



ACTIVE ESSEX FOUNDATION'S SPORT AND YOUTH MENTAL HEALTH PROJECT

Impact evaluation

Year two: April 2025 to March 2026

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CONTENTS

Summary	3
Glossary	4
Introduction	5
Evaluation methods	6
Findings	8
Conclusion	24
Recommendations	25
Appendix 1: Evaluation framework with cross-reference to data sources	27
Appendix 2: Training provided to locally trusted organisations	30
Appendix 3: List of locally trusted organisations	33

ACKNOWLEDGEMENTS

We want to thank the mental health programme team at Active Essex Foundation, (AEF) for their support in the data collection for this report. Especially, to the research and project colleagues within the team who collected and cleaned the quantitative data from providers and children and young people, and supported with the qualitative data collection from children and young people.

SUMMARY

Active Essex Foundation (AEF) is an Essex-based charity organisation that focuses on creating and improving the conditions to help children and young people thrive. Their Sport and Youth Mental Health Project supports locally trusted organisations (LTOs) from the voluntary, community and social enterprise (VCSE) sector to deliver sessions that combine physical activity and non-clinical mental health support that respond to children and young people's needs. This report is the second part of a three-year evaluation carried out by Centre for Mental Health, commissioned by AEF.

This report includes data collected between January 2025 and January 2026. We collected both qualitative and quantitative data to capture the impact of the project on children and young people, their local communities, and the wider system of statutory and VCSE organisations in Essex. The results of this evaluation provide evidence that this project is making a meaningful and positive impact on the wellbeing of children and young people across Essex.

The evaluation shows clear improvements in emotional wellbeing, behaviour, physical activity, and social connection among participants receiving support. Many children and young people described increased confidence, better emotional regulation, improved friendships, and feeling listened to and supported. They also reported that sessions provided a "safe space," contributing to better coping mechanisms and greater resilience. The sessions delivered by LTOs have successfully reached some communities with higher risk factors for developing and experiencing mental health difficulties, based on wider socio-economic factors.

Beyond impacts on individuals, the evaluation highlights positive effects across families, schools, and communities. Parents and carers reported improved behaviour and mood at home, and children and young people also reported better engagement, communication, and attendance at school. These benefits collectively indicate the value of embedding physical activity within early intervention approaches to children and young people's mental health.

We also found substantial improvements in building capacity, capability and confidence for the LTOs, which has a positive effect on their ability to work with young people experiencing poor mental health. This capacity building has included strengthening delivery skills (such as inclusivity, mental wellbeing support, embedding physical activity), and monitoring and evaluation capabilities across the VCSE workforce.

System partners, which include local authorities, NHS, and VCSE organisations, recognised the Sport and Youth Mental Health Project as a trusted and essential contributor to local mental health support. They emphasised the preventative value of physical activity but identified persistent challenges such as siloed systems, inconsistent referral pathways, and limited long-term funding.

Overall, the evidence underscores the critical preventative and therapeutic role of physical activity and non-clinical mental health support, demonstrating how physical activity-based interventions can strengthen wellbeing, build community capacity, and support more integrated local mental health systems.

RECOMMENDATIONS

The **year one recommendations** that have been built upon in this evaluation are listed below:

1. Strengthen inter-sector collaboration through enhanced networking opportunities
2. Continue to strengthen collaboration between LTOs through joint funding, bid collaborations, and resource sharing
3. Prioritise tailored, inclusive provision for children and young people with special educational needs and disabilities (SEND) and groups who are vulnerable and underrepresented
4. Further embed physical activity into mental health pathways
5. Explore opportunities for coproduction with children, young people and system partners in the design and evaluation of physical activity and wellbeing services.

Analysis of the year two data suggests ways in which findings from year one can be built upon as a focus for the third and final year of the project. This is detailed in the **recommendations section**.



GLOSSARY

AEF – Active Essex Foundation

CYP – Children and young people

CAMHS - Child and adolescent mental health services

ICB – Integrated care board

LTOs – Locally trusted organisations: community-based organisations in the VCSE sector

SEND – Special educational needs and disabilities

System partners – Institutions and organisations working with children and young people such as schools, mental health services for children and young people, local authorities, etc.

VCSE – Voluntary, community, and social enterprises

INTRODUCTION

Active Essex Foundation (AEF) is part of the Active Essex family. Active Essex's role is as the strategic lead for physical activity for the combined regions of Essex, Southend and Thurrock, collectively known as Greater Essex, as one of the 43 Active Partnerships in England. AEF, as a registered charity, acts as an extension of this work by bringing additional flexibility, reach, and investment opportunities that are reinvested into local communities. One of their main objectives is to evidence and champion the impact that sport and physical activity can have on young people's lives.

Centre for Mental Health is working with the AEF as the external evaluation partner for the three year Sport and Youth Mental Health Project. The aim of the project is to create a large and proactive mental health support offer across Essex for children and young people between 5 and 18 years, using sport and physical activity as a tool for engagement to improve their mental wellbeing and resilience.

The project works with locally trusted organisations (LTOs) that are rooted in their communities to focus on prevention and early intervention of poor emotional wellbeing for this age group. Most activities were provided at little or no cost. The full list of LTOs that have delivered programmes in year two of the project, including the district(s) in Greater Essex are detailed in Appendix 3.

The aim of the project evaluation is to assess the impact on:

- ⦿ The children and young people that engage with the LTOs' interventions and services
- ⦿ The LTOs in terms of their increased knowledge, skills, confidence and capacity
- ⦿ The wider system partners.

The purpose of this report is to contribute to the three-year evaluation of the Sport and Youth Mental Health Project as an impact evaluation of their work in 2025 and early 2026.



EVALUATION METHODS

OVERVIEW

The data collection for this evaluation took place between January 2025 and January 2026. It includes data collected from children and young people, representatives of LTOs, and system partners in Essex. System partners include local authorities, VCSE organisations, NHS partners, schools and integrated care boards (ICBs). Colleagues from AEF supported with the collection and initial processing of quantitative data from children, young people, and LTOs, and with collection of qualitative data from children and young people. The research team at Centre for Mental Health collected qualitative data from system partners and LTOs, and analysed the quantitative data collected by AEF.

The description of the evaluation methods is applicable to this year two report only and does not represent the evaluation methods used before or after its publication.

DATA COLLECTION

We designed and followed a three-pronged approach to collecting data, reflecting the three main stakeholders and impact areas described in the evaluation framework (see Appendix 1).

Domain one - Children and young people data collection

- ⦿ Two focus groups in December 2025 and January 2026, conducted by AEF
- ⦿ Routinely collected data from participants by LTOs about wellbeing and support provided through a tool developed by AEF called "Young person insight tool" (an earlier version of this tool was used in the first half of the year, called the AEF Short Wellbeing Survey, or ASWS, tool)
- ⦿ Two case studies focused on a young person, co-created by LTOs and the young person.

Domain two - LTO data collection

- ⦿ A focus group in November 2025, conducted by Centre for Mental Health
- ⦿ A Microsoft Forms survey with closed and open-ended questions, designed and implemented by Centre for Mental Health
- ⦿ Quarterly surveys, designed and conducted by AEF.

Domain three - System partner data collection

- ⦿ A survey in Microsoft Forms created by Centre for Mental Health
- ⦿ In-depth semi-structured interviews conducted by Centre for Mental Health.

DATA ANALYSIS

All data analysis was carried out by Centre for Mental Health using descriptive statistics for quantitative data and thematic analysis and framework methods for qualitative analysis.

CONSENT FORMS AND ETHICAL CONSIDERATIONS

We collected consent forms for all the children and young people's data collection, focus groups, and interviews carried out as part of this evaluation. All consent forms from parents or carers were collected in a written format. For interviews with adult stakeholders, we collected consent in writing when possible, or used a record of verbal consent given by the participant. All names and potentially identifiable data have been removed from all transcripts and data sets. We managed data in accordance with GDPR and stored in secure servers.



FINDINGS

IMPACT ON CHILDREN AND YOUNG PEOPLE

Characteristics of children and young people

465 children and young people attended AEF-supported sessions provided by LTOs between January 2025 and January 2026. Figures 1 to 8 show the demographic characteristics of the children and young people attending LTO sessions. All data in figures 1-8 is based on data for 465 children and young people.

Figure 1: Age distribution of children and young people attending AEF supported LTO sessions

No available data for 13 children and young people. Data for under 6 year-olds not included as it corresponds to a small number (less than 5) of children and young people.

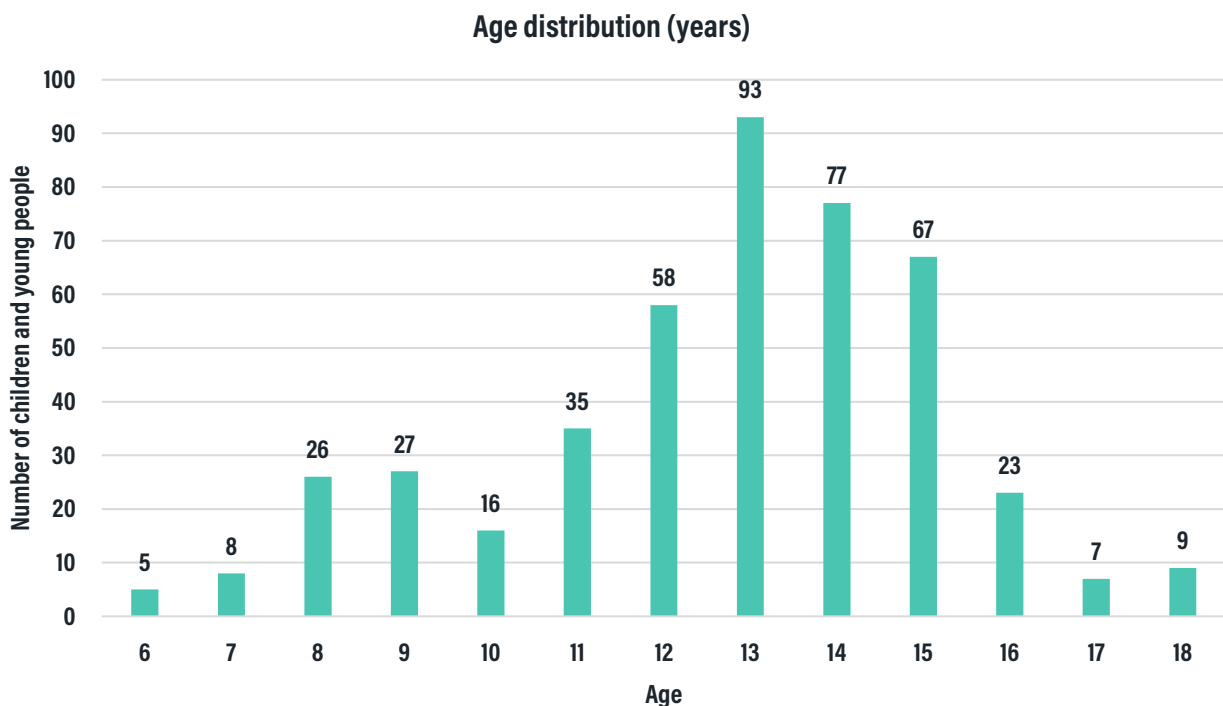


Figure 2: Gender identity of children and young people attending AEF-supported LTO sessions
 Transgender, non-binary, prefer not to say = 9.

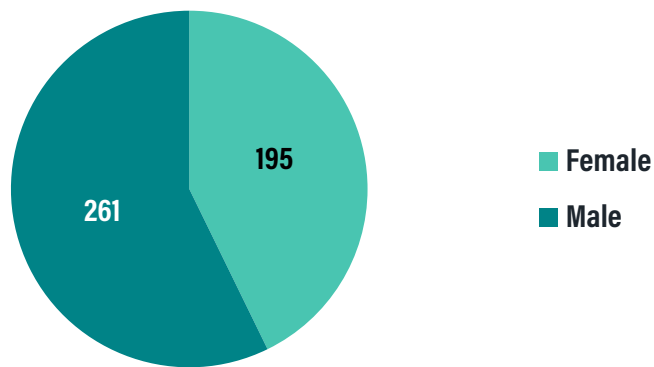


Figure 3: Ethnicity of children and young people attending AEF supported LTO sessions
 No data was collected for seven children or young people.

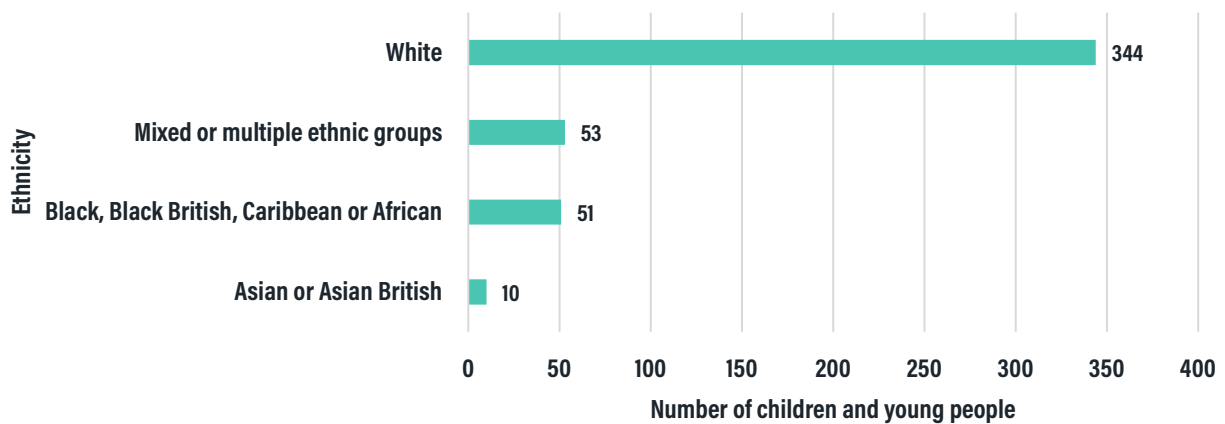


Figure 4: Additional needs or SEND of children and young people attending AEF-supported LTO sessions
 230 children and young people reported no special needs or disabilities.

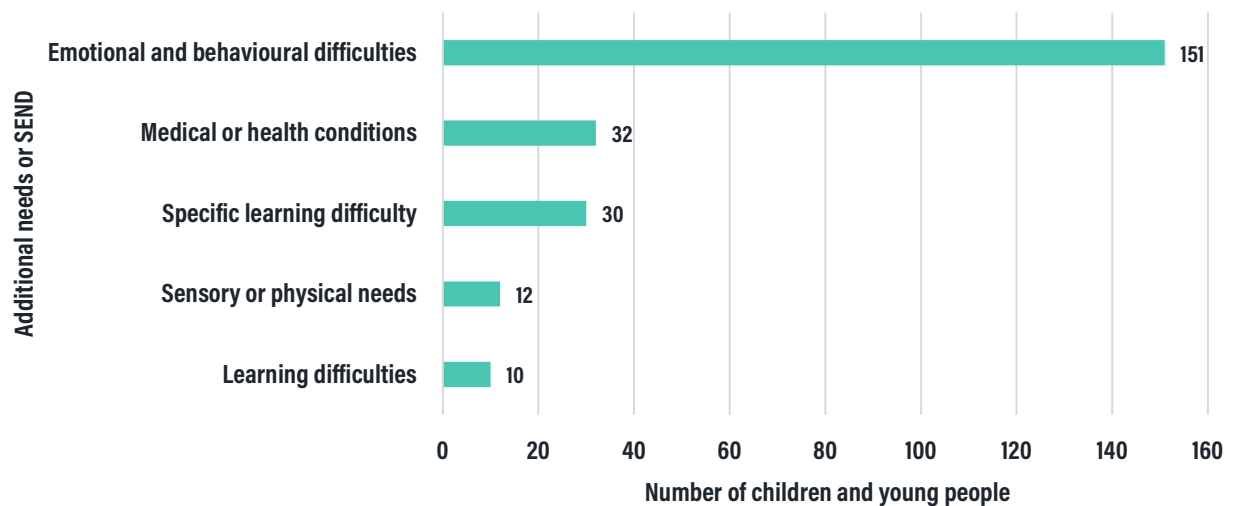


Figure 5: Number of children attending AEF-supported LTO sessions living in areas of different deprivation levels according to postcode

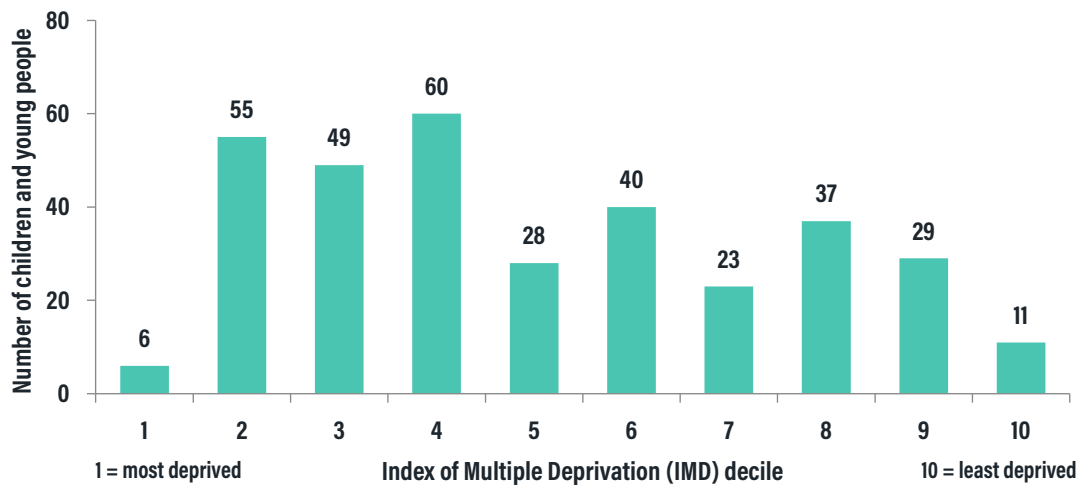


Figure 6: Number of children attending AEF-supported LTO sessions eligible for free school meals

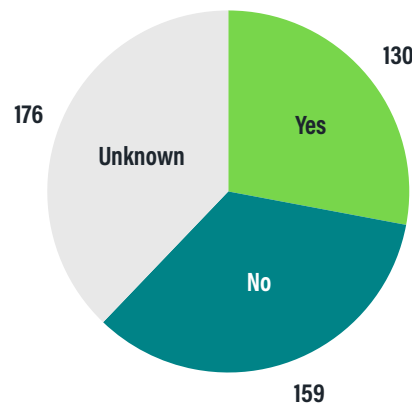


Figure 7: Number of children attending AEF supported LTO sessions with a diagnosis of a mental health condition

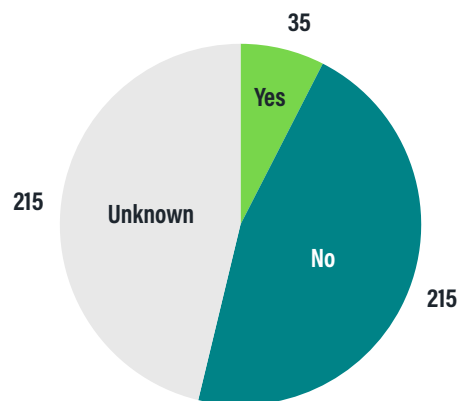
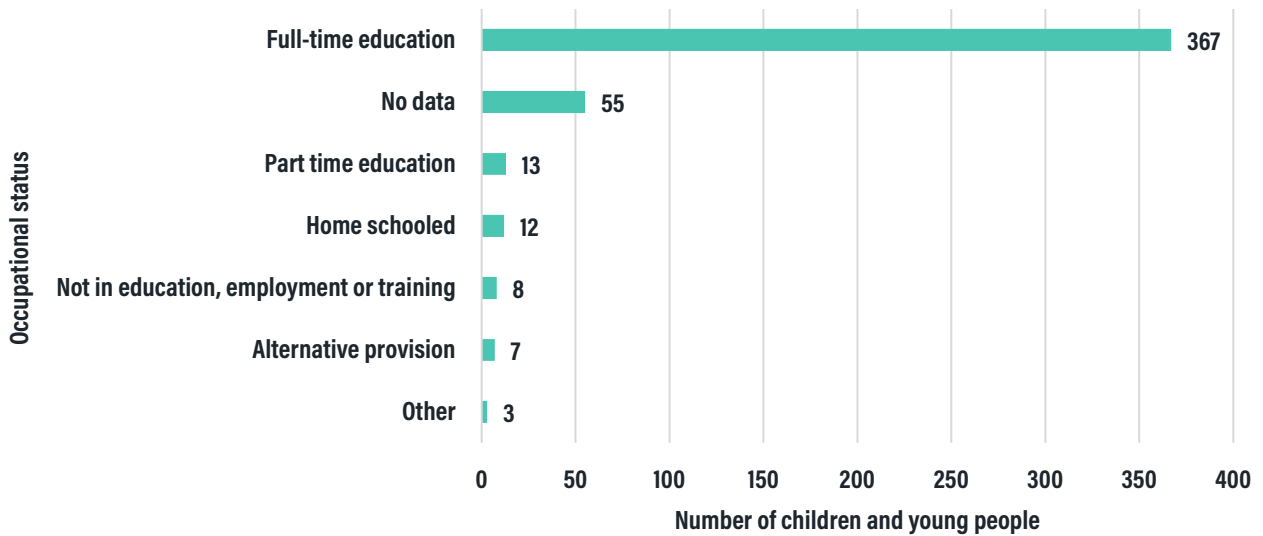


Figure 8: Education/employment status categories of children attending AEF-supported LTO sessions



Benefits for children and young people

The most significant finding of this evaluation is that the benefits of children and young people’s participating in the support provided have had a wider positive effect on their families and schools. For children and young people, the main benefits they experienced were improved emotional and psychological wellbeing, as well as increased levels of physical activity. In more detail, children and young people described the following benefits in the qualitative data. All categories are as self-reported by children and young people unless otherwise stated.

Improved self-confidence, resilience, self-esteem, social interactions (quality and quantity, friendships), better attitude, self-motivation to improve wellbeing

"Because I am getting better at football and meeting other people which makes me happy."
- Young person

"I love the boxing and dancing and I can actually do it! I'm proud of myself." - Young person

"[It's] taught me to go out of my comfort zone at times." - Young person

Better coping mechanisms (self-regulation) for stress, anxiety and anger

"It's an escape from a bad day... Football makes you feel good." - Young person

"It has made me happy doing sports and learning about how I can make myself feel better. Doing sports helps let out my anger." - Young person

"It helps me feel calmer." - Young person

Better mental health literacy

"I've been learning a lot more about my health for my body and my mind." - Young person

"I learnt how to chat about problems and use the cards from Mind." - Young person

A safe space and sense of belonging

LTO sessions were described by children and young people as a "safe space" where they had a "sense of belonging", were able to talk openly, felt listened to, understood, accepted, respected and supported. They described the sessions as the "best part of [their] week".

"I just know that I can talk to someone at these places." - Young person

"When I play basketball and football at [club] I feel very relaxed and the atmosphere there is very amazing and so are the people." - Young person

Benefits for neurodivergent children and young people

Session facilitators reported benefits for neurodivergent children and young people as they now have a wide range of activities they can participate in according to their needs and preferences (as reported by parents, carers and session facilitators).

"I felt like I had the ability to express myself, our canvas has made me so proud as it reflects how I feel inside." - Young person

"Before this programme, I didn't really leave my room much. Now I actually look forward to [club sessions] because I know I'll see everyone here. It's the one place where I don't feel judged for being anxious." - Young person

Improved physical activity overall

Improved physical activity included the length of children and young people's physical activity sessions and their frequency, particularly when they compared this to their usual sedentary routines.

"I'm not really a sports person, but [club] has made me feel relaxed, and that has given me some room in my brain for exercise." - Young person

"I didn't do any physical activity before, not even PE, [it's] not as bad as I thought." - Young person

Improved school attendance (as reported by both children and young people and facilitators)

"It has made me feel a lot better and made [me] behave better at home and in my school."

- Young person

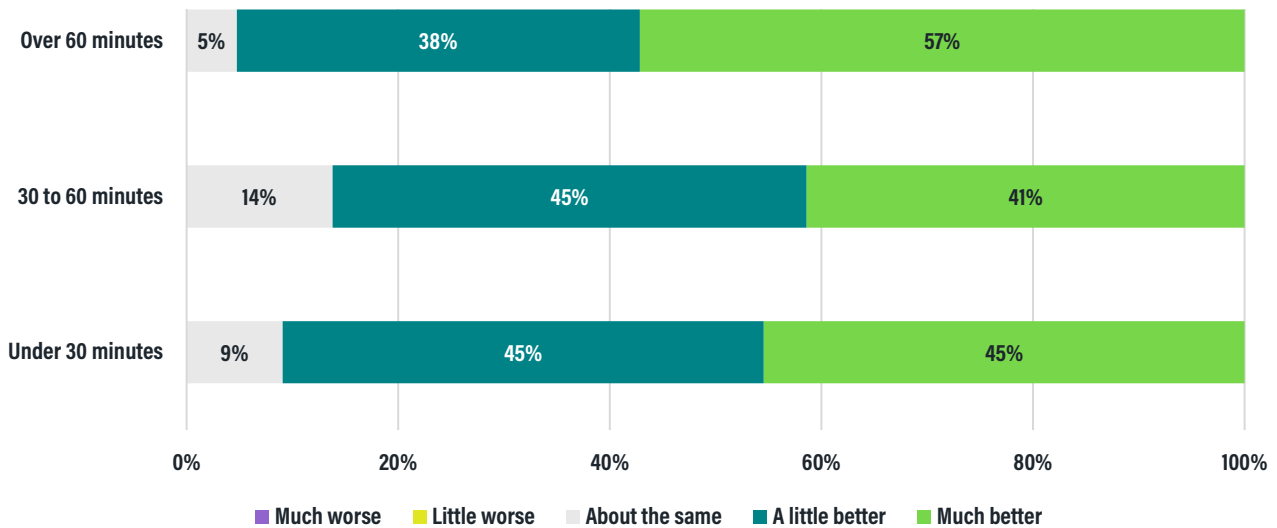
"I was getting in trouble at school and got offered to do boxing with [club] now I go there two other days to learn more and be more focussed."

- Young person

Some of these qualitative findings are reflected in the quantitative data. For example, children and young people who reported at least 30 minutes of physical activity per day had higher improvements ("much better") in their self-reported wellbeing.

Figure 9: Self-report physical activity levels and self-reported emotional wellbeing

Based on data for 72 children and young people.



Sports as a tool to manage complex emotions

Children and young people mentioned that sports have become a tool to manage overwhelming and complex emotions, like anger, social isolation, lack of motivation, and lack of emotional literacy (or self-knowledge). In specific examples, children and young people describe how they have gained the confidence to talk about bullying at school or in family life, to express their emotions and stop pretending, make new friends and reconnect with old ones.

"[I] made new friends, been trying new sports. [I was] given more confidence and talked to more people than before."

- Young person

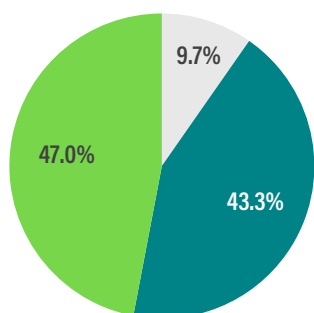
"I don't feel as comfortable at school to talk to people. At home and at session I feel that I'm heard and listened to."

- Young person

These answers are reflected in the quantitative data where it is possible to see a correlation between the changes in emotional wellbeing as a result of participating in LTO sessions and children and young people's ability to interact with other people, and their resilience when things do not go as planned.

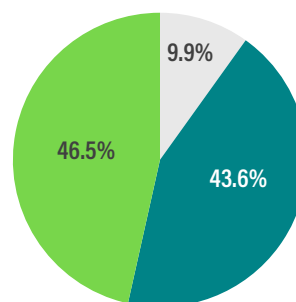
Figure 10: Self-reported emotional wellbeing cross-tabulated with resilience and access to social support networks. Based on data for 72 children and young people

Since starting the club/sessions, I feel more supported by and able to mix with other people.



■ About the same ■ A little better ■ Much better

Since starting the club/sessions, if something doesn't go to plan I am more able to keep going with things



■ About the same ■ A little better ■ Much better

Benefits for parents and carers

LTO session facilitators reported that parents and carers of children and young people attending their sessions felt supported. They reported that parents are grateful for the impact of these sessions in family and home life, particularly thanks to improvements in behaviour and the availability (and financial accessibility) of a safe space for their children and young people. The children and young people accessing these sessions usually report better interactions with their parents and carers, families, and schools. As a result, parents and carers have reported improved mood and lower stress levels (as reported to LTO session facilitators).

"I feel comfortable [talking] to my school, my mentor or mum about anything." - Young person

"I tell my daddy at home my feelings, I don't like talking to anyone else. My coaches at football are really nice and make me happy." - Young person

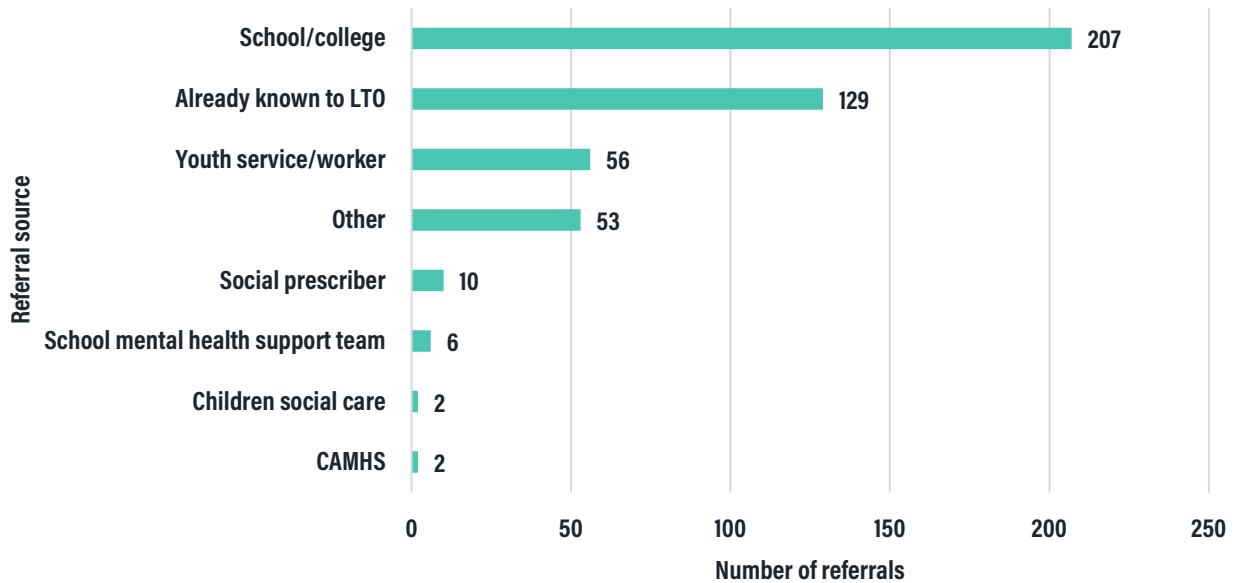
Benefits for schools (as perceived by LTOs, children and young people, and parents and carers)

LTO session facilitators described how schools trust the safeguarding approach taken by Active Essex Foundation and the LTOs associated with them. Facilitators also described how the availability of arts-based methods has helped to break down barriers to engagement and participation, improves communication with children and young people, and helps children and young people "express themselves". Staff at schools consider that the partnership between schools and LTOs associated with AEF is a strong partnership and beneficial for schools and their pupils, reporting positive changes in classroom behaviour, engagement, and attendance (as self-reported by children and young people, and LTO session facilitators).

The trust that schools have in LTO sessions or groups is visible in the quantitative data. The largest number of referrals to LTO sessions came from schools and colleges. This can be seen as evidence of the trust schools and colleges have in LTOs as they are seen as a valid and legitimate source of wellbeing support for children and young people.



Figure 11: Referral source data. Based on data for 465 children and young people



The benefits experienced by children and young people that also benefited schools and home life were:

- ⊙ Improved self-confidence
- ⊙ Improved resilience (including self-regulation and self-motivation)
- ⊙ Improved social interactions
- ⊙ Improved emotional literacy
- ⊙ Financial accessibility of these sessions particularly for children and young people from low socioeconomic backgrounds.

However, an important finding is that children, young people, and families report feelings of uncertainty and concern about the future of the sessions. Children and young people explicitly say they do not want the sessions to end and communicate this to their families and session facilitators. They state that they do not want their “safe space to end,” or to lose their newfound skills, the improvement they have achieved, and the friendships and community they have built with their peers who also attend the sessions. Parents and schools both echo this, asking for longer programmes and a guarantee of sustained commitment to this. Staff at schools expressed worries about the sustainability of the programme without any funding as they are very aware that there is a sustained (if not increasing) demand for these kinds of programmes.

IMPACT ON COMMUNITIES AND LTOs WORKING WITH CHILDREN AND YOUNG PEOPLE

We collected qualitative and quantitative data to explore the impact of the project on LTOs. We collected qualitative data through a focus group and free-text questionnaires in surveys, and quantitative data from the routinely collected reports LTOs send to AEF and through a survey designed and managed by the Centre. A total of 15 responses were recorded for the LTO survey between 14 November 2025 and 21 November 2025, from 12 different charities. Below are the insights we gathered from their data.

Between January 2025 and January 2026, approximately 19 LTOs were either delivering support sessions or had completed their delivery of support sessions and activities for children and young people as part of their funded work with AEF. The organisations worked across the following categories:

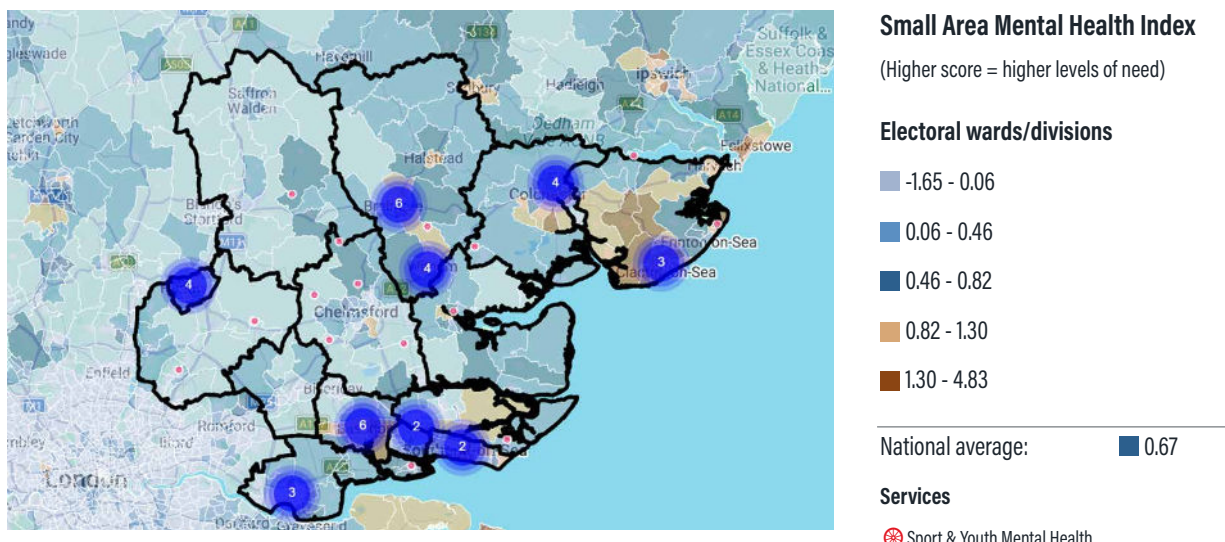
- 🕒 Outdoor, nature-based, gardening
- 🕒 Yoga for wellbeing and emotional literacy
- 🕒 Arts-based activities, such as theatre, dance and crafts
- 🕒 Sports-led, such as boxing, football, dodgeball, foosball, climbing and bouldering.

The project's local reach was widespread and across the districts and unitary authority areas of Greater Essex. More than 30% of the LTOs are based in Castle Point and Colchester. 18% of LTOs are split across Basildon, Epping Forest and Southend-on-Sea in equal representation.

The analysis of data for 465 children and young people in Figure 5 shows that LTOs are successfully reaching areas with the highest levels of deprivation in Essex. 59% of the children and young people using LTOs' support services come from the five highest deprivation levels (1 to 5 decile according to the Index of Multiple Deprivation (IMD)). The data shows the commitment of this project to improve the wellbeing of children and young people in Essex, and their drive to reach communities that have high deprivation levels. This commitment has been recognised by the LTOs and system partners. Both groups of stakeholders consider the project's community-led approach to have been beneficial for local communities, LTOs, and local children and young people.

Image 1 - Geographical location of delivery sites for year one and year two

Blue circles represent more than one provision. Red dots represent single site provision. The map includes data regarding Small Area Mental Health Index, where a higher score signals higher mental health needs in the area. Lighter areas represent lower scores, and darker shaded areas represent higher scores.



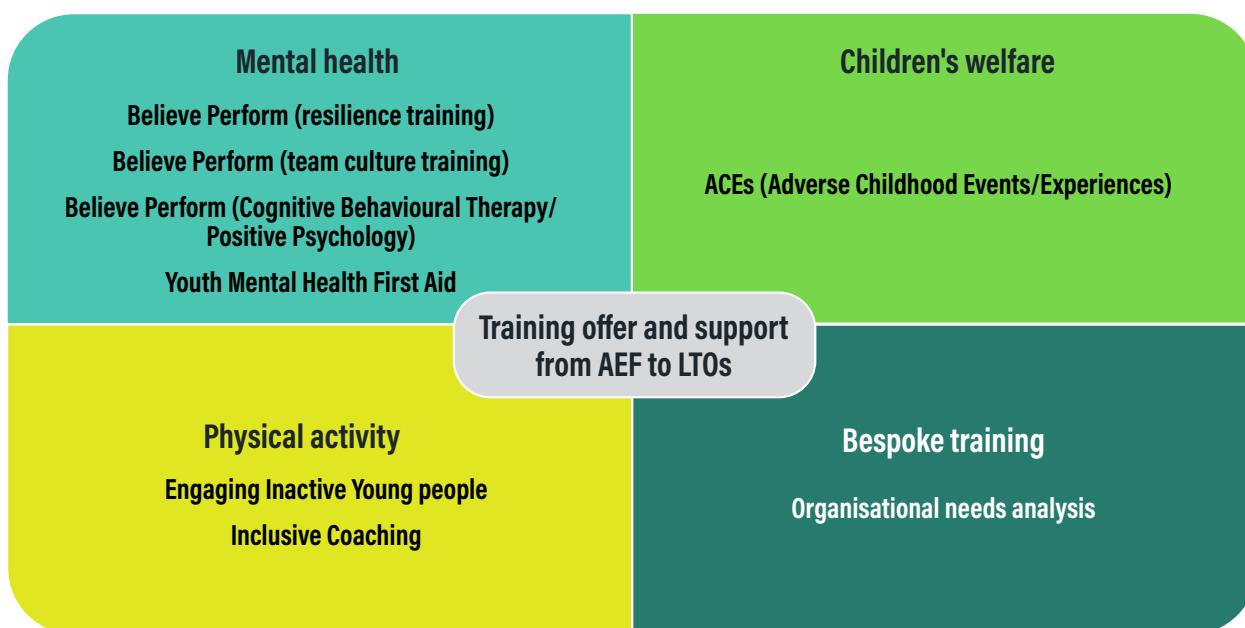
Due to the partnership working with LTOs, AEF has been able to expand its scope and reach, supporting their strategic goal of creating the conditions for children and young people to thrive. As a result of the collaboration, statutory services (system partners) see the work of AEF and LTOs as covering a significant gap in the support provided to children and young people and promoting community-led approaches to the improvement of mental health and wellbeing in young people. System partners consider this relationship unique and partly attribute this to the operational flexibility of the organisational characteristics of AEF, which enables easier partnership between AEF and LTOs. The benefits highlighted by system partners and the impact of AEF on the system are discussed in more detail in subsequent pages.

For LTOs, the benefits have been more immediate and tangible:

Upskilling and improving local capacity

AEF supported training programmes, both core and bespoke, for LTOs. Figure 12 shows a description of the main themes and sub themes covered in the training courses delivered or funded by AEF. A total of 230 LTO staff members received training in 2025.

Figure 12: Training courses offered to LTOs in 2025

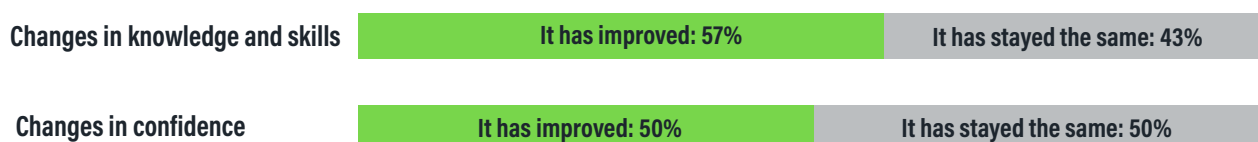


See Appendix 2 for more detailed descriptions of the training provided.

Analysing the changes in LTO knowledge and skills, and confidence in supporting children and young people’s mental health within their settings, data shows a general trend of improvement across these two domains.





Figure 13: Changes in skills as measured by the provider registry based on data for 14 providers out of 19




Most responses showed high levels at baseline of confidence and knowledge and skills (“it has stayed the same”). The biggest improvements in scores can be seen in the knowledge and skills of the LTOs. The levels of confidence were high to begin with, yet 50% of LTOs reported improvement. Notably, no providers reported getting worse in any of the domains which signals that, albeit moderate, association with AEF can help LTOs improve in the domains mentioned above.

These insights corroborate the results of the Centre’s survey of LTOs carried out in late November 2025. Reviewing results from the Likert style questions, LTO staff have a better understanding of children and young people’s mental health issues, increased knowledge and skills, and confidence to use sport and physical activity for mental health support. To a lesser extent but still as a majority agreement, the survey found that compared to last year, respondents felt the quality of the mental health and physical activity workforce had improved, and that collaborative relationships between delivery partners were strengthened.

 “...we can see them [the staff] sort of on their own personal development journey as well as the young people's, which is quite nice.” - LTO staff member

 “So for us like it's built some knowledge us as staff as well to be able to see that [the impact of LTO training] and how that's been practised within kind of the actual sessions themselves. So that's been really, really beneficial for us as an organisation.” - LTO staff member

 “We attended workshops on the connection between exercise and mental health, learning how activities like yoga, dance, and team sports can reduce anxiety and improve mood. This training has helped staff better understand how to structure activities in a way that supports mental wellbeing.” - LTO staff member

Financial support

The financial and operational support LTOs have received from AEF was identified as the most helpful element. This comprehensive approach to the support they receive has helped them to improve the quality and capacity of their delivery, improving their skills, knowledge, confidence and monitoring and evaluation skills. They say that the flexible nature of the funding they receive from AEF has massively helped them to address the unique needs of each organisation, allowing them to focus on longstanding needs while improving the activities they deliver, as well as building operational capacity to secure further funding.

This is backed up by evidence on the challenges faced by local charities as part of the VCSE ecosystem in the UK. Most, if not all, LTOs emphasise the challenges of operating on tiny, time-constrained, and delivery specific budgets. At the same time, LTOs are expected to deliver evidence of their impact in order to secure future funding, but the impact that these demands have on small and understaffed organisations is not considered, or covered, by funding bodies or donors. The systemic challenges of funding in the VCSE sector can explain why only 3 out of approximately 19 LTOs have reported to have secured additional funding (i.e. non-AEF funding) at some point between January 2025 and January 2026.



"There are moments where we have to do so much work on impact, to prove, to get the funding... The amount of hours that I have to spend responding to the [commissioner/funder]..." - LTO staff member



"...we can look to reapply with that same funding pot that we got before. However, what we're finding is people [commissioners/funders] are looking for new and innovative [projects] and actually sometimes the things we're doing are working really well." - LTO staff member



"So for example... that project in particular we deliver three nights a week. But they [the reports] need to show how I can deliver more. And I suppose it links up to that capacity side of things... we've got something on it every other evening. So, without kind of stretching that staffing capacity and again not necessarily having the funds to bring in additional staff to do what they [commissioners/funders] want..." - LTO staff member

Legitimacy and trust

Being part of the AEF network of LTOs has helped them connect with other organisations, and sometimes with local authorities or NHS services. LTOs consider that being associated with AEF gives them legitimacy amongst other LTOs and in their interactions with statutory bodies. They see their affiliation with AEF as enhancing their credibility and recognition among stakeholders across Essex.

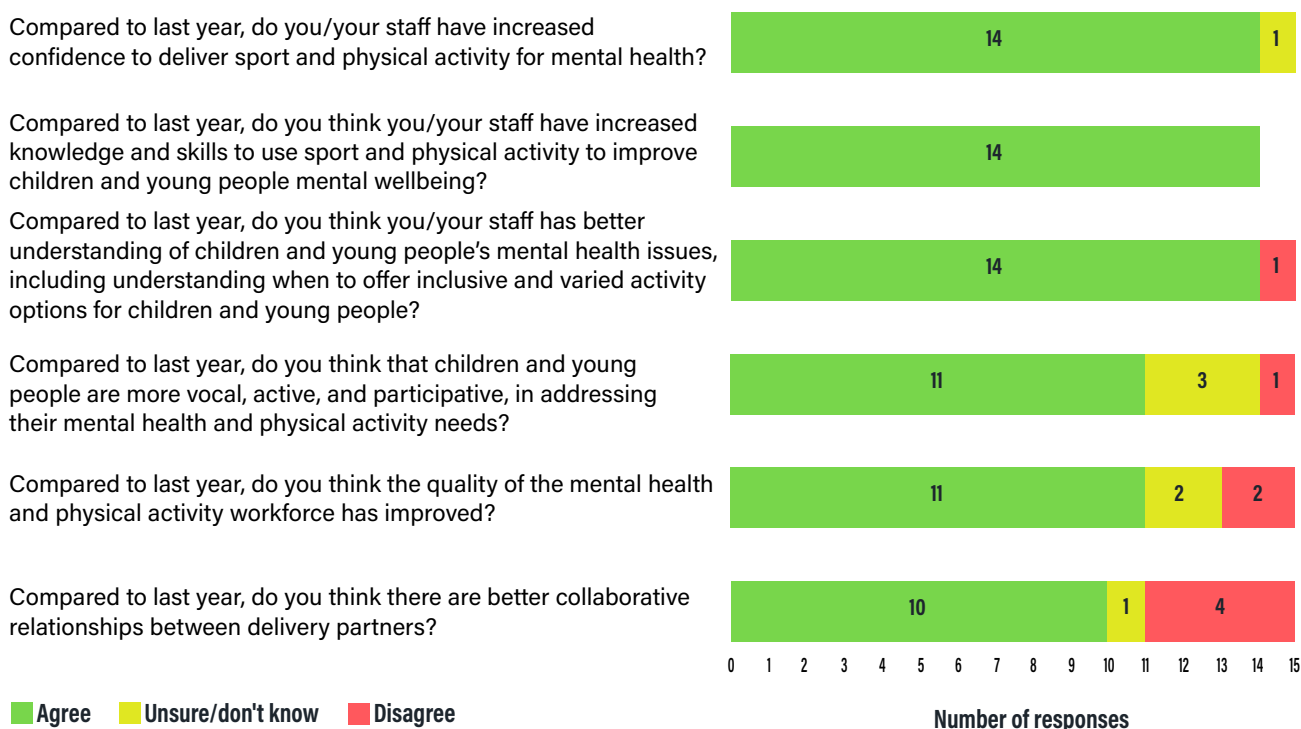
LTOs report that the default approach for children and young people with mental health needs is to be referred to child and adolescent mental health services (CAMHS) as opposed to alternative support services like the ones they provide. Partially as a result of this, the LTOs see increasing numbers of children and young people with longstanding unmet needs or undiagnosed mental health conditions who have been waiting for assessment or support and whose needs might have worsened over time. Moreover, LTO staff highlight that the needs of children and young people in Essex communities are complex due to the intersection of several factors, including ethnic characteristics, socio-economic status, and school attendance, which influence the prevalence and severity of mental health distress in children and young people.

They consider that the community-based approach that LTOs offer to be the most effective way to reach children and young people who have multiple risk factors. This is particularly the case when the approach is adequately supported and embedded as part of a holistic approach to mental health in CAMHS services, especially for those who are not at crisis point but would benefit from early intervention, and are at a higher risk of disengagement from mental health services or other forms of support.



"...one of the biggest things for us [is] that we secured more of a stronger relationship with the NHS because we've strengthened our relationship with the local social prescribers." - LTO

Figure 14: LTO survey results. Centre for Mental Health survey (15 responses)



Further testimony from children and young people, their parents and LTOs is available in this film produced by AEF and highlighting findings from year one:

<https://www.youtube.com/watch?v=w2Q6hFjiGG0>

IMPACT ON THE SYSTEM

We gathered qualitative and quantitative data from system partners to explore the impact of AEF and AEF-supported LTOs in the wider system. 7 system partners participated in in-depth semi-structured interviews: 3 were from the local authority; 2 from the NHS (community mental health providers); and 2 from the VCSE working on mental health with children and young people in Essex. 14 responses were recorded for the system partner survey between 9 and 26 January 2026. The split of responses by organisation can be seen below in Table 1.

Organisation type	Respondents	%
NHS (commissioning and provider)	10	71%
VCSE	2	14%
Local authority	2	14%
Total	14	100%

The survey and semi structured interviews explored similar themes, including participants' views on the relationship between physical activity and mental health in children and young people, the quality of VCSE led provision, and the effectiveness of cross organisational collaboration. The survey used Likert scale items, while interviews offered more detailed insights. Survey responses showed unanimous agreement that sport and physical activity help prevent worsening mental health in children and young people. Interview participants echoed this, describing the benefits as "common sense," grounded in personal experience and supported by UK evidence.

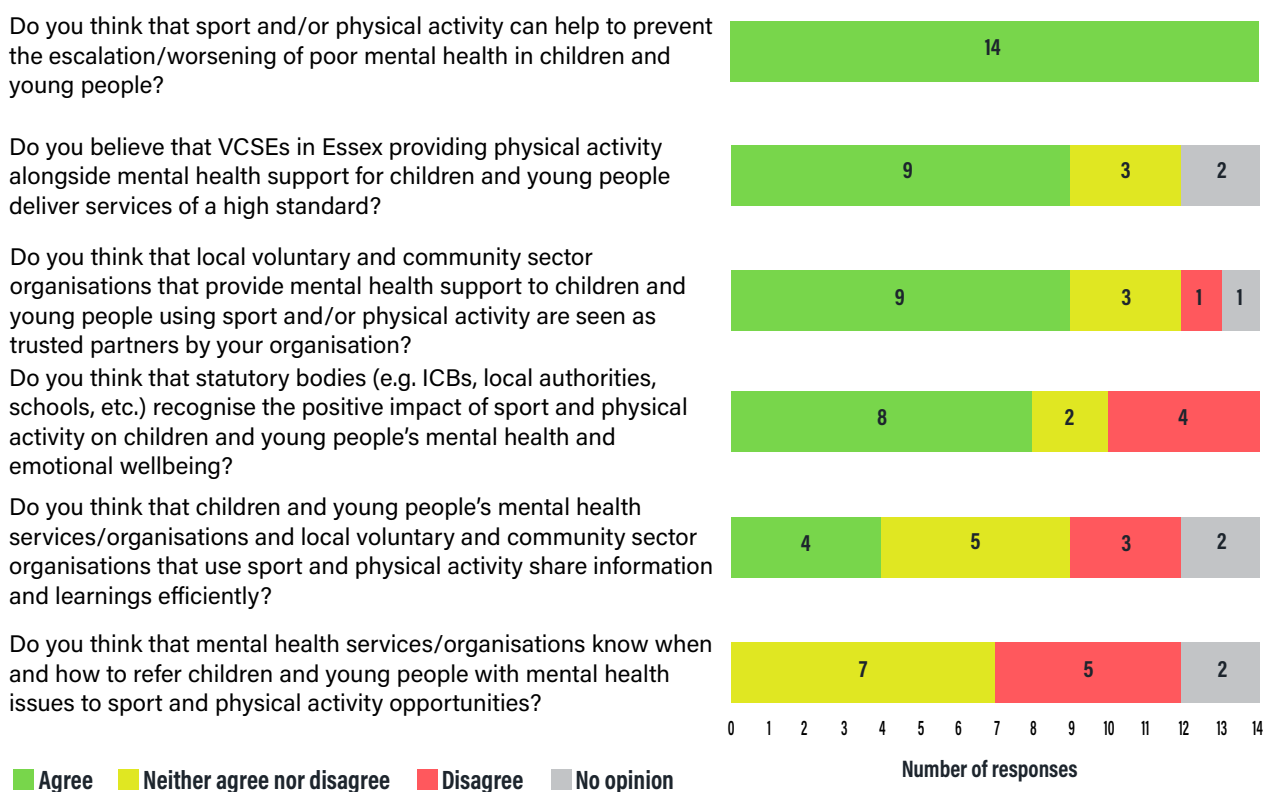
System partners generally viewed VCSE support for children and young people in Essex as high quality, with no respondents disagreeing, although 36% expressed no firm opinion. Interviewees emphasised that AEF prioritises meaningful outcomes - such as wellbeing, belonging, resilience, emotional regulation, and positive lifestyle habits - over system focused outputs like CAMHS referrals, attendance data, or clinical indicators.

Survey results also suggested that referral processes and information sharing across services require improvement. Referral data supports this, showing particularly low referral rates from CAMHS to LTOs, which may reflect weak collaboration. Interviews expanded on these challenges, highlighting a complex, fragmented health and social care system characterised by organisational "silos" with rigid governance and poor communication. These silos hinder joint planning, provision, funding, evaluation, and information exchange. Participants linked this fragmentation to historical divides between physical and mental health services, noting that although the benefits of physical activity for mental health are widely acknowledged, they are poorly integrated in practice.

The joint analysis of the qualitative and quantitative data for this theme can signal that there are differences in the trust levels between different system partners, that there have not been significant changes in trust levels from the baseline (i.e. they did not get worse nor improve), or that trust is one-directional (e.g. LTOs perceive themselves as not being trusted by system partners whilst system partners describe their trust in LTOs). In either case, it signals that trusting relationships between LTOs and system partners are highly complex and can be explored in more depth through the perspective of both stakeholders.

Most survey respondents agreed that statutory bodies view AEF and its network of community-based organisations as trusted partners with a positive impact on mental health and prevention. Interviewees strongly supported this view, describing AEF and its VCSE network as proactive, capable, locally trusted, and well connected. They emphasised AEF's vital role in filling gaps in prevention, building local capacity, supporting grassroots organisations, and championing physical activity as an essential component of holistic care.

Figure 15: System partner survey results. Centre for Mental Health survey (14 responses)



The evidence needed to support physical health interventions

Although not captured in the survey, the interviews with system partners provided further reflection on the extent and depth of the challenges to improve mental health support services for children and young people. System partners argued that mental health interventions, including preventative interventions and those with physical activity components, should be evaluated against outcomes. The current focus is on system outputs and impact on acute care.

Related to this challenge, system partners emphasised the lack of agreement as to what evidence is needed to support the relationship between mental health and physical health. They agreed that the evidence that proves this link exists, either in peer reviewed articles, commissioned evaluations of local interventions, or through their work with children and young people. However, evidence can be fragmented, patchy, and difficult to integrate across organisational silos. This can be partly attributed to the lack of a shared outcomes framework that can be used across sectors, including VCSE and statutory organisations.



System partners considered this to be one of the biggest challenges - that commissioners at national level prefer evidence that focuses on delivery and system outputs. They suggest that funding bodies and commissioners prefer evidence that shows immediate and clear results, particularly favouring evidence that shows cost savings, like cost-effectiveness or cost-benefit analyses.

For system partners, this represents a challenge because long-term outcomes (e.g. improved mental health, improved resilience, improved self-confidence, improved attendance, prevention of worsening or acute episodes) can be better captured by longitudinal studies, using observational data rather than randomised controlled trials. This approach is particularly important for children and young people with complex mental health needs and from low socio-economic circumstances, as they have multiple risk factors that require a person-centred approach.

Systems continue to operate in silos, leading to little to no inter-organisational collaboration

All system partners agreed that physical activity is beneficial to both prevent mental health problems and sustain good mental health in children and young people. They recognise and appreciate the value of the support that both AEF and LTOs provide to children and young people. However, they also recognise that current statutory systems are not suited to addressing the links between physical health and mental health. Thus, interventions that combine physical and mental health components, or that are child-led and holistic, are challenging to implement or sustain.

System partners suggested that, unless there is a central mandate to properly fund the delivery and evaluation of mental health interventions with physical activity components for children and young people, nothing will change. And unless there is a commitment to a whole person approach to mental health, statutory organisations will remain as disconnected silos.

System partners perceived newly proposed integrated neighbourhood teams as a good opportunity to address this challenge, particularly in helping the VCSE sector become more involved in the provision of person-centred and outcome-focused approaches. However, they emphasised the need for sustained and dedicated funding for the delivery, monitoring and evaluation of these programmes and new ways of working. These recommendations echo the challenges expressed by LTOs, as well as their request for more sustained and flexible funding that is outcomes-based, as opposed to outputs-based.



CONCLUSION

The year two evaluation provides strong evidence that the Active Essex Foundation Sport and Youth Mental Health Project continues to make a meaningful and wide reaching contribution to the mental wellbeing of children and young people across Essex. The combination of physical activity and non-clinical mental health support for children and young people is improving:

- ⊙ Confidence
- ⊙ Emotional regulation
- ⊙ Social connection
- ⊙ Family dynamics
- ⊙ School engagement
- ⊙ Overall wellbeing.

These benefits extend beyond individual participants in the LTO sessions and positively influence families, schools, and communities. Other identified benefits for the LTOs and system partners are:

- ⊙ LTOs have strengthened their skills, confidence, and organisational capacity, thanks to the support of AEF's flexible funding approach which adapts to LTOs' needs and is therefore community led
- ⊙ System partners consistently recognise AEF and their network of LTOs as trusted and effective contributors to community-led early intervention and prevention efforts
- ⊙ System partners recognise that AEF's unique approach succeeds in bringing different stakeholders together whilst working to help tackle some of the fragmentation across the mental health system for children and young people.

The findings in this report show both the impact and the need for support for the work of the Sport and Youth Mental Health Project, highlighting the importance of long term financial sustainability and stronger collaboration and integration across sectors. The future growth and scaling-up of this approach can potentially increase the beneficial impact on the communities of Essex and most importantly, on children and young people's mental health and wellbeing.



RECOMMENDATIONS

Our recommendations build on the recommendations from the year one evaluation and the findings of this report.

1. Strengthen inter-sector collaboration through enhanced networking opportunities

The findings from this year two report show that AEF has strengthened inter-sector collaboration between system partners and LTOs, and that AEF is recognised as a local leader on physical activity and mental health in children and young people. System partners unanimously agreed that physical activity plays a preventative role in children and young people's mental health, yet recognised that the current system is fragmented and siloed, making joined-up provision difficult.

We recommend that funding should specifically incentivise cross-sector collaboration — including health, local authorities, education, and VCSE partners — and support models that embed physical activity into statutory and non-statutory mental health pathways. For example, commissioners could pilot models through emerging integrated neighbourhood teams, as highlighted by system partners.


2. Continue to strengthen collaboration between LTOs through joint funding, bid collaborations, and resource sharing

During year two, AEF contributed to strengthening the collaboration between LTOs in line with the second recommendation from the year one evaluation. In this year two evaluation, we found that children, young people, parents, and schools expressed concern about the future of AEF-funded sessions, and the potential loss of safe spaces, progress and trusted relationships. LTOs also consistently highlighted the value of flexible funding in enabling them to respond to unique local needs and maintain organisational capacity.

We recommend that funders prioritise multi-year, flexible investment models that support stability, allow adaptation, and reduce the pressure of short-term delivery cycles that disproportionately affect small VCSE organisations and continue building the collaborations that AEF has strengthened this year.

3. Prioritise tailored, inclusive provision for children and young people with special educational needs and disabilities (SEND) and groups who are vulnerable and underrepresented

We found evidence this year that LTOs provided tailored and diverse support to accommodate the needs and preferences of children and young people with SEND. We also found evidence that LTOs keep engaging with groups who are socio-economically vulnerable and have other risk factors for poor mental health such as social isolation. We think that the impact of LTOs on these groups could be better understood through data capture and comparison, as we think the impact and reach relating to these groups are unique in the region.



The number of children and young people that access LTO sessions is a large cohort that could provide invaluable insights on the role of physical activity and mental health wellbeing. However, outcome data was only available for a subset of this cohort, which impacts the analysis of impact on subgroups such as those with SEND or higher risk for mental ill health.

Given the challenges that LTOs experience in data collection and monitoring and evaluation activities, we recommend that AEF takes a more proactive approach in the support given to LTOs in this operational skill. This can benefit both LTOs and AEF in capturing the data they need to showcase the impact of their activities on children and young people.

4. Further embed physical activity into mental health pathways

In this report, both system partners and LTOs reported challenges in evidencing preventative outcomes, such as the inclusion of physical activity in mental health pathways, due to lack of shared metrics, siloed data, and funders' preference for short-term, system-output metrics (e.g. referrals, crisis episodes).

Funders should invest in shared cross-sector outcomes frameworks, codesigned with VCSE providers and young people, and support longitudinal studies to better capture prevention, resilience building, and wider wellbeing impacts. AEF is in a good position to lead such conversations given the recognition that system partners have for the organisation's role in promoting physical activity as part of mental health support programmes for children and young people in Essex.

5. Explore opportunities for coproduction with children, young people and system partners in the design and evaluation of physical activity and wellbeing services

This year, AEF took more proactive approaches to coproduce the design and evaluation of physical activity programmes for mental health by actively involving children and young people, LTOs and other community representatives in the edits to the evaluation tool used for this project.

Data from LTOs suggests that children and young people actively participate in designing their support sessions and clubs' activities, thus showing agency and engagement. However, there is scope for further improvements in coproduction with children and young people in the evaluation of physical activity and wellbeing services.



APPENDIX ONE: EVALUATION FRAMEWORK WITH CROSS-REFERENCE TO DATA SOURCES USED FOR YEAR TWO IMPACT EVALUATION

			Children and young people participant survey. (Young person insight tool)	CYP focus group (with 2 LTOs)	Delivery partner survey	Delivery partner focus group (online)	Delivery partner supplementary survey (given in focus Group)	System partner survey	Case studies
Period of time	Domain	Outcomes to be achieved							
Short term	Children, young people, and families	1.1	More appropriate physical activity opportunities for CYP and families to support mental wellbeing	✓	✓	✓			✓
		1.2	More informed and resilient families		✓	✓			✓
		1.3	Increased peer to peer support and social interaction	✓	✓	✓			✓
Medium term	Children, young people, and families	1.4	CYP are more active	✓	✓				
		1.5	CYP have improved wellbeing	✓	✓				✓
		1.6	CYP have improved confidence	✓	✓				✓
		1.7	CYP have improved resilience	✓	✓				✓
		1.9	Increased youth voice			✓	✓	✓	

Long term	Children, young people, and families	1.8	Reduced number of CYP needing clinical MH services						✓	✓	
		1.10	Escalation of poor mental health prevented through PA for CYP							✓	
		1.11	CYP have improved mental wellbeing through PA								✓
Short term	LTOs	2.1	Delivery partner staff have increased knowledge and skills in using sport and physical activity to improve CYP mental wellbeing			✓	✓	✓			
		2.2	Delivery partner staff have increased confidence to delivery sport and physical activity for CYP mental health			✓	✓	✓			
Medium term	LTOs	2.3	Better collaborative relationships between delivery partners				✓	✓			
		2.4	Delivery partners able to provide an inclusive and varied PA offer to CYP				✓	✓			
Long term	LTOs	2.5	High quality sport and physical activity workforce in Essex				✓	✓	✓		
		2.6	Delivery partners able to use evidence to leverage funding				✓	✓		✓	
Short term	Mental health networks	3.1	Mental health agencies and sport and physical activity organisations share learning more consistently				✓		✓	✓	

Medium term	Mental health networks	3.2	Mental health agencies are better informed to refer CYP into physical activity opportunities				✓		✓	✓
Long term	Mental health networks	3.3	Delivery partners are seen as trusted partners for mental health agencies			✓	✓		✓	✓
Long term	System change	4.1	Changes to the mental health system in Essex including ICSs, to recognise the positive impact of sport on CYP mental health and wellbeing			✓			✓	✓
Medium term	Evidence base	5.1	Building the evidence base of what sport and physical activity interventions work at scale for CYP mental health and wellbeing				✓		✓	
Long term	Evidence base	5.2	Increased robust evidence for the benefits of sport and physical activity for CYP mental health and wellbeing				✓		✓	

APPENDIX TWO:

DESCRIPTION OF TRAINING PROVIDED TO LOCALLY TRUSTED ORGANISATIONS

Throughout the year, Active Essex Foundation provided locally trusted organisations with training opportunities to upskill and build confidence, in order to support their delivery of physical activity to support emotional wellbeing and mental health.

As part of the project, locally trusted organisations were also given an opportunity to apply for a grant to support bespoke training based on an organisational needs analysis of their workforce. This training grant was for training around physical activity, mental wellbeing support and other additional courses (i.e. safeguarding, first aid) that further upskill the coaches, deliverers and volunteers.

The core training offer to these organisations is listed here.

MENTAL HEALTH

Believe Perform, Resilience Training

Active Essex Foundation Sport and Youth Mental Health Project hosted Believe Perform, a specialist culture change consultancy, for their first training session with our LTOs.

The session was broken up into two days and took a deep dive into individual resilience building to ensure that deliverers could be ready to cope with supporting others. It introduced and explored models which help to aid, build, or add to understanding behind emotional wellbeing.

Believe Perform, Team Culture Training

Believe Perform hosted an insightful session focused on building healthy cultures and environments where young people can truly thrive. With the ever-evolving challenges that today's youth are facing, it has become essential for those who support and work with young people to understand how to meet their most fundamental needs.

During the session, BelievePerform coaches delved into the crucial role that culture plays in shaping the wellbeing and development of young people. They explored how to create environments that not only foster a sense of meaning and belonging but also ensure that young people feel safe and supported in their pursuit of personal growth. Attendees gained valuable insights into how to build nurturing spaces that provide the essential elements of survival and emotional safety, empowering young people to navigate their circumstances with resilience and confidence.

This session was specifically designed for frontline team members who work directly with young people, including educators, coaches, youth workers and support staff. It aimed to equip them with the knowledge and tools needed to create positive, healthy environments where young people can thrive emotionally, mentally, and socially.

Believe Perform, Cognitive Behavioural Therapy – Putting the principles into practice to support young people

Delivered by Believe Perform in partnership with Active Essex. BelievePerform worked with Active Essex Foundation to deliver a bespoke version of their Thrive programme, designed specifically for Local Trusted Organisations (LTOs) and grounded in the core principles of Cognitive Behavioural Therapy (CBT). With mental health challenges continuing to rise among young people, it is more important than ever that those working closely with them feel confident, equipped, and supported in their role. This programme provided evidence-based tools and techniques derived from CBT to support young people aged 11 to 25 in building emotional resilience and practical skills to help them thrive. The programme consisted of a full day of in-person delivery. Alongside this, participants received access to six short explainer videos, six practical tools, and six supporting infographics to reinforce and extend their learning. Through this programme, LTOs developed a foundational understanding of CBT theory and its practical applications. They learned how to apply basic CBT-informed interventions in their work with young people to positively influence mental health and wellbeing. Participants also gained deeper insight into common mental health challenges and the role they play in providing safe, informed support. The programme supported LTOs in understanding the importance of boundaries and in identifying appropriate referral pathways when further support is needed.

YOUTH MENTAL HEALTH FIRST AID

Mental Health First Aid (MHFA) is an internationally recognised training course, designed to teach people how to spot the signs and symptoms of mental ill health and provide help on a first aid basis. This accredited two-day course allowed participants to develop practical skills to identify a range of mental health issues and support a young person to get the help they need. It provided an in-depth understanding of specific mental health issues and was delivered in four manageable chunks: what is mental health; depression and anxiety; suicide and psychosis; and self-harm and eating disorders. It focused on the issues faced by young people today, such as cyber bullying and substance misuse, and built participants' knowledge and confidence on how to promote protective factors and offer support. Completing this course qualified participants as a Youth Mental Health First Aider.

CHILDREN'S WELFARE

Adverse childhood experiences

Based on the latest research of health and wellbeing, this workshop provided learners with a foundation of what is going on in a young person's body, the short- and longer-term impact this has on their behaviour and how we can make small changes by being trauma-informed to achieve better life outcomes for young people. The workshop explored adverse childhood experiences (ACEs) and the impact these have on young people's health as well as the role of sport in building resilience with a trauma-informed approach.

PHYSICAL ACTIVITY

Engaging inactive young people

There are a high number of young people from low income and lower socio-economic groups who are either inactive or not active enough for health and wider social benefits. This workshop offered ideas for how to attract inactive young people to Doorstep Sport sessions.

By the end of the workshop, learners:

- ⦿ Understood what is meant by inactivity and the complex nature of the subject
- ⦿ Understood why it is important to understand young peoples' lives and potential barriers to engaging with activity
- ⦿ Understood how to use behaviour change tactics such as EAST and Nudge to engage inactive youth
- ⦿ Understood how to retain participants that were previously inactive.

PHYSICAL ACTIVITY AND INCLUSIVITY

Inclusive Coaching

Inclusive Coaching in Action is led by a Sport for Confidence Occupational Therapist and sports coach, giving coaches the confidence, insight, and practical tools to create environments where every participant feels seen, valued, and able to thrive. Participants discovered how to look beyond traditional coaching outcomes and tap into the deeper benefits that make sport meaningful for all.



APPENDIX THREE:

LIST OF LOCALLY TRUSTED ORGANISATIONS THAT DELIVERED PROGRAMMES IN YEAR TWO

Organisation	District(s)	Website link
Arts Outburst	Thurrock	www.artsoutburst.co.uk
ATF	Basildon, Castle Point & Rochford	www.atfcommunity.com
The Batic Partnership Trust	Castle Point	www.activeesseximpact.org/rochford/batic-trust-workplace-health
Broomfield FC	Chelmsford	www.broomfieldfc.com
Cast A Thought	Uttlesford	www.castathought.co.uk
Changing Lives	Harlow & Colchester	www.changinglivescommunityservices.com
Dennis & Dyer	Epping Forest	www.dennisanddyerboxingacademy.co.uk
Frinton & Walton Youth Club	Tendring	www.fwyfc.co.uk
Emotionally Well Communities	Basildon	www.emotionallywellcommunities.com
Futures-Essex	Chelmsford	www.futures-essex.co.uk
Harlow Town FC	Harlow	www.harlowtownfc.com
Heads2Minds	Colchester	www.heads2minds.co.uk
Indirock	Southend	www.indirock.co.uk
JTD Arts	Thurrock	www.facebook.com/Jtdofperformingarts
Inclusive Ventures	Tendring	www.inclusionventures.org.uk
MiniMe Mindfulness	Braintree	www.minimemindfulness.co.uk
Motivated Minds	Basildon	www.motivated-minds.co.uk
Mushroom Theatre Company	Rochford	www.mushroomtheatre.co.uk
Project ME	Chelmsford & Basildon	www.projectmindempower.org
Trust Links	Southend	www.trustlinks.org
The Wilderness Foundation	Colchester & Tendring	www.wildernessfoundation.org.uk
Yellow Door	Castle Point	www.cyp-yellowdoor.org.uk
Youth Unity	Epping Forest	www.youthunity.org
Zinc Arts	Epping Forest	www.zincarts.org.uk



ACTIVE ESSEX FOUNDATION'S SPORT AND YOUTH MENTAL HEALTH PROJECT

IMPACT EVALUATION, YEAR 2: APRIL 2025 TO MARCH 2026

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