



**Dance Action Zone Leeds (DAZL):
Mental Health and Resilience Project
2019/2020 Public Health Leeds Funded
Evaluation Report**

Dr. Victoria Archbold and Suzanne Bond

Carnegie School of Sport: Active Lifestyles Research
Centre

Leeds Beckett University

0



Reader Information

Leeds Beckett University was funded to undertake the evaluation of the programme outcomes of the DAZL Mental Health and Resilience Project, commissioned by Public Health Leeds.

This report was prepared by Dr. Victoria Archbold and Suzanne Bond.

Carnegie School of Sport: Active Lifestyles Research Centre.

Contact details:

Dr. Victoria Archbold
Carnegie School of Sport
Leeds Beckett University
Headingley Campus
Leeds
LS6 3QS
Phone: 0113 812 6229
Email: v.archbold@leedsbeckett.ac.uk

Suzanne Bond
Carnegie School of Sport
Leeds Beckett University
Headingley Campus
Leeds
LS6 3QS
Email: s.j.bond@leedsbeckett.ac.uk

Contents

Introduction.....	6-9
Aims.....	6
Programme Background.....	6
Programme Outcomes.....	7
Programme Evaluation.....	7
Learning.....	9
DAZL Mental Health and Resilience Project Evaluation.....	9-13
Introduction.....	9
The Relevance of Dance.....	11
Aims and Context.....	13
Project Development and Delivery.....	13-15
Access and Delivery.....	13
Dance Session Content.....	14
The Building of a Contemporary Mental Health and Resilience Performance Piece..	15
Methodology for Evaluation.....	15-16
Mixed Methods.....	15
Qualitative Methods.....	16
Building the Evidence Base for Dance, Mental Health and Resilience.....	16-18
Psychological Assessments.....	16
Focus Groups - Gathering the Perceptions and Experiences of Participants.....	16
Participant Observations.....	18
Ethics.....	18

Group Demographics	18-19
Findings and Analysis	19-45
School Group: Self Report Questionnaire.....	20
School Group: Psychological Assessments.....	22
Focus Groups.....	27
School Group - The Reason I Dance.....	29
School Group - The Ideal Me.....	32
Care Experienced Group - The Reason I Dance.....	35
Care Experienced Group - Body Image and Social Media.....	38
Contemporary Dance Group - The Reason I Dance.....	40
Contemporary Dance Group - Body Image and Social Media.....	43
The Focus Groups - A combined Overview of the Impact of the Project	46
Animation 1: Capturing how the young people felt being social actors in this piece of research	47
Animation 2: How being involved built their resilience	47
Conclusions and Recommendations	48-50
Acknowledgements	51
References	52-57
Appendices	58-72



Tables and Figures

Table 1 – Engagement data.....	14
Table 2 – Baseline demographics.....	18
Table 3 – School Group PA, Sleep and Habitual Health Behaviour Descriptives	19
Table 4 - Mean change across all SDQ domains.....	25
Figure 1 - School group ethnicity data.....	19
Figure 2 - School group self-reported physical activity levels.....	20
Figure 3 - School group self-reported sleep levels	21
Figure 4 - School group self-reported screen time (social media and phone).....	22
Figure 5 - School group strengths and difficulties questionnaire outcomes.....	24
Figure 6 - School group - emotional problems.....	25
Figure 7 - School group - peer relationships.....	26
Figure 8 - School group – prosocial behaviour.....	27
Figure 9 - Pen profile for school group highlighting themes are the reasons they dance.....	29
Figure 10 - Pen profile for school group highlighting themes surrounding their body image perceptions.....	32
Figure 11 - Pen profile for care experienced group highlighting themes re: the reasons they dance.....	35
Figure 12 - Pen profile for care experienced group highlighting themes surrounding their body image and social media.....	38
Figure 13 - Pen profile for DAZL contemporary dance group highlighting themes - the reasons they dance.....	40
Figure 14 - Pen profile for DAZL contemporary dance group highlighting themes surrounding their body image and social media.....	43
Figure 15 - The reason I dance overview	46

Figure 16 - Body Image / The Ideal Me Overview.....	46
Figure 17 - Programme Improvement Summary.....	49
Figure 18 - Programme key findings	50

Appendices

Appendix 1 - Strengths and Difficulties Questionnaire.....	58
Appendix 2 - Example vision board.....	59
Appendix 3 - Example dart board.....	60
Appendix 4 - Focus group questions.....	61
Appendix 5 - Written storyboard for participant observation.....	63
Appendix 6 - Information sheet.....	65
Appendix 7 - Consent form.....	68
Appendix 8 - Young person information sheet.....	69
Appendix 9 - Young person assent form.....	71

Introduction

Dance Action Zone Leeds (DAZL) is a leading, inclusive community dance organisation based in Leeds, UK. It engages approximately 1,800-2,300 children and young people on a weekly basis in their community through dance programmes. Through dance, DAZL reduces health inequalities for children and young people residing in some of the most deprived wards of Leeds.

DAZL is commissioned by Leeds City Council and Public Health and forms part of the Childhood Obesity Strategy implementation plan for Leeds (2006-2016). The programme uses community development approaches, training local young people and adults as dance leaders to deliver the dance programmes (street dance activities, contemporary dance projects, holiday programmes, competitive cheer dance squads and large-scale performances) within their own community. Alongside this, DAZL also offers a within and after-school dance programme across Leeds, also delivered by the same dance leaders.

DAZL has two overarching aims:

1. To improve the mental and physical health of young people aged 3 – 19 years, particularly girls, through dance as physical activity in disadvantaged communities of Leeds.
2. To reduce health inequalities, improving the health and wellbeing of children, young adults with disabilities up to 25 years, families and the wider community throughout Yorkshire through asset-based community dance and wider dance opportunities.

Programme background

In line with DAZL's overarching aim, Public Health Leeds allocated funding to evaluate the impact the DAZL programme had on the mental health and resilience project for young people. DAZL coordinated a three-arm project consisting of the following:

- A four month, weekly, within school, dance programme aimed at adolescent girls aged between 12 and 16 years old, including high energy street dance.
- A six month, weekly, dance programme aimed at care experienced young people aged 18 to 25, including primarily fun, fitness-based dancing.

- A nine-month, contemporary dance project with existing DAZL dance group participants aged 15 to 25 years old, with participants being co-creators of a mental health and resilience focused dance performance piece.

The programme was evaluated in partnership with researchers from Leeds Beckett University. Young people were encouraged to participate in research (using methods that included questionnaires, participatory interactive focus groups and observations). These methods sought to gather evidence on the impact of dance in relation to psychosocial health and mental health outcomes.

Programme outcomes

The programme aimed to:

1. Capture the young people's experience of engaging in a creative dance process and issue-based workshops which aimed to help other young people explore mental health and resilience; and
2. Examine the effect of the dance programme on all three groups' (schools; care-experienced; and DAZL contemporary dance) mental health, resilience and overall physical activity levels.

Programme evaluation

The evaluation drew on a mixed methods approach and was informed by interdisciplinary perspectives of health and wellbeing. A variety of measures were selected to assess young people's psychosocial health and also the impact of being a co-creator in a performance piece. A validated psychometric questionnaire (strengths and difficulties questionnaire (SDQ) (Goodman, 1997) was used to capture psychosocial health and its changes over the programme for all three aspects of the project (school groups, care experienced group and the DAZL contemporary dance group). Interactive, participatory led focus groups (using vision boards and dartboard methods- see methodology) were conducted to explore attitudes and perceptions towards psychosocial health, mental health, self-esteem, resilience and physical activity. Participant observations were undertaken for the contemporary dance group during their sessions. All data was collected by the research team at Leeds Beckett University at differing time points during the nine-month programme:

- Focus groups: two timepoints - baseline and post-intervention (total n=79)

- Psychometric questionnaires (SDQ): three timepoints - baseline, mid-intervention and post-intervention (total n=137)
- Observations: five timepoints - first session, then after - one month, two-month, three month and six months (total of 5 hours).

Psychosocial improvements for young people in the school group were identified as a result of the mental health and resilience project. Improvements in the sub-domains of **emotional problems, peer problems and pro-social behaviour** were noted. Overall improvements were also noted in physical activity levels for the school groups (mean improvement of 31 minutes per day of MVPA). However, these were self-reported, subjective measures, and caution should be made in generalising these findings.

The focus groups, which included participatory, creative methods with the young people (i.e. vision boards and dartboards - see methodology for more detail), looked at two separate areas - *the reasons why young people engage with dance, and what young people perceive their own body image / ideal person to be*. The reasons why young people engaged in dance at the start of the programme were associated with the importance to their **own health (both physical and mental), to feel like an individual** and to be involved with dance **as a vehicle to accessing a support network**. These reasons shifted following the programme to **building confidence, fostering friendships and for emotional expression**. Overall themes which emerged from discussions around body image / the ideal person at the start of the programme were the need to be **socially compliant, the importance of physical appearance and the damaging effect of social media**. These themes shifted by the end of the programme to become **centred around galvanising confidence through dance and the positive effect of social support on self-confidence**.

The focus group findings when used in conjunction with the participant observations of the contemporary dance group, showed evidence of improvements in emotional resilience through being a co-creator of the mental health performance piece. The participants discussed the difficulties and challenges that they experienced when placing their own experiences and feelings into the performance piece, and how this fostered their own emotional resilience. Documenting these effects and improvements contributes to a growing body of evidence of the significance of dance for health and well-being for young people.

Learning

Funding for this project enabled access to this project for young people new to dance through new timetabled provision. This approach supported both of DAZLs aims to target young people (particularly girls) and reduce health inequalities through engaging the wider community in terms of the care experienced group and adolescent girls from low socio-economic areas in Leeds.

The overall findings suggest community interventions enable young people to engage with dance and have measurable psychosocial benefits in doing so. The psychological measures have implications for future investment in dance as a vehicle to improve young people's mental health and resilience. This highlights a need to further invest in dance within community interventions to reach children and young people who normally would disengage with health and activity programmes.

Furthermore, future evaluation of provision could extend work on mental health and resilience, including individual case studies (i.e. ethnography) alongside more outcome-based efficacy trials (i.e. randomised control trials). It would also be valuable to evaluate DAZL as a community asset in the delivery of dance and wellbeing for young people in Leeds. This would assist in the replication of their model of good practice in community contexts. This may assist other commissioned health programmes to engage and sustain the health and mental wellbeing of children and young people in their provisions.

DAZL Mental Health and Resilience Project Evaluation

Introduction

The Department of Health (2016) in their national strategy 'Childhood Obesity: A Plan for Action (part 1 & 2, 2018)' have at the forefront of their health and wellbeing strategies the value of physical activity (PA) for the health and wellbeing of young people. Nearly a third of children aged 2 to 15 are overweight or obese (Health and Social Care Information Centre, 2015) and younger generations are becoming obese at earlier rates and staying obese for longer. Additionally, in England, by the time children are reaching school, 10% are overweight or obese, doubling to 20% by the point of secondary school commencing (NHS Digital, 2020). Being overweight or obese during childhood and adolescence carries a higher risk of poor mental well-being, premature onset of chronic illness and a shortened life expectancy (Reilly & Kelly, 2011; Griffiths, Sera & Cortina-Borja, 2010).



Adolescence (10–19 years) is a unique and formative time, multiple physical, emotional and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems (World Health Organisation, 2019). Within adolescence the brain is still developing (Casey et al., 2008) and this combined with puberty hormones creates a desire to engage in risky, unhealthy behaviours (Padmanabhan & Luna, 2014; Arain et al., 2013). Synaptic pruning (in response to experience) of unused brain circuits occurs during adolescence and used circuits are myelinated and made stronger (Schubert et al., 2015). These processes strengthen the occurrence of unhealthy behaviours (physical inactivity, poor nutritional intake), and logical decision making becomes difficult (Arain et al., 2013). During the transition period from primary to secondary school, sedentary behaviours increase in line with changes in the physical and social environment (Pearson et al., 2017), making it a key period for delivery of PA interventions. A systematic review (Pearson et al., 2017) found that objectively tracked sedentary behaviour across this period consistently and significantly increased (range of 16 to 45 minutes) in a linear manner. This decrease in PA continues throughout adolescence at an annual mean percentage decline of 7% from the age of ten (Dumith et al., 2011).

Adolescents are also faced with the modern challenge of managing the impact of screen time on their health, both physical and mental. There is evidence that screen time is associated with obesity, with suggested mechanisms being an increase in energy intake (March, Mhurchu & Maddison, 2013), the displacement of time available for physical activity (Iannottu et al., 2009), or more directly through reduction in metabolic rate (Klesges, Shelton & Klesges, 1993). There is also evidence that high screen time is associated with deleterious effects on irritability, low mood and cognitive and socioemotional development, leading to poor educational performance (Domingues-Montanari, 2017). The benefits of PA interventions for this age group are documented in numerous studies, including improvements in cognition such as attention, inhibition and working memory, which in turn influence academic performance (Singh et al., 2012; Esteban-Cornejo et al., 2014). Additionally, positive effects of engaging in PA, with regards to self-esteem, quality of life, self-concept, body image, anxiety and resilience have been documented in reviews (Keogh et al., 2009; Kiepe et al., 2012; Guzmán-García et al., 2013; Hwang and Braun, 2015; Rodrigues-Krause et al., 2016).

Given that physical inactivity in childhood and adolescence tends to track into adulthood, a whole generation could be at risk of health problems related to physical inactivity. Moreover, chronic diseases are most pronounced in economically disadvantaged areas where PA levels are consistently lower and there have been direct correlations made between obese children

coming from deprived areas (Lamerz et al., 2005). Research shows concerning data with decreasing levels of PA among young people in Western societies (Aujla & Farrer, 2015). A significant proportion of adolescents - more than 80% of this population in the Member States of the WHO European Region are not meeting national MVPA guidelines, including within the UK (WHO 2016). Increasing PA levels is one major strategy for the prevention or reduction of obesity levels (Griffiths et al., 2013) and improving their wellbeing markers.

The Relevance of Dance

Dance is commonly defined differently from sport as a performing art form which refers to the rhythmic movements and sequences of steps usually set to music. Dance isn't simply a form of PA, it provides individuals with an opportunity to use varying senses along with creating a connection between self-expression and movement to music, thus addressing elements of one's' personality (Kirsch, 2005; Kaufmann, 2011; StuderLüthi and Züger, 2012). Experimental studies support this concept that feedback from movement or body posture can provide an impact on an individual's own perception, attitude and affect (Koch, 2011; Storch et al., 2011). From this, it is entirely plausible that dancing influences psychological constructs (Schwender et al., 2018).

It is suggested that one determinant of positive PA engagement and its longevity throughout adulthood amongst adolescent girls is the enjoyment of PA, which is associated with dance participation (Budd et al., 2018). It is argued that activities and approaches that engage student's passionate interests (i.e. those that bring them pride and joy, along with having them vigorously exercise), brings them a sense of belonging and social acceptance. In turn, improving cognitive function and school outcomes in young people (Diamond and Ling, 2016) - dance incorporates these elements. Evidence has shown dance to be a popular option for those girls at high risk of inactivity aged between 10 and 15 (National Institute of Clinical Excellence, 2008). A national survey conducted on secondary school age girls in England demonstrated that more than half chose dance as their first preference for physical education (P.E) (National Dance Teachers Association, 2004).

Dance has been suggested as one of the ways to increase PA levels among young people from high deprivation areas who typically have very low PA and mental health/wellbeing profiles (Bor et al., 2014; King et al., 2011). Compounding this issue is the fact that this group is particularly difficult to recruit and retain in PA programmes (Withall, Jago and Fox, 2011). Adolescent girls' disengagement from PA can often come from a dislike of activities on offer;

therefore, providing a choice of activities such as dance is imperative in increasing participation rates (Corr and Murtagh, 2019).

The health benefits of dance participation are acknowledged to have the potential to contribute to government targets relating to halting the rise of obesity levels among children and young people, particularly by engaging those who typically do not engage with traditional forms of PA (Hall, 2008). Furthermore, the Department of Health recognises that dance has a role to play in the diversification of the definition of PA alongside acknowledging its contribution to health and wellbeing improvement via its Healthy Lives, Healthy People strategy (2010). Dance has an array of benefits through increasing PA levels amongst young people, with research indicating positive effects on self-esteem and mental wellbeing (Quin et al., 2007; Connolly et al., 2011).

Resilience is also the ability to withstand, recover, and grow in the face of stressors and changing demands (Deuster and Silverman, 2013). Physical activity for young people may offer one pathway toward resilience because of its associations with many traits and attributes required for resilience. In addition, physical fitness confers resilience because regular exercise and/or physical activity induces positive physiological and psychological benefits (Perna et al., 2012; Skrove et al., 2012), and protects against the potential consequences of stressful events (Yi et al., 2008; Kobasa et al., 1982; Taylor et al., 2008).

A review on PA and mental health in children and adolescents (Mansfield et al., 2018) identified an association between PA and positive well-being outcomes connected to reduced depression and anxiety, and enhanced self-esteem and cognitive function (Moher et al., 2010). The evidence, however, is theoretically and methodologically diverse and less attention has been given to children and adolescents. Dance-related reviews of evidence have examined the effectiveness of dance therapy on psychological and physical health and well-being outcomes in patients with cancer (Bradt, Shim & Goodil, 2015) for schizophrenia (Ren and Xia, 2013) and on depression (Meekums, Karkou & Nelson, 2015). However, limited robust research exists on dance led PA interventions, and those that do demonstrate minimal effects on the impact of dance (Cain et al. 2015, Sebire et al. 2016). There remains limited focus on sport and dance interventions in healthy young people (15–24 years) to promote subjective well-being. Studies also tend to focus on potential outcomes and goals such as social transformation, rather than improving psycho-social outcomes (Urmston, 2012). As such, there is a real need to evaluate PA dance interventions in high deprivation areas to explore if

dance may offer a unique solution to engage those young people who are typically disengaged from physical activity programmes.

Aims and context

This report covers the evaluation of Dance Action Zone Leeds (DAZL) programme outcomes for their mental health and resilience project commissioned by Public Health Leeds in 2019-2020. The evaluation ran from September 2019 to March 2020 and has provided an opportunity to explore the impact of being involved in dance interventions (within both a school and community context) for young people's mental health and well-being.

The programme aimed to:

1. Capture the young people's experience of engaging in a creative dance process and issue-based workshops which was aimed at helping other young people explore mental health and resilience; and
2. Examine the effect of the dance programme on young people's psychosocial health, mental health, resilience and physical activity (within school groups and community contexts).

DAZL delivered the following in respect of the practical delivery of the project:

- Four months of weekly 45-minute dance classes to adolescent girls, aged 12 to 16 years within school P.E. time (excluding holiday periods and school cancellations). The majority were new to dance and all were from low socio-economic areas.
- Six months of weekly 30-minute dance classes to care experienced young people aged 18 to 25 years. All were new to dance and all were from low socio-economic areas.
- Nine months of contemporary dance classes in conjunction with 'Fall into Place Theatre Group' with a production of a final performance piece for young people aged 15 to 25 years. This group were existing DAZL dancers.

Project development and delivery

Access and delivery

Dance provision to the school and care experienced group (usually chargeable) was subsidised to ensure that the young people from low socio-economic backgrounds had the

opportunity to engage with the project. For each group within the programme, the following table presents data on engagement with the project:

Group	Length of time	No. of young people engaging on average (per week)	Leavers
School (n=123 - at start of project)	4 months	86	0
Participants who consented (n=41 - at start of project)*		29	0
Care Experienced (n=11 - at start of project) - all consented	6 months	Data not available	Data not available
DAZL Contemporary (n=14 - at start of project) - all consented	9 months	10	4

Table 1: Engagement data

*Consented participant ratio to total attending classes (33%), This was originally higher prior to October half term commencing (47%), however a school-initiated change of class members removed n=17 consented participants.

Initial consultation meetings between the Director of DAZL, Public Health Leeds and the research coordinators took place at Leeds Beckett University. Consultations between Ruth Gorse Academy and the Care Experienced Group Organisers with the Director of DAZL took place separately from university involvement. Weekly dance sessions were planned by DAZL and delivered by a DAZL dance leader at the allocated venues.

Dance session content

Dance styles were dependent upon the group they were being delivered to and the content varied for each group:

- School groups - street dance based. Sessions consisted of an upbeat tempo warmup using pulse raising dance moves, a taught choreographed phase - working towards a final longer dance, and a cool down to lower heart rate and breathing.
- Care experienced group - fitness dance based. Sessions consisted of an upbeat tempo warmup and main body using pulse raising dance moves, and a cool down to lower heart rate and breathing.
- Contemporary group - see below.

The building of a contemporary mental health and resilience performance piece

The delivery of sessions for the DAZL contemporary group differed from that of the school and care experienced group in order to facilitate the design and creation of a mental health and resilience focused performance piece. At the start of the project, Fall into Place Theatre group attended and provided an introductory session introducing methods to embed genuine emotion and experience into contemporary dance. The theatre group thereafter delivered a week-long workshop to the young people (during October 2019 half term) with the aim of aiding the young people in creating the performance piece. Each weekly session after that was spent reflecting on, practicing and developing further their performance piece.

Methodology for evaluation

Mixed methods

A mixed methods approach was used for this evaluation (informed by interdisciplinary perspectives of health and wellbeing). A variety of measures were selected to assess young people's psychosocial health and also the impact of being a co-creator in a performance piece. A validated psychometric questionnaire (strengths and difficulties questionnaire (SDQ) (Goodman, 2001) was used to capture psychosocial health and it's changes over the programme/s. Innovative participatory led focus groups (involving vision boards and dartboards) were conducted to explore attitudes and perceptions towards psychosocial health, mental health, self-esteem, and physical activity. Observations were undertaken on the contemporary dance group during their sessions. All data was collected by the research team at Leeds Beckett University (Carnegie School of Sport) at differing time points during the nine-month programme:

- Focus groups: two timepoints - baseline and post-intervention (total n=79)

- Psychometric questionnaires (SDQ): three timepoints - baseline, mid-intervention and post-intervention (total n=137)
- Health behaviours (Physical activity, sleep, screen time) - three timepoints - baseline, mid-intervention and post-intervention (total n=137)
- Observations: five timepoints - first session, then after - one month, two-month, three month and six month (total of 5 hours)

Qualitative methods

Standard evidence-based approaches in health research are becoming increasingly critiqued by experts in the field with the hierarchical position of quantitative research findings becoming challenged (Freshwater et al., 2010). Looking to address this issue and becoming increasingly acknowledged is that of qualitative research and the role it plays in evidence-based evaluation (Lub, 2015; Rossi et al., 2004). The synthesis of these two approaches creates a much more holistic approach to health. Notable developments incorporating these mixed method approaches occur more frequently in public health (Kaur, 2016), but also complement and add strength to dance and physical activity evaluations (Sebire et al., 2016).

Building the evidence base for dance, mental health and resilience

Psychological assessments

All groups completed a strengths and difficulties questionnaire (Goodman, 1997) pre, mid and post programme. This is a validated measure to provide a view of the young person's prosocial behaviour and psychopathology which can be further broken down into five subscales (Emotional, Conduct, Hyperactivity, Peer Problems and Prosocial) (see appendix 1). Each questionnaire was completed on an electronic device at the beginning of a dance session.

Focus groups - gathering the perceptions and experiences of participants

All groups participated in focus group discussions pre and post intervention. With regards to the school participants, this group had five classes, four of which undertook pre and post focus groups. All took place on the premises where the dance sessions took place and lasted up to 1 hour in duration. The maximum number of participants per focus group was six.

The research recognised young people as competent and skilled social agents capable of reflecting upon, understanding and articulating their own experience (James et al. 1998).

Therefore, in seeking to give a voice to young people (some being vulnerable), a range of participatory research methods were used within the focus group discussion to help elicit responses to questions. Thus, in an effort to ensure a dialogue was established between researchers and participants we included innovative participatory methods including vision boards and darts boards (see appendices 2 and 3). The focus groups included questions aimed to elicit factual information; descriptive questions aiming to prompt participants to provide accounts of what happened (where appropriate); and evaluative questions to explore the participants' feelings towards something (see appendix 4 for focus group questions).

All groups regardless of which aim of the study their session fell into undertook an identical task at the start of their focus groups. The young people were given a target / dart board and asked to write what words / feelings they have about *what dance means to them / why they dance*. The most important words were written in the central target with the outer rings displaying the words / post it notes that are less significant to them. This was used to generate further questioning around their choices and experiences of dance. This exercise was completed again at the end of the programme – asking the young people to reflect on 'what dance means to them' again and a subsequent focus group discussion. The narrative and themes were then compared to observe whether the themes have become stronger or more dominant themes have emerged as a consequence of engaging in the programme. All target / dart boards, along with the vision boards were photographed once completed with the permissions of each participant. All focus group discussions were recorded by dictaphone then transcribed verbatim.

The second part of the focus groups explored their attitudes to body image and the influence of social media. Each young person was provided with a blank board and magazine / images that were associated with their age group. They were asked to create a vision board that reflected their opinions of body image and social media by cutting out and sticking images of their choice to their own board. They were also allowed to write words / draw on the board. These boards were then used to inform the focus group discussions. Each board was photographed (with the young person's permission) and printed out. These printouts were used as a basis for discussion around potential changes / additions in the final focus groups.

For the contemporary dance group's focus group, a final section was added aimed at collecting the young people's perceptions and feelings regarding being a 'creator' of a piece of work (dance performance piece). Exploring how this may have built their own resilience and how

they felt being social actors involved in research. This was done through a series of open-ended questions.

Participant observations

The contemporary dance group were also observed during their dance sessions by a member of the university research team. The purpose was to expand on the focus group discussions and explore further the role of involving young people in the development and production of a performance piece to help other young people explore psychosocial health, mental health and resilience. This occurred randomly throughout the programme by means of field notes. The field notes (inclusive of participants direct quotes and researchers observations) were used to craft a storyboard (see appendix 5) and final video animation to display the changes that occurred for the young people during the process.

Ethics

Full ethical approval (application reference: 66203) from the Leeds Beckett University Ethics Committee was obtained prior to any data collection commencing. All participants consented to participate in the research (see appendices 6 to 9 for information sheet, consent form, young person information sheet and young person assent form).

Group Demographics

All quantitative data is based on those participants with full data sets (i.e.) all three timepoints.

	School Group (n=27)
	Mean (SD) or %
Age (years)	12.93 ± 1.2999
Female (%)	100
Care Experienced (%)	
Yes	11.1
No	85.2
Unknown	3.7
Ethnicity - see chart 1	

Please note: demographic data not available for performance piece groups or care experienced groups due to small final data sets or n=4 and n=3 respectively.

Table 2: Baseline Demographics

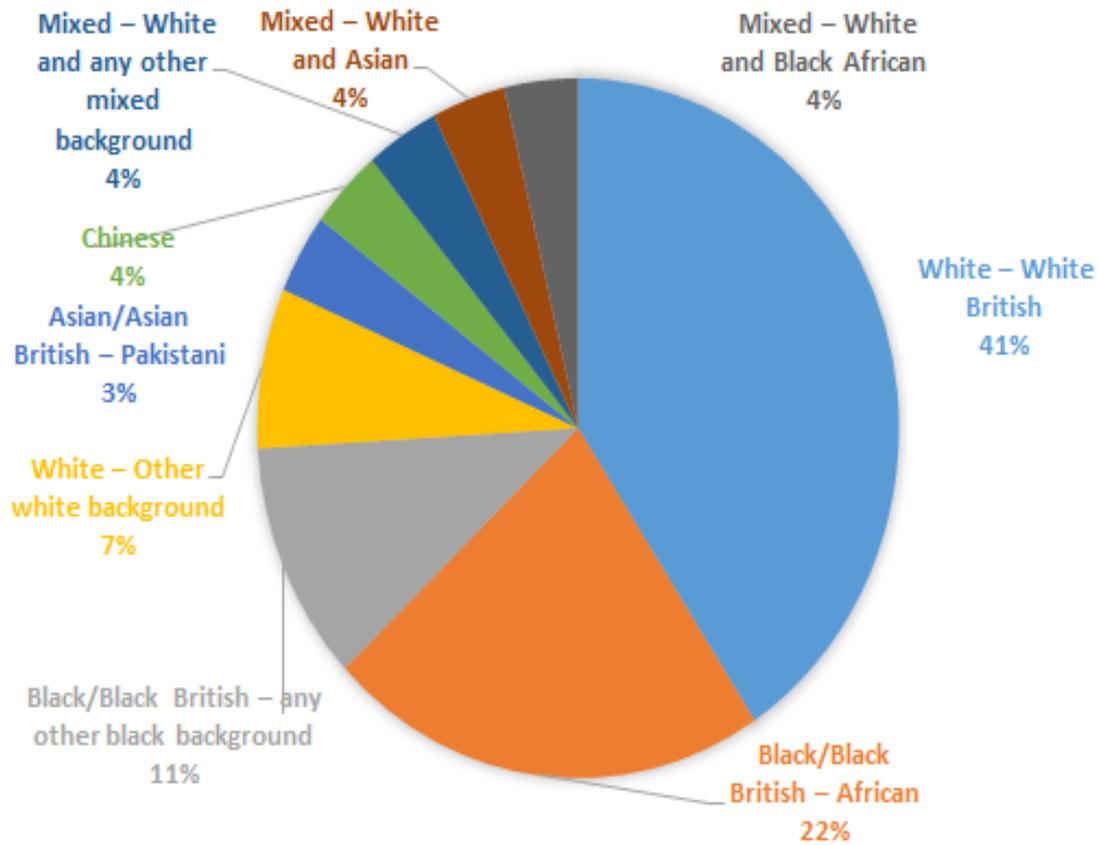


Figure 1 - School group ethnicity data

The main proportion of schoolgirls engaging/reached, whilst ethnically diverse, is predominantly White British (41%) and Black British - African (22%).

Findings and Analysis

Moderate -Vigorous Physical Activity Within school Out of school	Hours (Mean, SD) 3.13 ± 3.170 3.5 ± 3.11
Sleep (hours) Weekdays Weekends	8.02 ±1.04 8.78 ± 1.89
Daily phone use (hours)	4.81 ±3.08

Daily social media use (hours)	3.53 ± 3.01
--------------------------------	-------------

Table 3 - School Group PA, Sleep and Habitual Health Behaviour Descriptives

SCHOOL GROUP:

Self-report questionnaire

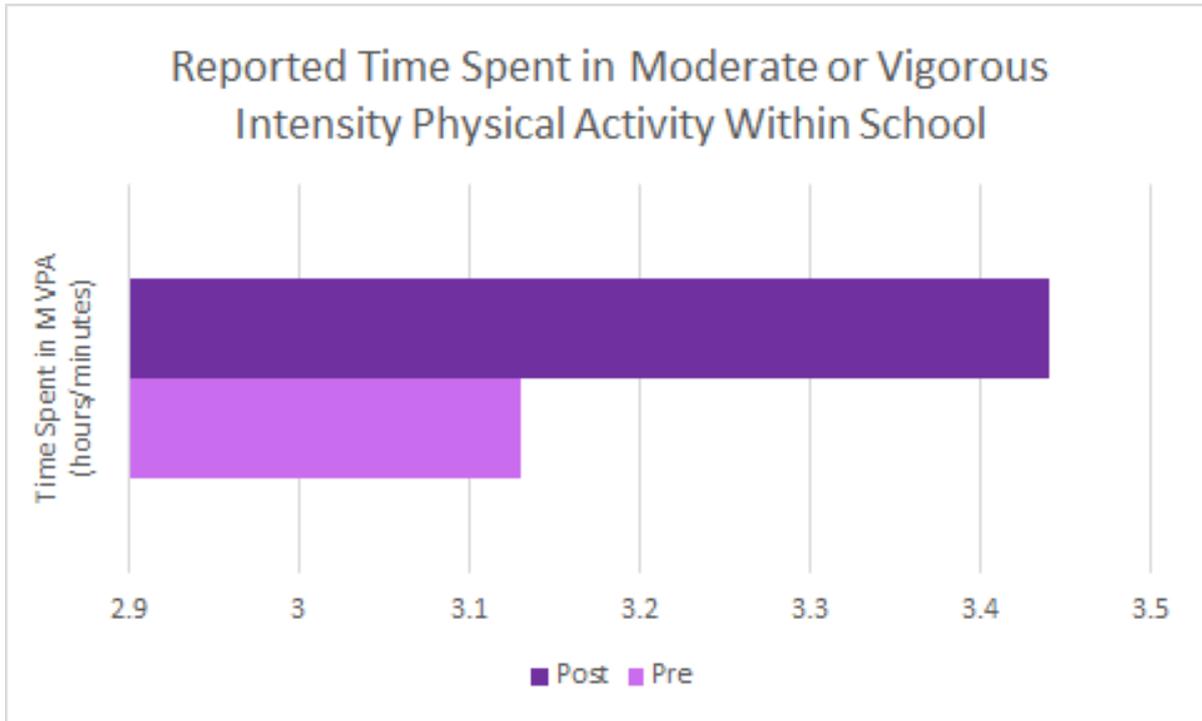


Figure 2: School group self-reported physical activity levels

The Chief Medical Officer for the national government recommends that children and young people aged 5 to 18 engage in moderate-to-vigorous intensity physical activity for an average of at least 60 minutes per day across the week. The participants reported to be meeting these guidelines during the week pre intervention (average of 3.13 hours daily), and increased this by the end (3.44 hours daily). This was a reported **daily increase of 31 minutes (MVPA)** for the young people. On a weekend they also reported an average positive increase in out of school weekday PA levels also from 3.5 hours to 3.52 hours.

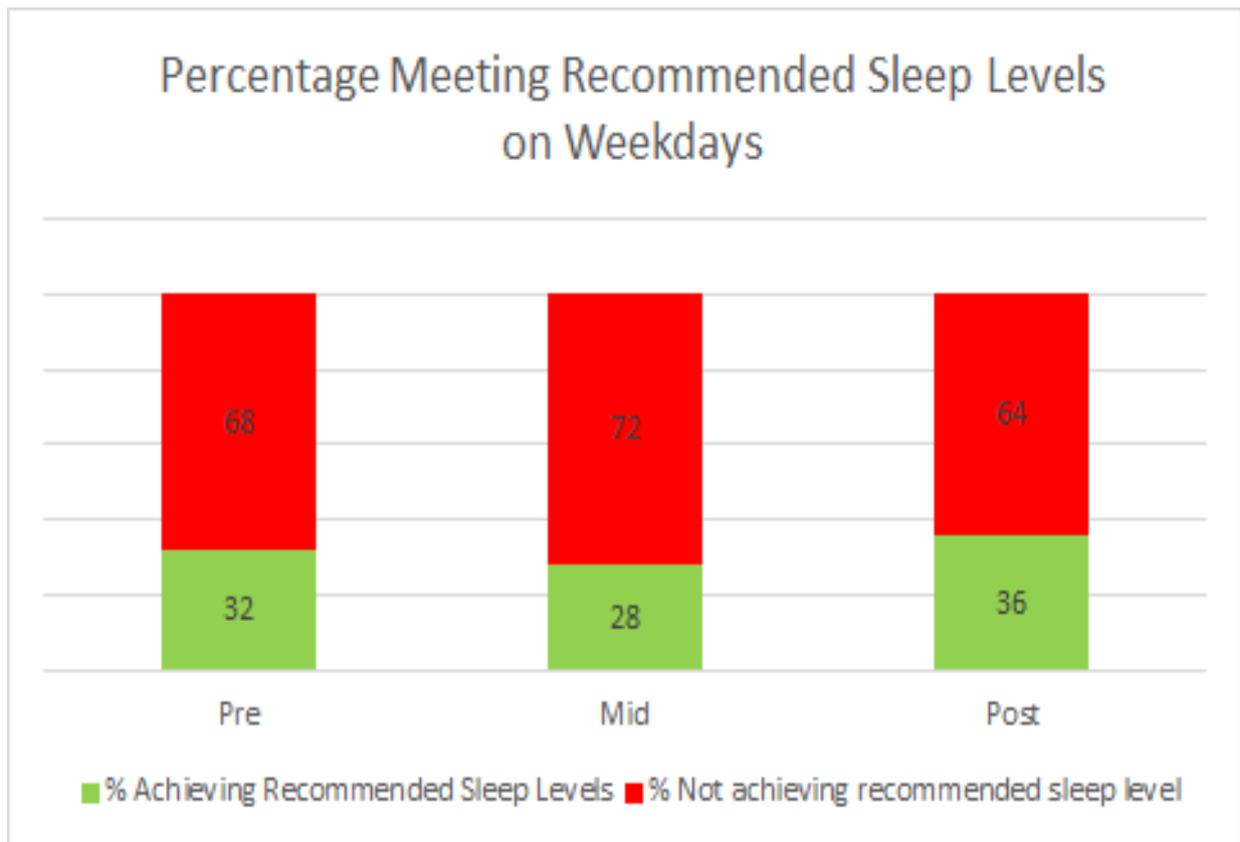


Figure 3: School group self-reported sleep levels

NHS UK quote sleep guidelines recommended by the Millpond Children's Sleep Clinic (NHS, 2017). They state that adolescents between the age of 12 and 16 (which is the age range of the school sample) require between 9.25 and 9 hours sleep per night. Participants reported an increase in average weekday sleep from the start of the project (8.02 hours) to the end (8.44 hours). Although these guidelines weren't met by the end of the intervention, the average weekly hours slept did increase on average across the length of the intervention.

Please note: Weekend sleep had an opposite trend (8.78 decrease to 8.42). On average, participants did not reach the recommended level of sleep either during the week, or on a weekend.

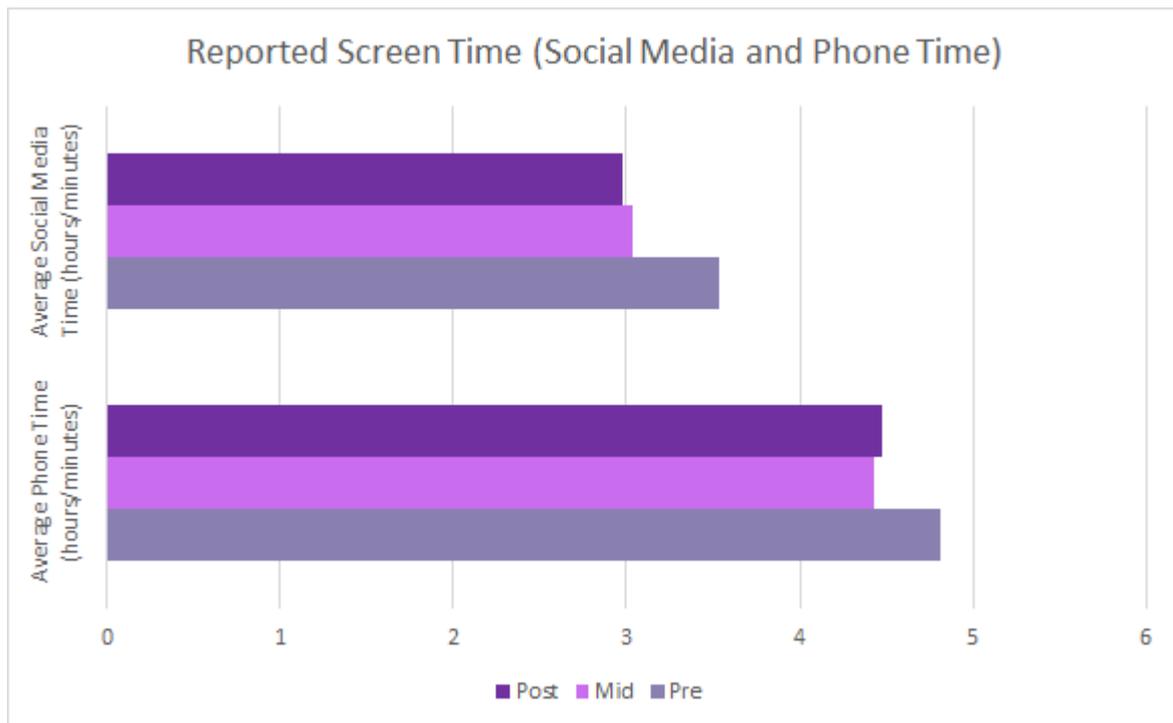


Figure 4: School group self-reported screen time (social media and phone)

No authoritative body has yet issued guidance on screen time and media use for children and young people in the UK. The American Academy of Pediatrics (AAP) and the World Health Organisation (2019) recommend that for children aged 11 to 13, that no more than 2 hours daily is spent in front of a screen.

Participants reported their average use of social media and time spent on their phone decreased from the start (Social media use: 3.53 hours/minutes; phone use: 4.81 hours/minutes) to the end of the project (Social media use: 2.98 hours/minutes; phone use: 4.48 hours/minutes). Both of these activities can be classified as being 'screen time'. Although by the end of the intervention both figures were still above the recommended time, they were still positive changes (mean **social media time decrease of 55 minutes**, and mean phone use **decrease of 33 minutes**).

Psychological assessments

The Strengths and Difficulties Questionnaire (SDQ) used in this research measures psychological adjustment in children and young people, and aims to detect any emotional or behavioural problems. The following chart (chart 8) provides an overview of the three most

significant positive changes, pre and post intervention, for three subscales of the SDQ. This is then followed by a descriptive and statistical breakdown of each of these. Please note: a decline in the domain score indicates a positive change **except** the prosocial behaviour domain, where the opposite is true - an increase in score is a positive change.



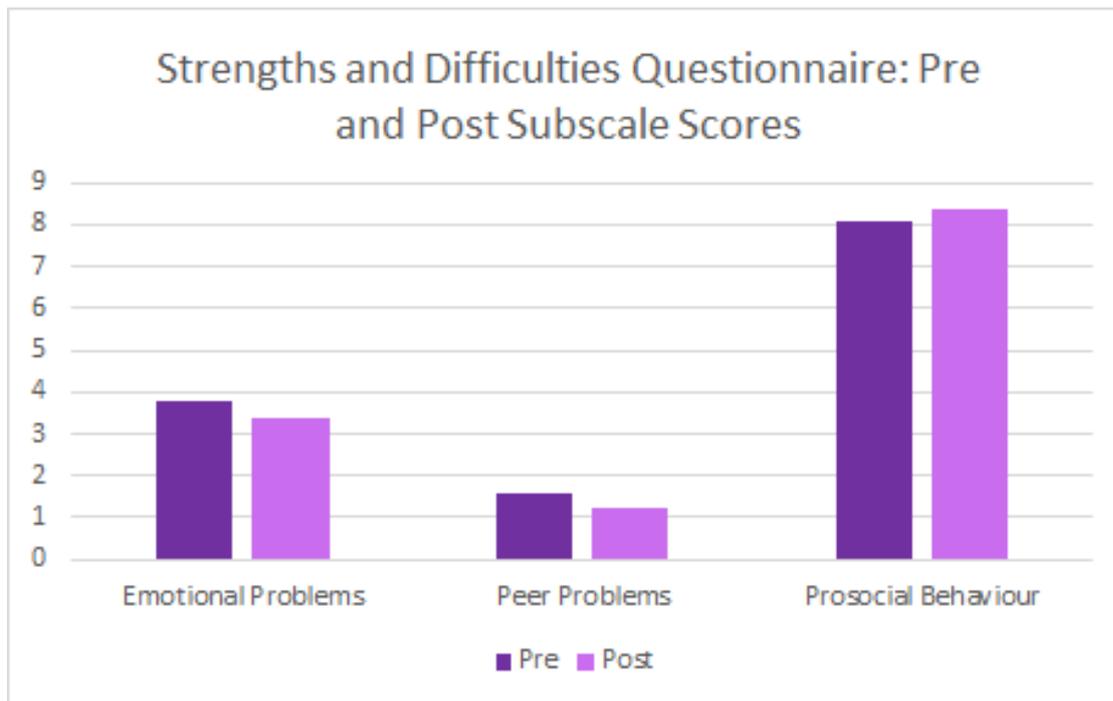


Figure 5: School group strengths and difficulties questionnaire outcomes

Please note - an increase in prosocial behaviour indicates a positive result, in contrast to an increase in emotional and peer problems which would indicate a negative result.

TOTAL DIFFICULTIES SCORE: Statistical analysis of the overall SDQ data showed a positive change in total difficulties score, although not a statistically significant outcome ($p=0.610$), there was a positive shift from pre to post intervention, with a mean difference of 1.111.

The mean total differences score at all three timepoints for the overall difficulties score, and each domain was consistently within the 'close to average' category. This category classification comes from being one of four alternative categories (close to average, slightly raised, high and very high) all of which have been created based upon a large UK community sample.

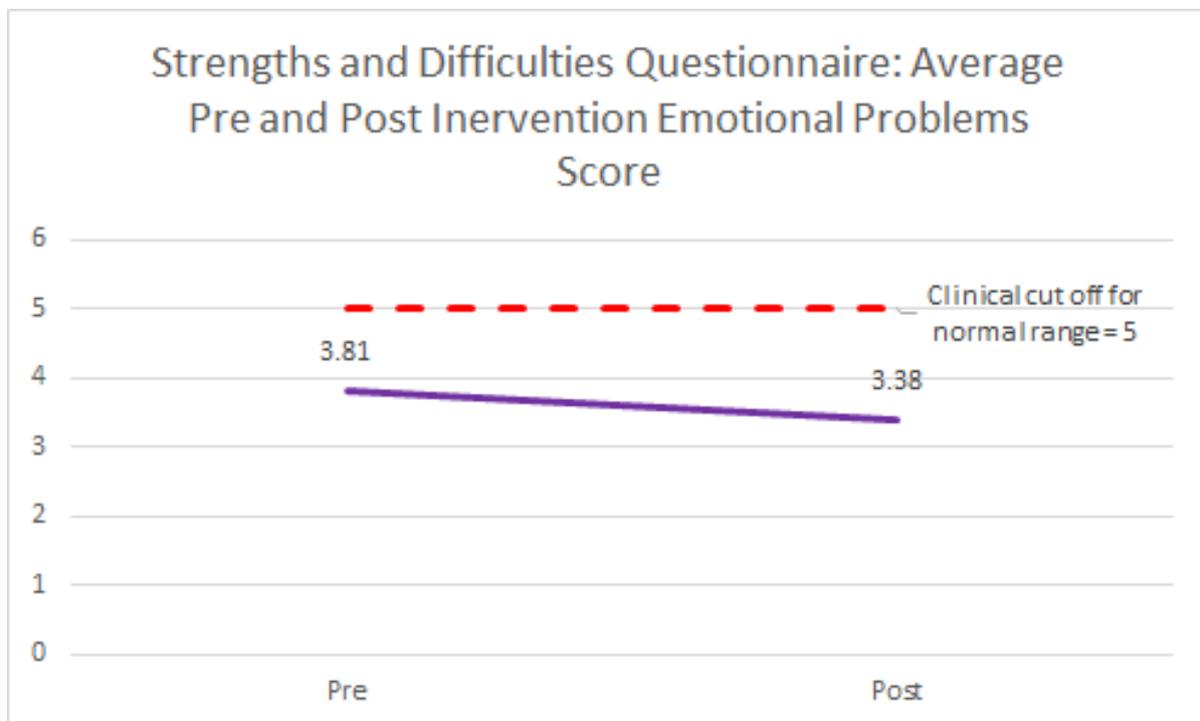
In addition to the three positively impacted domains, conduct problems and hyperactivity were also assessed. The hyperactivity domain did show a positive change from pre to post intervention, but this was not consistent across the intervention when taking into account the mid-point questionnaire outcome.

The following table (table 3) displays all five SDQ domain changes from the start of the project to the end. As discussed above, all domains showed positive changes across the project.

	Mean Domain Score	
	Start	End
Girls (n=27)		
Emotional problems	3.81	3.38
Peer problems	2.00	1.81
Prosocial behaviour*	8.07	8.35
Conduct problems	1.59	1.58
Hyperactivity/inattention	3.30	3.19

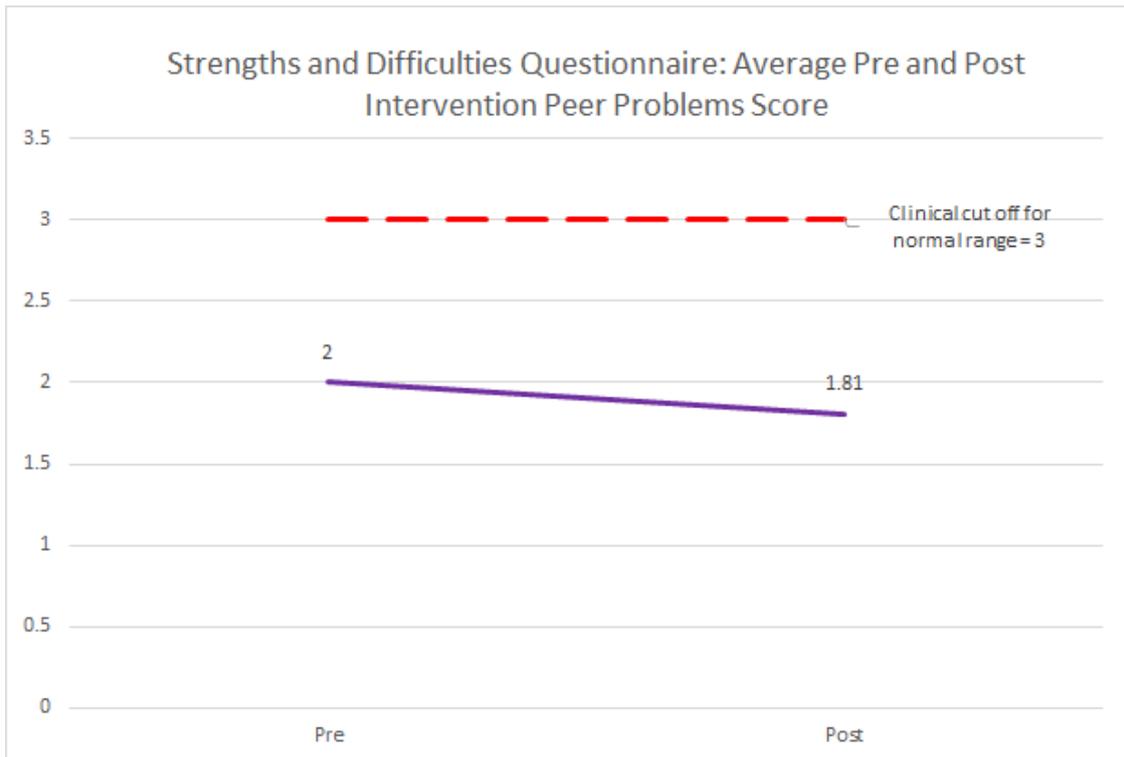
*An increase in mean score for this domain indicates a positive outcome.

Table 4 - Mean change across all SDQ domains



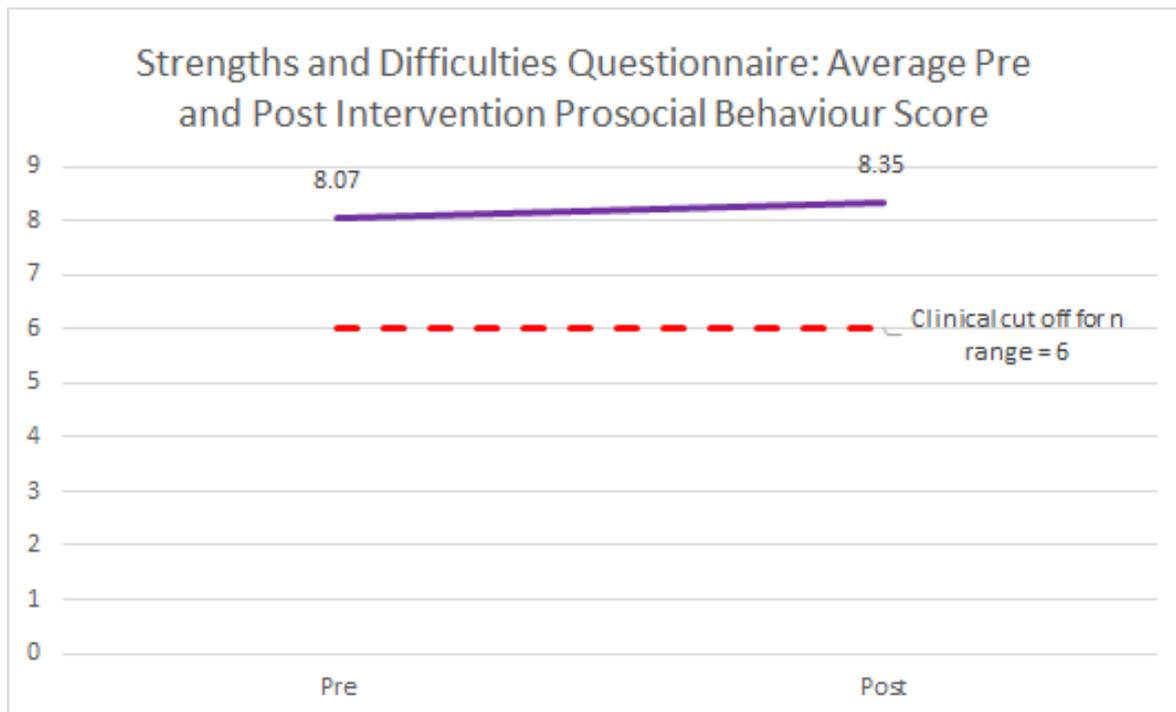
The significance level ($p=0.05$) for this SDQ domain was 1.000. Although not statistically significant, there was a positive change from pre intervention to post intervention, with a mean difference of 0.538 (95% CI [-0.510, 1.587]).

Figure 6: School group - emotional problems



The significance level ($p=0.05$) for this SDQ domain was 1.000. Although not statistically significant, there was a positive change from pre intervention to post intervention, with a mean difference of 0.231 (95% CI [-0.441, 0.903]).

Figure 7: School group - peer relationships



The significance level ($p=0.05$) for this SDQ domain was 0.584. Although not statistically significant, there was a positive change from pre intervention to post intervention, with a mean difference of -0.346 (95% CI [-1.013, 0.321]).

Please note: an increase in the numerical score of this domain is actually positive, which is the opposite of the previous two domains discussed.

Figure 8: School group - prosocial behaviour

Please note, quantitative data is not available for the following groups: contemporary dance group; and care experienced group, as these were smaller cohorts with only four and three final complete datasets respectively.

FOCUS GROUPS

Analysis of the focus group transcripts revealed a series of key themes across the groups (school, care experienced, DAZL contemporary dance). Each group has two associated visual pen profiles, one relating to their reasons for engaging with dance, the other on their perceptions around body image and/or social media. The themes within the pen profiles are colour coded to represent (i) themes which occurred solely at the start of the project - green, (ii) themes which occurred consistently throughout - peach, (iii) themes which arose only at

the end of the project - purple. The themes from each pen profile will be explored in turn on the following pages.



School group - The Reason(s) I Dance

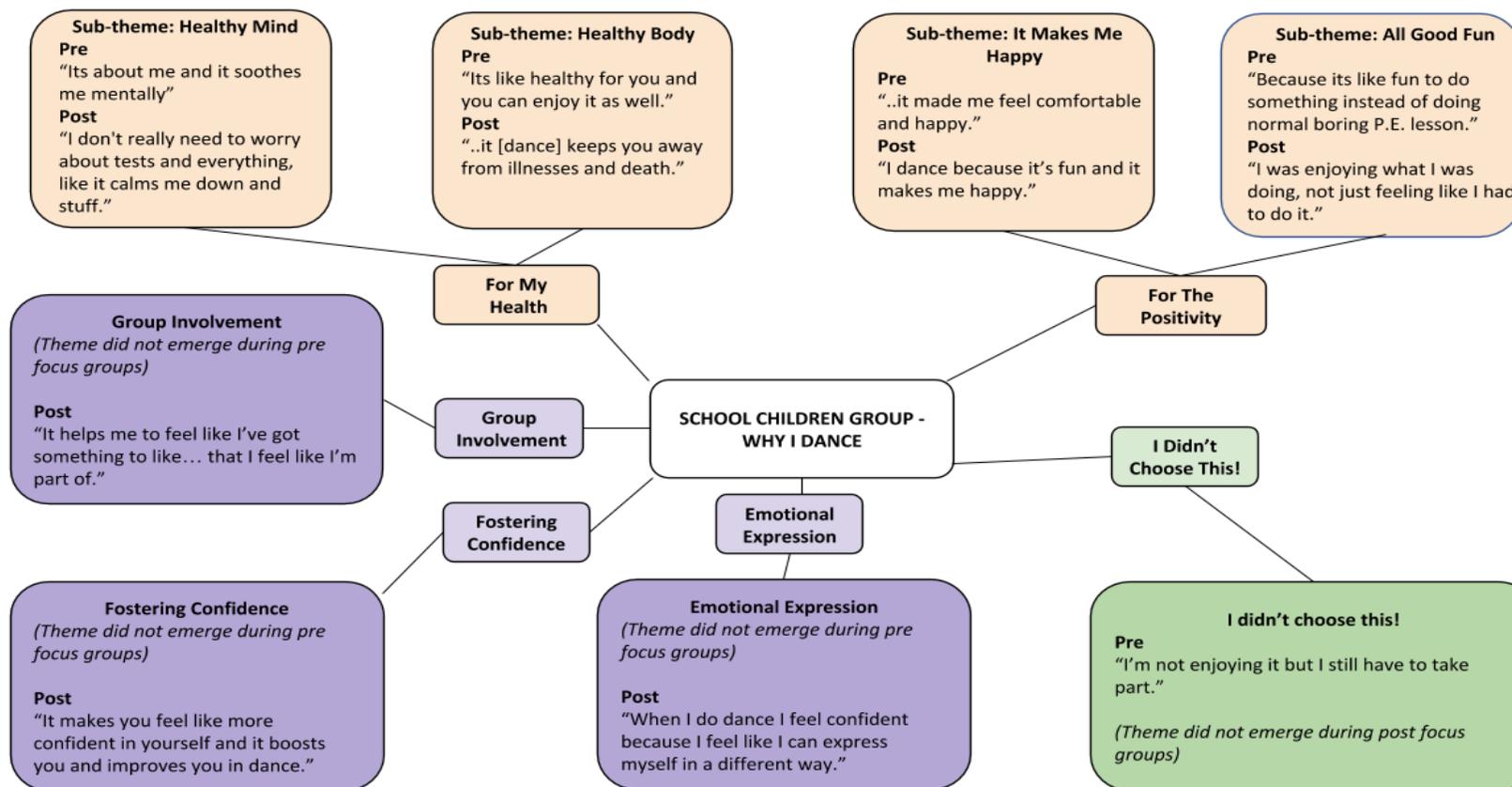


Figure 9: Pen profile for school group highlighting themes are the reasons they dance.

Start of the project, the main emergent theme:

I didn't choose this!

Some of the young girls reported feelings of hostility towards participation in the dance sessions during their P.E. timeslot, reporting that it wasn't a choice of theirs to take part, that participation was pushed upon them and the dance class made compulsory.

...“I'm not enjoying it but I still have to take part.”

This theme did not remain by the end of the evaluation suggesting that their involvement became a positive experience based on the narrative.

Themes which remained constant throughout the project:

For my Health: This theme offered two levels, first that of having a healthy mind, and second that of having a healthy body. **Healthy Mind-** The young people recognised the mental health benefits of engaging with the dance sessions throughout the sessions. They discussed how dance was something that was purely for their own benefit and it had a calming effect on them.

...“It's about me and it soothes me mentally”

Healthy Body- In addition to the young people's awareness of how involvement in dance helped their mental health, they also discussed the benefits to their physical health. This was consistent throughout the project, suggesting that the knowledge of the benefits of dance on their mental and physical health were reinforced as a result of engaging with dance.

...“It's like healthy for you and you can enjoy it as well.”

For the Positivity- This theme offered two levels. The first being the effect of bringing the young person happiness, the second regarding the fun and enjoyment that dance creates for them. **It Makes Me Happy-** The young people reported being happy as a result of being involved in dance. They report that the fun that dance creates fosters happiness within them. This theme remained consistent throughout.

...“I dance because it's fun and it makes me happy.”

All Good Fun-The young people stated how they enjoyed dancing and weren't taking part simply because it was a compulsory component of their P.E. lesson. This was consistent

throughout the project, taking over the initial theme previously discussed of how they felt they were obliged to take part due to its compulsory nature.

...“I was enjoying what I was doing, not just feeling like I had to do it.”

New emergent themes as a consequence of the project:

Group Cohesion- As a result of the project, the young people felt they had social involvement and were included in something. This was a new theme and proposes that dance can foster feelings of belonging in a social situation and improve their social skills.

...“It helps me to feel like I’ve got something to like... that I feel like I’m part of.”

Fostering Confidence- In addition to newfound feelings of social confidence, newly developed feelings of self-confidence emerged as a result of the young people’s involvement in dance.

...“It makes you feel like more confident in yourself and it boosts you and improves you in dance”

Emotional Expression- The young people discussed how they were able to express themselves through dance, with it offering them an alternative route for their emotions to be channelled. It was reported that the ability to express in this manner enabled their *self-confidence to grow and flourish*. This theme emerged as a result of the project evidencing how dance can have a positive effect on personal wellbeing.

...“When I do dance I feel confident because I feel like I can express myself in a different way.”

School Group - The Ideal Me

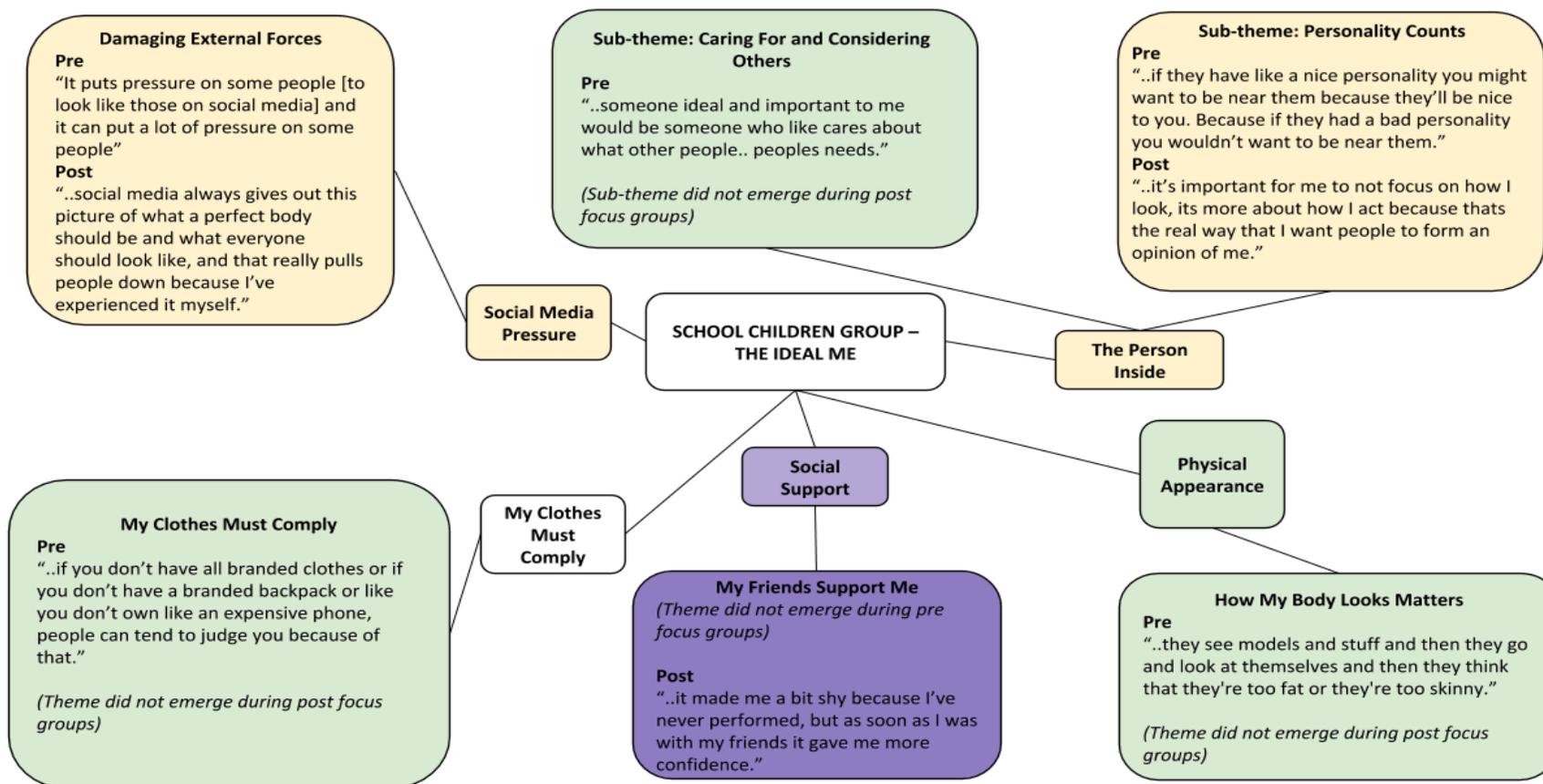


Figure 10: Pen profile for school group highlighting themes surrounding their body image perceptions

Start of the project, the main emergent themes (school groups):

Social/Peer Pressure: Prior to engaging with the project, the young people discussed their awareness of social pressure to conform with materialistic desires, in this case the need to wear the 'latest' or 'best branded' clothing. There was a strong compulsion for adolescents to comply with social pressure and peer pressure so as not to be excluded from desirable social groups. They described how not having these objects can exclude you and make you a potential target for judgement and/or bullying.

"..if you don't have all branded clothes or if you don't have a branded backpack or like you don't own like an expensive phone, people can tend to judge you because of that."

Physical Appearance: How My Body Looks Matters- There was a large emphasis on physical appearance amongst the young girls, with discussions centring around weight status in particular. Models were used as a yardstick for measuring what the young girls believed and desired their ideal weight to be. This highlights how important physical appearance is to this population of young girls. This theme did not appear at the end of the project and was replaced with one centred around the importance of friendships and social support, suggesting that involvement in this project had reduced their focus on weight status, which can be seen as a negative trait in adolescent girls in particular. This is due to tendencies amongst this age to obsess over their weight, increasing their risk to eating disorders as a result.

"..they see models and stuff and then they go and look at themselves and then they think that they're too fat or they're too skinny."

Altruistic: Caring for and Considering Others- The young people felt that being a caring and compassionate individual was a desirable aspect of their personality, with particular emphasis being put on how they cater to other people's needs.

..."someone ideal and important to me would be someone who like cares about what other people.. people's needs."

Themes remained constant throughout the project:

Social Media Pressure - Damaging External Forces- The young people were firm on their views of social media and its damaging influence on an individual's perceptions of their own body image. They described how it can have a negative impact on an individual through promoting society's 'perfect' body, and the young people being unable to achieve this level of

'perfection'. Some even discussed how they had personally experienced this and the adverse effect it had on them. This theme did not disappear and re-emerged again at the end, emphasising its strength of association for young people.

"..social media always gives out this picture of what a perfect body should be and what everyone should look like, and that really pulls people down because I've experienced it myself."

The Person Inside - Personality Counts- How the young people acted was how they wished to be judged, as opposed to their physical appearance, highlighting how they did not like to be judged on how they looked.

"..it's important for me to not focus on how I look, it's more about how I act because that's the real way that I want people to form an opinion of me."

New emergent theme that occurred as a consequence of the project:

Social Support - My Friends Support Me- By the end of the project the young people highlighted how being with their friends increased their confidence and allowed them to perform dances in front of others, a confidence that they did not possess at the start of the project.

"..it made me a bit shy because I've never performed, but as soon as I was with my friends it gave me more confidence."

Care Experienced group - The Reason(s) I Dance

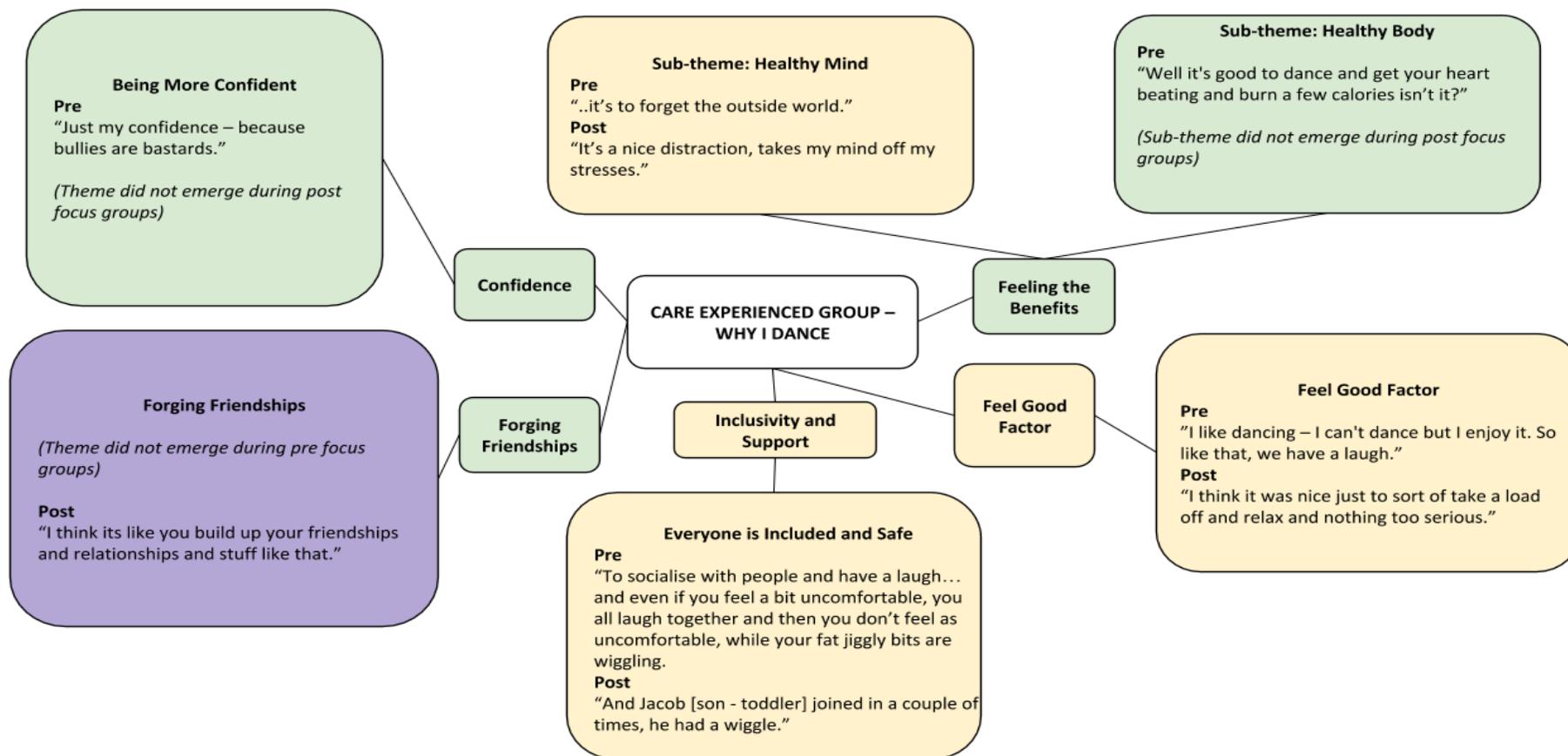


Figure 11: Pen profile for care experienced group highlighting themes re: the reasons they dance.

Start of the project, the main emergent themes:

Confidence - Being More Confident- Dancing was seen as being important to the young people in order to assist their confidence levels. Some members of the care experienced group discussed how this was an important aspect of their personality and was desirable to have due to the impact that bullies in their past have had upon them.

“...Just my confidence – because bullies are bastards.”

Feeling the Benefits - Healthy Body- The group were aware of the benefits that dancing can have on their physical health and discussed the effect it can have on their heart and calorie burning capacity, suggesting that their weight status is important to them.

“...Well it's good to dance and get your heart beating and burn a few calories isn't it?”

Themes remained constant throughout the project:

Feeling the Benefits - Healthy Mind- Dancing was viewed as a distraction to their life's stresses, suggesting that dance can act as a stress relief. Care-experienced youth who often have family issues, act in a troublesome manner and/or have poor physical and mental health and experience high levels of stress. It is therefore important for this population to have outlets for stress relief.

“...It's a nice distraction, takes my mind off my stresses.”

Feel Good Factor- As with the theme previously discussed, the care experienced youth recognise the importance of relaxation through dance.

“...I think it was nice just to sort of take a load off and relax and nothing too serious.”

Inclusivity and Support - Everyone is Included and Safe- This group of individuals discussed their desire to be in a social situation and be comfortable and not judged due to their physical appearance. They suggested that dance sessions with other similar individuals allowed this to occur in a humorous manner and socialisation occurred as a result of this.

“...To socialise with people and have a laugh... and even if you feel a bit uncomfortable, you all laugh together and then you don't feel as uncomfortable, while your fat jiggy bits are wiggling.”

New emergent theme as a consequence of the project:

Forging Friendships

The new theme that emerged as a result of the care experienced youths involvement in this project was associated with the building and maintaining of friendships and social relationships. Friendships enable individuals to develop social competencies and build their self-esteem, in turn improving their mental health throughout life. These friendships also allow emotional and instrumental support, assisting the young people to improve their well-being, all which is especially important for care experienced individuals who lack many positive substantial friendships.

“...I think it’s like you build up your friendships and relationships and stuff like that.”

Care Experienced group - Body Image and Social Media

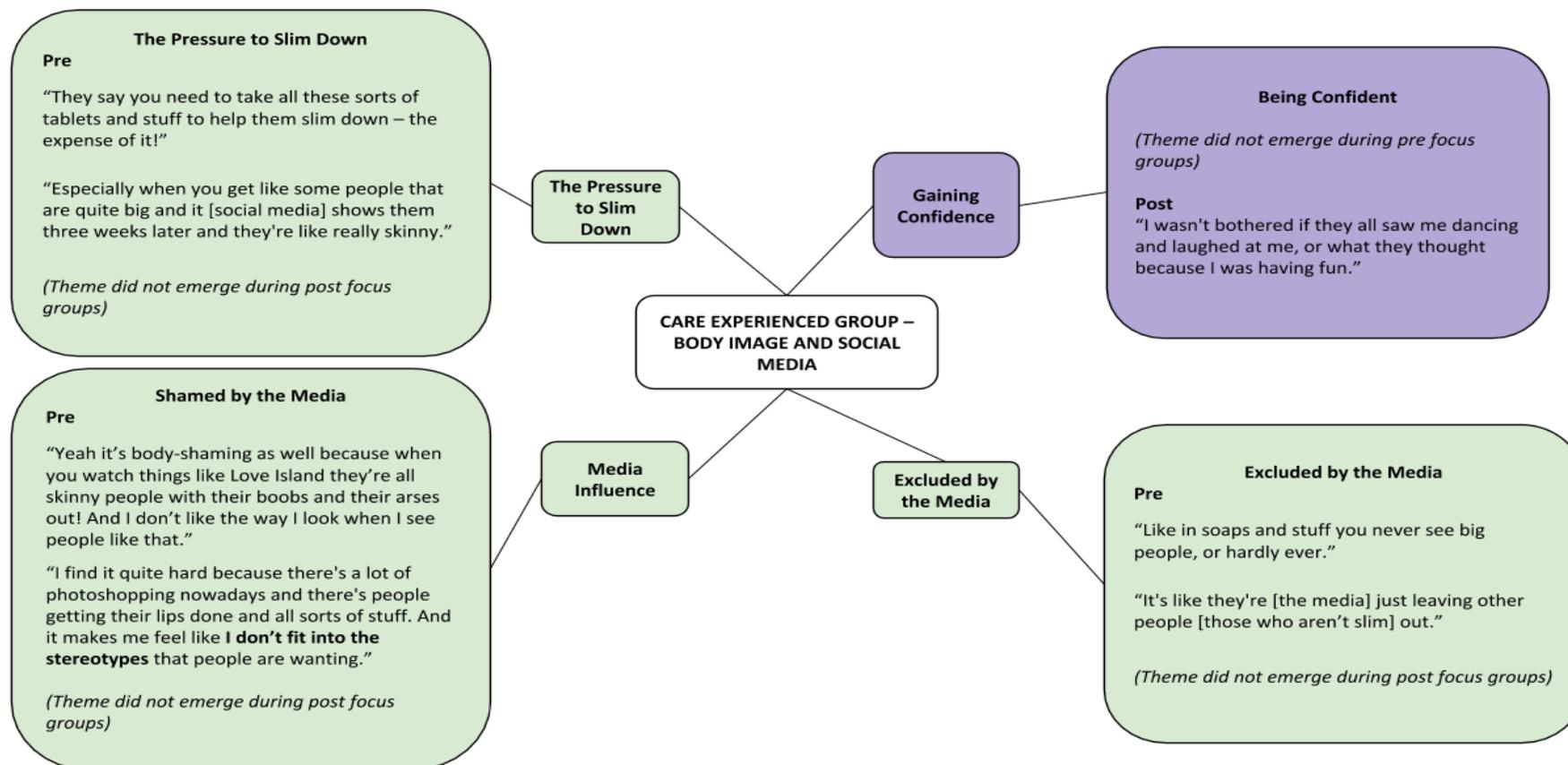


Figure 12: Pen profile for care experienced group highlighting themes surrounding their body image and social media.

Start of the project, main emergent themes:

The Pressure to Slim Down- The young people discussed how social media has a strong negative influence on their own perceptions of their body image, in particular their weight status. They highlighted the inaccuracies that social media presents and how these can have an adverse effect on their own body-image.

“..Especially when you get like some people that are quite big and it [social media] shows them three weeks later and they're like really skinny.”

Media Influence - Shamed by the Media- The negative influence of social media was said to continue with the pushing of what is deemed to be an ‘acceptable’ body type, creating stereotypes of what people believe society wants, though inaccurate to what is true of the majority of young people in society.

*“...I find it quite hard because there's a lot of photoshopping nowadays and there's people getting their lips done and all sorts of stuff. And it makes me feel like **I don't fit into the stereotypes** that people are wanting.”*

Excluded by the Media- Social media was also discussed as being a channel which excluded individuals based upon their weight status.

“...It's like they're [the media] just leaving other people [those who aren't slim] out.”

New emergent themes as a consequence of the project:

Gaining Confidence - Being Confident- Involvement in the dance sessions was described as galvanising confidence amongst the young people. It was stated that due to the dance sessions being fun, this reduced their own self-consciousness at being seen dancing or being laughed at.

“...I wasn't bothered if they all saw me dancing and laughed at me, or what they thought because I was having fun.”

DAZL Contemporary Dance Group - The Reason(s) I Dance

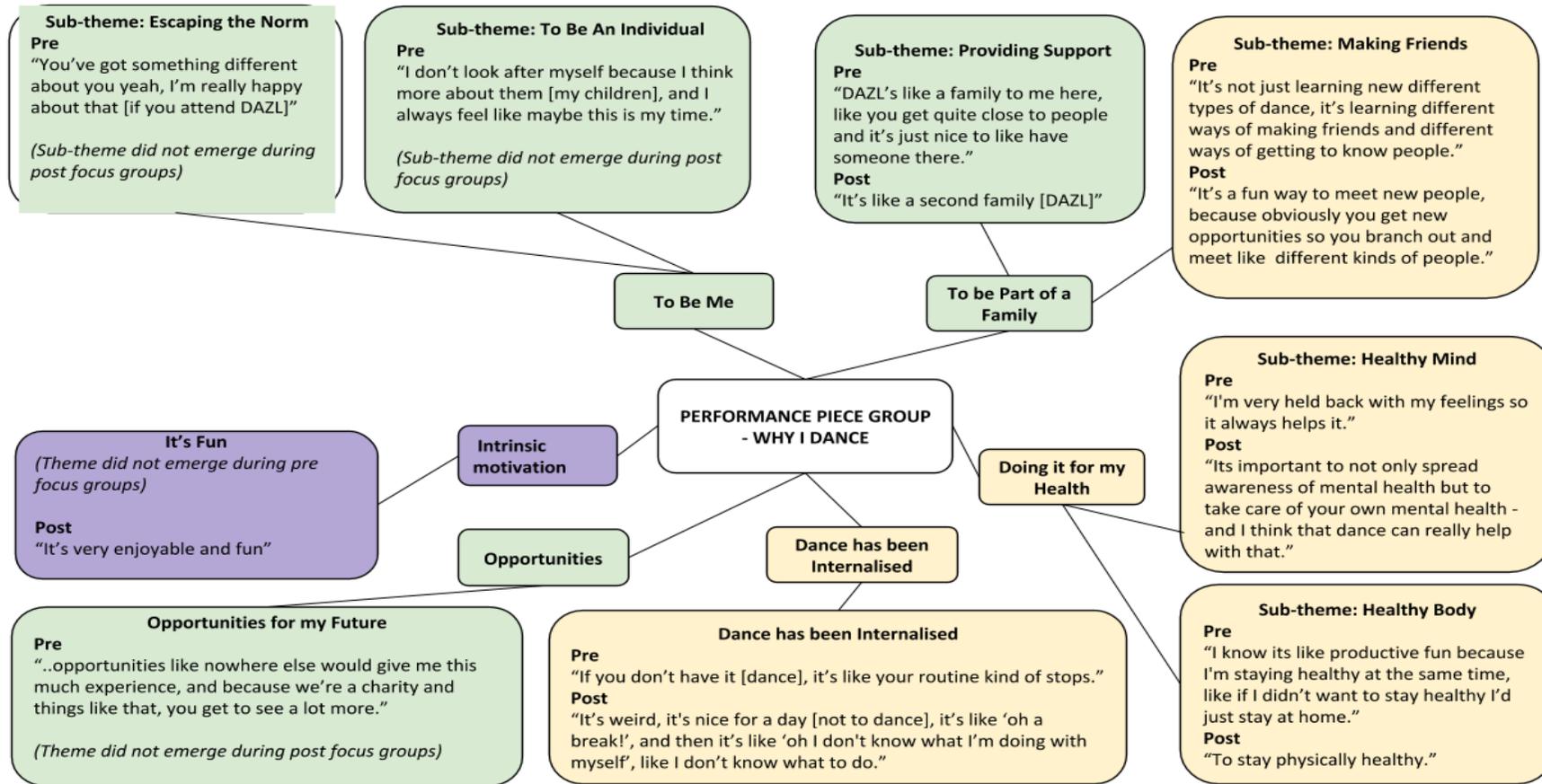


Figure 13: Pen profile for DAZL contemporary dance group highlighting themes - the reasons they dance.

Contemporary dance group -start of the project, main emergent themes:

To be me - Escaping the Norm- The young people said that being involved with dance, in particular DAZL, offered them a degree of individuality and uniqueness which they desired.

"...You've got something different about you yeah, I'm really happy about that [if you attend DAZL]"

To be me - to be an Individual- The young people discussed how regularly engaging and attending the dance sessions at DAZL enabled them to have personal time and allowed them some time for self-care, which is beneficial for both physical and mental health. One individual stated this was her time to be herself as a person, instead of being solely a mother.

"...I don't look after myself because I think more about them [my children], and I always feel like maybe this is my time."

Opportunities - For my Future- The young people describe how DAZL offers them work opportunities which are not made available elsewhere due to the nature of DAZL being a charity and pushing their work profile more than other dance companies would.

"...opportunities like nowhere else would give me this much experience, and because we're a charity and things like that, you get to see a lot more."

Themes remained constant throughout the project:

To be Part of a Family - Friendships- A theme which remained constant throughout the project was how being involved in dance enabled them to forge friendships and social support in a different environment and through different methods.

"...It's not just learning new different types of dance, it's learning different ways of making friends and different ways of getting to know people."

To be Part of a Family - Providing Support - A strong theme from the focus groups was that DAZL created an inclusive, supportive environment which some of the young people described as a family unit to them. This is of particular importance to young people who may need support networks away from their existing ones (i.e. family, school etc.). It is shown that when a young person has many close social relationships, they have higher levels of psychological adjustment and wellbeing.

“..DAZL is like a family to me here, like you get quite close to people and it’s just nice to like to have someone there for you.”

Doing it for my Health- This theme had two sub-themes as to why young people chose to engage with dance, both associated with improving their health (physically and mentally).

Healthy Mind- The young people engaged in discussions around the benefits of dance on an individual’s mental health and agreed that it has a positive impact. They described how it is important to take care of your own mental health and assist others through creating awareness of the impact that dance can have. This theme remained constant throughout the project, indicating its strength of importance and association for young people.

“...It’s important to not only spread awareness of mental health but to take care of your own mental health - and I think that dance can really help with that.”

Healthy Body- A strong association between being active through dance, and being physically healthy was indicated through the young people’s discussions. One young person described dance as being a productive form of fun, in that it has health benefits for the individual as well as being for enjoyment purposes. This theme remained constant throughout the project.

“...I know it’s like productive fun because I’m staying healthy at the same time, like if I didn’t want to stay healthy I’d just stay at home.”

Dance has been Internalised- The young people highlighted how dance for them has become internalised - without dance they believe that their routine becomes obsolete. This indicates how strong their desire to engage with dance is, and this is further reinforced by the fact that this theme recurred throughout the project.

“...If you don’t have it [dance], it’s like your routine kind of stops.”

New emergent theme as a consequence of the project:

Intrinsic Motivation - It’s Fun- By the end of the project, a new theme occurred describing how the young people’s engagement with dance is intrinsically motivated, further compounded by their enjoyment of it. Intrinsic motivation is the strongest type of motivation and will ultimately ensure the recurrent engagement with dance.

“It’s very enjoyable and fun”

DAZL Contemporary Dance Group - Body Image and Social Media

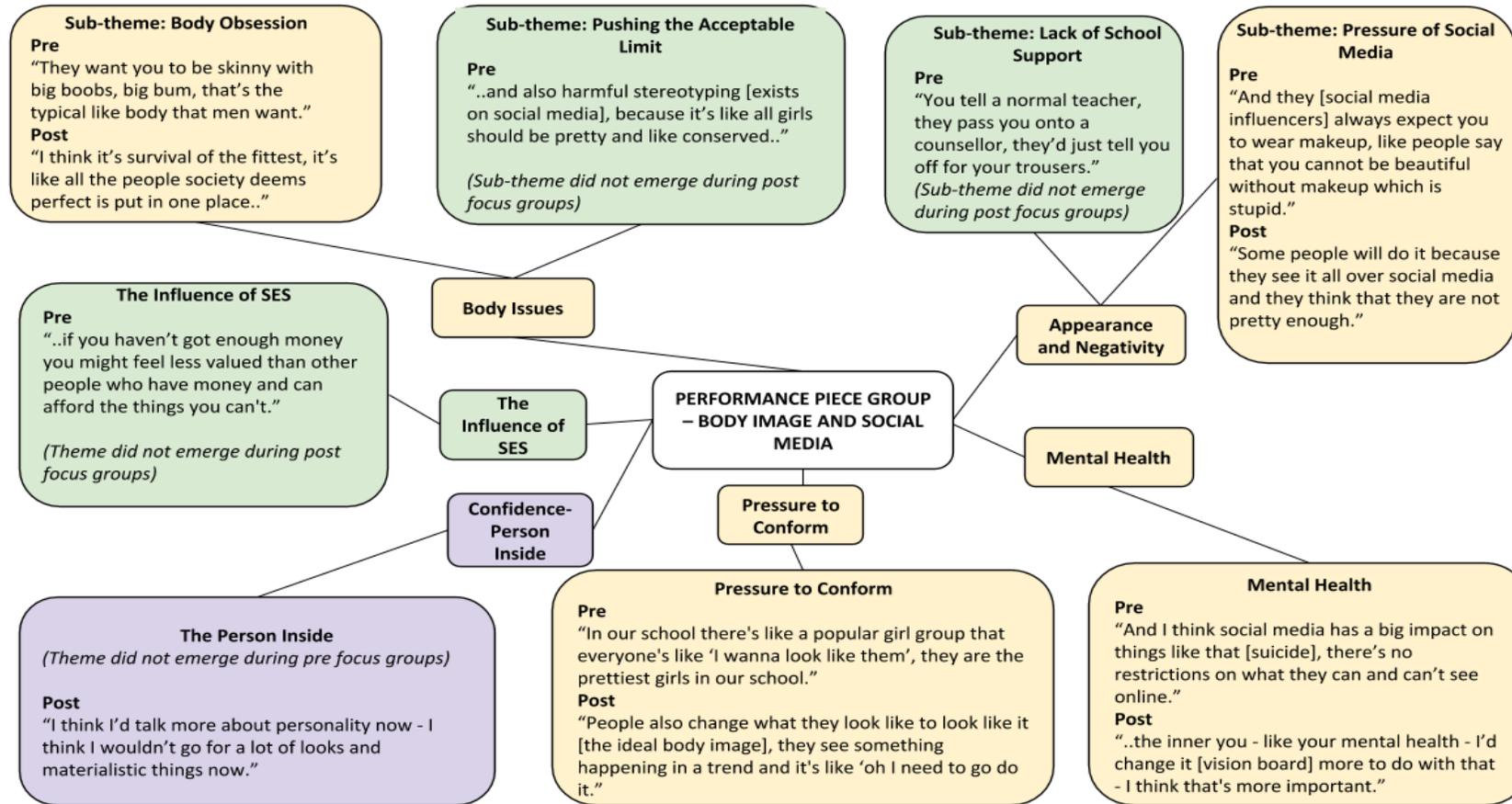


Figure 14: Pen profile for DAZL contemporary dance group highlighting themes surrounding their body image and social media

Contemporary Dance Group: Start of the project, main emergent themes:

Body Issues: Pushing the Acceptable Limit- A common theme across the groups is the harmful effect that social media can have on an individual's perception of their body-image. This group discussed how stereotyping can cause young girls to want to be of a certain physical appearance, regardless of their personality.

"..and also harmful stereotyping [exists on social media], because it's like all girls should be pretty and like conserved.."

Appearance and Negativity: Lack of School Support- This theme is unique to this group and describes the lack of support the young people receive within their school environment for emotional issues. This further exasperates the need for additional supportive community environments, which a previous theme identified as being offered through DAZL - 'DAZL as a family'.

"...You tell a normal teacher, they pass you onto a counsellor, they'd just tell you off for your trousers."

The Influence of Socio-economic status-This theme highlights how the young people are very aware of their own socio-economic status and lack of economic wealth. They state that this influences how they devalue themselves due to their inability to afford material items, which are described as enabling the young people to 'fit in' with the societal 'norms' presented in their environment (e.g. their high school).

"..if you haven't got enough money you might feel less valued than other people who have money and can afford the things you can't."

Themes which remained throughout the project:

Appearance and Negativity: Pressure of Social Media- Another common theme presented by the groups was the negative impact that social media pressure can have on the young people. They believe that some young people will look to conform to images of the 'perfect' appearance in order to be 'pretty'. It is very apparent through the discussions in the focus groups that this is a pressure commonly felt amongst adolescents. This theme was constant throughout the project, highlighting its strength of importance and association amongst young people.

“...Some people will do it because they see it all over social media and they think that they are not pretty enough.”

Mental Health- The young people described how there is a distinct lack of restrictions on what is seen on social media, which has a negative impact on individuals, to the point that it can impact on someone’s mental health enough to cause them to commit suicide.

“...And I think social media has a big impact on things like that [suicide], there’s no restrictions on what they can and can’t see online.”

Pressure to Conform- This theme is again another common theme across the groups, highlighting how there are societal pressures to conform to what the ‘ideal’ body image is. This group discussed how young people go so far as to change their appearance to fit in with this ideal’.

“...People also change what they look like to look like it [the ideal body image], they see something happening in a trend and it’s like ‘oh I need to go do it.’”

New emergent theme as a consequence of the project:

Confidence - The Person Inside- This new theme revealed a shift in how the young people view personality to be of more importance post-project, as opposed to appearance at the start. This is a shift in perceptions of their ‘ideal’ as a result of being involved in this project.

“...I think I’d talk more about personality now - I think I wouldn’t go for a lot of looks and materialistic things now.”

The Focus Groups - A Combined Overview of the Impact of the Project

The Reasons I Dance.

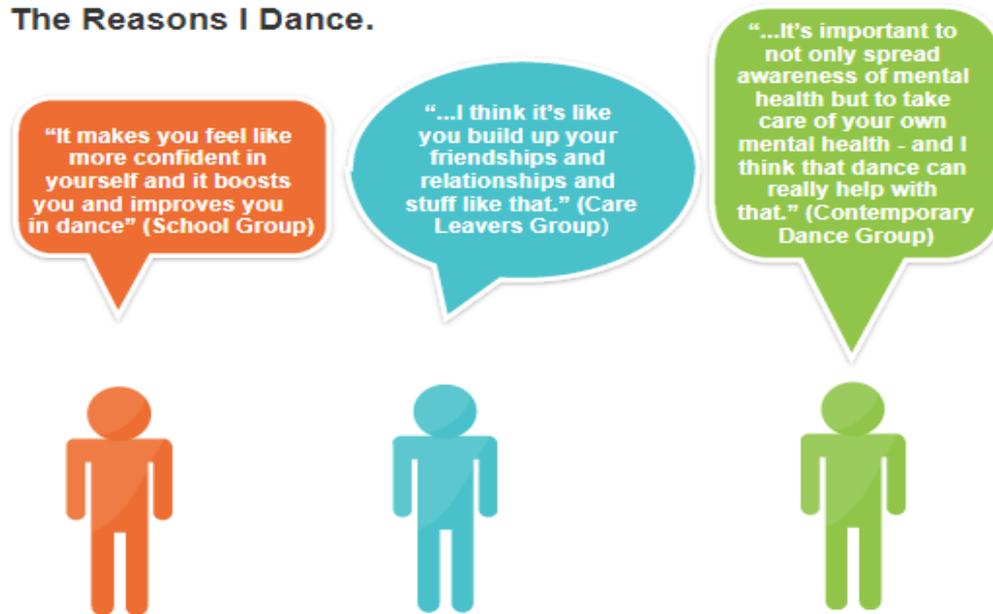


Figure 15: The reason I dance overview

Body Image / The Ideal Me.



Figure 16: Body image / The Ideal Me overview

The final arm of this evaluation was to capture the young people's experience of engaging in a creative dance process and issue-based workshops which aimed to help other young people explore mental health and resilience. This was achieved through extensive participant observations (led by a researcher at Leeds Beckett University) who undertook observations across the five-month project. All field notes, researcher observations and participants' direct quotes were used and interwoven to craft a storyboard (see appendix 5) and the final video animations below. These animations capture the journey the young people encountered being part of this unique and challenging creative dance piece. It also highlights the importance of engaging young people in designing creative dance pieces to reach and tackle mental health and wellbeing issues for this population.

Animation 1: Capturing how the young people felt being social actors in this piece of research.

[1598526683.mp4](#)

Animation 2: How being involved built their resilience.

[dance 2 video.mp4](#)

Conclusions and recommendations

The overall findings indicate how dance can create an environment which enables the formation of friendships and the fostering of confidence, in addition to reducing the negative effect of young people's emotions and peer problems. It also shows the capacity that community dance programmes can have in enabling young people to reduce their social media and phone usage, an active element to being sedentary. Findings also suggest improvements in their overall activity profiles, which can make substantial gains to their overall health. The psychological measures which have shown improvements as a result of being involved in this programme, have implications for the future investment in dance as a vehicle to improve young people's psychosocial health and wellbeing. This highlights the need to invest further in dance within community interventions for young people's overall health and wellbeing.

In addition:

- The overall findings highlight how community interventions enable young people to engage with dance and have measurable psychosocial benefits in doing so. This highlights a need to further invest in dance within community interventions to reach children and young people who would typically disengage with health and activity programmes.
- Furthermore, future evaluation of provision could extend work on mental health and resilience, including individual case studies (i.e. through extensive ethnography). Randomised control trials to assess the efficacy of health outcomes could also be considered. It would also be valuable to evaluate DAZL as a community asset in the delivery of dance and wellbeing for young people in Leeds. This would assist in the replication of their model of good practice in community contexts to help other community programmes to reach, engage, and sustain the health and mental wellbeing of children and young people in their provisions.

This evaluation of the DAZL mental health and resilience project provides evidence of the DAZL programme's effective development, as well as DAZLs overall delivery of programmes which are beneficial to young people's psychosocial health and wellbeing.



Figure 17. Programme Improvement Summary

DAZL: Young People's Mental Health & Resilience Programme Evaluation

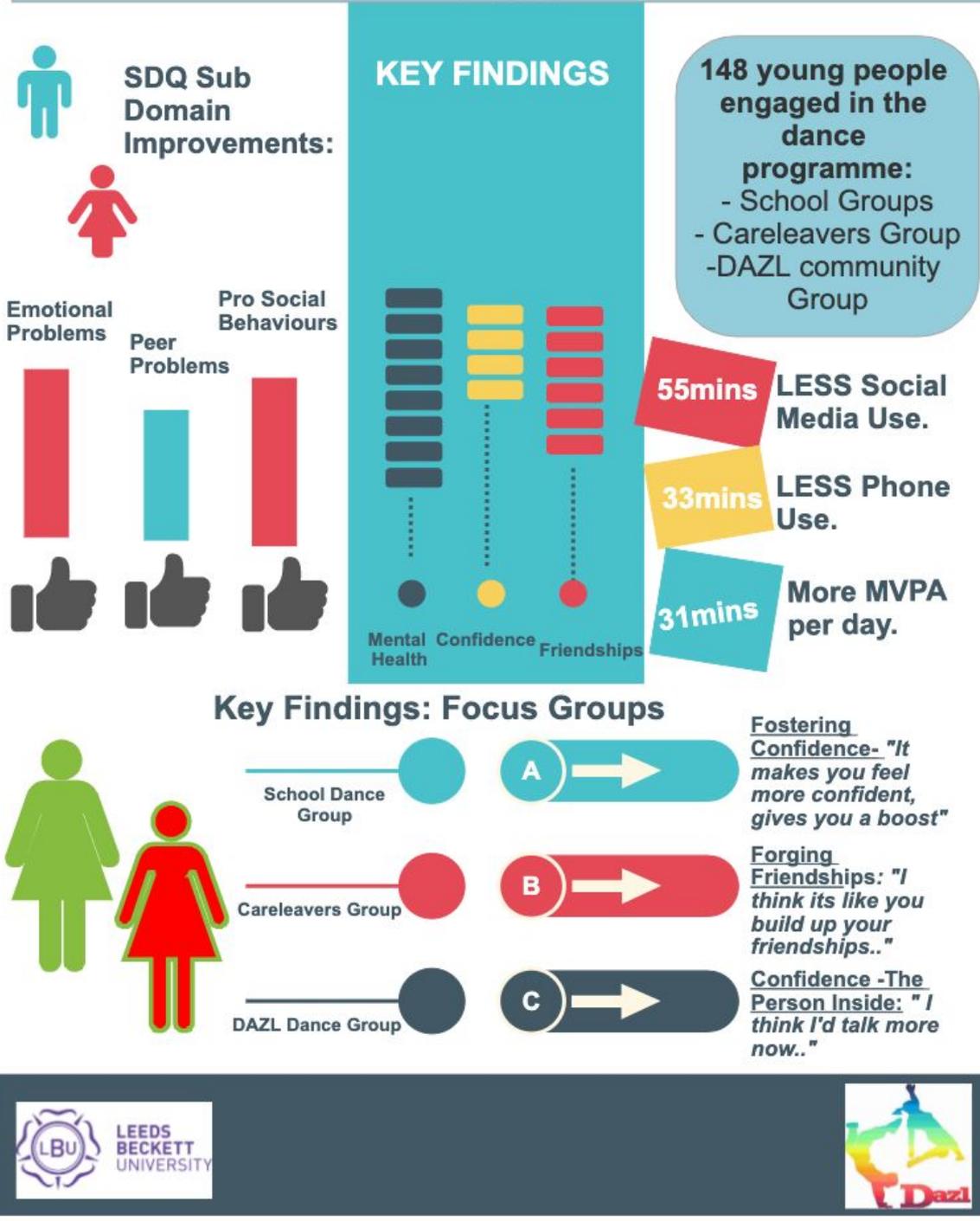


Figure 18: Programme key findings

Acknowledgements

Partners and funding

The project was funded by Public Health Leeds. The project was led and delivered by key staff at DAZL. The school who hosted the school arm of the project was Ruth Gorse Academy. Programme evaluation was carried out in partnership with Researchers at Leeds Beckett University. The research coordinators were Dr. Victoria Archbold (Senior Lecturer in Psychology of Physical Activity & Health) and Suzanne Bond (Project Lead) based in the School of Sport. Our thanks go to L Clifford, an MSc student based in the School of Sport who made valuable contributions to this evaluation.



References

- Arain, M., Haque, M., Johal, L., Mathur, P., Nel., W., Sandhu, R. and Sharma, S. (2013) Maturation of the adolescent brain. *Neuropsychiatric Disease and Treatment*, 9, pp. 449-461.
- Aujila, I. and Farrer, R. (2015) The role of psychological factors in the career of the independent dancer. *Frontiers in Psychology*, 6 (1688).
- Bradt, J., Shim, M. and Goodill, S.W. (2015) Dance/movement therapy for improving psychological and physical outcomes in cancer patients. *Cochrane Database of Systematic Reviews*, 1, CD007103.
- Budd, E. L., McQueen, A., Eyler, A. A., Haire-Joshu, D., Auslander, W. F. and Brownson, R. C. (2018) The role of physical activity enjoyment in the pathways from the social and physical environments to physical activity of early adolescent girls. *Preventive Medicine*, 111, pp. 6-13.
- Casey, B., Jones, R. and Hare, T. (2008) The Adolescent Brain. *Annals of the New York Academy of Sciences*, 1124, pp. 111-126.
- Cain, K., Gavand, K., Conway, T., Peck, E., Bracy, N., Bonilla, E., Rincon, P. and Sallis, J. (2015) Physical Activity in Youth Dance Classes. *Paediatrics*, 135 (6).
- Connolly, M., Quib, E. and Redding, E. (2011) Dance 4 your life: Exploring the health and well-being implications of a contemporary dance intervention for female adolescents. *Research in Dance Education*, 12 (1), pp. 53-66.
- Department of Health. (2010) *Healthy lives, healthy people: Our strategy for public health in England*. London: DH.
- Deuster, P. and Silverman, M. (2013) Physical Fitness: A Pathway to Health and Resilience. *US Army Medical Journal*, Oct-Dec 2013, pp. 24-35.
- Diamond, A. and Ling, D. (2016) Conclusions about interventions, programs, and approaches for improving executive functions that appear justified and those that, despite much hype, do not. *Developmental Cognitive Neuroscience*, 18, pp. 34-48.
- Domingues-Montanari, S. (2017) Clinical and psychological effects of excessive screen time on children. *Journal of Paediatric Child Health*, 53, pp.333-338.

Dumith, S. C., Gigante, D. P., Domingues, M. R. and Kohl, H. W. (2011) Physical activity change during adolescence: A systematic review and a pooled analysis. *International Journal of Epidemiology*, 40 (3), pp. 685-698.

Esteban-Cornejo, I., Gomez-Martínez, S., Tejero-Gonzalez, C., Castillo, R., Lanza-Saiz, R., Vicente-Rodríguez, G., Marcos, A. and Martinez-Gomez, D. (2014) Characteristics of extracurricular physical activity and cognitive performance in adolescents. The AVENA study. *Journal of Sports Sciences*, 32 (17), pp. 1596-1603.

Freshwater, D., Cahill, J., Walsh, E. and Muncey, T. (2010) Qualitative research as evidence: criteria for rigour and relevance. *Journal of Research in Nursing*, 15 (6), pp. 497-508.

Goodman, R. (1997) Psychometric Properties of the Strengths and Difficulties Questionnaire. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40 (11), pp. 1337-1345.

Griffiths, L.J., Parsons, T.J. and Hill, A.J. (2010) Self-esteem and quality of life in obese children and adolescents: a systematic review. *International Journal of Pediatric Obesity*, 5, pp. 282-304.

Griffiths, L., Cortina-Borja, M. and Sera, F. (2013) How active are our children? Findings from the Millennium Cohort Study. *British Medical Journal Open*, 3, e002893.

Griffiths, L., Sera, F. and Cortina-Borja, M. (2016) Objectively measured physical activity and sedentary time: cross-sectional and prospective associations with adiposity in the Millennium Cohort Study. *British Medical Journal Open*, 6, e010366.

Guzmán-García, A., Hughes, J. C., James, I. A. and Rochester, L. (2013) Dancing as a psychosocial intervention in care homes: a systematic review of the literature. *International Journal of Geriatric Psychiatry*, 28, pp. 914–924.

Hall, T. (2008) *The dance review: A report to Government on dance education and youth dance in England*. London: DCSF and DCMS.

Health and Social Care Information Centre (2015) *Health Survey for England 2014*.

Hillier, M. (2007) *Ten minute rule bill: Dance Teachers (Qualifications and Regulation)*. [Full text of bill presented to House of Commons]. Available at Dance UK Website: http://www.danceuk.org/metadot/index.pl?id=24907&isa=DBRow&op=show&dbview_id=22563.

Hwang, P. W. N. and Braun, K. L. (2015) The effectiveness of dance interventions to improve older adults' health: a systematic literature review. *Alternative Therapies in Health Medicine*, 21, pp. 64–70.

Iannotti, R. Janssen, I. and Haug, E (2009) Interrelationships of adolescent physical activity, screen-based sedentary behaviour, and social and psychological health. *International Journal of Public Health*, 54, 2 (2), pp. 191-198.

James, A. (1998) *From the child's point of view: issues in the social construction of childhood*. In Bio-social Perspectives on Children. Panter-Brick C (ed.). Cambridge University Press: Cambridge, pp. 45-65.

Kaufmann, K. (2011) Movement as a metaphor: how persistence, the tao, and the wisdom of the ostrich helped build school dance programs. *Journal of Physical Education and Recreational Dance*, 82, pp. 37–45.

Kaur, M. (2016) Application of mixed method approach in public health research. *Indian Journal of Community Medicine*, 41 (2).

Keogh, J. W., Kilding, A., Pidgeon, P., Ashley, L., and Gillis, D. (2009) Physical benefits of dancing for healthy older adults: a review. *Journal of Aging and Physical Activity*, 17, pp. 479–500.

Kiepe, M.S., Stöckigt, B. and Keil, T. (2012) Effects of dance therapy and ballroom dances on physical and mental illnesses: a systematic review. *Arts Psychotherapy*, 39, pp. 404–411.

Kirsch, S. (2005) *Im Tanz die Sinne erfahren*. Die Ausbildung der Identität durch eine sinnesorientierte Tanzpädagogik. Hamburg: Verlag Dr Kovac.

Klesges, R.C., Shelton, M.L. and Klesges, L.M. (1993) Effects of television on metabolic rate: potential implications for childhood obesity. *Pediatrics*, 91. Pp.281-286.

Kobasa, S.C., Maddi, S.R. and Puccetti, M.C. (1982) Personality and exercise as buffers in the stress-illness relationship. *Journal of Behavioral Medicine*, 5 (4), pp. 391-404.

Koch, S. C. (2011) *Basic body rhythms: from individual to interpersonal movement feedback*. in The Implications of Embodiment Cognition and Communication, eds Tschacher, W. and Bergomi, C. (Exeter: Imprint Academic), pp. 151–171.

Lamerz, A., Kuepper-Nybelen, J., Wehle, C., Bruning, N., Trost-Brinkhues, G., Brenner, H., Hebebrand, J and Herpertz-Dahlmann, B. (2005) Social class, parental education, and obesity prevalence in a study of six-year old children in Germany. *International Journal of Obesity*, 29 (4), pp. 373-380.

Lifestyles Statistics Team, Health and Social Care Information Centre. (2015) *National Child Measurement Programme: England, 2014/15 School Year*. London: Department of Health.

Lub, V. (2015) Validity in qualitative evaluation: Linking purposes, paradigms, and perspectives. *International Journal of Qualitative Methods*, pp. 1-8.

Mansfield, L., Kay, T. and Meads, C. (2018) Sport and dance interventions for healthy young people (15–24 years) to promote subjective well-being: a systematic review. *British Medical Journal Open*, 8, e020959.

Marsh, S., Ni Mhurchu, C. and Maddison, R. (2013) The non-advertising effects of screen-based sedentary activities on acute eating behaviours in children, adolescents, and young adults. A systematic review. *Appetite*, 71. Pp. 259-273.

Meekums, B., Karkou, V. and Nelson, E.A. (2015) Cochrane Common Mental Disorders Group. Dance movement therapy for depression. *Cochrane Database of Systematic Reviews*, 115, 1-54, doi:10.1002/14651858.CD009895.pub2

Moher, D., Liberati, A. and Tetzlaff, J. (2010) Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *International Journal of Surgery*, 8, pp.336–341.

National Dance Teachers Association. (2004) *Maximising Opportunity - Policy Paper*. National Dance Teachers Association.

National Institute of Clinical Excellence. (2008) *Promoting Physical Activity for Children*.

NHS Digital (2020). *National Child Measurement Programme, England, 2018/19 School Year*. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2020/part-4-childhood-obesity-copy>.

[last accessed 06/08/2020].

Nordin, S. and Hardy, C. (2009) *Dance4Health: A research-based evaluation of the impact of seven community dance projects on physical health, psychological wellbeing and aspects of social inclusion. Final Report*. Warwickshire County Council Arts Service.

Padmanabhan, A. and Luna, B. (2014) Developmental imaging genetics: linking dopamine function to adolescent behavior. *Brain Cognition*, 89, pp. 27-38.

Perna, L., Mielck, A. and Lacruz, M. (2012) Socioeconomic position, resilience, and health behaviour among elderly people. *International Journal of Public Health*, 57 (2), pp.341-349.

Ren, J and Xia, J. (2013) Cochrane Schizophrenia Group. Dance therapy for schizophrenia. *Cochrane Database of Systematic Reviews*, 36, doi:10.1002/14651858.CD006868.pub3.

Rodrigues-Krause, J., Farinha, J. B., Krause, M., and Reischak-Oliveira, Á. (2016) Effects of dance interventions on cardiovascular risk with ageing: systematic review and meta-analysis. *Complementary Therapy Medicine*, 29, pp. 16–28.

Rossi, P.H., Lipsey, M.W., & Freeman, H.E. (2004) *Evaluation. A systematic approach* (7th ed.) Thousand Oaks, CA: Sage.

Schubert, D., Martens, G. and Kolk, S. (2015) Molecular underpinnings of prefrontal cortex development in rodents provide insights into the etiology of neurodevelopmental disorders. *Molecular Psychiatry*, 20, pp. 795-809.

Schwender, T., Spengler, S., Oedl, C. and Mess, F. (2018) Effects of Dance Interventions on Aspects of the Participants' Self: A Systematic Review. *Frontiers in Psychology*, 9 (July), p. 1130.

Sebire, S.J., Edwards, M.J., Kesten, J.M., May, T., Banfield, K.J., Bird, E.L., Tomkinson, P., Powell, J.E. and Jago, R. (2016) Process evaluation of the Bristol girls dance project. *BMC Public Health*, 16, p.349.

Singh, A., Uijtdewilligen, L., Twisk, J., van Mechelen, W. and Chinapaw, M. (2012) Physical activity and performance at school: a systematic review of the literature including a methodological quality assessment. *Archives of Pediatric and Adolescent Medicine*, 166, pp. 49–55.

Skrove, M., Romundstad, P. and Indredavik, M. (2012) Resilience, lifestyle and symptoms of anxiety and depression in adolescence: the Young-HUNT study. *Society of Psychiatry and Psychiatry Epidemiology*, 8.

Storch, M., Cantieni, B., Hüther, G. and Tschacher, W. (2011) *Embodiment. Die Wechselwirkung von Körper und Psyche verstehen und nutzen*. Bern: Huber.

Studer-Lüthi, B., & Züger, B. (2012) Auswirkung einer Tanzintervention auf Körperkonzept und kognitive Fähigkeiten von regulär entwickelten Kindern. *Musik Tanz Kunstther.* 23, pp. 70–77.

Taylor, M.K., Markham, A.E. and Reis, J.P. (2008) Physical fitness influences stress reactions to extreme military training. *Military Medicine*, 173 (8), pp.738-742.

Urmston, E. (2012) *Research Report: Go Dance Inspiring children to dance to 2012 and beyond.*

Quin, E., Redding, E. and Frazer, L. (2007) The health benefits of creative dance: Improving children's physical and psychological wellbeing. *Education and Health*, 25 (2), pp. 31-33.

Reilly, J.J. and Kelly, J. (2011) Long-term impact of overweight and obesity in childhood and adolescence on morbidity and premature mortality in adulthood: systematic review. *International Journal of Obesity*, 35, pp. 891-398.

What works wellbeing. 2017. Available at:

<https://whatworkswellbeing.files.wordpress.com/2017/06/dance-sport-wellbeing-briefing-22june.pdf>

World Health Organisation. (2016) *Factsheet on health enhancing physical activity in the European Union Member States of the WHO region.* retrieved from: http://www.euro.who.int/_data/assets/pdf_file/0007/288106/Factsheets-on-health-enhancing-physical-activity-in-the-28-European-Union-Member-States-of-the-WHO-European-Region.pdf?ua=1

World Health Organisation (2019) *Adolescent Mental Health Factsheet.* Available from: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>. [last accessed 06/08/2020].

Yi, J.P., Vitaliano, P.P., Smith, R.E., Yi, J.C. and Weinger, K. (2008) The role of resilience on psychological adjustment and physical health in patients with diabetes. *British Journal of Health Psychology*, 13 (2), pp.311-325.

Appendices

Appendix 1 - Strengths and Difficulties Questionnaire

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

Your Name

Male/Female

Date of Birth

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your signature

Today's date

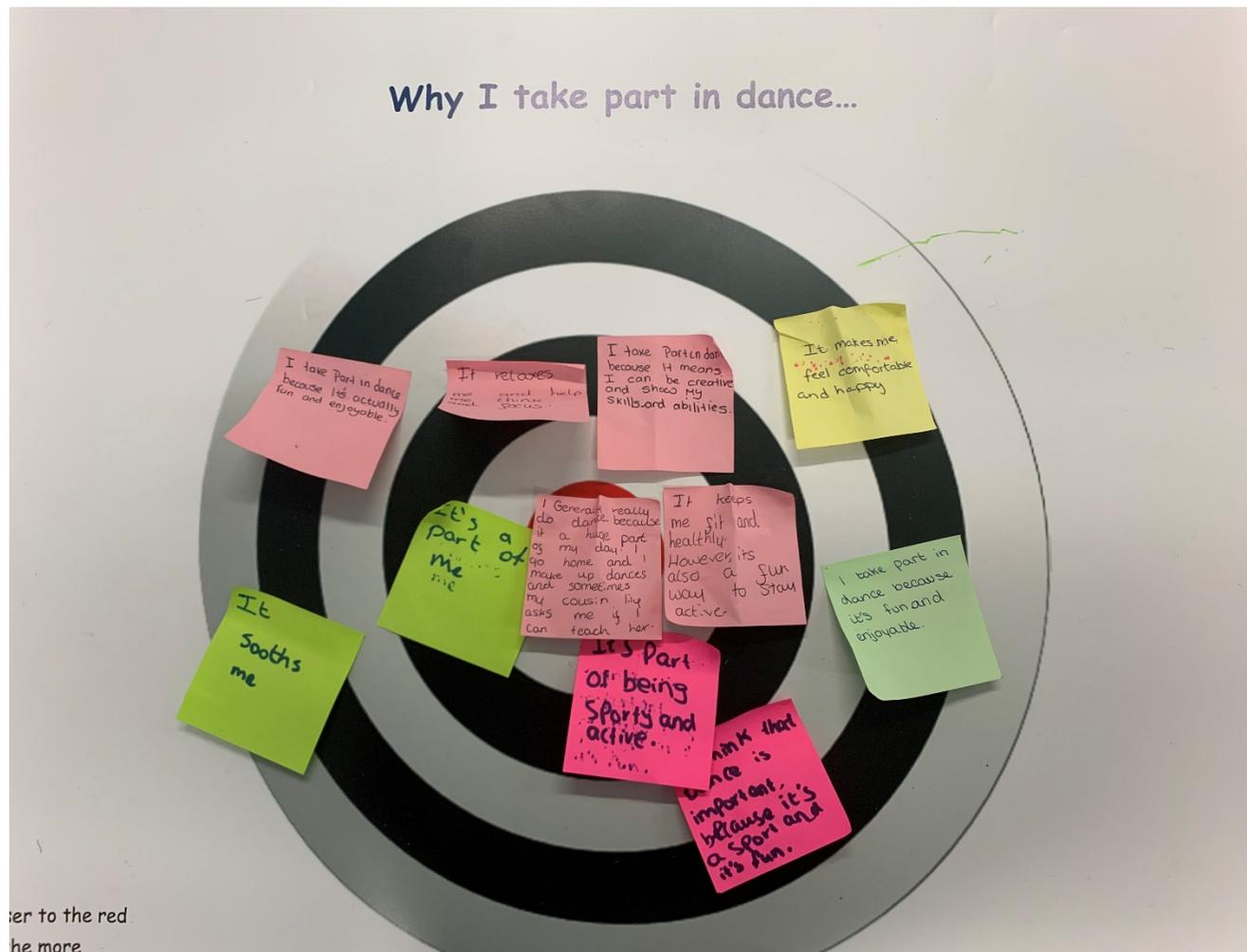
Thank you very much for your help

© Robert Goodman, 2005

Appendix 2 - Example Vision Board



Appendix 3 - Example Dart Board



Appendix 4 - Focus Group Questions

DAZL Evaluation Focus Group Protocol

Introductory comments and explanation of the focus group interview (to be read out):

Hello, my names is X and I am from Leeds Beckett University. I will be conducting this discussion today. We have invited you all here to discuss your thoughts on how being involved with DAZL impacts your emotional wellbeing, body confidence, physical activity and self-esteem. Your personal opinions and views are very important to use. There are no right or wrong answers. Please feel free to express yourself freely during the discussion.

With your permission, this conversation will be recorded on the Dictaphone (show and test). This is only for the purpose of the research and only staff involved in the project will listen to the recording. No names or personal information will be used in the report or any subsequent publications and all information will remain anonymous and confidential. You may stop the interview at any point and are free to withdraw from the study at any time (and up to one-week following the interview). The discussion should last approximately 40 minutes to one hour. If you have any other questions, please feel free to ask them now. Are you all ok to begin, if so I will start the recording?

Turn on Dictaphone and begin

Questions	Prompts
Please introduce yourself and tell us a bit about your previous involvement in dance.	Have you danced before? Is this your first time dancing?
Why is dancing and/or performing important to you?	Does it help your self-esteem, confidence, body image?
What is it you like / love about dancing?	
What reasons do you have for dancing and/or performing?	Do your parents/carers have any influence on your reason for dancing? Is it about your self-motivation? Does it improve your body confidence? Do you like the sense of achievement?

How do you feel being involved in creating this performance piece?	Are you enjoying it? Do you think it will help others? Has it changed how you look at dance?
Do you tell people that you dance?	What do you tell other people about why you dance? Do you tell them good things? Do you tell them any bad things?
Do you think you are more active because you dance? (This doesn't include the time you spend in your DAZL dance class).	Why do you think this?
Is there anything else you would like to add that perhaps we haven't already covered?	

Thank participants for taking the time to be involved in this discussion/interview.

Appendix 5 - Written Storyboard for Participant Observation



Research objective #1: Capturing how the participants felt being social actors in this piece of research.

Theme: Frustration of being challenged!

START	THROUGHOUT	END
<p>Some participants are expressing their struggle with the new challenge of creating movement from their own feelings.</p> <p>What happened: Ali sat on floor crying with two DAZL Dance Leaders in front of her, she appears agitated and anxious, her body language is closed and she has moved away from the rest of the group. She tells the Dance Leaders: "I told Ian I didn't want to do it after the first three sessions, I'm not feeling it, its just not me, the dancing isn't me." – Ali.</p> <p>Ian approaches looking concerned and says: "You can learn lots of new skills in here and transfer them. But if you're not feeling it, you're not feeling it". - Ian</p> <p>Ali gets up still visibly upset, arms folded across her body, head down, and leaves.</p> <p>One of the Dance Leaders Jon approaches me later in the session offering an explanation: "Movement from feeling is what this class is about, and due to this performance piece it is more challenging for them as they have scope to be creative now - this is out of their comfort zone so that's a reason that they're leaving. Three have left so far." - Jon</p>	<p>Participants are getting educated and coached by an external theatrical company on how to overcome challenges associated with movement from feeling.</p> <p>What happened: Fall into Place Theatre attended and delivered an initial introductory session. The group sat in a semi-circle around the facilitator. Discussions began around how to put their own personal experiences and feelings of body image, mental health and resilience into contemporary dance.</p> <p>Personal areas they felt were challenging to confer to dance had the associated statements:</p> <p>Self-worth – "Our self-worth is attached to how we look, and it's society that makes us feel that way." – Jane stated this matter of <u>factly</u>, with open body language to the facilitator.</p> <p>Being judged by our peers - "High school changes everyone, everyone judges you by how you look, what you have, and we don't all have the best designer stuff, so we don't fit in, then we're bullied." – Connor gradually got more angry and irritated whilst saying this, it was clear he believed he was one of those he discusses don't 'fit in' to society at high school.</p>	<p>What happened: The participants came together as part of a focus group of six individuals to discuss their experiences of being involved throughout the creation of the performance piece. There was a positive atmosphere and all were very open with their discussions.</p> <p>"It's taught me that you kind of fit in more than you think you do, because everyone's showing their emotion through the dance, you see that everyone in their own way feels the same, you feel kind of like as one." – Andy describes how the process has being inclusive and overturned some feelings of societal rejection. He has open body language and addresses the rest of the group as opposed to the focus group facilitator solely.</p> <p>"..it was nice at the beginning when we did all the stuff, where you kind of had to put yourself into it. But to keep that I think that's a hard skill that we've had to like learn to do, and we're still learning." – Maria accepts the challenge of putting feeling into movement is an ongoing one and a skill in itself.</p> <p>"..we invested in the project, we know what we're actually dancing about and the emotion, so I think for us we managed to get that across compared to a lot of the other groups." – Claire concludes that the group successfully captured their emotion in their dance.</p>



Research objective #2: How being involved built their resilience.

Theme: Building emotional awareness and resilience through dance.

START	THROUGHOUT	END
<p>What happened: Fall into Place Theatre company attended one of DAZL’s Monday evening dance sessions. The participants were tasked with putting their own personal experiences and emotions surrounding mental health into a creative dance with the end goal of performing to various audiences. Many participants were wary of this and looked as though they didn’t want to feel exposed, several kept glancing at each other with worried looks on their faces.</p> <p>The groups were placed in small groups of 3 or 4 and spread out around the room. In one group of 3 young females aged approximately 14 or 15, one statement was:</p> <p>“I know I’m a dancer and I’m meant to be able to ‘just’ do this, but I don’t really want other people knowing what is in my head.” – Carrie. This was said with some perceived frustration, and said at speed to the other members of the group.</p> <p>“Yeah that’s right - what has happened to me and my friends is personal to us, I’m not sure I’ll be able to put that into a dance?” – Sarah responded to Carrie, with a worried tone, then she looked down, followed by a glance away at the wall.</p>	<p>In one coached Monday evening session, all were practicing the mental health performance piece they have created so far. One young girl, approximately 14 years old, appeared to be struggling with one of the dance moves: “I know what I want to be saying with this dance move, I wasn’t the pain I felt at school from what those girls did to be obvious with this part of the dance, but I’m struggling with it, I, finding it really emotionally hard.” – Cassie.</p> <p>One male about 20 years old (David) comes to her assistance and demonstrates what she need to do practically. They have a discussion out of ear shot.</p> <p>On questioning Cassie in conversation after, the discussion was around how to create the emotion for that part of the dance. “David was helping me put what I feel into those specific moves, we were talking about what happened to me.” – Cassie.</p> <p>By processing Cassie’s emotions, she was able to understand it more, and create a dance around it.</p>	<p>Once the group completed the mental dance performances, the researcher visited to discuss in detail how they had felt being a co-creator of the dance. We gathered in a small room (6 participants attended), huddled round a desk. A positive, open discussion on the creative dance ensued. From statements made, it could be said that the participants had become aware of and become more empathetic of mental health issues.</p> <p>“..quite a lot of young people go through mental health and its able to show it through what we’ve been through as well.” – Sam (young girl, approximately 12 years old).</p> <p>“..in this instance with it being on mental health, it’s very important and it happens a lot of the time so it just opens your eyes to it.” – Freya (young girl, approximately 16 years old).</p> <p>Individuals had become more emotionally resilient too: “Before I was involved in making our part of the dance, I never considered how hard it would be putting what I feel into it, but I’m glad I did it, even though it was well tiring.” – Freya (approximately 14 years old).</p>



Appendix 6 - Information Sheet

Project title: Evaluation of DAZL Mental Health & Physical Activity Project for Children & Young People.

Researchers: Dr. Victoria Archbold, Dr. Thomas Quarmby & Suzanne Bond

Your child is being invited to participate in a project that aims to evaluate what the impact of the DAZL mental health and physical activity project for children and young people has on resilience, emotional well-being and physical activity. Before making any decisions, please read the information below and feel free to ask any questions that you may have.

This study is commissioned by Public Health Leeds but the research is being undertaken by a team of researchers from Leeds Beckett University. **You are being invited to participate in the research because your child is involved with one of the DAZL dance projects.**

What is the purpose of the project?

The purpose of this study is evaluate the project, aims, outcomes and benefits that dance as physical activity has on young people's (aged 12-19) physical and mental health. More specifically, we want to find out:

- What impact the role of involving young people in the development and production of a performance piece has on their mental resilience, emotional well-being and physical activity.
- What impact being involved in the project has on their mental resilience, emotional well-being and physical activity, and their attitudes and perceptions towards emotional wellbeing, body confidence, physical activity and self-esteem.

What will I need to do if I take part?

If you choose for your child to take part in the study, they will be asked to undertake the following depending upon what group they are in:

- Complete a strengths and difficulties questionnaire on three separate occasions and potentially take part in 2 focus groups (one prior to the programme and one after); or
- Take part in 2 focus groups and potentially be observed throughout the programme by a researcher from Leeds Beckett University.

Do I or the young people have to take part?

No. Participation is entirely voluntary. You and your child will have the study described to you alongside this information sheet which will then be yours to keep. If you do decide for your child to take part, you will be asked to sign a consent form to indicate your agreement for them to participate. You are free to withdraw your child at any point without giving a reason.

What will happen with the results?

All focus group interviews and observations will be logged, transcribed and the data returned to Leeds Beckett University who will analyse the data. At all times, all information your child provides will **remain confidential and all identities will be protected**. The Data Protection Act (2018) and GDPR will be adhered to at all times.

What are the benefits of the research?

DAZL is a programme that successfully engages young people across Leeds. We need to understand how dance helps young people to help inform future community physical activity provision and learn from an established programme. This research will enhance the DAZL programme and inform future funding in this area, also help engage more young people in the programme in the future.

What are the possible risks of taking part?

One risk of participating is that your child does not feel comfortable in answering some of the questions or that something that they hear in the group upsets them. To minimize this risk we will remind you and your child that all of their responses will be kept confidential, their identity will not be revealed to anyone and that they do not have to answer any questions that they don't want to, they are free to leave the group at any time.

If you feel your child needs further support but does not wish to speak to someone face to face, they can go to the MindMate website (www.mindmate.org.uk) for potential self-help solutions. For more direct support, speak to a member of the DAZL team who will put your child in touch with a professional from 'Mentally Healthy Leeds or NHS's 'Child and Adolescent Mental Health Services'.

Will the responses and information be kept confidential?

All information obtained during the completion of the questionnaire, focus groups and observations will be, and will remain, strictly **anonymous** and **confidential** and therefore non-attributable to any child taking part. In any publication or presentation, no information will be revealed that could identify anyone. However, any information that young people tell us that raises concerns about the safety of themselves or others will be passed on to the appropriate professionals. All responses will be coded anonymously and secured in locked offices, with any information inputted on computer for analysis encrypted with a password. Only the research team and Ian Rodley (DAZL Director) will have access to this. We will ask your child to agree not to share information that they have heard about each other before anyone is asked to share information in the focus group.

Who can I contact for further information?

Please feel free to contact the lead researcher should you have any further questions:

- Dr Victoria Archbold; Tel: 0113 812 6229; v.archbold@leedsbeckett.ac.uk or
- Suzanne Bond; s.j.bond@leedsbeckett.ac.uk or
- Dr Thomas Quarmby; Tel: 0113 812 4703; t.quarmby@leedsbeckett.ac.uk or

Independent Contact (University Ethics Committee)

If you wish to speak to an independent contact about any aspect of the study, please

contact:

Dr Toni Williams; Tel: 0113 812 1863; E-mail: t.l.williams@leedsbeckett.ac.uk

Many thanks for your time and consideration to take part.

Suzanne Bond (Research Officer)



Appendix 7 - Consent Form

Project title: Evaluation of DAZL Mental Health & Physical Activity Project for Children & Young People.

Researchers: Dr. Victoria Archbold, Dr. Thomas Quarmby & Suzanne Bond

Please circle all questions as appropriate before signing and dating below:

I confirm that I have received the information sheet, have read and understand the above project	Yes	No
I am happy for my child to be potentially observed over a 12-week period	Yes	No
I have had the opportunity to ask questions about the study and my child's involvement	Yes	No
Any questions I asked were answered to my satisfaction	Yes	No
I understand that my child's participation is entirely voluntary	Yes	No
I understand that the information my child provides is and will remain confidential and their identity will not be revealed at any time	Yes	No
I understand I am free to withdraw from the study at any time without consequence and I know how to withdraw	Yes	No
GDPR: I understand that my child's anonymised data will be held confidentially in the public domain for the purposes of future journal peer review, reports and conference proceedings.	Yes	No

Please indicate your name in block capitals: _____

Parent / Guardian signature: _____ Date: _____

Researcher signature: _____ Date: _____

Appendix 8 - Young Person Information Sheet



Evaluation of DAZL Mental Health & Physical Activity Project for Children & Young People.

You're invited to take part in a project evaluating DAZL's impact on mental health and physical activity. Before deciding if you want to take part, please read the information below and feel free to ask any questions that you may have.

What is the purpose of the project?

To see if the DAZL project helps young people physically and emotionally. More specifically, we want to find out:

- What involvement in the project has on young people's mental resilience, emotional well-being and physical activity, and their attitudes and perceptions towards emotional wellbeing, body confidence, physical activity and self-esteem.

What will I need to do if I take part?

You will have to complete an online questionnaire three times across the sessions, engage in interactive group activities asking your thoughts on dance, social media and mental well-being, and potentially be observed by researchers.

Do I or the young people have to take part?

No. Participation is entirely voluntary. You will have the study described to you alongside this information sheet which will then be yours to keep. If you do decide to take part, you will be asked to sign a consent form to agree to take part. You are free to withdraw at any point without giving a reason.

What are the benefits of the research?

You will be able to get across your opinions and thoughts, enabling the DAZL programme to show how it supports young people.

What are the possible risks of taking part?

There are limited risks to taking part. You might feel uncomfortable in answering some of the

questions or something that you hear in the group upsets you. Everything you say will be kept confidential, your identity will not be revealed to anyone and you do not have to answer any questions that you don't want to. You are free to leave the group at any time.

If you feel you need further support but do not wish to speak to someone face to face, go to the MindMate website (www.mindmate.org.uk) for potential self-help solutions. For more direct support, speak to a member of the DAZL team who will put you in touch with a professional from 'Mentally Healthy Leeds or NHS's 'Child and Adolescent Mental Health Services'.

Will the responses and information be kept confidential?

Yes. However, any information that young people tell us that raises concerns about the safety of themselves or others will be passed on to the appropriate professionals. All information will be kept in locked offices, with any information on computer encrypted with a password. Only the research team and Ian Rodley (DAZL Director) will have access to this. We will ask you to agree not to share information that you have heard about each other before anyone is asked to share information in the interactive group sessions.

Who can I contact for further information?

Please feel free to contact the lead researcher should you have any further questions:

- Dr Victoria Archbold; Tel: 0113 812 6229; v.archbold@leedsbeckett.ac.uk or
- Suzanne Bond; s.j.bond@leedsbeckett.ac.uk or
- Dr Thomas Quarmby; Tel: 0113 812 4703; t.quarmby@leedsbeckett.ac.uk or

Independent Contact (University Ethics Committee)

If you wish to speak to an independent contact about any aspect of the study, please contact:

- Dr Toni Williams; Tel: 0113 812 1863; E-mail: t.l.williams@leedsbeckett.ac.uk

Many thanks for your time and consideration to take part.

Suzanne Bond (Research Officer)

Appendix 9 - Young Person Assent Form

Project title: Evaluation of DAZL Mental Health & Physical Activity Project for Children & Young People.

Researchers: Dr. Victoria Archbold, Dr. Thomas Quarmby & Suzanne Bond

Please circle all questions as appropriate before signing and dating below:

Do you understand what this project is about?	Yes	No
Are you happy to be potentially observed over a 12-week period?	Yes	No
Have you asked all the questions you want?	Yes	No
Have you had your questions answered in a way you understand?	Yes	No
Are you happy to take part?	Yes	No
Do you understand that what you tell us or speak about will remain confidential and your identity will not be revealed at any time?	Yes	No
I understand I am free to withdraw from the study at any time without consequence and I know how to withdraw	Yes	No
GDPR: Do you understand that your anonymised data will be held confidentially in the public domain for the purposes of future journal peer review, reports and conference proceedings?	Yes	No

If you have answered no or don't want to take part, don't sign your name. If you do want to take part sign below and write your name.

Please indicate your name in block capitals: _____

Participant signature: _____ Date: _____

Researcher signature: _____ Date: _____



Whilst permission has been asked from your parent / guardian, you do not have to participate if you do not wish to and you can withdraw at any time – either informing the dance teacher or researcher.

