

Evaluation of the HAF Upskilling Programme 2024

The HAF Upskilling Commission was introduced to provide essential training to HAF providers, ensuring a professional, inclusive, and competent delivery of physical activities for all children attending HAF provisions during school holidays. Previous provisions showed that while some providers performed exceptionally well, others faced challenges, particularly given the diverse needs of the children attending. As a compulsory component of HAF, sixty minutes of physical activity was not consistently met, highlighting the need for this support and training.

Overview of HAF Training

The HAF upskilling programme included a number of modules, one of which was compulsory, the remainder available on an as-needed basis.

Compulsory Module: A Positive Impact

The compulsory module was 1 full-day in-person session led by Claire Tennyson from Redcar and Eston School Sports Partnership. This course aimed to outline the HAF physical activity expectations, provide national guidance on children’s physical activity levels, and ensure every provider was equipped to create a positive experience for physical activity that was linked to physical literacy guidelines.

Optional modules

The remaining modules were pre-recorded and optional, created by a collaboration of North East Wellbeing, RCVDA, Tees Dance, Middlesbrough Football Club Foundation, and Cleveland School Sports Partnership. Unfortunately, we have no way of knowing if any providers viewed these modules, unless they specified on their feedback forms. An overview of each optional module is provided in Table 1 below.

Along with the optional modules, a resource bank was also made available. This included activities and reading materials to support the online modules, as well as a list of recommended resources to promote inclusive physical activity delivery.

Table 1: Overview of pre-recorded optional HAF training modules.

Course Name	Course Description
Safe, Dynamic Delivery	A dynamic approach to creating safe and engaging sessions through good safeguarding practice, reactive risk assessments, flexible delivery and adaptability to ensure all groups are effectively and safely managed.
Inclusive Practice 1 - SEN	An understanding of different cognitive, physical and sensory abilities and their impact on learning and behaviour alongside an exploration of the key features and benefits of an inclusive environment.



<p>Inclusive Practice 2 – SEMH and behaviour</p>	<p>Creating positive experiences for children and young people struggling with poor social emotional and mental health. Using positive behaviour strategies to create purposeful and respectful relationships with children and young people.</p>
<p>Beyond Four Walls</p>	<p>By venturing beyond four walls and exploring unconventional environments children and young people experience memorable and enjoyable moments that inspire.</p>
<p>Creative Movement</p>	<p>60 minutes of physical activity does not need to be 60 minutes of sport. Practical strategies for designing and facilitating movement-based activities that promote physical literacy and foster creativity among children and young people of all ages and abilities</p>
<p>Everyone Active Together</p>	<p>Through excellent leadership, environments are created where individuals feel valued, empowered, and inspired to collaborate, innovate, and connect with one another in meaningful ways, ultimately leading to memorable and enjoyable experiences that leave a lasting impression.</p>
<p>Empowering Play and Activity: letting children lead the way</p>	<p>Through a safe, stimulating environment with open ended materials on offer, children are empowered to take ownership of their activities where they are then able to develop critical thinking, communication and independence skills.</p>

Evaluation of the HAF Upskilling Programme

The evaluation of the HAF upskilling programme aimed to explore the impact of HAF training on HAF providers' skills, confidence and knowledge, and quality of provision, and to inform the future delivery of HAF training.

Three online questionnaires were distributed to providers of HAF physical activity programmes at 3 time points:

- Pre-training (Spring 2024)- designed to explore training needs to inform a tailored approach and explore the opinions and values of providers as regards physical activity.
- Post-training (Summer 2024)- exploring attendance at training and experience of training sessions.
- Post-delivery (Autumn 2024)- exploring the impact of training on skills, confidence and knowledge, and quality of delivery.

Quality of provision was further assessed by Quality Assurance (QA) observations of delivery, completed before the training (Spring) by members of the HAF training team which informed training needs, and after training (Summer), from a small sample of providers.

54 respondents completed the pre-training questionnaire, 31 completed the post-training questionnaire and 41 completed the post-delivery questionnaire. For some questions there were incomplete or missing responses, therefore response numbers across individual questions vary.

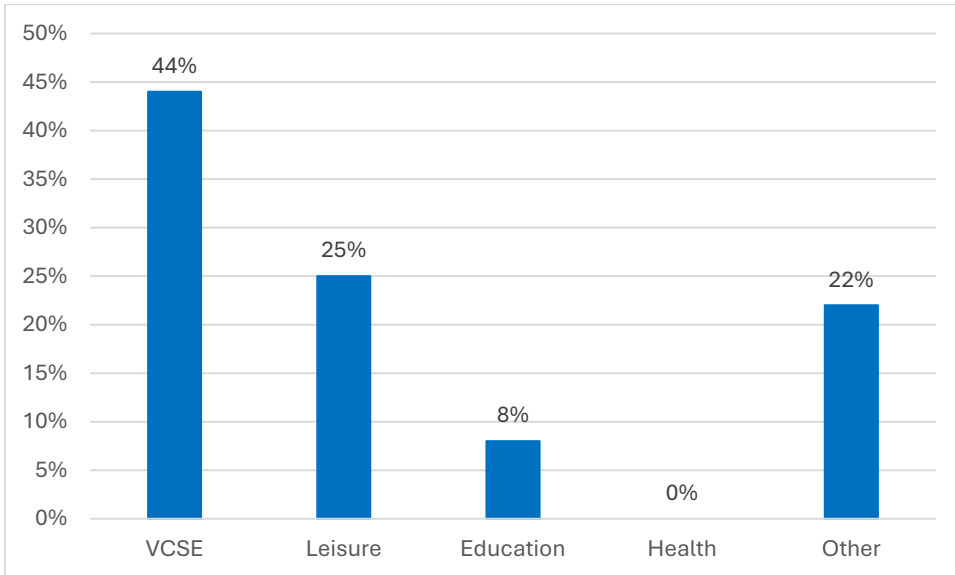
This report presents the outcomes of the 3 questionnaires and quality assurance observations and is structured into 4 sections:

- 1) Pre-training insight,
- 2) Engagement with HAF training,
- 3) Impact of HAF training,
- 4) Reflections on HAF training support,
- 5) Conclusions.

1. Pre-training insight

A range of sectors were signed up to take part in the HAF training programme (Figure 1).

Figure 1: Type of organisations signed up to take part in the HAF training programme.



The majority were VCSE organisations (44%), followed by the leisure sector (25%) and education (8%). 22% categorised themselves as “other” (22%) and were from a local church, library, local council, or sports programme/gym.

Background views and perspectives of providers about physical activity

Before exploring the training needs of providers we asked them to rate how important they thought physical activity was to children and young people’s (CYP) physical health, mental health and overall wellbeing by rating each of these on a scale of 1-5 with 1 being 'not very' and 5 being 'very' (Figure 2). We then asked for their perspective on how important children and young people thought physical activity was for these areas (Figure 3).

Figure 2: Views of HAF providers about the importance of physical activity

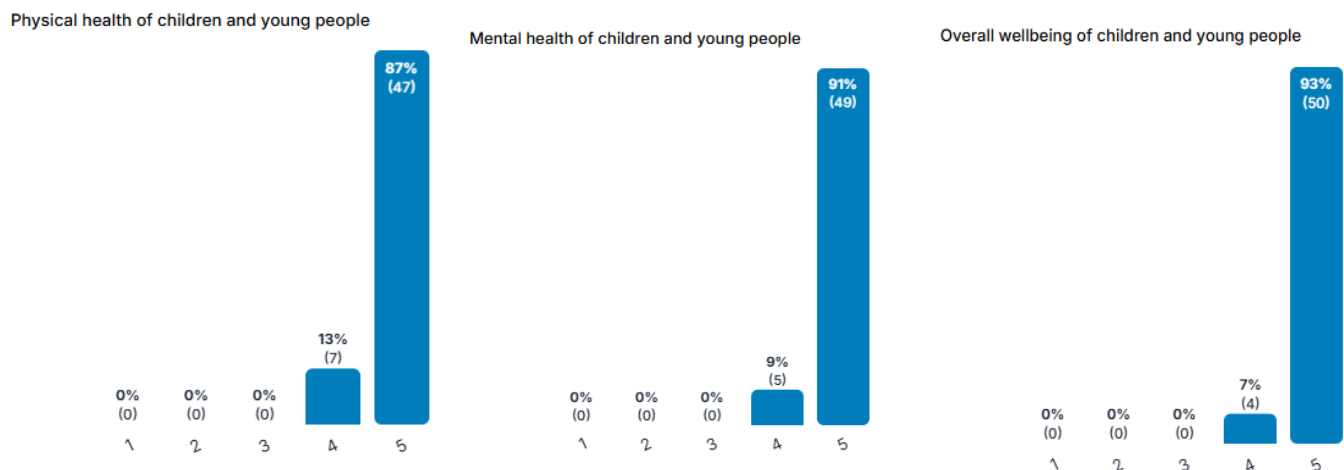
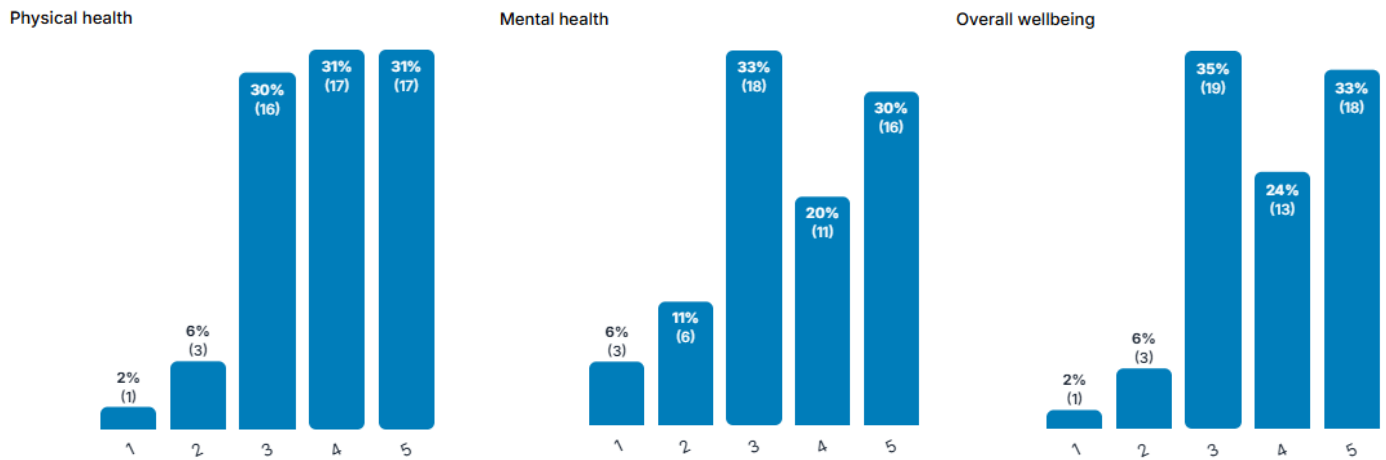


Figure 3: Perspective of HAF providers about importance of physical activity to children and young people.

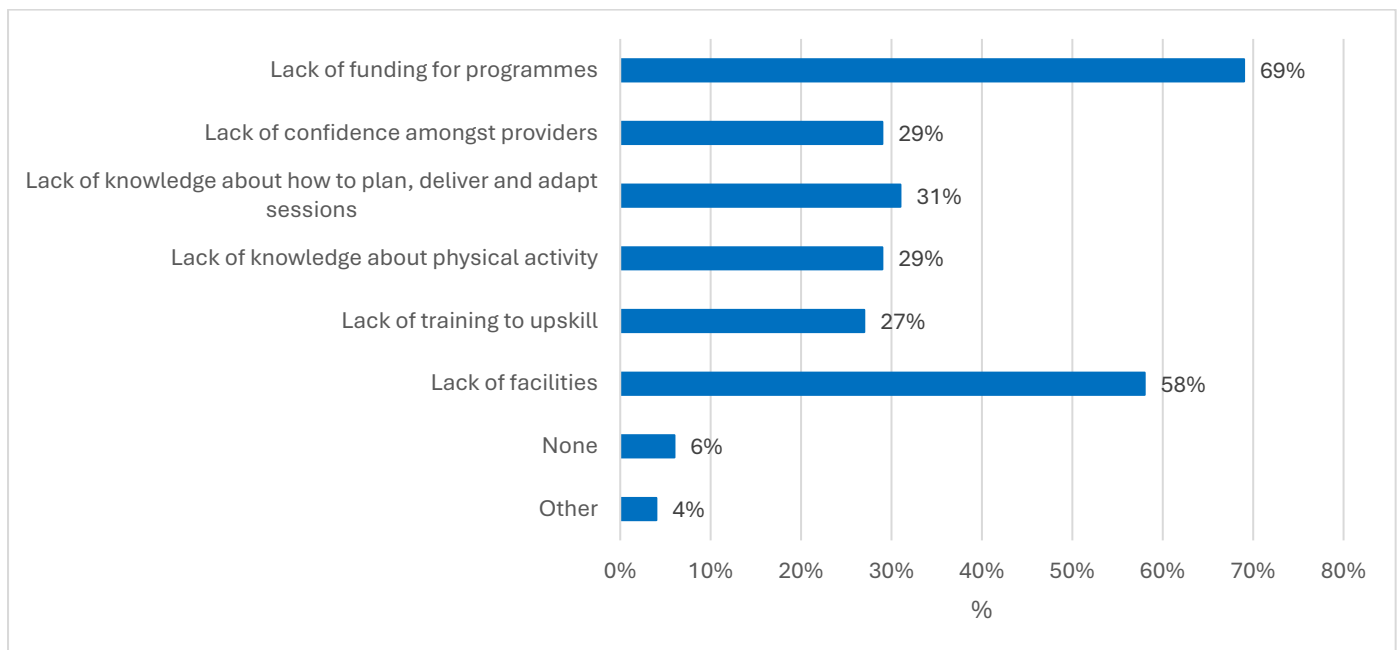


As indicated by the charts above HAF providers reported physical activity to be very important to all three aspects of children’s wellbeing. However their perspective of how important physical activity is to CYP was more varied, with some believing CYP don’t see it as important to physical health, mental health or overall wellbeing, rating importance 1 or 2 out of 5, and some remaining impartial, rating importance 3 out of 5.

We then asked providers who they thought was *most* responsible for getting CYP active. 89% said parents, 7% said schools, 2% said the children and young people themselves and 2% said the community.

Respondents were asked what the main challenges/barriers were to them as a provider to supporting children and young people being physically active. Here respondents were able to select more than one answer (Figure 4).

Figure 4: Main challenges/barriers to supporting children and young people to be physically active.

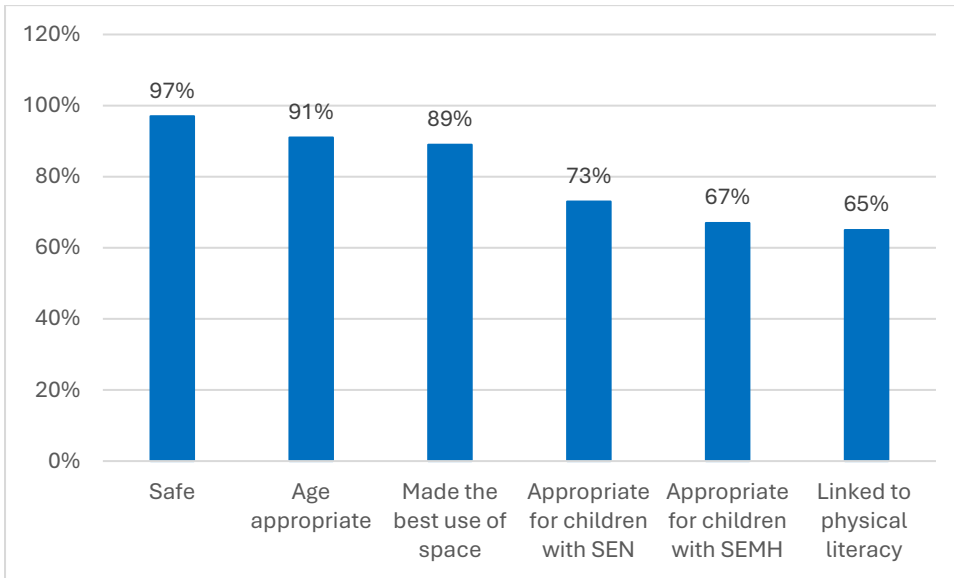


Lack of funding and lack of facilities were clearly the biggest barriers to providers (69%, 58%, respectively) but also lack of knowledge and confidence about delivery were additional barriers, reinforcing a need for support delivered by the HAF training programme.

Exploring existing knowledge and confidence of providers

To ensure that the HAF training was appropriately tailored to meet the needs of attendees we asked providers to rate on a scale of 1-5 how *knowledgeable* they felt designing physical activity sessions that met a range of different needs (1 being 'not very' and 5 being 'very') (Figure 5).

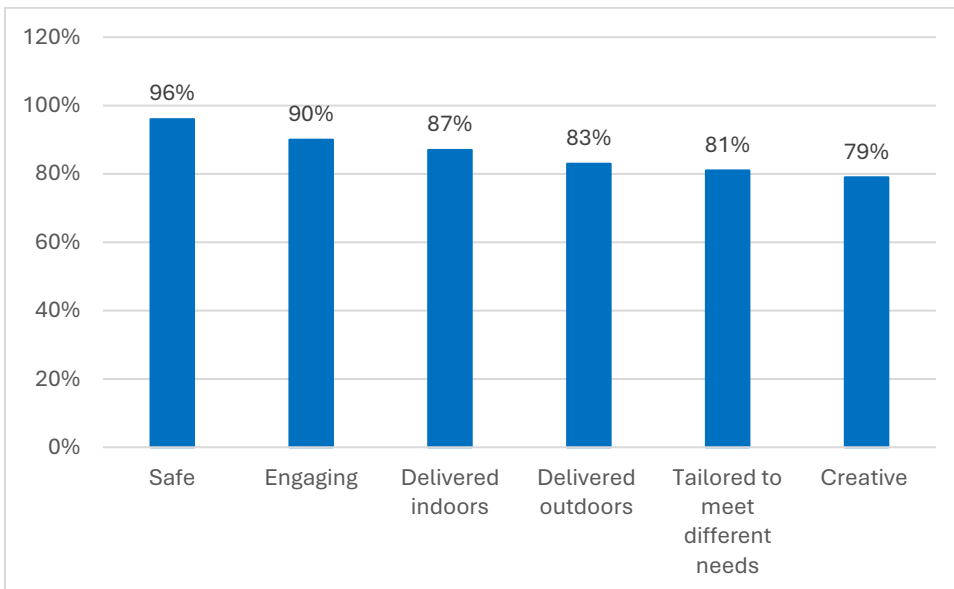
Figure 5: Proportion of providers who felt knowledgeable (rated 4 or 5) about designing sessions to meet specific needs.



Providers reported they felt most knowledgeable delivering sessions that were safe (97%) , age appropriate (91%) and made the best use of space (89%). Fewer providers felt knowledgeable about delivering sessions that were linked to physical literacy development (65%) or appropriate for children with social-emotional mental health needs (SEMH) (67%), whilst just under three-quarters of respondents felt knowledgeable about providing sessions that were appropriate for children with special educational needs (SEN) (73%).

We also asked how *confident* they felt they were delivering sessions that met a range of needs. (Figure 6).

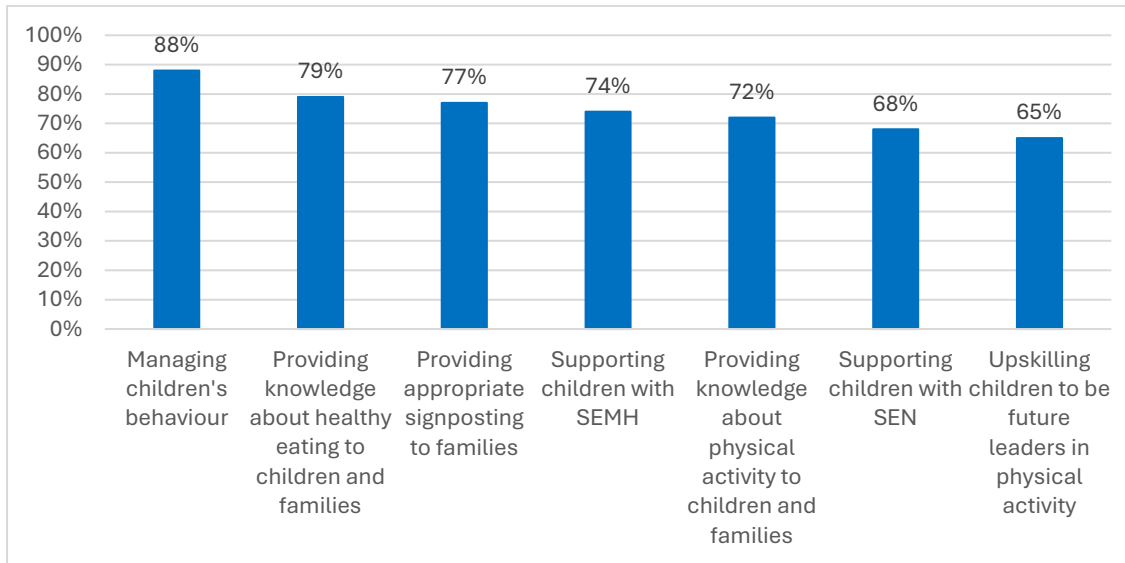
Figure 6: Proportion of providers who felt 'very confident' delivering sessions to meet a range of needs (rated 4 or 5 out of 5).



Confidence of providers was relatively high across all factors; providers reported that they felt most confident delivering sessions that were safe (96%) and engaging (90%), and least confident providing sessions that are creative (79%) or tailored to meet different needs (81%), which are more specific characteristics of sessions.

Respondents were also asked how *confident* they felt providing support for children and families. Here we report the proportion of providers who felt ‘very confident’ providing different types of support to children and families (Figure 7).

Figure 7: Proportion of providers who felt ‘very confident’ supporting children and families in different ways.



Respondents felt most confident managing behaviour (88%) and least confident about supporting children with SEN (68%) or supporting them to be future leaders in physical activity (65%).

Finally we asked what providers hoped to get out of the HAF training. Forty-two respondents answered this question and there was a range of free text responses, however many mimicked key themes emerging from the questionnaire; that providers felt least knowledgeable and confident providing tailored support that met a range of needs such as SEMH and SEN, providing sessions that were creative, and supporting children to be future leaders. Examples of free text responses within each of these categories include:

Providing tailored support

‘I hope to get more ideas for future physical activities for children especially for those who have SEN and SEMH and would like to improve ideas for those children specifically’

‘To be more confident in providing positive sessions and suiting it to people’s ability’

‘More inclusive sessions for SEND’

‘To be more confident in providing positive sessions and suiting it to people’s ability’

‘Creating age appropriate, engaging activities’

‘How to adapt sessions for different needs’

Providing creative sessions

‘More creative games which the children can design’

‘I would like to improve my creative skills and think outside the box to ensure an inclusive dynamic’

‘More creative games that the children can design’

Support children to be future leaders

‘I want to encourage children and young people to think of physical activity as not just being team sports or difficult exercise but other ways of moving the body and staying active’

‘Getting children and young people to physically and emotionally engaged in activities which will give them the confidence to pursue more often in the future’

Other responses spoke about opportunity for professional networking, such as:

‘I hope to enhance my networking skills by building strong, collaborative relationships with fellow professionals in the field’

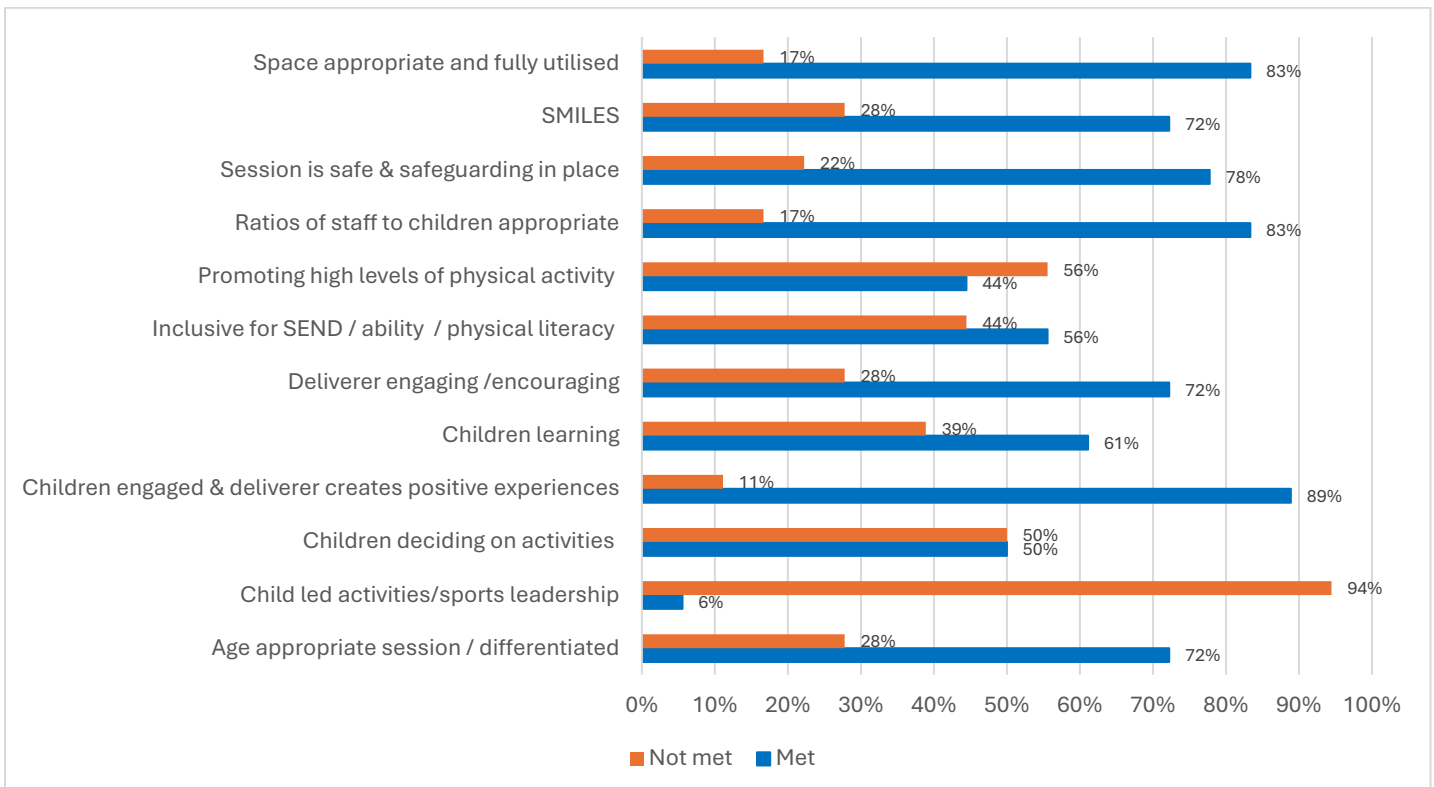
‘Linking with other providers’

‘Networking opportunity’

Quality of delivery of physical activity sessions pre-training

In Spring 2024 prior to HAF training, members of the HAF training team carried out quality assurance observations of delivery by providers. These observations involved an audit of quality provision using a set of pre-determined quality indicators. Nineteen providers were assessed as to whether or not each quality assurance (QA) criterion was met or not met. Figure 8 below displays the outcome of these observations and the proportion of providers that met each quality assurance criterion.

Figure 8. Proportion of providers that met each quality assurance indicator pre-training.



Quality Assurance observations pre-training indicated there were many factors of quality delivery that were being met by providers, most commonly: ‘children engaged’ (89%), ‘space appropriate and fully utilised’ (83%) and ‘ratios of staff to children appropriate’ (83%). There were some factors however that not being met as commonly: ‘ensuring child-led activities and supporting sports leadership’ (94%), ‘promoting high levels of physical activity’ (56%) and ‘children deciding on activities’ (50%).

There was a similar proportion of providers delivering sessions that were ‘inclusive for children with SEND/different abilities and physical literacy’ (56%) and those that weren’t delivering this (44%). This reflects what providers reported they hoped to get out of the HAF training and where they felt least confident and knowledgeable; providing sessions that supported children who had a range of difficulties and individual needs.

Additional qualitative data from all 19 QA observations indicated ‘areas of strength’ and ‘areas for improvement’ of session delivery. Using inductive analysis these data were thematically grouped into four categories, reflecting ‘relationships with children’, ‘skills and knowledge’, ‘attitude of delivery team’ and ‘facilities’. Table 2 displays the quotes from members of the HAF training team made across QA visits that evidence each theme.

Table 2. Summary of areas of strength and areas for improvement identified at pre-training quality assurance visits.

Theme	Areas of strength	Areas for improvement
Relationships with children	<p>Very good staff ratios.</p> <p>All YP fully engaged and smiling.</p> <p>All the YP enjoyed the gaming.</p> <p>All the YP were involved in the activity.</p> <p>All engaged and being active.</p> <p>Good relationship with the children.</p> <p>Good engagement from children and good rapport with staff.</p> <p>Coaches had a lovely manner with the children.</p> <p>Nice interaction with children.</p>	<p>Adequate supervision for all.</p> <p>Staff supervision.</p>
Skills and knowledge	<p>Specialised activity which some children may not have the opportunity to experience.</p> <p>Staff knowledge about Golf.</p> <p>Delivering physical activity that is engaging, fun and reinforces language development.</p>	<p>Coaching feedback.</p> <p>SEND awareness.</p> <p>Provision for wet weather for physical activity.</p> <p>Appropriation and differentiation.</p> <p>Understanding of differentiation and physical literacy.</p>



	<p>Safeguarding in place [including] asking for ID and obtaining parental permission [to share content online].</p> <p>Well, organised throughout the visit.</p> <p>Interesting subject and lots of different learning material.</p> <p>Fun session but with a bit of learning.</p> <p>Variety of activities and keep moving.</p> <p>A plan of activities for the day but each session isn't too structured, so it is fun.</p> <p>Good range of activities mentioned by children.</p> <p>Providing coaching points, talking through moves, adjusting and correcting.</p> <p>A varied offer for the children.</p> <p>A wide variety of activities.</p>	<p>Differentiation for ages, abilities.</p> <p>Continue to gather new ideas, different games to play with equipment.</p> <p>Physical activity needs to be scheduled as part of the delivery.</p> <p>An understanding of why physical activity is important to children.</p>
Attitude of delivery team	<p>Staff are enthusiastic.</p> <p>All staff fully engaged and motivated.</p> <p>The deputy head arrived for a visit which was good to see.</p> <p>Staff were friendly and encouraging.</p> <p>Staff engaging.</p> <p>All engaged, enthusiastic, organised and gave very clear instructions.</p> <p>Coaches encouraging and making sure the children know what they are doing.</p>	<p>Emphasis on fun and some smiling faces, tone of voice, enthusiasm etc.</p> <p>One of the coaches needs to be engaged better.</p>
Facilities	<p>Great facilities.</p> <p>Familiar staff and environment.</p> <p>Familiar environment.</p> <p>Great outdoor space.</p> <p>Children were in a safe environment.</p>	<p>Bigger area so there can be more physical literacy taking place.</p>



	<p>Good use of space.</p> <p>The room is nicely lit, whilst not huge can be suitable for physical activity.</p> <p>Lovely centre with full use of space with separate SEND provision.</p>	
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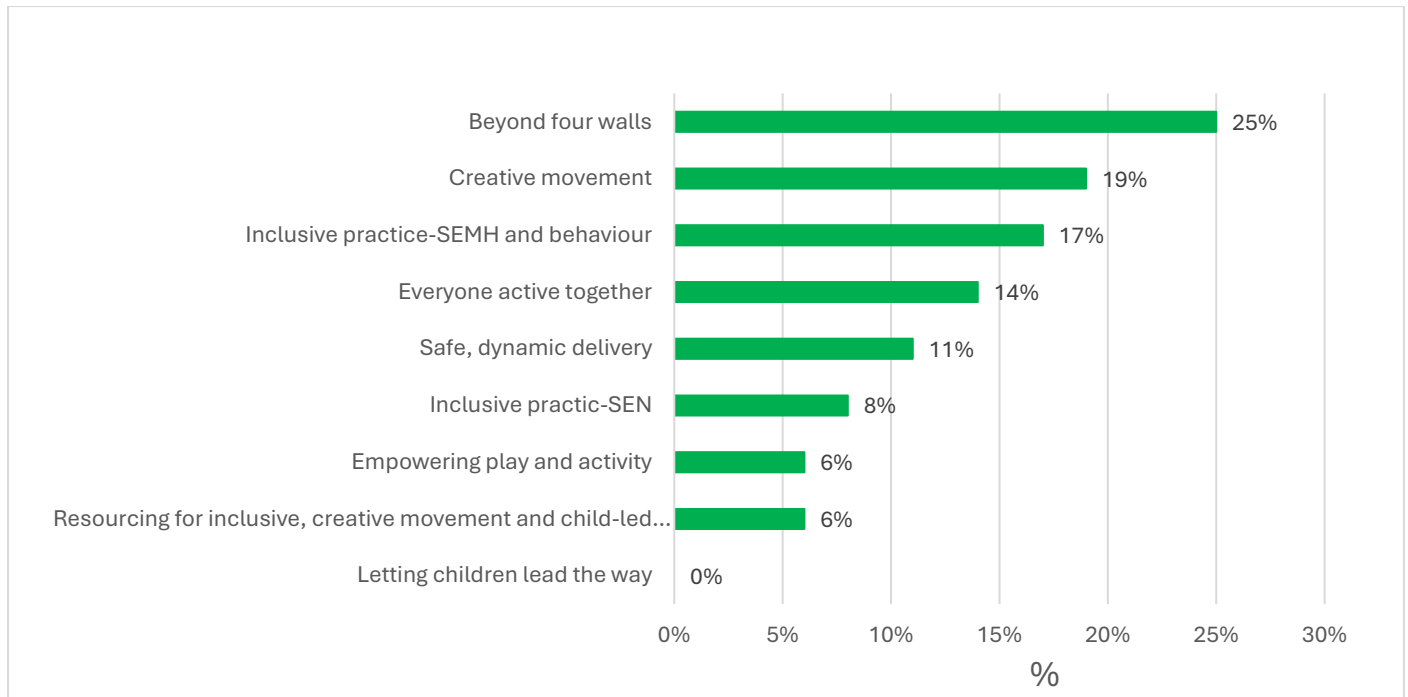
Areas of strength identified at pre-training quality assurance visits indicate good levels of engagement and enjoyment from children and enthusiasm and encouragement from staff, as well as a good range of activities providing opportunity for children to engage in physical activity in different ways. Areas for improvement at pre-training suggest providers could develop their provision of support further to meet the needs of children of different ages and needs, which supports pre-training survey outcomes, areas providers were seeking greater support with, and outcomes of QA criteria assessment.

2. Engagement with HAF training

Attendance at training

All providers were required to attend core, non-negotiable HAF training and were then provided with optional training modules they could attend, depending on their needs. Figure 11 below displays which of these optional training modules respondents reported they attended (multiple could be selected).

Figure 11: Proportion (%) of respondents that attended each optional HAF training module.

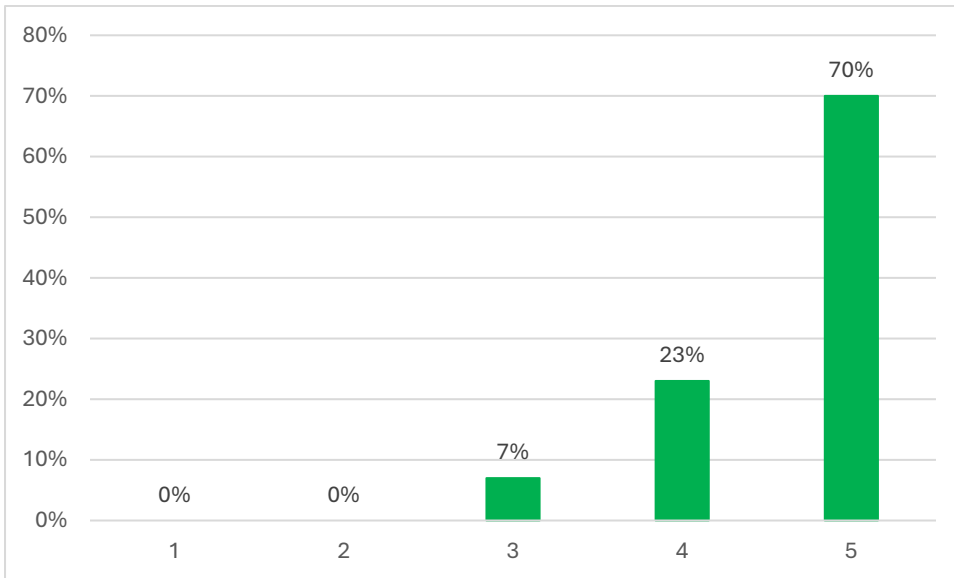


Training about delivery ‘beyond four walls’ (25%), ‘creative movement’ (19%) and ‘inclusive practice for SEMH and behaviour’ (17%) were attended most by providers. This echoes the outcomes of the pre-training questionnaire where providers reported the lowest level of confidence for delivery of sessions that are creative, and lowest level of knowledge about sessions that supported children with SEMH. None of the providers that completed this question reported attending the training module ‘letting children lead the way’, however, we know from attendance registers that this module was completed by providers.

Overall experience of HAF training

We asked respondents to rate their overall experience of the HAF training on a scale of 1-5 (1 being ‘not very good’ – 5 ‘very good’) (Figure 12).

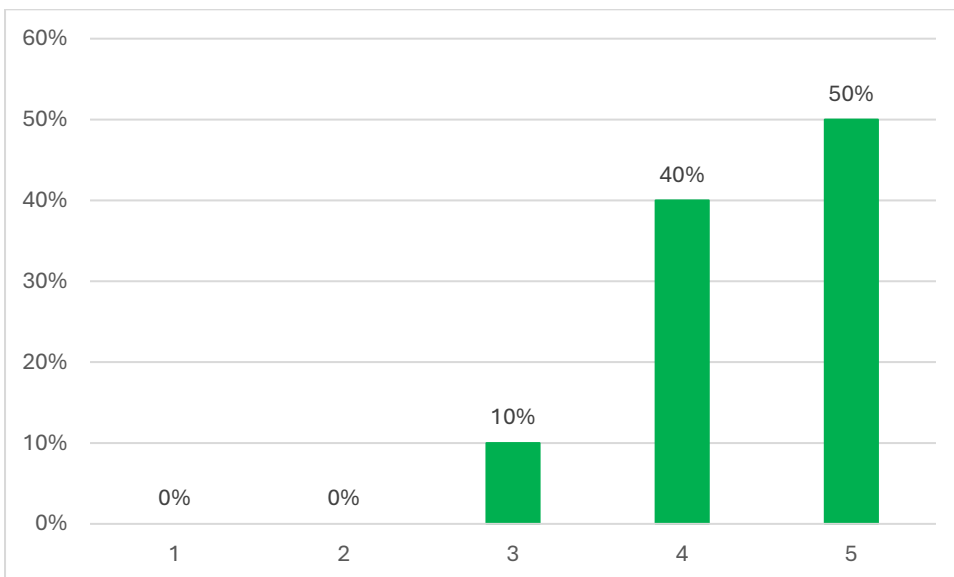
Figure 12: Ratings of overall experience of HAF training from respondents (1 being ‘not very good’ – 5 ‘very good’).



The majority of providers rated their overall experience of the training as ‘very good’ (70%) with only a very small proportion (7%) rating experience in the middle of the scale (3/5) suggesting impartiality.

When asked how much the training had met their expectations and needs as a provider (Figure 13), 90% reported it had (rating 4 or 5 out of 5), again there was a small proportion (10%) who were impartial.

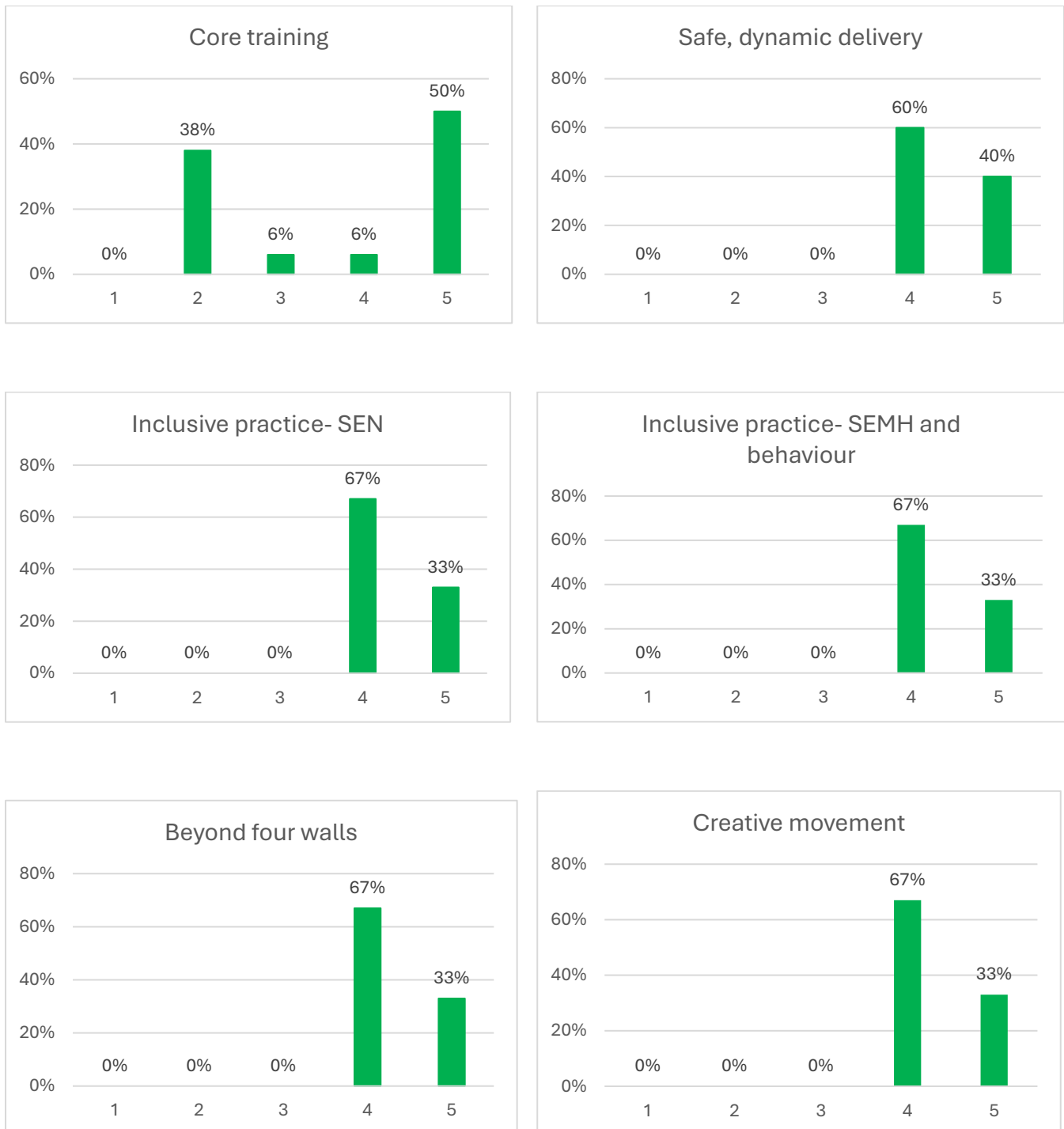
Figure 13: Ratings as to how much the HAF training had met the providers expectations and needs (1 ‘not at all’- 5 ‘a lot’).

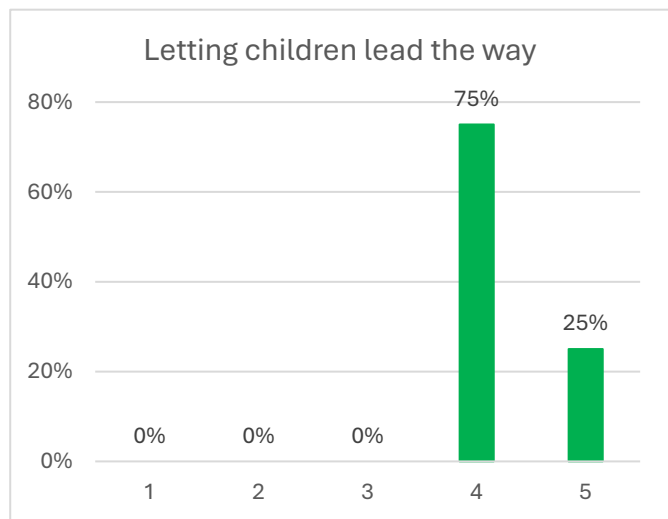
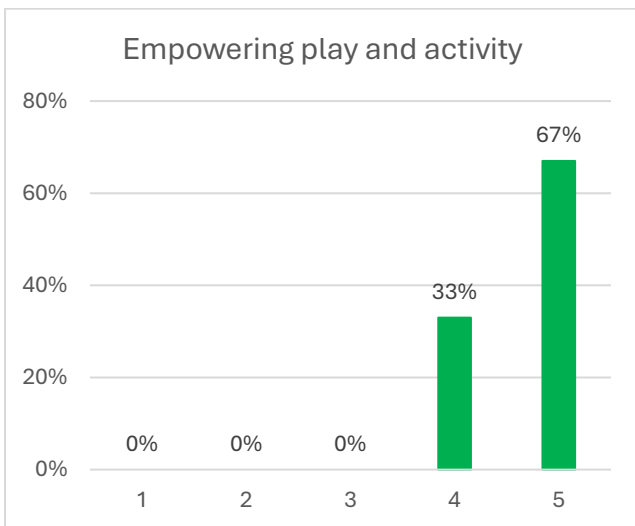
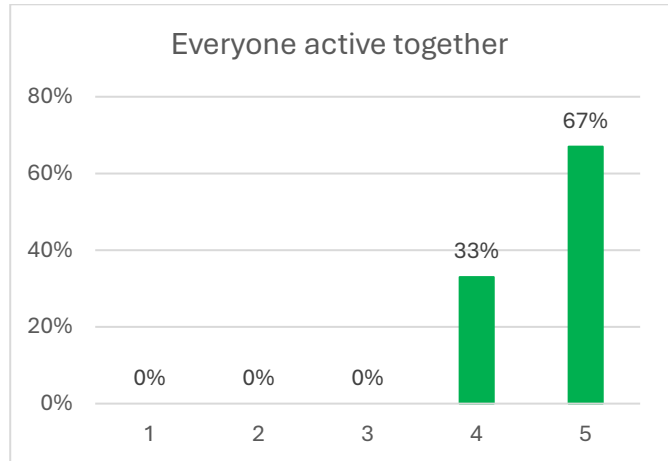
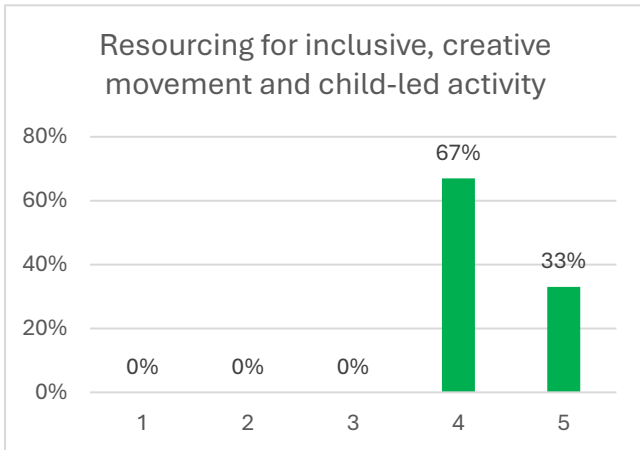


Reported usefulness of training modules for developing skills and knowledge

For the individual modules they attended, including the core non-negotiable training, providers were asked to rate how useful they found each one for supporting their skill development and gaining knowledge (1 being 'not useful at all' – 5 'extremely useful') (Figure 14).

Figure 14: Usefulness of each training module for skill development and knowledge (1 being 'not useful at all' – 5 'extremely useful').



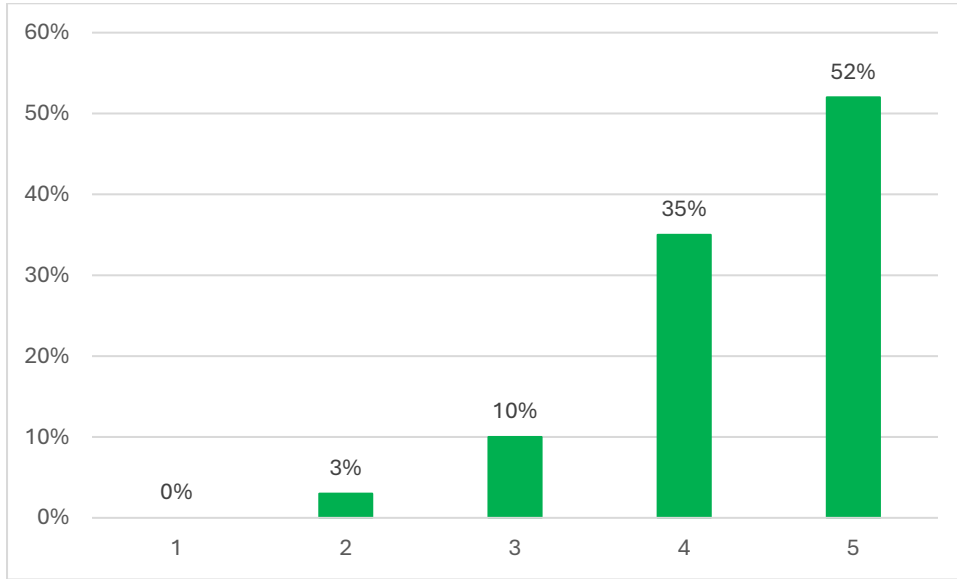


Providers reported all modules to be useful, rating modules a '4' or '5' out of 5. The most variability in opinion was observed in relation to the core training module where just over a third of providers (38%) reported they did not find this module useful for skill development and knowledge. Modules 'everyone active together' and 'empowering play and activity' scored the highest in terms of proportion of respondents rating these as 5/5 (both 67%), and three-quarters of providers (75%) reported that they found the module 'letting children need the way' useful (4 out of 5) for skills and knowledge development; this is interesting and perhaps unsurprising as the pre-training QA observations noted 94% of providers were not 'ensuring child-led activities'.

Quality and organisation of HAF training

We asked providers to rate the QUALITY of delivery of the HAF training from the HAF training team, (1 being 'very poor' and 5 being 'excellent') (Figure 15).

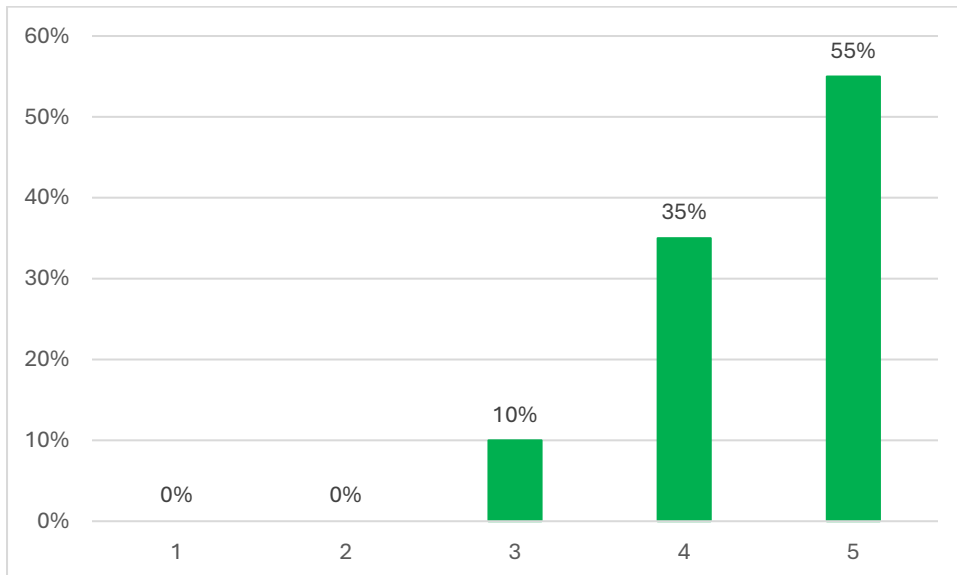
Figure 15: Ratings of overall quality of the HAF training, (1 being 'very poor' and 5 being 'excellent').



Over half of respondents (52%) rated the quality of HAF training as 5/5. 'excellent', with 87% rating it as either 4 or 5 out of 5. The 3% that rated it a '2' equates to only 1 person in terms of frequency of responses.

Respondents were also asked how they would rate the overall ORGANISATION of the HAF training from the HAF training team (e.g., communication/information about it, organisation of sessions, timings), (1 being 'very poor' and 5 being 'excellent') (Figure 16).

Figure 16: Ratings of overall organisation of the HAF training, (1 being 'very poor' and 5 being 'excellent').



As observed with ratings of quality of training, over half (55%) respondents rated the overall organisation of training as 'excellent'.

3. Impact of HAF training

Impact on designing and delivering sessions and supporting families

We asked the providers to rate the degree to which they felt the HAF training had increased their *overall* knowledge of designing sessions (Figure 17), confidence delivering sessions (Figure 18) and knowledge of supporting children and families (Figure 19), (1 being 'not very' and 5 being 'very').

Figure 17: Ratings of impact of the HAF training on providers knowledge of designing sessions, (1 being 'not very' and 5 being 'very').

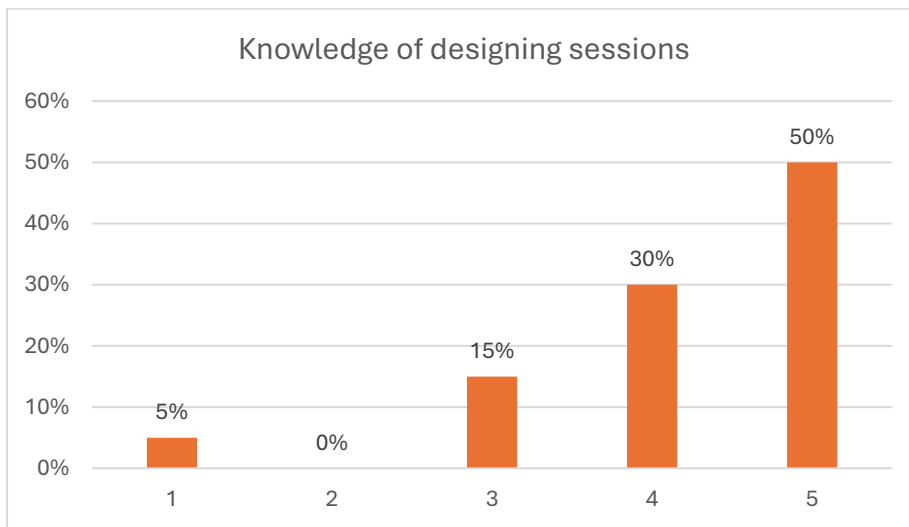


Figure 18: Ratings of impact of the HAF training on providers confidence of delivering sessions, (1 being 'not very' and 5 being 'very').

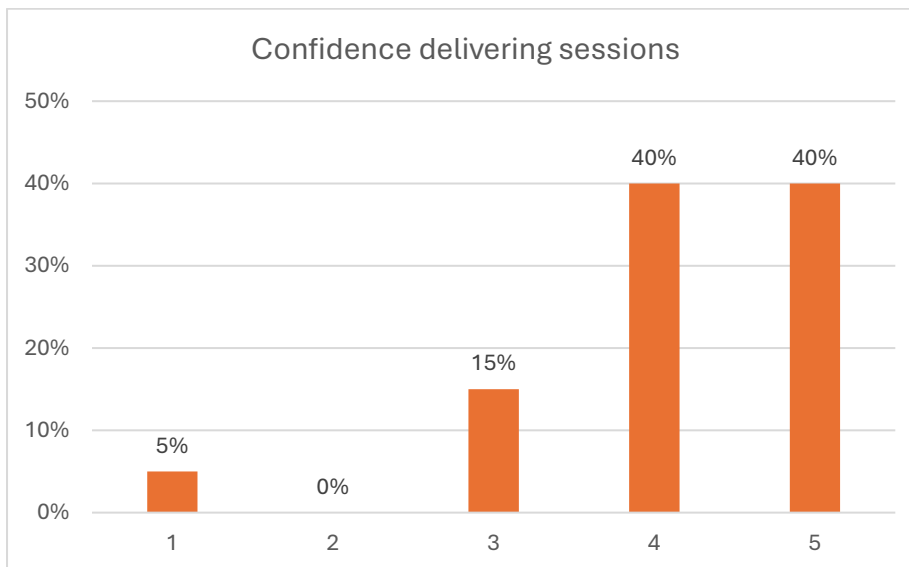
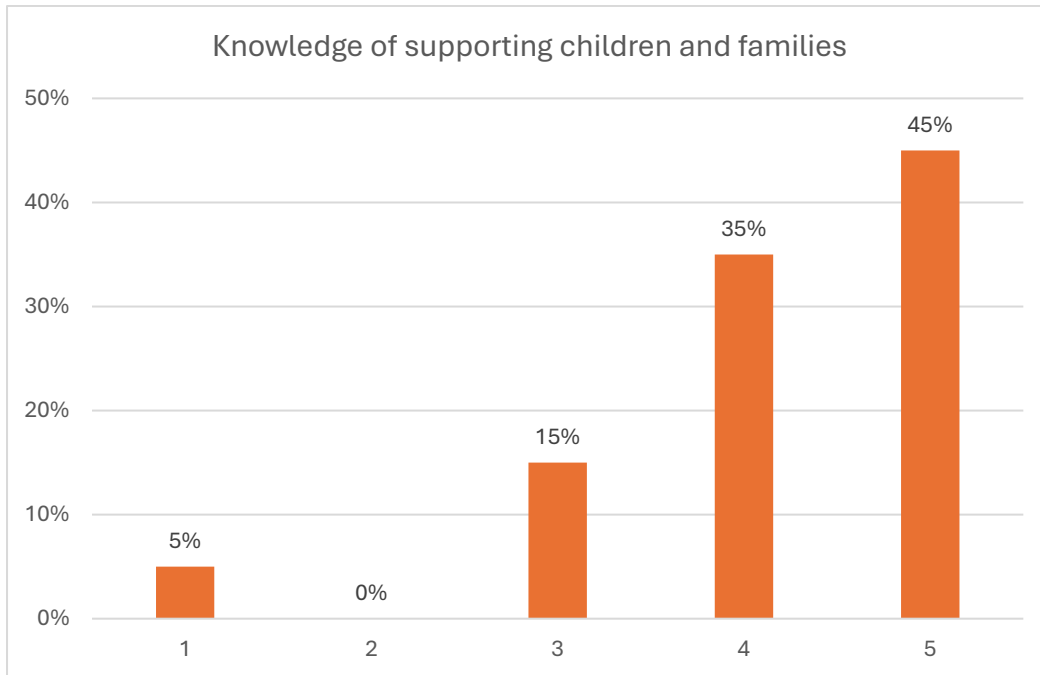


Figure 19: Ratings of impact of the HAF training on providers knowledge of supporting children and families, (1 being 'not very' and 5 being 'very').

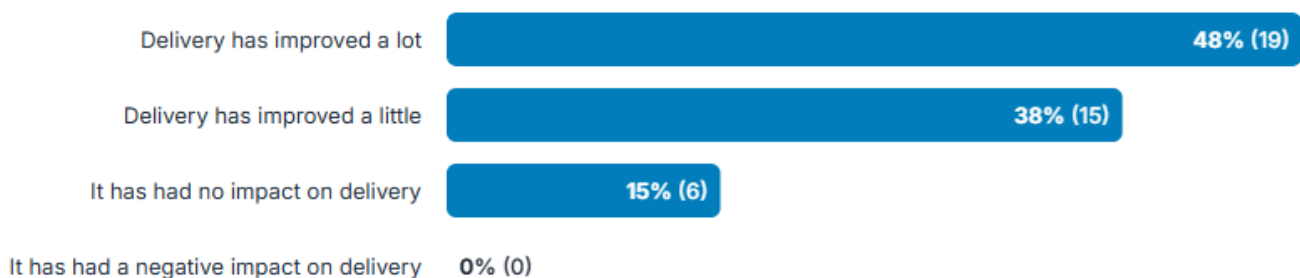


HAF training appeared to have the greatest impact on providers knowledge of designing sessions (50%) however all three outcomes were clearly impacted by HAF training; across impact on knowledge of designing sessions, confidence delivering sessions, and knowledge of supporting children and families, 80% of respondents rated impact of training as a 4 or 5 out of 5.

Impact of HAF training on overall delivery

Respondents were asked to categorise how the HAF training programme had impacted their *overall* delivery of physical activity sessions, considering whether they felt their delivery had improved or not (Figure 20).

Figure 20: Impact of HAF training on overall delivery of physical activity sessions.



Almost half (48%) reported the delivery of their physical activity sessions had improved 'a lot' as a result of the HAF training, with just over a third (38%) reporting delivery improved 'a little', and 15% reporting training had 'no impact' on delivery.

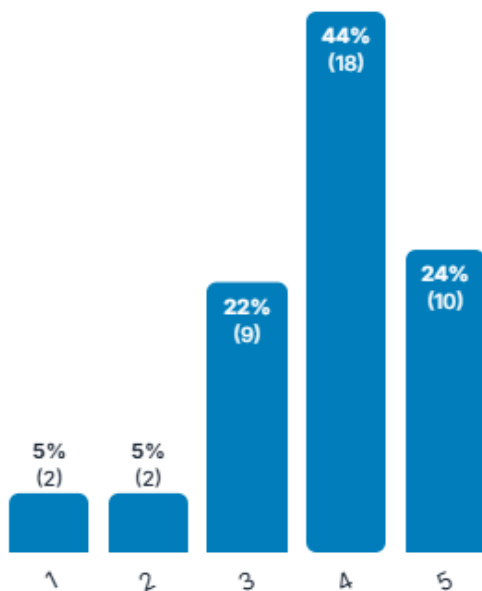
Impact of HAF training on confidence, skills and knowledge of providers

We explored the degree to which HAF training impacted providers confidence, skills and knowledge as regards delivery of physical activity sessions, and the quality, safety and inclusivity of delivery. Respondents were asked to rate the degree to which HAF training had impacted these areas, on a scale from 1 'not at all' to 5 'a lot'.

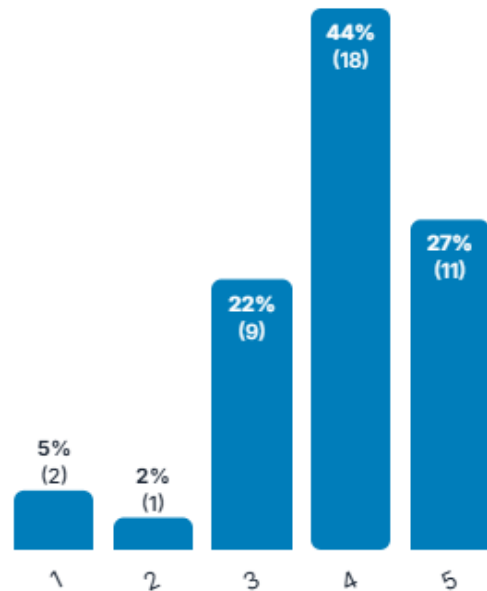
There were clear positive impacts of training on providers **confidence** and use of **skills and knowledge** during session delivery, with the majority of respondents (44%) rating the degree of impact on these areas as 4 out of 5 (Figure 21). A small proportion (10%) of respondents reported the training had little impact on their confidence and use of skills and knowledge (7%)

Figure 21: Ratings of impact of HAF training on providers confidence and use of skills and knowledge, (1 'not at all' to 5 'a lot').

Confidence during delivery of sessions



Use of skills and knowledge when delivering sessions



Respondents were asked to provide free-text responses about how the delivery of their sessions had *changed* as a result of HAF training, or if delivery had not changed, to say why they felt this was. Twenty-nine providers answered this question and of those 23 reported positive impacts of training, 6 reported no impact of training.

For responses reporting impact, inductive thematic analysis was used to create four overarching categories of impact: 'skills, confidence and knowledge', 'providing a variety of activities', 'meeting different needs', 'attitude of delivery team'. Examples of free-text responses within each of these categories include:

Skills and knowledge

'I am aware of how to carry out [activities] safely'

'Better understanding off the classes we deliver and what the benefits are'

'We now get out and about more, due to physical and safety barriers within individuals, this is the most effective way to encourage movement and increase positive experiences'

'It was useful to attend the training and overall ensure an excellent level of 'good practice'.

Providing a variety of activities

'Greater variety of activities involving physical activities, greater focus on getting children active throughout the day'

'The HAF training really enhanced and supported our delivery, we were provided with new activities and ideas to use and were educated on using/ not using equipment'

'I now know of more activities I can deliver to the children and how to do this while being inclusive'

'I learned lots of quick activities that didn't need a lot of prep and were good for filling awkward slots (if we had to wait or had 5 mins before lunch etc)'

'Widened activities we offer'

'We have more resources and activities we can use to help us to deliver a wider variety of activities'

Providing tailored support

'The training gave us more ideas for different age groups and how to make our provision more inclusive and in particular when we have children of additional needs'

'Gave us freedom within the sessions and plenty of opportunities to break out for those kids who struggle with staying on task for extended periods of time'

'The training helped understand how to engage all of the children regardless of ability during sport sessions'

'Delivery has changed by adapting sessions to fit all age ranges or splitting into the older and younger groups'

'More physical activity aimed at inclusivity'

Attitude of delivery team

'More enthusiastic because I learnt children will want to do more when encouragement is there'

'Staff are actively encouraging families to engage in physical activity during the day'

Where respondents had reported delivery of sessions had not changed after HAF training, reasons as to why were grouped into two categories reflecting 'existing skills and knowledge of delivery team' that providers felt were already in place, and 'limitations of HAF training' highlighting aspects providers felt they would like more information about:

Existing skills and knowledge of delivery team

'I don't think our delivery has changed, partly because the team are all experienced teachers / youth workers'

'It hasn't changed as we've delivered these sessions for 3 years at our venue'

'What we do, the training we deliver to teaching professionals, qualifications all staff have and their regular CPD exceeds anything that we get from HAF training'

'The activity training was enjoyable but it didn't really impact on our provision'

Limitations of HAF training

'Not, as it was more tailored to young children'

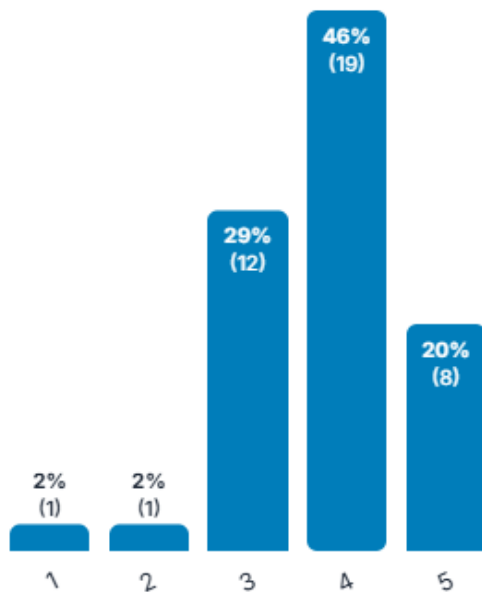
'Games and exercise that came up in the training had to be changed...as the physical training didn't really cater for SEND'

Impact on quality of delivery of physical activity sessions

The majority of respondents also reported the training had improved the quality of their session delivery, with 44% rating the degree of impact as 4 out of 5 (Figure 22).

Figure 22: Ratings of impact of HAF training on quality of session delivery (1 'not at all' to 5 'a lot').

Quality of session delivery

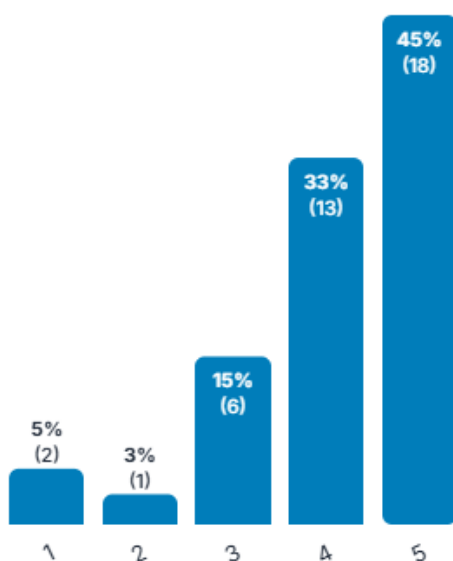


A proportion however remained impartial rating the impact as 3 out of 5 (29%), therefore neither having positive or negative/no impact and 2 respondents (4%) thought the training had little to not impact on quality of delivery.

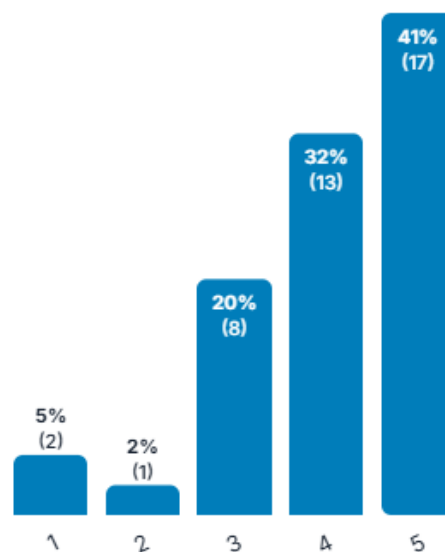
There were clear positive impacts of training on the safety and inclusivity of delivery with the majority rating the degree of impact of training on these aspects as 5 out of 5 (45%, 41%, respectively) (Figure 23).

Figure 23: Ratings of impact of HAF training on safety and inclusivity of session delivery, (1 'not at all' to 5 'a lot').

Safety of session delivery



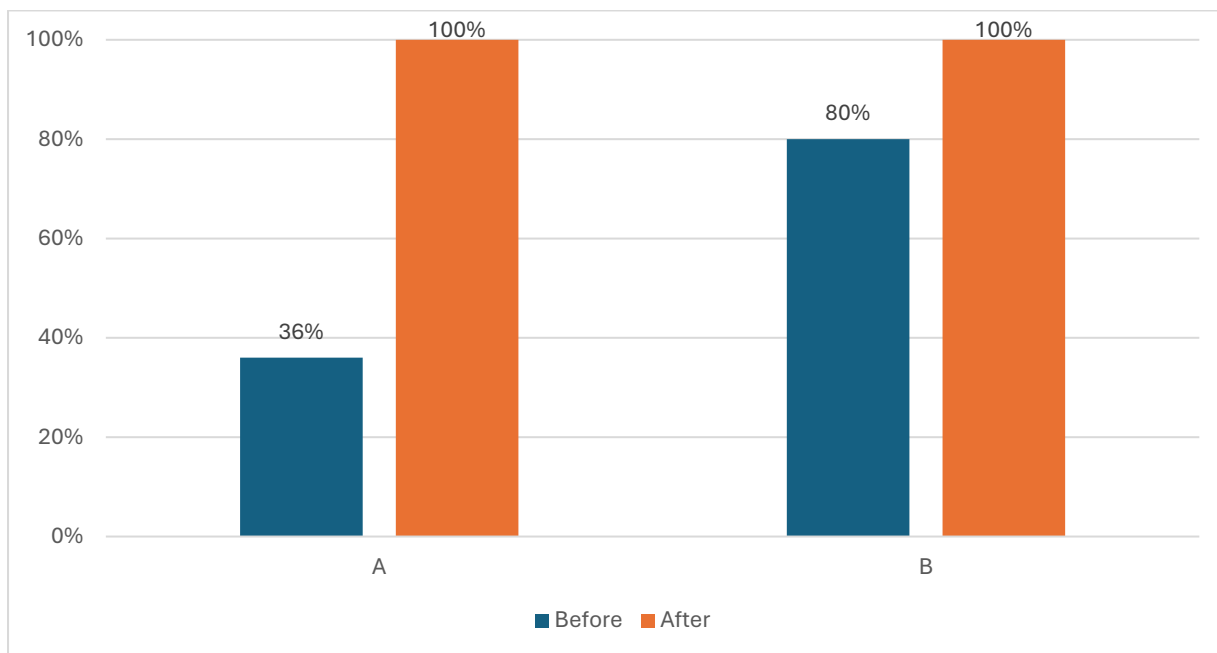
Inclusivity of delivery



As with previous responses about the impact of training on overall quality of delivery, a very small proportion reported the training had little to no impact on safety and inclusivity (8%; 7%, respectively). Notably these were the same providers rating 1 or 2 across these questions and were those that reported that they already had a good level of existing skills and knowledge within the delivery team within free-text data.

Quality Assurance data were available post-training for 4 providers. For two of these providers, labelled here as 'A' and 'B', pre-training data was also available and comparisons between the proportion (%) of QA criteria met before and after the training are displayed in Figure 24.

Figure 24: proportion of QA criteria met before and after HAF training for two providers.



Data indicates that based on observations of delivery, there was a marked improvement in the proportion of QA criteria that these providers met from before-after HAF training, particularly provider 'A', based on observations of their physical activity sessions. At post-training these providers met 100% of QA criteria, compared to 36% (provider 'A') and 80% (provider 'B') before HAF training. For provider 'A', there were 7 criteria that were met at post-training visits that were not met at pre-training visits, these were:

- Age-appropriate session / differentiated
- Child led activities (sports leadership)
- Children deciding on activities
- Children engaged & deliverer creates positive experiences
- Deliverer engaging /encouraging
- Inclusive for SEND / ability / physical literacy
- Ratios of staff to children appropriate

For provider 'B' there were 2 criteria not met pre-training that were met post-training, these were:

- Children learning
- Ratios of staff to children appropriate

Two providers had post-training QA data only, therefore change over time could not be assessed. However for both of these providers 100% of QA criteria were met at post-training observations of physical activity sessions.

Additional qualitative data from all 4 QA observations indicated ‘areas of strength’ and ‘areas for improvement’ of session delivery in addition to the QA criteria. Using inductive analysis these data were thematically grouped into three categories, reflecting ‘relationships with children’, ‘skills and knowledge’, and ‘attitude of the delivery team’ (Table 3).

Areas of strength were noted for all 4 providers whilst areas for improvement were noted for 2 providers (for 2 providers there were ‘no’ areas for improvement noted).

Table 3. Summary of areas of strength and improvement identified at post-training quality assurance visits.

Theme	Areas of strength	Areas for improvement
Relationships with children	<p>Good rapport with the children.</p> <p>Children engaged and having fun.</p> <p>Coaches have a good rapport with the children and families.</p> <p>Know the children very well, very welcoming and encouraging of new children also.</p>	<p>Making provision for quieter moments for those children that need it.</p>
Skills and knowledge	<p>Experts in their field.</p> <p>High levels of physical activity.</p> <p>Full use of an amazing building.</p> <p>Themed activity which is communicated well.</p> <p>Links with the wider community.</p>	<p>All staff members to attend the physical activity training.</p> <p>Use of outdoor spaces if safe to do so.</p>
Attitude of delivery team	<p>Enthusiastic and willing to embrace change.</p> <p>Passionate enthusiastic coaching team.</p> <p>Delivery team engaging, enthusiastic and encouraging.</p> <p>Staff are engaging, enthusiastic and motivated.</p>	<p>None</p>

Areas of strength identified at post-training quality assurance visits were the same as those identified pre-training, good levels of engagement and enjoyment from children, enthusiasm and encouragement from staff, and use of staff expertise and knowledge to support physical activity. It is notable that there are fewer areas for improvement identified at post-training QA observations. However, it is also important to recognise that there is a need for more data, a lack of post-delivery QA data compared to pre-training means comparison is challenging and there are fewer example quotes demonstrating strengths and limitations observed.

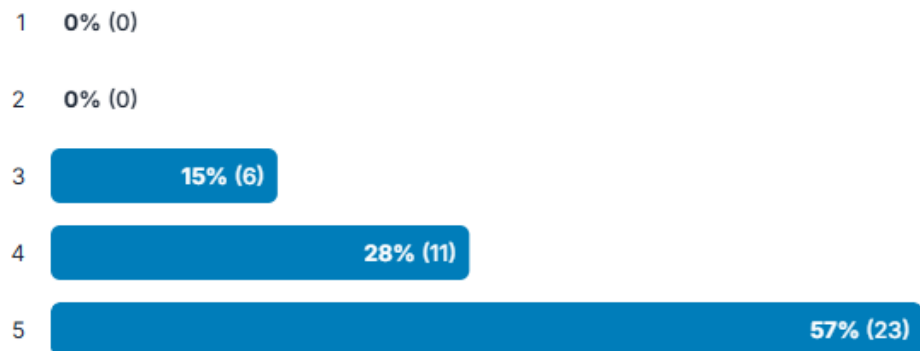
4. Reflections on support provided by the HAF training programme

Support from the HAF training team

Respondents were then asked to rate the overall quality of support provided to them from the HAF training team (1 being 'very poor' and 5 being 'excellent') (Figure 25).

Figure 25: Ratings of overall quality of support from the HAF team (1 being 'very poor' and 5 being 'excellent').

Support from the HAF team



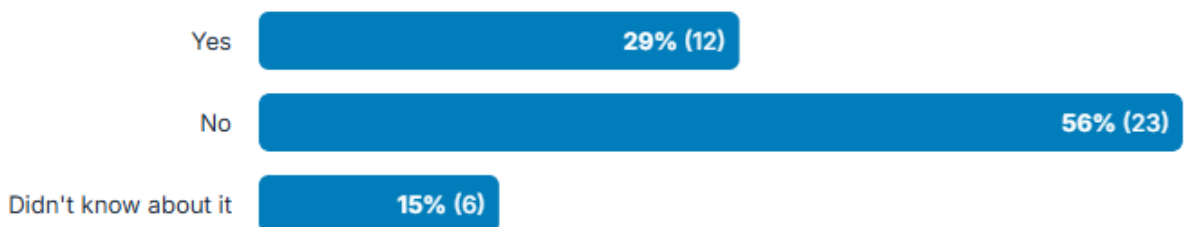
The majority of respondents rated the support from the HAF team as 5 out of 5 (57%). A small proportion of respondents (15%) were impartial, rating the support as 3 out of 5.

Use of the resource bank

Providers were given the opportunity to access an online resource bank which included a range of resources, activities and ideas, to support them with session delivery.

Over half (56%) of respondents reported they had not accessed the resource bank, 29% had, and 15% didn't know about it (Figure 26).

Figure 26: Providers use of the resource bank.



For those who had accessed the resource bank, we asked how this impacted the delivery of sessions. Six respondents provided free-text responses about this:

'The resource bank was fab and had loads of good resources to use and different street games which the children loved'

'An excellent selection of activities that enhanced our delivery'

'Supported visual prompts for coaches'

'I could adapt some to language theme of the day'

'Provided us with new ideas'

'Helped with ideas'

Providers key takeaways from the HAF training

20 respondents provided a free text response that summarised their 'key takeaway' from the HAF training. Nineteen of these were positive, and 1 was unsure of how training content was transferable to their delivery context. For positive responses inductive analysis indicated 4 key themes, 'engaging children and providing tailored support', 'skills, confidence and knowledge', 'activity ideas', 'quality of HAF training'. Examples of free-text responses within each of these include:

Engaging children and providing tailored support

'How to create engaging activities that incorporate physical activities'

'Differentiate activities for younger and older children, by using different equipment and for SEND children'

'Dynamic and engaging creative approaches'

Skills, confidence and knowledge

'Confidence in devising basic movement events'

'Following the procedure to make HAF safe and enjoyable for everyone'

'More understanding'

'To learn what we need to look for within teaching HAF'

'I was interested in the figures how much physical activity children are doing against what they should be'

Activity ideas

'Being able to create new fun interactive games with the available resources surrounding me'

'Some lovely movement break ideas to use with my new class in September'

'New ideas'

Quality of HAF training

'The leaders of the session were great and provided really good examples of what we can do to encourage children to get involved in activity, the most simple one - don't call it sport all of the time. Great delivery from both who attended'

'Very good training, obviously aimed to be inclusive of a variety of experienced organisations'

'Everything'

One provider was unsure how training content would be applied to their delivery context:

'We aren't sure how what was delivered will work in our setting or with children who are very young. And we don't have the equipment. I am also worried that it will stop the variation that are program has traditionally included which will reduce enjoyment'

Finally in the post-training questionnaire providers were asked if there was anything about the HAF training that they hadn't enjoyed or they thought could be improved in the future. Only two respondents answered this question using free-text responses, 1 providing a comment about the specificity of the training content and 1 stating the usefulness of the training and praising the delivery from HAF trainers:

'The non-negotiable training was very 'mainstream' I work in a special educational need school with students with significant additional needs. Most of the activities were not relevant for 90% of our attendees. SO whilst the session was very well organised and delivered well it was not appropriate for the HAF provision we provide'

'No, I found the course very useful. Claire and Andy were knowledgeable, friendly, professional and delivered the course to make the delegates feel at ease. They made the sessions fun and easy to understand'

Improving HAF training in the future

Finally we asked if there was anything about the HAF training that providers thought could be improved in the future to support the delivery of their physical activity sessions. Seventeen respondents provided free-text responses about this. Of these responses, 10 reported they wouldn't change anything, stating 'n/a' or 'no' or providing a full response for example:

'N/A, I found the training very informative and useful, which was passed onto my own staff'

'No, it was well organised and a fun engaging session'

Seven respondents provided feedback about how the HAF training *could* be improved and these could be grouped to reflect 'practicality/delivery of sessions', 'communication from the HAF team' and 'training content'. Responses included:

Practicality/delivery of sessions

'I want more [sessions]'

'Shorter sessions'

'Training for the whole HAF team in each venue of delivery, or a couple of venue teams covering aspects related to their delivery/children attending'

Communication from HAF training team

'Better communication'

'We didn't get the pack. Asked for it but it wasn't ready by the time we needed it'

Training content

'How to be resourceful with creative ideas for sessions'

'To include in the physical aspect especially a focus on those with additional needs as it seems very mainstream a typical orientated'

5. Conclusions

The evaluation of the HAF training programme has indicated that across sectors and HAF providers there are shared values and recognition of the importance of physical activity sessions for children and families, however, lack of funding is perceived as a main barrier to effective provision, and there is a need to further support and develop the value of physical activity held by children and young people themselves.

Whilst self-reported knowledge and confidence of providers before the training was on the whole high, there were clear examples of areas that providers could be supported with through HAF training, indicated by quality assurance observations and self-reported need. For most providers these were developing skills and knowledge to tailor sessions to meet the needs of different children, for example, those who have SEN or SEMH, or children of different ages, and providing more creative approaches to physical activity.

Outcomes demonstrate the HAF training programme had a positive impact on providers design and delivery of physical activity sessions. Positive impacts were observed on knowledge of designing sessions and knowledge of supporting children and families, as well as confidence delivering sessions, use of skills and knowledge during delivery, safety and inclusivity of delivery and overall quality of delivery. The majority of providers felt they had improved their engagement of children and provision of tailored support and increased the variety of activities they offered to children that were appropriate for different needs and different age groups. Quality of provision was observed to have improved substantially after HAF training however a lack of post-training quality assurance data means generalisation of impacts is challenging and interpretation is limited.

There were very few aspects of the HAF training that providers felt could be improved in the future, however, a small proportion felt the HAF training was too mainstream and was less relevant to providers who supported children with specific needs. Some providers felt their delivery team was already adequately resourced with skills and knowledge to provide physical activity sessions, therefore offering opportunities for more tailored support for specific delivery teams may enhance engagement and outcomes. The lack of use of the resource bank also represents a missed opportunity for providers to access supportive resources however it was clear some providers were unaware that this resource was available to them. Future HAF training therefore may consider further tailoring of training content for providers, more information and content that supports targeted provision, and increasing the promotion and accessibility of the resource bank. Overall, the HAF training programme was highly valued by providers; the overall quality of support provided by the HAF training team was reported as 'excellent' and well-organised, and delivered by knowledgeable, friendly, professional leaders.

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