



# West Ham United Foundation PCN Mentoring Programme Evaluation

Final report

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# Acknowledgements

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# Executive summary

## Background

The Child Outcomes Research Consortium (CORC) team at Anna Freud was commissioned to conduct an independent evaluation of the primary care network (PCN) mentoring programme, from March 2024 to March 2026.

The PCN mentoring programme is a programme of support provided by West Ham United Foundation working with NHS GP services across East London. The programme connects young people with a mentor who arranges a safe physical space for the mentoring to take place. It aims to provide early intervention and prevention-focused support to young people at risk of or affected by violence, social adversity, and mental health challenges.

The initiative began as a knife crime prevention pilot and has since evolved into a broader community-based wellbeing mentoring programme. Young people taking part in the programme are identified by any health and social care professional within the GP practice as being at risk of being affected by violence or navigating adversities or other social challenges. Young people work with their mentor to create personalised support plans and are offered one-hour sessions either weekly or fortnightly, for up to six months.

## Methods

The overarching aims of the evaluation were to explore:

- participant and staff experiences of the programme, and
- changes in young people's wellbeing.

An evaluation logic model was developed by the research team and reviewed by West Ham United Foundation colleagues. This forms the basis of all aspects of the evaluation through identification of the target, context, mechanisms of change and the expected outcomes of the programme.

The evaluation included:

- Analysis of administrative data from 21 young people, including their scores on two outcome measures (SWEMWBS which measures wellbeing and SRS which measures resilience) at the start and end of support.
- Semi structured interviews with 10 young people, seven staff (practice managers and mentors), and one PCN manager.
- Comparative analysis across two implementation phases (Phase one in Newham and Phase two in both Newham and Barking and Dagenham) to explore programme delivery, mechanisms of change, sustainability and contextual factors influencing implementation.
- Analysis of interviews and wellbeing and resilience outcome data.

## Findings

The administrative data set comprised data from 21 young people, at a time when the PCN mentoring programme was supporting an estimated 45 young people. The ages of these young people ranged from 12 to 18 years, 57% identified as male, and 43% identified as female. The most reported ethnicity was White (32%).

Limited change was demonstrated through young people's responses to the wellbeing and resilience outcome measures, however in interviews, many young people reported improvements to their mental health and wellbeing, including reduced anxiety and anger, and increased confidence, resilience and personal growth. Participants also described the young people as having strengthened their relationships and communication, through improvements to their boundary setting, assertiveness, and conflict resolution and more positive interactions with peers, family and teachers.

Young people described gaining valuable skills such as enhanced self-regulation, help seeking and discipline as well as a reduction in risk taking behaviours. Educational and employment outcomes also improved, with better school attendance, fewer sanctions, greater focus, improved attainment reported. Mentors also provided guidance about further education and job pathways.

The programme also had a positive impact on mentors, who reported increased knowledge, stronger connections within the community and opportunities to apply their training. Staff highlighted strong relationships, flexibility in delivery, rapid referral pathways and the credibility and opportunities offered through the association with West Ham United FC.

However, several delivery challenges were also highlighted. These included inconsistent access to confidential spaces, variable communication between GP practices and mentors, administrative burdens related to referrals, limited mentor capacity and occasional misconceptions about the programme's focus and purpose. Opportunities to improve the reach and flexibility of the programme were also highlighted, including reconsidering the age range and duration of support offered, and increasing the number of mentors to meet the current demand and to facilitate mentor-mentee matching.

## **Conclusion and recommendations**

The findings from this evaluation suggest that the PCN mentoring programme is offering valued support to children and young people with a broad range of needs, at a time when access to appropriate services such as CAMHS remains challenging. Across both boroughs, young people, mentors, and staff reported improvements in wellbeing, communication, relationships and engagement in education, supported by positive mentoring relationships. These qualitative outcomes align with the programme's intended mechanisms of short term change, even though quantitative wellbeing and resilience data is still limited. A key strength identified is the programme's flexible, community-based delivery model, underpinned by the credibility of the West Ham United Foundation, which helps build trust and engagement and fill a gap in available provision for young people navigating social and emotional difficulties.

The programme could be strengthened by improving the consistency of access to confidential mentoring spaces, enhancing communication with GP practices, simplifying referral processes, and expanding mentor capacity. Clearer communication about the programme's purpose would help set realistic expectations for young people, families, and partner organisations. As the programme develops, improving data quality, operational consistency, and

cross-sector partnerships would support scaling it as an early-intervention mentoring model. The following recommendations have been developed:

### **1. Strengthen infrastructure and operations**

- Establish formal agreements for consistent mentoring spaces across GP practices, schools and community settings.
- Simplify and embed referral forms into GP practice systems.

### **2. Enhance communication and partnerships**

- Provide briefing sessions to GP practices and key stakeholders.
- Support mentors to build connections with mental health, education and employment services and organisations.
- Introduce clear expectations for communication, room booking and updates.

### **3. Extend reach and flexibility**

- Consider extending programme duration beyond six months.
- Explore increasing the upper age limit to 21.
- Increase the number and diversity of mentors to meet demand and improve representation.

### **4. Leverage West Ham United FC association strategically**

- Continue to leverage the association for engagement and credibility.
- Formalise structured opportunities such as stadium visits or work experience.
- Ensure messaging clearly communicates the mentoring focus.

### **5. Prioritise data quality**

- Provide further mentor training on outcomes data collection.
- Strengthen follow-up measure completion to support future commissioning and sustainability.

# Introduction

The Child Outcomes Research Consortium (CORC) team at Anna Freud was commissioned to conduct an independent evaluation of the Primary Care Network (PCN) mentoring programme, between March 2024 and March 2026.

The PCN mentoring programme is a programme of support provided by West Ham United Foundation working with NHS GP services across East London. The initiative began as a community-based knife crime prevention pilot and evolved into a broader wellbeing mentoring programme. Young people taking part in the programme are identified by professionals within GP practices as being at risk of being affected by violence or navigating adversities or other social challenges. Young people work with their mentor to create personalised support plans and are offered one-hour sessions either weekly or fortnightly, for up to six months.

## Background

Research has long identified associations between experiencing social disadvantages and discrimination, trauma, poorer mental health outcomes, and being affected by youth crime and violence (for example, [1]-[4]). Lessening the impact of violence, as well as reducing violent incidences in London is one of the ten priorities of the health and care vision for London to be the healthiest global city [5]. This includes multi-disciplinary collaboration, and recognising the relationship between mental, physical and social needs [6]-[9]. It also includes tailored early intervention and prevention strategies, as well as support to children and young people through various channels, including schools and youth workers. Both early intervention and prevention objectives are considered best met by these child health and care support systems (for example, education and youth work), to mitigate existing systemic barriers that children and young people face, and to address levels of unmet need they may have, such as in family life, education, accommodation or mental health difficulties [10].

Early intervention and prevention work is particularly important to help children, young people, families and communities to improve youth offending outcomes, and to reduce future harmful behaviour. For example, evidence shows that the vast

majority of adult offenders in London have disproportionately high levels of childhood traumatic experiences [11].

Research shows that mentoring programmes promote young people's development and wellbeing [12]-[13], which speaks to the early intervention and prevention agenda. These programmes vary in terms of their features, mentoring relationship qualities, and characteristics of the young people participating. Many mentoring programmes are flexible in terms of their structure and activities. This approach is commonly taken and positively received in community-based mentoring programmes [14]. Several published reviews have examined whether mentoring programmes lead to improved outcomes for young people across a range of domains, including behavioural, social, emotional and academic attainment [12], [14]-[18]. Results suggest that youth mentoring programmes are moderately effective for young people who are considered to be at risk of a range of psychosocial and academic difficulties across wide ranging outcome domains. A recent review of community-based mentoring programmes in the UK indicated promising findings for young people's improved social and emotional skills, community engagement and engagement in positive activities, although more research is needed [17].

Many mentoring programmes have a specific aim of supporting children and young people in the prevention and reduction of youth violence. One review and meta-analysis demonstrated significant and positive outcomes relating to aggression and academic achievement, particularly when advocacy and emotional support were specific elements of the programmes [18]. A more recent review focused on youth mentoring for the reduction of violence found that on average, mentoring programmes reduce violence by 21%, all offending by 14%, and reoffending by 19% [19]. However, it was noted that the literature lacks details about specific programme features and procedures, which limits knowledge about how and why mentoring programmes are effective [18]. Nevertheless, a rapid review of the evidence also found that mentoring for wellbeing and the reduction of offending may help young people build positive, reliable relationships which improve wellbeing and support reductions in offending behaviour [20]. While there is a paucity of robust evidence from the UK, there are several evaluations of mentoring

programmes underway, for example, those commissioned by the Youth Endowment Fund (see their online [toolkit](#)).

Mentoring programmes that aim to reduce violence offered through primary health settings, specifically hospital emergency departments, show promise and may improve access for young people who are considered 'hard to reach' or who face barriers accessing support [21].

### **The PCN mentoring programme**

The PCN mentoring programme is a programme of support led by West Ham United Foundation (the charitable foundation of West Ham United football club that engages in wide ranging community projects) in partnership with local PCNs. It is based on a pilot co-designed by the principal GP in The Project Surgery, Newham (Dr Farzana Hussain) in 2021. The programme involves West Ham United Foundation working with local NHS GP services across East London, to enable young people to make a connection with a mentor who can provide a safe physical space for the mentoring to take place. This is initially the GP practices, and then schools, West Ham United Foundation sites and community sites such as libraries if preferred. Young people taking part in the programme are identified by any health and social care professional within the GP practice as being at risk of being affected by violence or navigating adversities or other social challenges that can impact their wellbeing. Referral reasons include, but are not limited to:

- Vulnerable to being connected to violence, knife crime and exploitation
- Victim or perpetrator of crime
- Family or friend within the Criminal Justice System
- Bullying
- Experiencing or impacted by domestic abuse
- Autism, attention deficit hyperactivity disorder, social, emotional and mental health difficulties, speech and language diagnosis or need
- Disengaging from school or risk of exclusion or not in education, employment or training
- Anxiety or mental health need
- Key points of life transition.

Young people work with their mentor to create personalised support plans and are offered one-hour sessions either weekly or fortnightly, for up to six months. Sessions can offer young people the opportunity to engage in open dialogue to seek further help and support; provide support for short-term change, for example relating to school engagement, positive relationships and healthy routines; and facilitate long-term changes, for example relating to their future aspirations for their lives. While initial access to the programme is through primary health, it is a community-based programme providing ongoing support in community settings. Please see Appendix 1 for an infographic of programme delivery.

# Methods

## Evaluation aims

The overarching aims of the evaluation were to explore participant and mentor experiences of the programme, and changes to young people's wellbeing and resilience. The evaluation also aimed to explore delivery of the programme, including 1) the implementation 2) mechanisms of change, and 3) the impact of the programme in the specific context.

The findings of the evaluation will help to inform the development of the programme, with a focus on learning from implementation, and scalability.

## Evaluation design

To address the aims, a mixed-methods realist process and impact evaluation [22] was taken. Ethical approval was granted in February 2024 ahead of data collection (project ID: 21875/004).

The evaluation comprised two phases:

- Phase one from March 2024 to March 2025, focused on
  - staff experiences of implementation in Newham
  - young people's outcomes and experiences in Newham.
- Phase two from April 2025 to March 2026 explored
  - staff experiences of implementation in Barking and Dagenham,
  - young people's outcomes and experiences in Barking and Dagenham
  - staff experiences of any changes to implementation in Newham
  - the sustainability of the programme overall.

An evaluation logic model was developed by the research team and reviewed by West Ham United Foundation colleagues. This forms the basis of all elements of the realist evaluation through identification of the target, context, mechanisms of change and the expected outcomes of the programme. See Figure 1.

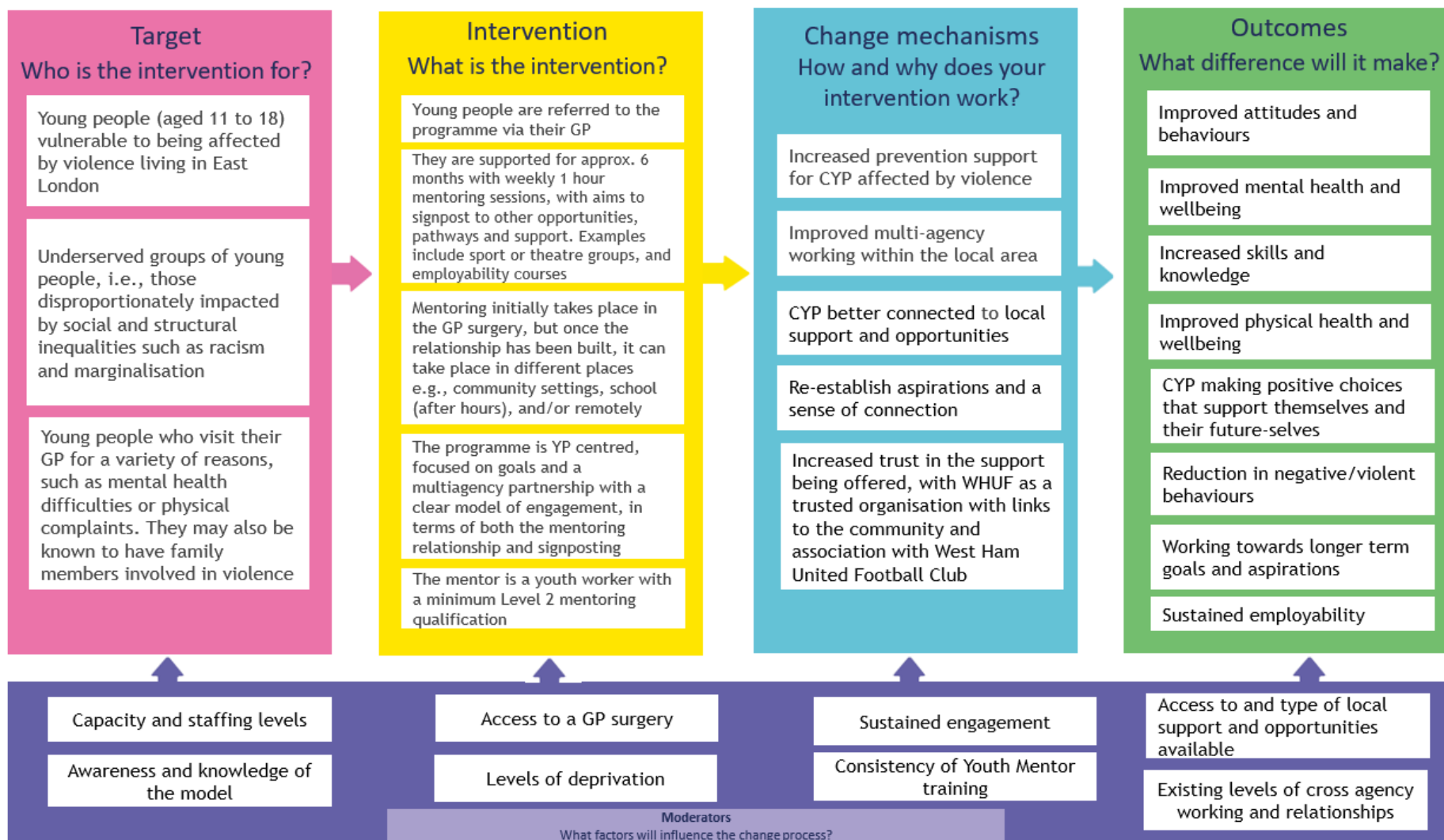


Figure 1. PCN mentoring programme evaluation logic model

## Administrative data

The West Ham United Foundation team shared the administrative data set with the evaluation team in November 2025. The data set comprised demographic information about young people participating in the programme, and young people's responses to outcome measures completed between 11 June 2024 to 13 May 2025. Young people provided responses to the following two outcome measures, at the start and end of their support:

- 1) Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS), a 7-item measure, which is a short version of the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). The SWEMWBS is completed by a young person. The SWEMWBS has been validated for populations of young people aged 15-21. Scores range from 7 to 35, with higher scores indicating higher positive mental wellbeing.
- 2) Student Resilience Survey (SRS), a 47-item measure completed by young people containing subscales which measure communication and cooperation, self-esteem, empathy, problem solving, goals and aspirations, family connection, school connection, community connection, autonomy experience, pro-social peers, and meaningful participation in community activity. The SRS is suitable for children aged seven and above. Scores are calculated for each subscale and can be measured against expected, elevated, or lower scores.).

## Interviews

Online semi-structured interviews were conducted with participants in Phase one in Newham between June and September 2024. In phase two, young people in Barking and Dagenham, and staff from both Newham and Barking and Dagenham were interviewed between May and October 2025. The same staff in Newham were interviewed for a second time in 2025. Young people were given a voucher as a thank you for their participation. Please see Table 1 for a breakdown of the number of participants by participant type.

**Table 1: Interview participants**

	Newham		Barking and Dagenham	
	Phase 1	Phase 2	Phase 1	Phase 2
Young people	5	N/A	N/A	5
Youth mentor	1	1	N/A	2
GP practice managers	2	2	N/A	1
PCN practice manager	0	0	N/A	1
<b>Total</b>	<b>8</b>	<b>3</b>	<b>N/A</b>	<b>9</b>

The age categories of staff members ranged from 16-24 to 45-54. They mainly identified as female (5/7; 71%), while 29% identified as male (2/7). The most reported ethnicities were Asian or Asian British and Black (3/7; 43%), Black British, Caribbean or African (3/7; 43%).

The age categories of the young people interviewed ranged from 11-15 to 16-18. The majority (6/10; 60%) identified as male, and 40% identified as female (4/10). The most reported ethnicity was Black, Black British, Caribbean or African (4/10; 40%). Please note that the ethnic categories reported in this evaluation are based on the 2021 Census of England and Wales and therefore are high-level aggregated categories.

## Data analysis

### Administrative data

Where all SWEMWBS and SRS questions were responded to, a total score was calculated. For paired responses, a difference the scores at the start and end of support was calculated, to report on how many young people improved and did not improve (that is, declined or stayed the same). A matched-pairs permutation test [23]-[24] was conducted to test if an average change SWEMWBS and SRS scores

across the two time points is larger than what we might expect to see due to random variation. Please refer to Appendix 2 for more information about permutation tests.

## Interviews

Underpinned by the logic model, the transcripts from all interviews were analysed using a thematic analysis approach [25]. The data from the staff and young people were analysed separately by one team member, whose developing analyses were reviewed by a second researcher. This collaborative team analysis approach allowed us to bring a variety of perspectives to the data, and interpret it through the lens of our own varied disciplinary, training and lived experiences.

# Findings

## Administrative data

### Demographic information

The administrative data set comprised data from 21 young people in total, across Newham and Barking and Dagenham, at a time when the PCN mentoring programme was supporting an estimated 45 young people. The ages ranged from 12-18 years ( $M = 15$ ,  $SD = 2$ ). The gender split was fairly even, but most (12/21; 57%) identified as male, and 43% (9/21) identified as female. Where information was provided, the most reported ethnicity was White (6/19; 32%). The date of young people's first involvement in the programme ranged from 11 June 2024 to 13 May 2025. The majority (15/21; 71%) had finished the mentoring programme at the time the data was shared. All young people had been supported for at least six months.

SWEMWBS and the SRS responses with missing values and those collected too close together (that is, one day apart) were deleted ( $N=2$ ). The table below shows the total number of young people across both boroughs who responded to all questions on both questionnaires.

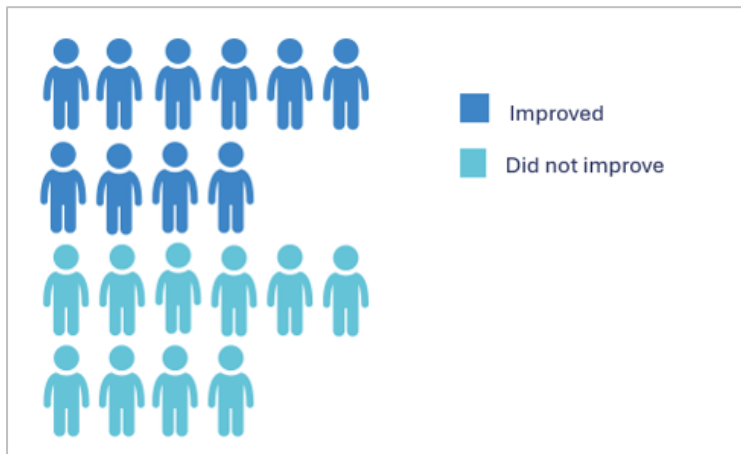
**Table 2:** Wellbeing and resilience measures response rates

Measure	Young people supported	Young people in the data set (% of young people supported)	Paired data
SWEMWBS	45	21 (47%)	20
SRS			15

### SWEMWBS

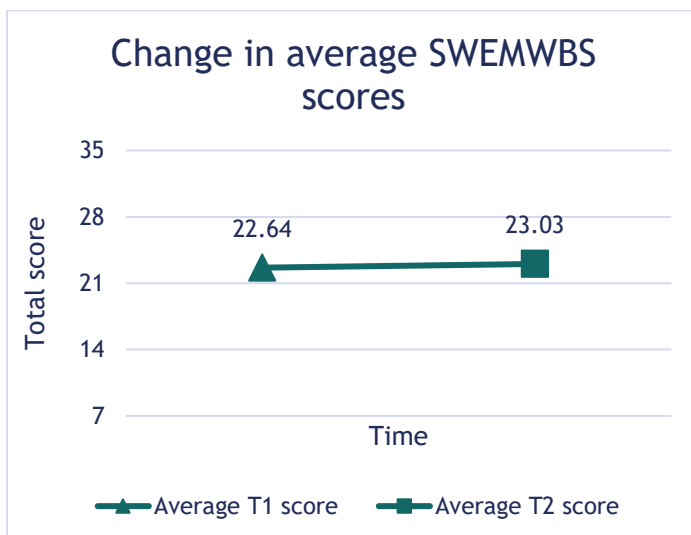
The demographics of the young people who completed the SWEMWBS at both time points was broadly similar to the demographics of young people in the overall data set.

Figure 2 shows how many total scores improved and did not improve (that is, either declined or stayed the same) between time one and time two. The number of young people who reported an improvement was the same as the number of young people who did not report an improvement.



**Figure 2: Change in SWEMWBS scores. N = 20.**

Although a small positive change in average SWEMWBS scores was found, as seen in Figure 3, this was not found to be statistically significant, that is, it is likely to have occurred by chance. Please refer to Table A1 in Appendix 2 for more details of the statistical tests used and the p-values observed.

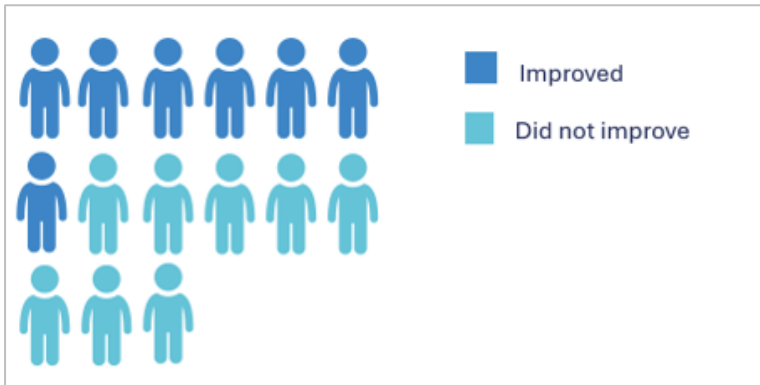


**Figure 3: Change in average SWEMWBS scores. N = 20. Higher scores indicate higher positive mental wellbeing.**

## SRS

The young people who completed the SRS at both time points were slightly younger than those in the overall data set: ages ranged from 12 to 18 years old ( $M = 14$ ,  $SD = 2.10$ ).

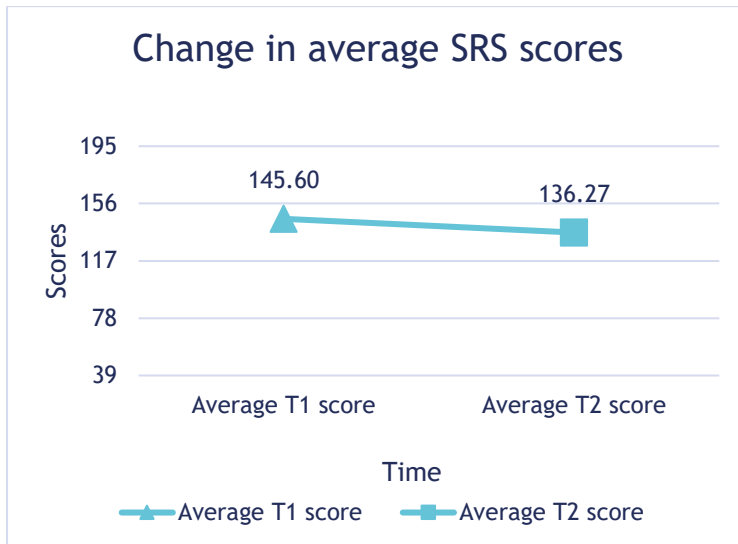
As seen in Figure 4 fewer young people reported improving than reported not improving through their SRS scores.



**Figure 4: Change in SRS scores. N = 15.**

Although a small negative change in average SRS scores was found, as seen in Figure 5, this was not found to be statistically significant, that is, it is likely to have occurred by chance.

Within the SRS scores, while some improvements were seen in terms of problem solving and participation in the community, improvements were seen to a lesser extent in other areas, especially in goal setting, empathy, participation in home and school, wider support, and family support. However, given the small sample size and the lack of statistically significant results, it is not possible to generalise these findings to the wider participant population.



**Figure 5: Change in average SRS scores. N = 15. Higher scores indicate greater resilience.**

## Qualitative interviews

The following section outlines findings from the one-on-one qualitative interviews conducted with young people (N=10), GP practice managers (N=3), youth mentors (N=3), and a commissioner (the PCN manager; N=1) in both Newham and Barking and Dagenham. Five overarching themes were generated: response to need, structure and communication with the programme, association with West Ham United football club, scalability of the programme, and impact of the programme. These are described below along with their associated subthemes and supporting quotes. An overview of the qualitative themes and subthemes as well as the connections between them is shown in Figure 6.

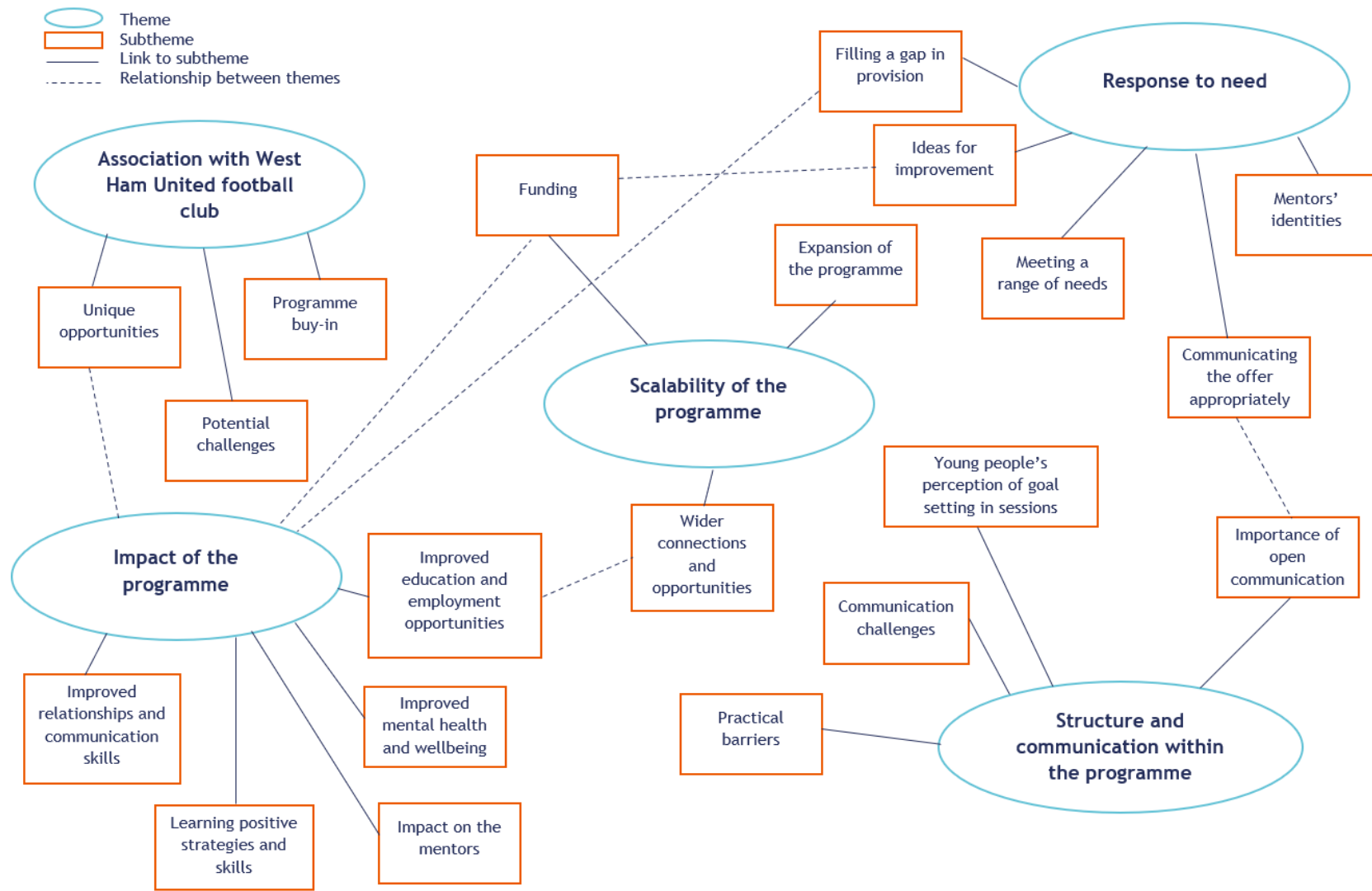


Figure 6: Thematic map of themes and subthemes generated from qualitative interviews. This shows the factors influencing the programme.

## Impact of the programme

An improvement in the mental health and wellbeing and relationships of young people was described by all participant groups. Young people and staff described how the programme had provided young people with the opportunity to learn new positive skills, as well as to improve their schoolwork and to access future employment opportunities. These areas of improvement often overlapped; for example, learning positive strategies for wellbeing may in turn improve the young people's relationships. Finally, the mentors also discussed the impact of the programme on themselves.

### Improved mental health and wellbeing

Young people provided rich examples of how their mental health and wellbeing had improved following receiving support from mentors, including experiences of feeling more comfortable with themselves, feeling less depressed and anxious, feeling happier, feeling less angry, having better general mental health and experiencing personal growth. Young people also described having more focus, partaking in activities outside their comfort zone, and feeling less withdrawn. Staff reported that young people who received support showed improved confidence and improved self-esteem, greater optimism increased sociability, stronger resilience, reduced anxiety, and overall better wellbeing. One practice manager said that the programme has “changed [my] patients’ lives”. However, the support was not a good fit for all young people who were referred: a mentor described one young person who did not progress and chose not to continue with the programme.

### Improved relationships and communication skills

Young people said the programme led to improvements in their relationships with family members and friends. This was due to the young people learning how to set boundaries for themselves, being more assertive about their needs and difficulties, reaching out for help if they needed it, and improving their communication skills:

“[Mentor] was motivating me to actually study and actually ask for help, building positive and healthy relationships with people, learning to communicate and most importantly, just become a better person, to be honest.” (Young person).

A young person also shared how improved communication skills had led to them having more courage to ask questions during lessons in schools. Another young person said they had better listening abilities during school lessons, and noted that they were arguing less with teachers. One mentor reflected on a young person who had been very reserved and quiet to begin with and had since shown an improvement in communication skills, and had made several friends, and was better at dealing with conflict since the mentoring had begun. A mentor also described another young person who was demonstrating decreased fidgeting at school, and an improved ability to communicate feelings:

“[Young person] used to fidget so much. This water bottle couldn't be on the table without him just touching, (Laughs) but that has stopped. Well, it has not stopped, but it has lessened. He's able to communicate with teachers about how he's feeling.” (Youth mentor)

### **Learning positive skills and strategies**

In both years of the evaluation, young people provided examples of how the programme had equipped them with positive skills and strategies, such as controlling their anger, communicating better, asking for help, being more disciplined, and in general improving their behaviour, such as getting into fewer physical fights. A young person reported a noticeable reduction in reactive behaviours after receiving support from a youth mentor, noting that their sessions had focused on strategies for avoiding getting into trouble.

### **Improved education and employment opportunities**

Young people reflected on how the programme had increased their school attendance, since the mentor would meet them at their school:

“There was a time where I never used to go into school, and then, when [mentor] started coming to my school, I would try my best not to miss that certain day, because I would want to go to school to speak to her. [...] Without [the programme] in place, I wouldn't really come to school, because that's what makes me want to come to school.” (Young person).

Young people reported that the support they received helped them stay engaged in education. One young person noted they would likely not be in school without it, while another described moving from being out of school to attending full time.

Overall, the support increased their focus on education and boosted their motivation to study. Some young people also described the mentor helping them research sixth form options and employment opportunities. One young person shared that their mentor helped them pass their GCSEs, while another explained that their grades had improved thanks to the mentor's support with exam revision. Improvements in attending school and improving school focus and performance were also mentioned by staff, who believed that through the programme young people were appreciating the importance of attending school, attending on time and receiving fewer sanctions. A young person also spoke about this realisation:

“[Talking to the mentor] helped like think that if I was always misbehaving [in school] I'd get kicked out and then I wouldn't be able to communicate as much with my friends and stuff. And it also might lead to not being able to get good jobs. I'm not like a big fan of school, but this has helped me realise that I sort of need school and I actually [want] to improve on some ways in myself.” (Young person)

### **Impact on the mentors**

In both years of the evaluation, mentors consistently reported that being involved in the programme had a positive impact on them. They described gaining knowledge through conversations with young people on topics such as religion and sexuality; becoming more open minded; and feeling a greater sense of contribution to their local community. Mentors also noted finding that the training provided as part of the programme was valuable and that they had applied the learning to practice when supporting young people.

## **Facilitators of the programme**

### **Response to need**

#### **Filling a gap in provision**

Staff described that the programme had initially started as a knife crime reduction programme, with the aim of linking young people with a mentor to prevent them from engaging in organised violence or generally heading down a wrong path. In the first year of the evaluation, Newham staff reported that long waiting lists for statutory services supporting young people facing social adversities, combined with

a lack of adequate community-based support, led to a significant gap in mental health and wellbeing support. As a result, the programme evolved into a broader mental health and wellbeing support.

In the second year of the evaluation, this was reinforced by Barking and Dagenham staff, who said that the programme's consistent high demand reflected the unmet need. This was further highlighted by a young person, who said that they felt relieved when referred to the programme, as they did not have access to such support otherwise:

“I felt relieved because I really wanted a mentor and someone I could speak to. And I didn't have any kind of access to that, and I felt like it was a support put in place for me, and yeah, so I'd say I was very relieved about it.” (Young person).

A practice manager from Newham said that the programme was serving a similar cohort of children and young people to those whose referrals would be accepted by CAMHS. While the programme was not designed for children and young people with CAMHS-level needs, it was characterised as offering support where there is a gap due to the extensive waiting lists in other services. Staff also recognised the value of being able to direct parents and carers to the programme as a source of immediate support, noting that families would need to wait for other forms of support for their child. From a young person's perspective, the process of being matched with a mentor and starting the support was considered to be fast, especially compared to other forms of support they described, such as school mentoring.

Staff highlighted reasons the programme was needed, including elevated levels of community-based violence within the borough (Newham) and the scarcity of similar support programmes (Barking and Dagenham). The programme was viewed by staff as essential because the mentors could provide dedicated time, attention, and support, helping young people with needs that might otherwise go unnoticed and unmet. All practice managers agreed that the mentors were able to dedicate time and attention to the young people in a way they could not, as they usually have only a ten-minute window with each patient. One practice manager said that the dedicated time and space offered by the mentor made children and young

people feel like a priority. Another practice manager reflected that if this programme were not in place, the practice manager would not know where the patients would go to receive support. Additionally, in the instance of a young person having been involved in a violent incident, the practice managers may only have access to the hospital discharge summary which may not provide further information. Moreover, due to a lack of time and limited interaction with other networks in the young person's life (such as their school), the practice manager may not necessarily be aware of any underlying difficulties that the child or young person might need support with.

### **Communicating the offer appropriately**

Since the programme originated as an initiative focused on knife crime, staff in both years of the evaluation emphasised the importance of communicating the offer sensitively to parents and carers, and with GP practices. Staff indicated that their aim is to communicate the programme offer in a way that emphasises the benefits for the child, rather than focusing on the challenges that a young person may need support with. The PCN manager emphasised the importance of clearly communicating the programme offer and referral criteria to GP practices, to make sure that no one outside of the inclusion criteria was referred.

### **Meeting a range of needs**

Staff in the first year of the evaluation reported that the lower and upper age limits for inclusion in the programme were determined and subsequently revised as necessary to most effectively support children and young people. A minimum age threshold of 11 years was selected to ensure that young people are supported at an early stage, thereby reducing the likelihood that an intervention would occur before it is "too late." Supporting younger young people emphasises early prevention and seeks to understand the factors, such as domestic violence, social exclusion, and bullying, that may place a young person at risk of being affected by violence. The upper age limit was also increased from 14 to 18, to enable the programme to serve a wider range of young people who might need support. As noted by a mentor in the second year of the evaluation, the programme aims to support young people presenting with a broad range of vulnerabilities, an approach that few other programmes undertake:

“I could go to one school and deal with a young person that struggles with behaviour, go to another school and deal with a young person that struggles with an eating disorder, I could deal with another person that’s struggling with self-harm, I could deal with another young person that’s, I don’t know, just a bit lack of confidence. And so, in that sense, they don’t have to be the extreme risk. There’s high to low risk within the programme, and I think that’s something that not a lot of programmes look at. I think a lot of programmes just look for the high risk, whereas a lot of the stuff we do is preventative work.” (Mentor)

When young people described the support, they also said that it had helped them in a wide range of areas, for example: helping with attending school, improving their behaviour, and providing practical support in areas such as CV writing.

The unique value of having mentors who were external to the young people’s usual networks, such as from school, family, or friends was highlighted by participants. Staff and mentors noted that, because the mentors were separate from CAMHS or a school environment, young people often felt at ease and willing to be open:

“What that means is young people will feel more comfortable opening up to an external West Ham mentor than a school mentor, if that makes sense, for the fear that they might get judged or, like, they’re going to see the person all the time in school and that, I think. So, I feel that, with that being said, it’s a bit easier for them to open up and everything.” (Mentor)

Young people also appreciated the anonymity that came with receiving support from an external source. For example, one young person was aware that the mentor had a safeguarding log, and other people in the mentor’s team might have access to this document as required. However, because the rest of the West Ham team was unknown to the young person, the young person knew that as the mentoring happened in a school environment, they had comfort in knowing that it was unlikely that they would meet anyone else who had access to the log. Another young person shared that they liked the support because they felt able to share things with their mentor that they would not feel comfortable sharing with their family or friends.

Further, staff reported that the mentors offer a role that is different to CAMHS, and is valued because it confers different opportunities. For example, the mentors provided emotional support, offering guidance and serving as a trusted confidant, which is distinct from the clinical or medical support typically associated with CAMHS. One mentor described the programme as a relaxed space that enabled young people to share more openly, in contrast to CAMHS or a therapist's office, where young people might feel more hesitant to express themselves. However, one young person emphasised that both CAMHS and the programme were beneficial, suggesting that the two services could work in a complementary way. For example, they said that CAMHS was able to address their needs particularly well, as the counsellor had specialist training in areas such as anxiety.

Young people also compared this support to school counselling; they described finding school counselling rigid, and the mentoring programme more flexible and adaptable to their needs. Staff also noted that the flexibility of the programme allowed a range of needs to be met, for example, if the young person was hungry, it was possible for the mentor to buy them food. This was corroborated by one young person, who described this as a valued element of the programme. This also feature of the programme also presented challenges, which are discussed under 'Barriers' below.

### **Mentors' identities**

Staff highlighted aspects of the mentors' identities when describing the value of the support provided to young people. One mentor's age being closer to that of the young people was seen as helping build rapport in ways that seemed different from interactions with parents, carers or other professionals. Staff also emphasised the mentor's strong communication skills and relevant experience, which enabled the mentor to form meaningful relationships and guide with young people towards appropriate activities and services:

"I'm saying she's a young girl from [place name] that knows about the street, that she knows about what's going on. She knows and she's very well clued up to what's going on and where that [sic] she can send the students - patients - to, meaning classes or outside classes, boxing, football, exercise,

whatever it may be. She knows the role really well and she does that really well.” (Staff).

A PCN manager described the mentors as engaging and approachable. Staff noted that the mentors’ ability to relate to young people had been especially effective in supporting those who might otherwise be defensive and reluctant to engage. Young people echoed these views, saying the mentor “matched” their energy, felt like “speaking to [a] friend” and made them feel “comfortable”. They also described mentors as kind, accommodating, authentic, and easy to talk to about how they were feeling.

### **Ideas for improvement**

While young people and the staff found the programme helpful, they also offered ideas to make the programme even stronger. One young person said that they felt they would like to feel more fully listened to during sessions, noting that the mentor typing notes on a laptop could sometimes be distracting. However, the mentors also highlighted the necessity of making notes, and one said that explaining the note taking process at the start helps build transparency and supports a collaborative approach:

“I write down and I share that I write everything down, to not necessarily report back, but to stay interactive and to fully understand, and so I can go back and stuff, and remind them what they [the young people] said, or what they disclosed, or something they mentioned that they’re doing over the weekend, I can ask how that was. And I’ve found that if I don’t do that from the beginning, then they’re a bit more closed off when I start writing, because it’s a bit suspicious, as they would probably say.” (Mentor)

While one young person hoped for more flexibility in sessions, and more gradual action planning, others shared highly positive experiences, praising the mentors’ ability to adapt sessions to their needs, create comfort and communicate at their level.

Other more general suggestions made by young people included support with breaking down the stigma associated with accessing statutory mental health services and to encourage young people to seek further support. In the second year of the evaluation, further suggestions included increasing the upper age limit to

21, engaging in different activities together, for example, trying different board games and taking part in outdoors sports activities, and involving their family members in the support, to enable them to have more insight into the young people's lives.

In Barking and Dagenham, both mentors and young people felt the programme should run for longer than six months. One mentor described the current timeframe as too short and warned it could negatively impact young people if the support ends before they feel ready to manage independently. They also noted that some young people need more time to build trust, meaning the relationship may only fully develop just as the programme is ending. This view was echoed by a young person who wanted sessions to continue beyond six months to maintain his progress. Another young person said he would like to meet with the mentor more often so he could work toward his goals more quickly and share what was on his mind without waiting for a fortnightly session.

## **Structure and communication within the programme**

### **Importance of open communication**

Mentors reported strong, effective communication between themselves. They noted that they could easily seek guidance and exchange advice with one another, which was particularly valuable given the shared challenges they encountered while supporting young people. Overall, relationships among mentors were characterised as positive, collaborative, and supported by clear and open communication.

All staff mentioned the need for strong communication between the practice managers and mentors to be efficient. They described communication within the programme as open, responsive, and mutually supportive. Both mentors and practice managers maintained timely email communication, contributing to an effective working relationship. Operational practices, such as staff having access to mentors' calendars and being able to book patients directly into the mentors' schedules, were viewed as enabling smoother coordination. The mentors' autonomy and flexibility, particularly the ability to check-in with the GP practice outside the designated mentoring days, was also appreciated.

One mentor was described as well-embedded in the GP practice team, in a range of ways:

“She interacts really well with everybody. She is able to ask questions when she wants to ask. If she needs to know anything, she'll always be here every [week]. She's on time. She gives us updates and reports about those students, patients. So, for me, she's a really valued member of the team. I'd like to have her a lot more than one day a week, but that's just not viable.”  
(Staff).

However, there were also some communication challenges between some GP practices and the mentors that were present throughout the evaluation. For example, one mentor noted that they did not always receive a response from the GP practice regarding room bookings, which led to young people being supported by phone instead of face-to-face, hindering the level of support offered. From the practice manager's perspective, finding an appropriate space in their practice for the programme was challenging. Moreover, the practice manager did not always receive updates regarding the young people their practice had referred into the programme. One mentor expressed concern that the GP practice did not prioritise the mentoring programme, noting that practice managers were often unavailable when their input was required.

### **Young people's perception of goal setting in sessions**

Young people provided mixed feedback regarding goal setting, which is a key aspect of the programme. In both years of the evaluation, most of the young people found goal setting helpful because it motivated them to achieve their goals, and when they did, they felt proud of themselves. Young people also described that setting goals helped them continually keep their goals in mind and gave them a sense of achievement:

“I think [process of setting goals] is quite good. Because it's sort of like a target that I have to do and it's sort of like, it's a process that I can do, and it will sort of help me. Though it might be something I forget. So, if I keep doing that, I'll sort of start to remember it”. (Young person)

The importance of being able to complete goals flexibly, without feeling pressure or feeling forced to do so was highlighted. The process of regularly scoring and

tracking progress online was highlighted by one young person as the most challenging element of goal setting and tracking, which the mentor supported by typing the goals on their behalf, which worked well. One young person said that sometimes the goal setting was hard because it was challenging to think of what goal to set, but the mentor had helped with this.

During the first year of the evaluation, a young person reported feeling unheard when their mentor used a laptop during sessions. In response, the mentor revised their approach, limiting laptop use to essential tasks such as completing a personalised support plan. This adjustment aims to demonstrate full attention and enhance rapport with young people.

## **Association with West Ham United football club**

### **Programme buy-in**

Staff said that the programme's association with the West Ham United football club, as a popular club with a lot of support and a long standing reputation, helped secure buy-in from parents and carers and young people. According to the PCN manager, this association led to automatic engagement from young people. Sessions being held at the football stadium further increased young people's interest in the programme. A mentor described the powerful impact of the West Ham United FC branding, and how it could lead to engagement:

“Because we wear the uniform...if I go into a school with a uniform, they automatically think I'm, I don't know, a player for the women's team, and that's obviously not the case, but you get a lot more attention in that way. The badge just holds weight. For example, let's say that a poster is up at a GP surgery, someone's not likely to see a football badge within a practice like that. And so, it kind of draws eyes, and if someone is struggling, then it's perfect, and they've found a service that will help them.” (Mentor)

### **Unique opportunities**

The programme's association with West Ham United FC was described by staff and some young people as bringing unique opportunities for young people involved in the programme. Staff described being able to take young people to visit areas of the London Stadium that they would not otherwise have had access to, such as the

“captain’s lounge”. Other opportunities described by young people included meeting the West Ham United FC’s players and getting the chance to be a part of the “guard of honour”, which involved walking onto the football pitch before a match, representing the West Ham United Foundation and getting to wave the West Ham United FC flag, as well as getting work experience in the London Stadium.

## **Scalability**

Sustainability and expansion of the programme were discussed with participants. Funding was found to be an important factor for both sustainability and further roll out. Scope for widening the programme was also identified, by making connections with other organisations, including schools. All participants provided ideas on how the programme could be expanded further.

## **Funding**

Funding was highlighted as an important factor by staff and by one young person. The young person said that increased funding would allow young people to be engaged in more activities outside of the GP practice that would be beneficial to them, providing more variety to the programme. Staff said that access to more funding would enable the programme to be promoted more and increase engagement beyond the current PCN and GP practices. This is linked to the next subtheme.

## **Wider connections and opportunities**

Mentors reported that they had internal opportunities and connections within the foundation. This made it easier for them to contact colleagues and link young people to relevant opportunities, such as boxing clubs or community groups. The programme’s links with other agencies was attributed to its association with West Ham United FC:

“I work with loads of other agencies. So, for example, I’ll be going into, like, Child and Need meetings, so I’m working with the councils, and working with the schools as well, and working with other sporting activities for young people. So, I feel like, because it has got the West Ham badge, it has got quite a good reputation, so they all want to help. I’d say it has been

actually good, actually, because I've helped a lot of young people go into sport or go into coaching opportunities.” (Mentor)

In both years of the evaluation, staff reflected on the importance of promoting the programme, for example, by networking more with school open days and parents' evenings. In the first year of the evaluation, the mentor was described as having taken the initiative to make connections with a school's safeguarding lead, enabling direct referrals. Staff said that fostering more connections like this with schools would help with sustainability. At the same time, it was also noted that this would only be helpful for pupils registered with the GP practices taking part in the programme, and as such there would be young people in the schools who wouldn't be able to benefit if they were registered with GPs elsewhere.

The need for effective promotion was described; for instance, managers also suggested involving local councils in the programme, to broaden the reach. The practice managers shared the importance of networking with schools and community centres, so that more children and young people are aware of this support and know how and where to access it. Staff suggested that social media pages and posters could be a good way to promote the programme further.

### **Expansion of the programme**

Staff noted that the programme's success was demonstrated in it being continued following its pilot phase and expanding to a second borough in London.

Nonetheless, staff made suggestions about what would support the programme to continue to be as effective as it expands. Linked to the practical challenges already described, staff said that the programme required an increased workforce to be more effective. In both years of the evaluation, it was mentioned by the practice managers and the PCN manager that having more mentors, and for more days of the week would be beneficial to meet the current demand. While the mentors' identities were highlighted as an important aspect of the programme's success with young people, staff also said that mentors with a range of characteristics may engage more young people. For instance, a practice manager reflected on the importance of young boys having a positive male role model. The practice manager believed that young boys may feel better able to express themselves to a male mentor than to a female mentor and highlighted the value of

young boys having this choice. Lastly, a mentor noted the need for more supervision. Although full support was available from the manager and colleagues, access to group supervision from an external party was identified as something that would be beneficial, as an add-on support.

## **Barriers to the programme**

### **Response to need**

#### **Communicating the offer appropriately**

Participants noted that explicit references to knife crime could act as a barrier to engagement. For example, parents may not be aware of what is going on for their child outside of the home, and therefore might shut down the idea of a “knife crime project” offering help to their child. To alleviate this, the language when discussing the programme should be adapted accordingly:

“You quite often have to use your language very well, as well, because if I rang a parent and I said, ‘We do a knife crime initiative,’ that would scare a parent: ‘What do you mean? What is my child involved in?’ So, the language has to be really changed: ‘It’s just that we’ve identified your child through A&E and just wondered if they would like any support. These are the things we can offer.’ Then they engage that way.” (Staff)

#### **Meeting a range of needs**

The flexibility of the programme enabled mentors to support young people in a range of locations. However, this also presented challenges, as many young people were not aware that a pre-planned risk assessment was required before meeting in a new location. Mentors noted that this remained a consistent barrier, as young people were often “impulsive” and did not realise the level of planning necessary to visit a new location at short notice.

## **Structure and communication within the programme**

### **Communication challenges**

As well as the positive elements of communication, staff also identified some general communication challenges. For example, staff described previous difficulties in sharing and receiving information about the outcomes of the young

people, that is, whether the referral was accepted and how the patient's engagement with the mentor was going. In the second year of the evaluation, this was described as having improved. Another challenge in communication identified by staff was that the parents and carers were not always informed that the mentor would be contacting them. This led to instances in which the mentor then had to explain to the parent or carer why the mentor had their information, which was difficult. Further, staff noted that in general contacting parents and carers in this context can be challenging:

“Depending on the young person's age, contacting their parent can be difficult in terms of messaging. So, I've had a young person whose mum's mental health was also declining, and she was my main point of contact. So, there was a struggle in terms of seeing the young person and trying to get in contact with their parent, as well.” (Staff).

### **Practical barriers**

All participants shared examples of practical barriers in relation to the programme. The location of support was described as a barrier from all perspectives, in both years of the evaluation. Meeting at the GP practice was experienced differently by young people: while it was helpful for some, others described the setting as causing them to have concerns that confidential information that they had discussed in their session would be shared with their GP. Staff said that this was highlighted as a concern by some young people even where they had clarified that only logistical details (such as the date and time of the support) were shared with the GP practice.

The lack of physical space at GP practices was also described as challenging by staff in both years of the evaluation. Staff shared in the first year that out of seven GP practices, the mentor only had full access to one GP practice. Staff said that clinic rooms in GP practices were also often fully booked. Therefore, finding a confidential space at the practice that suited the mentor's and young person's availability was challenging at times. Staff noted that where a room was taken up with mentoring this reduced the space available for GP patients: while the GP practices try to work flexibly, they related that this often resulted in the mentor having a very narrow timeframe in which the room was available for mentoring:

“We try and be flexible. When we are arranging a time, we will have to be quite narrow with that time and say, “Okay, we have a room only available for two hours.” Yeah, so that’s an issue.” (Staff).

Staff reported ongoing challenges in securing suitable spaces to meet with young people across programme venues. Limited access to West Ham United’s stadium, particularly during the summer when the venue is rented out, restricted opportunities for onsite sessions. At other times, public spaces like libraries were described as constraining the privacy and openness of conversations.

Young people also noted barriers linked to school environments, including timetable clashes and delays accessing designated rooms that required staff supervision. While these issues were recognised as school related rather than programme driven, both staff and young people identified consistent difficulties in finding appropriate, accessible meeting spaces across locations.

Practice managers identified the referral form as a barrier. One practice manager described the referral form as “cumbersome”, due to the level of detail required, while acknowledging that this information is necessary from a safeguarding perspective. Another practice manager noted that integrating the referral form into their practice’s existing system would streamline completion. He also suggested assigning a clinical code to each referral to support clearer audit trails.

### **Wider connections and opportunities**

While employment was a topic of discussion with mentors, the lack of broader employment or community networks was initially a barrier for some older young people:

“I’m obviously 16 and I feel like people that are 16 and over, I feel like the programme should have connections with other places for people like us that need work placements or jobs and stuff. That would help a lot. [...] most of the time with my sessions with [mentor] it’s based on my future and jobs and stuff, and it’s kind of limited because obviously the foundation doesn’t really have connections. And the foundation doesn’t always have work placements or jobs all the time.” (Young person).

Although this seemed to have improved over time and was not described as a barrier by staff in the second year of the evaluation.

## **Association with West Ham United FC**

### **Potential challenges**

Staff noted the mentoring programme's partnership with West Ham United FC could present a challenge where young people supported a rival football club. They suggested that this could lead limited engagement from some young people. However, this was not experienced in practice to date. This was potentially due to their proximity to the London Stadium:

“If anything, [the association with West Ham United football club] would have a positive effect, unless, like I say, [the young people] are just truly are not wanting to engage with a mentor worker, but I feel, for this area, because we are so close to West Ham and the stadium's here, on top of other stuff, most people would get involved in that.” (Staff).

A mentor also identified another emerging potential challenge: some parents, carers and young people could assume that the programme is a football club, rather than a mentoring support programme. Therefore, sometimes parents could be disappointed to learn that the offer is focused on mentoring rather than on football.

## **Mobilisation in Barking and Dagenham**

Despite the programme's overall positive impact in Barking and Dagenham, several implementation challenges were identified. The PCN manager highlighted difficulties during the commissioning process, noting that the programme did not seem to be a priority for the GP practice. This lack of prioritisation, coupled with the absence of financial incentives for the GP practice made initial set up and engagement challenging. Mentors also perceived limited commitment from the GP practice, which was reflected in the quality of the information provided in the referral forms. These were often incomplete or contained minimal information, resulting in delays and additional work during the referral process.

Another challenge identified in Barking and Dagenham was the initial high volume of referrals, which led the team to temporarily pause new referrals. This surge in

demand, combined with a limited number of available mentors, meant that the programme could not be delivered at the required scale, due to this demand. As a result, the programme had, according to the PCN manager, the programme had “fallen off the radar” in that area.

## Strengths and limitations

This report draws on rich information generated through varied and in-depth interviews, incorporating perspectives from both staff and young. These insights provide valuable depth and contextual understanding of programme implementation and impact.

However, several contextual factors should be considered when interpreting the findings. First, the limited availability of paired outcomes data for the wellbeing measures (covering 33-44% of young people who were supported at that time) restricts the extent to which conclusions can be made based on that data. As a result, the analysis focused on providing a high level overview of changes in total scores. Continued data collection, with an emphasis on emphasis on follow-up measure completion will strengthen any evaluation of the ongoing impact of the programme.

Second, the self-selecting nature of the participant sample may introduce bias. Those who were most engaged or motivated to participate in the evaluation are likely overrepresented, while perspectives from underserved or less engaged groups may not have been captured. Additionally, because the young people were recruited via mentors, the findings may be weighted towards individuals with more positive overall experiences. Nevertheless, the report includes analysis from a range of views, and the sample size aligns with the scale of the programme.

Finally, young people were not directly involved in shaping the evaluation design, reflecting the scope and resource parameters of the evaluation. Although this limits the degree to which the evaluation was co-produced with young people, learning drawn from associated evaluation activities was applied to help mitigate this.

## Discussion

Our evaluation highlights the promise of the PCN mentoring programme in providing timely support for children and young people who have complex and unmet needs, while also identifying implementation lessons for the future roll-out of the programme. The programme has evolved from an initial focus on knife crime into a flexible, community-based wellbeing intervention that provides relational support to young people navigating multiple adversities. Findings from the qualitative interviews suggest that the programme is delivering valued, meaningful support, however, the findings also highlight structural, operational, and contextual considerations that are crucial for any further roll-out.

Overall, participants described the programme in ways that align with the programme description and aims which suggest that what is being delivered is in line with the programme delivery specification. Specifically, a flexible community-based mentoring programme that is supporting young people's long and short-term ambitions, centred on a personal action plan and goals. Evidence shows that young people prefer meeting in community spaces as opposed to clinic settings [26] which the programme offers, but there have been some challenges with accessing spaces. Further, listening, skills development and guidance about social, legal, economic as well as relationships, education and employment, and accommodation as provided by the programme, is aligned with existing best practice, as indicated by evidence [27]-[28].

However, there were also implementation barriers. A consistent finding across the two boroughs was the challenge of securing appropriate physical spaces for mentoring sessions. GP practices often struggled to provide confidential rooms reliably, and alternative community spaces were not always easily accessible or suitable for sensitive discussions. These practical challenges sometimes resulted in delayed sessions or phone-based support that was perceived as less effective. Consideration should be given to how future roll-out can incorporate dedicated space agreements, partnerships with community hubs, or block-booking arrangements to create more consistent spaces.

Similarly, the administrative burden associated with referral processes, particularly the length and complexity of referral forms, was noted as a barrier for

GP practice staff. Streamlining referral pathways and embedding referral forms within existing practice systems could meaningfully improve the referral process. Early co-design with GP practice teams may support the development of processes that are operationally manageable.

The relationships between mentors, GP practice staff, and the PCN varied between the boroughs. Where communication was open, regular, and clearly structured, the mentoring was integrated well within GP practice teams, and contributed to a shared sense of purpose. However, where GP practices were less engaged or responsive, mentors faced barriers in gaining information, arranging sessions, and sustaining momentum for young people. For future roll-out, ensuring that communication expectations between mentors and GP practices are explicitly defined, that GP practices identify a single point of contact with responsibility for the programme, and mentors have mechanisms for feedback loops, including updates post-referral and support with ongoing risk issues, could help to create more consistent implementation and reduce variability in delivery. Training or information sharing events about the programme for GP practices may also build understanding of the remit and value. Similarly, continued careful communication with parents and carers about the programme will be beneficial.

Across both boroughs, the programme's flexibility was frequently described as a core strength. Young people valued the personalised pace of the support, the relational qualities of mentors, and the non-clinical context. This speaks to the preventative and holistic public health approach the programme is taking. Ensuring this flexibility extends to the goal setting process and any formal structures that are part of the programme is something that was highlighted by young people, and will be important in the continued delivery of the programme.

The mentors being external to the young people's lives relative to their families, for example, appears to support trust-building and disclosure. Access to the programme via the GP practice may also increase engagement with young people who may not otherwise have received support. For example, Of the 21 young people who were supported by the programme and for whom data was shared, 57% were male. Research shows that boys are less likely to engage in formal support,

but that engaging young people at the point of contact with primary health care may be an effective approach [29].

However, the programme also encountered pressures generated by the broad spectrum of needs presented, and the six-month timeframe was viewed by mentors and young people as restrictive, particularly when trust-building required longer engagement. Future roll-out could consider extending the upper age limit to assist transitions to adulthood, offer graduated step-down support or extend the programme beyond six months, and provide clear pathways into more specialist services as needed.

Mentors were consistently described as effective, relatable, and able to build rapport across diverse groups. Their identities, lived experience, and age were also highlighted as factors that made the programme appealing to young people. This aligns with previous research that indicates the importance of matching mentors with mentees [19], [30]. However, demand outstripped capacity, particularly in Barking and Dagenham, where high numbers of referrals led to the temporary closure of the referral pathway. It was suggested in interviews that having more mentors would be beneficial to the scalability of the programme as it would mitigate some of the current demand pressures, and ensure choice and representation, which may be beneficial, particularly in relation to culture [14].

The association with West Ham United FC was found to offer unique advantages in engagement, credibility, and access to opportunities not otherwise available to young people. These benefits helped distinguish the programme from others in the area, and acted as a natural draw for young people and families. For example, experiences that young people would not have otherwise have access to, such as seeing parts of the stadium and being a representative of the Foundation on the pitch on match days were described as unique benefits of the programme. These positive activities could be a draw for some young people for engaging with the programme. Additionally, as part of the programme, these could contribute towards the anticipated outcomes for young people, for example, improved wellbeing. Football Club Community Trusts programmes have been found to align with mental health promotion and prevention policy, by providing opportunities to participate in activities, develop mental health literacy, and identify young people

at-risk [31]. However, some staff participants also noted potential misperceptions, for example that the programme might be football-focused, which suggests a need for clearer messaging.

It is not possible to draw any firm conclusions from the analysis of the wellbeing and resilience measures completed by some young people, other than that there was an even split between those who reported wellbeing improvements and those who did not. The change shown in average scores over time was not statistically significant. These findings could be for a range of reasons, including the small sample size, the high level of need described in the young people supported (which may not be met by the programme, or may not be captured on wellbeing measures). We also do not know how far each of the young people engaged with the programme (for example, fully or partially) and there was no fidelity to model incorporated in the evaluation. This is partially due to the flexible and bespoke nature of the mentoring programme. Nevertheless, this does warrant further exploration. Not least because many positive areas of outcome were described by all participants in the interviews. There is moderate to strong evidence in the findings that the outcomes detailed in the logic model are being met by the programme, except for improved physical health, which was not a theme arising from the interviews, and was only implied through the mention of some lifestyle changes. The reduction of violence was also not a theme, but that does align with the focus of the programme being on prevention and early intervention, for which the outcomes demonstrated are linked to a longer term reduction in violence.

For instance, the outcome areas can be broadly categorised as improved mental health, wellbeing and personal growth, improved family relationships and friendships, and improved education attendance and attainment. These areas of positive outcome map directly onto the Youth Endowment Fund's Outcomes Framework [32] which displays the links between violence and societal factors, community, school and employment, family and relationships, and individual factors in an ecosystem. Evidencing violence reduction outcomes for prevention and early intervention programmes is challenging, due to the longer-term nature of these outcomes. For example, violence reduction strategies have been known to take ten years to demonstrate changes in crime statistics (for example, [33]). As such, short to medium term outcomes of violence reduction programmes for young

people are often measured in behaviours and attitudes (see [34]). Additionally, recent research demonstrated significant and positive outcomes for aggression and academic achievement, particularly when advocacy and emotional support were specific elements of support programmes [17].

The programme was also described by some staff as having a transformative impact on young people's lives, and meeting young people's needs through filling a gap in mental health provision. The evaluation findings suggest that the programme offers support that is complementary to existing services such as CAMHS and helps address current gaps in provision. Some young people reported preferring the mentoring approach, while others still required specialist mental health support too. The evaluation demonstrates that the programme works best when embedded within a wider ecosystem of local services. Where mentors built strong relationships with schools, youth clubs, and statutory agencies, they could link young people to additional opportunities and support.

## Recommendations

The following recommendations for the West Ham United Foundation have been developed based on the evaluation findings.

### 1. Strengthen programme infrastructure and operational processes

- **Secure consistent mentoring spaces** by establishing formal agreements with GP practices, schools, community hubs, and local authorities to ensure suitable rooms are available for confidential sessions.
- **Streamline referral pathways** by simplifying referral forms and embedding them into practice systems.
- **Create clearer expectations for GP practices** regarding communication, room access, and points of contact to reduce variability in delivery.

### 2. Strengthen communication and links

- Establish **communication standards** between mentors, GP practices, and PCN leads, including agreed check-in points and shared expectations for updates about young people.

- Provide **briefing sessions** for GP practices to build understanding of the programme's purpose and scope.
- Support mentors to **build links** with important organisations such as specialist mental health teams, and education and employment settings, to ensure continuity in support for young people.

### 3. Consider extending the programme's reach

- Consider **extending the programme** beyond six months or offering additional sessions to support young people whose progress requires longer relational work.
- Explore **increasing the upper age limit even further**, to 21, to support smoother transitions into adulthood.
- Funding allowing, increase the number of mentors to meet demand and enable more flexible caseloads across boroughs.
- Recruit a **diverse workforce** to ensure young people are supported by those they can align with, particularly in relation to gender, ethnicity, and lived experience.

### 5. Continue to optimise the use of the West Ham United FC association

- Continue to **leverage** the credibility and appeal of the West Ham United FC brand as a tool for engagement, while ensuring messaging clearly explains the mentoring focus.
- Formalise **structured opportunities** (for example, stadium visits, work experience) to enhance the programme offer in a consistent and equitable way.
- Strengthen communication materials for families, schools, and GP practices so expectations are clear from the outset.

### 6. Prioritise data quality and outcome measurement

- Support further training for mentors on the **importance and practicalities of outcomes data collection**. Including how data can enhance the support

provided, as well as inform commissioning decisions and sustainability planning.

## Conclusion

The findings from this evaluation suggest that the PCN mentoring programme is offering valued support to children and young people with a broad range of needs, at a time when access to statutory services such as CAMHS remains challenging. Across both boroughs, young people, mentors, and staff reported improvements in wellbeing, communication, relationships and engagement in education, supported by positive mentoring relationships. While quantitative data about changes to wellbeing for programme participants was limited, these qualitative outcomes align with the mechanisms and short-term changes described in the programme's logic model. A key strength identified is the programme's flexible, community-based delivery model, underpinned by the credibility of the West Ham United Foundation, which helps build trust and engagement and fill a gap in available provision for young people navigating social and emotional difficulties.

The programme could be strengthened by improving consistent access to confidential mentoring spaces, enhancing communication with GP practices, simplifying referral processes, and expanding mentor capacity. Clearer communication about the programme's purpose would help set realistic expectations for young people, families, and partner organisations. As the programme develops, improving data quality, operational consistency, and cross-sector partnerships will support scaling it as an early-intervention mentoring model.

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# Appendix 1: Programme delivery infographic

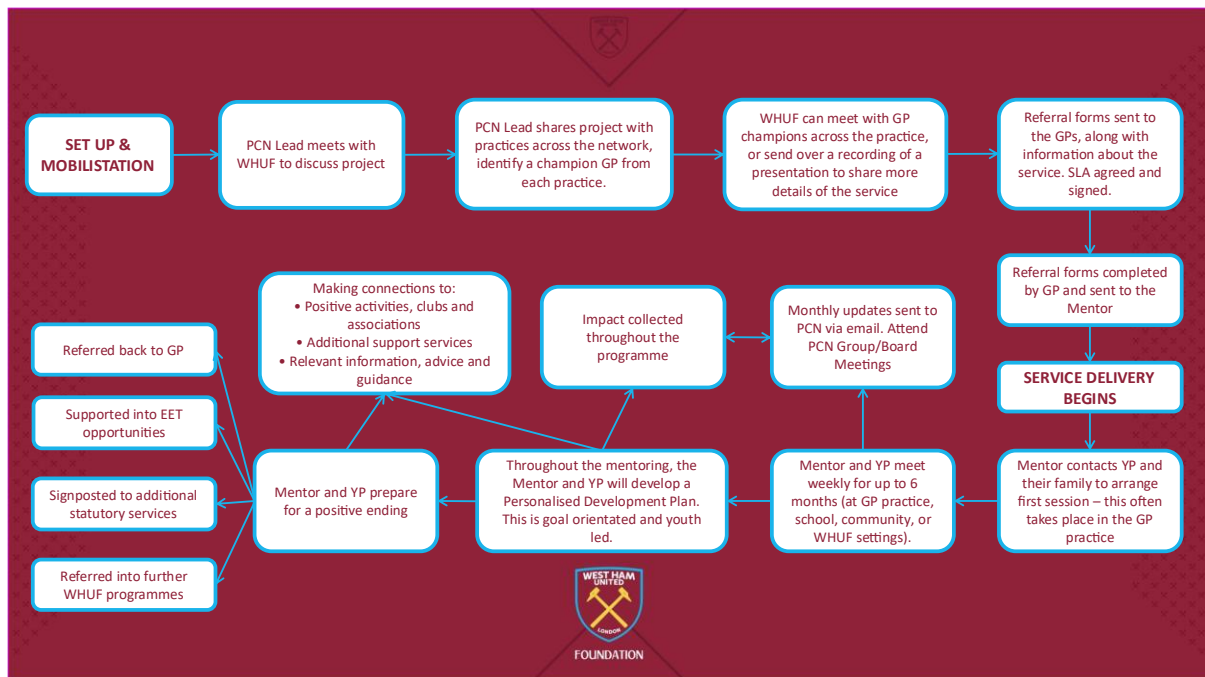


Figure A1. Programme delivery infographic

## Appendix 2: Statistical tests

A person's score on an outcome measure may increase or decrease in a way that is individual to them, due to individual circumstances. These individual differences affect data analysis and interpretation, such as the average change. If another group of children with similar characteristics took part in a similar intervention and their scores were analysed, we would expect at least a slightly different result, due to these individual changes. This difference is referred to us as 'random variation'. When looking at the change in average scores between the first and the second timepoint, we used a matched-pairs permutation test to test if an average change in scores is larger than what might be expected due to random variation. This test involves comparing the actual change to an estimate of the average changes that could occur due to random variation. Having completed this test, we conclude if the average change is statistically significant, by comparing the p-value to the significance level of 0.05. If the p-value is less than 0.05, we reject the null hypothesis that the difference in scores is the result of random variation, that is, we can conclude that the change being observed is unlikely to have occurred by just chance.

Table A1: Interpretation of observed p-values

Measure	p-value range	Observed p-value	Description
SWEMWBS	> 0.05	0.7222	Average change is likely to be a result of random variation
SRS	> 0.05	0.2582	Average change is likely to be a result of random variation