TASO
Transforming Access
and Student Outcomes
in Higher Education

A theory-based evaluation of the Boundary Spanner Project: Wellbeing initiative for students in higher education

Technical report

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1. Summary

This study provides a theory-based evaluation of the Boundary Spanner project, a mental health and wellbeing intervention designed to support students at St Mary's University, Twickenham. The Boundary Spanner project offers regular recreational drop-in sessions for sports and arts activities, including 'Reprezent Health' gym sessions and 'Hang out and Paint' art sessions. It aims to create an environment where students can interact with their peers and university staff, as well as provide opportunities for students to access support for their wellbeing in an informal setting. The intervention aimed to help students form new connections and relationships, foster a stronger sense of wellbeing and belonging at the university, as well as increase students' awareness and use of the academic and wellbeing services available to them, ultimately leading to improved wellbeing and less academic stress.

To evaluate the Boundary Spanner project, this study employed an approach known as the Qualitative Impact Protocol (QuIP) methodology. The QuIP approach seeks to develop a deep qualitative understanding of how and why an intervention impacts participant outcomes. Drawing on in-depth interviews with students, alongside key informant interviews with student coaches and project staff, this approach aimed to collect data directly from the intervention's participants and other stakeholders. The evaluation used their narrative accounts to assess changes in the students' outcomes in wellbeing and retention as well as to determine how the intervention contributed to those changes in outcomes, if at all. In doing so, they considered the relationships between the contextual and implementation factors that may have an effect on the student outcomes.

Table 1: Summary of evaluation details

Intervention name	Boundary Spanner project
Intervention type	Recreational and physical activity intervention
Higher education provider	St Mary's University, Twickenham
Evaluator	Bath Social & Development Research (SDR)
Evaluation design	Theory-based evaluation using Qualitative Impact Protocol (QuIP)
Sample	20 in-depth and open-ended qualitative interviews with participating students. 8 process-orientated interviews with key informants, such as student coaches and delivery staff.

1.1 Summary of findings

The key findings of this evaluation are:

- The intervention provided students with a social space to make connections and develop friendships with peers, leading to an increased sense of belonging at university.
- The role of facilitators was crucial in providing informal academic and wellbeing support to students.
- The gym and art activities themselves held intrinsic value and supported student wellbeing.
- There was little evidence to suggest that the intervention increased students' awareness of formal support services.
- Other factors such as university events, academic staff and wellbeing services were also reported to be influencing key intended outcomes. For social and wellbeing outcomes, the intervention was the most frequently reported driver of change, but academic outcomes were more likely to be influenced by other factors.
- Key challenges experienced during the implementation of the intervention included student recruitment and staff engagement, which limited the actualisation of key causal pathways in the theory of change.
- Limitations of the research include lack of quality sampling and monitoring data.

2. Introduction

A recent TASO report highlights that in 2024 nearly one in five students (18%) reported experiencing mental health difficulties in the UK, and mental health was identified as the most commonly cited reason for students leaving higher education (Sanders and Ellingwood, 2025). The 'Being Well, Doing Well' study, commissioned by Student Minds, further highlights the wide-ranging causes of student stress — from academic pressures and financial concerns to the challenge of balancing study with paid employment (Student Minds, 2023). Other studies have also pointed to loneliness and a lack of belonging as key factors affecting student wellbeing and mental health (Wonkhe, 2019; ONS, 2022).

Contributing to research about effective approaches to addressing student mental health and wellbeing challenges, this study conducts a theory-based evaluation of the Boundary Spanner project, a student wellbeing intervention at St Mary's University, Twickenham. The Boundary Spanner project offers students free recreational events, such as 'Reprezent Health' gym sessions and 'Hang out and Paint' art sessions, and aims to provide students with the opportunity to connect with peers and staff at the university, as well as access to non-clinical wellbeing support in an informal setting.

This approach builds on existing evidence highlighting the positive effects of physical activity on mental health (White et al., 2023; Mason and Holt, 2012; Singh et al, 2023) and the role of the arts in improving wellbeing and managing physical illness (Fancourt and Finn, 2019). By integrating both physical activity and creative arts, the Boundary Spanner project offers an innovative intervention that aligns with existing evidence and provides an opportunity to further explore how diverse recreational activities can influence wellbeing and other outcomes in university settings.

In this study, we evaluated the Boundary Spanner project using the Qualitative Impact Protocol (QuIP) approach (Copestake, 2020; Copestake et al., 2019). The QuIP method is designed to assess the outcomes reported by participants and other stakeholders. It aims to capture the nuanced experiences of students through a qualitative lens, providing rich insights into the intervention's theory of change and evidence on whether, how and why the intervention impacts student outcomes.

The evaluation was informed by in-depth interviews with participating students and other key project informants, with interviews with student participants conducted by peer-researchers (post-graduate students from the same university) that have been trained and supported by the professional evaluators. Notably, the use of peer-researchers in this study provides an innovative approach demonstrating how the student body might be included in evaluations in higher education. It also ensures the evaluation benefits from a group of interviewers that have local contextualised knowledge of the university and are relatable to the student participants.

This evaluation contributes to a growing literature on the efficacy and impacts of recreation interventions on student mental health and wellbeing, as well as other behavioural outcomes in a higher education context. For example, Wu (2002) reports

that music therapy significantly reduced anxiety and depression and improved self-esteem among undergraduates diagnosed with minor or major depression in Taiwan. Similarly, Mohammadian et al. (2011) found group poetry therapy significantly alleviated depression, anxiety, and stress among female university students in Iran, and Lopez-Rodriguez et al. (2017) show that dance therapy reduced stress and depression in a sample of university students in Spain.

Several studies also examine the effects of interventions involving physical and sports-based recreational activities on student wellbeing. For example, studies show that traditional Chinese and Korean exercise practices,such as Baduanjin, Tai chi and Kouk Sun Do, can have a positive impact on student mental health. Xiao et al. (2021) show that Baduanjin reduced anxiety, loneliness, and problematic phone use in Chinese students. Elsewhere, in the US and Turkey, Smits et al. (2019) and Barǧi (2022) have also found that long-term physical activity has a positive impact on reducing student anxiety.

Beyond the literature on arts- and sports-based recreational interventions, there is also a broader literature on other forms of recreational interventions in higher education. Studies evaluating writing interventions in which students journal or engage in expressive writing have shown that they can improve students' mood (Pachankis and Goldfried, 2010; Yu-Hsin Liao et al., 2012) and reduce anxiety (Epstein, Sloan and Marx, 2005) and worry (LaFreniere and Newman, 2016). Other research into recreational interventions using animal-assisted therapies, mostly with therapy dogs, also show short-term positive impacts on students' stress levels and motivation (Ward-Griffin et al., 2018; Pendry et al., 2020).

Overall, this study expands the scope of recreation interventions previously evaluated, which are largely concentrated on writing and animal-assisted interventions and include only a limited range of arts- and physical activity-based recreation interventions. Furthermore, a key contribution of this study is the focus on the UK context, where there is limited evaluation evidence on recreational and physical activity interventions in higher education, as further highlighted by TASO's Student Mental Health Evidence Toolkit (2024). This is also the first time QuIP is being used in the UK higher education sector.

The report provides:

- a description of the Boundary Spanner project and its theory of change
- an outline of the theory-based evaluation design
- key findings from the student interviews and key informant interviews
- a discussion reviewing the evidence collected in support of the theory of change.

2.1 Definitions and acronyms

QuIP – Qualitative Impact Protocol

Bath SDR – Bath Social & Development Research

KII – Key Informant Interview

PEC – Performance Education Centre

Wellbeing

This study uses the Student Minds' University Mental Health Charter definition of wellbeing[1], and distinguishes between physical and mental wellbeing based on students' reported outcomes. Physical wellbeing refers to students' physical health and strength; mental wellbeing relates to their mental and emotional wellbeing; references include students reporting feeling less stressed and more relaxed or focused.

3.   Intervention description

To help address student mental health and wellbeing challenges, the Boundary Spanner project offered free extracurricular recreational events at St Mary's University, Twickenham in the 2024–25 academic year. These sessions were intended to provide an opportunity for students to become more engaged in university social life and forge connections with other students and staff. They were designed to help students who may be struggling with the demands of independent learning to become more aware of the support available to students at the university.

The sessions also offered students an opportunity to meet informally with wellbeing staff, academic staff, and other trained student ambassadors, and to discuss any difficulties they may be experiencing as part of their studies. Introductions and signposting to St Mary's Student Services could be made in a discreet way during or following these sessions. Through student services, students were able then to access further wellbeing as well as disability and dyslexia support.

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[1] https://hub.studentminds.org.uk/modules/umhc-framework-defining-our-terms/

Table 2: Summary of intervention details

Element	Description
Intervention name	**Boundary Spanner Project**
Why is the intervention being run?	To improve student wellbeing and academic engagement by building connections to the university wellbeing services and academic support through drop-in gym and art sessions in an informal setting.
Who is the intervention for?	The intervention is designed for any student or staff member, though certain groups such as commuter students and male students from a Black, Asian and minority ethnic background were planned to be additionally targeted when promoting the intervention.
What is the intervention?	Free recreational drop-in sessions, including: ● 'Reprezent Health' gym sessions ● 'Hang out and Paint' art sessions
Who is delivering the intervention?	● Two staff members organise and run the sessions; one staff member from wellbeing services and one academic staff member. ● Student gym coaches supported the gym sessions.
How is the intervention delivered?	Recreational activities are delivered in-person on campus.
Where is the intervention delivered?	● Reprezent Health was delivered on campus in a gym, or nearby classroom in the same block. ● Hang out and Paint was delivered on campus in a room booked by wellbeing services.
How many times will the intervention be delivered? Over how long?	● Reprezent Health ran a two-hour drop in twice per week on Tuesdays and Fridays during term time and during holiday and exam periods, subject to demand. ● Hang out and Paint ran once per week for two hours on Thursdays during term time.

3.1 Intervention design

The 'Boundary Spanner' intervention was established at St Mary's University by two project leads, an academic staff member (Dr Michael Hobson) and a Wellbeing staff member (Howard Bateman). It was set up in response to initial anecdotal evidence suggesting that some students struggling with academic demands were also engaging less in social activities and unaware of the support services available to them. This led to poor academic performance, academic overwhelm, and, in some cases, students dropping out. In the university's access and participation plan, commuter students were identified as particularly at risk (St Mary's 2024, p. 7). Dr Hobson's own academic research also contributed to the intervention design, as it shows that race and class impact students' sense of belonging, and how interactions with peers can help students from a Black, Asian and minority ethnic background navigate the othering felt when they join a predominantly white middle class space at university (Hobson et al., 2025).

The project leads came across the concept of 'boundary spanning' from Ruth Jeanes (Jeanes, 2018), whereby facilitators working on social change projects often have to wear multiple hats and span various boundaries, introducing participants to different services and connecting them to different people to build social capital and networks that can support them to flourish. Corey Keyes's work on languishing and flourishing (Keyes, 2024) helped the project leads to build on this idea and not just refer students onto support when problems arise but focus on creating a space where students can develop positive mental health.

Two different types of recreational activities were offered as part of this intervention. Students were free to join both or either activity. The activities were as follows:

- **'Reprezent Health' sessions:** Free, twice weekly drop-in gym sessions for students. The sessions were facilitated by one academic staff member and one Wellbeing staff member, attended by other academic and Wellbeing staff, and supported by student coaches. Students who attended the session could partake in gym-based exercises and talk to other students, academic and wellbeing staff in between sets of exercise. Conversations were dictated by the students but often focused on topics impacting students' wellbeing such as academic overwhelm, time management, adapting to university life, and making friends.

- **'Hang out and Paint' sessions:** Free drop-in art sessions for students. All equipment was provided, ranging from watercolour on canvas, miniature painting and dexterity-based crafting. Calming classical based music was played in the background. Wellbeing staff attended all sessions, and although there was no formal discussion led by them, there was an organically developed conversation that often covered a wellbeing discourse.

The activities were run by the project leads alongside other facilitators. For Reprezent Health, paid student coaches were present at each session to enable the delivery of the session. Their unique role was to supervise participants during their exercise and training, to ensure their safety and offer guidance. For both Reprezent Health and Hang out and Paint, other staff members were invited to participate and support sessions through engaging in conversations with students and signposting to support services if necessary.

3.2 Intervention targeting and recruitment

The original intention of the intervention was to target specific student groups who had been identified as more at risk of struggling academically or having lower attendance, which included commuter students and students from a Black, Asian and minority ethnic background. However, the sessions were not restricted and remained open and accessible to all students. There was not a clear recruitment strategy for specifically targeting these students.

Staff and student champions advertised the sessions to students and staff via social media and publicity around campus, including posters. The social media strategy

included interspersing gym content with wellbeing and academic content. The staff implementing the intervention also promoted sessions to academic staff members who were asked to recommend the intervention to any students they deemed at risk. Students who approached student wellbeing services were also signposted to both the gym and the arts sessions.

3.3 Theory of Change

A theory of change is a theoretical model that outlines how an intervention is expected to cause or contribute to a change in outcomes[2]. It explains the logical sequence of the intervention, from its inputs, activities and outputs to short- and longer-term outcomes. A theory of change aims to articulate and illustrate the mechanisms that explain how and why an intervention is believed to lead to its hypothesised outcomes and the conditions that are necessary for these changes to occur.

3.3.1 Theory of Change development

To develop the theory of change for the Boundary Spanner project, evaluators from Bath SDR initially created a draft based on a set of scoping activities. The scoping activities included performing a desk-based review of intervention documentation, supplemented by some initial discussions about the intervention with the Boundary Spanner delivery team as part of the project's inception. These activities helped to develop an initial understanding of the intervention's rationale and its expected outcomes and impacts. As QuIP uses a more inductive approach, prioritising mapping participant voice and experience, the theory of change design and review relied less heavily on external evidence.

The evaluators from Bath SDR then led a one day in-person workshop at St Mary's University, consisting of group discussions to review and develop further the details of the Boundary Spanner project's theory of change. In this case, the workshop involved a small group of key informed participants, enabling detailed deliberation and discussion about the theory of change. This included Fiona Remnant from Bath SDR, Tatjana Damjanovic from TASO, and Dr Michael Hobson and Howard Bateman from the Boundary Spanner project. Workshop attendees outlined and reviewed the intervention's expected inputs, activities, outputs, outcomes and impacts, as well as the critical assumptions underlying the relationships between each of these factors.

The workshop enabled a collaborative approach to developing a theory of change. TASO's Enhanced Theory of Change template materials were utilised throughout to structure discussions about the Boundary Spanner project (TASO, 2025). Following the workshop, the evaluation team refined the theory of change based on discussions in the workshop and shared the refined version with other participants to review before it was finalised.

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[2] https://taso.org.uk/insights-and-evaluation/theory-of-change/

3.3.2 Description of the theory of change

A written summary of the theory of change developed for the Boundary Spanner project is provided below. Appendix C also includes an illustration of the full Enhanced Theory of Change developed by the evaluation team.

Aim: To improve student wellbeing and academic engagement by building connections to the university's Wellbeing services and academic support through drop-in gym and art sessions in an informal setting.

Inputs: The time and skillset crucial to the delivery of the intervention are Howard Bateman, Disability Advisor, and Dr Michael Hobson, Senior Lecturer in Physical Education, Sport and Youth Development at St Mary's University. Delivery will also rely on student coaches (four hours per week), trained in mental health first aid. Administrative support required will come from Nikki Anghileri, Head of Widening Participation as well as support and buy-in from the Head of Wellbeing and heads of faculty and subject leads. Reservation of gym space and room bookings for art workshops will be secured. A small budget has been allocated for basic art materials and the gym equipment is already available. In addition, staff administrative time is required to promote the intervention, make practical arrangements and to follow up on any urgent signposting.

Activities: The activities in this intervention have three strands: the gym sessions, the art sessions, and the awareness-raising and recruitment work with both students and staff members.

Outcomes: The intervention is expected to enable students to access academic or wellbeing support faster. By engaging in new networks, the students' sense of belonging and confidence will increase and their relationships with other students and staff will improve. These improved relationships are expected to break down the perceived barriers to students seeking help, thereby increasing the opportunities to get support and reduce academic overwhelm. The new connections are also expected to improve staff knowledge of referral pathways, enabling better student awareness and engagement with academic and wellbeing support services.

Impacts: The intended impact of the intervention is that students will finish their degrees because they will feel more confident and better equipped with soft skills. It is hoped that students will have a better understanding and self-awareness of what influences their wellbeing. The intervention also intends to drive a culture shift within the university towards normalised, accessible wellbeing services, increased investment, and greater strategic planning ownership for student wellbeing.

3.3.3 Anticipated mechanisms and causal pathways

The following statements further characterise the key causal pathways that explain why it is expected that the Boundary Spanner project will lead to its hypothesised impacts and outcomes. Causal pathways are understood here as the 'direct and indirect relationships between causal factors and changes […] in a system' (Britt et al., 2022).

Causal pathway 1: Confidence building and new networks
Students experience purposeful conversations with other students and with staff which help them to share challenging experiences and exchange ideas and coping mechanisms. These relationships can increase their sense of belonging and help them engage with role models at university. Based on qualitative data collected in the pilot phase of the intervention, these conversations can act as the catalyst to engage with new friendship groups and give them the confidence and knowledge to access wellbeing services for further support as required.

Causal pathway 2: Breaking down barriers between staff and students
Students experience a different relationship with lecturers present and lead conversations in a context in which they feel comfortable. This is important to help to improve relationships between students and academic staff, breaking down barriers which may prevent students from asking for help or admitting that they are struggling with any aspect of student life. Based on research by Thomas (2013), knowing staff is correlated with being able to ask for help. Further, St Mary's report on their 'Wobble Week' initiative, a week of events designed to support students during a key period of potential stress, also suggests that staff presence and access to services was an important factor contributing to student self-confidence (Parker, 2023).

Causal pathway 3: Better student engagement
Students who experience the previous two pathways should then feel more able to engage with academic work and with extra-curricular activities. For those that engage regularly with the intervention, it is assumed that they will have a greater sense of belonging. Signposting to wellbeing and academic services will also decrease academic overwhelm. These two factors will then improve the students' university experience, which will make them less likely to drop out of their course at difficult points in the year.

Causal pathway 4: Improved staff experience and engagement
By attending sessions and seeing positive results for students, staff will believe that this type of intervention makes their job easier and more rewarding in the long run. This will also be good for staff wellbeing and connectedness. It is assumed that this will increase staff engagement, and that staff engagement itself will make the interventions more effective.

4. Theory-based evaluation

A theory-based evaluation is an evaluation approach that uses a theory of change or a programme theory as a framework to inform the assessment of an intervention and its impacts and outcomes. This study will evaluate the Boundary Spanner Project using a theory-based evaluation approach known as the Qualitative Impact Protocol (QuIP) (Copestake, 2020). QuIP draws on aspects of multiple methods, including process tracing, contribution analysis, most significant change and realist evaluation (Copestake, Morsink, Remnant, 2019). It aims to collect credible information directly from people who are expected to have experienced some change in specific outcome areas due to an intervention.

QuIP focuses specifically on developing a qualitative understanding of how and why change happens. It aims to identify whether evidence suggests the intervention is impacting outcomes as hypothesised in the theory of change, what other factors have reportedly affected the same outcomes, and how or whether these factors are related. It does not quantitatively measure or try to weight the magnitude of change, and it is not intended to be statistically representative of the target population. As the QuIP method employs a goal-free approach, it cannot guarantee to answer very specific questions about project activities.

4.1 Research questions

This evaluation will examine the following research questions (RQs):

RQ1: What evidence do the causal pathways provide that the intervention is having a positive effect on student wellbeing and retention, as outlined in the theory of change?

RQ2: What other contextual factors have affected the hypothesised outcomes, and how do the contextual factors relate to each other?

RQ3: Has the intervention had any unanticipated effects, positive or negative?

RQ4: How has the implementation process informed the relationships between the context and mechanisms, and how does this inform future programme design?

4.2 Evaluation design

QuIP assesses intervention impact via structured interviews and systematic analysis of causal statements. Respondents discuss personal changes over a set period, starting with outcomes and then 'back-chaining' to identify perceived drivers. Sampling employs purposive selection so that interviewee selection is guided by known variations in intervention exposure and outcome changes. Confirmatory sampling is not intended to be generalisable but is theory-driven, stratifying cases by unexpected performance or anomalies, to learn about key causal pathways and mechanisms of change. If information is limited, sample selection prioritises diversity (Copestake, 2021). QuIP data is not, and does not intend to be, representative of the target population.

A QuIP interview guide uses both open-ended and closed questions to assess perceived change across pre-agreed outcome domains which reflect the theory of change. Interviews focus on outcomes, not specific activities, and do not refer to the specific activity being evaluated as far as is possible. This gives equal weight to all possible drivers of change and allows respondents to lead with explanations they feel are plausible rather than those suggested to them. This open-ended and goal-free approach aims to reduce confirmation and pro-project bias, while also increasing the likelihood that respondents might talk about unintended outcomes and unknown drivers of change. This helps to understand the broader context of change but it does mean that the data may not be able to answer some specific questions about intervention activities.

Once the data have been collected, stories of change are coded using an approach called qualitative causal mapping, systematically coding for links between drivers and outcomes. Once aggregated, this allows for analysis of common and outlier connections, and testing against the links assumed in the theory of change. Findings are presented through summary reports, using causal maps and transcript extracts to illustrate key causal pathways.

The credibility of QuIP causal claims rests on four key pillars. Firstly, there must be sufficiently clear evidence of change in the anticipated actor, actors, or systems. Secondly, multiple respondents should independently connect the changes to the observed phenomenon or intervention. Thirdly, the assertions made must align with a plausible theoretical framework. Finally, there should be no more credible counter-explanations for the respondents' statements (Copestake et al. 2019, p. 39).

QuIP is part of a suite of methods which use a causal pathways approach; causal pathways are understood as complex, often including multiple actors, contributing factors, events, and actions (Britt et al. 2022). QuIP is congruent with other broader theory-based methodologies such as process tracing, realist evaluation and contribution analysis (Copestake et al. 2019. p. 37-40). In this sense, QuIP is a useful approach when evaluating interventions with complex relationships between potential causal factors, contextual factors, and outcomes. This evaluation sought to understand the main causal pathways cited by students which contributed to the intervention's intended outcomes, testing how the activities can make a difference to students' sense of belonging and wellbeing.

In this evaluation, the evaluation team conducted 20 in-depth interviews with participating students. The interviews explored the students' experiences and perspectives on university life and their engagement with their academic studies and extra-curricular activities. This helped provide a broader context within which to understand how the intervention has affected the students. These interviews were designed to capture stories of change, which allow for detailed insights into the personal impact of the Boundary Spanner interventions on various aspects of students' lives, such as course engagement and social life. Additional key informant interviews with student coaches and delivery staff provided further process-orientated insights into how the intervention ran and how staff involvement may have affected the student outcomes. The analysis then mapped these causal claims reported by students and

created causal maps to visualise their perceived pathways of change. In this report, the evaluator will assess the extent to which reported drivers correlate with the interventions specified in the theory of change. See Appendix A1 for a detailed description of the evaluation timeline.

4.3.1 Outcomes

Table 3 lists the key outcomes outlined in the intervention's theory of change and how these outcomes will be measured in this study.

Table 3: Details of outcome variables

Outcome	Data source
Improved speed of accessing academic or wellbeing support from populations who are less likely to access them	QuIP individual interviews with students
Enhanced academic skills and reduced academic overwhelm	
Meet other students and develop connections outside of their usual group	
Increased sense of belonging and relationships for widening-participation target students	
Improved relationships between students and academic staff	Both QuIP individual interviews with students and key informant interviews with staff and student coaches
Better awareness and engagement between academic and wellbeing staff	Key informant interviews with staff and student coaches

4.3 Data

4.3.1 Data collection methods

We conducted in-depth interviews with participating students and key informant interviews with other stakeholders to inform the evaluation. For the in-depth interviews with participating students, we recruited 20 students from St Mary's University who had attended either the Hang out and Paint or Reprezent Health sessions. These interviews covered basic demographic information and experiences of the students' social lives, academic lives and future plans (see Section 4.3.3). Interviews were mostly conducted in-person by peer researchers, with a few conducted online at the respondent's request (see Section 4.3.4).

We conducted eight key informant interviews in total, including student coaches and staff involved with the project, to provide some process-related insights to the evaluation. A separate semi-structured questionnaire guide was designed and adapted as necessary for the different groups. These interviews focused on understanding more

about how the sessions have been delivered, including the role of support students/staff, and capturing reflections on project delivery and outcomes. Interviews were conducted remotely by the Bath SDR team, rather than the peer researchers. All interviews lasted 45 minutes to one hour, following the provision of informed consent. For more detail on the data collection methods, please see the Research Protocol.

4.3.2 Sample selection and recruitment

To facilitate quota sampling, St Mary's provided Bath SDR a log of intervention session participants. There were unfortunately not enough students listed, nor enough detail about them provided to meet the target quota or develop a purposive sampling approach. Therefore, all of the students on the attendance list were contacted and invited to participate in an interview.

Students were initially invited to take part in the interview via an email which detailed the purpose of the research and the process of the interview. They were provided with the data protection notice and informed consent form to review. As outlined in the research protocol, when recruitment slowed and the quota was not yet sufficiently reached, the decision was made to send the research team to attend intervention sessions to promote the research and invite students to participate in person which aided recruitment.

Table 4: Sample size

Data collection approach	Intended sample size	Achieved sample size
Student Interviews	40	20
Key informant interviews	5	8

The intended target for the student interviews was 40 students, with the aim to split the sample evenly across Hang out and Paint and Reprezent Health sessions. However, as noted above, the sample list provided was much smaller than originally anticipated, particularly for Hang out and Paint. As shown in Table 5, the total number of student email addresses provided was not much larger than the quota target. Three students originally expressed interest and then did not follow through to book an interview. A further five students booked an interview and then didn't show. Bath SDR followed up with students several times to invite them to participate or remind them to book an interview. Given the limited number of students to sample from, pilot interviews were included in the final sample.

Table 5: Student recruitment

Intervention session	Number of students in log provided	Number of students who expressed interest	Number of students who booked an interview	Number of students who participated
Reprezent Health	38	19	16	14
Hang out and Paint	16	9	9	6
Total	54	28	25	20

All six Hang out and Paint participants were female, and the majority (13/16) Reprezent Health participants were male. There was almost an even split between commuters (9/20) and non-commuters (11/20). Any notable differences between these groups are included in the results and discussion sections. See Appendix F1 for more information.

For the key informant interviews, the project leads and Reprezent Health coaches were approached first, as they were the only members directly involved in the running of the intervention. St Mary's also provided a list of staff members who had attended the sessions who were then contacted and invited to participate. The intended target for the key informant interviews was five interviews as it was unclear how many additional staff members had been involved in the sessions and whether it would be possible to interview them. As shown in Table 6, five staff names were provided and three agreed to participate, so in total eight key informant interviews were conducted. See Appendix F2 for more information.

Table 6: Key informant recruitment

Key informant category		Number in sample provided	Number of interviews conducted	Total number of interviews conducted
Project leads		2	2	2
Coaches		3	3	3
Staff	Hang out and Paint	1	1	3
	Reprezent Health	4	2	
Total		10	8	8

4.3.3 Research material design

Bath SDR worked with the TASO team and St Mary's, Twickenham to develop a theory of change (See Appendix C) for the Boundary Spanner interventions, and associated research questions. This informed the design of the interview guide (See Appendix D) around key domains which would capture change relating to the following intended outcomes for students:

a. Social life and friendship groups;
b. Engagement with and experience of their academic course including teaching and self-study, day-to-day management of deadlines as well as stress and anxiety;
c. Hopes and aspirations for the future.

Respondents were asked to share whether anything had changed in these areas since the start of the academic year, and to reflect on why they think things have or have not changed. Typically, the QuIP approach does not include direct questions about the intervention to reduce confirmation bias as much as possible. For this evaluation, it was agreed that the interview guide would include a set of optional prompting questions towards the end which specifically focus on the Boundary Spanner activities. This section helped ensure experiences of the intervention were covered in case any students did not provide details unprompted.

The prompts were open-ended and focused on change, while touching on process and contextual information. The interviewers were trained to only ask these questions if the respondent had not yet mentioned the project in any detail. The analyst coded responses from this section as prompted references to the intervention. (See Section 4.4 for more detail about the analysis process). The guide was revised during the researcher training based on feedback from the peer researchers; some of the questions were rephrased and certain terms were simplified to aid student understanding and engagement. A few questions were split up to help the flow of the conversation feel more natural.

For the key informant interviews, a separate semi-structured questionnaire guide was designed and adapted as necessary for the different types of key informants interviewed (depending on the informants' level of involvement, such as whether they were involved in the design, implementation or merely took part). These interviews focused on process and implementation to provide context to the causal mechanisms explored in the student interviews. These interviews were conducted by Bath SDR, not the peer researchers. Please see Appendix D for the full key informant interview guides.

4.3.4 Interview conduct

Interviews of key informants were conducted by the evaluators, trained staff at Bath SDR. Interviews with student participants were conducted by post-graduate students from St Mary's University. This had the advantage of drawing from a pool of local and interested researchers, but more importantly introduced a peer element to the interviews. The rationale for using peer researchers was that the interviewees would

likely feel more comfortable and willing to share their experiences with other students who may have similar experiences to draw on and have a shared understanding of their particular university context. The peer research team was recruited, trained and supported by the Bath SDR team.

Researchers audio recorded the interviews and took notes during the interview to support writing up detailed summary transcripts afterwards. While QuIP seeks to prioritise respondent voice, the methodology does not require verbatim transcripts as the analysis focuses on drivers, outcomes and causal pathways rather than more detailed language or discourse analysis. Verbatim transcripts are time-consuming and expensive to produce, especially in contexts where interview data needs to be translated from other languages or dialects. There is a small risk researchers' summaries might omit important information, but researchers are trained and transcripts are quality assured by the evaluators to mitigate this. In this case, researchers used AI transcription software to produce verbatim transcripts from the audio files, but only their summaries were used for coding purposes. Please note that the summaries have been quoted in this report.

Consent was confirmed at the start of every interview so that participants were reminded of their right to withdraw. Please see Appendix A3 for more details about the ethical guidelines.

4.3.5 Approach to maximising response rates

Students participating in interviews were given a £20 One4All voucher as a compensation for their time. Considering that many students are time poor and often have to balance paid employment with their academic work, the voucher is seen as fair compensation rather than an incentive that would pressure students to take part.

Furthermore, as highlighted above, the peer researchers also invited students to participate by attending sessions in person.

4.4 Analytical strategy

Causal qualitative data analysis was conducted to identify the causal pathways reported by respondents (Powell et al, 2023). The narrative interview data was coded on the web application Causal Map which is used to identify and synthesise causal claims in text[3]. A trained QuIP analyst identified and inductively coded causal claims made by respondents (stories of change with a driver and an outcome). The "influence" (driver) and "consequence" (outcome) factor labels applied are unique to each project as they are created inductively by the analyst who starts with a blank codebook. From this coding the analyst could create aggregate causal maps that visually represent the connections cited between various factors across respondents. Another member of the Bath SDR team peer reviewed the analyst's codebook. The analyst also presented the

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[3] Link to Causal Map application: http://www.causalmap.app

factors and causal maps to the TASO and St Mary's teams to provide opportunities for feedback and iteration.

As outlined in Section 4.3.2, it was not possible to purposively sample based on characteristics of interest, nor was this data provided retrospectively, and therefore analysis of differences across student groups was limited to the basic demographic data collected at the beginning of the interview.

4.4.1 How to read causal maps

Causal maps are used throughout this report to display the causal pathways reported by interviewees. Each causal map is accompanied with a note about the filters applied by the analyst. This section provides a summary of how to read the maps and understand the filters. See Appendix E for more information.

Source counts
Each causal map used in this report displays source counts on each causal link, and in some cases on the factor itself. These counts represent the number of respondents who mentioned a factor or the link between two connected factors. The number inside the box is the source count for the factor, and the number on the arrow is the source count for the link between the two connected factors. Links and link arrows are also scaled by the source count so that thicker lines and bigger arrow heads for higher counts. Most maps in this report only include links reported by two or more respondents for the sake of readability.

'Path tracing' and 'Focus'
Many of the maps in this report use 'path tracing', which displays all the links made *to* or *from* one or more factors. Where the analyst has searched for all the factors leading *to* a certain consequence factor, the factor box is highlighted in green. Where the analyst has searched for all the factors leading *from* a certain influence factor, the factor box is highlighted in purple. The map below gives an example where the analyst has a path traced *from* the interventions *to* key social outcomes.
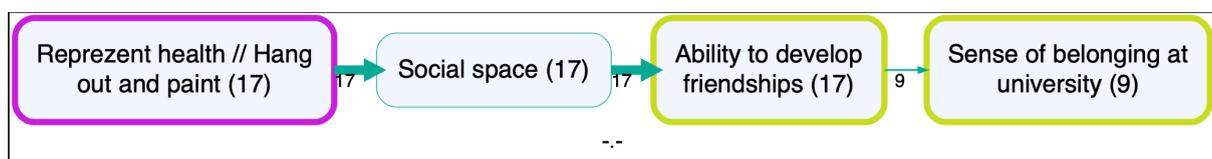
| Reprezent health // Hang out and paint (17) | →17 | Social space (17) | →17 | Ability to develop friendships (17) | 9 | Sense of belonging at university (9) |

Description: This causal map shows all the reported links between the intervention sessions and key social outcomes. The most frequently reported pathway linked the intervention to providing a social space which led to an improved ability to develop friendships which subsequently led to an increased sense of belonging.

Filters: Thread tracing from 'Reprezent health' and 'Hang out and paint' (factors collapsed) to 'Improved ability to develop friendships' and 'Sense of belonging', 2+ source count

For example, the map above shows that Boundary Spanner interventions directly led to a social space and the ability to develop friendships for 17 respondents and led to an improved sense of belonging at university for nine sources. This map will be discussed further in the report.

Some of the maps in this report use a slightly different filter called 'focus', which hones in one or more factors of interest, displaying all the links upstream and downstream from that factor to a set number of steps (i.e. all the factors leading into and out from a factor). For example, the map below focuses on all the factors leading to and from the intervention activities.

Collapsing
In a few maps in this report the analyst has used the 'collapse' feature to combine certain factors together. This has mostly been applied to merge Reprezent Health and Hang out and Paint for Boundary Spanner overview maps.

Tags
Some of the key informant maps in this report have been created using 'tags' whereby the analyst applied a note to the factor label in square brackets. In this study, tags were primarily used to distinguish between key informant groups. For readability, the tags/square brackets have been removed from the maps once filtered.

4.4.2 Quotations

As respondent voice is central to QuIP methodology and philosophy, quotations from the narrative accounts are presented throughout this report. Where quotes are used, this is to help communicate more detail and give examples, they do not represent a 'majority' or 'minority' view.

Most of the quotations from the individual interviews are summaries written by the researchers, with verbatim text in quotation marks. However, quotations from the key informant interviews are solely verbatim as AI software was used to transcribe them in full, before they were checked over by the researcher who conducted the interview. Within the quotation, the use of ellipses ('…') signifies that some text has been removed from the quote for the purpose of the report. Any text in square brackets ([ ]) has been added by the researchers or report writer to provide clarification.

The respondent data is anonymised by allocating a code to each respondent which contains information about their role within the university and the intervention they attended. Appendix F contains more information about the individual respondents, organised by code.

4.5 Changes from study protocol

The main deviation from the study protocol was the number of students included in the sample, as described in Section 4.3.2 it was not possible to reach the full target of respondents, or indeed to split the sample evenly between the two intervention types. Relatedly, it was not possible to sample based on key characteristics – in part because the response rate did not allow for this, and also due to the lack of information in the student log provided by St Mary's.

Furthermore, due to delays in receiving the student log and a relatively slow start to recruitment progress, it was decided to collect data iteratively rather than in two discrete rounds.

In terms of the intervention itself, the main difference from the design outlined in the protocol is that coaches did not receive mental health first aid training (see Section 5.5.3). Additionally, the plan to use set conversation starters at Reprezent Health was trialled and then abandoned (see Section 5.1.3).

5. Results

The results from the two intervention activities, Reprezent Health and Hang out and Paint, are presented together because the analysis found no substantial differences in the causal pathways reported. Any noteworthy differences will be highlighted in the narrative. Please note that the quotes provided derive from a combination of summaries and transcripts of student interviews and transcripts of key informant interviews.

5.1 Engagement and recruitment

5.1.1 Targeting and recruitment

As presented in Section 4.3.2, according to the information provided, around 38 students attended at least one Reprezent Health session and 16 attended at least one Hang out and Paint session. Given the lack of additional information provided about these students, it is not possible to determine the proportion of students that met the original target criteria of the intervention.

The project lead of Hang out and Paint (a disability advisor) reflected that while open to anyone, he observed that most of the students were widening-articiation students. This was based on information he had access to via his role within student services and the fact that some of the recruitment took place at widening-participation events. However, this was not recorded and has not been used in analysis.

The project lead of Reprezent Health shared a similar observation, specifying that while many neurodivergent students came along, there were fewer commuter students and Black, Asian and minority ethnic background students than originally intended.

"It feels like we worked with who was there at that point rather than pushing to try and get maybe some of our original audience in". (F-1)

A common theme in the key informant interviews was the challenge of recruiting students which will be discussed in more detail in Section 5.5.1.

During the interviews, some students shared how they heard about the Boundary Spanner activities and why they decided to participate. As shown in Table 7 below, although a few students found out about the sessions through adverts on social media and on campus, most reported being invited in-person by the Boundary Spanner team, wellbeing services, or a friend.

Table 7: Recruitment pathways reported by students

Recruitment pathway	Number of students[4]
Boundary Spanner team	7
Wellbeing services	3
Get Set for Success	3
Social media	3
Posters around campus	1
University website	1
Recommended by a friend	1

Invites from the Boundary Spanner team included one of the project leads inviting students during his own lectures. One student added that Reprezent Health was presented as "as an accessible programme for students with disabilities, from BAME backgrounds, or who commute" (RH-13). Another claimed that the sessions were pitched as "a welcoming space to socialise and work out" (RH-7).

"He came into our course, told us about it, told us it runs every Tuesday and every Friday, and just to pop down to see what it's like." (RH-8)

The key informant interviews validated this finding, emphasising the importance of personal invites from the project leads. This links to a wider theme of reliance on the project leads which will be discussed in more detail in Sections 5.5.2 and 6.1.

"I mean if you look at the recruitment of who comes it relied so heavily on me and Howard [project lead] right; like people either came because they were in my lectures or because they knew Howard through wellbeing." (F-1)

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[4] Only some respondents explained how they were recruited, and therefore this small number of responses may not be representative of the wider sample, and indeed the full number of attendees.

Interestingly, almost all the students recruited through direct invites from the team were non-commuter students which could suggest alternative recruitment strategies might need to be considered for commuter students.

Recommendations from wellbeing services included references to disability and mental health advisors encouraging students to try the sessions out. A few students mentioned 'Get Set for Success', a welcome programme at St Mary's supporting new widening-participation students to prepare for university. The key informant interviews confirmed that Reprezent Health had run trial sessions at this event, adding that some of the most regular attendees had joined via this route.

As shown in Table 8, some students outlined the specific reasons that they first attended the Boundary Spanner sessions.

Table 8: Reasons students gave for attending sessions

Reason for attending	Number of students
Schedule	7
Standard of gym equipment	6
Personal interests	2
Free of charge	2
An opportunity to socialise	1

Some students noted that the timing of the sessions worked well within their schedule which made it easier for them to attend.

> "The timing of their lectures allows them to drop in easily, making it a convenient activity to participate in." (HP-2)

Several students mentioned the high standard of the gym equipment in the Performance Education Centre (PEC) as an incentive for attending Reprezent Health sessions. One student noted the PEC's "specialised facilities and greater space compared to commercial gyms" (RH-4). Another specifically mentioned that the equipment for power- and weightlifting is 'superior' to the main campus gym and other (commercial) gyms (RH-9).

> "It seemed like a much better gym, much more specialised and I wanted to see what it was like working in there [...], it exceeded my expectations. It's really good." (RH-8)

A few students shared that they struggled to attend the sessions as frequently as they would have liked due to other commitments, such as work, and their academic workload.

5.1.2 Attendance

The St Mary's team was not able to provide complete or accurate Boundary Spanner attendance data, so it is not possible to comment in any detail on the attendance and engagement levels of students. The consensus among key informants was that Reprezent Health attendance was much higher in semester one when the intervention "had a lot of energy behind it" (F-1) and before timetables shifted in semester two and regular attendees were no longer already on campus for lectures on session days. As predicted, there was a drop-off in attendance around "deadline seasons" before Christmas and Easter (C-1t).

A similar trend was noted for student attendance at Hang out and Paint.

> "I find their worst attendance is during the more stressful periods. They're just kind of trying to head down and get some work done." (F-2)

5.1.3 Implementation

The key informant interviews provided more insights about how the interventions were delivered, highlighting the student-led nature of sessions, as well as the role of facilitators to encourage socialising and signpost for further support.

Student-led activities
The interviews revealed that the exercise component at Reprezent Health and the arts activities at Hang out and Paint were largely student-led.

One of the Reprezent Health coaches shared that they did try at the beginning to write out suggested workouts (on a whiteboard within the PEC) to provide some structure to the session, but that this quickly changed to supporting students with whatever they were already working on.

> "I think the thing that worked well in those sessions where people were just free to do what they wanted. They came in and they were like, oh, so and so's here - I'm just gonna jump in on what they're doing." (C-2)

All the coaches reported providing exercise-related support and advice as needed, and always ensuring student safety, but otherwise allowing students freedom to use the space and workout as they desired.

> "It's a bit of a mishmash [the coaching role], partly to coach people if they wanted. Honestly, I think I spend more time chatting to people... Or sometimes, as I'm getting to know people more, when I see them training, I'll go up to them and chat and ask them what they're doing." (C-3)

The project lead of Hang out and Paint shared that aside from providing art materials, everything else on the creative side is student-led.

"It's just I've got a big old box of stuff. I empty that and make it look nice on the table and then people can just take whatever they want. So often people will come in straight away straight on their phones onto Pinterest or to get inspiration and they'll do whatever they feel like doing and what's been really impressive is the art that's come out of it." (F-2)

Student-led conversations

The interviews also confirmed that conversations were led and directed by the students. The Reprezent Health project lead shared that they tried to write out conversation starters (on a whiteboard within the PEC) to facilitate conversation but, similarly to the exercises, quickly abandoned this for a more natural and informal approach.

"So, we tried this year putting up a PowerPoint presentation with conversation starters on it and getting people to think about it and talk about it. We did that for two or three sessions and that didn't necessarily really work... It was just asking questions and getting to know what's happening in their lives generally... Often actually they'd start having the conversations with each other this year and then that would provoke more conversation." (F-1)

The Hang out and Paint project lead explained how he set himself up on a separate table so that students could easily come and find him to talk, and how sometimes students would arrive earlier to have more private conversations.

Many of the key informants shared that while they followed the students' lead, they saw creating a "safe social space" (C-3) – facilitating conversation and encouraging connections among students - as a crucial part of their role.

"So initially I thought it was going to be closer to just offering advice and gym support, but it's also about encouraging people to interact with each other with people that they wouldn't usually interact with and help them to boost their confidence as well." (C-1)

Signposting

The key informants also talked about their role of sign-posting students to staff, other students, or different services for further support. This was highly dependent on what individual students needed support with.

"I guess it's about what they might need... telling them where services are" (S-2)

5.2 Impact on students

Causal Map 1 below provides a high-level summary of the causal pathways reported by respondents related to the Boundary Spanner interventions. It highlights several key findings which will be explored in more detail in this section:

1. Social space: Boundary Spanner sessions provided a social space for students to make connections and develop friendships, leading to a greater sense of belonging and community
2. Role of facilitators: Facilitators played a crucial role in creating a safe space and supporting students both emotionally and academically
3. Activities for wellbeing: Gym exercises and art activities held intrinsic value for student wellbeing

Causal Map 1: Boundary Spanner overall impact

Description: This causal map shows all the reported links and pathways from the intervention sessions. The most frequently reported pathway linked the intervention to an improved ability to develop friendships and subsequently an increased sense of belonging. Other pathways shown include links to improved wellbeing through the session activities, and links to improved academic outcomes through support from facilitators.

Filters: Thread tracing from 'Reprezent health' and 'Hang out and paint' (factors collapsed), 2+ source count
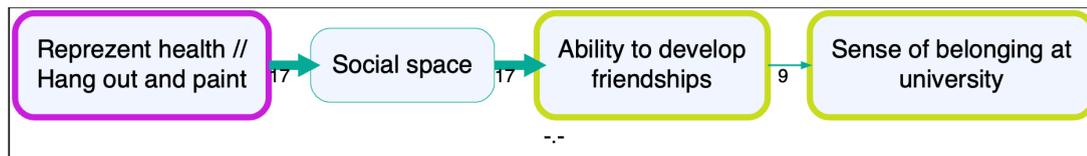
5.2.1 Social space

Boundary Spanner sessions provided a social space for students to make connections and develop friendships, leading to a greater sense of belonging and community

Causal Map 2 below focuses on the social outcomes reported as a result of the Boundary Spanner interventions.

Causal Map 2: Boundary Spanner sessions provided students with a social space to connect with peers, leading to an increased sense of belonging

Description: This causal map shows all the reported links between the intervention sessions and key social outcomes. The most frequently reported pathway linked the intervention to providing a social space which led to an improved ability to develop friendships which subsequently led to an increased sense of belonging.

Filters: Thread tracing from 'Reprezent health' and 'Hang out and paint' (factors collapsed) to 'Improved ability to develop friendships' and 'Sense of belonging', 2+ source count

Making connections

Most students interviewed (17/20) reported that attending Reprezent Health or Hang out and Paint sessions helped them to make "connections" and develop friendships with other students (RH-8).

> "[Reprezent Health is] a good place to meet new people and make friends" (RH-5).

Some shared how the groups helped to expand their social circle (RH-1) which related to meeting new people generally but also meeting more diverse people from different courses.

All of the key informant interviews corroborated this finding. Project leads, coaches and staff members all reported that many of the students had built "meaningful social connections" (F-1). When asked about the main benefits of the project in terms of student outcomes, Reprezent Health's project lead answered:

> "It's knowing that there's somewhere you can go where you might see someone that looks like you, who's had similar experiences. [...] And some of them have really, you know, created some quite strong friendships and relationships, which has been nice." (F-1)

Two of the Reprezent Health coaches shared evidence that these connections had developed into friendships outside the sessions.

> "And then, you know, [I've heard] stories of 'oh yeah, I met up with so and so on the weekend, we went to watch a film'." (C-2)

Developing social skills

One student claimed that his social communication skills had improved through meeting a diverse group of students at Reprezent Health.

> "This diverse environment has broadened his perspective, improved his listening and communication skills by interacting with people from various backgrounds and interests beyond sports, and shifted his focus from ego-driven training to genuine connection and shared experiences. He values the PEC as a 'safe space' where he can connect with a diverse group of people." (RH-4)

Another student explained how he had grown in his confidence and ability to make friends through attending the gym sessions.

> "'RH-3 has found the gym sessions at the PEC to be a positive experience, fostering new friendships and connections... His journey has been a process, and he is proud of his progress, feeling more confident and capable of expanding his social circle. He attributes his success to the PEC, which has provided a platform for growth and connection.'" (RH-3)

This finding was also highlighted in the key informant interviews with coaches, who observed how students had grown in confidence in socialising over the course of the year.

> "Again, individuals coming in on that like first week, not speaking to anyone really quite shy, in the corner, staying away from people that last session were like, 'Let's take a group photo!'" (C-2)

Facilitated social interactions

Some of these students provided insights into how the sessions helped facilitate "social interaction" (RH-12) in an informal and unpressured way.

> "They described the atmosphere as one where participants are not forced to speak, providing a calm environment that encourages connection in a relaxed way." (HP-1)

The project lead of Hang out and Paint shared during his key informant interview how he attempts to "subtly facilitate conversation" in a way that's appropriate for the setting.

> "If I notice that things are going to places that are making people feel awkward, I'll try and guide away from that [...] so that's part of my role to make sure things stay open and to promote conversation when appropriate as well because there are times where it can be very quiet and that's appropriate. And there are times where it can be very quiet and actually people are wanting to develop social skills to learn how to speak to people in these environments." (F-2)

Sense of belonging

Some of the students interviewed (9/20) linked making these new social connections to a greater sense of belonging at the university. Students described experiencing a

"strong sense of community" from participating in sessions (RH-6) which contributed to them feeling "more comfortable" (RH-7) at university overall.

> "These connections have fostered a sense of belonging and comfort, transforming his university experience from a simple commute to a place of social interaction. He says that 'they made me feel more comfortable. It let me feel like I belong here. I feel like, without them, I would feel kind of estranged, separate from university." (RH-2)

A few of the key informant interviews also reflected this outcome, discussing how sessions provided a sense of familiarity and community to students, especially for those that commute.

> "I think it's that community feel for those that might not connect with peers on their course or maybe don't live on campus." (C-2)

This outcome came out particularly strongly for neurodivergent students and students with disabilities.

> "I think for me, knowing what I've been through throughout my life, obviously, having ADHD is a lot to juggle with, but it's also the pretending portion of it as well like having to come into uni and pretend [mimics being extroverted] and then kind of switch off. And then when I get there, people know me so well they're like 'you don't need to pretend anymore." (RH-6)

Peer support

There were some references to students supporting each other in various ways but this was not always explicit enough to attribute exclusively to the intervention. However, one of the project leads claimed that the peer support element had been strengthened throughout the intervention.

> "Groups of them going to the library and working together, going on study dates, doing stuff that they were doing quite isolated on their own before. Again with the sort of emotional and wellbeing stuff… there's definitely been conversations about applying for bursaries and support and stuff like that and what support you could get from who." (F-1)

5.2.2 Role of facilitators

Facilitators played a crucial role in creating a safe space and supporting students both emotionally and academically

Half of the students interviewed (10/20) mentioned how the facilitators, including coaches, had supported them in multiple ways.

Causal Map 3: Boundary Spanner facilitators supported students in multiple ways
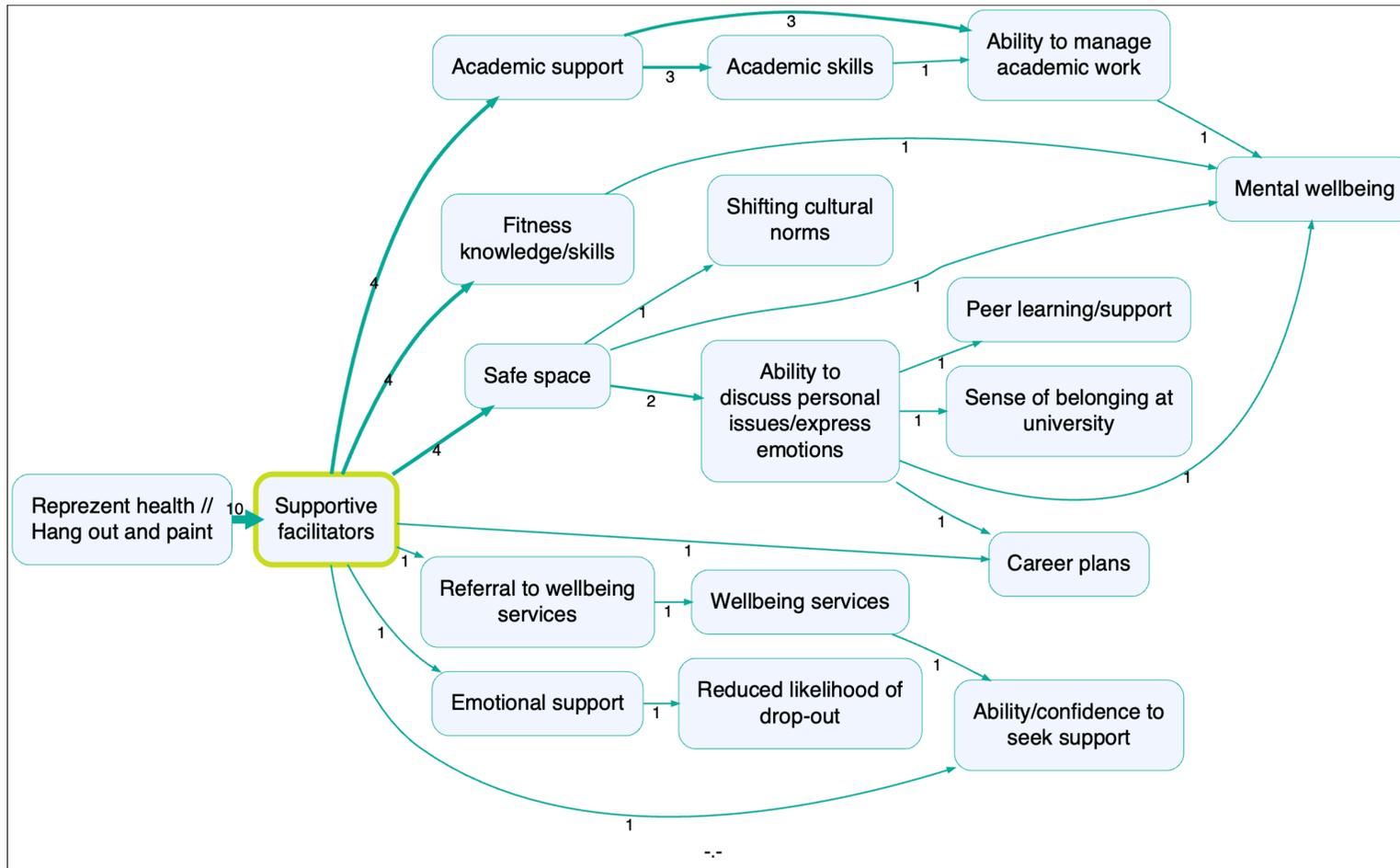
Description: This causal map shows all the reported links from the support provided by facilitators. One pathway linked supportive facilitators to academic support leading to improved academic skills and course management. Other key outcomes include increased fitness knowledge and skills, and providing a 'safe space' to discuss emotions. One source reported support leading to a referral to Wellbeing services and another linked emotional support to a reduced likelihood of dropping out of university.

Filters: Thread traced focus on 'Supportive facilitators'

A 'safe space'

A few students (4/20) explicitly talked about how the facilitators had created a 'safe space' – a "comfortable" environment that felt "welcoming and non-intimidating" (RH-3, HP-2). A couple of students said this atmosphere helped them to talk about how they were feeling or to ask for help.

> "He finds the sessions have significantly aided him in expressing his emotions, particularly through conversations with Michael [project lead], who provides 'non-judgmental' support. The programme provides a 'safe space' for men to discuss their emotions without feeling judged, fostering a sense of community and mutual support…'I think it's the way Michael Hobson sees everyone. I think that's why actually I just keep going and the trainers there, everyone's honest, everyone's up front. Honestly, it's what kind of kept me going there." (RH-6)

This mechanism was corroborated by the Reprezent Health project lead, claiming that the "informalness of the environment" helps facilitate these conversations and relationships (F-1).

The Hang out and Paint project lead added how the activities (sport/art) can be useful in creating this space where people feel comfortable to open up.

> "And it does amaze me just how open people will be when there's a distraction, something else that you're doing and then only takes one person to mention something and then it will all come out." (F-2)

Fitness support

A few students (4/20) reported that the coaches in particular had provided "fitness advice" and/or supported them with their gym exercises/regimes (RH-7).

> "One of the fitness people that work there, I was asking them for any recommendations on improving strength quickly. And they were, yeah, change up your set to this and that. So, I listened to them, and after two weeks, my strength increased by about five kg on the bench press, which was a lot." (RH-8)

One respondent shared how they had gained confidence through learning a new skill at Reprezent Health.

> "He has also taken up boxing through the PEC, which he describes as a 'new skill' that has helped him develop courage. He says 'It has showed me a side of me that I never knew I had, you know, so before, I don't like getting into fights and all that, but doing boxing, it has got me that courage to kind of not be scared whenever maybe those situations happens. So, it has kind of made me a bit braver.'" (RH-12)

Academic support

A few students (4/20) cited receiving academic support from the facilitators, particularly the project leads, which included feedback on assignments and study skill tips.

> "Additionally, Michael Hobson [project lead], was also one of his lecturers this term, providing him with a valuable point of contact to help 'counteract' his learning disabilities by assisting with reading and providing feedback". (RH-13)

> "He sought academic help from his disability advisor, Howard [project lead], due to their pre-existing friendly relationship established through [Hang out and Paint]. Howard's assistance has significantly improved his research efficiency." (RH-7)

This finding came out more strongly in the key informant interviews with most (5/8) reporting that facilitators had provided students with some level of academic support, ranging from advice about assignments to re-sits.

> "He [Michael, project lead] provides lots of academic support, too. Some of the students don't even train when they come, they come and they get the academic support, which is good, because that's part of the point." (C-3)

Emotional support

One respondent talked at length about the emotional support he received from one of the project leads, who had listened non-judgementally and offered useful advice about next steps.

> "He likens Michael [project lead] to a 'father figure' and appreciates the programme's family-like atmosphere...'You know talking to Michael and being like, look, I'm going through ABC, what's the best way to help me not drop out of uni, because dropping out is the last thing I want to do. But I think Michael's been one big help to not only me, but a lot of the black students. Because he's coming from a non-judgmental point of view where he will listen to you and he will kind of give you advice about what to do and the next steps.'" (RH-6)

Again, this outcome came out more strongly in the key informant interviews with most (6/8) sharing how facilitators had supported students emotionally. The quote below highlights how the coaches could empathise with the students having been through similar situations in the not too distant past.

> "It's a huge adjustment for them coming [to university], so that emotional support for them, where they can sort of worry about, like, a house situation or something like that. And you can just chat them through it, because we've been through it." (C-3)

The project lead from Hang out and Paint even shared that one student didn't really like painting but wanted to come along to receive the mentoring support anyway. He also

added that with budget cuts at the university, some students are missing out on mentoring support and suggested that's why they come along to the session.

> "I have a couple of students that come and use it as kind of a mentoring session. One student who came very often and then a couple of weeks ago he said 'Do I have to do any painting?' [And I said,] 'No, no, you don't'…'Oh, good. I don't really like painting.' Like you can do the hang out bit, that's fine. Maybe I should change it [to hang out] or paint" (F-2)

Referral to wellbeing support

Only one student explicitly claimed to have accessed wellbeing services through being signposted at Reprezent Health, resulting in improved wellbeing and help-seeking behaviours.

> "Outside of academia, he used to hesitate asking for help due to 'stigma', fearing how people would react […] He says that he would 'feel scared to ask for help'. However, the supportive environment at the university, particularly the encouragement from a learning support mentor has helped him overcome this. He finds [the] support invaluable and a positive change in his life" (RH-6)

Once again, this outcome came out more strongly in the key informant interviews, with most (5/8) reporting that students had become more aware of or had been referred/linked to support services through attending Reprezent Health or Hang out and Paint. A few of these accounts referred to students accessing disability and dyslexia support, or receiving support for academic overwhelm.

> "Wellbeing [services] is a very helpful resource. I think a lot of the students had they not attended the Reprezent Health group, they maybe wouldn't have even known that wellbeing service was something that everyone could reach out to." (C-1)

> "So if a student came to me and they were saying, you know, they're struggling with their mental health or their workload. You might go, right okay, let's have a conversation with Howard and Michael [project leads] together and see whether there's someone we could refer you to or an email we can send to your lecturer to explain, things like that." (C-2)

There were several very detailed stories shared during the key informant interviews that cannot be quoted in full in this report to protect respondent anonymity but provide concrete examples of how students accessed support services through the Boundary Spanner project. Project leads described how students had been referred onto wellbeing services for counselling and disability support and were thriving as a result.

> "I met him [a student] at Reprezent Health…And then he came to Hang out and Paint, he said came to that session because he thought that maybe he could talk to me better there in a slightly quieter environment … and then he was able to come up to [Wellbeing

Services]. He was someone who just didn't know that support existed. We managed to get him a diagnosis of dyslexia, which we paid for through the university as well through our Engagement Fund…Now he's absolutely thriving." (F-2)

"We had another student who was failing, essentially. They came through to our mental health advice team [… but] never came back. They failed the year and then they came back to retake the year. But they did come along to Hang out and Paint […] They absolutely hated it. It was too quiet. It was too calm. It was too relaxed and they really struggled with all of those things. But it kind of made them aware, is what they said to me. They came to see me in my office, just like dropped in, like 'can I just have a chat?' And they said like 'I was there and I really struggled. I couldn't be still like maybe there is something going on?' I was like 'yes I think there is'. And so although that environment was not for them, because it wasn't for them, I think they were able to recognise that maybe there was something preventing them and now they've got a full diagnosis, medication and they're thriving […] They've not failed the year. They've got through the year and they're going into the next year." (F-2)

5.2.3 Wellbeing activities

Gym exercises and art activities held intrinsic value for student wellbeing

Causal Map 4 below shows the links students made between the session activities and wellbeing outcomes, showing how they resulted in improved mental and physical wellbeing.

Causal Map 4: Boundary Spanner gym and arts activities led to positive wellbeing changes
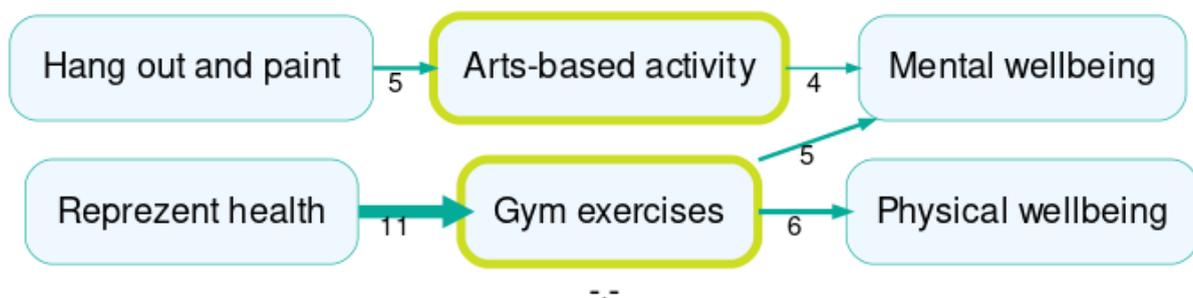
Description: This causal map shows all the reported links linked to the intervention activities. One pathway from Hang out and Paint shows that art-based activities were linked to improved mental wellbeing, and the other pathway from Reprezent Health shows that gym exercises led to both improved mental and physical wellbeing.

Filters: Focus on 'Art-based activity' and 'Gym exercises', 2+ source count

Physical wellbeing

Many of the Reprezent Health students interviewed (6/14) mentioned physical health related benefits, such as improved physical wellbeing and strength, from taking part in the gym exercises during sessions.

Some students claimed their "strength has increased" (RH-8) from working out at Reprezent Health, giving specific examples about their progress:

> "He has attended for a year, during which time he has experienced increased 'confidence', 'strength', and improved physical, mental, and social wellbeing. His strength has significantly improved, particularly his deadlift, which he has taken huge leaps in going from 80kg to 95kg." (RH-3)

Similarly, most of the Reprezent Health key informants (5/6) discussed how the exercise element had benefitted students physically.

> "And he's gotten so much stronger since he started. So that's nice to see as well." (C-3)

Rehabilitation

One student shared that they really appreciated the flexibility at Reprezent Health while they were recovering from an injury.

> "They mentioned physical benefits related to their rehab. While there is a set rehab plan they follow, the sessions at Reprezent Health are not rigidly structured. They are encouraged to do what works for them, making it a more individualised experience. This flexibility allows them to meet their personal needs while still focusing on their rehabilitation." (RH-10)

Mental wellbeing

Both activities - gym exercises and painting - were also linked to improved mental wellbeing. Reprezent Health students talked about the gym sessions providing a "break from university work", a "good distraction" providing an alternative "focus" (RH-5).

> "Whenever I go to do a gym session, it just, it always helps mentally, just like my break away, where I can just focus on myself, and now that I'm at a better gym that I've never been to before, it helps even more." (RH-8)

Key informants from Reprezent Health also talked about the physiological benefits of the exercise component for boosting endorphins and reducing stress hormones.

> "I definitely believe that exercising and fitness contributes to your cognitive health and maybe to alleviate stress, reduce cortisol which is always a good thing, while also keeping them in the university

environment, like keeping them on campus, it would help to keep the brain focused on their studies as a whole." (C-1)

Hang out and Paint students spoke about the art-based activities as "relaxing and therapeutic" (HP-1). Painting was described as providing an outlet to "decompress" and "let out steam" (HP-2, HP-1).

> "'Painting for them is a relaxing activity, also they get to create something and keep the paintings with them. They have enjoyed these sessions, they look at it as a relaxing time in their entire week. The sessions offer the student a calming and peaceful environment without the expectations of talking to other people." (HP-6)

As discussed earlier, the low-pressure environment helped some students to connect with others in a relaxed way, but as the quote above demonstrates, that atmosphere also allowed students to simply come and paint. The project lead reflected on this during his key informant interview:

> "The atmosphere I wanted to create was somewhere where people could just be, and be themselves. And kind of through osmosis really just like this natural social structure happened within there. We had like our noisy table of people that wanted to chat more than do anything else. We had the quiet table where you were not allowed to speak, you know... and a couple of people would just sit on their own and there was never any question of any of that." (F-2)

Furthermore, one student mentioned that the classical music played in the background "enhances a calming experience for them" (HP-5).

Many of the students interviewed (14/20) linked Boundary Spanner sessions to improved mental wellbeing. There was not just one clear causal pathway from the interventions to wellbeing, but a more complex story of change. As a highly personal and nuanced outcome, it is unsurprising that the students' sense of wellbeing was influenced by various factors related to the project. As discussed earlier in this section, student wellbeing was reportedly influenced by the social space created, the support provided by facilitators, and the hobbies/activities themselves.

Peer support

One additional factor mentioned was the act of supporting others during the sessions. A few students shared that they found it rewarding and/or a confidence boost to encourage and support other students with their workouts or personal lives (RH-6).

Some of the key informants also noticed and experienced these interactions of peer support and highlighted the benefits of this, particularly for students who are interested in a career in coaching. The quote below shows how through the sessions students developed interpersonal skills and confidence to support and train one another.

"And one of our members, a few of our members actually, they think they're going to go on to coach I think which is brilliant, because as their confidence has increased – not just their confidence in fitness and in sport, but their interpersonal skills. [...] Literally, when I first met him, he was like this [mimics closing his fist] and over the weeks [opens his fist] and it was a beautiful thing to see. He's literally making eye contact with people now and bringing his friends, coaching them, teaching them." (C-1)

5.3   Impact on stakeholders

During the key informant interviews, the project leads, coaches and staff were also asked to reflect on their own personal experiences and what they felt they had gained from supporting the Boundary Spanner sessions. The causal maps below provide an overview of these causal pathways, split by key informant category.

5.3.1 Coaches

All three Reprezent Health coaches took part in the key informant interviews. Causal Map 5 shows all the pathways reported by the coaches about their own experiences of the intervention.

Causal Map 5: Reprezent Health coaches experienced similar outcomes to students
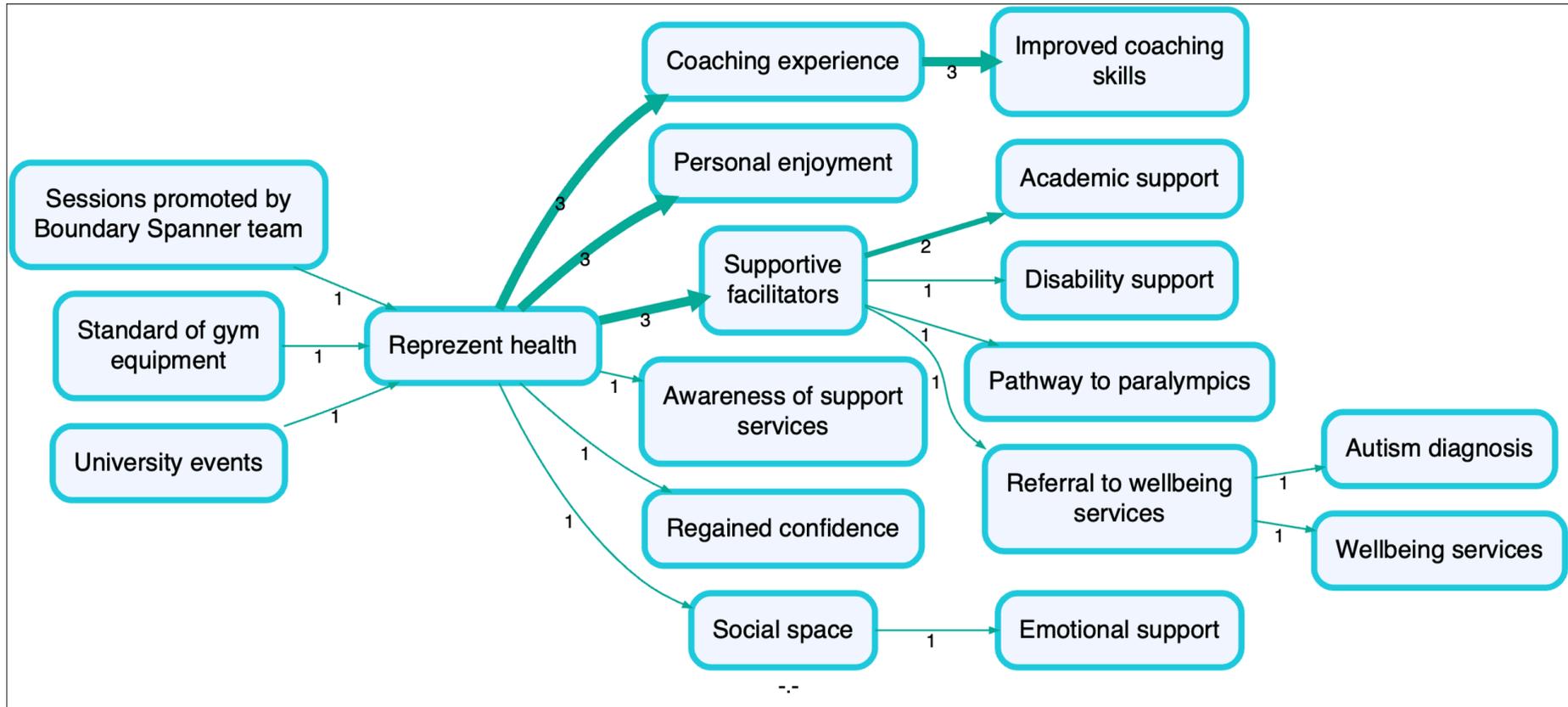
Description: This causal map shows all the links reported by Reprezent Health coaches. One pathway linked the intervention to increased coaching experience and subsequently improved coaching skills. Another pathway linked support from facilitators to improved academic and disability support and a referral to wellbeing services for one source which led to access to an Autism diagnosis.

Filters: Focus on factors including the tag 'Coach'

Like students, coaches cited factors such as the standard of the gym equipment, university events (Get Set for Success) and promotion by the Boundary Spanner team driving them to join Reprezent Health.

Support from peers and facilitators

In terms of outcomes, coaches also reported similar causal pathways to the students, including benefitting from the social space and emotional support.

> "It was always a pleasure being there with them. Like, even when I was going through, like, hard days or hard weeks or whatever, they would always try and almost give back my own words that I've given them. I was like 'ah I said that to you the other week!' And so it was really nice, like, [a] little community." (C-2)

All three coaches shared that they had received academic and/or wellbeing support from facilitators, including a referral to Wellbeing services which led to accessing formal support.

> "I've learned a lot about the support services and stuff that I didn't really know about before and that's thanks to chatting to Howard and Michael [project leads]. And then I've also accessed the counselling and wellbeing [services]. I had some knowledge before, but I probably wouldn't have acted on it if I didn't go to Reprezent Health. Because obviously, I see Howard there, and I verbally booked in with him there. So if I hadn't been seeing him regularly, it's highly probable I wouldn't have." (C-3)

The coaches also shared their unique experiences of how the sessions positively impacted their coaching skills and performance. Coaches described growing through experience, particularly working with different types of students and different ability levels, learning how to be more flexible and adaptable.

> "I'm quite a flexible coach, but every day, every session, was extremely different... I had to really think outside the box and be okay with that...And then also working with people with physical limitations, it's something that has always interested me... So for me, it was my first time going, right, okay, they can't do that movement because of this limitation they have. How do I work around that?" (C-2)

5.3.2 Staff

Two members of staff from Reprezent Health and one member of staff from Hang out and Paint took part in the key informant interviews. Causal Map 6 shows all the pathways reported by staff about their own experiences of the intervention

Causal Map 6: Staff members experienced similar outcomes to students
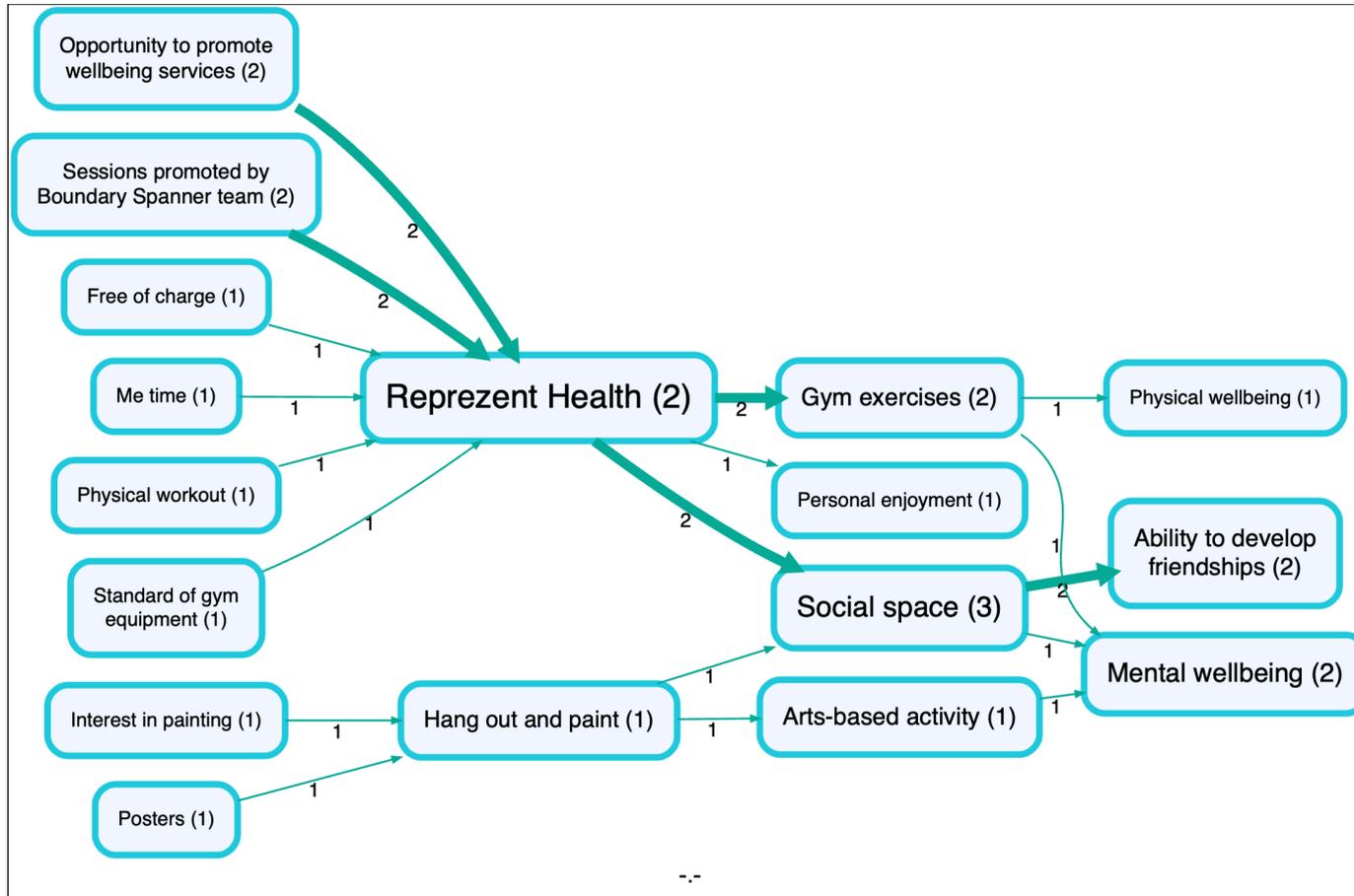
Description: This causal map shows all the links reported by staff involved in the interventions. One pathway linked Reprezent Health to improved physical wellbeing through the gym exercises. Another pathway linked Hang out and Paint to improved mental wellbeing through the art-based activity. The most frequently reported pathway links both interventions to the improved ability to develop friendships through the social space provided. This causal map shows the factors influencing staff to participate in the intervention, including sessions being promoted by the team and an opportunity to promote wellbeing services.
Filters: Focus on factors including the tag 'Staff

Staff members reported similar drivers to students and coaches, citing personal interests and (free) access to the gym facilities as key reasons for participating in the sessions.

Staff also heard about sessions through similar routes to students, through posters and personal invites from the Boundary Spanner team.

> "I'd seen an advert around the campus for the sessions. It had been something that I'd been interested in for a while… [so I asked] 'Is this students only or can anyone come?' and they told me the more the merrier." (S-3)

In addition, staff from the wellbeing department shared that they decided to participate partly to promote the wellbeing services.

> "Kind of like showing my face, trying to engage with people that maybe you wouldn't normally or even just talking to people that may have been or have used the service previously. Kind of visibility, getting our service known as well." (S-2)

Staff members reported very similar outcome pathways to students and coaches, sharing how they benefitted from the social space and also from the activities themselves, especially in terms of wellbeing.

> "I think especially in my role, you're sat in your room, door closed, especially in busier times of year you don't really speak to anyone apart from the students…So it's been good building up those relationships with like the coaches, the other students and staff that attend, some of which have used the service…but also that mental element of feeling a bit more relaxed and you know what we're trying to promote, sort of doing that and actually feeling it. So, it's been something I've wanted to kind of engage in, looking forward to each week as opposed to it feeling like a chore." (S-2)

> "I find it very relaxing…You know you stick the music on and before you know it two hours have passed and all you've done is stick some paint on a figure's arm. I suppose you feel really nice afterwards, you get the endorphins from it because you feel relaxed after you come out… you can turn your brain off for a couple of hours and just relax for a bit really, you don't have to think about all the stuff that's going on at the moment in the sector, you know, you just focus on what you're doing and trying to do a good job with it really." (S-3)

One staff member added how rewarding it is to watch the students grow and develop through the sessions (S-1).

One of the project leads claimed that the staff seemed to benefit from conversations with him, especially during peak seasons, and that he had "become a little bit of a mental health first aider for the staff as well" (F-2).

However, staff engagement was another key challenge raised during the key informant interviews which will be discussed in detail in Section 5.5.2.

5.3.3 Project leads

Both project leads took part in the key informant interviews. Causal Map 7 shows all the pathways reported by the project leads about their own experiences of the intervention.

Causal Map 7: Project leads experienced similar outcomes to students, alongside increased knowledge and experience
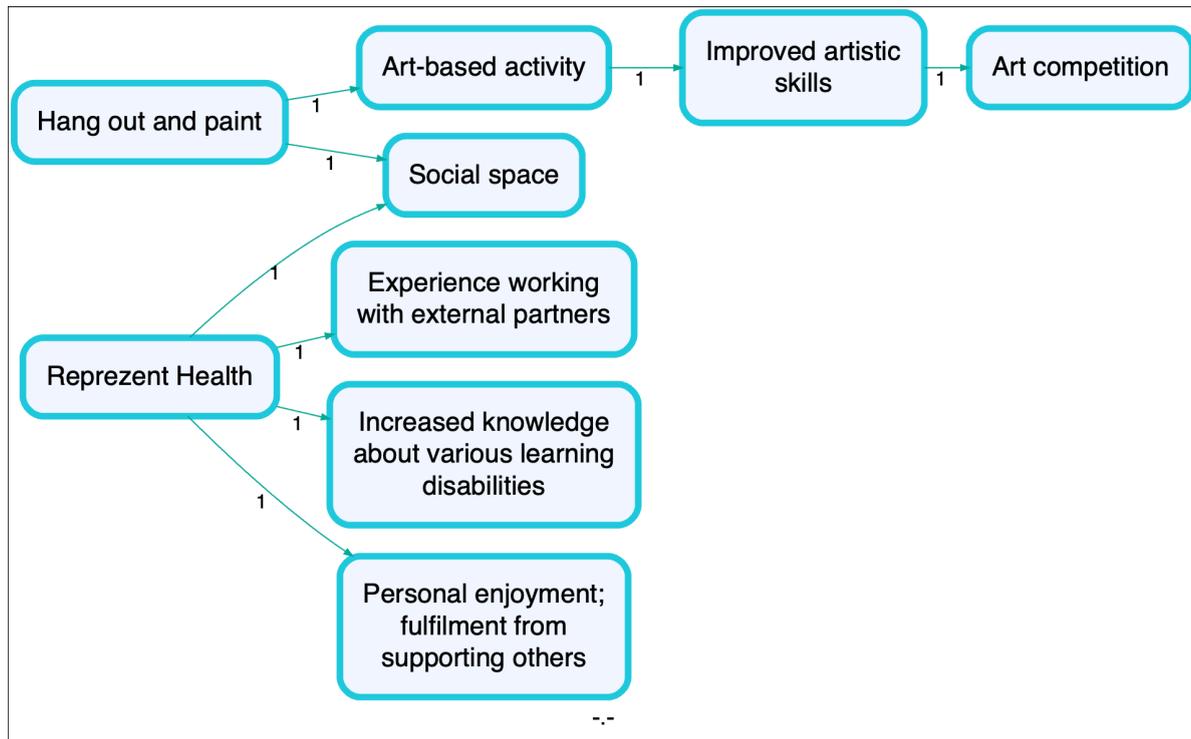
Description: This causal map shows all the links reported by the project leads. One key pathway linked the interventions to providing a social space.

Filters: Focus on factors including the tag 'Project leads'

Similarly to other key informants and the students, the two project leads reported benefitting from the social space and the activities themselves.

> "Like the reality is that when you're in your 30s, you don't meet loads of people, so just those sort of little social interactions to hear and talk to people has been nice. And actually when there's been other staff from other departments using that space, there's actually people that have worked there for nearly as long as me that we've never really spoke to and we've talked. So it's definitely sort of broadened some of those sort of introductions to people." (F-1)

> "Like when I first started this originally, I literally would go down with my
> one box of things I had and my kettle and a couple of cups, you know,
> that was all the things that I had to hand. Instantly people would
> watch me walk out and be like, oh, he's off to have a nice time. I'm
> going to have a cup of tea, a couple of biscuits, and do some
> painting. Why isn't that a nice time?" (F-2)

They also reported a sense of fulfilment from watching students enjoy the sessions and make connections.

> "I mean, there have been some real moments of like joy, to be honest,
> where you just stand back and you go, I'm really glad that person had
> a really purposeful experience today. I'm really glad that those two
> are connecting. So I think that's been something I've definitely
> gained from it." (F-1)

Additionally, the Reprezent Health project lead reported gaining more knowledge and understanding of different disabilities and improved relationship with the Wellbeing department.

> "Definitely a closer relationship with the Wellbeing department. More
> knowledge and insights into learning disabilities and understanding
> them and understanding their experiences." (F-1)

5.4 Contextual factors

The open-ended and outcomes-focused (rather than intervention-based) nature of QuIP questions means that students were asked to share about any and all factors influencing key intended outcomes. This section summarises the key findings relating to other (non-Boundary Spanner) factors influencing social, academic and wellbeing outcomes for students. These findings help to position the influence of the Boundary Spanner interventions within the broader context of students' lives.

5.4.1 Social outcomes

Students were asked to reflect on their social life at university – the societies and activities they're involved in, the friendships they have made and whether or not they feel settled/comfortable at university. As discussed, the Boundary Spanner interventions were frequently linked to positive social outcomes including the ability to make connections and develop friendships, and an improved sense of community and belonging. This section presents the findings related to social outcomes more broadly, also focusing on the other (non-Boundary Spanner-related) factors reported to be influencing students' experiences of social outcomes at university.

Factors driving positive social outcomes
As shown in Causal Map 8 below, students mentioned various other factors influencing positive social outcomes, including university events and societies, academic courses, and more generally the atmosphere at St Mary's.

Causal Map 8: Other factors, such as university events and societies, also influenced social outcomes for students
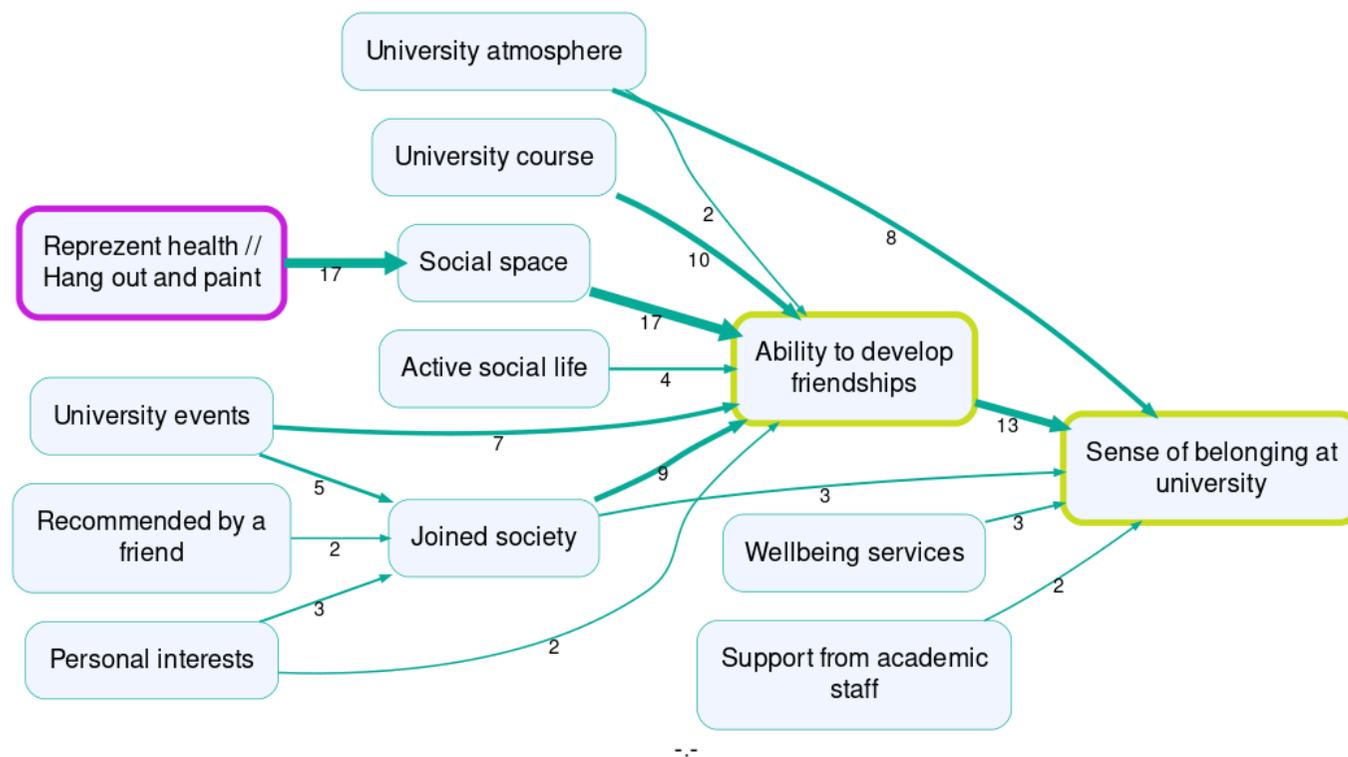
Description: This causal map shows all the links reported leading to key social outcomes. The most frequently reported pathway linked the intervention to providing a social space which led to an improved ability to develop friendships which subsequently led to an increased sense of belonging. Other pathways to developing friendships include university course, events and societies. Other pathways to feeling a sense of belonging include the university atmosphere at St Mary's, Wellbeing services and support from academic staff.

Filters 8: Thread tracing to 'Ability to develop friendships' and 'Sense of belonging at university', 2+ source count

University events
Many students (10/20) mentioned university events, including freshers week and 'Get Set for Success', and other societies helping them to meet people and feel at home at St Mary's.

> "They joined 'Get Set for Success' a programme run by the university to help students with the transition to university, especially for those without typical qualifications or with disabilities...The student struggles with making friends but found these activities helpful in meeting new people and adjusting to university life." (RH-1)

Academic course
Other students (10/20) reported developing close friendships through their course.

> "He feels he generally gets along with everyone, but his close circle solidified during a stressful assignment deadline period when they supported each other. His tight-knit group consists of friends from his course and others from [his department]." (RH-4)

University atmosphere
The university's atmosphere was described by half of the students interviewed (10/20) as "welcoming" and "inclusive" (RH-3, RH-1) which contributed to students feeling settled and comfortable.

> "Another major factor is also because St Mary's University is a small uni and hence makes them feel more connected." (HP-6)

Wellbeing services
Finally, a few students (3/20) noted how the wellbeing services had supported them to feel like they belong.

> "A significant factor contributing towards the student's feeling of belonging is the wellbeing office, which they mentioned as a safe and secure space...This approach has made the student feel that the university genuinely cares about their wellbeing beyond just their academic responsibilities." (HP-1)

Factors blocking positive social outcomes
A few students also mentioned factors acting as barriers to positive social outcomes, including social anxiety, commuting to university, or having a disability.

> "The student generally feels comfortable at university but experiences significant social anxiety in crowded spaces...As a result, they often avoid these spaces or find it challenging to settle into them." (HP-2)

> "As a commuter, RH-4 feels somewhat settled into university life but experiences a 'disconnect' compared to on-campus students who are more immersed in the overall university experience...He estimates spending significantly fewer hours on campus per week

than on-campus students, limiting his opportunities for consistent interaction and relationship building.' (RH-4)

"One of the reasons the student cites is that they struggle with communication because they are autistic. The student shares that they have felt lonely as they have not been hanging out with anyone". (HP-4)

5.4.2 Academic outcomes

Students were asked to reflect on the academic side of their university experience - including course attendance and managing their workload. As discussed, there were only a few references to positive academic outcomes linked to Boundary Spanner interventions. This section presents the findings related to academic outcomes overall, focusing on all factors influencing academic outcomes - those driving positive changes and those acting as a barrier to academic success.

Course attendance

As shown in Figure 1, when asked about course attendance, most students reported that they attended all of their lectures.

Figure 1: Course attendance
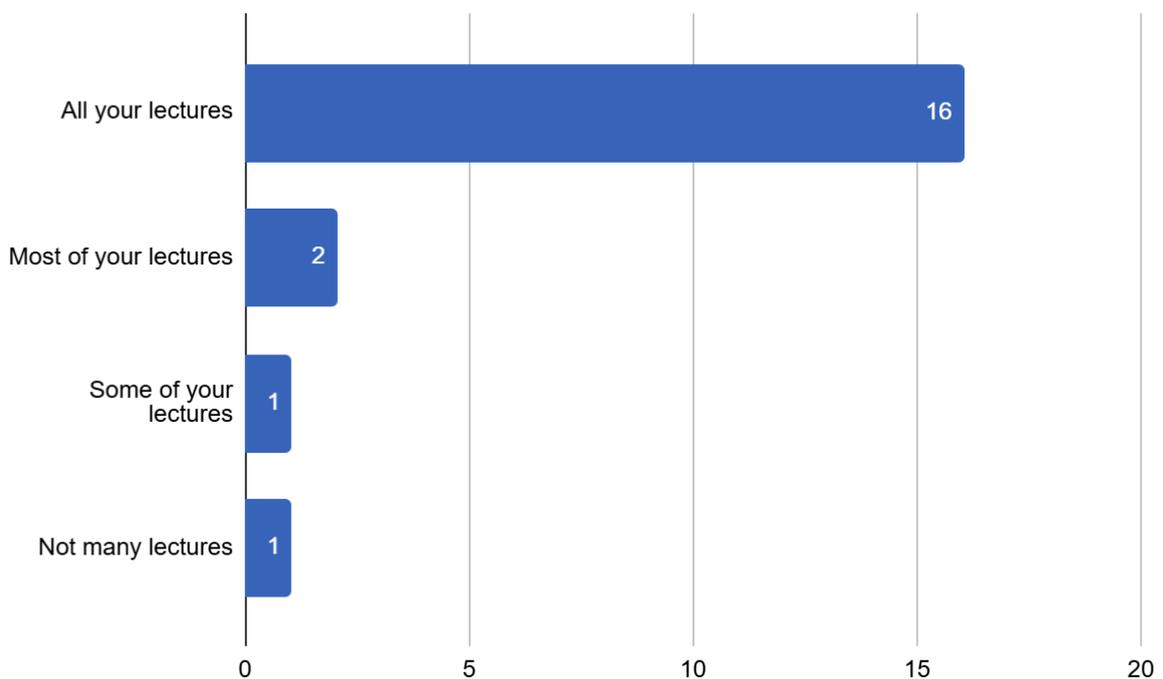
When the interviewers followed up and asked for the main reason they attended lectures and seminars, students shared a range of factors influencing course attendance.

The two most frequently reported reasons were: a) to learn and not miss out on knowledge (RH-3), and b) to stay on top of their course and not fall behind (HP-2). Course fees, the fact they are paying for it (RH-2), and the opportunity to study/socialise with course mates were also mentioned.

> "The student does not want to miss anything, they share that a major part of their learning process are the conversations and the interactions. The fact they can share their perspectives and discuss in person with their coursemates makes it a worthwhile experience attending." (HP-1)

Lecture expertise and module content were cited as reasons motivating and de-motivating students to attend, for example:

> "Students are more likely to attend modules that align with their interests and are taught by lecturers they connect with or whose teaching methods they prefer." (RH-9)

> "Despite attending most lectures, he says that 'laziness' and that 'some of the modules are a bit dead' as reasons that make it harder to go. He elaborates further, explaining that ' it's very boring, like, you're sitting there for three hours listening to a lecturer, waffle on, and there'll be enough PowerPoint slides [...] after like, a first hour, I am falling asleep.'" (RH-6)

As shown in Table 9 below, there were only a few references to factors making attendance more challenging but the most commonly cited were commuting, disabilities, and schedule/timetable changes. Commuter students were slightly more likely to report challenges attending their course.

Table 9: Reasons students struggled to attend their academic course

Reason	Number of students
Module content	3
Commuter student	3
Disability	3
Schedule	2
Lecturer style/expertise	2
Social anxiety	1
Workload	1

> "One of the primary difficulties they mention is the travel involved in getting to university. They describe commuting as a significant effort, requiring them to wake up early to ensure they arrive on time.

Additionally, the student mentions the inconvenience of dealing with rush-hour travel. The stress of navigating crowded transportation systems or heavy traffic adds to the difficulty of attending lectures, making the commute a less desirable aspect of their academic experience." (HP-2)

"What makes it harder to attend some lectures are monotone lecturers who lack personality and can talk for extended periods with insufficient breaks. He also emphasises the importance of lecturers' teaching styles and ensuring content is accessible for students with disabilities like dyslexia and ADHD, including providing longer breaks and dyslexia-friendly formatting. He believes inclusive teaching is crucial." (RH-13)

Academic skills and workload management
Causal Map 9 below shows the various sources of academic support reported by students during the interviews. Students mentioned receiving help and advice from academic staff, Wellbeing services, and peers, which helped them to improve their academic skills and/or improve their ability to manage their academic workload.

Causal Map 9: Other factors, including support from staff and peers, influenced academic outcomes for students
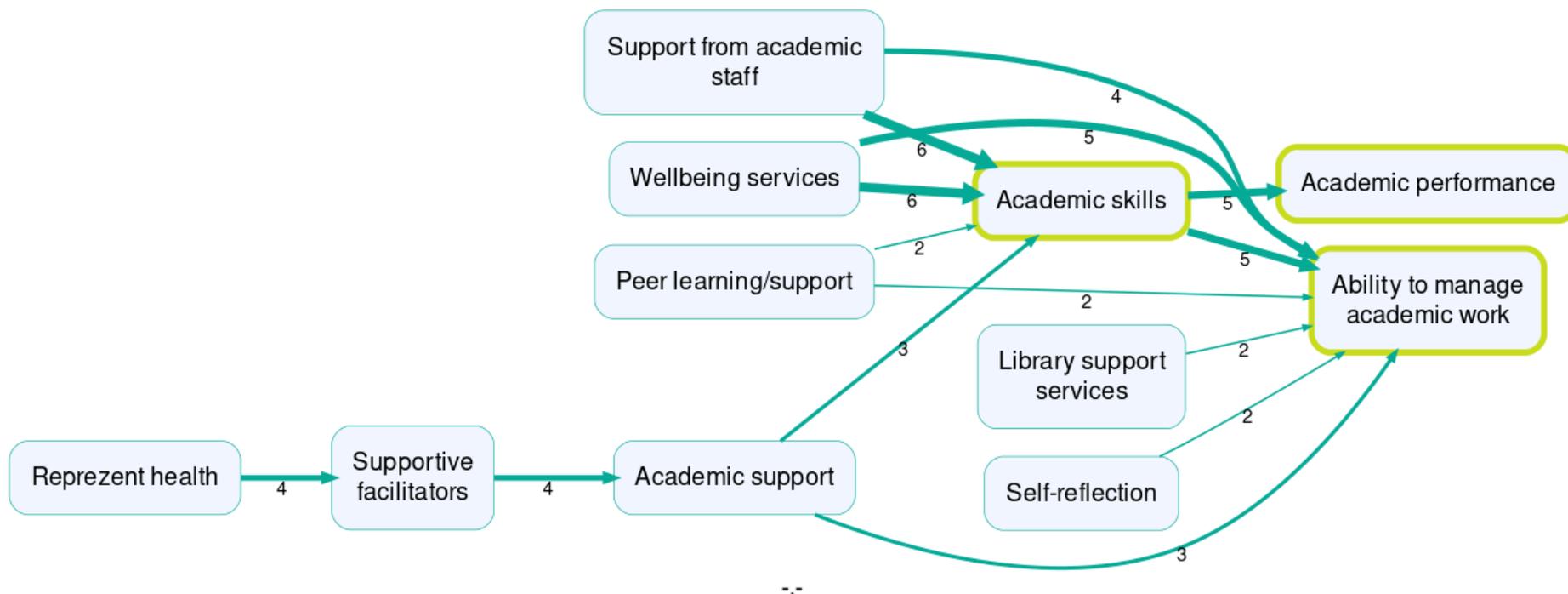
Description: This causal map shows all the links reported leading to key academic outcomes. One key pathway shows how support from academic staff and Wellbeing services were frequently linked to academic skills and the ability to manage academic work. Reprezent Health was linked to academic skills through academic support provided by supportive facilitators.

Filters 9: Thread tracing to 'Academic skills', 'Academic performance' and 'Ability to manage academic work', 2+ source count

Academic staff

References to academic staff improving academic outcomes included lecturers and support staff, in the form of emails, meetings, and support sessions.

> "The support from both their dissertation supervisors and the academic writing sessions have made a significant impact on the student's progress." (RH-10)

Wellbeing staff

Wellbeing staff, particularly personal tutors/advisors, were also attributed with providing academic support, largely related to helping students overcome difficulties managing their workload but also supporting academic assignments, administrative tasks, and understanding learning needs.

> "The assistance provided to the student primarily involved regular check-in meetings and help with practical tasks such as filling out forms, organising schedules, and navigating their academic responsibilities. These services played a role in making their university experience more manageable, particularly in terms of administrative tasks that could otherwise be overwhelming. They describe the support as relatively accessible, stating that it would be 'silly' not to use it." (HP-2)

> "He attributes this growth to the support he received from the university's Wellbeing team, especially after experiencing personal hardships…This support helped him access disability allowances and understand his academic needs, leading to improved academic performance. He found the Wellbeing centre staff […] to be extremely beneficial, providing a supportive and non-pressured environment." (RH-12)

Peer support

Two students noted how friends had supported them to stay motivated or share study tips.

> "Social support from friends plays a crucial role in the student's academic success. They mentioned that working with a close group of classmates to complete assignments and finding it easier to stay motivated when they can discuss the work with others." (RH-10)

Barriers to academic outcomes

A few students also mentioned factors acting as barriers to improved academic outcomes, including disabilities such as ADHD and dyslexia. Other factors were unique to the individuals' own personal circumstances.

> "'They do, however, also highlight the challenges of managing several tasks at once, identifying cognitive overload and a lack of multitasking skills as the main issues." (RH-1)

5.4.3 Wellbeing outcomes

Students were asked to reflect on their wellbeing in general and whether they had received any support during their time at university.

What does wellbeing mean to the students interviewed?
When asked what wellbeing means to them, students shared that wellbeing is holistic, and relates to emotional stability, self-esteem, and self-care.

> "They emphasise the importance of a holistic approach to wellbeing, where all aspects of life, academic, social, and personal, are in balance and nurtured." (HP-2)

> "He defines wellbeing as the ability to recognise and balance 'happiness' and 'sadness'." (RH-3)

Factors driving positive wellbeing outcomes
Section 5.2.3 discusses the links between the Boundary Spanner interventions and improved wellbeing. Causal Map 10 below also presents the *other* factors students reported to be influencing mental wellbeing, namely Wellbeing services and university societies.

Causal Map 10: Other factors, such as Wellbeing Services, also influenced wellbeing outcomes for students
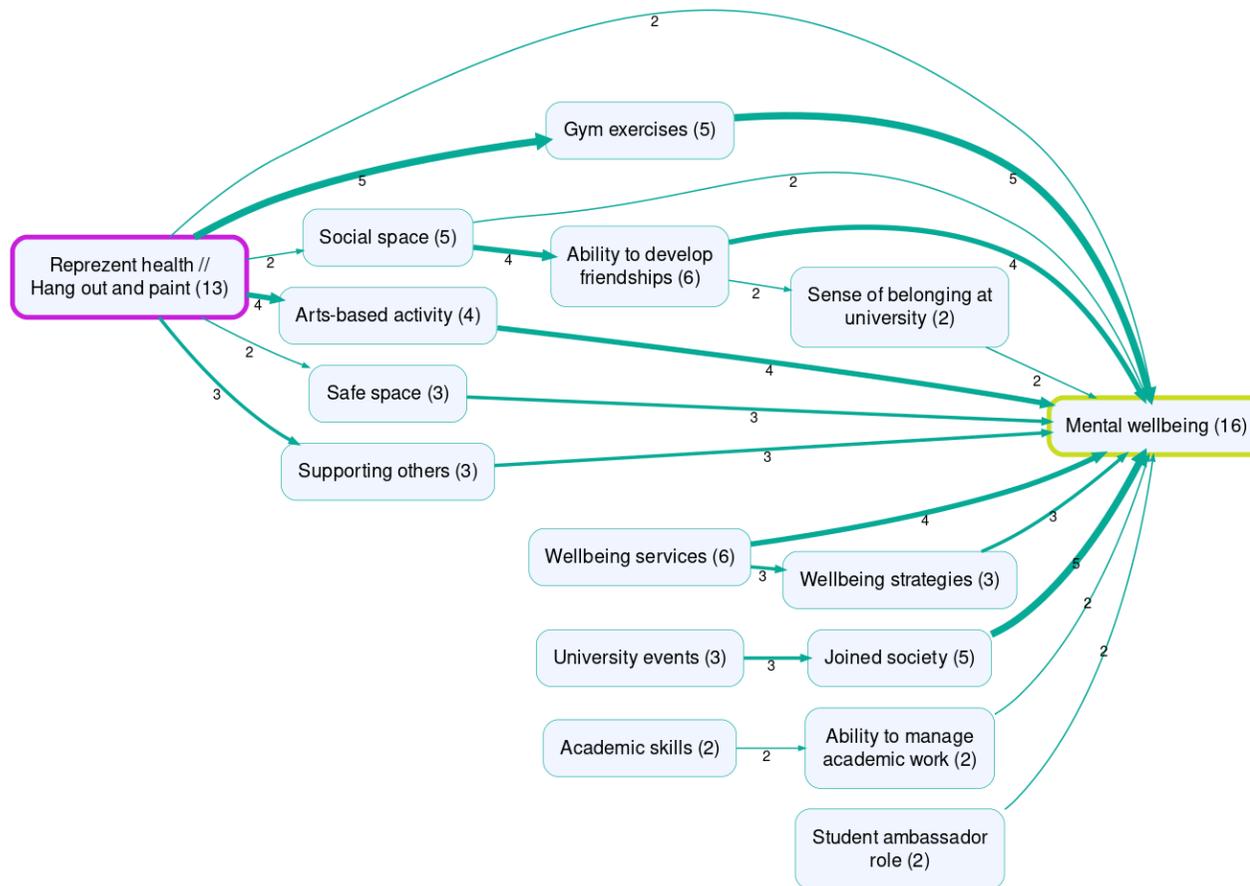
Description: This causal map shows all the links reported leading to improved mental wellbeing. The factor counts have been included to show that 16 students overall reported improved mental wellbeing through many different pathways with relatively low frequency counts. Several pathways link to wellbeing through the intervention, via the activities and safe/social space created. Other pathways include support from Wellbeing services and joining university societies.

Filters: Thread tracing to 'Mental wellbeing', 2+ source count

Wellbeing services

Some students' narratives linked wellbeing services directly to improved mental wellbeing, whereas other students provided more information about intermediate outcomes such as improved wellbeing strategies and academic skills.

> "He has sought social support from Howard [project lead], finding him a comfortable person to talk to through regular sessions. He gains a better understanding of himself as a student and individual from these conversations. He says that meeting with Howard gives him a 'sense of who I am as a student and person. And that just helps me to realise different stresses in my life and how to tackle them, and how to balance different like uni, personal and like friendships, and how to develop that mix of different stuff.'" (RH-3)

> "The student also acknowledges that structured support services, such as student wellbeing initiatives, have been beneficial in helping them navigate their social anxieties. Specifically, they mention that the Wellbeing services at the university, including counselling and disability support, provide a space where they can talk about their concerns and seek guidance on managing social situations." (HP-2)

It is worth noting again that not many students directly linked engagement with wellbeing services to the Boundary Spanner interventions. In fact, only two students explained how they had heard about wellbeing services. These routes were 1) being directly invited based on information provided through the student's registration, and 2) the student learning about support through the university's event 'Get Set for Success'.

University societies

A few students mentioned improved wellbeing through their involvement in university societies, both through the activities involved and relationships with other society members.

> "Being part of the [society] has been highly motivating and has provided him with a sense of purpose, helping him through difficult times and preventing feelings of being lost." (RH-5)

> "He finds the [societies] beneficial for forging new connections and trying new sports, offering a social outlet. These activities have also had a significant impact in helping him manage his injury, both mentally and physically." (RH-7)

For some, it was not the lack of activities but being able to engage with them:

> " He emphasises the importance of enabling students to connect with each other, especially those who might not find their niche in traditional societies." (RH-4)

Seeking support

There were only a few explicit references to students feeling more aware of or more able to seek university support. Most of these changes were attributed to support from academic or wellbeing staff.

> "Outside of academia, he used to hesitate asking for help due to 'stigma', fearing how people would react […] He says that he would 'feel scared to ask for help'. However, the supportive environment at the university, particularly the encouragement from a learning support mentor […] has helped him overcome this. He finds her support invaluable and a positive change in his life." (RH-6)

More students reported that they were aware of support available but hadn't felt the need to access it.

> "The student is aware of the support from the wellbeing services at the university but has not asked for it yet. They were introduced to wellbeing through the university student's app and information provided during their Freshers' Fayre. They expressed that they are familiar with the resources available." (HP-1)

Some students reported barriers in seeking support, such as stigma, previous negative experiences, self-reliance, and lack of awareness of support available to them.

> "Regardless, the student admitted that they would hesitate to ask for help due to embarrassment. They expressed concerns that asking questions might make them not competent in front of their peers and tutors mostly." (HP-1)

What do students interviewed think would improve their wellbeing?
When asked what could improve their wellbeing at university, students shared various hypothetical factors across personal, academic, social and wellbeing categories.

Personal
- Engage with academic staff more
- Improved financial stability
- Live closer to campus

Academic
- Lecturers improve support for students with learning support needs

Social
- More programmes like Reprezent Health
- Reduced focus on drinking alcohol at university socials
- Extended introductory event period
- Events scheduled in the daytime
- Improved advertising for events

Wellbeing
- Improved access to sensory space

- Mental health emergency hotline
- Buddy scheme
- Sports Wellness Programme (discontinued)
- A more 'proactive' wellbeing service
- Culturally aware therapists

5.5 Implementation challenges and recommendations

During the key informant interviews, project leads, coaches and staff members were asked to reflect on any challenges experienced during the implementation of the intervention and to share any suggestions for how the intervention could be improved.

5.5.1 Student recruitment and engagement

One challenge that all of the key informants raised was student recruitment; the general consensus was that there was still space within sessions for more students to engage and more could be done to promote the sessions to students, especially the original target groups.

The Reprezent Health coaches shared that many students just haven't heard about the sessions.

> "I think we need to advertise more. Usually, when I speak to people about it, they have no idea what it is." (C-3)

As noted in Section 5.1.1, there was a reasonable number of attendees at both interventions (38 students attended at least one Reprezent Health session and 16 attended at least one Hang out and Paint session). However, these students were not necessarily part of the original target group the intervention was designed for. Both project leads reported during their key informant interviews that while many of those participating were widening participation students; they were not necessarily from the key target groups. However, these students did not seem to be strategically targeted in the recruitment approach which could improve uptake within these groups.

More generally, the project leads reflected that recruitment was something they struggled with capacity for within their small team. They had recruited an admin support person but did not have the resources to fully support them. They also noted that key university events (such as Wobble Week, a week of events supporting students at a peak time of stress) were poorly timed or poorly attended this year which affected recruitment as previously these had been key opportunities to promote the sessions.

Suggestions for improving student recruitment included improved social media strategy, putting up more posters in key places on campus, promoting through senior residents (to be included in their training) and short taster sessions. One of the project leads also proposed trying to increase student ownership of the intervention.

> "I don't know how easy it would be, but things always work best when they are student facing and delivered by students - I'd want to give the students the responsibilities for the admin [and] for the social

media, and paid to do it… I'd probably want to give them more ownership over the running of it…I think it would feel more authentic and I think you'd get more student buy-in and more engagement as well." (F-1)

Possibly related to the lack of targeted recruitment, another issue raised by one of the project leads was representation and meeting diverse student needs. They would like to see more representation of the target audience participating in and leading the sessions. One of the main barriers to this seemed to be a lack of access to certain networks and channels of communication to reach this group.

"I think representation is a big thing… [I'm not as] relatable to some of the students, like, who's this white bloke coming to tell us about this session for black commuter students? …When I interviewed people about the pilot last year they'd [say] 'yeah it'd be great if you had like a personal trainer that looked like us.'…We never got round to doing it – again, this was something we found really difficult just because of our networks – but we wanted to get a black student trained as a level three personal trainer." (F-1)

They also acknowledged the challenge of opening up the session to different groups of widening participation students and still meeting everyone's needs, including the original target group.

5.5.2 Staff engagement

The next most common challenge cited during the key informant interviews was staff recruitment and engagement. The project leads in particular shared this as a significant issue affecting intervention implementation and sustainability. They shared that when staff did participate it benefitted staff and students alike, however, it was challenging to recruit staff members to attend the sessions. The project leads and other members of staff shared a few reasons why they think this might be the case:

- Lack of awareness of sessions – in part due to lack of "effective centralised advertising for staff" (F-2)
- Lack of time and capacity, overburdened workloads
- Teaching staff are forced to deprioritise additional student support activities in the face of high workloads which allow little room for work outside of their research and teaching excellence targets
- Lack of understanding of "the role relationships play in teaching, learning, facilitating positive outcomes" (F-1)
- Staff concern about "blurring boundaries"

The key informants explained that it was often an interplay of the the above factors in the context of current pressures in the sector:

> "I'm asking staff to give up time to be involved and 1) they maybe don't get it, don't understand it, but 2) they don't really have the capacity and time to do it." (F-1)

> "I think it's probably people's workloads that would play a big part in it I think, particularly given current pressures on the higher education sector." (S-3)

One key informant shared that the wellbeing services were considering organising a rota for staff participation (S-1).

It was also challenging for the project leads to have capacity to develop the intervention, or even just to participate at points. The lack of senior buy-in influenced this and increased pressure on their time and workload during implementation. They also experienced stressful periods of feeling concerned about their workloads and job security in a difficult economic climate in higher education.

> "With the budget cuts at university, there's been some challenge around my time. Because I do one hour of my own time and one hour of work time." (F-2)

It was very clear in the key informant interviews as well as the students interviews that the success of this intervention relied heavily on the project leads. The project leads themselves acknowledged this.

> "Probably the biggest barrier is it relies on [us]." (F-1)

One of the project leads endorsed the idea of having different university departments involved in running the project so that there's greater shared ownership and responsibility.

> "If I was getting another university to run it, I'd try and get it run in the sports department with the student union and an academic staff member to buy in and a wellbeing [staff member]. I think if the student union and the sports department had responsibility for it, they'd buy in. And then you bring in the academic and the wellbeing as like a steering group sort of support type thing." (F-1)

The Hang out and Paint project lead noted that while running the interventions does "take a bit of extra commitment of time" that if facilitators themselves run sessions they enjoy too, then "it stops becoming a chore and it's something to look forward to" (F-2).

5.5.3 Capacity building

The coaches played an important role in delivering the Reprezent Health sessions, particularly in keeping everyone safe while exercising, and students acknowledged the additional support they provided (see Section 5.2.2). However, it was apparent in the coaches' interviews that they were not always as confident about offering guidance or

signposting students and mentioned that they would appreciate further training to support their role.

> **"**I think just some like coaching, and just understanding what's on offer at uni for those people because as a student myself, I wasn't necessarily aware of some of the things that were on offer at uni, because it's not widely promoted or you kind of have to be in the know to get it, kind of thing. And so as someone that you know would facilitate conversations, there were times where I'm really not sure what I can do to help you right now so then I'd have to refer them to someone else who then probably refer them to someone else." (C-2)

One coach requested training in mental health first aid. This is something that was originally included in the intervention design but did not go ahead due to scheduling conflicts.

5.5.4 Session delivery

Some of the key informants gave suggestions for improving the intervention delivery, including using check-ins to begin sessions, running socials outside of the main sessions and externally-led sessions.

> "So almost like an icebreaker, maybe like just a quick check in. 'How's everyone doing?' But again, part of the reason that didn't really work, or we didn't really try it is because people drop in and out throughout two hours." (C-2)

> "Something that could be quite fun, is if every now and again we all go for a little walk together afterwards, or something like that. Because often we get to the end of the session, and some students, you can still see they want to chat a little bit more." (C-3)

> "And maybe even some sort of workshops that sort of run alongside things like with external bodies […] or have like some of the local charities and organisations coming in. I definitely would have liked to see more of that done. So the boundary spanning moving beyond the university as well." (F-1)

6. Discussion

6.1 Theory of change

This section focuses on addressing the research questions in relation to the theory of change. It provides an overview of the evidence for the causal pathways outlined in the theory of change (RQ1), highlighting where other factors have also affected outcomes (RQ2), and where any unanticipated effects were recorded (RQ3). There is also a final section reflecting on how these findings relate to future programming design (RQ4).

Figure 2 below provides a high-level summary of how the findings outlined in this report relate to the Boundary Spanner theory of change. The diagram presents a *simplified* theory of change, with the thickness of each line representing the strength of evidence supporting that specific causal link.

Figure 2. Theory of change, Boundary Spanner
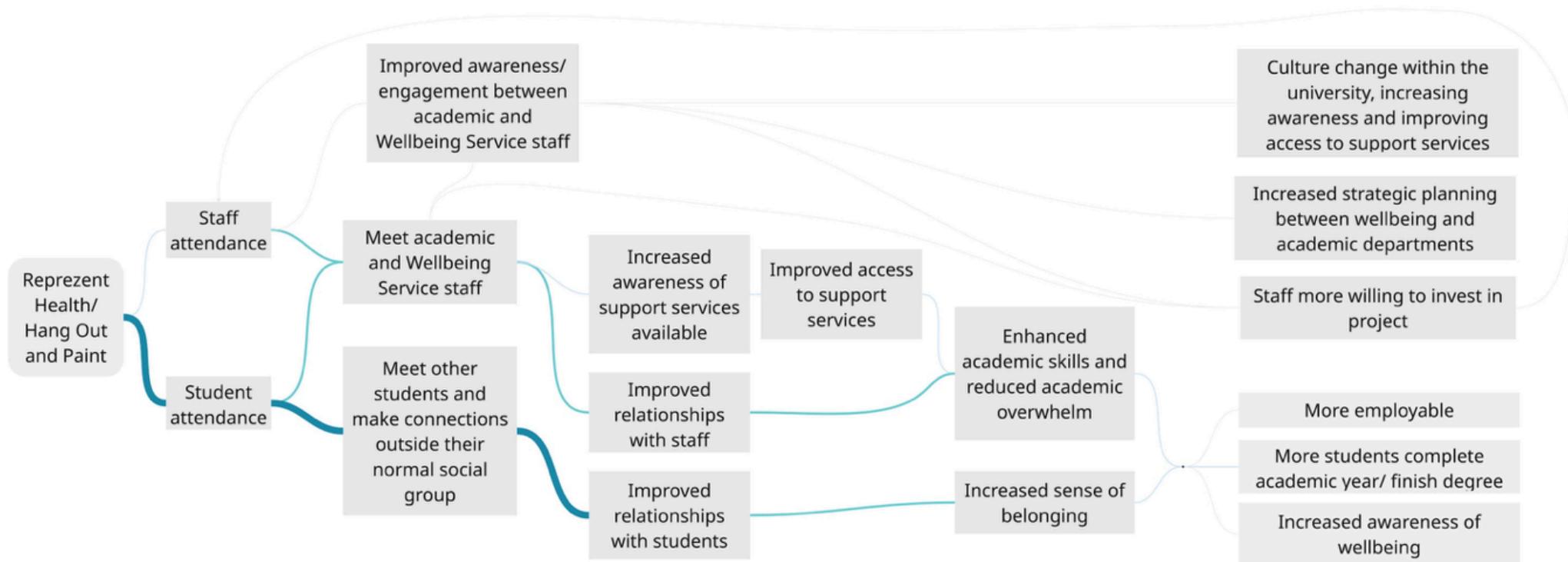
There was particularly strong supporting evidence to confirm that sessions provided opportunities for students to connect and develop relationships that led to an increased sense of belonging.

There was also relatively strong supporting evidence to validate that meeting academic and wellbeing staff during the sessions provided students with an informal support mechanism. The theory of change focused on how these staff-student relationships would enhance students' academic skills and reduce academic overwhelm, but the findings suggest that the supportive role the facilitators played was not limited to the academic sphere and that these relationships also provided wider emotional and wellbeing support more generally.

While there was strong evidence to suggest that the intervention provided an informal support mechanism, supporting students academically and emotionally, there was relatively little evidence to demonstrate that the intervention had connected students to more formal academic or wellbeing support services.

There was almost no evidence that the intervention had led to improved relationships between academic and wellbeing staff.

6.2 Causal pathways

This section will now review each key causal pathway, as outlined in the theory of change narrative.

6.2.1 Causal pathway 1: Confidence building and new networks

Students experience purposeful conversations with other students and with staff which help them to share challenging experiences and exchange ideas and coping mechanisms. These relationships can increase their sense of belonging and help them to engage with role models at university. These conversations can act as the catalyst to engage with new friendship groups and give them the confidence and knowledge to access wellbeing services for further support as required.

This study found strong evidence to support key elements of Causal pathway 1. Most students interviewed reported that attending Reprezent Health or Hang out and Paint sessions helped them to make connections and develop friendships with other students. This was corroborated in the key informant interviews as project leads, coaches and staff members reported that many of the students had built meaningful relationships with each other.

Some of these students explicitly linked their new social connections to a greater sense of belonging at the university. Evidence for this link was strengthened by key informants who noted the sense of community and familiarity the sessions provided students (See Section 5.2.1). A few students also reported growing in confidence

through supporting peers during sessions which was not originally detailed in the theory of change (See Section 5.2.3).

However, there was little evidence to suggest that students had increased confidence to access wellbeing services through these relationships with other students. This outcome will be discussed in more detail in Causal pathway 2.

While the intervention was the most frequently cited driver of positive social outcomes, it is important to note that students also reported other factors influencing their ability to develop friendships and their sense of belonging at university, such as university events and societies, and their academic course (See Section 5.4.1).

Some reported barriers to positive social outcomes, including social anxiety, commuting to university, or having a disability. These factors are likely to be typical among the target population of commuter and Widening Participation students. The intervention itself is trying to address these blocking factors through providing social spaces for these students to connect with others with similar experiences.

6.2.2 Causal pathway 2: Breaking down barriers between staff and students

Students experience a different relationship with lecturers present and lead conversations in a context in which they feel comfortable. This is important to help to improve relationships between students and academic staff, breaking down barriers which may prevent students from asking for help or admitting that they are struggling with any aspect of student life.

This study found relatively strong evidence to support Causal pathway 2. Half of the students interviewed mentioned the importance of their relationship with the facilitators (including coaches) and how they had been supported by them emotionally and academically. A few students explicitly talked about how the facilitators had created a 'safe space' – a "comfortable" environment that felt "welcoming and non-intimidating" (RH-3, HP-2). Two students said this atmosphere helped them to talk about how they were feeling or to ask for help (See Section 5.2.2).

Evidence for this link was stronger in the key informant interviews. Most key informants claimed that some students had become more aware of support services, and a few had actually been referred to the services, as a result of conversations with academic and wellbeing staff at Reprezent Health or Hang out and Paint (See Sections 5.1.1 and 5.2.2). It could be that the students we spoke to were not the ones that had accessed wellbeing support through Boundary Spanner referrals, or that students didn't want to share this personal story with the researchers. This might also be influenced by possible inherent differences between the intended target groups and the students who actually participated, many of whom were already connected to wellbeing services and most of whom were attending their course consistently.

Some students who mentioned wellbeing services in the interviews referenced alternative drivers (See Section 5.4.3). A few students mentioned becoming more aware

of or feeling more able to seek university support due to support from other academic or wellbeing staff outside of the intervention (See Section 5.4.3).

A small number of students reported barriers in seeking support, such as stigma, previous negative experiences, self-reliance and lack of awareness of support available to them. The intervention intends to increase awareness and while the theory of change does not explicitly mention stigma, theoretically relationships between peers and staff should help reduce the perceived stigma surrounding support.

6.2.3 Causal pathway 3: Better student engagement

Students who experience the previous two pathways should then feel more able to engage with academic work and with extra-curricular activities. For those that engage regularly with the intervention, it is assumed that they will have a greater sense of belonging. Signposting to wellbeing and academic services will also decrease academic overwhelm. These two factors will then improve the students' university experience, which will make them less likely to drop out of their course at difficult points in the year.

While there was little evidence to confirm the entire chain of outcomes in Causal pathway 3, this study found some evidence to support links within it. There was no explicit evidence to suggest students were more able to engage with extra-curricular activities, however a few respondents did link their involvement with the Boundary Spanner intervention to improved engagement with their academic work.

These respondents reported increased academic skills and an improved ability to manage their workload. Interestingly, most of these accounts attributed these outcomes to informal support from facilitators within sessions, rather than as a result of signposting to other more formal support services. Overall, students were slightly more likely to mention receiving help and advice from other academic staff, wellbeing services, and peers, which helped them to improve their academic skills and/or to improve their ability to manage their academic workload (See Section 5.4.2).

There was stronger evidence to confirm that the intervention had improved students' university experiences, just not necessarily through the exact pathway outlined in the theory of change. Although not conceptualised by the students as 'reduced academic overwhelm', many respondents reported how the intervention contributed to an improved sense of wellbeing. As discussed in Section 5.2.3, there was no one clear or direct causal pathway at play here, but a more complex story of change.

Student wellbeing was reportedly influenced by the social connections made, the support provided by facilitators, and the activities themselves (See Sections 5.2.1-5.2.3). As a highly personal and nuanced outcome, it is unsurprising that the students' sense of wellbeing was influenced by various factors related to the project. Future iterations of the theory of change could include a pathway related to the activities' influence on wellbeing as this is not covered in the original version.

It is worth noting that one student claimed that they (and their friends) were less likely to drop out as a result of the support and community they had found at Reprezent Health. While this is only one account, it is a significant story of change demonstrating that this pathway within the theory of change is plausible (See Section 5.2.2).

6.2.4 Causal pathway 4: Improved staff experience and engagement

By attending sessions and seeing positive results for students, staff will believe that this type of intervention makes their job easier and more rewarding in the long run, and is good for staff wellbeing and connectedness. It is assumed that this will increase staff engagement, and that staff engagement itself will make the interventions more effective.

This study found little evidence to support Causal pathway 4. This was largely due to the fact that staff attendance was relatively poor which project leads claimed was a significant issue affecting intervention implementation and sustainability (as discussed in Section 5.5.2). However, for staff members who did attend and participate, they reported many benefits, including a sense of fulfilment (See Section 5.3.2). There was also some evidence to suggest the sessions supported staff wellbeing and provided an opportunity to connect with other staff members, which was a factor in their continued involvement in the intervention.

From the project lead point of view, the staff helped to deliver the intervention, but students were more likely to talk to the project leads and coaches than staff members. Further research could explore the impact of project lead, staff and coach outcomes on student outcomes and experience. Additionally, a revised theory of change could include more explicit outcome pathways for delivery staff, particularly coaches, who experienced very similar outcomes to the students themselves.

6.2.5 Outcome evidence matrix

The following table summarises the strength of evidence supporting the outcomes included in the progress ladder, which was developed alongside the theory of change. Some of these outcomes were outside of the scope of the evaluation as they were longer term impacts.

Each outcome has been assigned an evidence rating, explained below, based on the findings from the QuIP study. There is also a short summary description of the supporting evidence.

- 'Strong' – There are multiple accounts from various stakeholders to support the outcome.
- 'Medium' – There are some accounts from at least one stakeholder group to support the outcome.
- 'Low' – There are only a few accounts to support the outcome.

Table 10: Progress ladder evidence review

Progress ladder	Outcome	Evidence rating	Supporting evidence
Expect to see	More students attending sessions	Low	There is some evidence from the key informant interviews with project leads and coaches to suggest that more students have attended sessions. This is also supported by the number of student names provided in the sampling lists. Accurate and reliable student registers could have strengthened this supporting evidence.
	More academic staff attending sessions	Medium	There is little evidence to show that more academic staff have attended sessions. On the contrary, key informant interviews with project leads highlight staff recruitment and buy-in as a key challenge.
	Small number of students registering with wellbeing services *(10+)*	Medium	There is no quantitative evidence to validate that 10+ students have accessed wellbeing services as a result of the Boundary Spanner sessions. There is some anecdotal evidence from the key informant interviews with project leads with examples of students who have accessed this support, and one personal account from the individual interviews with students.
	A better understanding of services available for students	Low	There is some evidence, predominantly from the key informant interviews, to suggest that some students are more aware of services available and where to seek help. Only a few students mentioned this.
Like to see	Students have better help-seeking behaviours	Low	There is some evidence from the student interviews and the key informant interviews to suggest that students are seeking and receiving more support particularly from each other and from staff, and in some cases from other services.

	Students more confident talking to staff	Low	There is some evidence from the student interviews, corroborated by the key informant interviews, that students have developed strong relationships with staff, particularly the project leads.
	Students networking more with peers across different groups	Strong	There is very strong evidence demonstrating how students have connected with their peers through the intervention. This was the most frequently cited positive outcome across the student interviews, corroborated by the key informants.
	Better sense of belonging	Strong	Similarly, there is relatively strong evidence to support this outcome, with many students reporting an increased sense of community and belonging at university as a result of the intervention, again corroborated by the key informants.
	Core of regular students attending sessions, including around deadline pressure points	Medium	Without reliable student registers it is impossible to credibly assess this outcome. There is however some evidence from the key informant interviews to suggest that some students dropped off during pressure points but that some still came along and sessions continued to run during these times.
	Students making other students aware	Medium	There are some references in the student interviews to either being recommended to attend by a friend, or inviting others themselves.
	More students being diagnosed	Low	There is some evidence from the key informant interviews that through the intervention a few students were referred onto wellbeing services and received diagnoses.
	Academic staff seeing this an opportunity for their own research and professional development	Medium	While the staff interviewed reported many positive outcomes, they were largely related to their own relationships and wellbeing, rather than their research or professional development.

Love to see	Students completing an academic year	Medium	When we conducted the interviews, it was too early to fully assess whether the intervention had resulted in more students completing the academic year. However, there were accounts from students claiming that the intervention, specifically the relationships and support they received, reduced the likelihood that they would drop-out of university. This is weak evidence in terms of the numbers to fully substantiate this claim, but the students' account is a significant and important finding.
	More confidence and aspirations for the future	Medium	There were a few references in the student interviews, as well as the key informant interviews, to increased confidence as a result of the intervention, particularly related to social skills. However, most students didn't report any changes related to their aspirations for the future and any changes were attributed to other drivers.
	Students have better understanding and self-awareness of what influences their wellbeing, at uni and elsewhere	Medium	Students did not report increased understanding and self-awareness but many did report increased wellbeing generally.
	Culture and funding change within the university, more buy-in from other departments	Medium	It is too early to fully assess this outcome, but the evidence suggests that there has not been progress towards culture and funding changes yet.

6.2.6 Future programming design

Based on the evidence from this evaluation, there are a few key points to note for future iterations of this programme design, at St Mary's and in other possible contexts.

What could help replicate programme success?

The findings highlight several areas of programme success: 1) students connected with peers and increased their sense of belonging at university, 2) students received informal support through relationships with facilitators and peers, and 3) students experienced improved wellbeing through the session activities.

A few key elements of the intervention delivery seemed to contribute to these positive outcomes.
- The relaxed environment helped students to meet others and make friendships organically, rather than in a structured or forced way.
- The style of facilitators, to be professional but informal and approachable, was crucial in enabling students to build relationships with staff and to receive informal support, and in some cases be connected to more formal support.
- The range of knowledge and experience across the facilitators seemed to work well in meeting different students' needs.
- The flexible way sessions were run, with conversations and activities predominantly student-led, supported students to enjoy the activities and get what they personally needed and wanted out of the sessions.

Therefore, in future programme designs, maintaining a student-led approach, involving facilitators with a range of expertise, and ensuring facilitators are as approachable as possible, would be highly recommended to help replicate these positive outcome pathways.

Positive outcomes were heavily reliant on the facilitators, particularly the project leads, in terms of the atmosphere they helped to create and the support they gave students. It is of course impossible to replicate the exact dynamic, knowledge, experience, and characteristics of these facilitators, but the mix of wellbeing and academic staff, as well as encouraging informal and personal relationship building, should be prioritised in the delivery team.

What could help avoid barriers to success?
The findings highlight some areas where success was limited by certain challenges and barriers, some are unique to the intervention context, but many would be applicable elsewhere. A key challenge was low staff and wider university buy-in and engagement; this resulted in increased pressure on delivery staff and meant that the outcomes pathways related to staff engagement were not realised. Given the reliance on facilitators, this is a significant issue for the sustainability and future success of the intervention. It is highly recommended that more staff are involved in session delivery and that more is done to improve their recruitment and retention. The suggestion of a wellbeing staff rota could work well to increase engagement, especially to include individuals beyond the project leads' networks.

Another related challenge identified was student recruitment, although many students attended there was still space for more to participate, and the key informants acknowledged that recruitment was overly reliant on word of mouth and therefore not reaching the target population as effectively as it could be. Suggestions varied from extra posters around campus, more consistent social media posts and targeting

students from resident mentors. Improved administrative support would be crucial to increase the capacity for implementing these recruitment strategies, which would then reduce the pressure on delivery staff, freeing them up to focus more on the sessions themselves. Increased support would also improve the quality of the monitoring data collected which would better enable the team to track, evaluate and reflect on progress.

What could help drive further success?
There were a few other suggestions for further improvements from the key informants themselves, including additional training for the coaches supporting the session delivery and greater representation of the target population within the implementation team. Training for the coaches would be recommended to increase their capacity to provide informal support and signpost to formal services.

6.3 Caveats and research limitations

A core limitation of the evaluation was the lower than anticipated response rate among students. This was partially influenced by the lower numbers attending the intervention and the delay in receiving sufficient sampling data, but it was also clear that the intervention participants were not as responsive to emails. The alternative recruitment methods, including peer researchers attending sessions to meet students, helped to some extent for Reprezent Health, but each time the researcher attended Hang out and Paint there were very few students there.

Another related limitation was the lack of detailed sampling data, meaning that it was not possible to quota sample for specific groups of interest (e.g. commuters, students from different ethnic backgrounds, and those who had been referred on to wellbeing services). This may have influenced the weak evidence for the outcomes related to wellbeing referrals. We had hoped to somewhat mitigate this by cross-referencing the maps with referral data post-hoc but this data was not made available. If this had been foreseen, extra demographic data could have been collected during the interviews. The lack of attendance data also limited the analysis across different groups as we were not able to systematically check for differences in outcomes between students with different levels of engagement with the project. Further research could offer useful insights into the relationship between attendance rates and impact.

Finally, specific to the QuIP methodology, the lack of total blindfolding may have increased the likelihood of pro-project and confirmation bias as students were aware that the interview was related to the Boundary Spanner intervention. The questionnaire guide was kept as open as possible to help mitigate this. As students were not overly positive and did not only attribute positive outcomes to the intervention, it seems these mitigation strategies were effective, and the validity of the data was not compromised.

6.4 Conclusion

In summary, this evaluation found evidence to validate many of the causal pathways within the theory of change. The strongest finding was that the intervention provided students with a social space to make connections and develop friendships with peers,

which led to an increased sense of belonging at university, particularly for commuter students and neurodivergent students. The interviews highlighted the crucial role of dedicated and approachable facilitators in providing informal academic and wellbeing support for students; however, there was less evidence to suggest referrals to formal support services were happening as often as expected.

The study also found that there were additional causal pathways at work that were not outlined explicitly in the original theory of change. Firstly, the gym and arts activities themselves improved student wellbeing. Secondly, the benefits were not just limited to the students, but staff delivering the intervention experienced similar positive outcomes including personal enjoyment, social connections, and a sense of fulfilment from supporting students. Coaches also gained valuable experience working with a diverse group of students.

Other contextual factors, such as university events, academic staff and wellbeing services, were also reported to be influencing key intended outcomes. For social and wellbeing outcomes, the intervention was the most frequently reported driver of change, but academic outcomes were more likely to be influenced by other factors.

There were several challenges encountered during the implementation of the intervention, including recruiting target students, and securing staff engagement and university buy-in. Recruitment was heavily reliant on word-of-mouth rather than widespread advertising. Low staff engagement was attributed to the lack of awareness as well as the lack of capacity. Relatedly, the success of the intervention was somewhat reliant on the project leads which brings into question its long-term sustainability.

The study found no substantial differences in causal pathways between the two intervention activities. Improved physical wellbeing was only reported by Reprezent Health students in relation to the gym sessions and support from coaches.

Overall, the intervention had a significant positive impact on social and wellbeing outcomes for many students but could be strengthened by improving staff engagement and administrative support.

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8. Appendices

Appendix A: Project management

A1: Timeline

Table 11: Timeline

Date	Activity
Aug – Sep 2024	• Collaborative theory of change workshop with Boundary Spanner team to develop a project specific theory of change • Study design including questionnaire guide and sampling strategy • Ethical application
Dec 2024 – Jan 2025	• Recruitment and training of research assistants by Bath SDR
Feb – Jun 2025	• Conduct interviews with students who participated in Boundary Spanner initiatives • Conduct key informant interviews with project leads, staff, and coaches who attended Boundary Spanner initiatives
Mar 2025	• Interim report
Jun 2025	• Causal qualitative data analysis • Initial findings workshop including a presentation and discussion of key causal maps and quotes
Aug 2025	• Draft final report • Presentation to TASO
Sep 2025	• Final report

A2: Roles and responsibilities

Bath SDR were commissioned by TASO to conduct this independent theory-based evaluation of the Boundary Spanner intervention at St Mary's. Bath SDR worked with both organisations to co-design the theory of change and research approach. Bath SDR then led the data collection, with support from St Mary's to recruit interviewees. Finally, Bath SDR finalised the data analysis based on feedback from TASO and St Mary's.

Table 12: Roles and responsibilities

Organisation	Name	Role and responsibilities
Bath SDR	Fiona Remnant Rebekah Avard	As the evaluators, Bath SDR's staff will: • Work with St Mary's on the development of the theory of change • Develop the interview guide • Develop the overall research design • Recruit, train and ensure quality control of student interviewers • Analyse the data • Work with St Mary's on developing the final theory of change • Write up findings from the research.
St Mary's University	Dr Michael Hobson (project lead) Howard Bateman (project lead) Nikki Anghileri	The St Mary's staff will run the project: • Work with Bath SDR on the development of the theory of change • Support the application process for ethical approval • Keep records of student attendees • Keep notes on progress of interventions • Help with recruitment of student interviewers and interviewees • Take part in key informant interviews themselves • Offer final reflections on the final theory of change.
TASO	Tatjana Damjanovic	As the funder, TASO's staff will: • Oversee the budgetary requirements of this work • Monitor the quality of published documents, with additional external quality assurance • Take part in theory of change workshops • Offer general organisational support throughout the project • Publish and publicise any relevant findings in due course.

A3: Ethical considerations

Ethical approval

The ethical approval for this project was conditional on adherence to the project scope and documents, covered within the application. Researchers must comply with St. Mary University's policies, procedures, guidance and standard operating procedures. These can be found on the university website:
https://www.stmarys.ac.uk/ethics/docs/ethical-guidelines.pdf. Ethical approval was granted by St Mary's University Ethics Subcommittee (Ethics ID_Code: STHS_PB_2024-001).

Consent

Following the research ethics application, written informed consent was obtained prior to participation. The email was sent to participants via email at the point that they booked an interview. All participants reserved the right to withdraw from the study at any point as outlined to them in the interview invite, informed consent form and at the beginning of the interview. Bath SDR also provided an information sheet regarding the research, with an accessible QR code for participants to access the research findings when they are published.

Discussion of difficult experiences

This evaluation was not considered to pose a serious risk to anyone involved because students will be asked broadly about their social lives and studies, their difficulties, and their help-seeking strategies. The interview guide did not ask for any sensitive or personal information and students will be reminded of their right to withdraw from the interview at any time.

Disclosure of harm

Interviewers were trained to stop the interview if the interviewee started to share information which appeared to be too sensitive or upsetting. The researchers were provided information about how to direct respondents to the university support services who are trained to deal with these situations.

Data protection

All data will remain confidential, and data will be stored in accordance with the Data Protection Act 2018. Hard copy consent forms will be kept at St Mary's in a locked filing cabinet. Interview data was pseudonymised at the point of data collection using "a unique identifier that is not connected to their real-world identity, using techniques such as coding or hashing" (Article 89, GDPR). Interviewers used a OneDrive on St Mary's server to store electronic copies of transcripts (with no personal data included) and then shared the anonymised data with Bath SDR via email. Once transferred, transcripts and transcript summaries were deleted. A Data Protection Impact Assessment was carried out for this project and reviewed by TASO's Data Protection Officer. Data sharing agreements have been signed between St Mary's university, Bath SDR and TASO.

Appendix B: Codebook

The following table presents the codebook created iteratively by the QuIP analyst. It includes the factor labels applied and the source counts (the number of students who reported each factor). Only factors applied for more than one source are listed here.

Labels with a '~' represent a negative factor. For example, '~Ability to develop friendships' means reduced ability or challenges making friends.

Factor label	Source count
Ability to develop friendships	19
Course attendance	19
Ability to participate in extracurricular/social activities	17
Sense of belonging at university	17
Social space	17
Ability to manage academic work	16
Mental wellbeing	16
Wellbeing services	14
Reprezent health	13
University events	12
Wellbeing	12
Career plans	11
Gym exercises	11
Support from academic staff	11
University atmosphere	11
~ Ability to develop friendships	11
Academic skills	10
Joined society	10
Schedule	10
Supportive facilitators	10
University course	10
~ Seeking support	10
Time constraints	9
Motivated to keep on top of course	8
Physical wellbeing	8
~ University course attendance	8
Personal interests	7
Safe space	7
Sessions promoted by Boundary Spanner team	7
Academic performance	6

Commuter student	6
Desire to learn	6
Hang out and paint	6
Holistic	6
Opportunity to socialise	6
Standard of gym equipment	6
Stigma	6
Active social life	5
Arts-based activity	5
Fitness knowledge/skills	5
Module content	5
Peer learning/support	5
Support from family/friends	5
~ Ability to manage academic work	5
Ability/confidence to seek support	4
Academic support	4
Confidence with academic work	4
Disability	4
Emotional stability	4
Employment	4
Fees	4
Lecturer expertise	4
Social anxiety	4
Social media	4
Workload	4
~ Feeling settled at university	4
Emotional support	3
Injury	3
Invited friends	3
Library support services	3
Recommended by a friend	3
Self-care	3
Self-esteem	3
Supporting others	3
Wellbeing strategies	3
~ Sense of belonging	3
Ability to discuss personal issues/express emotions	2
Commuter lounge	2
Doesn't drink alcohol	2
Failed assignment	2
Financial strain	2
Free of charge	2
International student	2
Mature student	2
Posters	2

Appendix C: Theory of change illustration

PROBLEM
- Lack of engagement from WP students in lectures and with student services
- Academic overwhelm noticeable at the end of year/assessment time, move to individual ownership of time management, jump from school to adult education
- Failing assessments, dropping out, attendance tails off
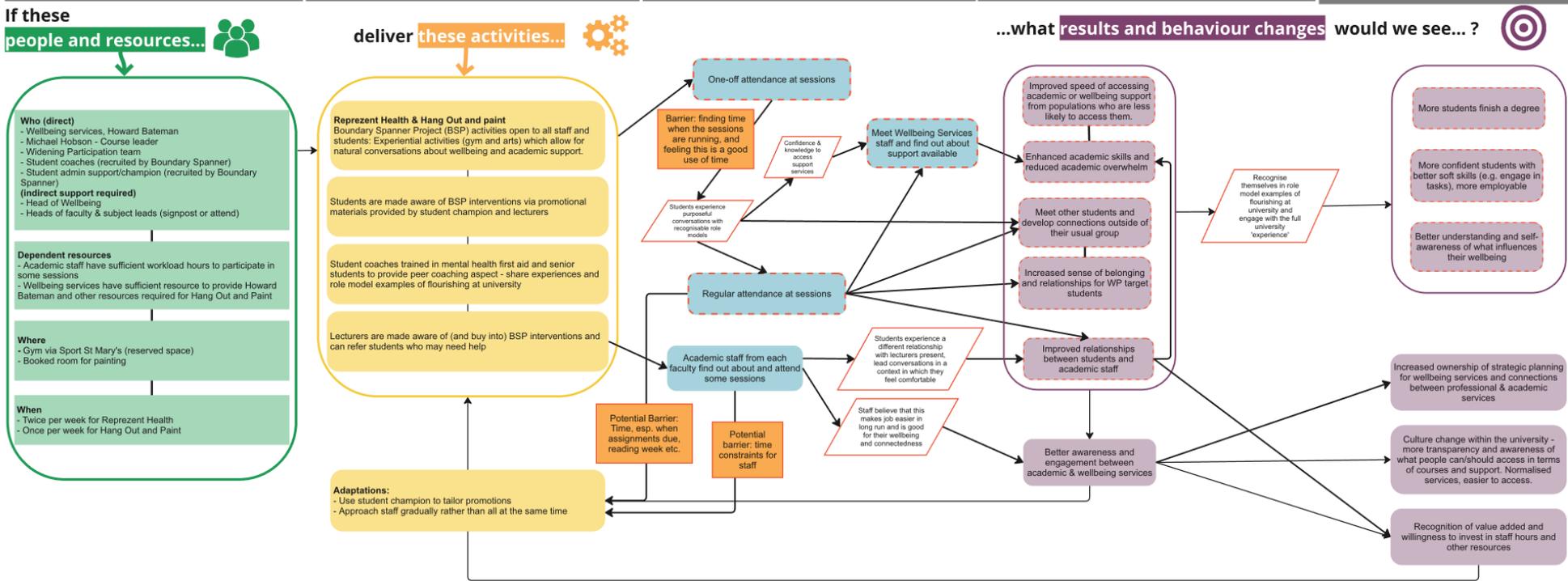- Students living off campus don't pick up soft skills from others living on campus

SOLUTION

Drop in gym sessions and art groups where academic staff can offer support to those who request it in a more informal setting and encourage engagement with student and support services which they may not be aware of.

LOOKING TO THE FUTURE
- Students can access support faster to avoid issues building up
- Students have the confidence to think that university/HE is for them
- Students make connections with other people outside of their course, improved sense of belonging
- Staff know what signs to look out for and referral pathways

INPUTS REQUIRED	ACTIVITIES	DIRECT OUTPUTS	EXPECTED OUTCOMES	DESIRED IMPACT
Resources and people used or required	The actions, events, and undertakings of the intervention	The immediate tangible products of the intervention	The potential short and medium-term effects of an intervention (less tangible than an output)	The long-term effects of an intervention and/or the long-term changes it contributes to

If these people and resources... **deliver** these activities... ...what **results and behaviour changes** would we see... ?

Who (direct)
- Wellbeing services, Howard Bateman
- Michael Hobson - Course leader
- Widening Participation team
- Student coaches (recruited by Boundary Spanner)
- Student admin support/champion (recruited by Boundary Spanner)

(indirect support required)
- Head of Wellbeing
- Heads of faculty & subject leads (signpost or attend)

Dependent resources
- Academic staff have sufficient workload hours to participate in some sessions
- Wellbeing services have sufficient resource to provide Howard Bateman and other resources required for Hang Out and Paint

Where
- Gym via Sport St Mary's (reserved space)
- Booked room for painting

When
- Twice per week for Reprezent Health
- Once per week for Hang Out and Paint

Reprezent Health & Hang Out and paint
Boundary Spanner Project (BSP) activities open to all staff and students: Experiential activities (gym and arts) which allow for natural conversations about wellbeing and academic support.

Students are made aware of BSP interventions via promotional materials provided by student champion and lecturers

Student coaches trained in mental health first aid and senior students to provide peer coaching aspect - share experiences and role model examples of flourishing at university

Lecturers are made aware of (and buy into) BSP interventions and can refer students who may need help

Adaptations:
- Use student champion to tailor promotions
- Approach staff gradually rather than all at the same time

One-off attendance at sessions

Barrier: finding time when the sessions are running, and feeling this is a good use of time

Confidence & knowledge to access support services

Students experience purposeful conversations with recognisable role models

Regular attendance at sessions

Academic staff from each faculty find out about and attend some sessions

Potential Barrier: Time, esp. when assignments due, reading week etc.

Potential barrier: time constraints for staff

Meet Wellbeing Services staff and find out about support available

Students experience a different relationship with lecturers present, lead conversations in a context in which they feel comfortable

Staff believe that this makes job easier in long run and is good for their wellbeing and connectedness

Improved speed of accessing academic or wellbeing support from populations who are less likely to access them.

Enhanced academic skills and reduced academic overwhelm

Meet other students and develop connections outside of their usual group

Increased sense of belonging and relationships for WP target students

Improved relationships between students and academic staff

Better awareness and engagement between academic & wellbeing services

Recognise themselves in role model examples of flourishing at university and engage with the full university 'experience'

More students finish a degree

More confident students with better soft skills (e.g. engage in tasks), more employable

Better understanding and self-awareness of what influences their wellbeing

Increased ownership of strategic planning for wellbeing services and connections between professional & academic services

Culture change within the university - more transparency and awareness of what people can/should access in terms of courses and support. Normalised services, easier to access.

Recognition of value added and willingness to invest in staff hours and other resources

Appendix D: Data collection tools

Appendix D1: Student interview guide

Section A – Introduction	
Thank the respondent for taking part	**Thank you** for being willing to take part and for taking the time to speak with me today. We really appreciate your support in conducting this research.
Introduce yourself and Bath SDR	My name is ___ and I am working as a researcher for Bath SDR. I'm a student in ___ and have been based at St Mary's since ___.
Introduce the research	As we shared in the invitation, this research study is part of **an evaluation for TASO**, the What Works Centre that conducts research into student access and success. We are interested to find out about **what you find helpful as a student here**, and **where you might seek support if you needed it**.
Explain the interview format	The interview will last around **45 minutes – an hour**. I'd like to discuss a few different topics today, including your **social and academic** life at the university. In each area, I'll ask you to reflect on what you think has **changed** over the past academic year (since October 2024) and what you think are the most important reasons for any change. The questions are deliberately quite **open-ended** so that you can share what you feel is most relevant and important to you. Feel free to take time to answer and ask for clarification if you're not sure what I'm asking. If you don't think anything has changed in that period of time, or can't think of a reason to explain why something has changed – that's fine - we're interested in hearing your honest opinions and observations.

Consent	Thank you for reading the consent form ahead of the interview. I want to remind you before we begin that: • everything you share will be kept **confidential and anonymous** • you have the **right to withdraw at any point** **Do you have any questions or concerns before we get started?** **Are you happy to sign the consent form?** *[Sign form]* **Are you happy for me to start the recording?** *[Start recording]*

Basic information about you

We are collecting this information so that we know what **range of people** we have spoken to – it will not be kept with your interview.

A1. Which age range are you in?	18-24 / 25-34 / 35-44 / 45-54 / 55-64 / 65+
A2. What is your gender identity?	a) Female b) Male c) Other d) Prefer not to answer
A3. Are you an international student?	a) Yes b) No c) Prefer not to answer
A4. Can you tell me which degree you are studying here?	*[Or which school they are in, if they prefer]*
A5a. Do you live on St Mary's campus, or do you commute to the university?	a) Campus b) Commute
A5b. If you commute, roughly how long does it take you to get to the university on a normal day?	a) 30 mins or less b) 30 mins – 1 hour c) 1 – 2 hours d) More than 2 hours

Establish recall

As I said, the questions are focused on what has **changed** over the **last academic year**, so for each question please think back to how things were when you started this academic year in **October**, whether things are different now compared to then, and what might have changed to make that difference.

Interviewer: Let the respondent answer the main question first, and then ask bullet point questions as a follow-up, but you need to judge whether any of these have already been answered by their first response. If so, do not repeat the question, but make sure you have sufficient detail – which may mean referring back to their answer and asking for a bit more information. Use the notes in square brackets and italics to help prompt for more detail only if needed.

Section B – Social life

I'm going to start by asking you about your **social life** as a student, the things that you do outside of your lectures/seminars/etc and homework.

B1. What activities outside of your course are you involved in <u>at the university</u>?	• Are you a member of any **clubs/societies**? • Are there any **other activities** which you might attend (or have attended in the past) at the university, including drop-in events?	*[Give some examples if they are struggling to answer]*
	• What made you **interested** in doing these activities? • What did you *think/feel* you would gain from attending them? • Can you tell me what you have actually **got out of them** – good or bad?	

	● Is there anything which **put you off** joining or **made it difficult** for you to attend these sorts of activities?	*[Give examples if needed, e.g. too much homework, needing to get home, not knowing anyone there, etc.]*
B2. Thinking about your social circles, do you feel that your group of friends at university has changed at all over the last academic year?		*[If a first-year student acknowledge the challenge, e.g. It's always hard starting in a new place, and it can take a while to make new friends]*
	● If you have made new friends, how/where did you meet them?	*[E.g. lectures, social events, sports events, clubs, etc.]*
	● Would you describe your friends as all being similar to you in some way, or do you have a range of different types of friends?	*[E.g. same course, same gender, living in the same halls or not living on campus, from the same school]*
	● What do you think helps students to meet new friends, and what makes it difficult?	
B3. Do you feel that you have settled into student life at St Mary's?	● *Do you feel **comfortable** here?* ● *Do you see yourself as a St Mary's student?*	*[Acknowledge the challenge, e.g. It can take time to settle into University life]*
	● If so, what do you think helps you to feel like that? ● Has anything helped you with that over the **last year in particular**?	*[What are the main reasons you feel settled?]*

	• If not, what do you think makes it harder for you to feel settled/comfortable? • Has anything changed with that since October?	*[You might feel a bit of both at different times, that's completely normal]*
	• Are there different situations that make you feel more or less confident about being a student here?	

Section C – Academic life

We're now going to talk about your **academic life**, thinking about how you are getting on with lectures, seminars, coursework and exams.

Remember that your details will not be shared with staff, so we'd like you to be honest – this is not about you personally.

C1a. How is your course structured in terms of lectures/seminars, etc?		*[Cover briefly – not necessary to get lots of detail]*
C1b. Would you say that you attend (in person):	• All your lectures/seminars (etc) • Most of your lectures/seminars (etc) • Some of your lectures/seminars (etc) • Not many lectures/seminars (etc)	
C2. Thinking about your response to the last question, what is the main reason why you [attend]/ [don't attend] all your lectures/seminars in person?	• What makes it **easier or harder** to go? • What makes you ***want*** to attend a lecture/seminar in person? And what makes you not really too	

	bothered about doing so?	
C3. How do you feel that you are managing with your academic work?	• Which aspects do you find **easiest** about uni work, and which are **hardest**? • What would you say has **made a difference** to your confidence and ability to do what you need to keep up with academic work?	*[Give examples if necessary, such as friends, lecturers, study skills support, other support from uni **vs.** responsibilities at home, feeling overwhelmed, distractions from other interests etc.]*
C4. Have you felt that you've needed help with your academic work this year?	If so, have you asked for any support? • Where from? • What made you think about asking for some support or advice? • Did you know where to go and how to ask? How did you find out? • What support did you get, and what difference has that made?	
	If not, what sorts of support do you think you *could* ask for, and where would you go to get it? • How did you find out about this support?	

	s there anything that would stop you from asking for help?	*[Give examples if necessary, such as not knowing where to go, feeling embarrassed, thinking it will sort itself out in the end, etc.]*
C5. Have you felt you've needed help with anything else in your life in general as a student?		*[wellbeing, physical and mental health, etc]*

	If so, have you asked for any support?
	
	    ● Where from?
	
	    ● What made you think about asking for some support or advice?
	
	    ●Did you know where to go and how to ask? How did you find out?
	
	    ● What support did you get, and what difference has that made?	

	If not, what sorts of support do you think you *could* ask for, and where would you go to get it? ● How did you find out about this support?	
	● Is there anything that would stop you from asking for help?	*[Give examples if necessary, such as not knowing where to go, feeling embarrassed, thinking it will sort itself out in the end, etc.]*

Section D – Your future plans		
We're coming towards the end of the interview now, so I have a few final reflective questions about your plans for the future and your overall sense of wellbeing.		
D1. Have your plans for the future changed at all since the start of the academic year?	• If so, what made you think differently about the future, whether more positive or more negative?	*[Thinking about life at uni and beyond, aspirations for the future – the 'future' could be next year or even just next term]* *Don't spend too long on this section, and skip over if short on time.*
D2. Finally, is there anything you think could improve your sense of wellbeing at St Mary's?	• What does wellbeing mean to you? / What does it mean to live well as a student (*/ engage in student life*) at St Mary's? • What do you think could help improve your sense of wellbeing?	

Section E – Notes and Observations

E1. Your details were passed on to us from Reprezent Health/ Hang out and Paint, I'm interested to hear about your experience of attending these sessions.	- How did you find out about these sessions? - What encouraged you to attend? - How did you find the session(s)? - Why do you keep going along / why have you stopped going along? - Do you feel you gained anything from attending these sessions? If so, what?	***Only ask these questions if not already covered in the interview.*** *Remind the student that their responses are anonymous and that we are interested in their perceptions and experiences – good or bad.*
E2. Do you have any further points you'd like to raise or questions you'd like to ask?		
Thank respondent for their time	Thank you for your time today, and for your valued contribution to this research.	*If the student seems to have been upset by anything discussed in the interview, please make sure that they are given details of Student Support Services and directed to where they can ask for more help.*
E3. Interviewer notes	*Write down any notes which might help the analyst, for example reflections or observations about the interview*	

Appendix D2: Key Informant Interview Guide: Project leads

Section A: Boundary Spanner Background [Process/ Output focused]

Conception

1. Can you tell me how Boundary Spanner/Reprezent Health/Hang out and Paint started?

Recruitment

2. How are students recruited/ invited to participate in sessions?

   - Has this changed at all over the course of the project? If so, why?

   - Are you aware of any barriers to participation for students? If so, have you been able to mitigate any of these?

Attendance

3. How many students have attended since the beginning of the project?

   - How many of these are regulars?

   - How has attendance changed over the course of the project? Why do you think that is?

   - Are all attendees widening participation students? Do you have a sense of the split?

Sessions

4. Can you tell me what a typical session looks like?

   - How are conversations facilitated? How are topics decided?

   - Have the sessions changed at all over the course of the project? If so, why?

   - Have you run any of the extra sessions suggested in the ToC?

Have sessions run (gone ahead) as planned over term-time?

   - Have you run any sessions during semester breaks/exam periods?

Section B: Your role and relationships

1. How long have you been involved?
2. How regularly do you attend the sessions?

    - Who covers if you're ill/away etc?

3. What is your role in the Boundary Spanner project?

    - What are your main responsibilities within sessions?

    - What are your main responsibilities outside of sessions?

    - Have these changed or developed at all over the course of the intervention?

4. Who else is involved in delivering the project?

    - How do you interact with them?

    - Has this changed over the course of the project? If so, why?

5. How would you describe your relationship to the students who attend?

    - *How do you think they would describe it?*

Section C: Student impact [Outcome focused]

1. Overall, what do you think have been the <u>main benefits</u> for students who have attended the sessions?

    - *What positive outcomes have you observed?*

    - *What do you think keeps students coming to the sessions?*

2. Do you think there are any particular <u>aspects of the project which have contributed</u> to these outcomes?

    - *If we're thinking about pathways to change, what do you think are the key factors driving change?*

    - *What is it about Reprezent Health/ Hang out and Paint that has led to the changes you described?*

3. Have you observed any <u>unintended negative impacts</u> for students attending sessions?
4. Have you noticed if there have been <u>differences in student experiences/outcomes</u> across <u>different types of attendees</u>?

> - *E.g. commuters, students with disabilities, etc.*

5. In terms of student outcomes, what do you think are the <u>main barriers</u> to achieving the aims of the project?

6. Looking at the causal pathways/ladder of outcomes from the ToC, have you noticed any progress towards the project's aims so far?

Section D: Overall reflections

1. What have been the <u>key challenges</u> you have experienced in delivering these sessions/running the project?
2. How do you think the sessions/project as a whole <u>could be improved</u> to better meet the aims of the project or to address any challenges?

   - Have you got any plans to make any changes moving forward?

   - Do you have any contingency plans for the sustainability of the project in light of the redundancy situation (and generally!)?

3. What are the key lessons you have learnt so far in terms of planning and delivering this project?

   - What advice would you give to other universities thinking about running an intervention like this?

4. What do you feel you have gained personally from this experience (if anything)?

5. Any other points to raise?

6. Any questions for me?

Appendix D3: Key Informant Interview Guide: Student coaches

We are conducting a study to evaluate the impact of the Boundary Spanner project (Reprezent Health / Hang out and paint sessions).

We would like to discuss with you how you have been engaged with the sessions and your perception of the impact it has had on students so far.

Section A: Your role

1. How long have you been involved?
 	
2. What is your role in the Boundary Spanner project?
 	
    - What are your main responsibilities within sessions?
 	
    - Have these changed or developed at all over the course of the intervention?
 	
3. How regularly do you attend the sessions?
 	
4. How would you describe your relationship to the students who attend?

Section B: Your experience
I'm interested in how you personally have experienced being involved in this project. 1. What do you feel you have gained from this experience (if anything)? 2. Have there been any particular challenges so far?
Section C: Student impact

We are interviewing students to hear from them directly about their personal perceptions and experiences but we're interested to hear whether you have observed any changes over the course of the project so far.
 	
1. Firstly, I'd be interested to hear what you think are the main aims of the project?
 	
    - What do you think it is trying to achieve?
2. Have you noticed any progress towards these aims so far?
 	
    Specific prompts if not mentioned:
 	
    - Students accessing Wellbeing support services

- Reduced academic overwhelm

- Increased sense of belonging

- Improved relationships with staff and students

3. Overall, what do you think have been the main benefits for students who have attended the sessions?

4. Do you think there are any particular aspects of the project which have contributed to these outcomes? (What is working well?)

   - What do you think keeps students coming to the sessions?

5. Have you observed any unintended negative impacts for students attending sessions?

6. What do you think are the main barriers to achieving the aims of the project? (What isn't working as well?)

   Specific prompts based on assumptions in the theory of change:

   - *Time (for staff and students!)*

7. Did you notice any changes in students that you had to respond to by adapting the intervention in any way? If so, how did you make changes?

Section D: Overall reflections

1. What are the key lessons you have learnt so far in terms of planning and delivering this project?
2. Do you have any suggestions/recommendations for how the sessions could be improved to better meet the aims of the project or to address any challenges?

Appendix D4: Key Informant Interview Guide: Staff

Section A: Your involvement

Firstly, I'm interested to learn a bit more about how you've been involved.

1. How did you first hear about the sessions?

2. What made you want to go along? (Was there anything stopping you attending before?)

3. How long have you been involved? How regularly do you attend?

4. What would you say your role is in the Boundary Spanner project?
   - What are your main responsibilities within sessions?
   - Have these changed or developed at all over the course of your involvement?

5. How would you describe your relationship to the students who attend?
   - Did you know any of the students previously? Did/does that influence your engagement with them in sessions?

Section B: Your experience

It would be great to hear more about your own personal experience of getting involved in the project.

1. Was the project what you expected when you first signed up?

2. What do you feel you have gained from this experience (if anything)?

3. Have there been any particular challenges for you personally? Any challenges for you to attend?

Section C: Student impact

So now I'd like to move onto talking about student impact.
We are interviewing students to hear from them directly about their personal perceptions and experiences but I'm interested to hear whether you have observed any changes over the course of the project so far.

1. To start, I'd be interested to hear what you think are the main aims of the project in terms of student outcomes?
   - What do you think it is trying to achieve?
2. Have you noticed any progress towards these aims so far?
3. Overall, what do you think have been the main benefits for students who have attended the sessions?
4. Do you think there are any particular aspects of the project which have contributed to these outcomes? (What is working well?)
   - What do you think keeps students coming to the sessions?
5. Have you observed any unintended negative impacts for students attending sessions?

6. What do you think are the main barriers to achieving the aims of the project? (What isn't working as well?)

Specific prompts based on assumptions in the theory of change:
- *Time (for staff and students!)*

Section D: Overall reflections
Wrapping up then, I wonder if you have any final reflections to share about the project?

1. Do you have any suggestions/recommendations for how the sessions could be improved to better meet the aims of the project or to address any challenges?
2. One of the challenges identified by other interviewees is how difficult it is to get buy-in from members of staff to join in. I'd be interested to hear if you have any reflections about why that might be? And whether there's anything that could be done to better promote the sessions or encourage engagement across the University?
3. Anything else to add?
4. Any questions for me?

Appendix E: Reading causal maps

A QuIP analyst trained in **qualitative data analysis** reviewed and coded the interviews which had been collected by local researchers. Using the **Causal Map App**, an online data analysis tool, **influence** (driver) and **consequence** (outcome) factor labels were allocated to respondents' statements to create visual depictions of their causal claims. These factors were unique to this project and were developed iteratively by the analyst based on what the respondents have said. This approach enables the analyst to look for patterns and trends across the dataset, and to understand which stories of change are common across the sample, and which are specific to certain individuals, or to a particular group of respondents.

Filters have been applied by the analyst to create a particular view of the data, such as searching for specific causal factors, selecting a certain link frequency, and focusing on a particular respondent type. All causal maps presented in this report are accompanied by captions explaining the important filters which have been applied.

QuIP data is not statistically representative of the wider population. The findings of this study cannot be extrapolated out across wider project target areas, nor is that the intention. The aim of carrying out this QuIP was to conduct a 'deep dive' assessment with a purposively selected group of people in the project target area to understand whether, and if so, how different aspects or 'domains' of their lives have changed in recent years. Counts have been used to highlight trends in the data, but these should not be interpreted as being representative of a particular population other than those involved in the study, rather this offers an opportunity to learn from detailed perceptions of change within this group. This report uses quotes to help communicate more detail and give examples of the types of stories under discussion, but the quotes are not used to represent a 'majority' or 'minority' view.

Within QuIP analysis there are two different types of 'count':
1. **Respondent/Source Count:** The **number of respondents** who mention a factor. The maximum respondent count will always be equal to the number of people interviewed i.e. 20 respondents in this study.
2. **Frequency Count:** The total **number of times** a factor is mentioned overall across the dataset.

For example, if *one respondent* mentions that Reprezent Health led to improved mental wellbeing *five times* in the interview, the frequency count would be five, whereas the source count would be one.
The causal maps presented in this report display the **source count**, so each link label (the number above an arrow) represents the number of respondents who mentioned a link between the two (influence and consequence) factors.

Hierarchical coding allows analysts to add extra levels of detail to more general factor labels and has been used throughout the data analysis of this study. The different levels of a factor are separated by a semicolon, e.g., 'Mental wellbeing; self-confidence. One

can read the semicolon as 'in particular' or 'specifically' - so in this example, their mental wellbeing has improved, specifically their self-confidence.

These levels can then be '**zoomed**' in and out to explore and present different views of the data. Maps might be zoomed in to show only the first level of a factor (with all the sub-levels nested within it) or zoomed out to present all the levels.
All of the maps in this report use Zoom level one to improve map readability.

Appendix F: Source information

Appendix F1: Student source information

Respondent	Intervention	Age	Gender	Residence	Disability
HP-1	Hang out and Paint	18-24	Female	Campus	No
HP-2	Hang out and Paint	18-24	Female	Commute	No
HP-3	Hang out and Paint	25-34	Female	Commute	No
HP-4	Hang out and Paint	25-34	Female	Commute	No
HP-5	Hang out and Paint	18-24	Female	Campus	No
HP-6	Hang out and Paint	18-24	Female	Commute	Yes
RH-1	Reprezent Health	18-24	Female	Commute	No
RH-10	Reprezent Health	18-24	Female	Campus	No
RH-11	Reprezent Health	18-24	Female	Campus	Yes
RH-12	Reprezent Health	18-24	Male	Commute	No
RH-13	Reprezent Health	18-24	Male	Campus	No
RH-14	Reprezent Health	18-24	Male	Campus	Yes
RH-2	Reprezent Health	18-24	Male	Commute	No
RH-3	Reprezent Health	18-24	Male	Commute	No
RH-4	Reprezent Health	18-24	Male	Commute	No
RH-5	Reprezent Health	18-24	Male	Campus	No
RH-6	Reprezent Health	18-24	Male	Commute	No
RH-7	Reprezent Health	18-24	Male	Campus	No
RH-8	Reprezent Health	18-24	Male	Commute	No
RH-9	Reprezent Health	18-24	Male	Campus	No

Appendix F2: Key informant source information

Respondent	Intervention	Role
F-1	Reprezent Health	Project lead
F-2	Hang out and Paint	Project lead
C-1	Reprezent Health	Coach
C-2	Reprezent Health	Coach
C-3	Reprezent Health	Coach
S-1	Reprezent Health	Staff member
S-2	Reprezent Health	Staff member
S-3	Hang out and Paint	Staff member