



Date: April 2026
Name of council: Minehead Town Council
Name of lead contact: Ben Parker
Role in Council: Town Clerk
Contact email address: clerk@mineheadtowncouncil.gov.uk
Contact telephone number: 01643 707213

Grant Amount Awarded: £35,000
Actual Project start date: 1st April 2025
Actual Project end date: 31st March 2027

The creation of a full-time Enhanced Youth Worker/ Health Coach hosted by Minehead Eye has resulted in sustained improvements in access to both universal and targeted wellbeing support. Over the first year, the project has engaged with in excess of 1,000 children and young people through youth clubs, outreach activity, school-linked work and community-based provision, with more than 60 young people receiving intensive one-to-one and small-group targeted interventions. This aligns closely with, and in several areas exceeds, the original outcomes set out in the grant application.

A key strength of the project has been the fully integrated partnership model between Minehead Eye, the Living Better Neighbourhood Health Project and Minehead Town Council. This collaboration has enabled young people to move seamlessly between informal community support and more specialist health pathways, reducing barriers to help and supporting earlier intervention. Over the 12-month period, professionals across education, health and the voluntary sector have reported increased confidence in signposting young people to the project, resulting in more timely support and reduced escalation to crisis services.

The project has also demonstrated adaptability and resilience. Following significant community events and periods of heightened demand, the Health Coach role has provided immediate, trauma-informed support, reinforcing the project's value as a responsive and preventative service. This capacity to respond flexibly was not fully anticipated at the outset but has become one of the project's most impactful outcomes. It has demonstrated a top down, and bottom up referral approach has been truly successful and acknowledged by a diversity of professionals from different sectors. Examples include our youth workers referring up to the health coach following their engagement with key young people and their families in the youth clubs, along with the referrals down from health practitioners and specialists. Demonstrating an innovative and pro active approach that has been fully welcomed from both universal and targeted sectors, as well as the local community.

Overall, the first 12 months have shown clear improvements in emotional wellbeing, resilience, confidence and engagement among participants. Importantly, the project has moved beyond a "pilot" phase and is now embedded as a core component of local youth wellbeing provision, with strong evidence to support continuation and expansion.

2. Monitoring and Reporting (300-500 words)

(Refer to your Grant Offer Letter and consider the monitoring and reporting criteria stated on it. Please explain how you gathered the information as well the information gathered.)

Monitoring and evaluation throughout the first 12 months have been robust, proportionate and consistent with the approach set out in the original application. Minehead Eye's Upshot monitoring system has continued to be used to record attendance, engagement levels, demographics, referral pathways and outcomes across all strands of delivery. This quantitative data has been complemented by qualitative evidence gathered through case studies, professional feedback and participant questionnaires. (impact reports attached).

Pre- and post-intervention wellbeing tools have been used with young people receiving targeted support, enabling the project to track changes in confidence, anxiety, emotional regulation and resilience. Across the reporting period, average wellbeing scores show an improvement of approximately 15%, consistent with early findings reported at six months and suggesting that positive outcomes are being sustained over time rather than being short-lived.

Living Better has provided ongoing clinical oversight, supervision and outcome tracking for young people accessing health-related interventions. This has ensured that safeguarding thresholds, referral criteria and information sharing processes remain appropriate and compliant. Regular multi-agency meetings and reflective practice sessions

have allowed delivery to be shaped in response to emerging need, including patterns around school attendance, neurodiversity and family stress. Through this collaboration it has developed an acknowledgement, and real confidence amongst key sectors and the community in the role's professional abilities and offer. Something that has become a clear positive outcome as feedback demonstrates a unanimous response that the role works for them, and wish's for it to continue.

In addition to individual-level outcomes, the project has monitored wider community indicators. Schools and partner agencies have reported improved engagement from previously hard-to-reach young people, increased attendance among some targeted cohorts and a reduction in low-level antisocial behaviour in locations linked to youth activity. While these outcomes cannot be attributed to the project alone, partners consistently identify the Health Coach role as a contributory protective factor.

The strength and consistency of the monitoring data now provides a solid evidential base to support future funding bids, longer-term planning and discussions with additional councils and commissioners about expansion.

3. Final Budget

(Provide a breakdown of how the grant was used. Consult your original grant application form and compare the estimated income and expenditure with the actual spend. Please add additional rows as required.)

Income:

Description	Estimated Amount	Actual Spend
SALC Funding year 1	£35,000	£35,000
Total:	£35,000	£35,000

Expenditure:

Description	Estimated Amount	Actual Spend
SALC Funding Salary costs and 22% on costs	£31,200	£31,200
Clinical Supervision	£850	£850
Venue Hire	£900	600
Equipment, laptop, and travel costs	£950	£950
Administrative costs	£1100	£1400
Total:	£35,000	£35,000

Budget explanation and elaboration:

(Please explain any changes from your original estimates, underspend or overspend or match funding that wasn't secured. Detail any 'in kind' provisions from your original budget)

Spend during the first year has remained in line with the approved budget, with grant funding primarily supporting salary and essential project costs. In-kind contributions from Minehead Eye and Living Better amounted to £12,000 over year 1. This included venue hire, training, IT support and clinical supervision, and have continued to enhance delivery

without increasing cost to the funder. No significant variances have occurred, and all grant conditions have been met.

4. Sustainability and Next Steps (max 200 words)

(Outline plans for sustaining, or building on, the project beyond the grant period. Please also explain if you plan to drop the project in the future or move the project in a different direction)

Sustainability planning has progressed significantly over the first 12 months. Funding for Year 2 (2026–27) is fully secured through equal contributions of £13,000 from Minehead Town Council, £13,000 from Living Better and £13,000 from Minehead Eye, reflecting strong shared ownership and confidence in the project's value.

Over the next 12 months, the focus will be on consolidating delivery while beginning to expand reach across the Minehead and Watchet Local Community Network. This includes exploring opportunities for additional “client” councils to contribute financially, enabling the Health Coach model to support young people across a wider geographic area without diluting quality.

Looking further ahead, partners are working towards a multi-year model that blends council contributions, health funding, and external grant income. The established evidence base, strong partnership governance and transferable model make this project well placed for replication and scaling in future years. Rather than a time-limited intervention, the project is now positioned as a long-term preventative asset for community health and wellbeing in West Somerset.

At the 12-month stage, this project has moved decisively from concept to embedded practice. It remains fully aligned with the original aims of the Community Health & Wellbeing grant while demonstrating learning, growth and ambition. The combination of strong outcomes, secured continuation funding, and a credible expansion pathway places the project in an excellent position for ongoing success and wider replication.

5. Evidence and Supporting Documents

Please forward relevant documents such as photographs, videos, promotional materials, reports, photo consent forms and any other relevant material to the email address below. If you have large files or folders let us know and we will work with you to find a suitable way to share with us.

Declaration

I confirm that the information provided is accurate and complete to the best of my knowledge.

Signed: 

Name: Ben Parker

Date: 17th April 2026

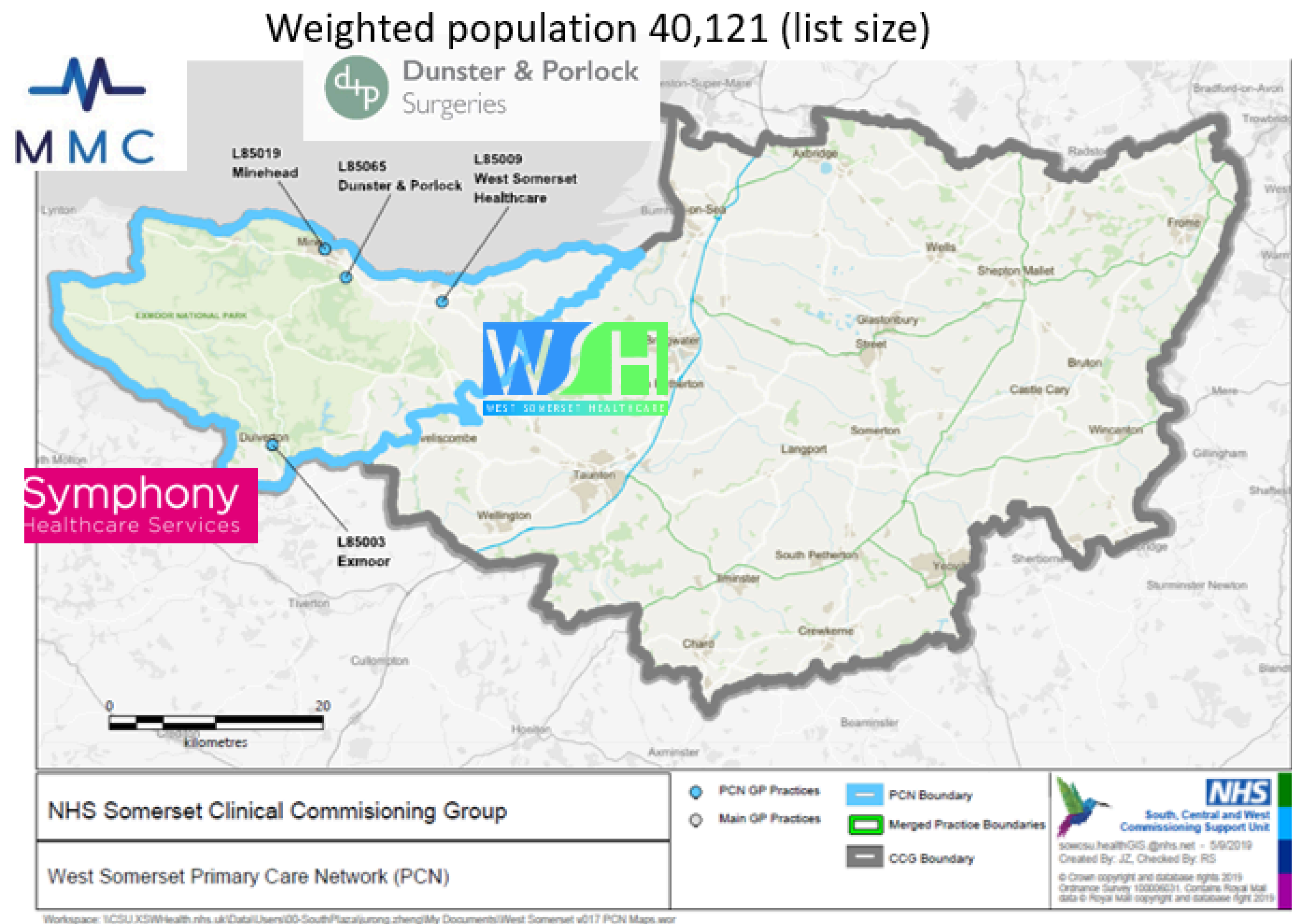
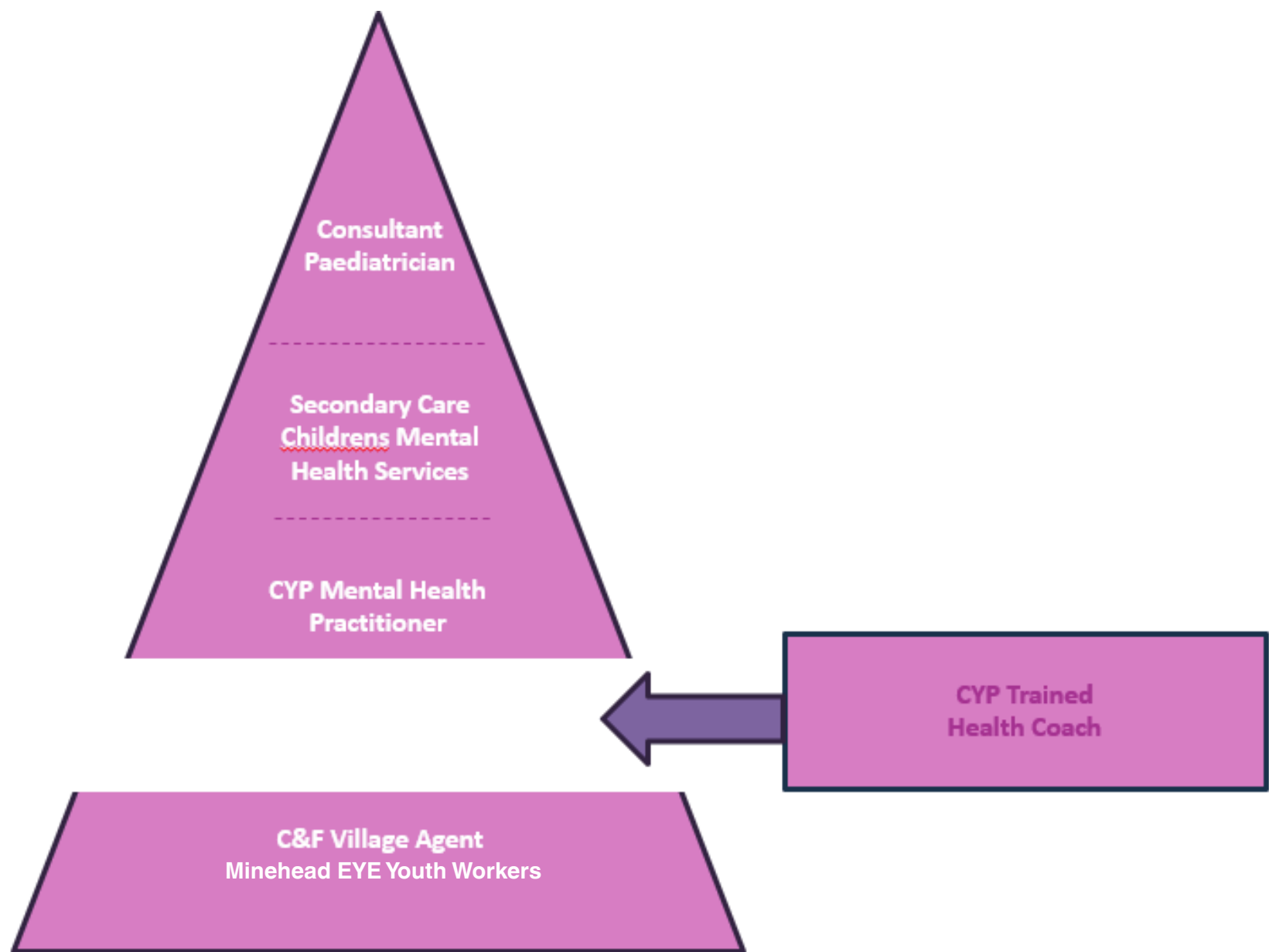
**Please return this form, or direct any questions to:
Lilly Keeley Watts**

Community Health & Wellbeing Support Officer Somerset Association of Local Councils
HWBAdmin@somerset-alc.org.uk



Children and Young People's West Somerset Health and Wellbeing Coach





PAUL MATCHAM, CEO | MINEHEAD EYE YOUTH SERVICES

APRIL 2025 - MARCH 2026

94

REFERRALS

8

AVERAGE NUMBER OF
SESSIONS PER REFERRAL

2573

NUMBER OF TIMES YOUNG PEOPLE
ENGAGED WITH THE HEALTH COACH
THROUGH UNIVERSAL SETTINGS

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CASE STUDY 1: 12 YEAR OLD BOY

- Referred via new Minehead EYE referral route - youth club
- Client triaged alongside CYP MH Link Worker to assess risk
- Thorough risk assessment and safety netting done with client
- Linked with parents to discuss concerns
- Concerns around self-esteem, resiliency, self-injury, and suicidal thoughts.
- Linked with school to help guide their support for the young person and to improve his experience there
- Disclosed suicidal ideation - risk assessed and safety plan created. Linked with parents to let them know and to discuss protecting him at home
- Through our work - no longer expressing suicidal thoughts or thoughts of self-injury, improved friendships/relationships, feels more safe and comfortable in school, increased resilience, identified possible neurodiversity, reporting to have a better quality and enjoyment of day-to-day life



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CASE STUDY 2: 17 YEAR OLD GIRL

- Began working with young person over a year ago. Initial referral was for exam stress relating to GCSE's
- Quickly progressed and identified a greater need for sessions and other areas of support needed
- Explored topics such as, relationships, suicide, self-injury, hallucinations, thoughts of harming others, body confidence, depression, anxiety etc
- Disclosed suicidal intentions and self-injury
- Due to need, we have tried to refer onwards to relevant services, however client has refused to engage with other services stating that I am the only person in the world she trusts
- Due to mental health concern and lack of want to engage with higher services, I acted as a safety netted placeholder of support until she feels safe enough to access alternate support. Within this there has been constant safety netting, safety planning, and risk assessing to ensure safety of the client
- Constant communication with family to ensure wrap around support
- Finally convinced client to engage with CAMHS. Linked in with CAMHS practitioner to discuss style of support for young person that would work best and to share information. Young person would only engage with CAMHS if I am present.
- Attended CAMHS foundation house with young person for appointments and agreed to support in their transition to CAMHS over the next 3 sessions with them

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PHYSICAL HEALTH & LIFESTYLE

Sleep hygiene
Migraine management
Weight management
Active lifestyle

EMOTIONAL WELLBEING

Low mood & depression
Anger management
Emotional regulation
Stress & exam stress
Coping with self-harm

SOCIAL & PERSONAL DEVELOPMENT

Building trust
Self-confidence & self-esteem
Healthy relationships
Low school attendance

SPECIALIST SUPPORT

Trauma recovery
Selective mutism
Vocal tics

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