



Research Report: Evaluation of the #21by21 Campaign

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List of Abbreviations

DDCMS	<i>The Department of Digital, Culture, Media and Sport</i>
MHFA	<i>Mental Health First Aid</i>
MHL	<i>Mental health literacy</i>
MHT	<i>Mental health training</i>
NGB	<i>National governing bodies</i>
WHO	<i>World Health Organisation</i>

Summary

P3 Mental health is currently one of the most important issues among children and young people. Recognising the role of community sport in safeguarding and supporting children and young people, the #21by21 campaign was launched by a coalition and eleven partners, representing sport, mental health, local government and higher education. The aim of the #21by21 campaign was to bring together sports organisations, businesses, and policy-makers to provide 21,000 community sport coaches and volunteers with mental health training by 2021. This report summarises research undertaken by York St John University as part of the #21by21 campaign. The research aimed to better understand the experiences and opinion of stakeholders, training providers and coaches involved in the campaign in relation to the role of the coach in supporting mental health and the benefits of Mental Health training. The interviews revealed that coaches believed they had a key role to play in supporting participants' mental health but training was required in order for them to be confident and effective. The coaches reported that the training was successful in this regard and boosted their confidence and skills to address mental health issues. However, training was also considered expensive and underfunding prevented more widespread uptake. In total, 41,614 coaches received mental health training as part of the #21by21 campaign. As such, we can infer a large and positive contribution of the #21by21 campaign on community coaches. We close the report by offering a number of reflections and recommendations to retain the momentum of the campaign and provide the basis for future work.

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Background

What is the #21by21 campaign?

#21by21 is a national campaign bringing together sports, mental health, local government and higher education organisations in a pledge to provide 21,000 community sport coaches and volunteers with mental health awareness training by 2021.

It is a campaign based on a growing body of evidence that connects participation in sport with the prevention and treatment of mild to moderate mental health conditions.

It is also based on existing work of organisations that has sought to increase mental health literacy among coaches and volunteers in sport.

The campaign was co-ordinated by a coalition of 11 partners: London Youth, Training in Mind, Mind, Sport Wales, Youth Sport Trust, Mental Health First Aid England, West Midlands Combined Authority, Dame Kelly Holmes Trust, York St John University, Edge Hill University, and StreetGames.

Context

Supporting people's mental health is a key strategic priority for organisations inside and outside of sport. Mental health is defined as "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community" (WHO, 2019, p. 104). Unfortunately, the latest figures suggest that one in four adults now experience at least one diagnosable mental health problem within a given year (NHS, 2019). In addition, mental illness among adolescents is also at an all-time high. According to England's Mental Health of Children and Young People Survey (MHCYP), 1 in 6 children and young people now have a mental health problem.

Sport participation has a key role to play in improving mental health. Being physically active is one of the most effective ways of maintaining mental health, as well as managing and treating mental ill-health (Mental Health Foundation, 2016). Some of the reasons for the benefits of physical activity include improved confidence and emotion regulation (Callaghan, 2004). Increased social support is another reason to promote sport participation as it can act as a buffer for mental health (Carless and Douglas, 2008). Sport participation is also a hugely popular leisure time activity that has the infrastructure to support prevention and intervention aimed at safeguarding and improving mental health.

Mental Health Literacy in Sport

If sport is going to be an effective tool for prevention and intervention, those involved in its delivery, coaches and volunteers, will need better knowledge of mental health issues. Mental health literacy (MHL) is defined as "understanding how to obtain and maintain positive mental health; understanding mental health problems and their treatments; decreasing stigma related to mental health problems; and, enhancing help-seeking efficacy" (Kutcher, Wei, & Coniglio, 2016). MHL is likely to be amongst the most important factors related to the quality and degree of support received by sport participants.

Despite its importance, research suggests that MHL is generally low among coaches and volunteers (Furnham & Swami, 2018). Coaches report that while they often observe mental health issues, they feel they lack the necessary knowledge in mental health to assist (e.g., Ferguson, Swann, Liddle and Vella, 2019). There are also findings that indicate that perceptions of a coach's MHL is one of the major influencing factors on whether young sports participants would seek support from them (Swann



et al., 2018). With these issues in mind, there have been a number of calls to establish evidence-based training with the aim of improving MHL in coaches and volunteers (e.g., Gorczynski et al., 2019).

Mental Health Training

Mental Health Training (MHT) was created to educate and aid the general public in providing initial help with mental health (Wong et al., 2017). It is offered by a range of organisations and can be adapted to different contexts. This type of training improves MHL via interactive workshops, videos, and resources that are delivered in a flexible way to suit participants. A number of studies have found that MHT can improve MHL. This includes work in sport where, following MHT, coaches reported increased confidence when dealing with mental health issues, increased ability to recognise mental health issues, and more positive attitudes towards treatment (e.g., Pierce, Liaw, Dobell and Anderson, 2010).

Aims of the research

The aims of this research project were to consider two key questions as part of the #21by21 campaign and provide recommendations based on the findings.

- What are sports coaches' perceptions of their role in supporting participants' mental health?
- Does mental health training impact those who partake, and if so, in what ways?

We also gathered information on the number of coaches and volunteers who completed the training provided and the features of the training offered as part of the campaign.

“Coaches across the country tell us that they regularly see signs of mental ill-health in their sports projects - young people experiencing depression, anxiety, alienation and sadly sometimes self-harm and suicide. They say that they want to help but feel ill-equipped, not knowing what to say or how to direct youngsters to appropriate specialist support.”

Jane Ashworth

Chief Executive of StreetGames



Methodology

Participants

This study collected data from 35 voluntary participants, who were stakeholders in the #21by21 project, training providers or coaches who had undertaken the training. All participants were over the age of 18. Participants were chosen due to their previous or current involvement with MHT in sport. This method of sampling allows for the researcher to choose participants who have understanding and experience to address the research topic (Creswell and Poth, 2018). Table 1 provides details of the participants.

Data collection methods

Semi structured interviews were conducted with each participant. Each interview was audio recorded and transcribed verbatim. Thematic analysis was then used to analyse the transcripts to identify patterns and themes in and across the responses provided by the participants. Thematic analysis is a flexible systematic technique allowing for the organisation and display of sub-categories and themes (Braun and Clarke, 2006). It is common in qualitative research.

Quantitative data was collected from #21by21 campaign partners that recorded the total number of participants in the MHT they or their subsidiaries provided, as well as the modality, duration, and costs of the training.

Research ethics

Ethical approval for the research was granted by the York St John University School of Science, Technology and Health Research Ethics Committee.

41,614 total #21by21 participants and
25,493 eLearning completions

Summary of Findings

Quantitative data

Quantitative data from #21by21 campaign partners are reported in Table 2.

The training was delivered using a mix of face-to-face, online, and e-learning modes.

The duration of the training varied from 90 minutes to two days.

The majority of the training was free but some carried an individual or group charge.

There were 41,614 #21by21 participants in total, of which 25,493 were e-Learning completions.

Qualitative data

Our analysis of the interview data is combined with the existing literature and organised in to two parts.

Part one focuses on:

- (i) Perceptions of the role of the coach before MHT training,
- (ii) Perceptions of the role of the coach after MHT training, and
- (iii) Changes in confidence and competence.

Part two focuses on: (i) Mental health training, physical first aid and safeguarding, and (ii) barriers to MHT.

FINDINGS PART ONE

Perceptions of the Role of the Coach before MHT training

The coaches highlighted that they were passionate about supporting participants by creating safe and fun environments within their sessions as well as presenting themselves as a positive role model.

Table 1- Participant Information

Interview	Pseudonym	Age Category	Ethnicity	Gender	Location	Sports/Physical Activities	Coaching Employment Status	Form of MHT
01	Josh	35-44	White	Male	Newcastle upon Tyne	Various team sports Multi-Sports	Employed and Voluntary	Two Day MHFA England Training > Went on to instructor training
02	Sarah	25-34	White	Female	Newcastle upon Tyne	Football Futsal Multi-Sports Yoga Personal Trainer	Employed and Voluntary	Two Day MHFA England Training
03	Alex	25-34	White	Male	Newcastle upon Tyne	Various team sports Gym and Circuit sessions Table Tennis Multi-Skills	Employed and Voluntary	Two Day MHFA England Training
04	Anna	18-24	White	Female	York	Swimming Multi-Skills	Employed and Voluntary	Half Day MHFA England Training
05	Patrick	18-24	Black	Male	York	Football Multi-Skills Rugby Hockey	Employed and Voluntary	Half Day MHFA England Training
06	Emma	25-34	White	Female	Cardiff	Dance Olympic Weightlifting	Employed > Went on to instructor training	Two Day MHFA England Training
07	Billy	65 and over	White	Male	Middlesex	Football Rugby Golf	Employed and Voluntary	Online MHFA England Training
08	Max	25-34	White	Male	Colchester	Football Multi-Sports Basketball Rugby	Employed	Two Day MHFA England Training
09	Hannah	18-24	White	Female	Leicester	Various team sports Multi-Skills	Employed	Half Day MHFA England Training

Interview	Pseudonym	Age Category	Ethnicity	Gender	Location	Sports/Physical Activities	Coaching Employment Status	Form of MHT
10	John	25-34	White	Male	Cardiff	Gymnastics Trampoline	Employed and Voluntary	Two Day MHFA England Training > Went on to instructor training
11	Claire	25-34	White	Female	Manchester	Multi-Sports Hockey	Voluntary	Two Day MHFA England Training
12	Scott	25-34	White	Male	Guildford	Multi-Sports Football	Employed	Online MHFA England Training
13	Mark	55-64	White	Male	Northampton	Football Rugby Tennis Athletics	Employed	Two Day MHFA England Training
14	Nick	35-44	White	Male	Durham	Badminton	Employed and Voluntary	Online MHFA England Training
15	Richard	18-24	White	Male	Fulham	Multi-Skills Football	Employed	Online MHFA England Training
16	Ben	55-64	White	Male	Selby	Fitness training Hill Walking Team building	Voluntary	Two Day MHFA England Training
17	Tim	30+	White	Male	South	Not Recorded	Employed	No Training
18	Jacob	30+	White	Male	North	Ex professional Swimmer	Employed	MHFA England Training Instructor Adult Two Day MHFA England Training (F2F) Youth Two Day MHFA England Training (F2F) Youth One day (F2F) Youth half day (F2F)
19	Dave	30+	White	Male	London	Not Recorded	Employed	Awareness (F2F)

Interview	Pseudonym	Age Category	Ethnicity	Gender	Location	Sports/Physical Activities	Coaching Employment Status	Form of MHT
20	Jordan	30+	White	Male	South	Not Recorded	Employed	No Training
20	Holly	30+	White	Female	Yorkshire and Humber	Not Recorded	Employed	MHFA England Training Instructor
22	Craig	30+	White	Male	Loughborough	Not Recorded	Employed	Adult Two Day MHFA England Training (F2F)
23	Ellie	30+	White	Female	South Wales	Not Recorded	Employed	Awareness (F2F) Awareness (Online)
24	Dominic	30+	Not Recorded	Male	North Yorkshire	Not Recorded	Employed	MHFA England Training Instructor
25	George	Not Recorded	White	Male	North West	Not Recorded	Employed	Adult Two Day MHFA England Training (F2F)
26	Abigail	30+	Not Recorded	Female	Birmingham	Not Recorded	Employed	MHFA England Training Instructor Awareness (Online)
27	Katherine	Not Recorded	White	Female	Yorkshire and Humber	Coach in Netball	Employed and Voluntary	Awareness (F2F)
28	Natalie	Not Recorded	White	Female	Not Recorded	Coach in Hockey	Employed and Voluntary	Adult Two Day MHFA England Training (F2F)
29	Charlotte	Not Recorded	Not Recorded	Female	London	Coached in Football and Trampolining	Employed and Voluntary	MHFA England Training Instructor Awareness (Online)
30	Elliot	30+	White	Male	Not Recorded	Coach in Football	Employed and Voluntary	MHFA England Training Instructor
31	Curtis	Not Recorded	Not Recorded	Male	Not Recorded	Not Recorded	Employed	Awareness (F2F)
32	Stuart	Not Recorded	Not Recorded	Male	Not Recorded	Not Recorded	Employed	MHFA England Training Instructor
33	Jamie	Not Recorded	White	Male	North East	Not Recorded	Employed	MHFA England Training Instructor

Interview	Pseudonym	Age Category	Ethnicity	Gender	Location	Sports/Physical Activities	Coaching Employment Status	Form of MHT
34	Steph	30+	White	Female	Devon	Not Recorded	Employed	Awareness (F2F)
35	Lucy	Not Recorded	Not Recorded	Female	Not Recorded	Not Recorded	Employed	Adult Two Day MHFA England Training (F2F)
36	Will	30+	Not Recorded	Male	Not Recorded	Not Recorded	Employed	No Training
37	Conor	Not Recorded	White	Male	Wigan	Ex Professional Boxer	Voluntary	Adult Two Day MHFA England Training (F2F) Awareness (F2F) Awareness (Online)



Table 2 - Details of mental health training

Course Title	Final Numbers	Modality	Duration	Costings
Mental Health Awareness for Sport & Physical Activity	1,253	Face to face	3 hours	Provided by Sport & England Mind partnership
eLearning Mental Health Awareness for Sport & Physical Activity	38,011	eLearning	Self-directed approx. 2-3 hours	£18 now offer of £12
On Your Side training	954	Face to face	2 hours	N/A
Managing Mental Health at Work	108	Online	Half day training	Rates start at £1,100 - half day discounts available
PGMOL Mental health awareness for referees	60	Face to face	90 minutes	N/A
FA Referee champion training	33	Online	19 × 6-hour champions 14 × intro course 3-hour	N/A
England Boxing & Mind - Box in Mind	462	Face to face (Moved online)	3 hours (Shortened to 90 mins due to covid19)	N/A
Mental Health First Aid, Mental Health First Aid Champion, Mental Health Aware	733	Face to Face and online	Two Day, One Day, Half Day	Various

“Having our team all trained up as Mental Health First Aiders has enabled us to make stronger relationships with our participants and as a result we feel we can connect better with them whilst at the same time providing the much needed support they need”

Mark Williams
COO, Denis Law Legacy Trust

Many of the coaches interviewed explained how they strived to be caring and supportive. However, it was clear from the responses that the coaches often felt their role in supporting their participants mental health was outside their remit.

Despite this view, many of the coaches in this study felt they held a key position of authority and trust involving high levels of responsibility and a duty of care towards the participants they work with. This is something that is common in other research (e.g., Donovan et al, 2006).

The coaches believed the strong rapport they shared with participants meant they could act as a trusted and external individual whereas a teacher, parent or guardian may not be able to.

The coaches reported that they lacked awareness, knowledge or training to support participants' mental health. They did not know or were unsure of what to do or say, other than adopting a basic friendly and supportive approach.

Participants quotes:

"... as a coach, you're their role model, and they're someone you know, to look up to."

(Interview 09: Hannah)

"It's one of those things where you think it's down to the professionals and your role, your role isn't in it, your role is where you don't really have one, it's kind the thought that someone else will pick that up."

(Interview 01: Josh)

"...when you're in that environment and community setting, you will build strong relationships and you will end up being far more than a coach to them kids..."

(Interview 11: Claire)

"Erm probably not a great deal. If someone came to me and said, I'm anxious or I'm depressed, I probably wouldn't have known what to what to really do apart from a generic answer or response to them."

(Interview 03: Alex)

*"No, I wouldn't say that I'd know really. I feel like I had limited knowledge and skills to support someone. And I wouldn't say that I felt comfortable merely instigating these conversations. And there was a time where I feel like maybe I should have. I had really limited knowledge as to like professional services that people could access." **(Interview 06: Emma)***

Perceptions of the Role of the Coach After MHT Training

Once the course had been completed the coaches all highlighted that supporting participants' mental health was a major characteristic or responsibility of their role.

In this regard, the training reinforced the sense that they could be a key figure for mental health issues and they should acquire sufficient knowledge around mental health awareness and support. A finding similar to elsewhere (e.g., Ferguson et al, 2018).

The participants described that after the training they viewed their role as a position of power or authority which could positively influence their participants understanding of mental health as well as encourage participants to seek help and support if required.

The coaches further discussed how they could use their position to create a positive environment in order to further influence perceptions and understanding regarding mental health awareness.

Participants quotes:

*"It's just I think that by doing the course, one has become more aware of how one can influence and how it is part of the role the job." **(Interview 07: Billy)***

*"... after the training I think it's certainly part of the role now, I think one of the most important factors behind everything, which makes it even more shocking that when you look back and go 'wow, it wasn't something I thought about before at all'." **(Interview 08: Max)***

*"I think that I didn't see it as a responsibility beforehand to check in on a participants or the children's mental health as much as I should, but I think after the training knowing that it is my responsibility now has definitely changed that." **(Interview 12: Scott)***

*"... I think, like you do hold a lot of power as a coach so normalising conversations around mental health and just creating that environment where people feel comfortable and confident. I think as a coach, you definitely have the power to be able to do that." **(Interview 06: Emma)***

*"I think using coaches is a good idea. Because again, like we spoke about earlier, if you're using teachers, parents, people in positions of power, they're used to maybe taking orders from those people or being told what to do. Whereas if you're getting it from a coach who is a position of power but more advising you to do this, it might be a more natural way of getting that to work, potentially." **(Interview 08: Max)***

Changes in Confidence and Competence

It was clear based on the interviews that, for the coaches, the MHT had several benefits. A major benefit was increased confidence in helping someone who may be suffering from a mental health issue. Again, a finding observed by others (e.g., Kelly et al., 2011).

Particular kinds of confidence had increased. Participants expressed how the MHT provided them with a confidence to raise awareness of mental health, to discuss mental health with their participants and colleagues, to create a positive environment within their sessions, and to normalise discussion of mental health.

The coaches stated they subsequently believed challenging and eradicating negative stigma was extremely important. The MHT motivated them to educate others and attempt to reduce negative stigma.



Participants quotes:

"Absolutely not I would have had no confidence in how to have that conversation or support my participants' mental health before the training" (Interview 01: Josh)

"... I think just having the knowledge and education just gives that confidence to talk about it as a subject and also like, approach it across all the different groups that we work with and not be afraid to kind of discuss it with people as well." (Interview 03: Alex)

"Yeah just that confidence, so now if someone says something to me, I would kind of like probe a bit more and I like poke them try to get more out of them but not to the point where they don't feel comfortable telling me. Erm just so it makes myself more aware of the situation and allows them to know that they can trust me, that I would be there if they ever needed anything." (Interview 04: Anna)

"It's just I feel a lot more confident, feel a lot more comfortable having had this training in doing what I'm doing and its supported and promoted mental health awareness." (Interview 16: Ben)

"I just think the course made me think actually like, this is life, and this is just normal. And if we stop making it abnormal, then it becomes more normal and it's more okay. I think things still come out your mouth and you think, like, sometimes we might say in the office like you shouldn't say things like that after we all did the course. I now feel confident to challenge it in the same way that like, I heard somebody say something that I thought was like, racist or sexist or inappropriate, like I would challenge it." (Interview 02: Sarah)

"Erm, I think the course taught me and gave me confidence to challenge people that might have a negative conception of mental health and actually have a conversation with them around why they have that perception. Try and make them aware that everyone has mental health." (Interview 06: Emma)

"England Athletics are committed to increasing mental health awareness. We want to work together to ensure that everyone involved in athletics and running understands mental health so we can break down stigma and improve all our mental wellbeing."

Liz Purbrick

Inclusion Manager, England Athletics

FINDINGS PART TWO

Mental Health Training, Physical First Aid and Safeguarding

The participants within this study perceived MHT to be similar to physical first aid and safeguarding, both of which are mandatory training qualifications for coaches.

However, a number of the coaches commented that they felt that the prominence and prevalence of MHT lagged well behind these other forms of training.

Participants believed that MHT should be given the same importance as physical first aid and safeguarding.

Some of the coaches suggested that making MHT compulsory or integrating it into level one coaching qualifications as a compulsory element was necessary.

Participants quotes:

"...Sport B club that I am a part of, they insist that all the coaches go on the safeguarding for children course, they insist on them all going on the first aid course, they would like them all to do the coaching badges. And to me at the moment no one has mentioned anything about adding Mental Health First Aid or awareness to that, I believe they should." (Interview 14: Elliot)

"... you know if we look at physical first aid you know how many physical first aiders there are in the country and then we look at Mental Health First Aid, we know how many Mental Health First Aiders there are, I think it highlights the difference." (Interview 02: Jacob)

"I think that sort of core set of three (erm), if we are going to say physical first aid and safeguarding are basic requirements then Mental Health First Aid or mental health awareness training should be in there as well, yeah." (Interview 15: Curtis)

"(erm) I would see it as important as safeguarding and as important as your physical first aid. I don't know why you wouldn't, (erm) they have got to be, they have got to be the same." (Interview 17: Jamie)

"(erm) Obviously coaches have got to have their minimum operating standards, it is your kind of physical first aid, your safeguarding and kind of mental health wasn't really discussed." (Interview 11: Katherine)

"I am certainly aware that a lot of sports coaches when they do their level two training, they get no mental health training whatsoever." (Interview 18: Steph)

Barriers to MHT

Barriers to MHT were discussed as part of the interviews. Time and financial cost were the two main barriers. The major focus of the coaches in discussing this issue was the financial cost of making MHT widely available as well as the personal costs of undertaking the training.

Financial costs, personal and to NGBs, were thought to be one of the main reasons that the training was not currently well known or used in sport.

When personal financial costs were weighed against the benefits of the training, in some cases, the training was not considered worthwhile.

The lack of funding to support MHT was a source of frustration for the participants.

Participants quotes:

"the wanting to do it is there but the money and time availability is what is holding most people back"
(Interview 14: Elliot)

"those that can afford it are definitely doing it, so the only thing stopping maybe the others is maybe cost"
(Interview 08: Dominic)

"So if it is about the two day course, and if that is the preferred option of training than that is a good few hundred pound per person. So governing bodies are going to turn around and say well we haven't got that money." (Interview 07: Ellie)

"...there is always that will to do the right thing but there is sometimes not the budget or the sign off at the highest levels." (Interview 20: Will)





Concluding remarks

Our research suggests that most coaches recognise the key role they have when working with young sports participants but are unsure of their role in regards to mental health and how to support participants.

We found that MHT can help improve knowledge and confidence among coaches on issues relating to mental health.

This includes motivating coaches to provide better support, address stigma and have more open discussions with their participants and colleagues.

These findings sit alongside other work that suggest MHT is an effective tool for improving MHL in coaches and volunteers (Pierce et al., 2010).



Reflections and recommendations

The following reflections and recommendations are based on the findings of the research and wider discussion with key stakeholders in the #21by21 campaign.

- MHT to become a core activity for coaches (paid and voluntary) alongside safeguarding and physical first aid.
- Funded courses to continue and expand to ensure cost is not a barrier.
- Research is needed on the impact of MHT on participants, in terms of participation, retention and experience.
- Mental health friendly organisational cultures need to be promoted so that responsibility is shared across organisation, including senior management.
- Continue to educate the workforce and employers around coach responsibilities in relation to mental health, and to boost coach confidence in supporting mental health of participants.
- Work to better understand the active ingredients of community sport that serve to improve or protect mental health.
- Ensure we are protecting and promoting the mental health of coaches as well as participants.
- Aim to provide a high-quality mental health-trained workforce so that young people and adults can be referred into community sport with confidence as part of the socially prescribing agenda.
- Convene and facilitate a Young People's Advisory Group to bring young people's voice into policy making around sport and mental health.

Organisations that supported the #21BY21 campaign

Achieving for Children, Active Fusion, Active Surrey, Alexandra Park School, All Stars Youth Club Limited, ANP Training & Consultancy Ltd, Aylesbury High, Body Coach Fitness, Brackley Town FC, Brent Council, Cardiff & Vale Well-Being, Caroll & Bell Consultancy, Christ Church CE Primary School, CoachChrisSports, Corams Fields Youth, Cottenham United Colts, Dallaglio RugbyWorks, Denis Law Legacy Trust, Derbyshire County Council, Devas Club, Education Primary, Elthorne & Twyford Netball Club, EMD UK, Everyone Active, FFEM, First Steps Eating Disorders, Fitzrovia Youth in Action, govox, Guildford Borough Council, Gwynedd County Council, Hadrian FC, Heart of England School, Herts Sports Partnership, Hockey Wales, HR Sports Academy, Inclusion Football UK, Kennett Youth Football Club, Links SSP, Liverpool Feds Women's Football Club, LIVES, London Sport, London Wave Project, Mary's Youth Club, Milton Keynes College, MoodLifter, New Rush Hall School, Nicholas Chamberlaine School, Non Stop Action, North Lanarkshire Council, North Yorkshire Sport, Notts County Football in the Community, Oxford Brookes University, Phoenix Rising, Positive Pilates, Rethink Mental Illness, Samuria Kickboxing, Sands United FC, Save Association CIC, Southend East School Sports Partnership, Sheringham Community Primary School and Nursery, Slough Borough Council, Stratus Coaching Ltd, Surrey Canoe Club, Swaffham RUFC, Tennis Wales, The Ann Craft Trust, The Running Charity, ThreeFifty9, Top Two Inches Mentoring, UCW/Weston College, University of Lincoln Students' Union, Uplifted Wellbeing, Victim Support, Wakefield Metropolitan District Council, Wales Rugby League, Warrington Wolves Foundation, Welsh Amateur Boxing Association, Welsh Target Shooting Federation, Widnes Wild Ice Hockey Club, York City Knights Foundation, YoungMinds.

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