how the programme is going and what is happening for the participants in the programme is an excellent way to connect with the families and caregivers of participants.

When to use: A newsletter can be sent to the families or caregivers of participants on a regular basis.

Who should be involved: One person may be responsible for finalising and circulating the newsletter, with multiple team members contributing and reviewing the content.

Process for sending newsletter: A newsletter can be delivered different ways, especially if there are families or caregivers who might not use email, or who do not have a mailing address to receive letters in the mail. You can send newsletters via email, letters in the mail, post them on your website, or send them to a previously created social media group, such as Whatsapp, Facebook, Signal, etc. If sending to email or phones, make sure that you have permission from families/caregivers to send them the newsletter or information related to the programme.

Families and caregivers often play an essential support role and have an impact on the wellbeing and mental health of a participant. Participants are only in your programme for a fraction of their week or month. They spend much more time in their home environment, which means it will have a great impact on their mental health and wellbeing.

Newsletters can open up communication with families and caregivers, and this may make it easier to find out what is happening for the participant at home. In the newsletter you can also invite the families and caregivers to events and invite them to ask you questions or communicate with you. Getting families and caregivers on board also means they can support participants in continuing to attend the programme if they are at risk of dropping out.

List of points to include in newsletter:

- Highlight a recent positive moment or story from the programme

- List current activities with times and locations that participants can be involved in

- List any upcoming events that families and caregivers are invited to attend

- Put the spotlight on a staff member, so that families and caregivers can get to know who is working with their child

- Share ideas about positive or negative influences on mental health – these can be general tips for families and carers

- Invite families and carers to ask questions or share feedback.

TOP TIP:
The frequency with which you send a newsletter depends on how often you want to update families and caregivers, how engaged they have been, and how often you have activities going on. Sending newsletters monthly is a good frequency if you have different things going on every month, otherwise quarterly works well.

Tool 8:
Referral Form and Guidance

Type of tool: Planning

Purpose: Referral forms are a good way to gather information about the background and mental health needs of new participants who are being referred to your programme.

When to use: The referral form should be provided to the institutions or partners who refer participants to your programme. The form should be explained clearly.

Who should be involved: The programmes team, and particularly the members of the team who will provide mental health support, should be the people who design the referral form and draft the guidance.

You may also choose to involve the participant in the referral process and ask for their comments on the referral (see "Young Person's Comments on Referral" box in form template). The reasons for asking for their comments on the referral are: a) so that they can make an informed and empowered decision about participating in the programme, and b) to build trust and transparency.

Carefully consider safeguarding issues when deciding how much of the referral form to share with a young person. If there is certain information from referrers that is sensitive and should not be shared, or if sharing the referral form with them could lead to harm in any way, then you should not share that information with the young person. Building trust and transparency is a priority, but safety and minimising harm comes first.

The information provided in a referral form can help you understand the different needs of participants before they start on the programme. The information can also help you identify if your programme offers the right support and services for the participants, or if they would be better off referred into another service. This is particularly important for programmes working with mental health. If your programme does not have mental health professionals present at activities, and there is a participant who has an acute need for a level of support that a sport coach is not equipped to provide, then you must consider whether this participant may be better off being referred to another service.

TOP TIP:
Having a conversation with referring partners about the importance of the referral form for providing the right mental health support for participants is key. Several of the Ahead of the Game UK funded partners shared that they often received incomplete referral forms. This meant they had incomplete information about participants, and in some cases they did not have the necessary information to ensure that a participant had the support they needed. In a group discussion about this challenge, the funded partners agreed that the best way to get complete referral forms was to have clear communication and a conversation with the referrer, so that the referrer can understand why all of the information in a referral form is important.

The referral form is based on referral forms shared by Empire Fighting Chance and Stable Life.

BASIC INFORMATION

Referring agency	Name and position of referrer

Contact address	Referrer Telephone:
	Parent/Guardian/Carer Name:
	Relationship to young person:
	Parent/Guardian/Carer Mobile Number:
	Parent/Guardian/Carer Email:

Young person's name	Gender

Date of birth	Ethnicity

Contact address	Telephone (home)
	Telephone if appropriate (mobile)
	Disclosed disability
	Attached Documents eg. S139a, assessments etc.
	Disclosed psychiatric diagnosis (if applicable)

Name of school/college/employer/training provider

REFERRAL INFORMATION

Involvement with other agencies:
Please include details of any recent referrals made to other organisations even if a service has not yet been offered.

Agency	Contact	Tel No.	Nature of contact

Family structure:
Parents/carers and any significant others: (not listed previously)

Name	Relationship	Address: (if different)	Occupation

Other young people in the household:

Name	Relationship	School	Date of birth

Additional needs and physical & environmental barriers:
(e.g. ADHD and other learning difficulties, disability issues, allergies, phobias etc.)

Young person's profile:
(Please include personality and interests to help with our assessment)

Reasons for referral :
Please tick all relevant issues to ensure a full assessment of need is achieved.

Social/emotional (check all relevant)

- Confidence Issues
- Low Self-Esteem
- Social Isolation
- Delayed Personal Development
- Challenging Relationships
- Neglect
- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Domestic Abuse
- Bereavement/Loss
- Self-Harm
- Parental Mental Health Issues
- Parenting Issues
- Gender Identity
- Physical Health Issues
- Sexuality
- Personal Hygiene

Behaviour (check all relevant)

- Anger Issues
- Not attending school Bullying - Victim
- Anti-Social Behaviour
- Victim of bullying
- Bully
- Drug & Alcohol Issues
- Sexualised Behaviour/Language
- Other, please specify:

Based on your ticks above, please expand on your reasons for referral:

What outcomes are you hoping the referral to our programme will achieve or contribute to?

Please provide more details about the root cause or trigger of the young person's current situation, if known (i.e. a traumatic event or loss)

Which of our programme's service(s) do you feel would be most suitable for the young person you are referring?

Is the young person AWARE OF THE REFERRAL?   YES   NO

Does the young person require ADDITIONAL EDUCATIONAL SUPPORT?   YES   NO

What OUTCOMES are you hoping will be achieved by the young person participating in our programme?

If you have any further comments on the outcomes you hope to see from this programme, please share them in this space:

Young person's comments on referral*

* Consider carefully what information in the referral form you will share with a young person if you are going to involve them. A young person should understand what your programme is, how you do things and why they have been referred, but consider if sharing further information could cause harm. This basic information also allows them to make an informed and empowered decision about participating in your programme. There could be information in the referral form that is sensitive, traumatic or causes harm, so it will not always be appropriate to share all of it.

Referral Guidance Notes template

1. These guidelines accompany [ORGANISATION NAME] Referral Form and are intended for any agency, professional, young person or parent/carer wishing to make a referral to [ORGANISATION NAME] on behalf of a young person who requires support.

2. Before referring a young person please ensure that their needs meet the referral criteria for [ORGANISATION NAME]. Additional details can be found further on in this document.

3. It is compulsory that permission from parents/carers/young people has been acquired before making contact with [ORGANISATION NAME] regarding this referral.

4. In order to place a young person with [ORGANISATION NAME] it is essential that our most up -to-date Referral Form is completed in full and as accurately as possible. The quality and quantity of information supplied with the referral will have a significant effect on the likelihood of finding a suitable service for the young person.

5. To avoid delay and to keep you up-to-date with the progress of the referral please be specific about your contact details.

6. Once you have made a referral, we will look at the information you have provided in the referral form and decide from this if the young person would benefit from our service. If the decision is to proceed with the referral a member of staff will contact you regarding further action. If no service is available at this current time we will be in touch.

7. We will endeavour to keep referring agencies, parents/carers and young people up to date with developments, progress and recommendations as and when they happen.

8. On completion of the Referral Form please sign, date and return it along with any relevant information to [ORGANISATION NAME and CONTACT] If you have any queries regarding any aspect of the Referral Form please contact us at [ORGANISATION CONTACT]

[ORGANISATION NAME] - Services
Description of services and programme.

Referral Criteria -
Description of referral criteria. Include who the programme is intended for.

STEP 3:
Safety

Creating a safe and healthy culture is essential in all programming. However, in programmes designed to support participants who may be struggling with their mental health, safeguarding can be more complex. This is compounded by the context within which people encounter mental health services. As discussed in the Ahead of the Game UK Learning Report, for some participants mental health services may be untrusted or not feel safe.

As a standard, staff need to build a safe space and foster trust because many participants join the programme from an already vulnerable place of unstable mental health. Staff need to consider safeguarding and building trust with all participants, especially those who may have distrust or negative experiences with other mental health services. This means considering safety from a lens of intersectionality.

In order for staff to provide safe spaces of trust, their own mental health and wellbeing must be supported. If staff get burned out or are particularly affected by events that happen, their own mental health is at risk. They may leave the programme, and staff turnover can really impact participants who have built trust with staff members. It is therefore important to use tools both to understand how participants are doing, so that staff can be better prepared to support them, and to use tools for staff check-ins and staff wellbeing in the context of mental health and wellbeing work.

This step of the toolkit assumes that organisations who undertake building a programme to support mental health and wellbeing already have the necessary safeguarding policies and processes in place. As was the case for all of the Ahead of the Game UK funded partners, the tools in this section build upon an already established strong safeguarding policy and practice.

Tool 9:
Diagram of Support Network of Participant

Type of tool: Safety

Purpose: This exercise helps the programme team better understand what support a participant has outside the programme, and how this might affect their journey in the programme. It is also an essential tool for understanding the safe and unsafe relationships and dynamics that the participant may have in their life, and who should and shouldn't be contacted or included. It can be revisited at different times throughout their journey.

When to use: When a new participant joins and the team is getting to know them.

Who should be involved: Members of the team who work directly (and have built or are seeking to build trust) with the participant, and the participant themself.

Process: Start by placing the participant in the middle of the page and begin to add the people and places around the participant where they may have support. This can look like a family tree, or it can be simply links through arrows and lines between friends and other support systems. You can also include spaces where they feel supported, such as school or at a sport centre. Once you have all the supports on a page, you then want to talk about the different types of relationships with those supports: are they close relationships? Are they distant? Is there conflict in the relationship?
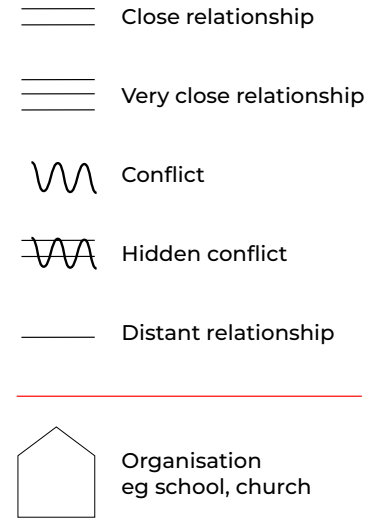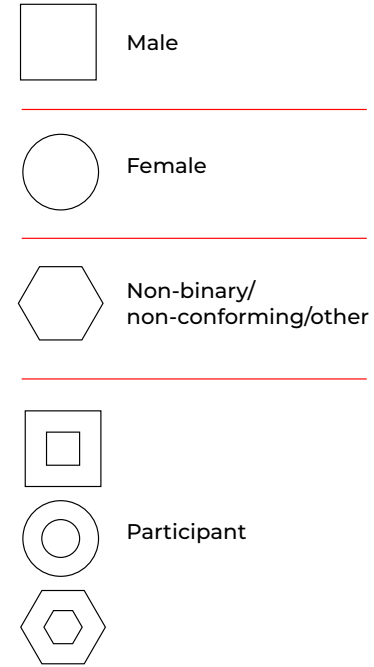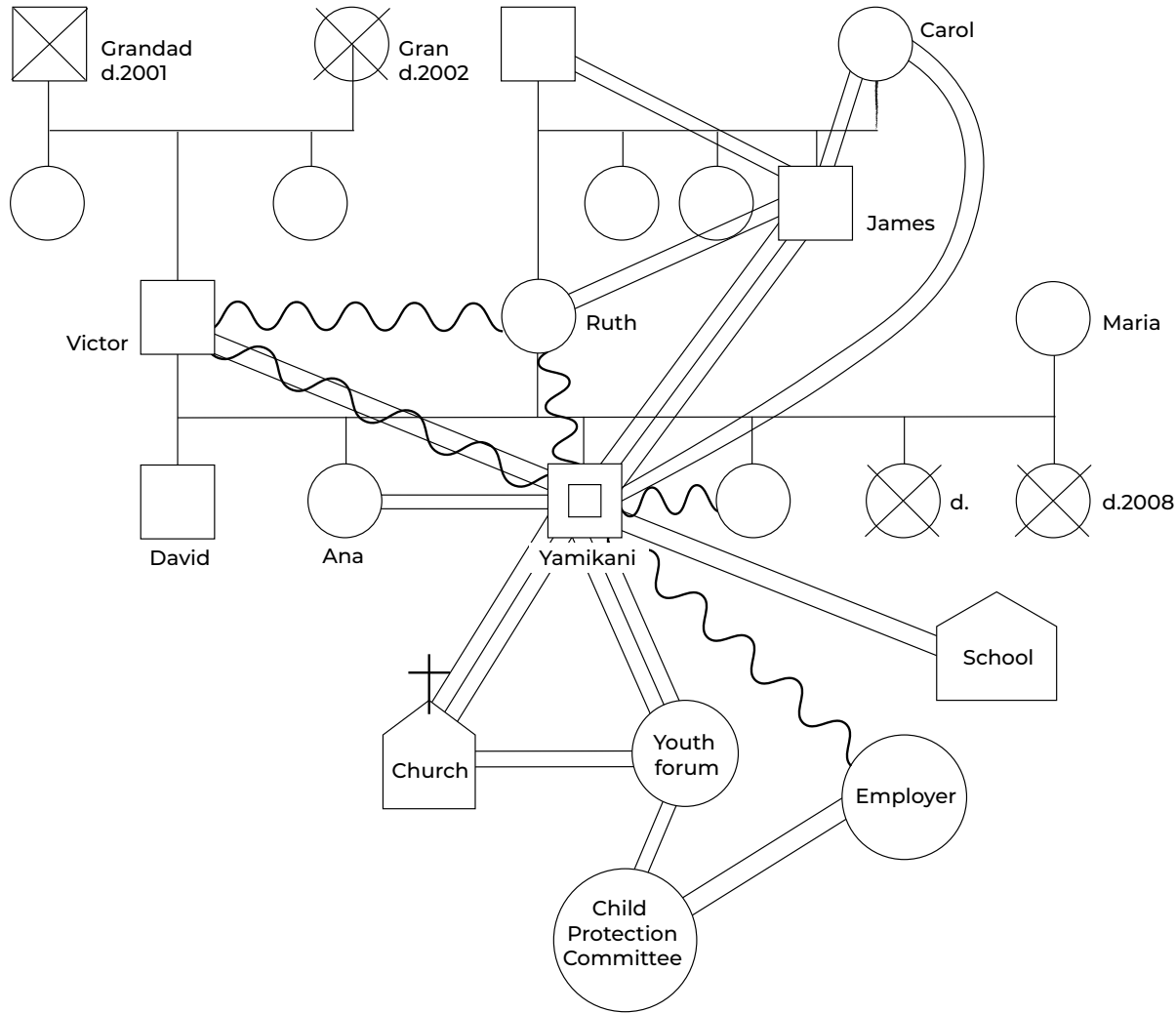
Draw lines or use colours to code these relationships. The participant does not have to explain all their relationships or why they describe them the way they do, only go so far as is comfortable. Be mindful that these can be challenging conversations, so once a safe person has been identified you can also speak with them as an external source or to triangulate the information. Remember relationships are dynamic, and change even more among young people, before the relationships have had time to mature. For example, a best friend can turn from supporter to unsafe space overnight.

TOP TIP:
Make this exercise part of your safeguarding processes and ensure you cross-reference with other information you have about participants. For example, if a young person has been referred into your programme by a school following a traumatic event like a family death, this should already have been noted in a referral form or participant's safeguarding/risk profile.

Tool 9:
Diagram of Support Network of Participant

Legend:

- Male — (square)
- Female — (circle)
- Non-binary/non-conforming/other — (hexagon)
- Participant — (circle in square / circle in circle)

Relationship types:
- Close relationship
- Very close relationship
- Conflict
- Hidden conflict
- Distant relationship
- Organisation eg school, church

Diagram labels:
- Grandad d.2001
- Gran d.2002
- Carol
- James
- Victor
- Ruth
- Maria
- David
- Ana
- Yamikani
- d.
- d.2008
- School
- Church
- Youth forum
- Employer
- Child Protection Committee

Tool 10:
Staff Wellbeing Self-assessment

Type of tool: Safety

Purpose: This is a self-assessment tool that can be used to help staff prioritise and pre-empt their mental health needs, and to check in on how staff are doing.

When to use: This tool should be used when a staff member joins to help them reflect on how they will maintain their own mental health, and then to be used periodically as a reflection by staff and team members and as a check-in.

Who should be involved: Members of the programme team with a trusted member of the team or a supervisor. A supervisor is recommended especially if a team member is likely to require time off or other dispensation from duties to maintain their mental health.
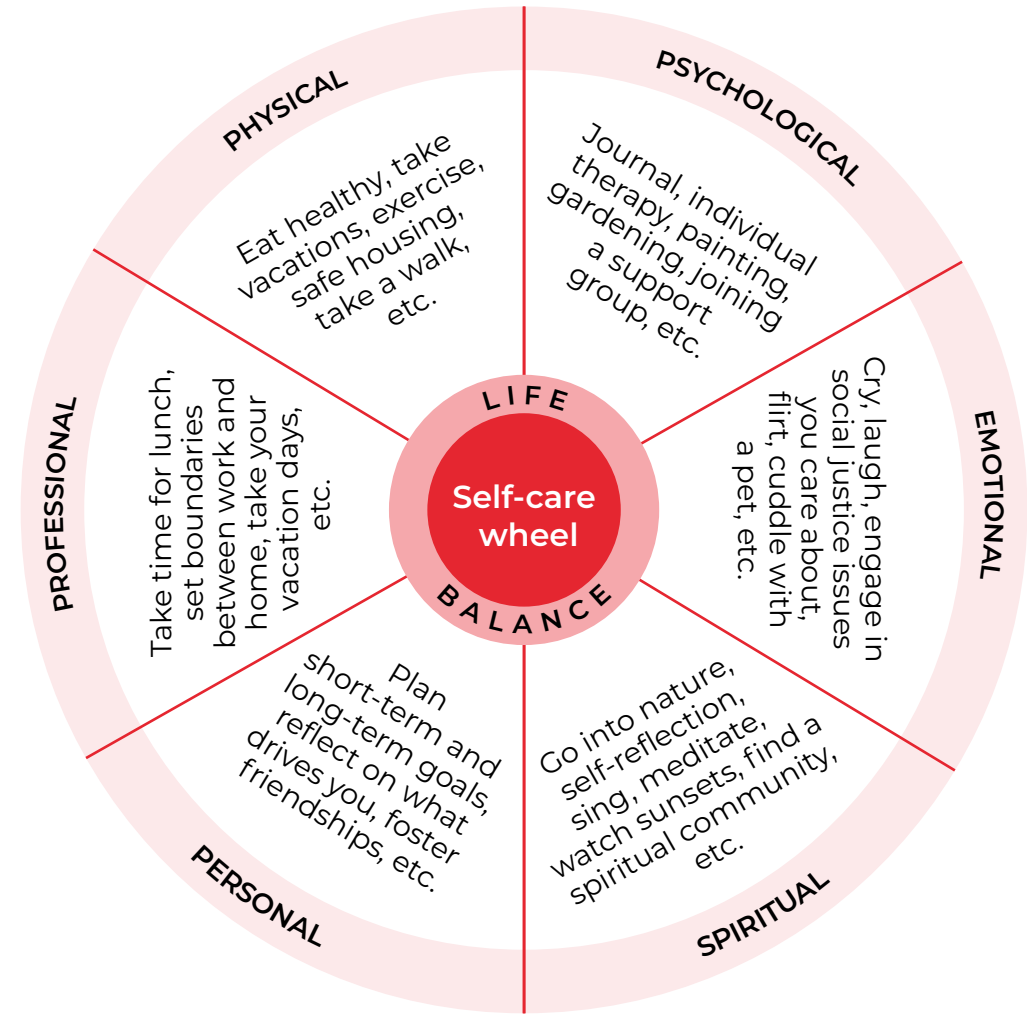
If implementing this tool, the organisation should also have resources and support that can be provided to staff who are not doing well – this is essential. Resources and support might include taking time off, psychological support, coaching, group forums to discuss challenges related to the work, etc.

Process: Use the blank wheel of self-care below and have a conversation to check in on how the person is feeling in terms of the different areas: physical, psychological, emotional, professional, personal, spiritual. They do not have to share about all of them – the wheel is intended as a prompt to start a conversation about how they are doing, and they should be encouraged to conduct this in private to include more sensitive details.

Once you have had a conversation about how they are, encourage them to think about the things they can do in these different areas for self-care. For example, if they have said that they have been really stressed with work and it hasn't been feeling good, what are some things they can do or that they need professionally to make them feel a little better? See below for some ideas of things they can do for self-care in each area.

TOP TIP:
Some of the things on the wheel are protected characteristics so make sure you respect people's privacy and don't probe inappropriately. Be clear about this at the start of any conversation.

This self-assessment activity is based on the Self-Care Wheel, Created by Olga Phoenix Project: Healing for Social Change (2013) www.OlgaPhoenix.com:

Self-care wheel

PHYSICAL · PSYCHOLOGICAL · EMOTIONAL · SPIRITUAL · PERSONAL · PROFESSIONAL

LIFE BALANCE

Self-care wheel

PHYSICAL — Eat healthy, take vacations, exercise, safe housing, take a walk, etc.

PSYCHOLOGICAL — Journal, individual therapy, painting, gardening, joining a support group, etc.

EMOTIONAL — Cry, laugh, engage in social justice issues you care about, flirt, cuddle with a pet, etc.

SPIRITUAL — Go into nature, self-reflection, sing, meditate, watch sunsets, find a spiritual community, etc.

PERSONAL — Plan short-term and long-term goals, reflect on what drives you, foster friendships, etc.

PROFESSIONAL — Take time for lunch, set boundaries between work and home, take your vacation days, etc.

LIFE BALANCE

This self-assessment activity is based on the Self-Care Wheel, Created by Olga Phoenix Project: Healing for Social Change (2013) www.OlgaPhoenix.com:

Tool 11:
Alumnae Feedback Form

Type of tool: Safety

Purpose: To gather information from participants who have lived through the programme, including to understand if they felt safe and if there are other risks or considerations that you might not know about.

When to use: When participants complete the programme and show interest in continuing to engage.

Who should be involved: Ex-participants who have completed the programme.

Often feedback from participants is used solely for learning and impact measurement purposes, but ex-participants can also give valuable feedback about how safe a programme feels for them and if there are things they would change. This is particularly important if your programme is struggling with including different marginalised groups in the community. What feels safe and secure for one participant in terms of the location of the programme, the group participating and the coaches/support team involved, may not feel the same way for another participant who is from a different religious or social background, for example.

Alumnae Feedback Form Template

Name:

Date:

When you completed the programme:

Do you think other young people from your community will join this programme? Why?

Do you think all young people from the community will feel safe at our programme? Why or why not?

Is there anything we can do to make it feel safer for everyone?

What are the risks that young people in the community face in terms of their mental health and wellbeing?

What is the activity or part of the programme that was the most important to you?

Was there any part of the programme that didn't interest you at all? Why?

Would you be interested in continuing to be involved with [organisation name]?

If yes, would you be interested in any of the following opportunities? [list engagement opportunities that your organisation provides]

27

This exercise can help you to make your safeguarding policies and procedures more inclusive by paying attention to the ways in which you can make more members of the community feel welcome and safe, not just the people who were first to come to the programme, but newcomers from different community groups as well.

The questions included in the tool can ask about different aspects of safety specifically and also expand to be more broadly about participants' experience in the programme. This tool gives ex-participants an opportunity to give feedback about the programme. Although this tool can also be useful as a MEL exercise to understand the experiences of participants, it is primarily intended to get real feedback from participants who have completed the programme. If you use this tool you must be willing to make some changes to your programme, otherwise this is just a tick box exercise, and the ex-participants will feel that their voice doesn't matter.

This tool can also serve as starting point for keeping ex-participants engaged. One of the great challenges faced by many programmes is knowing what happens for participants who have completed the programme and moved on. Often a progamme has a hard stop after which many participants still need support. Additionally, we do not always know if the programme has had a lasting impact for participants if we lose contact with them after the end of programme. In this form you can not only get their feedback but also ask them how they would like to continue to engage.

TOP TIP:
Here are some alumnae engagement opportunities that you could offer:

- Offer participants an opportunity to repeat a course or programme, and ask them to reflect on what did and didn't work

- Offer summer mini-courses

- Offer ex-participants an opportunity to volunteer and help with activities and to engage new participants who might be hesitant to join. Sharing their lived experience can be a powerful way to inspire others to join.

- Work with local sport partners who have similar safeguarding practices in place and who have space and capacity for new participants to join sport with them once they have left your programme.

- Signpost to other mental health service offers in the community.

- Offer mentoring opportunities for ex-participants, and spend five minutes every session on MEL questions.

STEP 4:
Learning

Continual reflection and learning is an integral piece of creating a programme that continues to meet the mental health and wellbeing needs of the community. The following tools and processes are useful for learning about and measuring the impact that your programme is making, or the changes that are happening for individuals in the programme.

Measuring changes in mental health and measuring changes in wellbeing requires different tools and asking different questions. Each person's mental health and wellbeing journey is different and therefore comparing from a baseline is important, because what is a significant change for one person may not be so for another.

Most of the tools below are quantitative tools for measuring individual wellbeing or mental health of participants. Not all of these tools are appropriate to use with all participants. What tools you choose to use will depend on the needs of the participants and on the capacity of your team, and what your programme is able to offer in terms of support.

If you do not have mental health professionals on the team, it may not be appropriate to use the two questionnaires shared below that measure anxiety and depression, because you may not be able to immediately provide support if the responses to this tool are severe. Similarly, tools that measure wellbeing should only be used if you have support ready for participants whose wellbeing scores are low.

The Ahead of the Game UK funded partners recommend that all the questionnaire and survey tools that they have shared in this toolkit should be coupled with tools and methods that include deep conversations or therapeutic tools that can be facilitated by a therapeutic or mental health professional that you work with.

Using participatory MEL tools, such as Tool 18: Most Significant Change Stories, are also a good way to engage participants in the process of understanding impact and use methods that work best for them, especially if they are not motivated by filling out questionnaires. Using creative methods, such as video, to collect stories or case studies can be a way to get more participants engaged in sharing their stories and building a more complete picture of the impact of your programme.

Tool 12: Progress Chart

Type of tool: Learning

Purpose: Using a simple tool that measures different emotions and ways a participant sees themselves is a good way to keep track of how their mental health and wellbeing are doing throughout the programme.

When to use: This is a tool for monitoring how participants feel. It can be used regularly.

Who should be involved: Delivered by MEL or programme staff with participants. This tool is not just given to participants but filled out together with a counsellor, coach or staff member.

Changes in responses to this tool may or may not be a result of the programme, but having a conversation with the participant as they complete the tool is a good way to understand why they are feeling the way they do and if improvement may have something to do with their engagement in the programme.

Process: This tool should be used in a conversation between a counsellor, coach, staff member and the participant. Notes can be taken about why the participant feels a certain way and how they have changed, and those notes can be revisited later. This is a good way to monitor progress at any given time, but the tool can also be used when doing an evaluation later, to look at the overall progress over time.

This tool is based on one shared by Stable Life, one of the Ahead of the Game UK funded partners.

Stable Life
Progress Chart

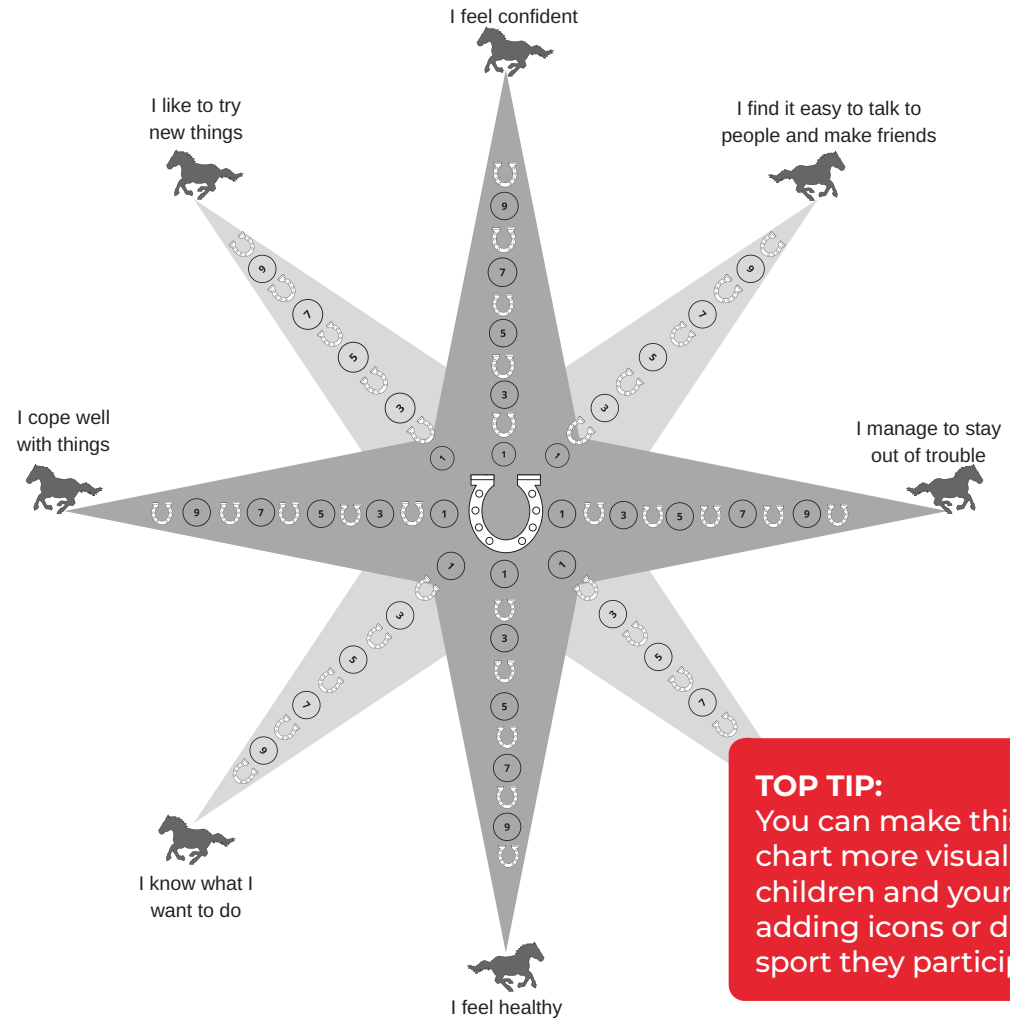Name: Key Worker:

Date of Initial Scoring:
Date of Mid Review: **Scaling Key:**
Date of Final Review: 1 = Not so much
                                         10 = Completely

I feel confident

I like to try new things

I find it easy to talk to people and make friends

I cope well with things

I manage to stay out of trouble

I know what I want to do

I feel healthy

TOP TIP:
You can make this progress chart more visually fun for children and young people by adding icons or drawings of the sport they participate in.

Tool 13: Generalized Anxiety Disorder Assessment (GAD-7)

Type of tool: Learning

Purpose: GAD-7 is a questionnaire for self-reporting used to screen and measure the severity of generalized anxiety disorder (GAD) and can also screen for other common anxiety disorders.

When to use: This tool can be used as a baseline to measure anxiety and can be used to compare scores of anxiety over time.

Who should be involved: Participants self-report, but conversations about the tool should come from staff who have familiarity and training in mental health.

Process: The questionnaire consists of seven questions that ask about the frequency of anxiety symptoms over the past two weeks, such as feeling nervous, anxious, or on edge, worrying too much about different things, and having trouble relaxing. Each question has four response options ranging from "not at all" to "nearly every day". The scores for each question are summed up to give a total score ranging from 0 to 21. When used as a screening tool, further evaluation and support should be offered when a participant's score is 10 or greater.

GAD-7 Anxiety
Over the last two weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals _____ + _____ + _____ + _____

Total score = _____

> If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?
>
> ☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult

Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at ris8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of "not at all," "several days," "more than half the days," and "nearly every day." GAD-7 total score for the seven items ranges from 0 to 21.

0–4: minimal anxiety

5–9: mild anxiety

10–14: moderate anxiety

15–21: severe anxiety

TOP TIP:
This tool is used by School of Hard Knocks Cymru in conjunction with deeper conversations with participants about their mental health and how they feel in the programme. Using the two together allows them to get a picture from the questionnaire, but it is the conversation that leads to further trust and support for the participant.

This tool has been shared by School of Hard Knocks Cymru.

Tool 14: Patient Health Questionnaire (PHQ-9)

Type of tool: Learning

Purpose: The Patient Health Questionnaire is a diagnostic tool that has been used to screen adult patients in primary care settings for depression symptoms. It is a component of the larger self-administered Patient Health Questionnaire (PHQ) but can be used as a stand-alone.

When to use: This tool can be used as a baseline to measure depression and can be used to compare scores of depression over time.

Who should be involved: Participants self-report, but conversations about the tool should come from staff who have familiarity and training in mental health.

TOP TIP:
This is a tool that is used in clinical settings and therefore the use of it should be managed by a staff member or partner with clinical psychology experience and qualifications.

Patient Health Questionnaire (PHQ-9)

Name:

Date:

	Not at all	Several days	More than half the days	Nearly every day
1. Over the last 2 weeks, how often have you been bothered by any of the following problems?	☐	☐	☐	☐
a. Little interest or pleasure in doing things	☐	☐	☐	☐
b. Feeling down, depressed, or hopeless	☐	☐	☐	☐
c. Trouble falling/staying asleep, sleeping too much	☐	☐	☐	☐
d. Feeling tired or having little energy	☐	☐	☐	☐
e. Poor appetite or overeating	☐	☐	☐	☐
f. Feeling bad about yourself or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
g. Trouble concentrating on things, such as reading the newspaper or watching television.	☐	☐	☐	☐
h. Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around a lot more than usual.	☐	☐	☐	☐
i. Thoughts that you would be better off dead or of hurting yourself in some way.	☐	☐	☐	☐

	Not difficult at all	Some-what difficult	Very difficult	Extremely difficutl
2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	☐	☐	☐	☐

This tool has been shared by School of Hard Knocks Cymru.

PHQ-9* Questionnaire for Depression Scoring and Interpretation Guide
For physician use only

Scoring:
Count the number (#) of boxes checked in a column. Multiply that number by the value indicated below, then add the subtotal to produce a total score. The possible range is 0-27. Use the table below to interpret the PHQ-9 score.

Not at all (#) _____ x 0 = _____

Several days (#) _____ x 1 = _____

More than half the days (#) _____ x 2 = _____

Nearly every day (#) _____ x 3 = _____

Total score: _____

Interpreting PHQ-9 Scores

Minimal depression	0-4
Mild depression	5-9
Moderate depression	10-14
Moderately severe depression	15-19
Severe depression	20-27

Actions Based on PH9 Score

Score	Action
<4	The score suggests the patient may not need depression treatment
>5–14	Physician uses clinical judgment about treatment, based on patient's duration of symptoms and functional impairment
>15	Warrants treatment for depression, using antidepressant, psychotherapy and/or a combination of treatment.

* PHQ-9 is described in more detail at the McArthur Institute on Depression & Primary Care website www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/

Tool 15:
Child Outcome Rating Scale Measures (CORS)

Type of tool: Learning

Purpose: This is a simple tool that is accessible to children and can also be used to identify when a child is not feeling good about something so that staff can have a conversation with them or simply be aware that behaviour might change that day or that week.

When to use: This tool can be used regularly (weekly or monthly) and may be more effective when used more often to track how participants are feeling.

Who should be involved: Delivered by MEL or programme staff to participants.

This tool was shared by Watford FC.

Child Outcome Rating Scale Measures (CORS)

Name:

Age (Yrs):

Gender: ☐ Girl ☐ Boy ☐ Non-binary/non-conforming

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?)

Family
(How are things in my family?)

School
(How am I doing at school?)

Everything
(How is everything going?)

Institute for the Study of Therapeutic Change. www.talkingcure.com
© 2003, Barry L. Duncan, Scott D. Miller, & Jacqueline A. Sparks
Child Session Rating Scale (CSRS)

TOP TIP:
This tool was designed for implementation with children, so consider the age of your participants and if it will be appropriate to use.

Child Outcome Rating Scale Measures (CORS)

Child's Initials:

DoB:

Gender: ☐ Girl ☐ Boy ☐ Non-binary/non-conforming

School:

Therapist:

Source of funding

	1	2	3	4	5	6	7	8	9	10	11	12
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.

Tool 16:
Short Warwick Edinburgh Mental Wellbeing Scale

Type of tool: Learning

Purpose: This tool, together with the long Warwick Edinburgh Mental Wellbeing Scale, has been developed to monitor the mental wellbeing of people when carrying out evaluations of projects, programmes and policies which aim to improve mental wellbeing.

When to use: This tool can be used to get a baseline of how participants feel and then can be used again later in the programme to monitor progress. The Ahead of the Game UK funded partners who use this tool also use other methods for monitoring and evaluating changes in the mental wellbeing of participants, such as regular meetings with mentors or coaches and interviews.

Who should be involved: Delivered by MEL or programme staff to participants.

Terms of use: The SWEMWBS is free to use but you need to ask for permission before you begin using SWEMWBS, by completing a registration form on the SWEMWBS website.

Short Warwick Edinburgh Mental Wellbeing Scale (Young Person)

Name:

Date:

	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

Terms of use

The SWEMWBS is free to use but you need to ask for permission before you begin using SWEMWBS, by completing a registration form on the SWEMWBS website: https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/using

SWEMWBS is protected by copyright, the Reproduction copyrights for SWEMWBS are as follows and must be presented on any copy of SWEMWBS used:

"Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved."

If you produce any documents outlining your SWEMWBS results (e.g. reports, presentations) you need to reference SWEMWBS as above.

TOP TIP:
This is very simple tool that can give a very general idea of how the mental wellbeing of a person or group of people is changing. However, you should also be engaging participants in conversations and using other methods or tools to gain a more detailed picture of how they are.

Tool 17:
Resilience and Transferable Skills Survey

Type of tool: Learning

Purpose: This tool was designed to monitor how coaches are building resilience, but it can be adapted for participants.

When to use: This rating system is used to monitor how coaches are doing in terms of building their resilience and transferrable skills throughout their engagement in the programme.

Who should be involved: Members of the programmes team, coaches, and any MEL manager.

Change and instability can cause stress and put a strain on mental health, and building resilience and transferrable skills can help individuals to face change and the associated challenges. Sport Birmingham, one of the Ahead of the Game UK funded partners developed this survey based on the belief that those we work with in the sport and physical activity sector – both staff in the workforce and participants in our programmes – benefit from the opportunity to recognise and develop their resilience and transferable skills. They believe that building resilience and transferrable skills supports wellbeing and mental health.

Process: A survey with the descriptors below should be sent to coaches;the survey can also be adapted for participants. The coach chooses a descriptor for each competency that best describes how they feel. These scores are then collected and form the basis for a conversation between the coach and an interviewer, who is usually another staff member. The conversation digs deeper into why the coach responded to the questions in the way they did. The coach and the interviewer then try together to identify what additional support the coach might need. The same questions can be repeated every six months, along with a conversation to monitor how the coach is feeling.

TOP TIP:
When you review the answers to these questions with the coaches, do not try to interpret their answers – instead ask them questions to find out more and be ready to listen. This tool should be used to help support coaches to build skills and feel more resilient. It should not be seen as a test, which is a risk if you are a staff member reviewing coaches' answers with them.

This tool is part of Sport Birmingham's Skills360 process for tracking and evaluating how coaches who are part of the programme are progressing and how their teams are progressing. Sport Birmingham works with sport partners across the city of Birmingham, so they have to monitor a programme that is very wide with multiple partners delivering activities. Skills360 has been an effective tool for them. The Resilience and Transferable Skills survey questions are part of the wider Skills360 process.

Transferable skills

Competency	1. Leadership		2. Responsibility		3. Problem Solving		4. Adaptability	
Definition	The ability to motivate yourself and encourage others toward achieving a common goal or task		The ability to do what is required in your role and be accountable for your actions		The ability to identify challenges and offer different solutions		The ability to change actions and behaviours to cope with different circumstances and people	
Descriptors	1.1	I agree common goals with those I'm working with	2.1	I am aware of the responsibilities required to fulfill my role	3.1	I feel confident to identify potential problems	4.1	I can adapt my plans depending on the circumstances or audiences
	1.2	I positively encourage others to reach their goals or complete a task	2.2	I am accountable for my behaviour and actions	3.2	I can think of creative options that are practical and realistic	4.2	I understand that I need to flexible within a plan
	1.3	I am self-motivating and push myself to achieve new goals	2.3	I am reliable when completing tasks and activities	3.3	I feel confident to offer suggestions that may solve problems	4.3	I learn from different people and experiences

Resilience

Competency	5. Determination	6. Self-awareness	7. Organised	8. Communication
Definition	The ability to deal with setbacks and different situations.	The ability to understand yourself, your behaviour and your feelings and how they impact on others.	The ability to look ahead, plan and prepare sessions effectively	The ability to effectively exchange information (so that it is received and understood).
Descriptors	5.1 I learn from setbacks and difficult situations.	6.1 I am aware of how my behaviours and actions impact on others	7.1 I plan and prepare in advance	8.1 I can adapt my communication style depending on the audience
	5.2 I adapt to different situations	6.2 I know where my strengths and areas of development lie	7.2 I turn up in good time whenever possible	8.2 I listen and act on feedback
	5.3 I keep trying, even If something is difficult (until I can do it)	6.3 I am aware of how my emotions might impact others	7.3 I adapt my plans based on feedback and reflection	8.3 I check the understanding of others when communicating

Tool 18:
Most Significant Change (MSC)

Type of tool: Learning

Purpose: Most Significant Change is a method for gathering stories of change from participants and then, together with the storytellers, choosing the story that they all feel best represents the change they have undergone from being part of a programme.

When to use: Collecting stories of change is best done later in a programme, or at the end of a programme when participants have the opportunity to reflect on their experience.

Who should be involved: A staff member can facilitate storytelling and the selection of a most significant change story process.

MSC is a participatory monitoring and evaluation technique that was developed by Rick Davies in the 1990s. It also involves an agreed and transparent process for selecting the most significant story by the participants themselves and/or by panels of designated stakeholders or staff. This method collects stories directly from participants, something which often does not happen with case studies.

The stories also reveal what participants feel are important changes in terms of mental health and wellbeing, which can be complex to understand and measure because these changes can be so individual. Stories can be collected in different ways, including using video or audio, written, or including visuals.

TOP TIP:
Using creative methods for storytelling can be a good way to make storytelling more accessible for people who do not feel comfortable writing a story. Giving participants different options as to how they can share their story could mean more participants are willing and inspired to participate in the activity. This may mean that the analysis and sharing of stories takes longer if you have some that are told using video and others that are told using visuals and writing, but all are valid stories.

Process:

1. Gather the participants who will be sharing stories and begin the process by defining what changes we want to tell stories about, or what question we want the stories to respond to. This can be for example, "What has been the biggest personal change you have felt in your day-to-day life since you began the programme?"

2. Decide how and when to collect the stories that respond to this question. There are several options:

   a. In a workshop with everyone in the room writing, drawing or recording their story

   b. Through individual interviews that can be recorded

   c. Everyone goes home and writes their story and then brings it back to the group another day.

3. Collect the stories. This may take time depending on how many participants are telling a story and depending on whether they are all in the same place.

4. Bring all the participants who shared a story together and have them read/listen to/hear all of the stories. Together they then decide which is the most significant change story. You can use prompt questions to encourage conversations to reach a decision: Which story best represents how we all feel? Is there a story that felt particularly impactful?

   Remind everyone that just because we choose one significant change story, this does not mean that we lose the other stories – they are equally important. The conversations that happen at this stage about why a certain change story is significant are important for understanding how participants value different aspects of the programme and how they have perceived it.

5. Once a story (or stories if more than one was selected) has been selected, it should be verified with the person who told it and also with the coach or staff member who worked with this participant, to ensure that it is accurate. If your organisation plans to use the story and share it, make sure that you ask the participant if they agree and if they would like to be anonymous or not.

Tips for funders: What support can help?

During the three years of the Ahead of the Game UK learning support, funded partners had numerous conversations about the type of support they appreciated from funders and how their programmes had to adjust and change to best serve the communities they work with.

Ahead of the Game UK funded partners not only delivered their programmes through the Covid-19 pandemic, but also managed diverse and changing needs in terms of the mental health and wellbeing of the participants who came to their programmes. Their experience of running these programmes through these challenges means that they have unique insight into what funders can do to best support sport for mental health and wellbeing programmes. During the final Ahead of the Game UK learning webinar in June 2023, funded partners shared what they view as essential considerations for funders of sport for mental health and wellbeing programmes.

The following top tips for funders came directly from the conversation between Ahead of the Game UK funded partners:

1. Provide funding for staff members who are mental health professionals, or funding for a partnership with another service that can provide professional psychological support and advice for coaches and the rest of the programme team.

2. When considering funding and budgets, allow time and resource for the planning stage because it is an integral part of getting the support right and creating impact.

3. Be flexible when the context of the programme changes. Covid-19, for example, was an enormous change in context that made a lot of the planned activities impossible and changed the needs of participants. Building flexibility into funding to allow funded partners to make changes allows them to meet the needs of the community.

4. Transportation continues to be a barrier for so many participants, especially when activities are in one part of a city and there are people from other neighbourhoods who would benefit from the programme but who cannot easily get themselves to programme sites. Built-in funding for transport costs that change over time would help overcome barriers.

5. Funding for MEL support helps the organisations to understand how their programmes are making change, especially in terms of mental health which can be complex to evaluate. Either funding for MEL staff or for a partnership that can support with MEL can take the burden off staff in a small charity.

6. Learning and exchange opportunities with other organisations working on mental health that are provided by the funder has helped the Ahead of the Game UK funded partners identify potential solutions to challenges in their work, and to feel less alone in work that can be incredibly challenging.

Comic Relief is a major British charity that aims to bring about positive change and tackle poverty and social injustice in the UK and around the world. We believe that those closest to the issues have the best solutions, so we partner with amazing projects and organisations that tackle some of the biggest challenges faced by society today, such as homelessness, mental health, education, and gender justice.

As a progressive funder, one of our funding approaches is using sport for change. Sport for change, also known as sport for development or sport for good is defined as a project/intervention that is intentional in its use of sport and physical activity to achieve specific social objectives. Taking part in sport or physical activity has many benefits, but will not on its own automatically bring about social change. To have the greatest impact, sport/physical activity needs to be accompanied by specialist non-sport support that has been intentionally designed to respond to social needs and enhance social outcomes.

The Ahead of the Game programme is a sport for change initiative, funding 8 organisations in Rwanda, Uganda, South Africa and 8 organisations and partnerships in the United Kingdom. Although each organisation works with different sports, age groups, and across different regions, their work showcases how sport can significantly improve the mental health and wellbeing of communities and provide a complementary approach that may reach different demographics or offer a more accessible entry point for mental health support services.

The Ahead of the Game UK programme, whose learnings are showcased in this toolkit, was funded by Comic Relief from March 2020 to July 2023. The initiative seeks to improve mental health outcomes in the UK by integrating sport-based strategies with comprehensive mental health assistance. Comic Relief awarded eight multi-year grants to organisations working to enhance mental wellbeing, providing intentional mental health aid, offering sustained support, delivering high-quality services with well-supported staff, and participating in collaborative efforts.

ATHLEAD

COMIC RELIEF