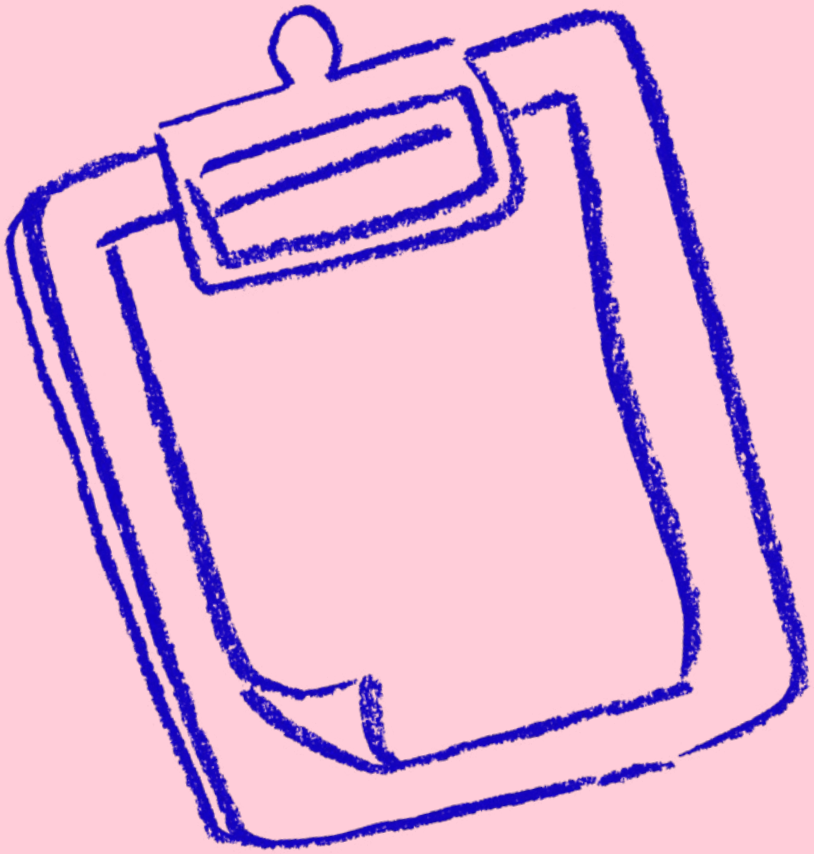
Safe and effective practice checklist



For best results, we suggest downloading and saving a copy of this checklist. You can then complete it and keep it for your own records.

This checklist summarises our safe and effective practice guidance. It aims to help people who organise or deliver physical activity to implement safe and effective practice in their programmes to support mental health outcomes.

How to use this checklist

This document outlines 5 settings where people aged 11 and over do physical activity. An overview of each setting is on page 3.

We've created a checklist for each setting*. These will help you to identify where you're meeting the guidance, and where you may need more support.

Please complete all checklists that relate to the setting you're working in. For example, if you deliver a Primary care programme, you will need to complete Community open; Community targeted – mental health; and Primary care checklists.

Each checklist is split into 4 sections:

1. **Participants' needs** – what you need to put in place to safely and effectively support participants.
2. **Deliverers'▼ needs** – what you need to put in place to safely and effectively support deliverers.
3. **Measuring success** – how you can measure and evaluate your programme's mental health outcomes.
4. **Tools, templates and case studies** – help you to implement different parts of the guidance. Each tool is numbered and can be found in the tools, templates and case studies box.

When developing the safe and effective practice guidance, we made assumptions that appropriate recruitment guidelines, training, insurance and risk assessments are in place and data is kept securely. The guidance (page 16) has further information on these assumptions.

* No checklist is provided for the Independent setting as these activities don't require deliverers or a programme for people to access them.

▼ We use the term 'deliverers' to cover anyone delivering activities – from volunteers through to trained leaders, coaches and instructors.

	Description	Examples of delivery	Who
Independent	Resources helping people to be physically active independently. This includes in their home, or in green (outside) or blue (on or in water) settings.	• We Are Undefeatable Campaign. • NHS Every Mind Matters.	Everyone.
Community open	Open programmes engaging the public in physical activity, sport or sport for development.	• Fitness and leisure-based. • Sports clubs, groups and parkrun. • Informal community/youth groups.	Everyone.
Community targeted – mental health	Targeted to deliver wider health, wellbeing and social outcomes. This includes community programmes designed to support mental health outcomes.	• Mental wellbeing walking/running/boxing/football groups. • Walk and Talk programmes/activities focusing on mental wellbeing. • Physical activity with mental health psychoeducation elements (e.g. advice on stress, wellbeing, sleep etc).	People who may have a mental health diagnosis or be at risk of experiencing a mental health problem.
Primary care	Services that provide the first point of contact in the healthcare system.	• Targeted social prescribing physical activity programmes/ activities for mental health outcomes. • Talking Therapy physical activity services.	People experiencing clinical symptoms – often mild-moderate mental health problems.
Secondary care	Services provide expert care and specialist treatment for patients referred from primary services.	• Community programmes aimed at people in secondary care such as Coping through football. • In-patient sessions (e.g. Sport in Mind and NHS-led sessions).	People experiencing more severe clinical needs including people in crisis.

Community open

Ratio: Follow NGB and insurance requirements. Around 1 deliverer to 12–20 participants, but this may vary based on activity (i.e. group exercise larger ratios), age and support needs of participants.

Participants' needs

Focus on fun, enjoyment and how activities make participants feel.

Be inclusive and supportive of individual needs:

- Provide information before sessions (e.g. point of contact, what to wear, transport, facilities, what the session will involve).
- Provide photos or virtual tours of facilities.
- Build trust by introducing self, learning names, understanding motivations and ask people how they are.
- Offer the option of family/friend to attend to support them.
- Pair 'first timers' with a buddy and encourage existing participants to introduce themselves.
- Offer welcome or taster sessions.
- Provide and encourage breaks.

Use Spot. Support. Signpost[1] if a participant is struggling with their mental health.

Follow usual safeguarding policy and procedures.

Tools, templates and case studies

1. Spot. Support. Signpost.
2. UK Coaching's Duty to Care Hub
3. Boundaries to the role
4. Yoga – how Sophie helped me feel safe
5. Wellbeing check-in activities (e.g. Wellbeing battery)
6. UK Coaching's ConnectedCoaches Community
7. Sport England's survey example and Buddle's Measuring impact

Deliverers' needs

Physical first aid and safeguarding training is required. Mental health training is beneficial but not expected.

A basic awareness[2] of the following is needed:

- What is mental health, mental wellbeing and mental health problems.
- What is the relationship between physical activity and mental health.
- How to spot the signs someone is struggling with their mental health, support them in the moment, and signpost to professional support[1].
- What are the boundaries of the role[3] and what other relevant specialists could support around health and wellbeing.
- How to look after own mental health and wellbeing.

Personal qualities[4] and experience are critical to creating an engaging and inclusive space – being compassionate, empathetic, a good communicator, and ability to create a fun and positive environment.

Session expectations and deliverer's boundaries[3] clearly defined (e.g. deliverers aren't therapists, limited ability to support before and after sessions).

Support provided by welfare/safeguarding officers (e.g. clear processes to escalate concerns).

Wellbeing check-ins[5] provided by managers/colleagues.

Peer support and knowledge exchange[6] with other deliverers.

Measuring success

- Use participant experience feedback[7] (e.g. "Would you recommend the session to family/friends?").
- **Going further:** monitor mental health and wellbeing outcomes such as those listed in Community targeted – mental health (p. 5).

Community targeted – mental health

Please complete **Community open** section before working through this checklist

Ratio: A minimum of 2 deliverers but ideally more to provide one-to-one and group support. Smaller group numbers (e.g. 12–16 participants).

Participants' needs

Delivered in partnership with or supported by mental health services.

Sessions are co-designed with target participants[8].

Sessions should be trauma informed[9].

Expectations are established and promoted with screening arrangements in place (e.g. who can attend, referral or self-referral[10], who are the deliverers and what qualifications they have).

Participants asked for their mental health and support needs before first session. This could be in the form of a Wellness Action Plan[11].

New participants offered a chat with the deliverer before first session.

Risk assessments[12] include mental health, wellbeing and support needs.

Clear escalation processes[13] are in place including when and how to break confidentiality[13].

Establish group rules/code of conduct[14] to create trust and belonging.

Be flexible:

- Provide extra breaks (e.g. time away from group in a quieter area, short breaks may be part of participant's coping strategies).
- Include options to participate online where appropriate.
- Invite people who are injured to engage in different ways.

Participants encouraged to set personal goals.

Encourage social relationships and peer support as appropriate (e.g. paired and group activities, optional socials after sessions).

Build mental health literacy and self-support[15] into sessions or as an optional add on. Delivered by trained and experienced facilitators only.

Participants supported into trusted exit routes (e.g. Community open activities) if sessions come to an end.

Check-in on people who haven't attended for a while via personalised messages/emails or a call.

Deliverers' needs

Mental health training[16] is essential for the main deliverers.

An awareness of[16]:

- When and how to break confidentiality.
- How to support people experiencing a mental health crisis and how to keep them safe.
- The mental health continuum (good to poor) and range of mental health problems.
- The barriers people with mental health problems may experience in physical activity and how to support them to overcome them.
- When physical activity can become unhealthy.

Knowledge and experience of working with people with mental health problems, neurodiversity and trauma.

Group rules/code of conduct[14] outline what deliverers can and cannot provide, boundaries[3] and when communications will be answered.

Deliverers have access to support and guidance from the mental health service involved in the activities.

Wellbeing support is available for deliverers (e.g. self-care resources[17], Wellness Action Plans[11], Employee Assistance Programmes or apps).

Supervision and wellbeing checks[18] for deliverers provided by managers/mental health partners. Good practice is every 4–6 weeks.

Peer support and mentoring through team meetings and forums (e.g. hot and cold debriefs) or through supportive partner organisations.

Sessions should be cancelled if experienced staff aren't available.

Measuring success

- [ ] Gaining feedback from participants and deliverers (e.g. open discussions to avoid triggering forms or questions).
- [ ] **Going further:** monitor mental health and wellbeing outcomes[19]. Use tools such as:
  - Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) or shortened version (SWEMWBS)
  - The Social Provision Scale (SPS-10)
  - The Rosenberg Self-esteem Scale (RSES) may help.

  More specialist tools could also be used providing the organisation has training and systems to support people with clinical needs. For example:
  - Generalised anxiety disorder – 7 (GAD-7)
  - Patient health questionnaire – 9 (PHQ-9)

Tools, templates and case studies

8. How to involve people with lived experience of mental health problems
9. Trauma informed
10. Referral and screening
11. Wellness Action Plans (WAPs)
12. Risk assessment
13. Escalation process and when and how to break confidentiality and British Judo: Safeguarding and wellbeing escalation process
14. Group rules/Code of conduct
15. Young People Wellbeing Activity library and Active Luton's Total Wellbeing programme
16. Mental Health Awareness for Sport and Physical Activity training
17. Self-care resources and library
18. Supervision guide
19. How to measure the impact of a service/project

- CIMSPA's Working with people with mental health conditions professional standard
- Mental Health Swims

Primary care

Please complete the **Community open** and **Community targeted – mental health** sections before working through this checklist

Ratio: A minimum of 2 deliverers for small groups of up to 12–16 participants. Because participants have clinical needs, more staff and a smaller group size are needed. This helps deliverers to manage challenging situations and offer peer-to-peer support.

Participants' needs

Health Care Professionals (HCPs), e.g. GPs or social prescribers, communicate with the deliverer and participant to:

- Tailor support and match activities based on an individual's needs.
- Set appropriate expectations of the session (participants have higher expectations when matched by HCP).
- Build relationships between referrers, deliverers and participants.

HCPs to make deliverers aware of participants' mental health needs.

Participants' motivations and goals are known (e.g. through asking on sign up forms or 'what matters to me' type conversation).

Some participants may require an individual risk assessment[12].

Regular check-ins with participants to assess progress and make necessary adjustments.

Establish a supportive group environment focusing on peer-to-peer support.

Local signposting and services to be mapped using tools such as Hub of Hope[20]. Deliverers understand local waiting times.

Measuring success

- [ ] Regular feedback from participants, deliverers and HCPs to evaluate the session's effectiveness and ensure participants' needs are met.
- [ ] There may be programme/agency-specific outcomes for measuring success.

Deliverers' needs

Mental health knowledge and training[16,21] is essential for all deliverers.

An awareness of the mental health system[22] and referral processes[10].

Ability to work with groups and one-to-one.

Experience of working with referred participants to provide adequate support.

Ability to provide extra support to participants who aren't ready to access formal mental health services.

Empowered to say "no" when they cannot meet the needs of a referred person or if their needs sit outside the scope of practice.

Receive relevant training as provided to other supporting practitioners working in primary care who have a mental health focus.

Receive 4-6 weekly supervisions and wellbeing checks[18] that are focused on both pastoral and clinical/casework.

Two-way partnership between referral partners/HCPs and deliverers. This may be in formalised in a Memorandum of Understanding (MOU)[23] or ways of working agreements.

Tools, templates and case studies

20. Hub of Hope
21. Mental health training
22. Working with the mental health sector
23. Memorandum of Understanding template

- CIMSPA's Working with people with mental health conditions professional standard
- Yorkshire Sport Foundation's Safety Nets

Secondary care

Please complete the **Community open**, **Community targeted – mental health** and **Primary care** sections before working through this checklist

Ratio: Adjusted based on the need of each individual, the environment (e.g. community/inpatient/secure/forensic) and determined through a risk assessment. This may involve working one-to-one or providing more staff than participants.

Participants' needs

Spaces are trauma informed[9], and activities are selected therapeutically to support mental health needs. For example, not excluding people with eating disorders or exercise addiction, but focus on lower intensity activities if clinically safe for them to take part.

Making codesign with participants[8] part of everyday practice.

Choice and control are important to participants. This includes choice of activity and amount of personal information shared with deliverers.

Health Care Professionals (HCPs) screen for suitability[10] for participation based on clinical support needs and conversations with patients.

Sessions are adequately staffed/supported by clinical staff to ensure safety of all. This may include health care assistants, peer support workers, mental health nurses, physios and occupational therapists.

Full induction to setting provided to participants.

A Service Level Agreement (SLA) between the setting and physical activity deliverer created to outline roles, responsibilities and expectations. This should include arrangements for managing declining or concerning mental health, and how to spot, escalate and support.

Risk assessment based on individual clinical needs, led by the clinical team. More participants will require individual risk assessments[12].

Boundaries, roles and responsibilities should be defined with staff, volunteers and participants, ensuring everyone understands their responsibilities. This may include using first names only, mobile phones being locked away, limiting access to or counting in/out kit.

Deliverers should provide one-to-one support (pre/post and regular check-ins) to understand how to tailor sessions for participant's needs, preferences and motivations.

Access to movement should be seen as a right, not a reward, and never used as a punishment. Everyone has the right to move outdoors or in different spaces and an opportunity to connect with the mindful parts of movement. Accessibility barriers should be removed where possible.

Sessions promote belonging and identity. Providing kit can help create a sense of community and support people who don't have any.

Working with third party supplier teams can help a smooth transition into community open and targeted activities.

Deliverers' needs

Sessions are delivered by leaders with both:

1. Sport and physical activity qualifications relevant for the activity.
2. Mental health training[21, 24] relevant for the setting, for example:
   - Preventing and Managing Violence and Aggression (PMVA), Managing Actual or Potential Aggression (MAPA) or equivalent de-escalation training if required by the setting.
   - Specific training for working in community, inpatient, secure or forensic settings.
   - Care plans and individual risk assessments[12].

OR

Sessions are delivered by a multi-disciplinary team. This includes a physical activity deliverer with mental health training[21] and a named lead mental health practitioner as part of the team.

A basic understanding of secondary care and experience working with participants in secondary care settings.

Specific knowledge of how physical activity and mental health come together. For example, how trauma, eating disorders, addiction and compulsive behaviours connect with physical activity.

Basic understanding of commonly prescribed medications and the impact on type of activity, intensity and safety recommendations (e.g. increased risks around hydration and the need for water breaks).

Training in comorbidities/intersectionality may be needed given poorer physical health outcomes for people with serious mental illness.

Safeguarding training and policy should be provided by the host/commissioning organisation. This includes a crisis management policy and arrangements for breaking confidentiality.

A lone worker policy[25] may be in place for deliverers working one-to-one.

Clinical supervision provided by the host/commissioning organisation.

Reflective practice[18] sessions should be available.

Host organisation/setting to consider making Employee Assistance Programme (EAP) or equivalent available to third party suppliers.

Offered peer support networking and mentoring opportunities.

HCPs need an understanding of how physical activity can provide a positive adjunct to medication and talking therapies, providing patients purpose, fun, empowerment and community[26].

Measuring success

- Monitor impact of activities on clinical symptoms, support needs and other interventions using tools like the Hospital Anxiety and Depression Scale (HADS).

Tools, templates and case studies

24. Rethink Severe Mental Illness and Exercise: Delivering inclusive, safe and effective sessions eLearning (coming late 2025).
25. Lone worker policy
26. Moving Healthcare Professionals

- Sport in Mind – Secondary care activities