

Grants Evaluation Report

Evidencing the impact of grants
from the Liverpool ONE Foundation
to support children and young people's
mental health in the Liverpool City Region

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FOREWORD



Welcome to this report, evidencing and evaluating the impact of grants distributed by the Liverpool ONE Foundation through the Community Foundation for Merseyside.

With the mental health of children and young people gaining prominence as an issue that is integral to modern day society, the Liverpool ONE Foundation guided by the Community Foundation for Merseyside decided in October 2016 to solely support this issue with available charitable funds from the Liverpool ONE Foundation. It subsequently commissioned this piece of work to ensure the focus on this issue was achieving the results envisaged in its original aims, namely to reduce the number of children and young people suffering with mental health problems in Merseyside, and as a result to build a healthier society.

We are delighted that DSC's findings show that the funds distributed provided vital support to children and young people across Merseyside, often supporting preventative work or filling gaps left by overloaded public services. Through supporting a wide range of local grassroots charities, the Liverpool ONE Foundation has addressed a broad range of needs, and enabled tangible changes to the lives of children, young people and their families.

The report provides valuable recommendations which we will both implement and share; most notably, giving advice to many of the charities that we work alongside around their monitoring and evaluation systems.

The Liverpool ONE Foundation is one of many funds that we administer, and where relevant, the findings from this report will also be utilised to inform all of our work with the ultimate aim of enriching the lives of people in and around Merseyside and through them create united, thriving and prosperous communities.

Rae Brooke

Chief Executive, Community Foundation for Merseyside

EXECUTIVE SUMMARY

KEY FINDINGS

How much grant funding did Liverpool ONE award to support children and young people's mental health?

- In its 2018 grant round, the foundation awarded a total of £300,347 through 18 grants supporting children and young people's mental health.
- Liverpool ONE's Open Grants programme awarded a total of £242,171 through five large grants and a total of £49,197 through ten small grants.
- Liverpool ONE's Award Fund programme also awarded three grants totalling £8,979.
- Small grants awarded through Liverpool ONE's Open Grants programme, each totalled a maximum of £5,000, while large grants each totalled a maximum of £20,000. Grants awarded through the Award Fund each totalled a maximum of £3,000.

What types of interventions did Liverpool ONE fund?

- 60% of the total funding went to arts-based interventions. Interventions supporting parents and carers received 22%. Counselling interventions received 12.5%, and community-based interventions just over 5%.

What recurring issues affect the beneficiaries of Liverpool ONE's grantees?

Evidence from grantee reporting documents and interviews reveals some common themes experienced by young people supported by Liverpool ONE's grantees:

- **Poverty:** Many young beneficiaries supported by grantee organisations live in deprived households where unemployment, a lack of physical safety and barriers to basic life necessities (food, adequate shelter) are serious problems.
- **Lack of self-esteem and self-confidence:** The young people served by grantees often display these traits, and organisations use a variety of techniques and approaches to boost young people's confidence and views of themselves.
- **Social isolation:** Many of the young beneficiaries of Liverpool ONE's grantees struggle with feeling isolated and distanced from peer or family networks.
- **Lack of effective family support:** Many young beneficiaries of Liverpool ONE's grantees cannot rely on effective support from family members; in fact, dysfunctional family relationships may be a major factor in the young person's mental health issues.
- **Gender identity:** Many grantees reported that a growing proportion of their young beneficiaries identify as LGBT+ or non-binary, and therefore struggle to fit within the expectations of family and wider society.

What evidence of impact did grantees provide?

Liverpool ONE's grantees provided evidence of the difference they made to children and young people's mental health, via grant monitoring forms, grant reports and during interviews with researchers. The depth, quality and type of evidence varied between organisations. This analysis therefore relies on self-reported, rather than independently tested evidence about the impact of the interventions. There were several common ways that grantees gathered and supplied evidence:

- **Feedback and evaluation forms:** Most grantees evaluated their services through standard feedback or evaluation forms that were filled out by beneficiaries at the end of an intervention or service. Often, grantees asked beneficiaries to complete evaluation forms before the start and following completion of a project or service, to identify changes that occurred.
- **Standardised mental health assessment tools:** Some grantees used standardised tools to evaluate their services. The most common standardised tool was the Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS).
- **Anecdotal evidence:** Grantees often included quotes from beneficiaries and notes from members of staff in monitoring and evaluation reports. Every end of grant or end of year report included a case study, but the extent, structure and scope varied greatly between organisations.

What difference did Liverpool ONE's grants make?

This review showed that Liverpool ONE funded mostly small, local organisations that provide vital support to young people across Merseyside. By funding a wide range of interventions, the Foundation was able to tackle the issue of mental wellbeing of children and young people from different perspectives, often supporting more preventative interventions or filling gaps left by overloaded statutory mental health services. Statutory services struggle with excessively long waiting lists and tend to prioritise the most severe cases, which risks failing to support children and young people with moderate mental health issues.

DSC grouped the most recurring positive changes reported by grantees into categories, to provide a narrative illustration of the types of positive change Liverpool ONE's grants supported.

- The most common positive changes realised through these grants were: increased skill set and coping strategies; improved peer relationships; improved self-esteem and self-confidence; enhanced motivation; increased awareness of mental health issues affecting children and young people; improved family relationships and reduced aggressivity.
- Most of the young people and children supported by Liverpool ONE's grantees experience mild or moderate mental health issues, and often do not meet the criteria for support from mental health statutory services such as CAMHS (Children and Adolescents Mental Health Service). These children and young people reported benefiting from less clinical approaches to mental health, for instance through involvement in arts-based activities or social and recreational activities.
- A minority of children and young people supported through these grants had severe mental health issues or were extremely vulnerable to mental health problems, often due to traumatic life experiences. These children and young people were reported to have benefitted greatly from more traditional and clinical interventions delivered by Liverpool ONE's grantees, such as counselling.

- By funding family-based interventions, Liverpool ONE's grant-making strategy responded effectively to the need for enhanced support within the family, to increase children and young people's resilience. These interventions enabled parents and families to promote a positive and supportive environment for their children and young people.
- Liverpool ONE's grants enabled young people to improve their emotional and mental wellbeing by increasing their resilience. Resilience is defined as the ability to recover from (and adapt to) adversities, illnesses and difficulties. Improved peer relationships, stronger bonds with the family, improved access to mental health services and support networks are all sources of resilience for children and young people.

RECOMMENDATIONS

There are big questions about the role and positioning of the Liverpool ONE Foundation and other independent funders serving Merseyside, which are largely beyond the scope of this report, but the findings do have a bearing on those debates for the future. This report analyses evidence from a distinct locality, and a subset of charities working on the mental health of children and young people, at a point in time.

Based upon the evidence DSC gathered and analysed, but also our wider experience of undertaking this project, DSC recommends that the Liverpool ONE Foundation considers the following in its future strategic planning and decision-making around young people's mental health:

- **Continue to provide grant funding to organisations working on young people's mental health in Merseyside.** There was clear evidence of a range of social needs being addressed by grantee organisations, and that Liverpool ONE's financial support had helped to meet those needs.
- **Retain a high proportion of arts-based funding,** which seems to be valued by children and young people as effective and engaging, particularly in a preventative sense, whilst considering the balance of other effective approaches such as family-centred work, sport and counselling.
- **Proactively seek to fund services for BAME and vulnerable groups** (for example LGBT+, disability). Prospective grantee organisations may find it harder to navigate application procedures (because of language, for example); their beneficiaries may face cultural and social barriers to accessing services; and they may be less integrated with the general population in Merseyside.
- **Explore funding services focused on training school staff, especially teachers,** about how to recognise, address and prevent mental health issues in young students, and investigate how signposting from schools to appropriate support in the charitable sector can be improved. This might involve forming a partnership with another organisation or supporting an appropriate network.
- **Prioritise sports-based projects and services to engage more boys and young men** with their mental health needs. Again, this might involve consultation or partnership with health organisations in the statutory or voluntary sectors, or those working with young offenders.
- **Organise workshops for grantees on effective techniques for evaluating interventions,** as part of the non-financial offering for grantees. Link this learning to application procedures and future grant reporting. Although delegates did value the Mental Health First Aid training that Liverpool ONE provided, the evidence also shows patchy and inconsistent evaluation data from grantees, confusion about how to use different evaluation methods, and insufficient skills to do this effectively.
- **Engage a broader set of statutory and voluntary sector influencers in the forum** discussions, including non-grantee charities with expertise in young people's mental health and key statutory agencies. Consider whether the terms of reference should be streamlined, and if more resource should be allocated for the secretariat to drive outreach and discussions between meetings.

ABOUT THE LIVERPOOL ONE FOUNDATION

The Liverpool ONE Foundation is the corporate foundation of Liverpool ONE, a shopping and leisure destination in the heart of Liverpool City Centre. Established in 2007, the Foundation has successfully distributed approximately £2 million to grassroots community groups across the Liverpool city region and benefited around 380,000 local people.

In 2017 the Liverpool ONE Foundation changed its focus to solely support the mental health and wellbeing of children and young people. The Liverpool ONE Foundation's aspiration is to prevent the number of children and young people suffering with mental health problems and support their overall mental wellbeing. The Foundation aims to support projects that are focused on the prevention of mental health issues and projects that work to remove the stigma often associated with mental health problems.

Since 2009 the Liverpool ONE Foundation has been managed by the Community Foundation for Merseyside. The Community Foundation for Merseyside (CFM) specialises in helping individuals and organisations give to causes that matter to them, where there is most need and where it will have the greatest impact.

For more information, see www.cfmerseyside.org.uk

ABOUT THE DIRECTORY OF SOCIAL CHANGE

The Directory of Social Change (DSC) has a vision of an independent voluntary sector at the heart of social change. We believe that the activities of independent charities, voluntary organisations and community groups are fundamental to achieve social change. We exist to support these organisations in achieving their goals. We do this by:

- providing practical tools that organisations and activists need, including online and printed publications, training courses and conferences on a huge range of topics;
- acting as a 'concerned citizen' in public policy debates, often on behalf of smaller charities, voluntary organisations and community groups;
- leading campaigns and stimulating debate on key policy issues that affect those groups;
- carrying out research and providing information to influence policymakers, including bespoke research for the voluntary sector.

DSC has been providing insight and analysis on charities for over 40 years. From our funding guides and online databases, to our analytical *Sector Insight* and *Focus On* reports, DSC provides a wide range of expertise through printed and online resources.

DSC also provides a range of bespoke research services and consultation to organisations across the charity sector and beyond. DSC's research contributes to policy discussions from central government to the smallest charities, and we are proud to provide independent research that helps readers to help others.

For details of all our activities, go to www.dsc.org.uk, or email cs@dsc.org.uk.

For details of our research, go to www.dsc.org.uk/research, or email research@dsc.org.uk.



SECTION ONE

ABOUT THIS REPORT

This report provides an overview and evaluation of the Liverpool ONE Foundation's¹ grants and wider support programme for the mental health and wellbeing of children and young people in the Merseyside area. Grants were made in 2018 for periods ranging from less than one year up to three years.

The Foundation recently redefined its grant-making priorities to align them with the needs of local communities in Merseyside. The current grant-making strategy identifies children and young people's mental health as a priority need, which should be tackled with a dynamic and less conventional approach. As a result, Liverpool ONE implemented two grant programmes, the Open Grants Programme and Award Fund programme, to support organisations in the voluntary and community sector working to promote mental wellbeing of younger people. Through these programmes, the Foundation aims to fund projects that tackle mental health issues of children and young people, raise awareness of mental wellbeing and help to uproot the stigma associated with mental health problems.

Through its Open Grants programme, in the period under review the Foundation awarded ten small grants (up to £5,000 in value) and five larger grants (up to £20,000 a year) to different organisations in Merseyside. The Foundation also awarded three grants (up to £3,000 in value) through its Award Fund programme.

This report presents DSC's overall review of the grants awarded through the Open Grants and Award Fund programmes. It explores the needs of children and young people these grants addressed, the types of interventions supported, and the positive changes they brought about. The report is divided into nine sections (separate unpublished grantee evaluations were supplied to grantees and the Liverpool ONE Foundation). The current section presents the purpose of the report. Following that:

- **Section 2** illustrates the methodology DSC adopted for the collection and analysis of data and evidence.
- **Section 3** provides an overview of relevant data and literature about children and young people's mental health.
- **Section 4** summarises the main findings of DSC's review of grants awarded through the Open Grants and Award Fund programmes.
- **Section 5** provides an overview of small grants awarded through the Open Grants programme and Award Fund programme.
- **Section 6** provides an overview of large grants awarded through the Open Grants programme.
- **Section 7** reports evaluation data from the Mental Health First Aid Training programme that the Foundation offered to grantees and applicants.
- **Section 8** examines the community, statutory and influencers Forums convened by the Foundation over the course of the grant period.
- **Section 9** presents DSC's concluding comments and recommendations.

¹ In this review, the terms Liverpool ONE Foundation, Liverpool ONE and the Foundation are used interchangeably.

SECTION TWO

METHODOLOGY

This section illustrates the methodology DSC adopted to review the Liverpool ONE Foundation's grant programmes. The review is based on information and data supplied by Liverpool ONE's grantees in relevant forms and reports, as well as during interviews. DSC did not undertake in-depth research to verify this information or assess the impact of the grants first-hand from beneficiaries. However, where such information was provided (for example where grantees provided data or reports derived from consulting beneficiaries), this was examined.

DSC used two slightly different strategies for the review of large multi-year grants (up to £20,000 per year) and the review of small grants awarded through the Award Fund and Open Grants programmes.

The review of small grants was based on information that beneficiary organisations provided in their application forms and End of Grant reports. Researchers also conducted telephone interviews with grantees to explore the issues and needs of their beneficiaries and the positive changes that the grants enabled.

The review of large grants was based on information grantees provided in application forms and End of Year reports, which included information about the outcomes achieved during the first year of the grant. DSC also conducted face-to-face interviews with the recipients of large grants.

The End of Grant reports, as well as the End of Year reports, provided different types of data and evidence of impact collected by Liverpool ONE's grantees. Grantee organisations also used different strategies for evaluating the impact of their services. Most of Liverpool ONE's grantees evaluated their services in some way, often using standard feedback forms or evaluation forms filled in by beneficiaries at the end of an intervention. A common technique was to ask beneficiaries to complete evaluation forms at the start and end of a project or service to identify changes that occurred.

Some organisations used standardised mental health assessment tools to evaluate their services. The most common tool was the Warwick–Edinburgh Mental Wellbeing Scale, which is a scale developed to monitor mental wellbeing in the general population. The results of these evaluation activities were usually included in the End of Grant and End of Year reports. However, DSC found that the quantitative evidence reported in the relevant forms was often patchy and lacked adequate explanation of the measurement process and its context.

All organisations provided anecdotal evidence of impact, including quotes from beneficiaries and notes from members of staff. Every End of Grant or End of Year report included a case study. The extent, structure and scope of case studies varied greatly between organisations. Only a few were written directly by beneficiaries while most were written by members of staff.

DSC adopted an inductive approach, meaning the analysis of data was not driven by specific hypotheses. Data from interviews and relevant forms was collated, organised and analysed to reveal underlying patterns and recurring themes. Based on the patterns that emerged from the analysis, DSC was able to describe the effects of Liverpool ONE's grant-making and identify positive changes enabled through these grants.

Due to the diverse nature of the data and information that grantees submitted, this review provides a narrative account of positive changes identified through the analysis of available data. The scope of the project meant it

was not possible to determine the full extent to which these positive changes were achieved or by how many beneficiaries. Nevertheless, it provides some key insights about the types of positive change the grants enabled, which can inform future decision-making by Liverpool ONE and others with an interest in children and young people's mental health.

SECTION THREE

CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH IN ENGLAND

This section provides a brief overview of relevant data and literature about children and young people's mental health. The NHS provides one of the most comprehensive sources of data about the mental health of children and young people in England, including three major surveys carried out in 1999, 2004, and 2017. The 2017 survey provides data about the mental wellbeing of a large sample of children and young people registered with a GP in England² (NHS 2017). Data presented in this section is taken from the results of the 2017 NHS survey (NHS 2017), unless otherwise specified.

3.1 How common are mental health disorders³ in children and young people?

The 2017 NHS survey found that one in eight (12.5%) children and young people between age 5 to 19 had a mental disorder in 2017, while 8.1% had an emotional disorder. The most common mental health disorder is anxiety, which affects 7.2% of this population, while depressive disorders affect 2.1%. Emotional disorders are the most common problem between age 17 and 19.

Girls are more affected by mental health disorders than boys (10% and 6.2% respectively). However, boys are more likely than girls to have a mental disorder between age 2 and 10. Between age 11 and 16, boys and girls are equally likely to have a disorder (14.3% for boys and 14.4% for girls), whereas girls between 17 and 19 become more than twice as likely as boys of that age to have a mental disorder (23.9% compared to 10.3%). Teenagers between age 17 and 19 are three times more likely to have a mental disorder (16.9%) than children aged 2 to 4 (5.5%) [NHS 2017].

According to the same survey, a significant proportion of children and young people with mental health issues do not access professional services. A quarter of young people between 5 and 9 years old with a disorder did not have contact with support services regarding their mental health in 2017 (NHS 2017).

When children and young people did have contact with professionals regarding their mental health, they mainly sought support from teachers (48.5%) or primary care professionals such as GPs (33.4%). Only 25.2% cited mental health specialists and 22.6% cited educational support services (NHS 2017). Overall, 28.5% of children had contact with professional services (20.9%) or informal support (18.2%) Almost one half (48.6%) of children

² Information was collected on a sample of 9,117 children between 2 and 19 years old between January and October 2017.

³ The NHS survey covers emotional disorders related to anxiety, hyperactivity and behaviour. Anxiety disorders include separation anxiety, obsessive compulsive, phobias, panic disorder and post-traumatic stress disorder. Behavioural disorders include oppositional defiant disorder and un-socialised conduct. Other disorders covered by the survey include eating disorder, tics, selective mutism, psychosis, attachment disorder, feeding disorder, sleep disorder, eliminating disorder and autism spectrum disorder.

with a disorder sought informal support due to mental health worries. Family and friends (44.6%) mainly provided informal support. Finally, one in five (19.6%) sought help from the internet (NHS 2017).

A major issue affecting the mental health of children and young people, and the organisations that support them, involves waiting times for specialist services. The 2017 NHS survey found that around one in five children with a disorder stated that they had to wait more than six months for contact with a mental health specialist (20.7%), a physical health specialist (21.6%) or educational support services (21.9%) (NHS 2017). This survey shows that teachers are usually the first point of contact for children and young people with a mental health condition. Therefore, schools play a fundamental role in addressing the mental health needs of students, in part by doing so at source, but also by referring on to other agencies and providers.

3.2 What characteristics are related to poor mental health in children and young people?

Literature on this topic describes a range of characteristics where children and young people may be more vulnerable to mental health issues. Data and other evidence supplied by Liverpool ONE's grantees also highlighted many of these same characteristics. (This is explored in Sections 4–6.) The following summary of vulnerabilities that are often connected with poor mental health provides context for the following analysis of the needs and issues of Liverpool ONE's young beneficiaries, and how they are met by grantees.

■ **LGBT+ identity**

Young people who identify as lesbian, gay, bisexual or with another non-binary sexual identity are more likely to have a mental disorder (34.9%) than those who identify as heterosexual (13.2%) (NHS 2017). As explained in the NHS survey, the reasons why LGBT+ children and young people are more vulnerable to mental health problems are multifaceted. LGBT+ children and young people are more likely to be victims of bullying (Guasp 2012) and they experience discrimination in different environments, from the streets and public spaces, to schools and family. This could explain why LGBT+ children and young people are more vulnerable to mental health problems.

■ **Physical health and neurodevelopmental conditions**

Children with a mental disorder often have poor general health, a limiting long-term illness, a physical developmental problem or a special educational need (NHS 2017). A review summarising the state of research on the prevalence of anxiety in young people with autism and related conditions suggests that anxiety is common in children and young people with autism spectrum disorders (White et al. 2009). The 2017 NHS survey also found that perceived waiting times tend to be longest for children with neurodevelopmental disorders such as hyperactivity and autism spectrum disorders (NHS 2017).

■ **Self-harm and attempted suicide**

Young people between 11 to 16 years old with a mental disorder are more likely to engage in self-harm or attempt suicide (25.5%) than those without a disorder (3.0%) (NHS 2017).

■ **Bullying and anti-social behaviour**

Children and young people with a mental disorder are likely to have been bullies or victims of bullies. Young people between 11 and 19 years old with a mental disorder are more likely to have been bullied in 2017 (59.1%) than those without a disorder (32.7%). Young people with mental disorders are also more likely to have bullied someone in the past (28.3%) than children with no disorder (14%) (NHS 2017).

■ Children in care

Living in care is another risk factor with respect to mental health issues. A UK study found that British children who are looked after by the local authority have a higher prevalence of mental disorders than the most socio-economically disadvantaged children living in private households (Ford et al. 2007).

■ Economic deprivation

While poor mental health can potentially affect anyone, its distribution is not equal across social groups and its incidence increases in households with a lower socio-economic status (Elliot, 2016; Chief Medical Officer of England, 2018). The correlation between poverty and poor mental health can be explained by several obstacles and threats to health that typically affect people living in poverty, such as unrewarding and depersonalised work, lack of basic necessities and amenities, social isolation, barriers to support, and exposure to dangerous environments [Murali and Oyeboode 2004].

■ Mental health and self-esteem

Research has found that higher levels of self-esteem are usually associated with fewer symptoms of anxiety or depression (Henriksen et al. 2017; Orth et al. 2008). Self-esteem constitutes a source of resilience in adolescence and can counteract symptoms of mental health problems, although the actual mechanism for this is unclear [Henriksen et al. 2017]. Adolescents with low levels of self-esteem not only tend to have poorer mental and physical health, but they tend to have worse economic prospects, and are more likely to adopt criminal behaviour during adulthood compared with adolescents with high self-esteem (Trzesniewski et al. 2006).

■ Mental health and social relationships

Other research shows that satisfying social relationships are essential for mental and physical wellbeing (Mushtaq et al. 2014). People with weak social relationships can become affected by loneliness, which can lead to various psychiatric disorders such as depression, alcohol abuse, child abuse, sleep problems, personality disorders and Alzheimer's disease (Mushtaq et al. 2014).

Adolescents and young children tend to be more affected by loneliness than other sections of the population, including older people (Mushtaq et al. 2014). In later life, people have had the time to develop coping skills, whereas adolescents and children have not. For children and young people, the feeling of being accepted and loved is crucial for the formation of their identity. Research also found that loneliness shares many similarities with depression, leading to negative feelings of helplessness and pain, and it is strongly associated with suicidal thoughts and attempts (Mushtaq et al. 2014).

SECTION FOUR

LIVERPOOL ONE FOUNDATION'S SUPPORT FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

This section summarises the main findings of DSC's review of grants awarded through the Open Grants and Award Fund programmes. It illustrates the types of interventions funded by Liverpool ONE and presents recurring themes that emerged from the analysis of these grants. This section also describes the strengths and gaps of Liverpool ONE's grant-making strategy with respect to children and young people's mental health.

4.1 Grants awarded

DSC reviewed a total of 18 grants. 15 of these were through the Open Grants programme, including ten small grants up to £5,000 and five large multi-year grants up to £20,000. Three other grants (up to £3,000) were awarded through the Award Fund programme.

Liverpool ONE awarded a total of £242,171 through five large grants. These grants funded interventions across three years and only one of them covered the staff costs of an organisation for a two-year period. Liverpool ONE also awarded a total of £49,197 through ten small grants. These grants were awarded to nine different organisations, one of which received two grants. Finally, Liverpool ONE awarded a total of £8,979 through three Award Fund grants. The total sum of these eighteen grants amounted to £300,347. Table 1 summarises information about the grants reviewed by DSC.

Table 1: Liverpool ONE Foundation grants included in the review

Grant programme	Number of grants reviewed by DSC	Total amount awarded
Open Grants programme Small grants (up to £5,000)	10 grants	£49,197
Open Grants programme Large grants (up to £20,000)	5 grants	£242,171
Award Fund programme Grants up to £3,000	3 grants	£8,979
Total	18 grants	£ 300,347

4.2 Types of interventions supported

Liverpool ONE Foundation funded eight arts-based interventions (including the development of a website and a grant covering the core costs of an arts-based organisation), four community-based interventions focussed mainly on social and recreational activities, three counselling-based interventions and three interventions aimed at supporting parents and carers or improving family relationships.

Arts-based interventions make therapeutic use of the arts to promote mental health and wellbeing. These usually help children and young people become familiar with the concept of mental health by using a specific art material (such as sculptures, theatrical representation or comics). Arts-based activities help young beneficiaries to make sense of their circumstances, understand their own needs, resolve harmful feelings and communicate their inner life in what may be a non-verbal yet powerful way.

The majority of funds awarded by Liverpool ONE Foundation went to arts-based interventions. DSC calculated that a total of £178,950 (almost 60% of the total funding awarded by Liverpool ONE) went to fund eight arts-based interventions. These eight interventions (four small grants, three large grants and one Award Fund grant) delivered a wide range of creative activities and made therapeutic use of different techniques such as media, comedy, comics and sculptures. One grant covered the staff costs of a mental health charity delivering mainly arts-based projects, and another grant funded the development of a website that uses arts and culture to offer young people creative, non-clinical, mental health support.

Counselling interventions provide one-to-one support to young beneficiaries through individual sessions led by qualified counsellors or facilitators. Liverpool ONE awarded three grants for this type of intervention, including a counselling service for siblings of children and young people who have died or live with life-threatening diseases, a counselling service for boys and girls attending a youth centre, and a support service for children and young people who have been sexually abused. The total amount awarded for this type of intervention was £37,813 (12.5% of the total funding).

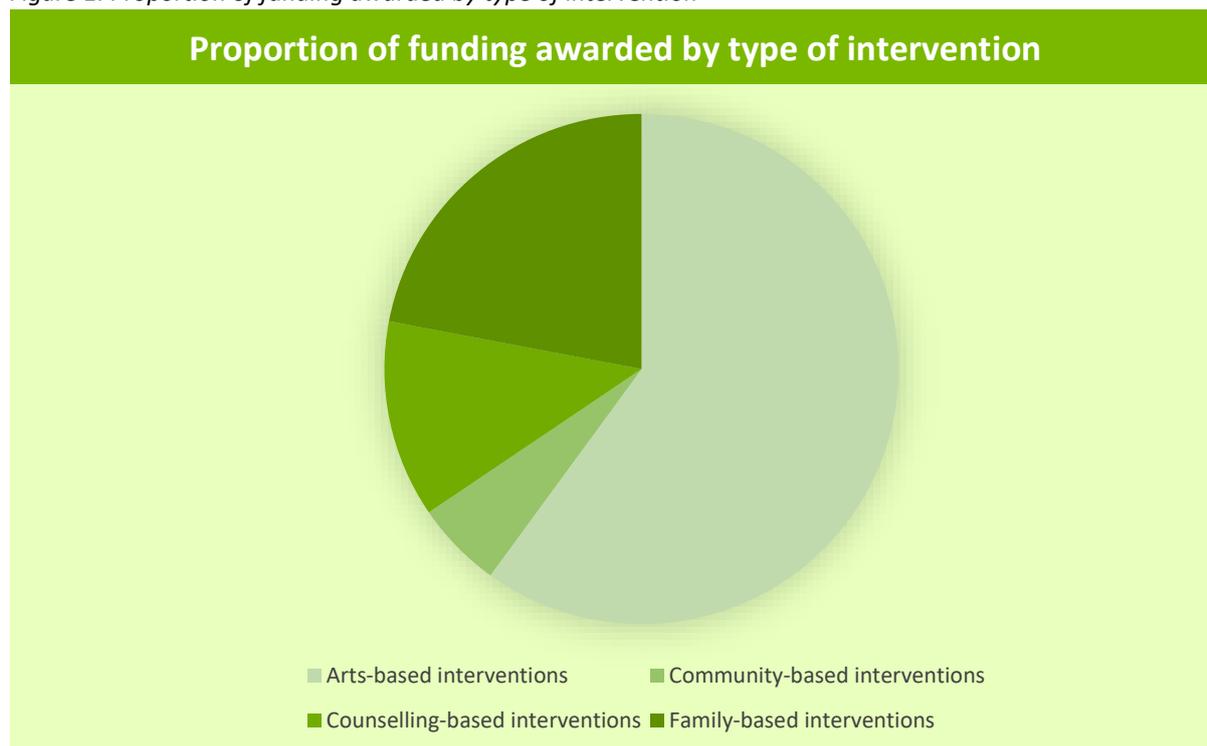
Community-based interventions are usually delivered by youth or community centres and provide socialisation within a safe environment. The development and enhancement of positive and supportive relationships is usually the core feature of these interventions. Liverpool ONE funded four community-based interventions, which were delivered by different youth/community centres. The total amount awarded was £15,709 (more than 5% of the total funding).

Other interventions included supporting parents and carers with positive parenting practices, promoting understanding of mental health of children and young people, and encouraging effective dynamics of support within the family. Liverpool ONE awarded three grants mainly focussed on supporting parents or families, giving a total of £67,875 (more than 22% of the total funding awarded). These grants include a project focussed on improving the relationship between fathers and sons, a project supporting parents and carers of children and young people with neurodevelopmental disorders and a project promoting parents' and carers' understanding of young people's mental wellbeing.⁴

Figure 1 that follows illustrates the proportion of funding awarded to each type of intervention:

⁴ One of the arts-based projects funded by Liverpool ONE involved children and young people, as well as their parents and siblings, and was focussed on enhancing the wellbeing of these families. This project received a grant of £5,000. DSC included this grant in the number of arts-based interventions, due to the nature of the activities delivered. However, this grant could also be included in the family-based interventions, due to its focus on family relationships. If this grant had been included within the number of family-based interventions, then these would have accounted for 24% of the total funding, while arts-based interventions would have accounted for 58%.

Figure 1: Proportion of funding awarded by type of intervention



4.3 Main themes emerging from the funded interventions

Several themes emerging from the evidence grantees provided correspond with known issues in the literature outlined in Section 3, concerning specific areas of vulnerability in the mental health of children and young people.

■ Poverty

Poverty was one of the most common issues affecting the young people supported by Liverpool ONE's grantees. This chimes with research outlined in Section 3, which shows that the distribution of mental health issues is not equal across social groups and its incidence is higher in households with a lower socioeconomic status (Elliot, 2016; Chief Medical Officer of England, 2018). Although DSC did not set out specifically to investigate the impact of poverty on the mental wellbeing of Liverpool ONE's young beneficiaries, this connection was nevertheless observed by most of the grantees that DSC interviewed.

Evidence from grantee interviews suggests that a large proportion of young beneficiaries supported by these organisations live in deprived households, which are vulnerable to a wide range of obstacles and threats, including unemployment, lack of necessities and basic amenities, economic barriers to accessing support, lack of physical safety and exposure to dangerous environments. Poverty exerts great pressure on families and can strain the mental, emotional and physical resources of family members. Many grantees noted that the vulnerabilities caused by poverty negatively affect the family's ability to support and promote their children and young people's wellbeing.

Many grantees also noted that young people living in deprived households find it extremely hard to access support due to their economic circumstances. When free support is available, for instance through statutory mental health services such as CAMHS, waiting lists are extremely long and young people cannot access support when they most need it. Likewise, children and young people living in poverty typically cannot afford to pay for private mental health support or even to travel to alternative services.

It is important to note here that most of the grantees interviewed are organisations based in deprived areas which work mainly, if not exclusively, with beneficiaries affected by poverty. They are not a representative sample; rather one that has been influenced by the grant-maker's criteria and selection process. It is also possible that these organisations might have a biased perception of the association between poverty and mental health and might tend to disregard the impact of mental health issues affecting young people from more affluent families. Some grantees argued that children from affluent families experience different pressures and issues that can compromise their mental wellbeing. For instance, affluent children and young people might struggle with social expectations about achievement, especially from parents. Liverpool ONE's grants increased the level of mental health support in Liverpool and Merseyside, enabling more young people from both deprived and less deprived areas to benefit from a range of mental health services and support.

■ **Lack of self-esteem**

Another recurring theme that emerged from the review of Liverpool ONE's grants was lack of self-esteem and self-confidence amongst children and young people. As illustrated in Section 3.2, self-esteem can be a source of resilience for young people and can protect their emotional wellbeing. On the contrary, low levels of self-esteem are usually associated with mental health issues. DSC found evidence that Liverpool ONE's grants enabled young beneficiaries to develop a more positive perception of their self-worth and to increase their levels of self-esteem and self-confidence.

■ **Social isolation**

Social isolation was another common issue affecting the young beneficiaries of Liverpool ONE's grantees. Satisfying social relationships are essential for mental and physical wellbeing. However, a high proportion of children and young people supported by Liverpool ONE's grants have poor or non-existent relationships with peers and show symptoms of loneliness. Most of Liverpool ONE's grants supported organisations that provided young beneficiaries with opportunities to get involved in projects and activities with other young people, helping them to form new friendships and consolidate positive relationships with their peers.

■ **Family relationships**

The review of literature in Section 3 shows that family relationships are key to the mental wellbeing of children and young people. According to evidence from interviews with grantees, many of their young beneficiaries could not rely on effective support from their family members. In this respect, this review found that some of Liverpool ONE's grants (especially those which funded family-based interventions) enabled significant improvements in family relationships and parenting skills.

■ **Gender identity**

Many grantees that DSC interviewed argued that a growing proportion of their young beneficiaries identify as LGBT+ or non-binary gender, and therefore struggle to fit within the gender standards of wider society. One of the small grants awarded through the Open Grants programme specifically addressed the mental health of young LGBT+ people. Grantees argued that LGBT+ children and young people face discrimination in different contexts, from schools to their homes. LGBT+ children and young people are often socially isolated, have been victims of bullying or hate crime and may face conflicts and issues within their families. Finally, LGBT+ young people also struggle to access adequate advice and support, especially around gender reassignment procedures.

4.4 Strengths and gaps in Liverpool ONE's support

Liverpool ONE's grants supported children and young people with a wide range of mental health difficulties or at risk of developing mental health issues. DSC found that Liverpool ONE grants enabled grantees to help these young people improve their emotional and mental wellbeing by increasing their resilience. Resilience is defined as the ability to recover from (and adapt to) adversity, illness and difficulty. Improved peer relationships, stronger bonds within the family, improved access to mental health services and support networks are all sources of resilience for these children and young people.

Evidence from grantee interviews indicates that most of the children and young people supported by Liverpool ONE's grants experience mild mental health issues or struggle with emotional wellbeing. Grantees argued that their beneficiaries respond well to therapeutic approaches that are less clinical and possibly more unconventional – for instance through involvement in arts-based or social and recreational activities.

A minority of children and young people supported through these grants had severe mental health issues or were extremely vulnerable to mental health problems, often due to traumatic life experiences. These children and young people required intensive support and seem to have benefitted greatly by more traditional and clinical interventions, such as counselling.

The Liverpool ONE Foundation funded a good combination of interventions, providing young people in Merseyside the opportunity to receive less-conventional and more dynamic mental health support. At the same time, the Foundation ensured that some resource was set aside to help the most vulnerable children and young people to receive intensive support through counselling-based interventions.

By funding family-based interventions, Liverpool ONE's grant-making strategy responded effectively to the need for family support that can increase children and young people's resilience. This acknowledges the importance of parental support to the mental wellbeing of children and young people, in a positive and supportive family environment.

The DSC review also highlighted gaps in mental health support for children and young people that Liverpool ONE should consider addressing, with specific reference to projects focussed on training for teachers and school staff, as well as sports-based interventions aimed at engaging more boys and young men.

Schools play an important preventative role but can also be a challenging environment for many students which negatively affects children and young people's mental health (exam pressure, gender-binding expectations, etc.). The research illustrated in Section 3 shows that teachers are the most common point of contact for students with mental health concerns. For this reason, it is important that school staff are trained to recognise and prevent mental health difficulties. Although some of the projects funded by Liverpool ONE engaged schools and teachers, none of these grants was specifically focussed on training school staff – especially teachers – about how to recognise, address and prevent mental health issues in young students.

Through the analysis of interviews and reports, DSC also found evidence suggesting boys are harder to involve in projects and services with a clearly identifiable focus on mental health. Likewise, many grantees argued that boys were more easily and frequently engaged with sports-based projects. Evidence from interviews put the case that stigma around mental health tends to affect males more than females. In this regard, Liverpool ONE funded grants that aimed to fight mental health stigma for boys, engaging them in projects and services to improve their mental wellbeing. These efforts could be reinforced in future funding rounds by funding more sports-based projects and services themed around mental health.

SECTION FIVE

OVERVIEW OF SMALL GRANTS

This section provides an overview of 10 small grants awarded through the Open Grants programme (maximum £5,000 each) and 3 grants awarded through the Award Fund programme (maximum £3,000 each). DSC analysed information provided in the End of Grant reports and application forms, and conducted telephone interviews with the Foundation's grantees. This section provides information about the total amount awarded, the types of beneficiary issues supported, and the positive changes enabled by these grants.

5.1 Open Grants programme: small grants and beneficiaries

The 10 small grants awarded under the Open Grants programme amounted to a total of £49,197. These were awarded to nine different organisations⁵ in Merseyside.

Four small grants under the Open Grants programme funded arts-based interventions; two grants funded one-to-one support to young beneficiaries through counselling sessions led by qualified counsellors or facilitators; a further two grants focussed on group-based social and recreational activities. Social interventions were delivered within community or youth centres and provided an opportunity for socialisation within a safe and supportive environment. One grant funded training and support for parents and carers. Finally, one grant supported members of an ethnic minority through a culturally-sensitive approach, which took into consideration cultural barriers to health and wellbeing and focussed on enhancing positive intercultural relationships with wider society.

According to information submitted in the End of Grant reports, a total of 3,494 people benefitted from the projects and services funded. This estimate is based on answers to the question: 'How many people benefitted from the work funded?' included in the End of Grant report and is likely to include both direct and indirect beneficiaries.⁶ Not all grantees provided data about the number of children and young people supported directly by Liverpool ONE's grants, mostly because the nature of their projects did not allow a precise estimate. Moreover, not all grants exclusively benefitted children and young people. One of the funded projects engaged primarily with parents and carers, and another involved parents, children and young people, and their siblings. The remaining eight projects primarily engaged children and young people.

Based on information from each End of Grant report, the majority of beneficiaries of small grants were female (55%)⁷. However, a significant portion of the young male population also benefitted (45%). Interview evidence supported the argument that females tend to engage more in projects and services about mental health than males. Boys and young men are usually reluctant to access services with a specific reference to mental health and tend to prefer sport-based projects and activities. During interviews, grantees argued that stigma and

⁵ One of these organisations received two grants.

⁶ Due to the way this sentence is worded, answers could indicate the total numbers of people who benefitted indirectly by a grant (for instance because they attended an event funded by that grant).

⁷ Gender percentages are highly indicative, as they are based on Liverpool ONE's grantees own estimates.

gender stereotypes have a negative impact on boys and young men's attitude towards mental health. In light of this, two small grants funded interventions specifically focussed on males. This allowed scope for reducing the split between female and male beneficiaries.

According to what emerged from interviews with grantees, the majority of beneficiaries were of White-British background, reflecting to some extent the lack of ethnic diversity within the Liverpool City Region.⁸ Only one of the projects funded provided support to a specific ethnic minority in Liverpool, so there is scope to increase ethnic diversity within the types of beneficiaries supported by Liverpool ONE Foundation's grants.

Information from grantees' End of Grant reports showed that seven grant-funded projects supported beneficiaries mainly based within the City of Liverpool. One project engaged beneficiaries mainly in the Wirral (including Bidston and North Birkenhead wards, and surrounding areas) and two other projects involved beneficiaries from across Merseyside.

5.2 Award Fund: small grants and beneficiaries

DSC evaluated three grants awarded under Liverpool ONE Foundation's Award Fund programme, amounting to a total of £8,979. This fund was originally set up to fund innovative approaches, but in practice the types of organisations and activities it supported were similar to those of the Small Grants programme (which is why it is included in this section). Two grants funded community-based interventions, and one funded an arts-based intervention.

According to information provided in the End of Grant reports, these grants benefitted a total of 205 people. This number is likely to include parents and relatives of children and young people. The primary beneficiary group was young people between 10 and 18 years old. The majority of beneficiaries were female (79%), with males representing 21%. Two of the three organisations evaluated (those who delivered community-based interventions) reported difficulties engaging boys and young men.

Two of these grants supported young people in two specific local communities, one in the City of Liverpool and one in Southport. The third project delivered arts-based intervention which engaged with young people based in different areas of Liverpool. The majority of beneficiaries were of a White-British background.

5.3 Needs addressed by Liverpool ONE's small grants

The Liverpool ONE Foundation's grantees engaged children and young people with a wide range of mental health issues or at risk of developing mental health problems. Mental health needs are seldom isolated and usually coexist with needs in different areas including identity, support, relationships, safety, motivation and physical health.

Through the analysis of interviews and relevant forms, DSC identified recurring needs and issues across different areas and aspects of these young beneficiaries' lives.

⁸ Very few organisations had precise statistics about the ethnic origin of their beneficiaries. However, all grantees interviewed (except the organisation that supported a specific ethnic minority) stated that their beneficiaries were predominantly if not exclusively of a White-British background.

■ Identity

All grantees who engaged primarily with children and young people reported issues around the way their young beneficiaries perceived themselves. The most reported issue within this area was the lack of self-esteem, which was always coupled by a lack of confidence.

Six grantees said that, amongst their beneficiaries, there were some children and young people who identified as LGBT+. One of these small grants supported a project specifically addressed to LGBT+ children and young people. According to evidence from interviews, many of these LGBT+ children and young people face discrimination and stigma at school, in public spaces and sometimes at home. Very often they report the feeling of 'being wrong' because they struggle to fit within the binary gender standards of wider society. LGBT+ young people also struggle to access advice and support on gender reassignment procedures and often feel like they are 'on hold'. LGBT+ children and young people are often socially isolated, have been victims of bullying or hate crime, and sometimes face conflict within their families because of their sexuality and/or gender.

One of the small grants funded a project specifically for children and young people of an ethnic minority community. From what emerged during the interview, these young people face challenges in reconciling the cultural background of their family with the western culture of wider British society. Some young people did not feel accepted by their own community, whereas others did not feel accepted outside, because of the influence of negative stereotypes. Some faced pressures to conform to their family's cultural norms and values. They therefore experienced feelings of personal failure when they were not able to fulfil these cultural expectations, which affected their mental health.

■ Access to support

A recurring theme from interviews with grantees and the analysis of relevant forms was the difficulty of accessing statutory mental health support services for young people, such as CAMHS. These services receive a high volume of referrals and tend to prioritise only the most severe cases. Many of the young people referred to these services do not reach this 'severity threshold' and therefore only receive help after a long time, and in some cases, they do not receive help at all. They may be left in limbo for months without any support, which often has a detrimental effect on their mental health.

Another recurring issue identified by most of the grantees that were interviewed is the lack of support from the families of these children and young people. Many young beneficiaries of Liverpool ONE's grantees come from disadvantaged and deprived households where family members can be affected by unemployment, substance or alcohol abuse, health issues or criminal behaviour. Evidence from grantee interviews argued that some young people from deprived and disadvantaged households can hardly rely on any support from their parents and kin. Likewise, families with disrupted relationships can struggle to protect their young members from circumstances that are harmful to their mental health.

■ Relationships

Social isolation was an extremely common issue identified by the majority of grantees. Many young beneficiaries of grantee organisations are socially isolated and their relationships with peers are often poor or limited to the school context.

Bullying is another common issue amongst the young beneficiaries of Liverpool ONE's grantees. Many of them are victims of bullying or are bullies themselves. Bullying can vary in intensity from mocking to severe forms of violence, which can threaten the victims' health and safety.

A lack of positive role models was a common issue especially amongst young beneficiaries who live in deprived communities and/or disadvantaged households, where they are exposed to the influence of gangs or family members with multiple issues, including criminal behaviour or alcohol and drug abuse.

■ Safety

More than half of the grantees interviewed by DSC mentioned self-harm as one of the main issues affecting their beneficiaries. In some cases, self-harm was accompanied also by clearly identifiable suicidal thoughts.

The issue of gang violence and crime was particularly relevant for the young beneficiaries of two community/youth centres located in deprived local areas. Young people living in areas affected by gangs are exposed to high levels of anti-social behaviour. These young people, especially the most vulnerable, might become victims of attacks perpetrated by the gangs, or might be vulnerable to gang grooming and could potentially become involved in criminal activities.

Three grantees identified domestic and sexual abuse amongst the most severe issues affecting their beneficiaries. One of the small grants funded a project specifically focussed on victims of sexual and domestic abuse.

■ Motivation

Many grantees engaged with children and young people who struggle within the formal educational system. They related that these children and young people don't attain good marks in mainstream subjects such as English and maths and tend to be more interested in the arts and other more creative subjects. According to evidence from interviews, bad behaviour at school is not uncommon and can lead to expulsion from school, with negative consequences for the young person's ability to succeed in education and subsequently at other stages in life. Due to lack of motivation and/or difficulties with formal education settings, some of these young people became NEET (Not in Education, Employment or Training).

■ Other disadvantages

One of the grantees delivered a project which engaged many young people affected by severe illnesses or long-term conditions. Some of these young people were receiving treatment for cancer or needed end-of-life care.

5.4 Change enabled

DSC analysed evidence of positive changes included in the End of Grant reports submitted by the grantees to Liverpool ONE Foundation. In most cases, DSC found anecdotal evidence mainly in the form of quotes from beneficiaries or in case studies. Only two organisations provided systematic quantitative evidence to support narrative accounts of positive changes achieved through their projects.

One grantee adopted a systematic and wide-ranging monitoring and evaluation strategy. This was clearly an exception and was explained by the availability of a member of staff with extensive knowledge of research methods. On the other hand, the majority of grantees evaluated the outcomes of their grant-funded projects through pre- and post-intervention forms filled by beneficiaries. Very often, the results of these evaluation activities were not included in the End of Grant reports or were not referenced adequately. In such cases, DSC relied mainly on case studies included in the End of Grant reports to assess positive changes enabled by these grants.

Evidence reported by grantees showed that these grants enabled positive changes in different aspects of their young beneficiaries' lives. DSC identified and grouped the most recurring positive changes into different categories, including: behaviour, skill set, resilience, motivation, peer relationships, family relationships, support, self-esteem and self-confidence. These categories inform a narrative illustration of the types of changes Liverpool ONE Foundation's grants enabled, based on information provided by grantees. However, the data was not sufficient to allow DSC determine to what extent these changes have been achieved and by how many beneficiaries.

■ Behaviour

Often, members of staff observed changes in their young beneficiaries' behaviour, which they said was usually the direct consequence of a general improvement in their emotional wellbeing. Evidence of behavioural change was usually provided by grantees in the form of staff observation notes and comments. Changes in behaviour usually reported by staff included more open body language (smiling, walking), improved patience, display of a positive and collaborative attitude towards peers and staff, and a reduction in challenging behaviours.

*That girl (a beneficiary) now dresses differently, she talks differently, she smiles: all her body language has completely changed.
(Telephone interview)*

■ Increased skill set

Two of the small grants had a specific focus on training for children and young people, including a peer mentor training programme. These interventions aimed to enable their young beneficiaries to support and promote their wellbeing, and that of others, by equipping them with skills and knowledge around mental health issues, social disadvantages and safeguarding. Grantees also reported evidence of improved social skills, including for instance increased empathy or patience, but also communication skills.

Young beneficiaries also acquired new social and communication skills in other ways than through formal training sessions. Many grantees delivering different types of projects, from arts-based interventions to counselling sessions, argued that their beneficiaries showed an increased understanding of mental health issues. Some grantees also argued that their young beneficiaries improved their ability to communicate their own feelings and thoughts verbally or non-verbally. These grants also gave beneficiaries the opportunity to learn techniques and coping skills to help them to manage anxiety, stress and to experience better mental health.

*I've learnt how to express my feelings and not to bottle things up.
(Case study – End of Grant report)*

The opportunity to improve skill sets was not limited to children and young people in every case. One grant supported an intervention to help parents and guardians better promote their children and young people's mental wellbeing. Through this intervention, parents and guardians improved their understanding of the challenges faced by children and young people, and increased their knowledge of effective parenting strategies.

■ Improved peer relationships

Another type of positive change enabled by these grants was an improvement in the quality (and quantity) of peer relationships. As argued previously, many of the children and young people supported by grantees are socially isolated and have poor or non-existent relationships with their peers. Most of the grant-funded interventions engaged children and young people with different characteristics, personalities and sometimes backgrounds. All grantees worked on creating a supportive, non-judgemental environment for the delivery of their projects. Within this environment, young people and children were encouraged to develop positive relationships with their peers. In many cases, grantees observed new friendships, but also the development of positive dynamics of support between young beneficiaries.

*We already had five or six quite vulnerable young people from year 7 to 11 and we buddied them up. And older peer mentors stopped bullying themselves. And the younger kids who were bullied became more confident because the older became kind of their bodyguards, their buddies.
(Telephone interview)*

■ Improved self-esteem and self-confidence

DSC found several direct quotes from beneficiaries indicating an improvement in their levels of self-esteem and self-confidence. By engaging in activities and projects within a safe environment and with supportive staff and volunteers, these young people had the opportunity to feel valued and to see themselves in a more positive light.

*This course has helped me understand my own worth, and it was good for me to know that I wasn't on my own, others have had similar difficulties to me.
(Beneficiary's quote – End of Grant report)*

*This was a safe space for me, I don't get that anywhere else, I trust the staff and volunteers 100% and I feel less afraid and more confident and I am learning to speak up for myself.
(Beneficiary's quote – End of Grant report)*

*It felt good to find out the qualities that people see in me and I have learnt that I am important.
(Beneficiary's quote – End of Grant report)*

*People always tell me I'm bad, but actually I am unique as everyone else!
(Beneficiary's quote – End of Grant report)*

■ Enhanced motivation

Grantees reported improved levels of motivations in many of their young beneficiaries. The most striking evidence for this was usually the fact that some beneficiaries decided to become volunteers for the organisation that supported them.

*Both girls decided to volunteer for us. They have come out of their comfort zone and have delivered some emotional boundaries training to younger classes within their school. X still attends our sessions; and has requested to volunteer once her studies and exams at school are over.
(Case study – End of Grant report)*

■ Increased awareness of mental health issues affecting children and young people

All of the grants helped to improve their beneficiaries' awareness of mental health issues by engaging them in activities and services themed around this specific topic. Some grantees were also able to reach a wider audience than their direct beneficiaries, contributing to the public debate around mental health in younger generations. Four grant-funded interventions produced arts-based content and products that were exposed or disseminated for the benefits of wider society.

For instance, one project produced a series of YouTube videos addressing the issue of mental wellbeing of transgender children and young people. Another project led to the exhibition of artwork created by young people at the TATE Gallery in Liverpool, consisting of sculptures representing the young people's own experience of mental health issues. One of the small grants funded a drama-based project, which delivered several theatre performances in schools, universities and community centres. Performances addressed the issue of mental health stigma and its impact on the young male population. Finally, a project helped young people to create their own comics and zines depicting their personal experience of mental health issues. These were disseminated to a wider audience through social media and an exhibition attended by members of the community.

■ Improved family relationships

Three grantees delivered interventions with a strong focus on the relationship between parents or guardians and their children and young people. These interventions sought to help parents and guardians bond with their children, learn about their struggles and issues, and find new ways to communicate. In some cases, the projects also helped to address conflict in relationships within the families by promoting family activities and encouraging positive dynamics that met the needs of each family member.

Twenty-two parents told us that they have experienced an improvement in the family relationships and they have developed an insight to the challenges their young people experience.

(End of grant report)

Parents said they feel better equipped to understand and manage the needs of their young people.

(End of grant report)

5.5 Small Grants – conclusions

Liverpool ONE's small grants supported a wide range of beneficiaries, including children and young people with poor mental wellbeing, members of the young LGBT+ community, parents, carers and families, and members of an ethnic minority community.

DSC's review of the evidence found that the majority of the young beneficiaries of these grants have low levels of self-esteem and self-confidence, tend to be socially isolated and in some cases cannot rely on support from their families. The interventions funded by Liverpool ONE's small grants addressed these issues in different ways and enabled positive changes in the quality of peer and family relationships, in the young people's attitude and behaviours, as well as levels of self-esteem and motivation. Finally, these small grants helped to raise awareness of mental health issues affecting younger generations, and contributed to disseminating skills and knowledge that could help children and young people to improve their resilience.

The majority of the children and young people supported by Liverpool ONE's small grants have less severe mental health problems but are at risk of developing more severe mental illnesses. Nonetheless, very often they do not meet the criteria for statutory mental health support, mainly provided through CAMHS, and when they do, they have to wait an excessively long time to access this support. In this respect, Liverpool ONE's small grants successfully provided alternative routes for some young people seeking mental health support within informal and less-conventional settings.

SECTION SIX

OVERVIEW OF LARGE GRANTS

This section provides an overview of large grants awarded in 2018 by Liverpool ONE Foundation through their Open Grants programme. DSC analysed information provided in the End of Year reports and application forms and collected face-to-face interviews with Liverpool ONE Foundation's grantees. The End of Year reports contain information about the outcomes achieved during the first year of each grant, and it should be noted that these projects are ongoing. This section provides information about the total amount awarded, the profile of beneficiaries supported and the type of positive changes enabled during the first year of these grants.

6.1 Open Grants programme: large grants awarded and beneficiaries

DSC evaluated five large grants awarded through Liverpool ONE Foundation's Open Grants programme, totalling £242,171. Four grants (a total sum of £201,358) are spread across three years, from 2017/2018 to 2020/2021. One grant (for £40,000) is spread across two years. For the first year of these grants, Liverpool ONE Foundation provided a total of sum £88,517.

The two-year grant covered the core costs of an organisation that provides mental health support mainly through arts-based activities and peer-mentoring programmes. The remaining four grants funded specific projects and services. One grant funded a specialist counselling service for siblings of children and young people who have died, or who received a diagnosis of a terminal/life-threatening condition. Another grant funded a project delivering open access and informal learning workshops for parents, carers and supporters of children living with a neurodevelopmental disorder. One grant funded an arts-based intervention using comedy courses and sessions within schools, youth centres and community centres. Finally, one grant funded the development of a website that uses arts and culture to offer young people creative, non-clinical, mental health support.

Liverpool ONE's large grants differed greatly in the type of organisation, project and services they supported. The diverse nature of the projects and how the funding was used meant it was not possible to provide an estimated number of total beneficiaries directly supported through these interventions.

One of the grants covered core costs, as opposed to project costs. During the first year of this grant, the grantee engaged directly with more than 880 beneficiaries with an almost equal split between females and males, as explained in the relevant End of Year report.

Another grant supported the development of a website which, according to information in the relevant End of Year report, reached 22,678⁹ people in 2018. The arts-based intervention engaged with 331 young people and indirectly with a further 127 people over the course of the first year. Its beneficiaries live across the Liverpool City Region, but some also live in Warrington and one in Manchester¹⁰.

The counselling service supported 41 children and young people in the first year, from January 2018 to January 2019. Beneficiaries were from across all areas of Merseyside and Halton, although the majority of were based

⁹ This is the number of people who visited the website. Information about the gender and age breakdown was not available.

¹⁰ The gender split of direct beneficiaries is unknown. However, the relevant End of Year report states that 48 beneficiaries who attended activities delivered in schools were between 11 and 19 years old of age, 38% of them were females and 62% males¹⁰.

in either Liverpool or the Wirral. According to information in the End of Year report, an estimated 164 family members benefitted indirectly from this grant-funded counselling service. Beneficiaries were typically between age 4 and 21, with an almost equal split between females and males.

Finally, 98 families accessed the community-based intervention for parents and carers during the first year, registering 259 total attendances. Interview evidence suggested 85-90% of the beneficiaries of this project were female.

6.2. Needs addressed by Liverpool ONE large grants

According to information provided in relevant reports, Liverpool ONE Foundation's large grants supported a wide range of beneficiaries with needs in different areas including support, identity, relationships, and socio-economic condition.

■ Young people with poor mental health and wellbeing

Two of the five large grants awarded through the Open Grants programme mainly supported young people with poor mental wellbeing or at risk of developing mental health issues. One grant covered the core costs of an organisation supporting young people with a wide range of mental issues. According to relevant forms, depression was the most common issue experienced by these young people, followed by stress, anxiety and panic attacks. During the interview, a staff member of this organisation argued that very often, young people struggling with mental health issues have similar personality features, i.e. they tend to be more sensitive, deep-thinking, introspective and very empathic.

A common issue affecting young people supported by Liverpool ONE's large grants was lack of self-esteem which is usually paired with a lack of self-confidence. During face-to-face interviews, grantees told DSC researchers that many of their young beneficiaries have negative perceptions of their self-worth and expect little out of life for themselves. One of the recipients of a large grant that delivered an arts-based intervention argued that lack of self-esteem and self-confidence were the most common issues amongst the beneficiaries of the project. At the beginning of this intervention, young people did not feel confident to speak in front of their peers, discuss their own feelings and thoughts, or take part in the activities.

Some of the young beneficiaries engaged in the arts-based intervention displayed challenging behaviour, mainly by refusing to engage in activities or with their peers, and by causing disruption. The same project engaged 28 young beneficiaries affected by physical and learning disabilities or neurodevelopmental disorders, including ADHD, Autism, Downs Syndrome, cerebral palsy and mobility issues.

■ Parents and families with children or young people with neurodevelopmental disorders

One of Liverpool ONE's large grants supported a project to address the needs of parents and family members of children and young people with a neurodevelopmental disorder. These issues included inadequate access to support for parents, social isolation, lack of training and poor emotional wellbeing of families. Parents and carers in these kinds of situations struggle to find appropriate provision for their children and support for themselves. Although specialist schools are vital for children and young people with a neurodevelopmental condition, they do not support the families outside educational settings.

Due to difficulties experienced in managing various aspects of daily life (planning activities, managing behaviour, etc.), many families do not engage in social activities or parties and are often not included in school trips and activities. Social isolation is therefore a common issue affecting families with children or young people affected by neurodevelopmental disorders.

Parents and carers of children with neurodevelopmental disorders often suffer with anxiety and stress related to managing their children's behaviour. They also tend to worry that their children's challenging behaviour might lead to involvement with the police or social services staff, who might misunderstand or misjudge their good faith as parents. This fear negatively affects the wellbeing of all family members and increases their social isolation.

■ **Siblings of children and young people with life-threatening conditions**

One of Liverpool ONE's large grants funded a counselling service for siblings of children and young people who have died or have a life-threatening condition. This group of beneficiaries presented needs in different areas including relationships, identity and access to support.

In families with a seriously ill child, parental attention can be unbalanced and tends to focus on the most vulnerable son or daughter. Some siblings of seriously ill children have caring responsibilities as well, which further limits the young sibling's ability to take part in social activities. Finally, siblings can feel responsible for the condition of their seriously ill brother or sister and tend to withdraw from social interaction.

Because of these issues, siblings of seriously ill young people can find it difficult to engage in normal social interactions and therefore to build stable and healthy peer relationships. According to information provided in the application form, siblings of seriously ill children are also more vulnerable to bullying and abuse from their peers.

Some siblings of seriously ill children display challenging behavior and are more likely to be suspended from school. However, according to what emerged during the interview, mainstream schools often do not have a clear understanding of the negative effects of having a disabled brother or sister and therefore fail to support them adequately.

As illustrated in the case study, some of the siblings supported throughout the project have a negative self-perception and struggle to see themselves in a positive light.

6.3. Change enabled

DSC analysed evidence of positive changes provided in the End of Year reports that were submitted by grantees. Overall, DSC found mostly anecdotal evidence of positive change that these grants enabled, mainly through case studies and quotes from beneficiaries. However, all grantees provided some quantitative evidence, which was collected through evaluation forms filled in by their beneficiaries, although the extent and accuracy varied greatly.

In one case, DSC found systematic qualitative and quantitative evidence of positive changes enabled through this project, including the results of the Warwick–Edinburgh Mental Wellbeing Scale, quantitative questionnaires completed by the beneficiaries, feedback from practitioners and from parents, and a case study. For one of these grants, DSC researchers were also able to take part as external observers in one of the activities delivered – a workshop for parents and carers of children and young people with a neurodevelopmental disorder. This meant DSC could observe first-hand evidence of several positive changes enabled through this project. Finally, DSC used data from Google Analytics to provide an overview of the reach and impact of the grant that funded the development of a website, which tracked the young people's journey through the website.

According to evidence collected and analysed by DSC, during their first year, these grants enabled positive changes in different aspects of their beneficiaries' life. DSC identified and grouped the most recurring positive changes in different categories, including: family life, social and peer relationships, self-esteem and self-confidence, emotional and mental wellbeing, skill set and awareness of mental health.

■ Family life

Two of the large grants helped to improve the wellbeing of beneficiaries' families. The intervention delivered for parents and children with neurodevelopmental disorders enabled parents to increase their resilience by providing them with important skills, knowledge and coping strategies. This grant helped to improve the quality of life and wellbeing both of the children with neurodevelopmental disorders and their parents and carers. DSC researchers also had the opportunity to ask parents how their participation in this project influenced their family life. Parents explained that being able to understand their children's issues helped to improve the relationship not only with their children, but also with their partners and other sons or daughters. Family relationships improved because parents were able to share this knowledge within the family, therefore enabling other family members to better understand and cope with multiple challenges:

*'(there is) less frustration amongst the family'
'(the sessions are) highly recommend for improving your family life'
'Due to me understanding more I can put more input in (my family life)'
(Beneficiary quote in the End of Year report)*

The grant-funded counselling service for siblings of children and young people with life threatening conditions also enabled improvements in family life, mainly by involving parents in the therapeutic process:

*I (the counsellor) met with mum, with X's permission, and shared some of the work that we had been doing together and also went through the tools that I had offered X to manage his big feelings. X had shared with me that he didn't think mum understood them and she wasn't happy about some of them (angry pillow). It is often really useful to meet with parents and/or teachers to involve them in the work their child is doing and get their support and buy in so the therapy isn't stunted at home or school.
(Case study – End of Year report)*

■ Social and peer relationships

Two grantees reported improvements in the quality of their beneficiaries' social lives. The End of Year Evaluation report from the comedy-based project described the development of positive and supportive peer dynamics among the young people who participated. Evidence included in the End of Year report also showed that this intervention created new opportunities for dialogue, enabling young people to introduce difficult and sensitive topics using comedy and humour:

*We saw a display of peer mentoring generated through the supportive community the programme had curated. After small prompts from practitioners, young people took it upon themselves to support their peers who were new to the group and/or struggling with certain aspects such as speaking in front of the group by offering to go with them to speak and also offering to go first in an activity so their peers could see how the activity would run.
(End of Year Evaluation report)*

The grant-funded intervention supporting parents and carers of children and young people with neurodevelopmental disorders also helped reduce the social isolation of these families, through the provision of various social activities and trips. Parents who participated in the project became friends and started to meet with their families outside the sessions. Parents explained that they were able to understand and support each other because 'they are all on the same boat' (Parent quote). DSC researchers found that this grant enabled effective self-help mechanisms and promoted the development of a network of support for these families within their local community.

■ Self-esteem

According to evidence from End of Year reports, grantees helped young beneficiaries to improve their self-esteem and self-confidence. One of the most striking changes enabled through the comedy-based project was getting young people with low levels of self-esteem and self-confidence to perform in a stand-up comedy show in front of their peers or a wider audience:

X told me recently 'I have anger problems'; I told him that I didn't think he had anger problems. The problem is not feeling anger. That is a perfectly normal emotion. It is ok to get angry. The challenge comes with what is done with that really strong feeling. X really seemed to connect with this thinking and at the end of the session he told me 'I don't have anger problems'. This is an example of adults giving children language that can be harmful and only result in a child self-labelling.

(Counsellor's notes – Case study)

She has become more confident both at home and in public. For someone who used to suffer from anxiety, by taking part in projects like these she has developed greatly. Her confidence and self-esteem has been impacted significantly for the better. (Parent's quote (End of Year Evaluation report)

■ Mental and emotional wellbeing

Some grantees provided evidence of improvements in beneficiaries' mental and emotional wellbeing. Through the comedy-based intervention, young people learnt to use humour as a coping strategy to combat stress and anxious thoughts. As shown by the results of the Edinburgh Mental Wellbeing Scale included in the End of Year report, this enabled young people to achieve better mental and emotional wellbeing.

[This project] ... provided me a reminder of the importance of laughter ahead of their GCSEs this year. It is a good way to de-stress, and to remember to focus on yourself from time to time. I think that if the girls take their learnings with them in the coming months, they will be much better prepared for their exams.

(Beneficiary quote – End of Year Evaluation report)

Anecdotal evidence in the End of Year report of the grant-funded counselling service shows that siblings of children and young people with life threatening conditions were able to reduce and control negative feelings such as anxiety, worry and stress. Siblings involved in the project also improved their sleep and increased their ability to manage anger.

X and I have met for 11 sessions so far and are preparing for an ending. I have had feedback from his mum and school that he is calmer and abler to regulate his emotional self. X himself told me in our last session that he has new feelings other than anger and sadness. These are strong and super. He told me he feels more happy than sad.

(Counsellor's notes – Case study)

The grant covering the staff costs of a mental health charity enabled its young beneficiaries to improve their mental and emotional wellbeing. According to information from the relevant End of Year report, beneficiaries were assessed before and after the completion of the programme with the Patient Health Questionnaire – PH9, a screening tool utilised to support the diagnosis of depression and quantify its symptoms and severity. Beneficiaries were also assessed through the Generalized Anxiety Disorder questionnaire GAD-7, which aims to measure the severity of anxiety. The results of these assessments showed that young people displayed reduced mental health symptoms, both in severity and duration.

■ Skill set

The organisation that received funding to support staff costs used this to provide volunteering and mentoring training programmes. These promoted the development of professional skills of young people with poor mental health and helped them to strengthen their resilience by increasing their skills and knowledge. Those beneficiaries who completed the training and mentoring programme gained transferable employment skills (for instance confidence, empathy and professionalism) and had the opportunity to take on new responsibilities within the organisation.

According to evidence from the End of Year report, the grant-funded intervention supporting parents and carers of children and young people with neurodevelopmental disorders also enabled its beneficiaries to improve their skills and knowledge. This grant provided parents and carers with the opportunity to gain a better understanding of their children's condition, and its impact on a child's ability to access and maintain their education, and of their social skills, emotional development and behaviours.

■ Awareness of mental health issues and support available

One large grant funded the development of a website to engage young people with arts-based content themed around mental health. Since March 2018,¹¹ the website was visited by 22,678 users. According to data in the End of Year report, 758 people used the directory of free mental health services available on the website, which is designed to help young people find support services according to their preferences and needs. Although it is not possible to assess how many of these young people actually accessed the services found in the directory, this grant helped to promote awareness of mental health and facilitate the connection between young people and support services.

6.4 Large grants - conclusions

Liverpool ONE's large grants supported fewer organisations than the small grants programme did, for larger amounts of money for and a longer time. At the time of writing these projects are still ongoing. Despite funding a smaller number of organisations, these grants still supported a range of interventions for young beneficiaries and enabled positive changes in different aspects of their lives, including family life, social and peer relationships, skills and knowledge, self-esteem and awareness of available support.

Two of the large grants helped to improve the wellbeing of beneficiaries' families by enhancing parents' resilience and providing them with effective skills, knowledge and coping strategies. Liverpool ONE's grants also enabled significant improvements in the quality of their beneficiaries' social lives, by promoting the development of positive and supportive dynamics between young peers, as well as parents and families.

For the young people supported by Liverpool ONE's large grants, DSC found evidence of increased levels of self-esteem and self-confidence, coupled with improvements in their overall mental and emotional wellbeing and reduced negative feelings such as anxiety, worry, stress and anger. By funding volunteering and mentoring training programmes, these large grants also enabled young people, as well as parents and carers, to increase their skills and knowledge, which they can utilise to enhance their mental wellbeing and that of others.

These large grants not only contributed to increase opportunities to access mental health support within informal settings, but also helped to develop a free online resource for people interested in exploring and understanding mental wellbeing. This online resource helped to promote awareness of mental health and facilitate the connection between young people and support services.

¹¹ Up to February 2019

SECTION SEVEN

OVERVIEW OF THE TRAINING PROGRAMME

As part of its work to support young people's mental health in the local area, the Liverpool ONE Foundation offered Mental Health First Aid (MHFA) training not just to grantees but to all organisations that applied for funding. There were seven sessions of this training programme attended by 69 people.

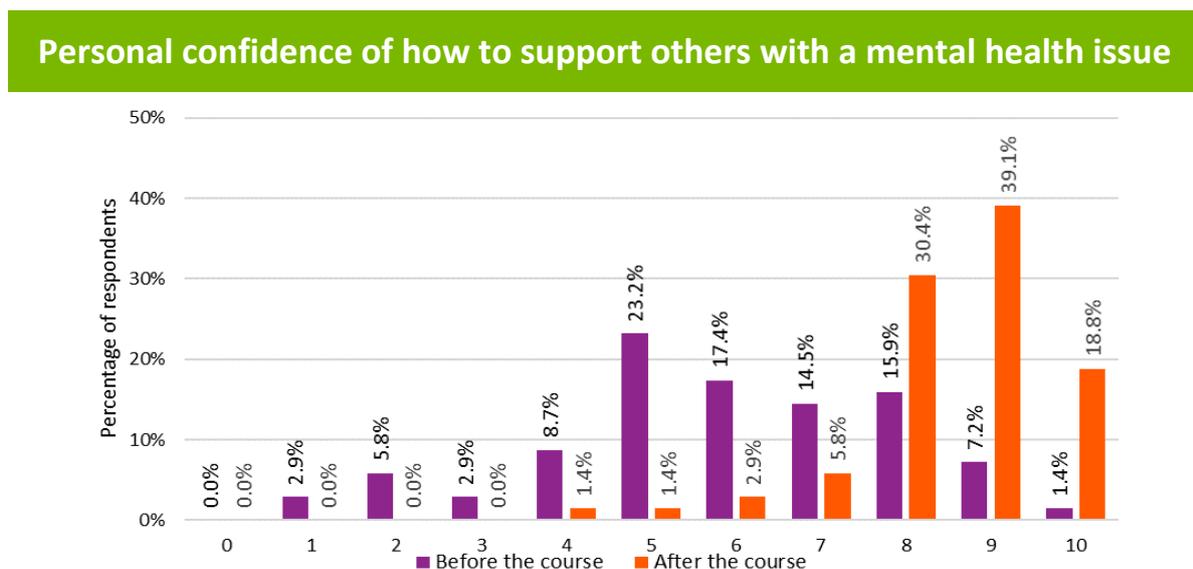
As part of the training course, participants had to complete a questionnaire before and immediately after the training took place (Figures 2–6, which follow). Liverpool ONE also followed up with a Survey Monkey survey after the course (Figures 7–9, which follow) and another six months later, to try and track longer-term effects (Figures 10–11, which follow). The subsequent Survey Monkey surveys received lower numbers of responses (24 and 16 respectively).

7.1 Before and after feedback from MHFA training participants

Respondents were asked to indicate on a scale of 0–10 their personal confidence level of how best to support others with a mental health issue before and after the course (where 0 is the lowest and 10 is the highest) (n=69).

Figure 2 below shows that before taking the course, almost 25% (17) of the respondents scored their confidence level between 8 and 10. After taking the course, the percentage of respondents in the 8–10 range increased to 88% (51) of the total, an increase of 200%.

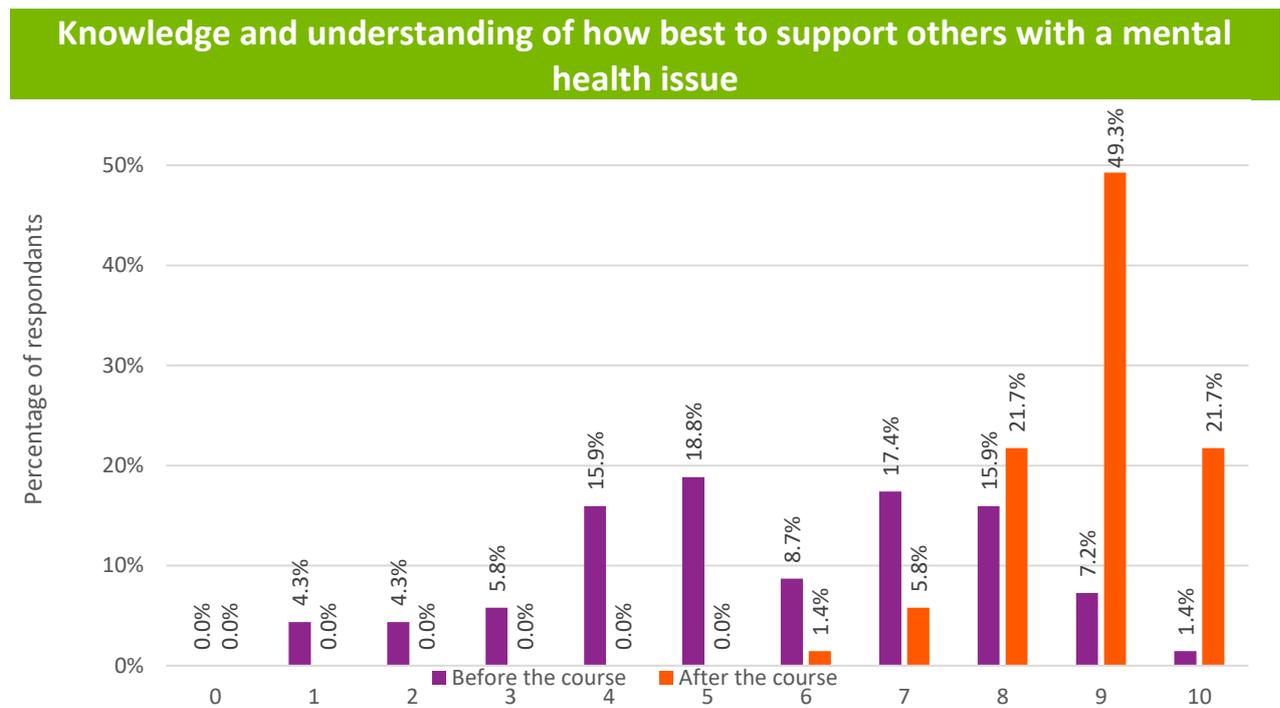
Figure 2



Respondents were asked to indicate on a scale of 0 to 10 their knowledge and understanding level of how best to support others with a mental health issue before and after the course (where 0 is the lowest and 10 is the highest) (n=69).

Figure 3 below shows that before taking the course almost 25% (17) of the respondents scored their confidence level between 8 and 10. After taking the course, this increased to 93% (64) of the total, an increase of 276%.

Figure 3

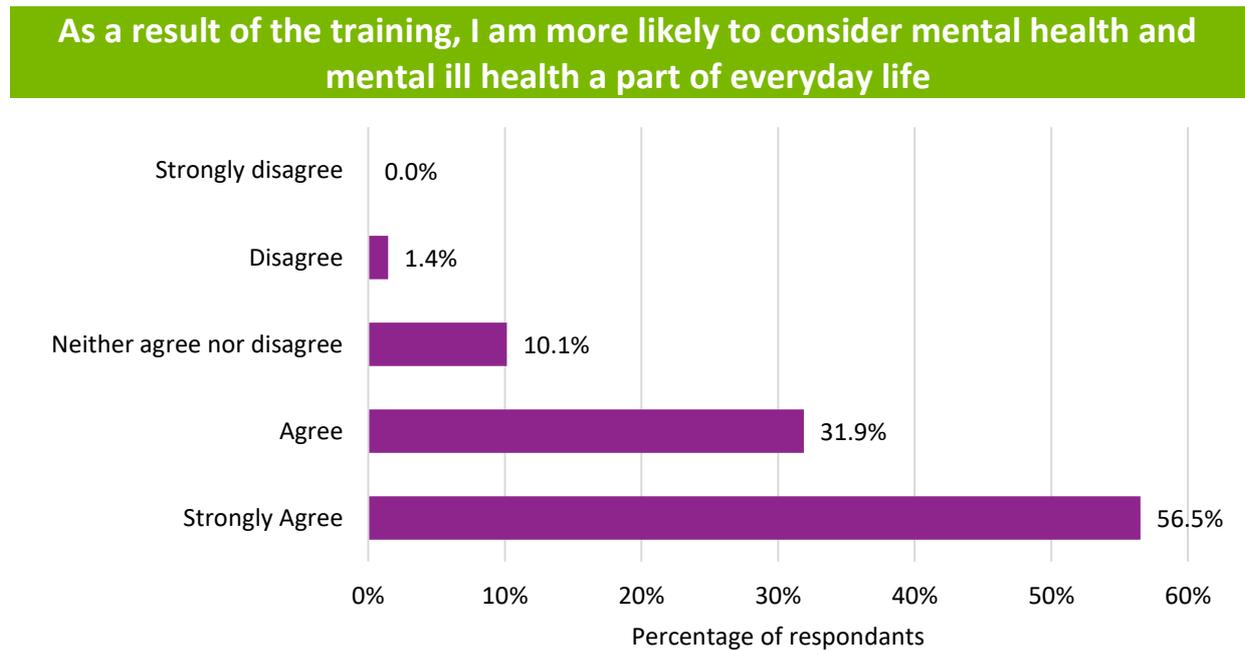


Respondents were then asked whether they strongly agreed, agreed, neither agreed nor disagreed, disagreed or strongly disagreed with the following statement:

'As a result of the training, I am more likely to consider mental health and mental ill health a part of everyday life.'

Figure 4 that follows shows that almost 90% (61) of respondents either agreed or strongly agreed with the statement, while 10% (7) neither agreed nor disagreed. Only one respondent disagreed with the statement.

Figure 4

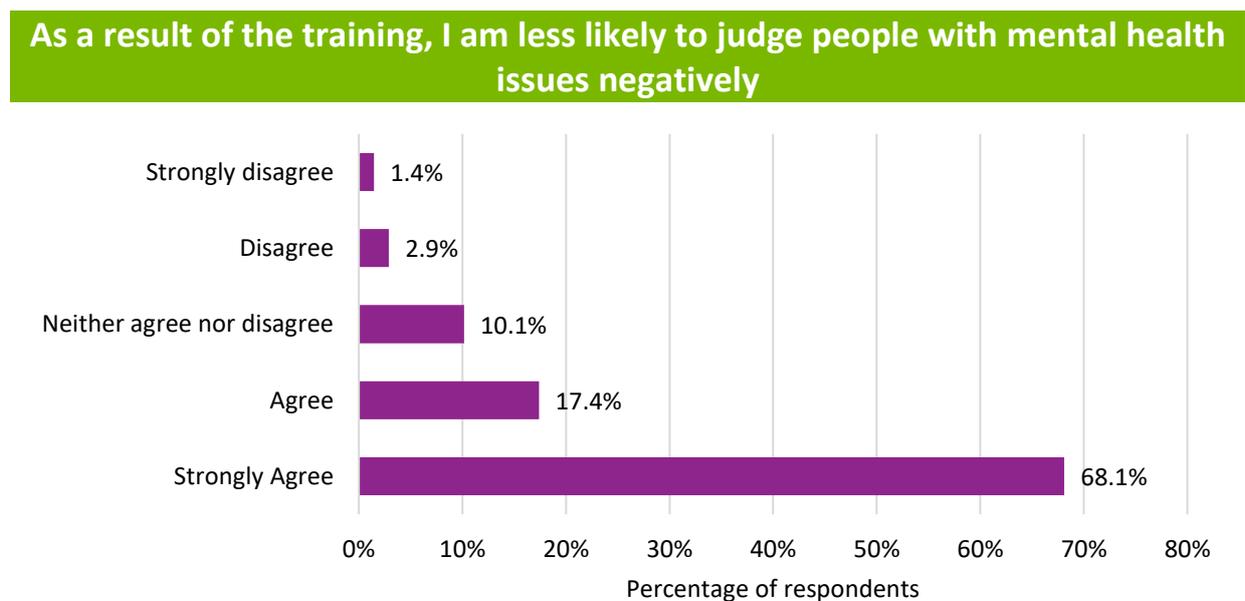


The survey then asked respondents whether they strongly agreed, agreed, neither agreed nor disagreed, disagreed or strongly disagreed with the following statement:

'As a result of the training, I am less likely to judge people with mental health issues negatively.'

Figure 5 below shows that 85% (59) of the respondents either agreed or strongly agreed with the statement; 10% (7) neither agreed nor disagreed; and 4% (3) either disagreed or strongly disagreed.

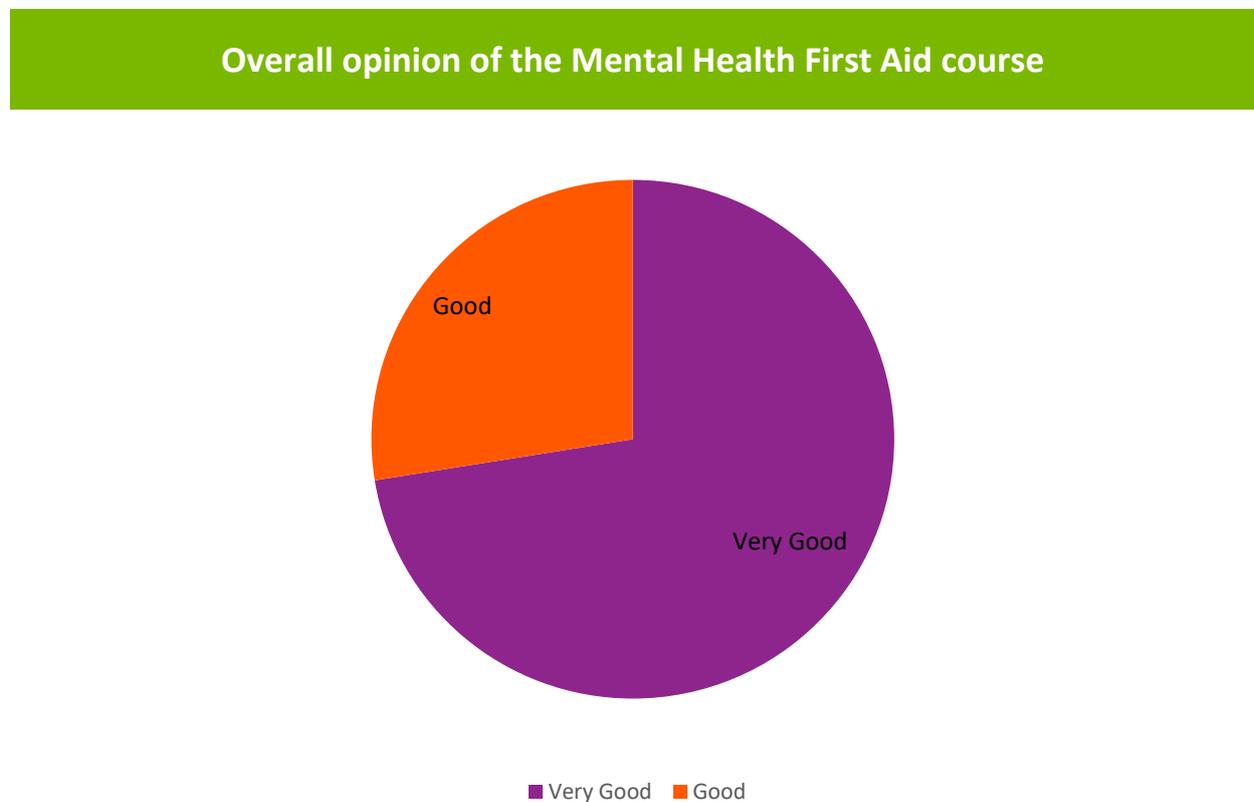
Figure 5



Respondents were asked to rate the MHFA course on a scale from very good to poor (n=69).

Figure 6 below shows that all respondents rated the MHFA course either good 27% (19) or very good 72% (50); none rated the course poor or neither good nor poor.

Figure 6

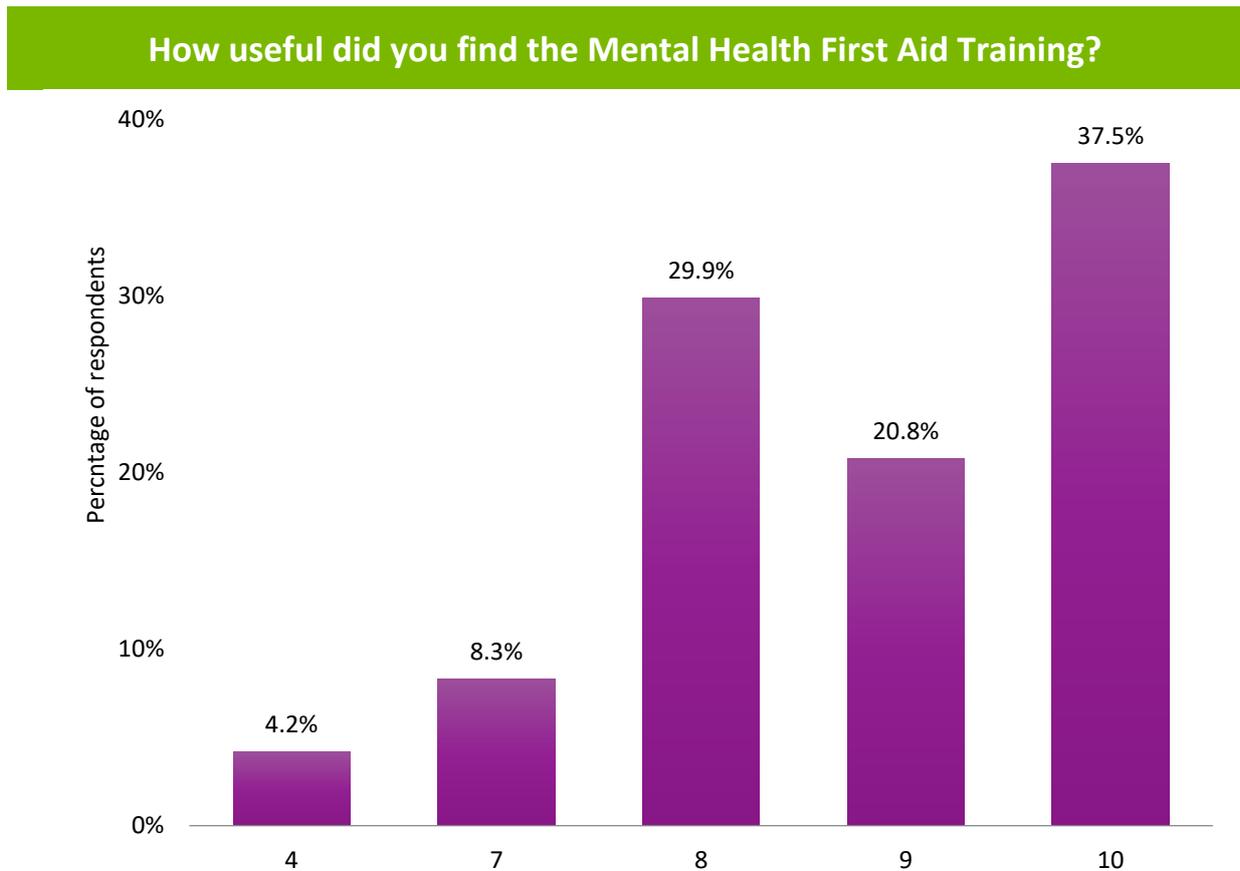


7.3 Follow up survey of MHFA training participants

After the Mental Health First Aid training, Liverpool ONE surveyed the participants again with a Survey Monkey questionnaire. The survey sample in this case was 24 respondents. Some questions also allowed narrative responses, which provided a range of comments but little in the way of common themes that could be explored further.

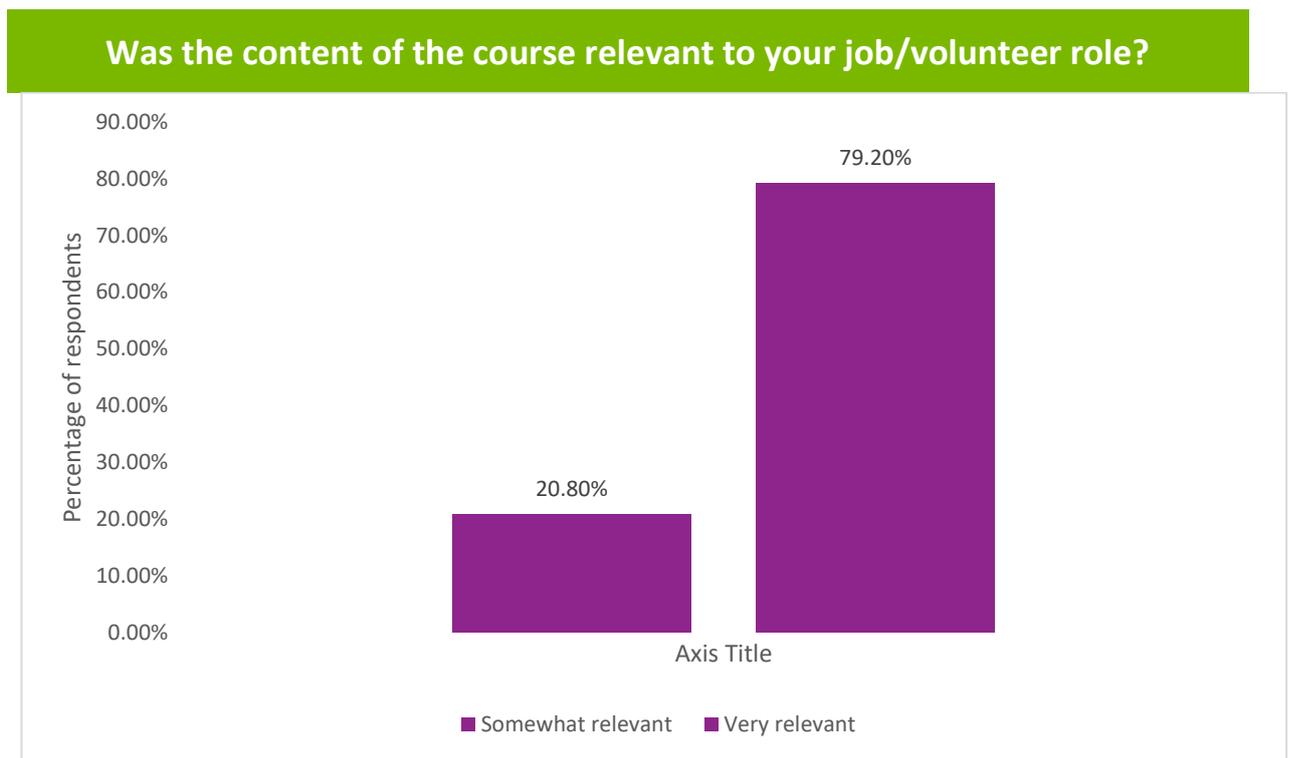
Respondents were asked to rank on a scale of 0 to 10 how useful they found the Mental Health First Aid Training (n=24). Almost 90% (21) of respondents scored the usefulness of the course between 8 and 10. None of the respondents scored it between 0 and 3.

Figure 7



The follow up survey then asked whether respondents found the course relevant to their job/volunteer role (n=24). Figure 8 that follows shows that almost 80% (19) of respondents found the course very relevant to their job/volunteer role, while 20% (5) found it somewhat relevant.

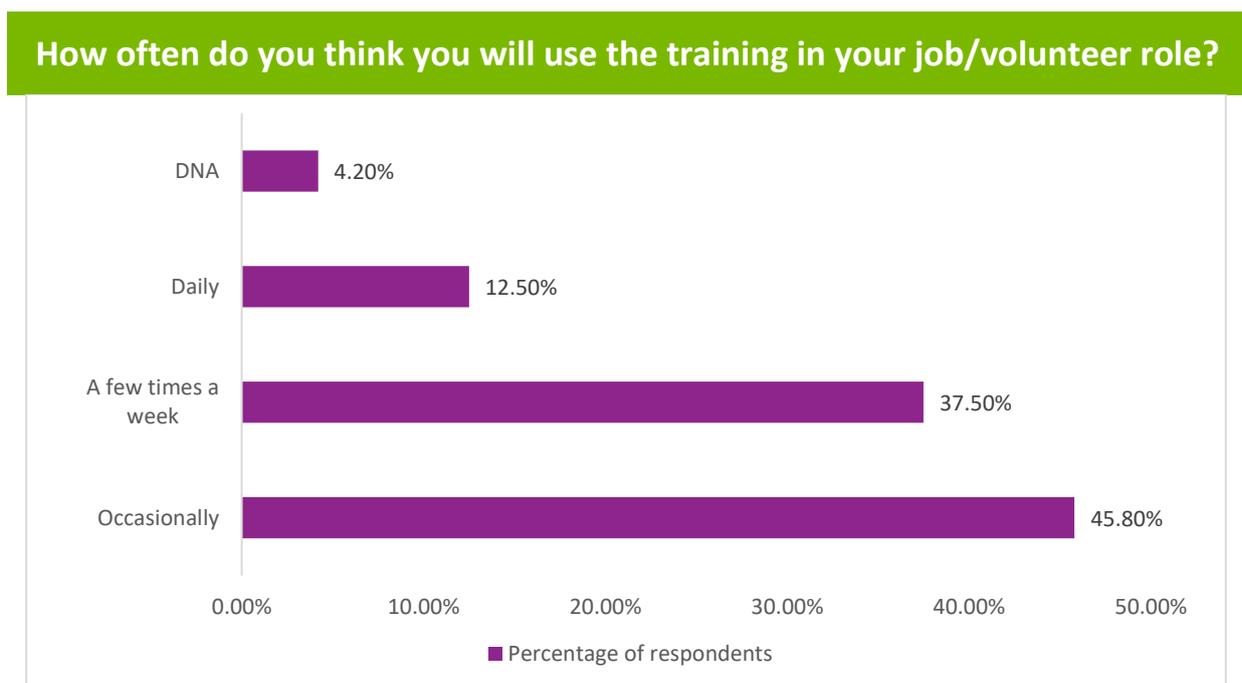
Figure 8



Respondents were asked how often they thought they would use the training in their job/volunteer role (n=24).

Figure 9 shows that only 12% (3) of respondents thought they would use the training daily; 37% (9) thought they would use it a few times a week; and 46% (11) believed they would use it occasionally. One person did not answer this question.

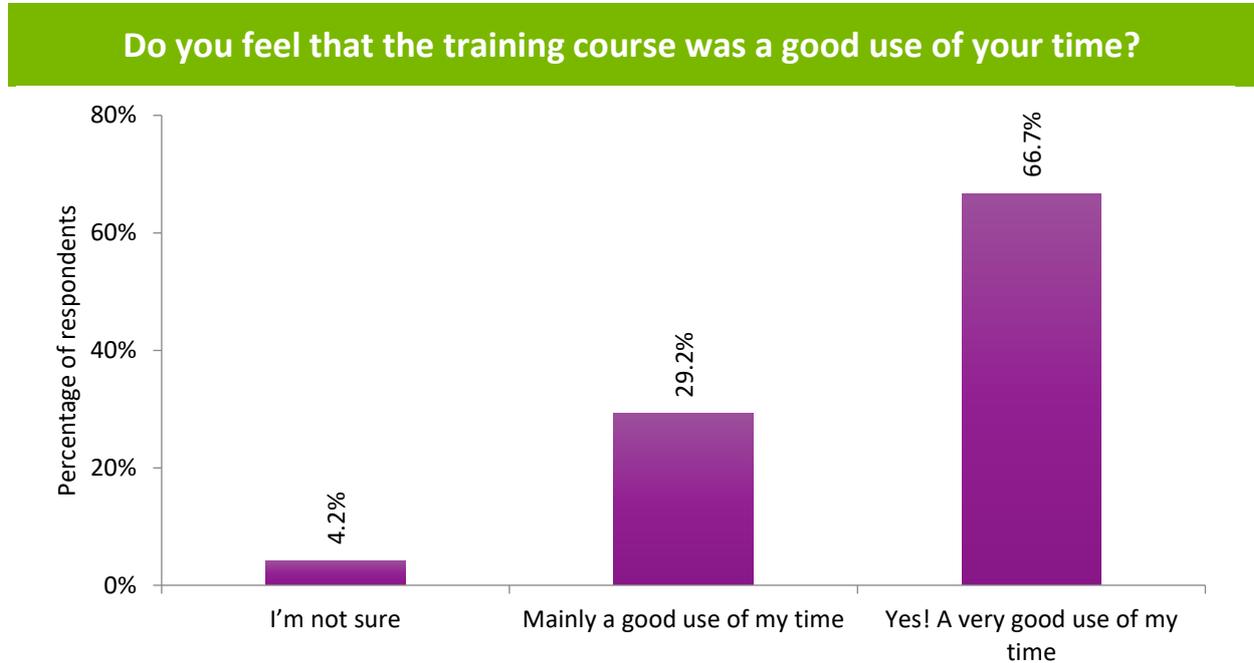
Figure 9



Respondents were asked whether the course was a good use of their time (n=24).

Figure 10 below shows that more than 65% (16) of respondents felt the training course was a good use of their time, 29% (7) of respondents feel it was mainly good, and only 4% (1) are not sure.

Figure 10

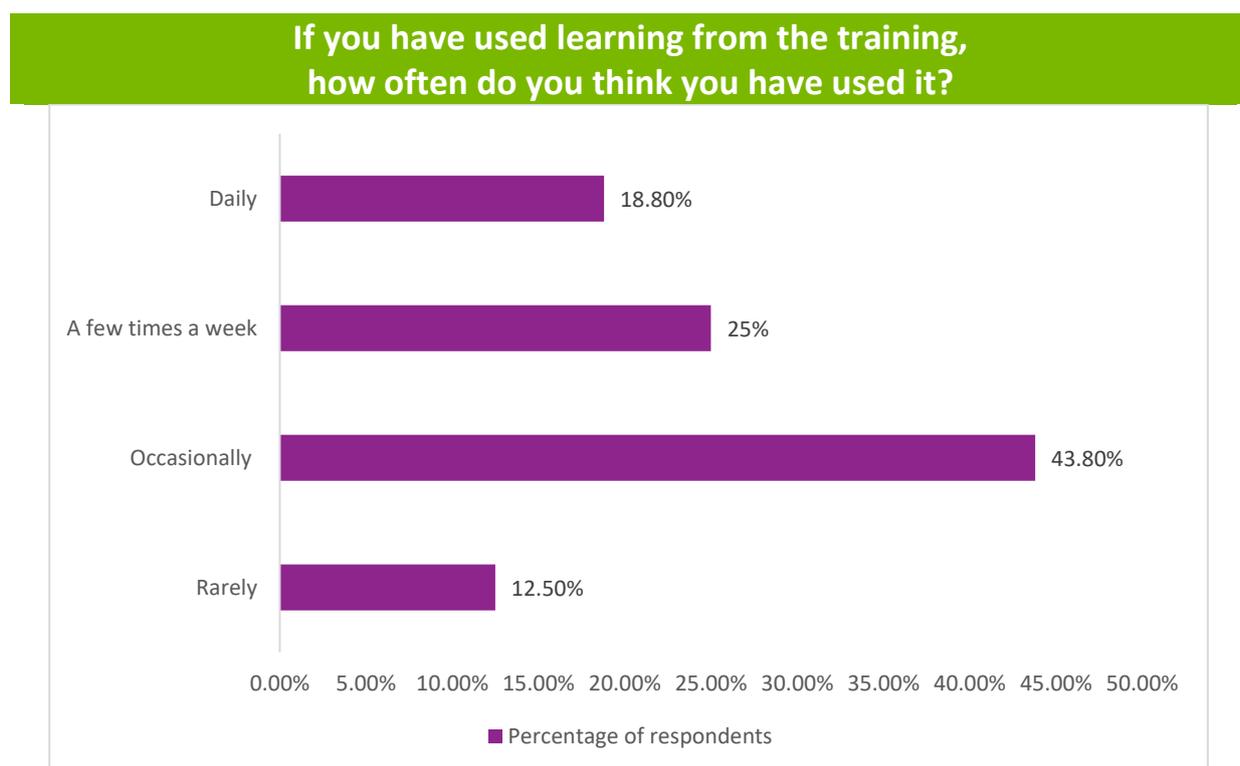


7.4 Six-months-on survey of MHFA training participants

In another Survey Monkey survey, Liverpool ONE asked whether they had used any of the MHFA training in their job or volunteer role, and all 16 respondents said yes (n=16).

They were also asked how often they had used the training, if they had used it (n=16). Figure 11 below shows that over 43% of respondents thought they had used what they learned either daily or at least a few times a week. An equal percentage, 43% (7), thought they used what they learned occasionally, while only 12% (2) thought they rarely used it.

Figure 11



7.5 Conclusions about the MHFA training programme

These survey responses are based on participants' opinions about the training provided. The questions predominantly attempt to quantify often intangible effects, for example, whether something changed their 'confidence' or 'knowledge', or whether it was 'useful' or 'relevant', as opposed to whether it led to a concrete action or outcome.

Nevertheless, the 'before and after' surveys of participants in the Mental Health First Aid training programme indicate overall that the training had a positive impact on respondents, and that they considered it useful and helpful. Further, this provision benefitted organisations beyond Liverpool ONE's grantees, as it was open to applicants as well.

Based on this evidence, it would appear to be an effective programme on its own terms that succeeds in achieving its aims, at least in the short term. However, Liverpool ONE may want to consider whether further investment in the training programme is a priority compared with other types of support for grantees and applicants.

SECTION EIGHT

OVERVIEW OF THE STATUTORY, COMMUNITY AND INFLUENCERS FORUM

8.1 Purpose of the forum

Liverpool ONE Foundation set up a recurring forum composed of selected grantees and other organisations with relevant knowledge, people from the local statutory sector working in health or mental health, and other interested parties. Meetings take place roughly quarterly and last for several hours. Two meetings occurred during the course of this evaluation. The broad purpose of the forum is to share information and facilitate networking between local representatives of different sectors with an interest in young people's mental health and wellbeing.

The original terms of reference are broad, and in some cases ambitious:

- to share best practice among members;
- to provide a space where community and statutory groups can share current projects and initiatives;
- to share expertise on mental health in children and young people;
- to facilitate the flow of ideas as well as clients between services;
- to identify gaps in provision;
- to set aspirations for children and young people's mental health in Merseyside;
- to work collectively to address problems;
- to identify and facilitate partnerships where relevant;
- to gather and share data both nationally and within Merseyside;
- to feed into other Liverpool ONE Foundation forums and annual conference as necessary.

DSC attended two forum meetings in May 2018 and January 2019, to observe and take notes. During both meetings, most of the delegates were representatives from Liverpool ONE's grantee organisations, but several different representatives from the local health sector also attended both times. (These were different people in each case.) Each meeting included approximately 10 people (excluding Liverpool ONE, Community Foundation for Merseyside and Lancashire and DSC staff), and between two-thirds and half of the delegates attended both forums.

8.2 Feedback from forum participants

At the January 2019 meeting the organisers distributed a survey to the participants focussed on the themes listed above. The survey received six responses, all from grantees. This sample is too small to be analysed statistically but included some useful narrative feedback, which was very positive about the forums and Liverpool ONE's role in convening them. Respondents stressed the meetings were useful to share information and expertise, make valuable contacts, and facilitate the flow of ideas.

Some feedback centred on the value of networking opportunities:

'Ring fenced opportunity to meet other, like-minded organisations.'

'Meeting other organisations.'

'A great opportunity to meet new people, hear best practice and make new connections.'

'Meeting new people about the possibility of working together.'

(Forum survey respondents)

Other comments focussed on the value of learning and information sharing:

'Bigger picture, different views, ways in which issues are being tackled.'

'Identify gaps in service provisions, solidifying links and service design.'

'hearing from other individuals running youth programmes working towards the same goal of improving mental health in young people in the region is really beneficial. To be able to share experiences and views with each of our different groups is very eye opening.'

'it definitely helps us guide our best practice and highlight anything we could implement into our programmes to improve delivery and engagement with young people.'

(Forum survey respondents)

It is worth bearing in mind that these respondents represent about one-third of the number of grantees evaluated in this review, as not all grantees were asked to take part in the forum. Still, on the available evidence these grantees and other participants do value Liverpool ONE's convening role, and strongly appreciate the opportunity to meet and discuss shared issues and interests. For example, some survey respondents stated:

'it is a breath of fresh air to see a funding body so invested and dedicated towards their mission of improving young people's mental health, the passion really does show through the staff that organise these forum meetings. We're humbled to be a part of this process.'

'The Forum is a great idea and actively shows the interest and passion of the Liverpool ONE Foundation.'

The more ambitious elements of the forums are yet to be realised – for example setting aspirations, working collectively, facilitating partnerships, and gathering and sharing data. Nonetheless, forum participants seem to value the opportunity to meet and discuss key issues with others working in similar areas.

8.3 Forum - conclusion

The survey comments chime with DSC's experience of attending the forum meetings, which involved engaging discussion across a range of issues, with most participants taking part and offering information or comments. There was some indication that the conversations and/or contacts created would continue outside of the forum structure between some participants. Discussion was wide-ranging, and included for example:

- the impact of funding cuts on health service provision for young people's mental health, and the impact of this on Liverpool ONEs grantees and the local charity sector more widely;
- gaps in service provision, and potential tools or methods to overcome these;
- unidentified or overlooked types of beneficiaries and mental health needs;
- the balance between and effectiveness of different approaches for young people – for example sports or arts-based interventions;
- the different roles of clinical and more creative or therapeutic approaches in young people's mental health;
- the tension between preventative and responsive approaches, and where the charity sector should focus its efforts.

The forum is still a work in progress both in terms of membership and objectives. Early indications are that some of the objectives are being progressed – particularly around making contacts and sharing information. However other elements have not yet taken off or may not be perceived as useful, achievable or priorities by the people who have been involved so far. There also appears to have been relatively little consistent participation from the statutory sector or other 'influencers' to date, which would seem to be necessary to achieve some of the more complex objectives originally envisaged.

Convening grantees and other influential parties for the forum's stated purposes is positive and forward-thinking practice by a grant-maker that views itself as providing more than just financial support. Moving forward, Liverpool ONE may wish to reconsider whether to re-evaluate and refine the purpose of the forum, and whether achieving some of the more complex objectives such as 'facilitating the flow of clients between services' and 'working collectively to address problems' is realistic or achievable with available resources. Achieving these objectives would likely require a higher level of coordination and involvement from other stakeholders in the region.

With a view to developing and improving the forum in the future, DSC would recommend that Liverpool ONE considers:

- Reaching out to other relevant local networks to invite them into the conversation, to include participation from non-grantee charities with an interest in the subject – for example via Liverpool CVS or the Liverpool Young People's Advisory Service.
- Seeking regular representation from key local statutory bodies such as Liverpool and Wirral CAMHS, Liverpool and Wirral Councils, and the relevant Clinical Commissioning Groups.
- Whether the current terms of reference may be too broad and whether refining them could produce more clarity about what the forum hopes to achieve.
- Whether investing more resource into the forum secretariat would be possible and desirable, to keep conversations and activities going in between intermittent meetings.

Whether designing the forum meetings to include a more in-depth presentation from key stakeholders or influencers might enhance participation (for example, inviting an expert on some aspect of young people's mental health), combined with the ongoing dialogue and discussion.

SECTION NINE

CONCLUSIONS AND RECOMMENDATIONS

Through its Open Grants and Award Fund programmes, the Liverpool ONE Foundation aimed to support organisations in the voluntary and community sector working to promote the mental health and wellbeing of younger generations.

DSC's review shows that the Foundation's grant-making strategy responded effectively to the needs of children and young people in Merseyside. By funding a wide range of interventions provided by local and often specialist charities, the Foundation was able to tackle the issue of mental wellbeing of children and young people from different perspectives.

By funding arts-based and community interventions, the Foundation supported a more dynamic and less conventional approach to mental health, which met many needs for children and young people with mild or moderate mental health difficulties. At the same time, Liverpool ONE funded more traditional approaches to mental health, such as counselling-based interventions, which met the needs of the most vulnerable children and young people.

Liverpool ONE's grant-making strategy also responded effectively to the need for enhanced support within the family to increase children and young people's resilience. Family support is indeed key to the mental wellbeing of children and young people.

DSC's review found that Liverpool ONE's grants enabled children and young people to improve their emotional and mental wellbeing mainly by increasing their sources of resilience. These sources include supportive peer relationships, stronger bonds with the family, good access to mental health services and support networks, and a positive perception of self-worth.

7.1 Recommendations for grantees

This review found that many beneficiary organisations tend to invest a lot of time and resources collecting data for monitoring and evaluation purposes. This is a commendable effort which shows the commitment these often quite small organisations have to improving their services, ensuring adequate funding and achieving a greater impact. All the organisations acknowledged the importance of being able to demonstrate their impact to potential and current funders, even if their capacity to do so varied widely. However, even if they did gather relevant evidence, grantees sometimes struggled to adequately report evidence of impact in a clear and meaningful manner.

Many End of Grant reports and application forms were filled with an enormous amount of data, information and references that were not always necessary for the purposes of the grant application or grant monitoring. At times, it seemed a case of 'include absolutely everything' in the hope that this would be more convincing, when a more careful use of relevant appropriate evidence would be more effective. Brief and concise evidence presented in a clear and simple manner is more likely to ensure the success of a grant application.

DSC recommends that grantees consider the points below to help improve the reporting of qualitative and quantitative evidence. (Note: this could apply to any charity, not just Liverpool ONE Foundation grantees.)

■ **How to write a case-study**

Case studies are a great tool that can provide impactful evidence of the difference made by a project or service, which are accessible for many different organisations serving different purposes and beneficiaries.

Case studies included in End of Grant reports have the specific purpose of showing what difference the grant-funded service or project made to a beneficiary, and explaining how this happened. The audience is therefore the funder, but also it could be more widely any person with an interest. Funders and others who aren't familiar with the charity's work will not necessarily (or even in most cases) share the same knowledge and expertise of people working within the organisation applying for funding.

When writing case studies, always avoid jargon and acronyms or abbreviations that are not easily understood by a wider audience. If acronyms or technical language is necessary, then terms should be explained and spelled out – don't leave the reader guessing. Think: if I were assessing this application, would I enjoy reading it, or would it leave me confused and with a headache?

If a case study is written to illustrate the difference made by a particular intervention, it should ideally include the following information:

- **Description of needs and circumstances** of the beneficiary. (Why did they need your support?)
- **Clear account of the intervention delivered.** (What activities did they take part in?)
- **Explanation of the support provided.** (How did these activities help them? How did you support them?)
- **Description of changes achieved** (What did they achieve as a result of your intervention? What were the positive changes observed and how did these improve their life?)

The description of positive changes achieved by a beneficiary should be linked to the needs and circumstances displayed before the intervention took place, to demonstrate the difference a project or service has made. When circumstances allow it, a case study should be written directly by the beneficiary, with the support of a member of staff, as this amplifies its power and authenticity.

Before writing a case study, it is useful to collect the evidence and information needed in advance, to help organise the contents and the core message. The results of evaluation activities and assessments conducted by the organisation can feed into the case study, where relevant. For instance, if an organisation assessed the mental wellbeing of a beneficiary using the Warwick–Edinburgh Mental Wellbeing Scale, the results of this assessment should be included and explained, to reinforce the description of positive changes achieved.

A case study does not necessarily require a lot of information and data and it does not need to be lengthy. Concise and clear case studies that address the key points highlighted above can be more effective than long narratives reporting unnecessary information.

■ **How to report quantitative evidence**

Many organisations assess their services with evaluation forms. These usually ask questions directly to beneficiaries and give multiple choice answer options, and possibly some open text answers. The responses are then counted and usually transformed into percentages, which are then included in relevant End of Grant reports. Some organisations also make use of standardised assessment tools to assess their services or projects, and these may also contain scales with a specific and unique scoring system.

When reporting this sort of quantitative evidence (including percentages or scores from various assessment tools), grantees should follow some simple rules to ensure that the information provided is clearly understood and therefore useful to any reader:

- **First, plan the collection of data and evidence in advance, considering the cost/benefit.** (Is the system proportionate to the work? Is it accessible for beneficiaries to participate in, or might it put them off?)
- **When presenting data, explain which assessment tool was used,** and how and what was it supposed to assess before launching into the data. (Was it from an evaluation form? What questions were asked and who were the respondents? When was this assessment tool used – at the beginning or end of the project, or both? What was this tool supposed to assess?)
- **When reporting percentages, always indicate the sample size.** (How many respondents completed this assessment? How many responses did you collect?)
- **Clearly explain the scoring system when using a specific assessment tool.** (What does the score reported in the End of Grant reports actually mean?)

It is important to remember that whilst funders are increasingly interested in evidence of impact, or to understand what change an intervention has achieved, many do not require huge amounts of data and evidence – think quality over quantity. By addressing these simple points, grantees can ensure that the evidence collected conveys an effective message to the funder, therefore making their evaluation worthwhile not just for the funder but for other stakeholders.

7.2 Recommendations for the Liverpool ONE Foundation

- **Continue to provide grant funding to organisations working on young people's mental health** in Merseyside. There was clear evidence of a range of social needs being addressed by grantee organisations, and that Liverpool ONE's financial support had helped to meet those needs.
- **Retain a high proportion of arts-based funding**, which seems to be valued by children and young people as effective and engaging, particularly in a preventative sense, whilst considering the balance of other effective approaches such as family-centred work, sport and counselling.
- **Proactively seek to fund services for BAME and vulnerable groups** (for example LGBT+, disability). Prospective grantee organisations may find it harder to navigate application procedures (because of language for example), their beneficiaries may face cultural and social barriers to accessing services, and they may be less integrated with the general population in Merseyside.
- **Explore funding services focussed on training school staff, especially teachers**, about how to recognise, address and prevent mental health issues in young students, and investigate how signposting from schools to appropriate support in the charitable sector can be improved. This might involve forming a partnership with another organisation or supporting an appropriate network.
- **Prioritise sports-based projects and services to engage more boys and young men** with their mental health needs. Again, this might involve consultation or partnership with health organisations in the statutory or voluntary sectors, or those working with young offenders.
- **Organise workshops for grantees on effective techniques for evaluating interventions**, as part of the non-financial offering for grantees. Link this learning to application procedures and future grant reporting. Although delegates did value the Mental Health First Aid training that Liverpool ONE provided, the evidence also shows patchy and inconsistent evaluation data from grantees, confusion about how to use different methods, and insufficient skills to do this effectively.
- **Engage a broader set of statutory and voluntary sector influencers in the forum** discussions, including non-grantee charities with expertise in young people's mental health and key statutory agencies. Consider whether the terms of reference should be streamlined and if more resource should be allocated for the secretariat to drive outreach and discussions between meetings.

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