

UNDERSTANDING THE ISSUES/ CHALLENGES ON THE MENTAL HEALTH OF COMMUNITIES DURING THE PANDEMIC:

MENTAL HEALTH & WELLBEING REPORT

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FOREWORD

DR ONDER BETER, (PHD)

Our resilience and emotional wellbeing have not been tested at such a global scale prior to the Covid-19 Pandemic. At the same time, we have witnessed an incredible degree of care, solidarity, love and collective community effort to come together and support one another. We have felt connected and supported despite the challenges of the Pandemic.

However, the Covid-19 has undoubtedly had a detrimental impact on many, particularly vulnerable people. Most of us lost loved ones, developed stress and anxiety and sought to adjust to ever-changing restrictions and new rules. At the same time, the Pandemic has revealed and exacerbated stark inequalities and poverty within our communities, leaving the vulnerable suffering the most.

Brent Council Senior Management Group Meeting, held in April 2020, shortly after the announcement of the first national lockdown, highlighted the need to support emotional wellbeing and resilience of Brent's children and families. A multi-agency working group was established, led by the Council, to explore how to offer bespoke support to enhance resilience and wellbeing of children, parents and the wider community.

The working group was attended by various representatives including Brent Council, Clinical Commissioning Group, NHS, various health and education providers, community groups and private and voluntary sector. The work undertaken resulted in a £125k-worth project, funded by the Council and managed by Young Brent Foundation to support 12 organisations to deliver multiple projects within the community.

These projects aimed at building resilience, developing coping strategies, increasing access to support services, tackling bereavement and social isolation.

It is with great pleasure to introduce this report detailing the work undertaken and impact it has had on our residents. The report shed light on some incredible learning from the projects which have reached out to the diverse Brent communities.

As the chair of the working group, I would like to thank all group members for their hard work and dedication. I would also like to offer my sincere thanks to Brent Council's Leader, Cabinet Members and the Corporate Management Team for their financial commitment and resources. Finally, this work could not have been delivered effectively without the diligence and hard work of the Young Brent Foundation and their members. I would like to offer them my gratitude and appreciation.

I hope the learning shared in this report would be helpful when planning for future work in Brent.

Dr Onder Beter, (PhD)
HEAD OF SERVICE, CHILDREN AND YOUNG PEOPLE
BRENT COUNCIL

ACKNOWLEDGEMENTS

YOUTH ORGANISATIONS INVOLVED IN THE WORK

A deep gratitude for the skills, knowledge, and dedication to young people from youth practitioners at:

Unique Community, Sport at the Heart, Jason Roberts Foundation, West London Zone, Creative Genies, My Romania community, Resources for Autism, Brent Centre for Young People, Community Barnet, Iraqi Welfare Association, Ansar Youth, Active Sporting Communities.



Without their involvement in this work YBF and the wider network would be much less informed and less able to raise the needs of young people to those with financial and decision-making powers to make change happen.

ABOUT US

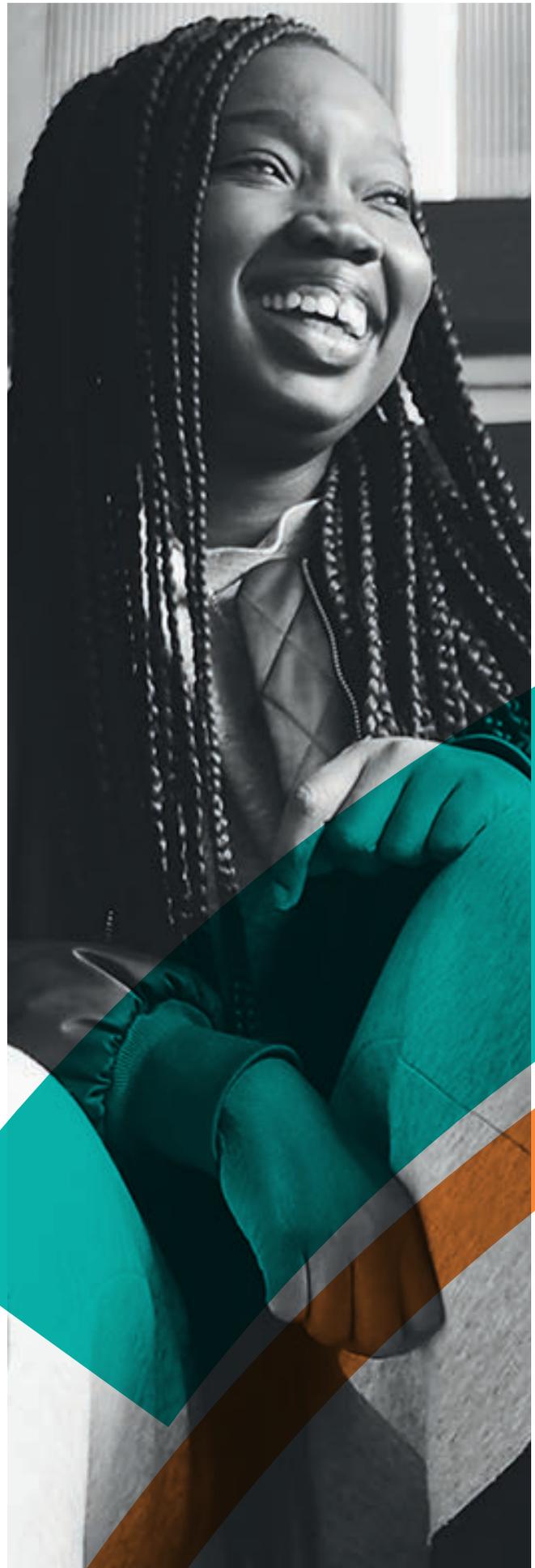
WHO, WHAT AND WHY

Young Brent Foundation (YBF) is a member led charity comprised of organisations that work with children and young people in a local area including the public, private and voluntary sectors to effect positive change for young people.

We believe we can achieve more by working together.

Young Brent Foundation (YBF) aims to provide a positive new approach to supporting the Children and Young People sector across the borough.

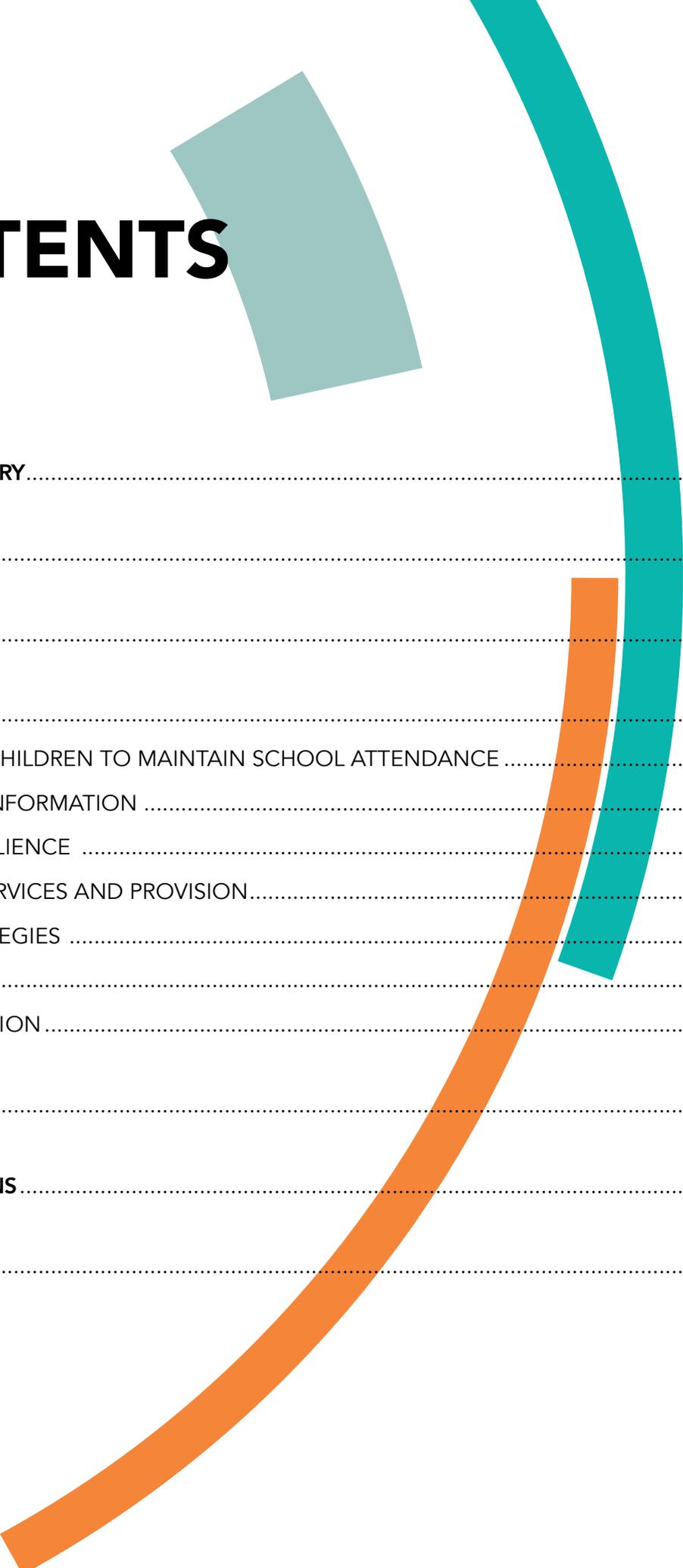
YBF's purpose is to increase opportunities for young people at a time when investment in youth provision across the UK has been significantly reduced.



CONTENTS



EXECUTIVE SUMMARY	6
INTRODUCTION	9
KEY FINDINGS	14
PRIORITY AREAS	18
1. SUPPORTING CHILDREN TO MAINTAIN SCHOOL ATTENDANCE	19
2. ADVICE AND INFORMATION	20
3. BUILDING RESILIENCE	23
4. ACCESS TO SERVICES AND PROVISION.....	37
5. COPING STRATEGIES	42
6. BEREAVEMENT	45
7. SOCIAL ISOLATION	54
CONCLUSIONS	66
RECOMMENDATIONS	73
APPENDIX	74



EXECUTIVE SUMMARY

MAXINE WILLETTS COO



Children and young people's mental and emotional wellbeing is a significant public health priority.

During the pandemic, some disadvantaged young people, and children, such as children in care or those who are economically disadvantaged have reported poorer mental health and wellbeing including anxiety and loneliness. There is also evidence which suggests that children and young people from Black, Asian, and Minority Ethnic (BAME) backgrounds have experienced a higher rate of mental health and wellbeing concerns.

This report, *Understanding the Issues/Challenges on Mental Health of Communities During the Pandemic* presents a high-level summary of recent projects in Brent which describe the experience of children and young people and practitioners. Organisations who found themselves like the rest of us stretching capabilities and resources to adapt projects to meet the requirements of social distancing, in some cases testing completely new ways of working.

Tackling health inequalities is crucial "to better understand the issues and challenges on the mental health of communities during the pandemic".

- BRENT BLACK COMMUNITY ACTION PLAN

There are twelve organisations whose work, described in this report, offers a move towards finding solutions to tackling health inequalities. Their work, seen in the case studies presented has addressed the following barriers:

CAUTION AND DISTRUST of statutory services	HESITANCY to seek help at early stages to prevent mental health deterioration
LACK OF AWARENESS of common mental difficulties	DIFFICULTIES ARTICULATING mental distress
STIGMATISATION of mental health	Services NOT CULTURALLY COMPETENT

Young Brent Foundation (YBF) secured a grant from the London Borough of Brent to distribute to voluntary and community organisations working with children and young people and their families as part of the wider support to those negatively impacted upon by the COVID-19 pandemic.

Members of YBF were invited through a grant application process to deliver against one of seven **priorities**:



Most organisations delivered work to address **resilience** and **social isolation**. Promoting children's and young people's resilience is an important part of a public health approach to securing good outcomes for children and young people. Resilience is the capacity to bounce back from adversity. As children and young people grow and develop, they may be exposed to several challenges. Protective factors increase resilience, whereas risk factors increase vulnerability.

Resilient individuals, families and communities are more able to deal with difficulties and adversities than those with less resilience.

Common themes presented in the case studies depict insights in the way organisations who are embedded within the communities they serve, are trusted adults who young people know well and can bring into their practice these key attributes:

- **NORMALISING** discussions around mental health
- Facilitating a **PROTECTIVE SPACE** to consider these emotions
- **CHALLENGING STIGMA** and a willingness to seek external sources of help through **COLLABORATING** with more **SPECIALIST ORGANISATIONS**

An example of this is the Jason Roberts Foundation.

The mental health and wellbeing concerns that underpinned the design, development and implementation of the project included both physical and mental health and wellbeing considerations:



Social isolation and loneliness due to the social restrictions in place which led to anxiety and, in some cases, depression.



Anxieties brought about by the COVID-19 pandemic, in particular physical fitness/weight gain, finances due to job losses, inability to work, restricted income, and the impact on long-term aspirations in the older teens.



Supporting children to adapt to the new school environment, especially transitioning back into school, or moving on to another school/education setting.



Bereavement – some of our children and families had suffered bereavement during the pandemic. For others the fear linked to the number of cases and deaths in the Brent area, heightened levels of anxiety. This translated for some, into concerns about returning to school.

The funding secured resulted in pilot work around supporting children and young people, specifically, with respect to their mental health and wellbeing. **1,221 participants** were engaged across all funded organisations delivering over **2,279 sessional hours** with **169 direct referrals** made into other specialist services, such as Kooth, CAHMS and other specialist statutory services.

Three-in-four (75%) of the children and young people engaged across all projects were aged 6 – 12yrs with 1-in-4 (24%) aged 13 – 16yrs. **There was significantly high contact with those in years 6 to 8**, years of significant growth and change (i.e., key transitional phases in both schooling terms and maturation).

As an organisation YBF will continue to call on the Local Authority and funders to channel funding to youth organisations which provide vital early mental health support.

Through the connecting and convening work stream with the sector, make sure that **all young people know where and how to find support**. We know that there are insufficient BAME led, culturally competent mental health & wellbeing providers. It is our hope that over the next two-three years greater investment in these areas will create opportunities for expansion and growth.

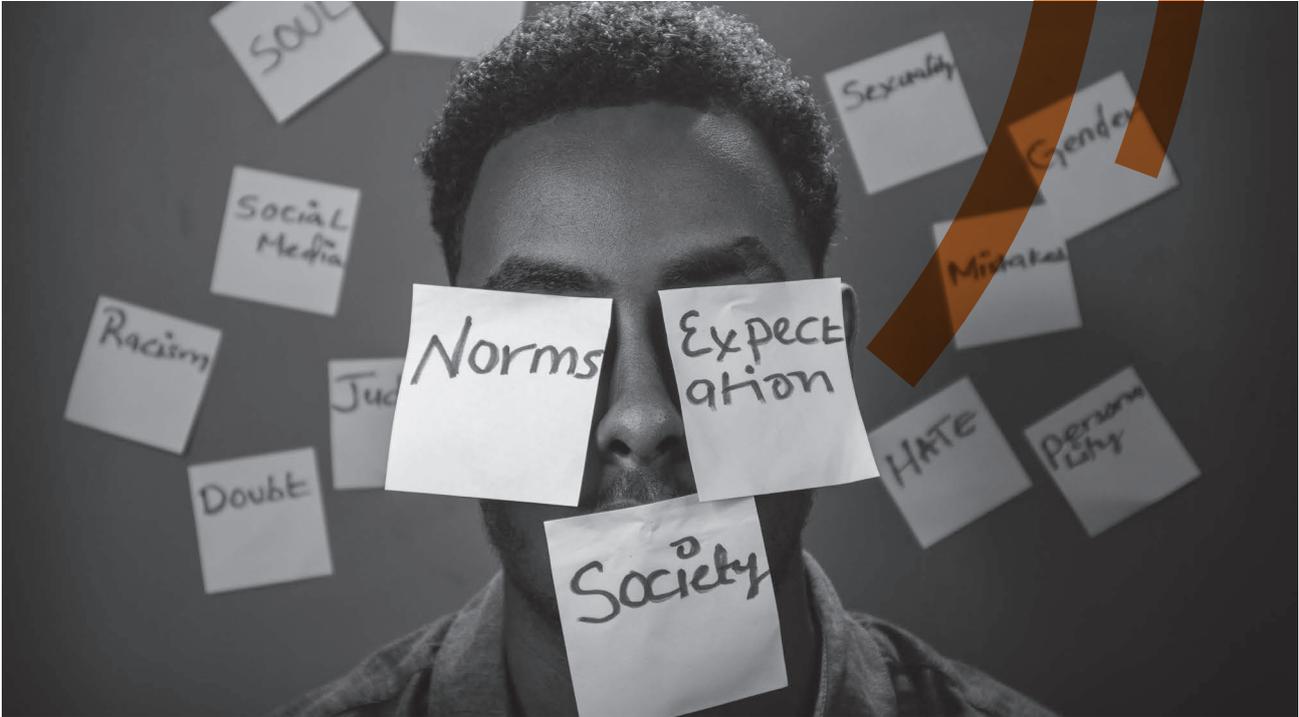
Maxine Willetts
CHIEF OPERATING OFFICER

SECTION 1: CONTEXT & INTRODUCTION



INTRODUCTION

CONTEXT AND INTRODUCTORY COMMENTS



In June 2020, a report by the online mental health support service Kooth, indicated that the pandemic was having a greater negative impact on the mental health of children and young people from black, Asian, and ethnic minority (BAME) backgrounds than their white peers. The report went on to suggest that;

“BAME young people experiencing suicidal thoughts during lockdown increased by more than a quarter compared with the same time period last year.”

Some of the reasons offered included the higher proportion of people from BAME backgrounds dying from Covid-19 and school closures as the main reasons for a surge in anxiety among under-18s.

They found that over the three months to June 2020, the period of the survey:

- 1. Depression among BAME children and young people increased by 9.2% compared with the same time the year before.**
- 2. Depression in white children and young people dropped by 16.2%**
- 3. Anxiety increased by 11.4% among BAME children and young people compared with a 3% increase among white under-18s.**
- 4. An increase of 26.6% of BAME young people having suicidal thoughts compared with 18.1% of young white people.**



Against this backdrop, on 13 July 2020, the Assistant Chief Executive's report to the Full Council secured endorsement for the adoption and implementation of the **'Brent Black Community Action Plan'**¹. This was a Plan set against the backdrop of the tragic killing of George Floyd in the United States, which brought to greater prominence to the Black Lives Matter movement, sparking protests across the globe and a strong call for action on tackling inequalities and systemic racism. What made this so prominent was that this was taking place against the global Covid-19 pandemic, which **"painfully highlighted its disproportionate impact on BAME communities in terms of cases of the virus and mortality rates."** (Shazia Hussain, Assistant Chief Executive)

Within the Plan, captured as priority 9, was an emphasis on 'Tackling health inequalities', with the rationale firmly located in the impact of COVID-19 on communities, Black, Asian and Minority ethnic communities and within that, the black communities of Brent. The focus and aim being to **"better understand the issues and challenges on the mental health of communities during the pandemic."**

The BBCAP states:

"Covid-19 threw a sharp and painful relief on health inequalities, caused by structural inequalities. BAME communities are disproportionately affected by the pandemic in terms of contracting the virus, mortality rates and other life effects. The council, along with local and regional partners, will examine the full impact and plan for actions to reduce the disproportionate impact on BAME communities as well as identifying and addressing the structural reasons for the inequalities."

Young Brent Foundation (YBF), the children and young people voluntary and community sector infrastructure support organisation, secured a grant from the London Borough of Brent to distribute to voluntary and community organisations working with children and young people and their families as part of the wider support to those negatively impacted upon by the COVID-19 pandemic. **The funding secured would pilot work around supporting children and young people, specifically, with respect to their mental health and wellbeing.**

¹Report from the Assistant Chief Executive, Full Council Meeting, 13 July 2020: Appendix 1 Brent Black Community Action Plan

Through the partnership between Young Brent Foundation and Brent Council the **'Mental health and wellbeing Grants Programme'** would provide grants for members of YBF to deliver work that would meet the priorities outlined below. These grants would be either a small grant or a large grant: the small grants programme being up to £5,000 for organisations with a turnover less than £100,000, while the large grant would be up to £10,000 for organisations with a turnover over £100,000. The aim of the grant was to support the children, young people, and their families in Brent to cope with the impact of Covid-19 as it was affecting their mental health and wellbeing.

Twelve (12) organisations, funded to an overall value of £90,482², were successful in their application to deliver against one of the below seven priorities:

FIG 1: TACKLING HEALTH INEQUALITIES: MENTAL HEALTH AND WELLBEING

Provides a topological representational overview of the alignment between funded organisations and the priorities they have been funded to deliver.





As part of the approach, an external evaluation approach was undertaken, the objective of which was, considering the capacity and ability of the organisations funded to deliver an effective programme, identify any challenges or barriers that they are likely to face in being able to successfully deliver their programmes and to provide any recommendations to YBF in supporting future grants programme in relation to supporting the BBCAP.

The terms of reference and objectives of the evaluation was to:

1. Conduct an evaluation of the delivery of services provided by voluntary and community organisations supporting the mental health and wellbeing needs of children and young people and their families.
2. Implement a process that includes survey questionnaire, structured, unstructured and/or observations of those organisations funded under Small Grants programme £5,000 and £10,000.
3. Produce and present findings as appropriate and relevant at phases within the process as directed, including an end of programme report with recommendations as appropriate and relevant.

The approach was considered over two phases. Phase 1 involved pre-start interviews and assessment of the organisation's capacity to deliver the programmes they had been approved to deliver. Phase 2 would provide an overarching final evaluation report with recommendations to YBF.

This report represents the overarching final report, with recommendations for YBF and its partners to consider going forward.

² Not included within this figure was an unallocated amount of £3,158, which was held back as contingency given the pandemic and possibilities of short term difficulties that any of the small, funded organisations may face.

SECTION 2: **KEY FINDINGS**

PHASE 1 - PRE START INTERVIEWS

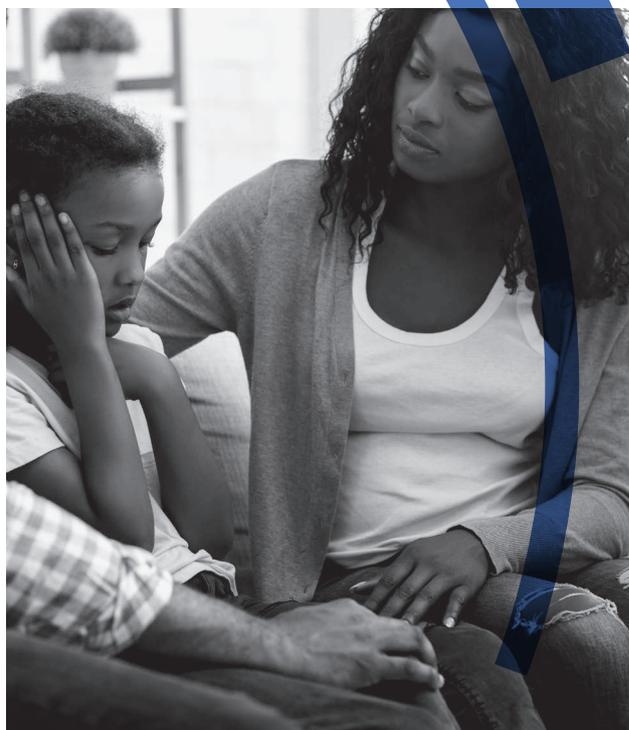
PHASE 2 - IMPACT & ANALYSIS

KEY FINDINGS

PHASE 1: PRE-START INTERVIEWS

The Phase 1 approach provided a snapshot as to range, reach and potential capacity of the organisations funded to deliver the mental health objectives of the Brent Black Community Action Plan (BBCAP) as it relates to the impact of COVID-19 on children and young people as seen through the lens of the voluntary and community sector support and development approaches.

The Phase 1 approach included an online self-assessment of organisational capacity³. Through this approach we were able to obtain some additional organisational information as part of a more rounded approach. Additional information included size of organisation by income, organisation type (i.e., registered charity, social enterprise or unincorporated) and whether they operate in a specific neighbourhood, borough-wide or more broadly across London or nationally across the UK.



From this we were able to map the organisations against the NCVO definition of micro, small and large sized organisations, which will help YBF in terms of types of organisations they may wish to commission, and by understanding the organisation's capacity (i.e., fitness for purpose) and the 'added value' they bring, will also help to inform future funding approaches.

Three substantive areas were explored, which informed the follow-up sessions and the final evaluation report:

1. Beneficiaries and their involvement in the project
2. The activity/project design and implementation intention:
 - a) Outcomes
 - b) What they planned on doing (activities planned)
 - c) Challenges/barriers likely to affect programme delivery
3. Partnership working

During the interviews, given the second national lockdown announcements, all organisations were having to adjust ensure they could deliver online. The biggest challenges were with those organisations working with schools, especially where they worked directly in schools alongside the teachers.

The next section focuses exclusively on the output and outcomes arising from the delivery of the programmes by those organisations grant funded.

³ See Interim Phase 1 report (March 2021) for fuller delineation of the processes involved and outputs obtained at that stage of the process.

PHASE 2: IMPACT AND ANALYSIS

Due to the ongoing restrictions in place the programme was extended from end of March 2021 to end June 2021. From the process, the evidence, based on feedback from each organisation, is captured against the seven priorities for which funding had been approved (See Appendix 1 for a schematic overview of the main priorities and mental health areas presented).

Analysis of the outputs - reach, referrals, priorities, and outcomes - shows the following:

- 1,221 participants were engaged across all funded organisations delivered over 2,279 sessional hours with 169 direct referrals made into other specialist services, such as Kooth, CAHMS and other specialist statutory services, for example.
- Three-in-four (75%) of the children and young people engaged across all projects were aged 6 – 12yrs with 1-in-4 (24%) aged 13 – 16yrs (Fig 2). This reinforced the target audience that the project was aimed at, with a significantly high contact with those in Years 6 to Year 8, years of significant growth and change (i.e., key transitional phases in both schooling terms and maturation).
- Sixty percent (60%) of those participants who provided data on gender breakdown, were female compared to male participants (Fig 3). This would suggest that where targeted provisions are in place, young girls are more likely to be involved, especially where the provisions were a mix of drama, art, and creative endeavours in contrast to physical activities. It was not therefore a coincidence that those programmes that attracted more females than males, were those that were not sport oriented (e.g., Resources for Autism, Brent Centre for Young People and Creative Genies).

FIG 2: AGE RANGE OF PARTICIPANTS ACROSS ALL PROJECTS

Base n=176

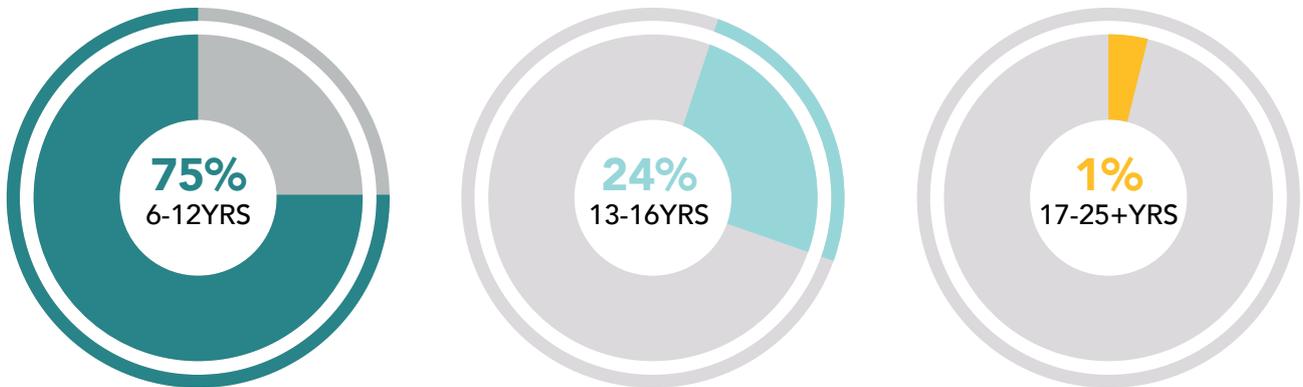


FIG 3: GENDER OF PARTICIPANTS ACCROSS ALL PROJECTS

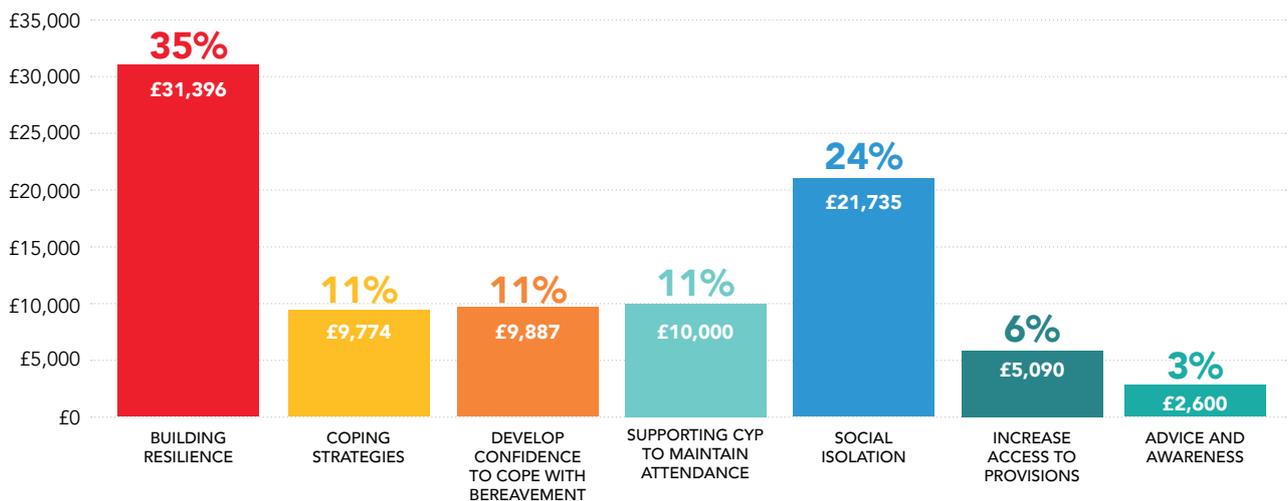
Base n=1,221



4. Of the seven priorities against which funding was secured, the top three priorities supported were: 35% organisations delivered 'building resilience', 24% 'social isolation' and 11% each 'supporting children and young people to maintain school attendance, develop confidence to cope with bereavement and coping strategies' (Fig 4). The total amount of grants awarded to £92,771, against which, as Fig 4 shows, the top three grant value by priorities. The outcomes from these programmes are captured below in greater detail.

FIG 4: GRANT FUNDED PRIORITIES

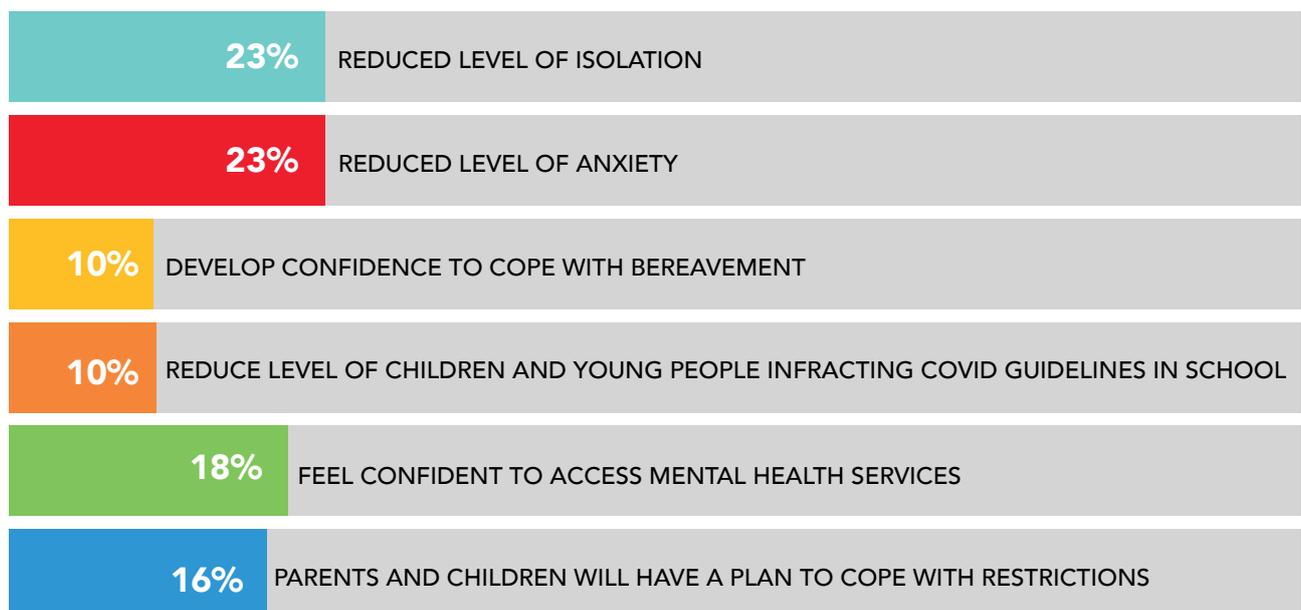
By grant value (£) and proportionate split (%) across all priorities



5. Based on frequency responses, as Fig 5 shows, 23% of organisations (1-in-5) sought to achieve the outcomes of 'reducing the level of isolation' and reducing levels of anxiety'. Overall, the profile showed that 74%, overall, of outcomes delivered were set against the 'raising of confidence' associated with isolation, anxiety, bereavement and accessing mental health services.

FIG 5: OUTCOMES

Outcomes that organisations were funded to achieve (% of organisations)



PRIORITIES

1. SUPPORTING CHILDREN TO MAINTAIN SCHOOL ATTENDANCE
2. ADVICE AND INFORMATION
3. BUILDING RESILIENCE
4. ACCESS TO SERVICES AND PROVISION
5. COPING STRATEGIES
6. BEREAVEMENT
7. SOCIAL ISOLATION

PRIORITY



SUPPORTING CHILDREN AND YOUNG PEOPLE TO MAINTAIN SCHOOL ATTENDANCE



MENTAL HEALTH AND WELLBEING CONCERNS PRESENTED

The project sought to work with children and young people experiencing concerns associated with anxiety, low self-esteem, self-care, self-regulation, building positive relationships, motor-skills, bereavement, managing anger, social skills, transitions, loneliness, and depression.

PROJECT OUTCOME

Reduced the level of anxiety reported by children, young people, and families.



PRIORITY

2

ADVICE AND AWARENESS



ORGANISATION

My Romania Community

PROJECT NAME

Dialog despre sănătatea mintală” – Discussions About Mental Health

PROJECT OBJECTIVES

- Providing information to young people and their families about mental health and wellbeing.
- Raise awareness and combat stigmas around mental health and wellbeing.
- Starting and encouraging conversations around mental health especially considering COVID-19 and effects this has had on young people and families.
- Providing the information for unlimited time – allowing young people and their families to access the live broadcast as it takes place and after.

MENTAL HEALTH AND WELLBEING CONCERNS PRESENTED

The project aimed to address growing concerns of the mental health of young people by providing advice and awareness information support delivered through live broadcast in the Romanian languages. These programmes would look at the signs, impact and coping strategies of mental health arising from the pandemic.

PROJECT OUTCOME

1. **Reduced the level of isolation experienced by children, young people, and families**
2. **Children, young people, and their families feel confident in accessing public services including health and social care where needed as self-reported**
3. **Parents and children will have a plan in place to cope with restrictions in movement because of either a local or national Tiered lockdown.**

ACTIVITIES/PROGRAMME

The uniqueness of the programme is in its use of language through introductory sessions online with case scenarios used to stimulate discussions and debates on mental health amongst other issues. These sessions helped to get the message across about spotting the signs of mental health alongside interactive exercises that individuals would benefit from.

Through the medium of native/mother tongue language the project was able to better engage with the targeted community in ways that may not have been possible if just presented in English, while at the same time enabling the learning and acquiring English. This supported the journey of integration and access to resources and opportunities. The overall scope of the programmes enabled the project to start to break down barriers around stigmatisation by working intergenerationally, unifying the discussions across the generations (young and old).

Crucial to the project was the need to undertake outreach to generate interest in the Broadcast sessions that were to take place for one hour each week over the internet and linked to Facebook.

Five live broadcasted series on different aspects of mental health and wellbeing were developed, with some of the broadcasts involving individuals who were able to offer a personal perspective and willing to respond to questions (see links below - Case Study).



In broad terms, the broadcasts covered:

Live Broadcast 1

About Mental Health and Wellbeing:

- Introducing the series of 5 live broadcasted sessions
- Introducing concepts of mental health and wellbeing
- Defining mental health and wellbeing
- Discussing importance of mental health and wellbeing

Live Broadcast 2

About Stress:

- Introducing the concepts of stress
- Discussing the signs of someone experiencing stress
- Discussing factors that can contribute for one to experience stress (including but not limited to: school, work, pandemic, caring responsibilities)
- Discussing the pandemic and stress
- Discussing how stress can have an impact in day-to-day situations
- Discussing how we can overcome feelings of stress and maintain positive mental health and wellbeing

Live Broadcast 3

About Worrying:

- Introducing the concepts of worrying and concerns
- Introducing and discussing some of the main factors contributing to worrying

- Discussing the pandemic and the impact this had on worry
- Discussing strategies of overcoming feelings of worry and uncertainty and maintain positive mental health and wellbeing

Live Broadcast 4

ABOUT ADDICTION/DEPENDENCY:

- Introducing and defining the concepts of addiction
- Discussing vast possibilities of addiction/dependency
- Discussing the pivotal points when addiction/dependency can start having an impact on day-to-day situations
- Discussing strategies of living with, seeking help, managing addiction/dependency, and maintain positive mental health and wellbeing

Live Broadcast 5

Mental Health, Wellbeing, and the Pandemic:

- Conceptualising the pandemic and discussing the impact on mental health and wellbeing
- Discussing strategies that have been useful in maintaining positive mental health and wellbeing
- Providing information on resources and organisations available in London Borough of Brent for young people and families to access for further guidance, support, and possible treatment programmes

PROGRESS, OUTCOME, AND IMPACT

Progress made in meeting the outcomes established indicated that the project provided:

- Some needed advice and information that generated greater awareness regarding mental health, strategies and contact points in the borough that were available in the Romanian language and therefore accessible to the wider Romanian communities
- Increased confidence in starting and having discussions about mental health and wellbeing and reducing the stigma amongst the generations
- Tips and ideas on managing experiences by introducing self-help techniques as well as being encouraged to communicate with loved ones and how to contact GPs and other services where help could be provided

In the short term, the impact indicated that the project was able to reach many people within the community and, as the broadcasts have been recorded and uploaded, they continue to be an ongoing source of information. Through this medium, and the broadcasts, different perspectives were shared with questions and clarification sought, especially as the participants included professionals.

The sessions included **understanding and combatting stigmas as well as introduction to self-strategies,** appropriate organisations to contact regarding what they are experiences and learning about the characteristics of someone who may be experiencing some of the anxieties covered by the broadcast session at the time (see programme outline above).

For the organisation, some of the lessons learnt included coverage of more aspects of mental health and have greater variety of guests to cover aspects that are more than clinical approaches, such as the role of sport and other activities.

CASE STUDY

To view all the live broadcasting sessions, please access: **YouTube**

Live Broadcast 1

<https://www.youtube.com/watch?v=zKd9-gW7Zx8>

Live Broadcast 2

<https://www.youtube.com/watch?v=vQHM98MckjU&t=5s>

Live Broadcast 3

<https://www.youtube.com/watch?v=SxLkY10uQPM>

Live Broadcast 4

https://www.youtube.com/watch?v=pihLxzwTe_M

Live Broadcast 5

https://www.youtube.com/watch?v=NUAbHGe_PZA



PRIORITY

3

BUILDING RESILIENCE

ACTIVE SPORTING COMMUNITY

ORGANISATION

Active Sporting
Community

PROJECT NAME

LP Support and
Development

PROJECT OBJECTIVES

- To embed a solid strategy to support young people through this pandemic and future lockdown
- To increase the confidence of young leaders who are willing to be involved to help support and guide their peers by giving them the opportunity to be professionally trained
- To identify and respond quickly to those most in need of support

- To listen and implement the feedback from the young people's forum to ensure what is being delivered meets the needs of the young people
- Ensure all communities receive the support that is on offer and to be culturally sensitive
- Work with local delivery partners to ensure the success of this programme
- Ensure all social distancing measures, policies and NYA guidance is followed

MENTAL HEALTH AND WELLBEING CONCERNS PRESENTED

The project sought to address concerns around social anxiety being faced, which presented itself during group discussions at the end of physical activity sessions. These occasions provide opportunities to explore areas of concerns impinging in the lives of young people. On such occasions 'youth councilors' often found that few young people want to talk in front of their peers, and by using other interactive approaches, such as sticky notes, comments box and smaller groups, they started to open up.

PROJECT OUTCOME

The outcome priorities that the project sought to address were:

1. **Reduced the level of isolation experienced by children, young people and families based on pre and post involvement reporting**
2. **Reduced the level of anxiety reported by children, young people and families as measured by a standard anxiety scale/self-reporting tool**
3. **Children, young people, and their families feel confident in accessing public services including health and social care where needed as self-reported**
4. **Parents and children will have a plan in place to cope with restrictions in movement because of either a local or national Tiered lockdown**

ACTIVITIES/PROGRAMME

The project's activities/programme sought to support peers/families (e.g., stop and talk) alongside the piloting of a programme linked to development and delivery of mental health first aid training. It was evident through the discussions that were taking place that young people were checking in on each other, making calls, expressing levels of stresses and anxieties.

Many Young people were concerned that, though their friends were enjoying the sporting activities and programme offered, some were experiencing and exhibiting mental health concerns. These concerns added to the development of the programme, especially incorporating 'mental health first aid' training.

Due to COVID implications, delivery was online with Tutors drawn from the volunteers within the organisation.

A range of different sports related activities were implemented, which engaged different groups of young people of all different abilities.

Based on the experience of the first wave lockdown, the project learnt how to use online platforms to great effect, which enabled them to build in time for group discussions, especially through the mental first aid training programme. Coaches and trained mental health leaders engaged with the young people and gave them the opportunity to talk.

From these sessions, those young people wanting and needing 1-2-1 conversations would be identified and be referred to the 'Youth Councillor'.

PROGRESS, OUTCOME, AND IMPACT

The programme was developed through discussions with the young people which meant a high level of engagement, which included online sessions.

Though the programme was geared to young people it was also relevant to providing support to families, which



included signposting them to organisations who specialises in their needs.

The programme trained 10 young people to be 'Mental Health First Aiders' using online programme. This, alongside some practical opportunities, provided opportunities for deeper and broader discussions, using aspects of the programme to engage in discussions.

From evidence obtained, it was observed that the same young people would often speak up and so opportunities were devised by breaking down into smaller groups, to encourage others to speak up, from which 1-2-1 specific conversations were possible.

Some of the impact reported indicates:

- Teachers of pupils who participated on the programme mentioned that the young people who attended their schools looked happier and much more sociable with their peers within the school context.
- Positive feedback from parents on the sessions were positive.
- Continuation of the young people's attendance at sessions and more of them participating in discussions and the different activities, which they had not been up until then engaging in.
- Seeing new friendships develop across groups of young people.

- That some young people needed some further and ongoing support beyond the scope of the activities provided through the programme.
- **Feedback responses from young people on the programme revealed that:**
 - **Ten (10)** young people gained training on Mental Health First Aid awareness.
 - **92%** of participants felt that the programme enabled them to be more confident.
 - **96%** felt that the programme provided opportunities for them to talk and express how they were feeling.
 - **96%** felt they received sufficient support throughout the programme.

The success of the programme was put down to:

- Including young people right from the start in the design and development of the programme. The organisation listened to what the young people wanted and planned accordingly, with adjustments made considering feedback received.
- Being flexible in the delivery approach, which enabled last minute changes to be made. This was especially relevant as further restrictions were imposed due to covid and/or where things were just not working well (e.g., young people were involved at the front desk ensuring people were signed up, taking temperature, and organising facilities and equipment).

For the organisation, some of the lessons Learnt were about organisation, planning and implementation of the sessions, in that greater use could have been made much sooner in having smaller discussion groups. More people felt more comfortable to talk when they were in smaller groups.



ORGANISATION

Community Barnet/Brent
Young People Thrive

PROJECT NAME

Be Brave Be Bold (B4)

PROJECT OBJECTIVES

**Train Mental Health
Champions as Pioneer Peer
Mentors to:**

1. Identify Primary Emotional Wellbeing Ambassadors from Yr5/6, who can champion positive mental health among their primary school peers and act as the voice of their peers.
2. Identify Secondary Emotional Wellbeing Peer Mentors (Yr9-12), to befriend/buddy up with their Primary School peers.
3. Hold focus group discussions to identify what their peers are struggling with, their coping strategies and where they need additional help and support.
4. Develop resources that the peer mentors could use to support their mentees based on their findings.

PROJECT OUTCOMES

1. **Reduced the level of isolation experienced by children, young people, and families**
2. **Reduced the level of anxiety reported by children, young people, and families**
3. **Develop the confidence of children, young people, and families to access bereavement counselling**
4. **Reduce the level of reporting of children and young people in scope to the project infracting COVID guidelines in school**

ACTIVITIES/PROGRAMME

The Be Brave Be Bold (B4) was a transitions peer resilience programme focused on those moving into secondary school in September 2021. It therefore targeted those aged 9-11 and those aged 14-16 years (Year 6 pupils starting Year 7 in September 2021 and secondary year groups as identified by the secondary schools).

27 pupils across the two-year groups and three participating schools were trained up as Mental Health Peer mentors and champions for their

respective year groups within the schools identified. All three schools that participated plan to roll out the training among their students and anticipate that the skills learnt will be transferable to other students from September 2021.



The schools participating in the programme were:

KINGSBURY HIGH SCHOOL:

8 Emotional Wellbeing Ambassadors from Year 7 volunteered to champion positive mental health among their primary school peers.

NEWMAN CATHOLIC COLLEGE (NCC):

15 Emotional Wellbeing Ambassadors from Year 7 volunteered to champion positive mental health among their primary school peers (9 students completed the training in full and participated in the Year 6s induction day on 9th July).

KINGSBURY GREEN PRIMARY SCHOOL:

10 Emotional Wellbeing Ambassadors from Year 6 volunteered to champion positive mental health among their primary school peers.

JOHN KEBLE PRIMARY SCHOOL:

Pupils at John Keble Primary School joined the programme late, this meant they could not train volunteers as Mental Health Peers but were involved with the assembly programmes and focus groups that formed part of the overall programme delivery, which was delivered by NCC year 7s to 15 Year 6s.

Virtual assemblies were recorded and circulated to the four schools during the period of lockdown (one version each for secondary and primary).

The secondary school assembly comprised of the basics of Mental Health, the B4 project and how to get involved, while the recorded assembly for the Year 6 pupils in primary school covered the basics of the project, moving up to secondary school and how to get involved as a volunteer.

These sessions also allowed for the opportunity to introduce focus-group discussions to identify what the young people and their peers are struggling with during the Covid-19 pandemic, their coping strategies and where they need additional help and support.

From these concerns such as isolation, academic anxiety, parental anxiety, loss, and school attendance surfaced.



THE PEER MENTORING PROGRAMME

A key aspect of the programme was the training of peer mentors, who would be able to deliver Mental Health Peer Mentor training sessions face to face to the young volunteers at the designated schools.

The training was completed over 3 sessions and covered Mental Health including signs and symptoms of poor mental health, Peer mentoring, skills and attributes, confidentiality, safeguarding, communication skills and mental health psycho-education.

All pupils were asked to think about why they wished to volunteer and what skills/goals they wished to achieve by taking part in the programme.

THE PEER MENTORING TRAINING CONTENTS:

Session 1

- Programme aims
- Identifying their individual skills and areas for development
- What is Mental Health and why does it matter?
- Recognising signs of struggling with Mental Health
- How to look after yourself / How to get help
- What is Peer Mentoring?
- Tips for being a great Mentor

Session 2

- Overview of the last session
- Safeguarding- A definition
- Examples of Safeguarding Issues
- Confidentiality- A definition
- When to break Confidentiality
- How to keep yourself and others safe
- What is Communication?

Session 3

- Overview of the last session
- Psychoeducation
- SMART Goals
- Pillars of Self-care
- Unhelpful Thinking Styles
- Cross-sectional formulation: Thoughts, Feeling, Behaviours.
- The role of a Mentor
- Practical session - Being a Mentor.
- Bringing it together- Transitions Resilience Toolkit



An aspect of the peer mentoring approach was the development of a toolkit that the mentors could use. The production of the toolkit entailed bringing the young volunteers from the respective primary and secondary schools together. The result of this was

the creation of the Moving Up to secondary transitions toolkit:

Transitions Resilience Toolkit (Moving Up). This was devised for the Ambassadors, which would serve as a template for the year 6 and 7 volunteers from the individual primary and secondary schools respectively to work together.

Implementing this stage of the programme face to face proved to be challenging due to the Covid-19 restrictions and individual schools' interpretation of the Department of Education's guidelines. NCC and JKS leaders, for example, were happy for young people to meet and work together while adhering to the Covid-19 social distancing and face mask protocols while KHS and KGS leaders felt it was safer for this stage to be done virtually.

Due to the constraints imposed by Covid-19 restrictions a few schools approached earlier pulled out and so there was a lag in identifying schools willing to participate in the programme, which added to the late start.

PROGRESS, OUTCOME, AND IMPACT

Feedback from young people were via focus group discussions. Year 6 pupils were asked their thoughts about moving up as well as their experiences of coping during lockdown in relation to isolation, anxiety, and loss.

Below are some of their responses...

1. Moving to secondary school

- Children can feel lonely
- Some children can struggle with change
- Worried about making friends
- Worried about bullies and being picked on
- Worried about the amount of homework and work pressure
- The layout of the school
- Being late
- High school is big
- Not being as smart as everyone else.
- Going into separate classes for different subjects
- Feeling isolated

The year 6s were also asked about their experiences, thoughts, and feelings during the COVID-19 pandemic:

2. Dealing with Isolation

- Learning from home during lockdown
- Being distracted
- Having a phone next to you and receiving texts
- Sometimes working with friends over zoom helped
- Struggling with music lessons over zoom
- Hard not having face to face interactions with peers
- Having camera off during MS teams
- Cannot see friends
- Not easy to do physical activity at home
- Hard if you don't have a garden
- Going back to school was weird
- Managing work and other factors in life like a pet dying
- Strange getting back into uniform again
- Tie feels like it could choke

3. Impact/causes of anxiety (academic and personal)

- Strangeness of going back to school
- Getting back into routine
- One dad was working from home, and she made him tea
- Arguments within family
- Moving home and had no internet
- Parents watching the lessons on MS teams – uncomfortable – another child had mother speaking on the phone whiles they were learning

4. Loss – the pupils spoke about different ways that they were affected in relation to loss.

- Loss of interest in hobbies
- Loss of close family member close to my birthday – feeling sad rather than happy
- Loss of family member, loss of pet
- Loss of private space and private time

5. Managing School attendance

What was it like meeting up with friends at school when school reopened? How have you coped?

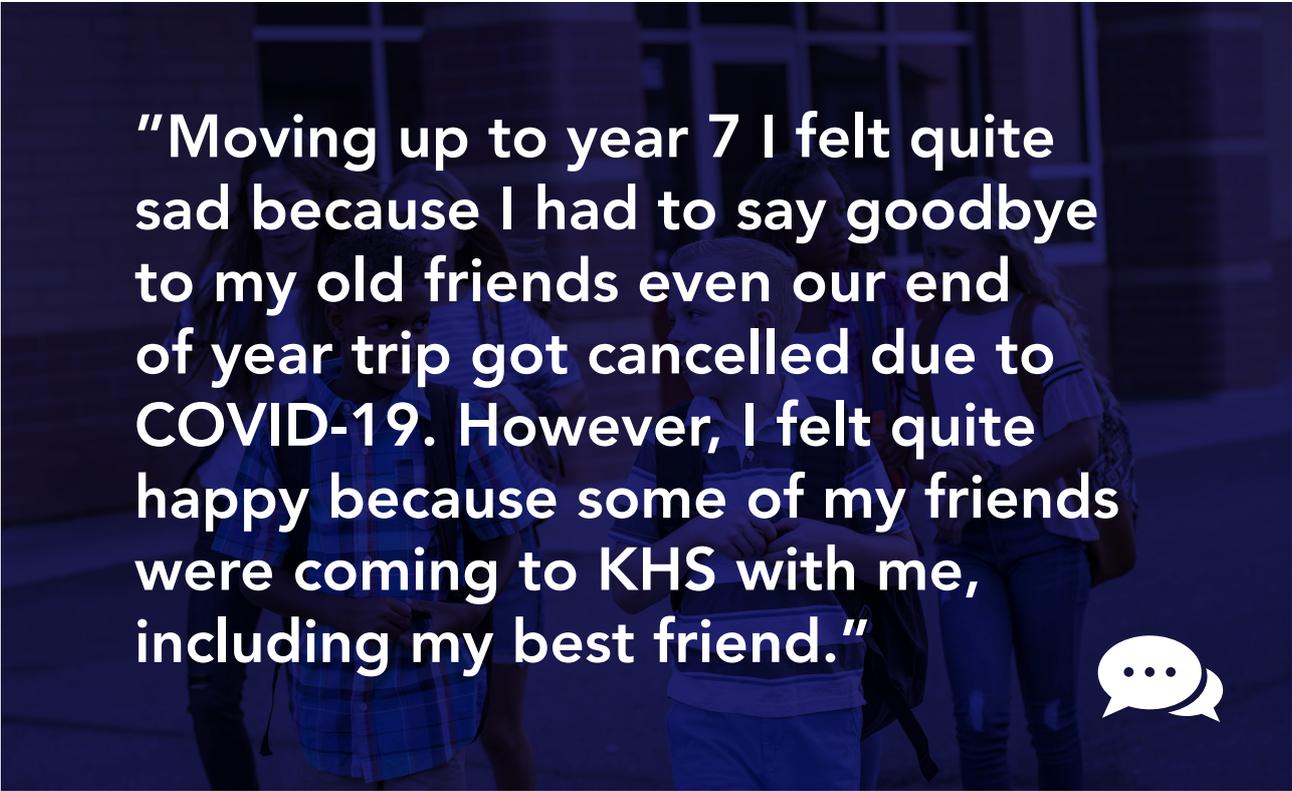
- Calling friends and do work together
- Going out shopping then spending time alone
- Going outside with sister, talking to cousins, and helping parents

RESPONSES ON TRANSITIONING TO SECONDARY SCHOOL

The Year 7 students were asked to share with the year 6s, their experiences of transitioning to help normalise what they were going through and reassure them everything would be ok.

Responses included:

- "A bit nervous but happy"
- "50/50"
- "When I was transitioning, I didn't have any worries. I hope that secondary school wouldn't be too different, and I wanted to start video games"
- Being positive
- Meeting new friends
- Don't be shy don't be nervous
- Listen to the teachers
- Be prepared
- Be yourself



"Moving up to year 7 I felt quite sad because I had to say goodbye to my old friends even our end of year trip got cancelled due to COVID-19. However, I felt quite happy because some of my friends were coming to KHS with me, including my best friend."



Participants were asked to say why they wanted to be part of the volunteer programme and from their response:

- I wanted to be more confident and have more things to do.
- To help young people to transition to secondary school maturely.
- To gain my self-confidence.
- "I volunteered for this because I remember my friend was hanging up in worry."
- "I wanted to participate in this programme because when I was in year 6, I was a little nervous. Also, I had a feeling that I will be alone, and everyone might be a little isolated because we are in a new school. Also want to make sure that you feel welcome, and you should be happy."

Overall, the secondary schools that participated in the programme felt this was extremely beneficial to those pupils who participated, with some staff asking if the programme would be available each year. They had seen the growth in maturity and sense of responsibility in the Year 7 volunteers with the Year 6s, making new friends and feeling more confident in their knowledge of what to do and where to go for help when they arrived in Year 7. The head of year 7 at Newman Catholic College (NCC), for example, said:

"The pupils know when they were struggling early and can ask for help; staff will also be able to spot and help them before things get to crisis stage. Can we do this again next year?"

There were some challenges encountered, the first of which was that the project was expected to start in November 2020 but due to Covid-19 restrictions and lockdown it started much later with extension into the summer term 2021, which also had implications for existing primary to secondary transition arrangements, which meant adjusting to those factors. For example, Kingsbury High school proposed that the trained mental health peer mentors, currently in Year 7, meet the current year 6 pupils from Kingsbury Green school in person, at the start of the 2021/22 academic year in September as part of their induction into secondary school. This clearly was outside the period of the funding.

Some schools were also reluctant to allow their Year 6s to go over to another setting due to worries around the COVID-19 pandemic (i.e., catching and transmitting possibilities), and requested September start, in the hope that the level of COVID-19 concerns would have lessened by then.

What were the learning for the organisation?

They would welcome the opportunity to deliver this programme again next academic year to more Brent schools. This was the first year of introducing the B4 programme, and with funding they would like to deliver the programme on an annual basis.





ORGANISATION

Sport at the Heart

PROJECT NAME

Mindful Movement

PROJECT OBJECTIVES

To provide a 12wks programme to children, young people and families aimed at reducing anxiety using physical exercise, group games and play to create a socializing environment to encourage the building of friendships.

MENTAL HEALTH NEEDS

Anxiety caused by isolation and the COVID-19 pandemic with issues verging on anger management.

PROJECT OUTCOMES

1. Reduced the level of isolation experienced by children, young people, and families.
2. Reduced the level of anxiety reported by children, young people, and families.

ACTIVITIES/PROGRAMME

The programme was over 12wks, which was a combination of new and existing services, building relationship through group work, targeting 5 - 9yrs; 10 – 16yrs. Each session was conducted over 1.5hrs including 30mins debriefing and discussion.

The general approach allowed individuals to work collaboratively, develop their own strengths and to address some of their weaknesses. Likewise, it gave everyone the opportunity to build trust, encouraged communication and mitigate conflicts that might arise. Young people were also given options and could choose activities, empowering them and giving them back a sense of control, which, arguably, was taken away from them during the lockdowns.

During sessions, Mindful activities were introduced, these gave the children and young people the knowledge to manage their anxiety, identify triggers, understand other people's emotions, and openly express their own thoughts and feelings in a safe environment.



Examples of these included:

- **FIVE SENSES EXERCISES**
Being aware in the present
- **KIDS YOGA**
Improves children's emotional regulation
- **NATURE WALKS**
Encourage children to engage in all five senses
- **POSITIVE AFFIRMATIONS**
Helping children reflect on their strengths
- **FEELING CHARTS**
Help children recognise the emotions they are feeling in that moment, expanding vocabulary, and giving YP the words and tools to identify emotions.
- **'TALK TO A FRIEND' EXERCISES**
Encouraging children to socialise and make positive connections to peers



The Mindfulness activities ensured that the children and young people could observe their thoughts and feelings without judgement; as well as increase their ability to regulate their emotions, reducing stress and anxiety levels.

Building on this, they hope to introduce young people to tools for coping, adjusted to meet the appropriate age range: information, physical activity exercise plan; mindfulness exercises and practices (deep belly breathing; calming system down; healthy food/eating habits/websites etc.); how will this be provided (e.g., website/file?)

It is envisaged that workshops for parents will be offered to parents of the younger age groups on how to support their child. Due to the restrictions all sessions likely to be conducted virtually.

PROGRESS, OUTCOME, AND IMPACT

The programme, overall, achieved the outcomes established at the outset.

The young people involved in the project displayed symptoms of anxiety such as constantly worrying or having negative thoughts, finding it difficult to concentrate, lacking confidence in themselves and becoming less social (with family and peers).

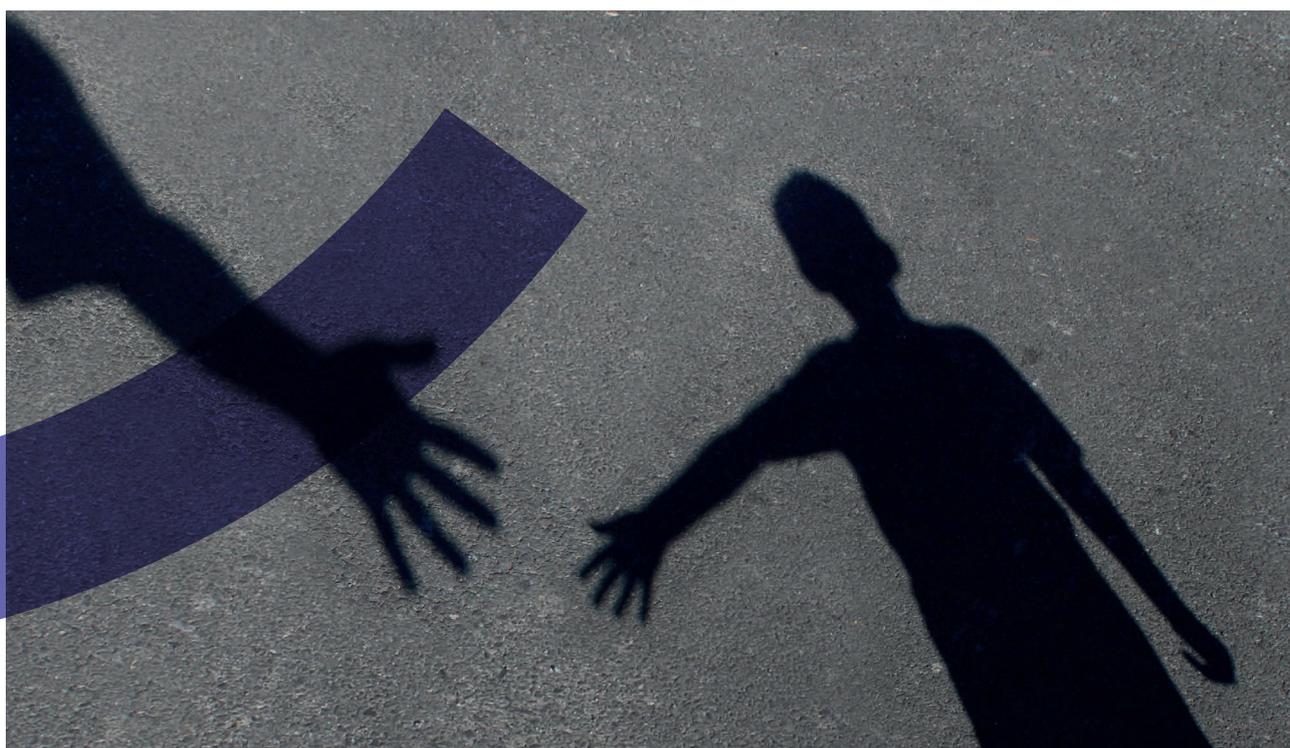
Based on pre and post Mindful Movement participant feedback surveys, the following indicators were observed:

- 100% of participants felt safe by the end of the programme compared to 42% at the start of the project.
- 89% felt like they can now talk to someone about their thoughts and feelings compared to 64% at the start of the project.

FIG 1: SNAPSHOT OF RESPONSES FROM 8 – 11YRS OLD ON THE PROGRAMME



As can be seen from Fig 1, those aged 8 – 11yrs who responded, generally **felt empowered** though recognizing that some were still working through their emotions. The programme, in this sense, showed signs of impacting at an emotional level, which can only aid and support the individual over the longer term.



CASE STUDY

J is a young person who attended SatH's Mindful Movement Programme. J had been invited on this project as he is mildly on the ASD (autism spectrum disorder) scale and finds it difficult to hold conversations, not understanding other thoughts and feelings, finding it hard to express his own feelings and preferring to be alone than with others.

When J first came, he was very reserved and did not want to take part in any of the activities. J felt very uncomfortable and out of place when he arrived, wanting to go on his phone or use sports equipment and play by himself. Through group exercises, which included individuals introducing themselves, **he started to warmed-up to the 'group' and two other participants in the group.**

Another exercise he participated in was the 'talk to a friend' exercise, where each person had to ask their "friend(s)" what they liked to do at home and ask them how it makes them feel. When done they had to repeat a few things their friend said to them to the rest of the group, starting....." At home, my friend likes to....." This had a great impact on J as he felt like he had made new friends and started to feel comfortable.

Activities like the ones above helped J express himself to others and enabled him to start to understand others' thoughts and feelings with signs of him showing empathy if someone was hurt or upset; he became louder and louder as the weeks went on and as he trusted the whole group.

This was shown through being honest and allowing himself to be vulnerable enough to share his thoughts and feelings.

At the end of the programme, J had grown so much that his mother sent the following text message to the team:

Here is some feedback from [redacted] mum:

Please keep me up to date with the next sessions available.. [redacted] loves attending he feels safe is making friends and is comfortable to be his self this is a massive step for us and as he is out of school its his only social engagement with peers of his age outside immediate family ...thank you your service is so important and has a positive effect on my household 🥰❤️

10:17

LESSONS LEARNT FOR THE ORGANISATION

At the organisational level, it allowed coaches to continuously develop their background knowledge about mental health, enabling them to create and deliver a new programme which would meet the specific needs of their target group. Furthermore, it was observed that the trust between parents/guardians and coaches grew and developed. This was, in part, due to offering them an outlet and solutions specific to their child's needs and in part to offering a non-judgmental space to engage with coaches.

Going forward, the programme would need to provide more workshops that involve parents (face to face or online) and the introduction of home tasks for children and parents to take part in together.





ORGANISATION
Ansar Youth Project

Ansar Youth delivered a 26 week programme of 5hrs pw, working with up to 12 young people, referred into it from organisations working with NEET young people, the police and YOS amongst others.

The programme would be delivered through workshops on **mental health issues** young people then had presented, which included lack of confidence and presentation of self-concerns.

The aim was a facilitated session that would enable the young people to **share and discuss their concerns** which could then be videotaped, which the group of young people would then produce and share with their peers.

The young people will gain **technical support** through sessions that taught them **how to use multimedia equipment and processes**, such as editing, shooting, audio etc. Some consideration was due to be given to accessing accredited programmes (e.g., content creation certificate) as appropriate and if relevant.

Included in the programme design was the opportunity to visit organisations locally to video/talk to other young people and to use the opportunity to 'sell themselves' by way of the skills they offer.



4

INCREASE ACCESS TO PROVISION



ORGANISATION/ PROJECT NAME

**Unique Community
Charity/Brent
Youth Theatre**

PROJECT OBJECTIVES

To provide a 12wks programme using music theatre as a vehicle to engage young people to acquire technical skills in areas such as sound engineering and to pilot an approach involving a music therapist to support those experiencing mental health concerns.

MENTAL HEALTH AND WELLBEING CONCERNS/NEEDS

The mental health needs presented by the children and young people on this programme reflected moderate to mild anxiety, a sense of isolation with some having acute mental health concerns like OCD, which were said to be as a direct result of the pandemic. The project report that from January they noticed how tired and down the young people appeared: "there was a general sense of apathy amongst almost all the children and young people."

PROJECT OUTCOMES

1. **Reduced the level of isolation experienced by children, young people, and families**
2. **Reduced the level of anxiety reported by children, young people, and families**
3. **Children, young people, and their families feel confident in accessing public services including health and social care where needed as self-reported**

ACTIVITIES/PROGRAMME

The Music Den programme engaged children and young people aged 7 – 16yrs supported by a Music Therapist. Due to the restrictions the sessions that had been planned to take place at The Roundwood Community Centre had to be shelved. Instead, the programme took place online.

The programme offered was over 12wks which involved singing and song writing supported by Music Therapists, whose role it was to support the young people on the programme. For example, if extra support was required because of anxiety, trauma or identified mental health need, then sessions would be adapted and/or provide necessary 1-2-1 support, provided by the 'therapist'.

It was envisaged that referrals would come from a range of providers, such as BANG and word of mouth, for example and would form an integral part of the Brent Youth Theatre programme, where there will be referrals into other programmes as part of the wider offering (e.g., drama).

PROGRESS, OUTCOME, AND IMPACT

Young people were able to channel the way they felt during a very difficult time through song with their peers.

They spent time writing and developing lyrics with other participants and really started to share their experiences with each other.

We were particularly amazed as so much of this was online, that they started to speak to each other causally as if they've known each other for years.

It means that the way they were able to share ideas became much more open and thus they became part of a community.

The diligence with which the core group attended the sessions is a testament to how they needed this interaction and the success with which our tutors were able to provide the space in which this could happen.

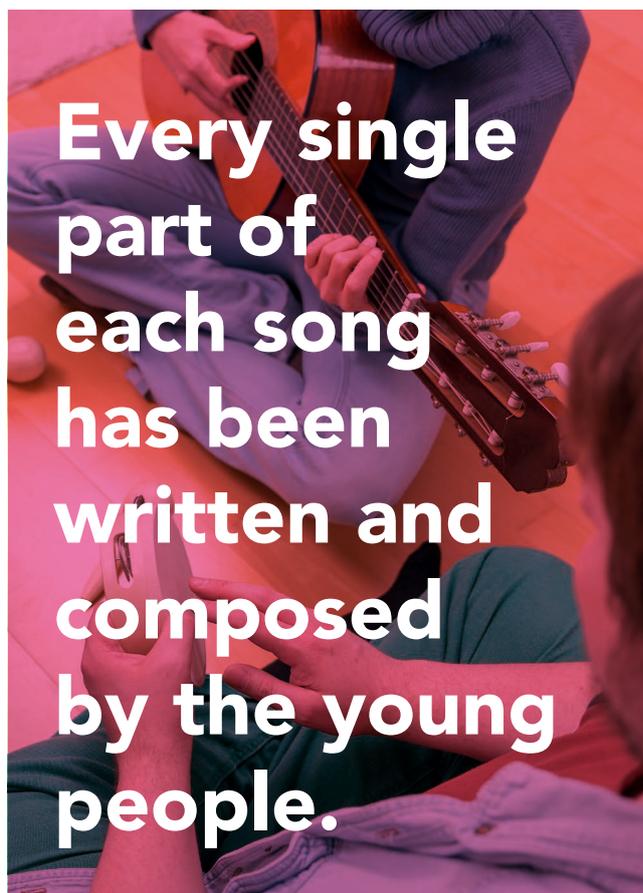
We had a music therapist present in every session which allowed for 'breakout space breaks' for young people that needed it – we have seen particular progress with 2 young men that were having a very difficult time.

The knowledge that if they needed the space to talk it was there meant that in sessions, they were then able to continue with a task more freely.

We also gave this option to everyone – all cyp were aware that our therapists were there if they needed anything.

There was a constant interaction via chat with her and cyp throughout sessions – they learnt to trust her, and she was able to direct the main sessions with the knowledge of what the young people needed in the space.

Initially writing songs was a very nerve-racking experience for our young people but the sessions have progressed they have written 2 complete songs in each group which we will share a soon as we have footage of this.



The immediate to short term impact included:

- 26 of the 30 young people have felt that they are less isolated after accessing our classes while the remaining 4 said there was no change as they were already accessing our other classes prior to this.
- 20 of the cyp showed 'moderate anxiety' at the end of the project with 13 of them showing 'normal' and 7 as having 'mild anxiety'.
- 7 families (including 10 cyp) have been redirected and signposted onto other services. This includes working with CAMHS and local schools to find the right pathway for each young person as well as working in partnership with Our Time Foundation. Many of the cyp have become regular attendees across other programmes and so maintaining interest beyond the 12wks programme.

With respect to the lessons learnt for the organisation:

- This project gave us the opportunity to test out having an arts therapist present in sessions.

After only a few weeks of delivery we realised that with everything that is happening in the world right now how useful and important it is to have that voice in all our sessions.

We have since applied and received a grant to bring the therapist into all sessions that we deliver to ensure that they cyp struggling the most are being supported in the best way possible. We will aim for this to be part of the foundation of our practice.

- Music den programme was successful, even online, that we have now made it a part of our regular class schedule. The sessions are now being delivered a a blended online and live at the Roundwood Community Centre service.
- Cyp have gained friends, confidence in their ideas and abilities and created 4 incredible songs that will be performed live at The Yellow in Wembley Park, 23rd July. We don't currently have the songs recorded or performed as they have been writing and composing but we will share this on social media over the coming weeks as the show is being prepared.
- **Online delivery works if accompanied with a lot of family communication** – this programme became more successful when we had regular and open communication with all the families, even more so than when sessions are in real life.
- **An arts Therapist should be present in all community arts sessions** – this programme has given us the absolute breakthrough moment of understanding how important protecting the mental health and wellbeing of young people is and how much can be achieved when this is done right.



CASE STUDIES



B has been attending BYT prior to the Music Den project. B has been struggling with pressure at school and often feels that she is behind her peers. She has also been feeling anxious about the coronavirus pandemic because her parents are frontline workers.

At the beginning of the course, she was hesitant about new activities, often asking for repeated instructions. Over the course of the sessions, she became more confident and approached new activities with fewer reservations. She began to take a more directive role in the breakout rooms and her ideas became bolder and more imaginative. She used an opportunity to explore and process the anxieties about the pandemic that she was experiencing.

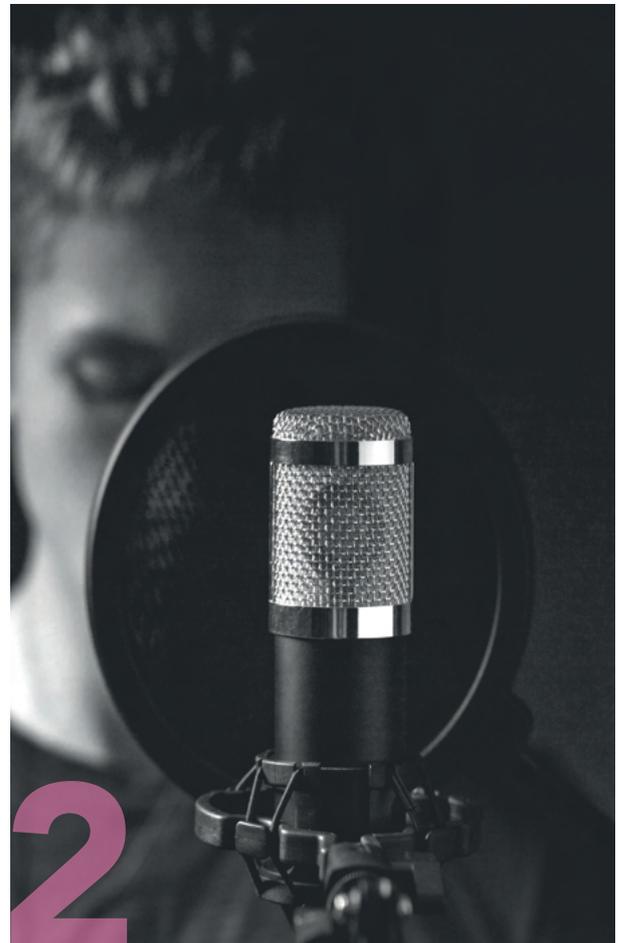
At the end of the course, she reported that she feels proud of what has been achieved and happy that she has been a part of it. She also reports that she feels that she has formed stronger connections with others and was happy to discover that she shares common interests with other group members.

D has been attending BYT prior to the Music Den easter project. He struggles with anxiety and finds speaking in front of others very challenging. At the beginning of this project, he was quite quiet in sessions and occasionally had his camera off. Facilitators reported that they felt he seemed low in mood in the first session.

As the sessions progressed, he became more vocal, particularly in the breakout rooms. The breakout rooms provided a space in which he could voice his ideas in a low-pressure environment.

He began to contribute his opinions and ideas without needing prompting and encouragement.

Towards the end of the course, he reported that the sessions felt like a safe space, and he was proud of himself for performing in front of others. He was able to engage with a variety of roles including dancing, singing, and lyric-writing. He has also formed stronger connections with other members of the group.





T came to the sessions a little into the term, so she was not able to make friends as easily as the others who already knew each other. She was seen without her top on (the camera was on her face) at which point she was taken into a breakout room to discuss with mum what was happening. The situation in the session was easily resolved and she put a t-shirt on and was able to participate in the session again.

We had further contact with mum who informed us that **T is being assessed for OCD**. Mum expressed that she had felt very isolated with everything being online and trying to cope with her daughters' new struggles.

We informed mum that our community can support her and that we are able to assist in conversations with other local services.

T struggled to attend every class but despite this the project has allowed us to form a line of communication with the family and continue to support them when needed. They will also be attending the face-to-face sessions this week for the first time.

The mum expressed how grateful she was for the support that we have been able to and will continue to provide.

PRIORITY

5

COPING STRATEGIES



**ORGANISATION/
PROJECT NAME**
Resources for Autism
(RFA)

PROJECT OBJECTIVES

Support children, young people and their families/carers that are affected by autism to manage their anxiety and/or isolation through the provision of a dedicated Triage service in Brent.

MENTAL HEALTH AND WELLBEING CONCERNS PRESENTED

We know autistic people are often adversely impacted by isolation and/or anxiety during the covid-19 pandemic. The programme of support afforded by this project sought to provide intervention that supports children and young people and their families who have autism. The aim being to develop resilience, reduce isolation and develop sustainable behavioural and wellbeing strategies to reduce anxiety.

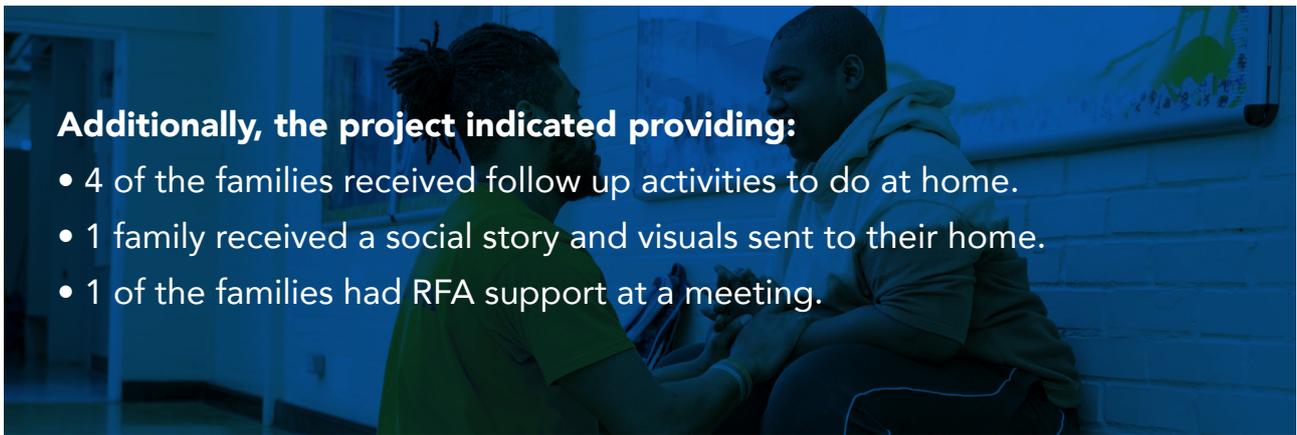
PROJECT OUTCOMES

- 1. Reduced the level of isolation experienced by children, young people, and families**
- 2. Reduced the level of anxiety reported by children, young people, and families**
- 3. Children, young people, and their families feel confident in accessing public services including health and social care where needed as self-reported**
- 4. Parents and children will have a plan in place to cope with restrictions in movement because of either a local or national Tiered lockdown**

ACTIVITIES/PROGRAMME

The programme provides opportunities for children and young people with autism who have been referred into it either from an agency (e.g., social services) or families. Within two weeks of notification a follow-up triage assessment is undertaken, with the attendant prospect of identifying the most suitable and appropriate intervention programme that would best benefit the individual. Concerns that presented themselves included difficulty with isolation, principally around disruption to routines such as bedtime, follow up calls, accessing short breaks, additional work for club/out of school provision and allocation of a dedicated support worker (as part of their community support team).

The team of autism experts were able to send emails, made phone calls and conducted in-depth conversations with young people and/or their families. From these phone calls and conversations, the most appropriate referrals were made, some which involved home and school visits as part of the support intervention, especially around behavioural and wellbeing strategies.



Additionally, the project indicated providing:

- 4 of the families received follow up activities to do at home.
- 1 family received a social story and visuals sent to their home.
- 1 of the families had RFA support at a meeting.

Challenges faced in delivering the programme included:

- Out of the 60 families that were expected to be worked with, nine did not engage/answer the phone and so the project worked with 51 families.
- Differences in the reasons for referral to the actual 'triage' assessment conversations (e.g., referral request asked for help to access social activities, but after the call they needed advice on feeding and sensory equipment). This meant that the autism experts had to change the advice given after conducting the more in-depth assessment. This demonstrated aptly the importance of 'follow-up' triage' conversations through deeper questioning which highlighted issues that needed to be addressed than mere acceptance of an online form.
- The referrals through social services resulted in participants with heightened identified needs, these clients tended to require greater attention. Some of the concerns presented related to [safeguarding issues](#), especially around physical violence, family breakdown – mental health anxiety/ eating disorder and at times fixated on washing hands, cleaning, sanitising hand; perception that outside world floating around and not wanting to go out. Working with this group requires having the capacity to have in place a routine and the restrictions imposed reversed school-home life situations which then had become issues for some resulting in greater anxiety or the child and the family (i.e., many were seen as spending more time in their rooms, sitting with unpleasant suicidal thoughts – having no friends to bounce ideas off).

PROGRESS, OUTCOME, AND IMPACT

The progress made by participants on the programme, set against the projected outcomes indicated, included:

- Engagement with 29 families to the online programme, befriending scheme and parents' groups that supported them in reducing the level of isolation being experienced.
- Information sharing and awareness raising regards signposting to summer holiday and play scheme opportunities being planned. These opportunities would provide the young people with opportunities to socialise and make new friends.
- Seven families now understood the importance and presence of the organisation's Short Breaks (SB) programme and how to apply.
- From the phone calls early intervention help was provided, including advice and information to other support agencies where families could be most appropriately supported.
- Provided 24 families with mental health and wellbeing strategies. This involved showing them the importance of decreasing anxiety and doing enjoyable things such as family time and building strong relationships between siblings alongside encouraging families to discuss anxiety issues that they may be experiencing.
- Helped a young person overcome their fear of sleeping in their own bed and going upstairs on their own. This was achieved by helping the parents to set up bedtime routine and understanding the importance of boundaries.

- 97% of families reported that they felt the 'easing' of general anxiety by being heard and having someone understand their needs.
- Helped 14 families feel empowered to access public services and be informed of short break opportunities and other services they would benefit from (e.g., supported a family to make an application to Brent Transport). One parent feedback that **"...We didn't know any of these services existed, thank you for telling me."**
- Helped parents to understand their rights and to know what they are entitled to, such as, for example, how to have better communication with their child's school and to access additional support from the school and provided advocacy support by attending school meetings in supporting families and met with the Special Education Needs Coordinator to improve a child school experience
- Out of the 51 families we helped, 20 families were supported with behaviour strategies, 22 families with parent support to help set up routine and boundaries and 24 families were supported with mental health and wellbeing strategies. Feedback from parents showed that they had been able to cope with the stress of lockdown and restrictions of movement from the advice and guidance provided.

SOME OF THE LESSONS LEARNT FOR THE ORGANISATION INCLUDE:

- **RFA triage service** would benefit from a having a translator to make the service better
- Need to develop **support for parents** as their needs had been shown to have increased under restrictions, with their capacity to cope exacerbated.
- Triage assessment takes time and is labour intensive and as such the organisation recognises the need for **more staff to be recruited**.



6

BEREAVEMENT


**ORGANISATION/
PROJECT NAME**

**Brent Centre for
Young People (BCYP)**

**PROJECT
OBJECTIVES**

To addressing the gap in mental health services for disadvantaged young people in Brent and to improve their mental health, welfare, and life prospects.

MENTAL HEALTH AND WELLBEING CONCERNS PRESENTED

The project supported young people with range of mental health difficulties which were assessed through the therapists who completed a Clinical Audit Form (CAF) at different stages throughout the process, to assess each young person's social functioning, academic functioning, risk towards others, risk towards themselves and their mental health/emotional wellbeing. The assessment help to determine whether the young person presents with a particular problem, as well as provide an indication of the severity of their problem along a four point scale of: none, mild, moderate, or severe. The information from the assessments is used to **better understand the range of difficulties** affecting the young people in treatment, as well as providing a tool to help track a young person's journey over time.

PROJECT OUTCOMES

1. **Reduced the level of isolation experienced by children, young people, and families**
2. **Reduced the level of anxiety reported by children, young people, and families**
3. **Develop the confidence of children, young people, and families to access bereavement counselling**
4. **Reduce the level of reporting of children and young people in scope to the project infracting COVID guidelines in school**
5. **Children, young people, and their families feel confident in accessing public service including health and social care where needed as self- reported**
6. **Parents and children will have a plan in place to cope with restrictions in movement because of either a local or national Tiered lockdown**

ACTIVITIES/PROGRAMME

The project sought to target young people who had less than one year's support called AET linked to psychotherapy, which usually lasts for up 4yrs.

This programme was developed by the Brent Centre for Young People (BCYP), which included a talking therapy programme based on 1-2-1 sessions over 45 – 50mins per person.

The broader support programme provided by BCYP is not specific to the impact of COVID but part of what they would generally provide, which is part of a crisis project linked to schools that does not form part of any support offered through YBF. As part of this funding programme, BCYP undertook to conduct a survey to assess the impact of COVID on new referrals, especially with respect to bereavement and the effect this was having on those affected. Funding was used to employ clinicians who also undertook the assessments and referred onto the support team for follow up.

Since COVID, the service had to move online from which the Centre has seen a twofold increase of referrals, with clients exhibiting suicidal tendencies.

Brent Centre is a dedicated adolescent mental health service to disadvantaged and vulnerable young people which delivers face-to-face, one-to-one and group therapeutic interventions. The Covid-19 pandemic meant that the organisation had to adapt very quickly and were able to make their services flexible given the changing circumstances.

Intermittently services consisted of a mixture of remote sessions and face-to-face in person work, albeit in a limited capacity, to ensure the safety of the people accessing and working in the clinic. They allowed both patients and clinicians to decide what form the treatment should take and to decide for the sort of programme arrangements that would satisfy all concerned, taking into consideration COVID compliance issues (e.g., phone, video sessions or emails and online chats were offered where appropriate).

Due to restrictions of Covid-19, 74% of Adolescent Exploratory Therapy and Psychotherapy sessions were offered online, telephone and email-check-ins. Despite the difficulties associated with lockdown and remote sessions, supported young people valued their engagement with their therapy, with 88% attendance of support sessions without any postponement and over 90%+ actively engaging in thinking about their respective problem areas (see outcomes below).

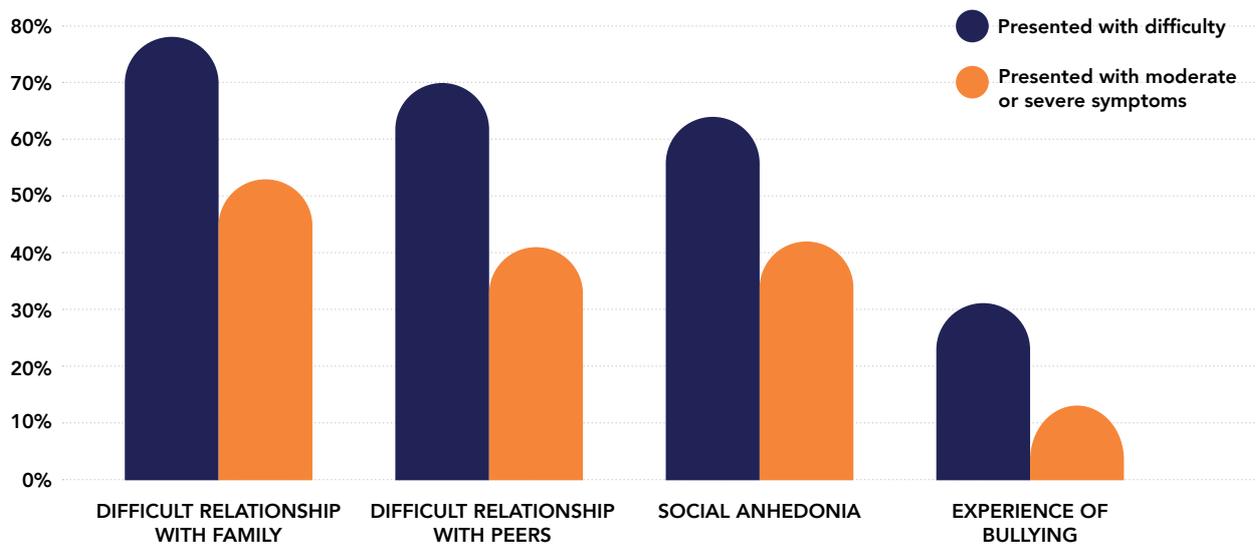


PROGRESS, OUTCOME, AND IMPACT

Progress and impact covering the immediate and short term considerations revealed the following⁴:

- The service had provided 1,571 support sessions to 135 young people.
- Several social functioning problems were evident (see Fig 1). The most prevalent was family relationship difficulties (78% presenting, 53% with moderate or severe symptoms). Other problems identified were peer relationship difficulties (70% presenting, 41% with moderate or severe symptoms), social anhedonia (64% presenting, 42% with moderate or severe symptoms), and experience of bullying (31% presenting, 13% with moderate or severe symptoms).

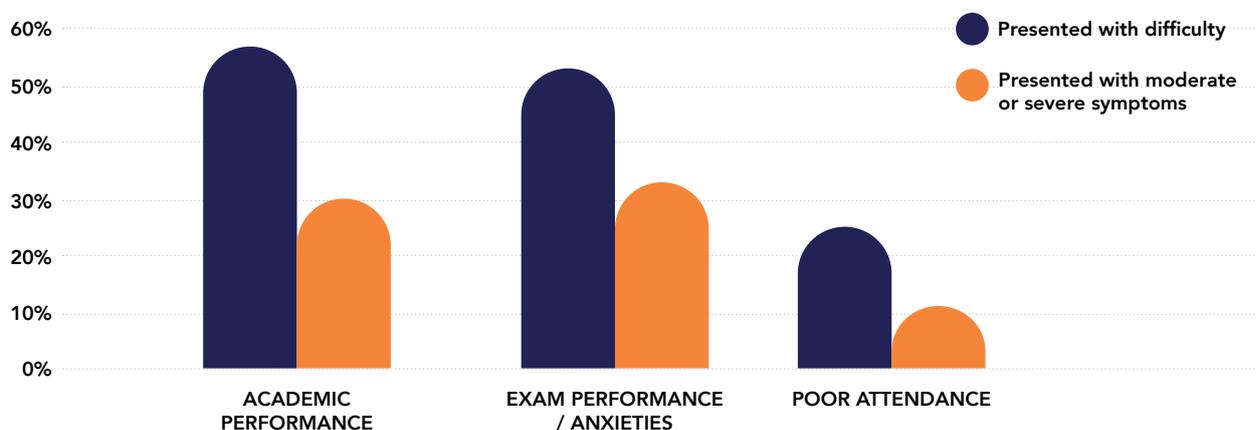
FIG 1: PREVALENCE OF SOCIAL FUNCTIONING PROBLEMS, FROM CAF EVALUATIONS



Issues affecting academic functioning

Most young people in this cohort were affected by at least one issue related to their academic functioning (see Fig 2). The most prevalent concern was with academic performance (57% presenting, 30% with moderate or severe symptoms). Other problems identified were exam or performance anxiety (53% presenting, 33% with moderate or severe symptoms) and poor attendance (25% presenting, 11% with moderate or severe symptoms).

FIG 2: PREVALENCE OF ACADEMIC FUNCTIONING PROBLEMS, FROM CAF EVALUATIONS

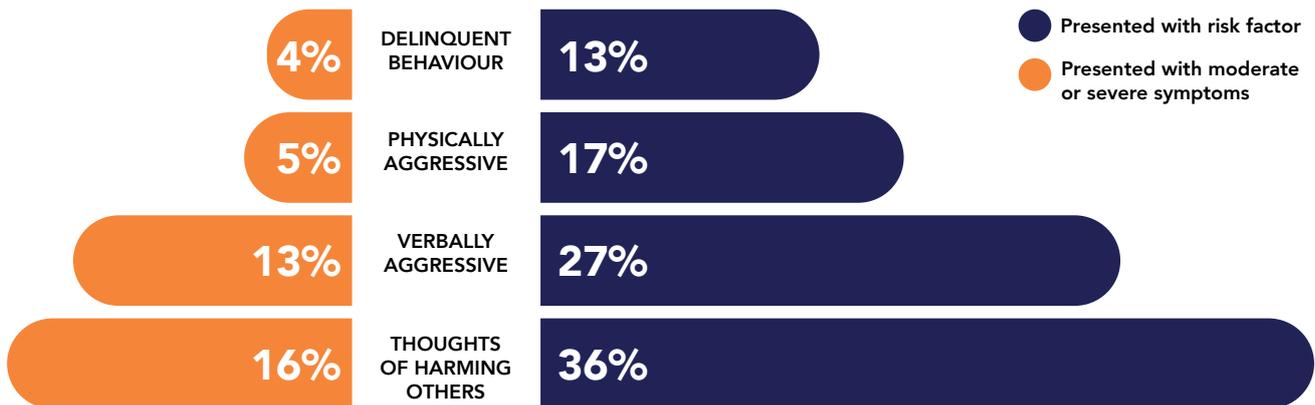


⁴The basis of this report is based almost exclusively on the survey report produced by Brent Centre for Young People and for fuller details they are to be contacted.

Issues indicating risk towards others

Risk factors towards others were a concern in a minority of cases, although some severe concerns were identified (Fig 3). The most prevalent issue was thoughts of harming others (36% presenting, 16% with moderate or severe symptoms). Other presenting issues were verbal aggression (27% presenting, 13% with moderate or severe symptoms), physical aggression (17% presenting, 5% with moderate or severe symptoms) and delinquent behaviour (13% presenting, 4% with moderate or severe symptoms).

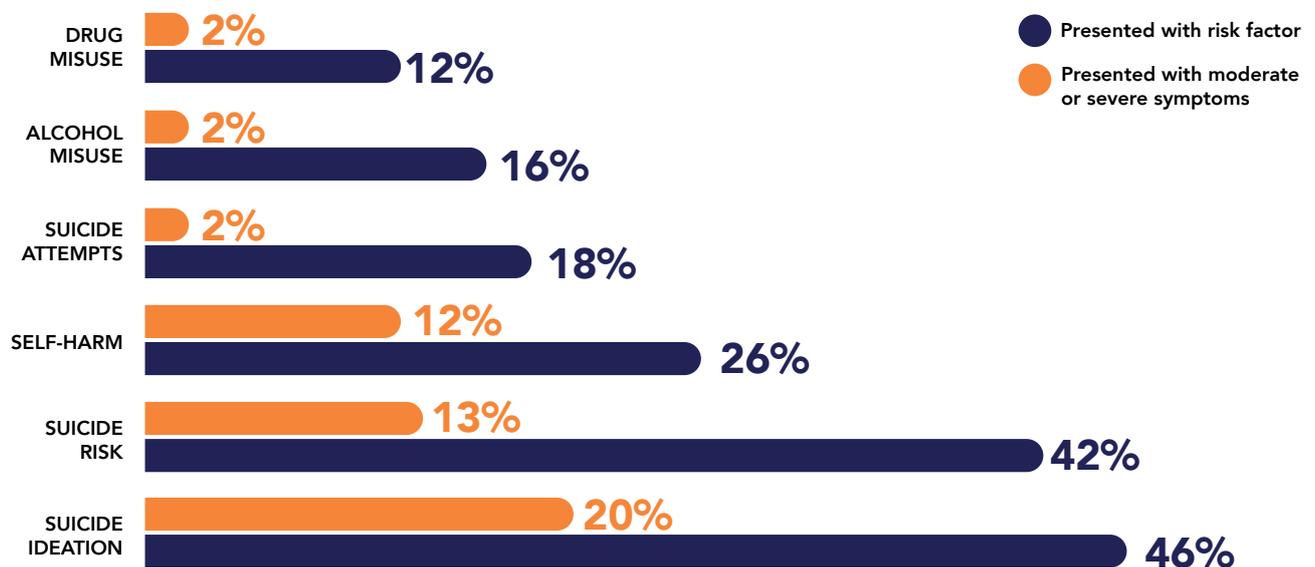
FIG 3: PREVALENCE OF RISKS TOWARDS OTHERS, FROM CAF EVALUATIONS



Issues indicating risk towards self

In this reporting period, young people presented with several issues which indicated potential risks towards themselves (Fig 4). The most prevalent concern was suicide ideation (46% presenting, 20% with moderate or severe symptoms). Other risk factors identified by therapists were suicide risk (42% presenting, 13% with moderate or severe symptoms), self-harm (26% presenting, 12% with moderate or severe symptoms), suicide attempts (18% presenting, 2% with moderate or severe symptoms), alcohol misuse (16% presenting, 2% with moderate or severe symptoms), and drug misuse (12% presenting, 2% with moderate or severe symptoms).

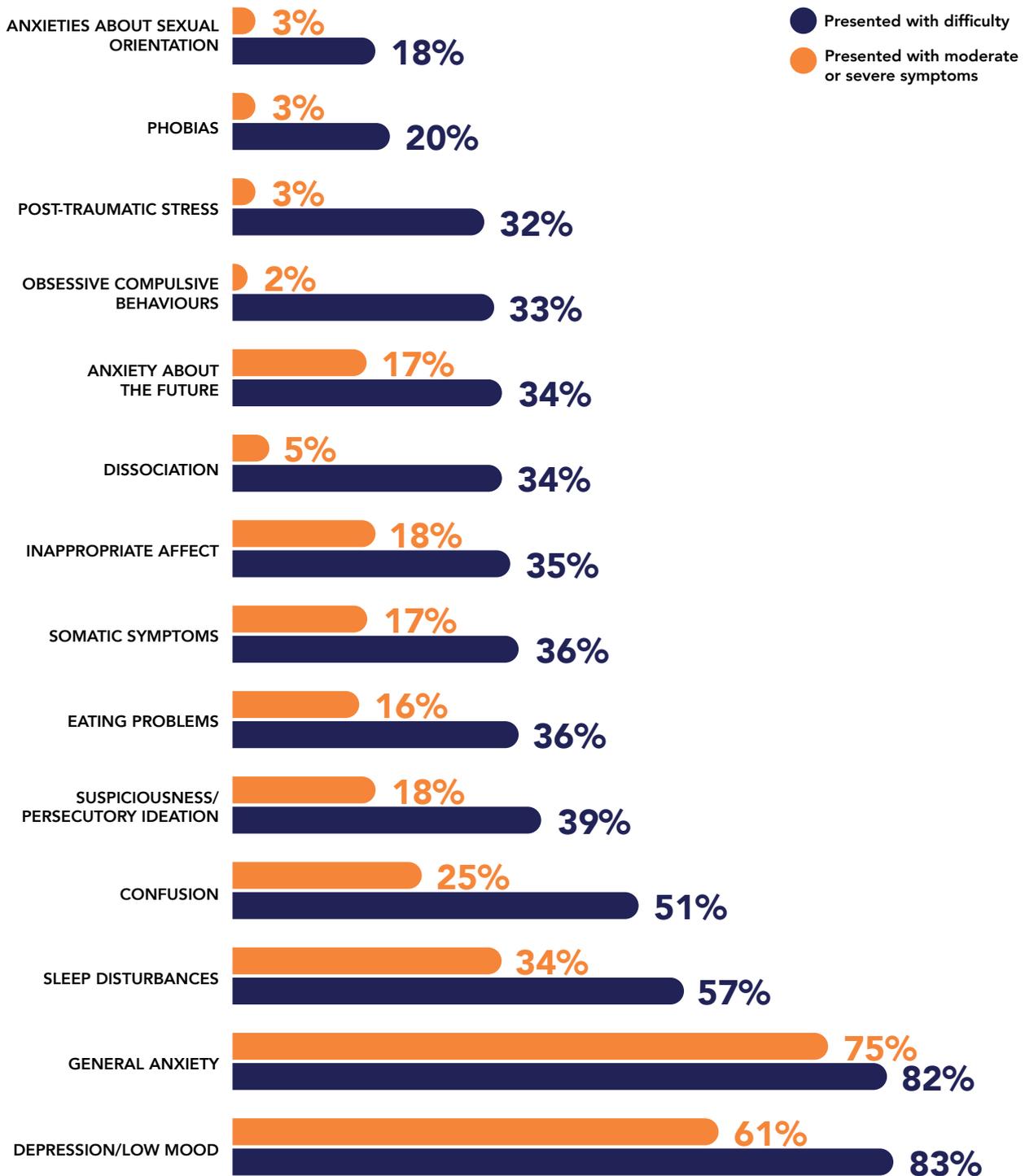
FIG 4: PREVALENCE OF RISKS TOWARDS SELF, FROM CAF EVALUATIONS



Issues concerning mental health and emotional wellbeing

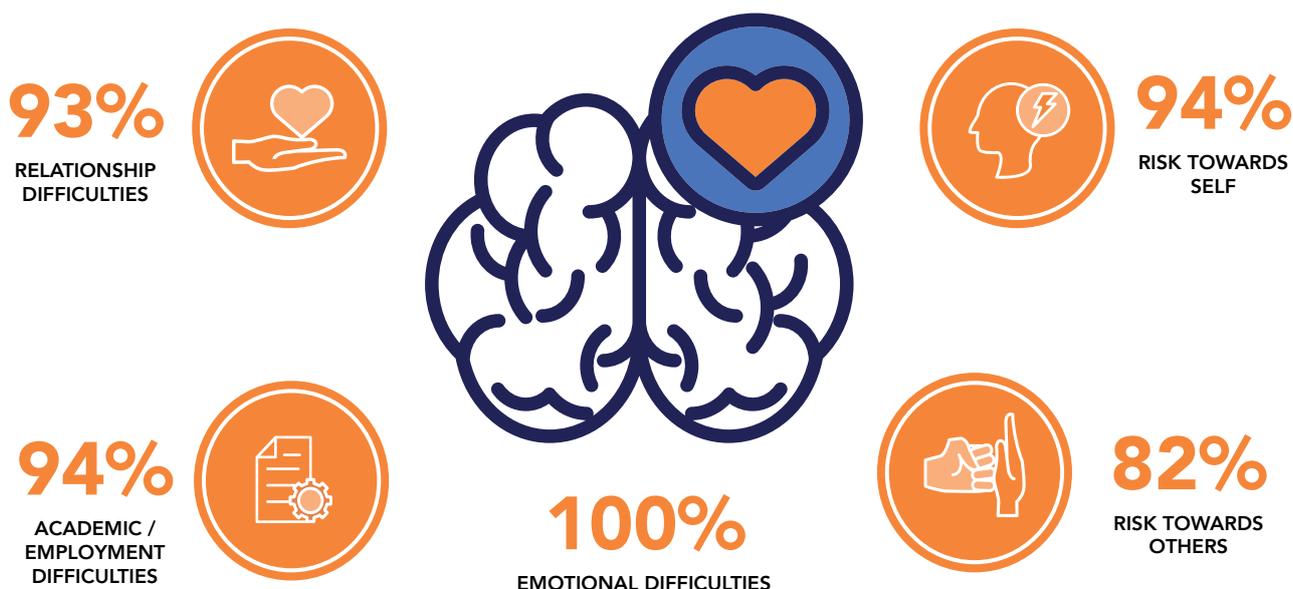
These were the most prevalent issues in this reporting period, with two issues affecting most of the patients seen, with high levels of severity (Fig 5). The two most prevalent issues were depression/low mood (83% presenting, 61% with moderate or severe symptoms) and anxiety (82% presenting, 75% with moderate or severe symptoms). Other concerns identified included sleep disturbances (57% presenting, 34% with moderate or severe symptoms), confusion (51% presenting, 24% with moderate or severe symptoms), suspiciousness/persecutory ideation (39% presenting, 18% with moderate or severe symptoms) and eating problems (36% presenting, 16% with moderate or severe symptoms).

FIG 5: PREVALENCE OF MENTAL HEALTH/EMOTIONAL DIFFICULTIES, FROM CAF EVALUATIONS



A key factor in mental health improvement is taking the first step and choosing to engage in thinking about the problems area - for many this can be extremely difficult. When the problem was relevant to them, 93% of young people engaged in thinking about their relationship difficulties, 94% engaged in thinking about their academic/employment difficulties, 82% engaged in thinking about the risks they may pose towards others, 94% engage in thinking about the risks they may pose towards themselves, and 100% engaged in thinking about their emotional difficulties (Fig 6).

FIG 6: PROPORTION OF YOUNG PEOPLE WHO ENGAGED IN THINKING ABOUT THEIR DIFFICULTIES



Using the psychometric data compiled from the **Clinical Audit Forms** and from the **Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM)** self-evaluation completed by young people, assessment is taken of the difference between a young person’s presentation at the start and at the end of therapy, or at the most recent timepoint if therapy has not ended.

This comparison allows clinicians to identify whether there has been improvement, stabilisation or decline of the presenting problems, where applicable for that young person. Stabilisation of difficulties is an important step towards recovery, as such it is recognised as an achievement in therapeutic context.

A young person’s level of isolation can be considered in terms of their social functioning.

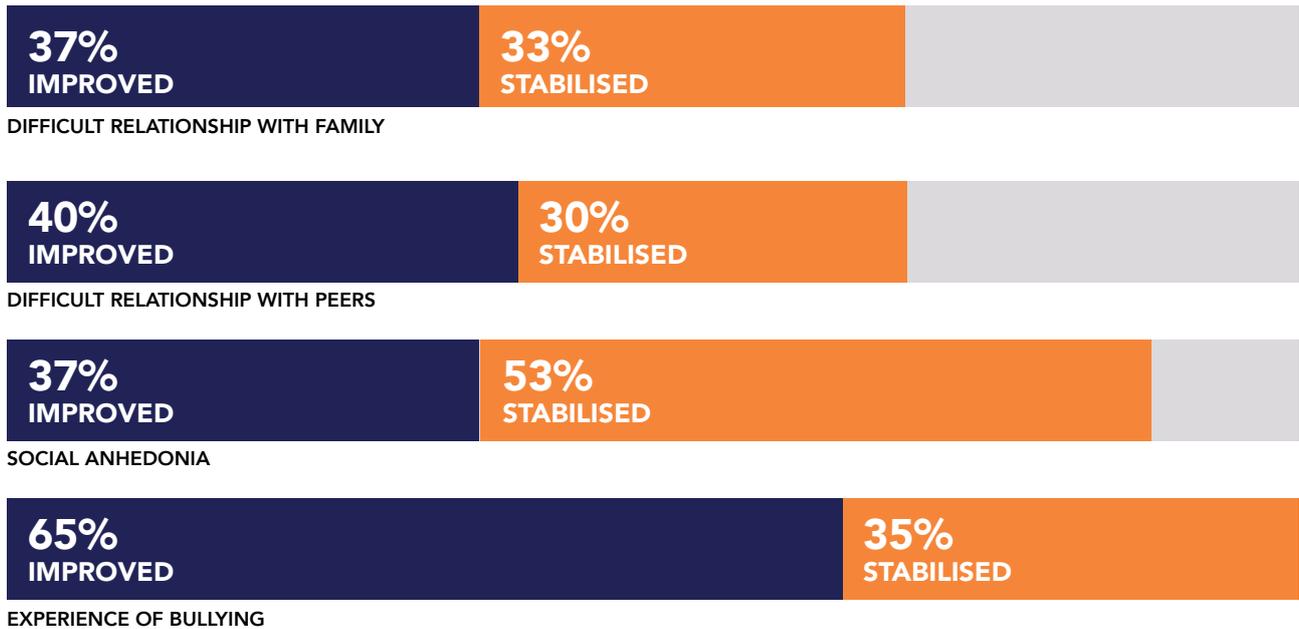
Addressing relationship problems allows the young person to develop and improve their immediate relationships and social circles to reduce isolation and create a resilient support network.

Positive changes to a young person’s social anhedonia will improve their capacity to enjoy and be interested in social situations, which will impact on feelings of isolation.

From therapist’s assessments, **the project found significant achievements in this area** (Fig 7).

For the most prevalent issue, difficult relationships with family, 80% of young people improved or stabilised, while 70% improved or stabilised their peer relationship difficulties, 90% improved or stabilised their social anhedonia and 100% improved or stabilised in their experience of bullying.

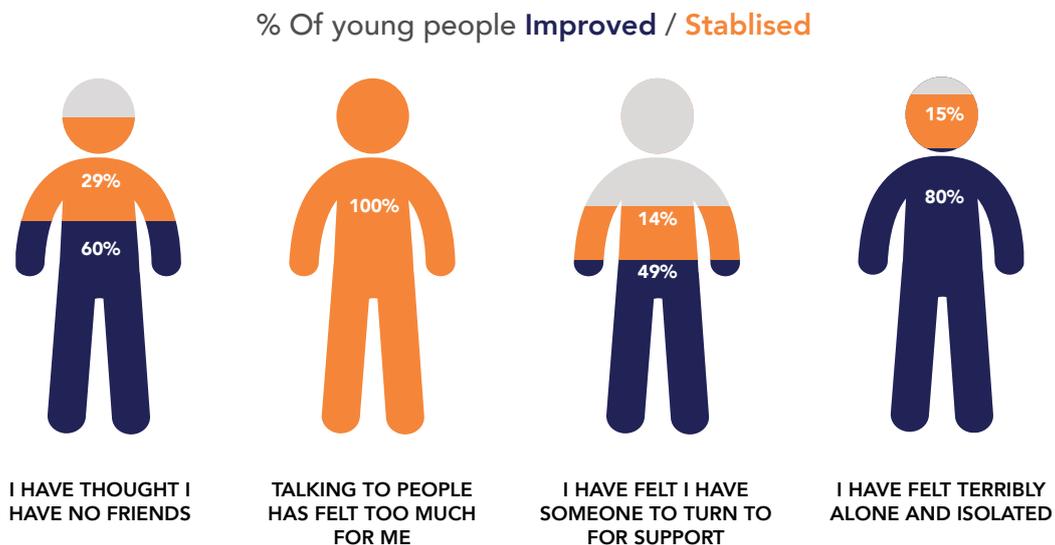
FIG 7: OUTCOMES FOR SOCIAL FUNCTIONING, FROM CAF EVALUATIONS



Young people’s self-assessments

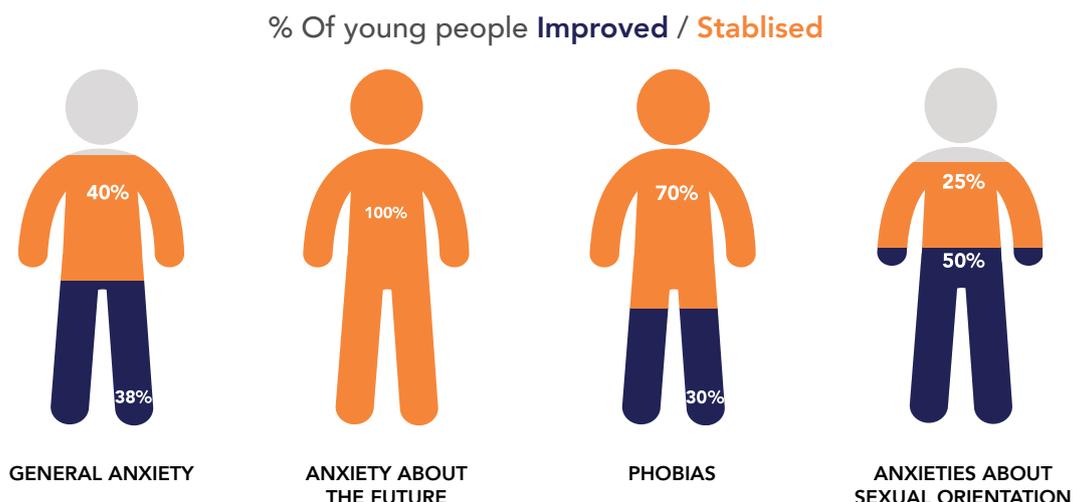
These indicated positive achievements in relation to isolation, (Fig 8). Where pre- and post-therapy comparisons were possible, 89% of young people indicated improvement or stabilisation with respect to the prompt “I have thought I have no friends,” 100% indicated improvement in relation to talking to people, 63% indicated improvement or stabilisation in terms of feeling like they had someone to turn to, and 95% indicated improvement or stabilisation with respect to feeling terribly alone and isolated.

FIG 8: SELF-REPORTED SOCIAL FUNCTIONING OUTCOMES, FROM CORE-OM EVALUATIONS



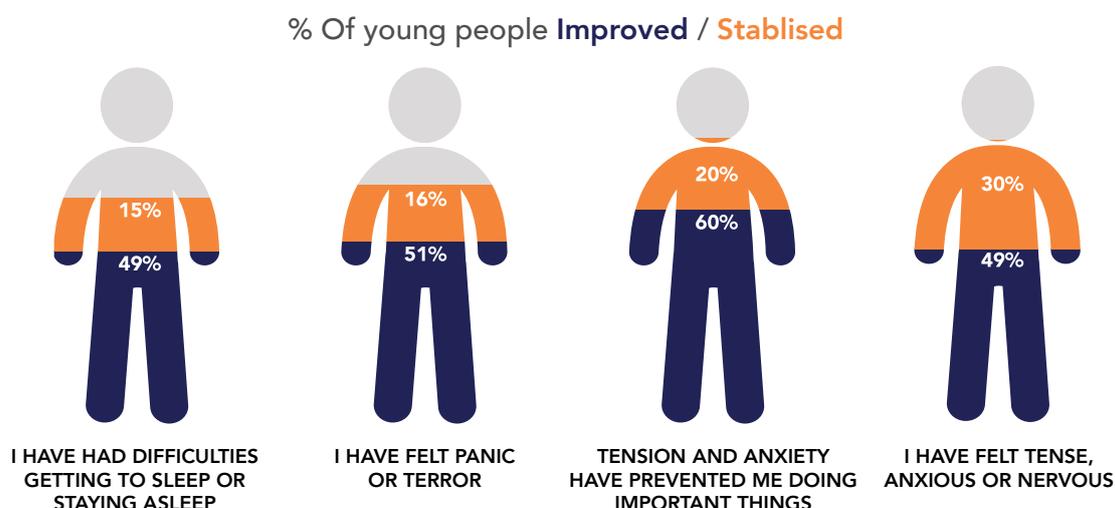
Anxieties, manifested in general as well as specific terms, was highly prevalent amongst the young people treated by the Brent Centre for Young People. General anxiety was the second most prevalent, with the highest prevalence of severe cases, of the mental health/emotional difficulties assessed by therapists (Fig 5 above). Where pre- and post-therapy comparisons were possible, 78% of young people improved or stabilised their general anxiety, 100% stabilised with respect to their anxiety about the future, 100% improved or stabilised with respect to their phobias, and 75% improved or stabilised their anxieties about their sexual orientation.

FIG 9: OUTCOMES FOR ANXIETY-RELATED DIFFICULTIES, FROM CAF EVALUATIONS



Young people’s self-assessments also indicate positive achievements in relation to anxiety (Fig 10). Where pre- and post-therapy comparisons were possible, 64% indicated improvement or stabilisation of sleep difficulties, 67% indicated improvement or stabilisation of feelings of panic or terror, 80% indicated improvement or stabilisation with respect to anxiety preventing them from accomplishing important things, and 79% indicated improvement or stabilisation of feelings of tension, anxiety, or nervousness.

FIG 10: SELF-REPORTED ANXIETY-RELATED OUTCOMES, FROM CORE-OM EVALUATIONS



The lessons drawn from the experience of the project for the organisation includes:

- Contribution towards plugging an immediate gap in resources for the adolescent mental health service support provided by BCYP to be able to reach and support young people in Brent.
- The ability to reach and support young people experiencing increased emotional and mental health problems due to the Covid-19 pandemic.
- Enabling flexibility within the organisation to be able to allow young people to decide on the form of treatment and the designing of interventions that were sufficiently flexible around their needs and specific condition was critical to ensuring take up of services in working effectively with disadvantaged adolescents with mental health difficulties.
- The experience accumulated demonstrated the capacity and agility of the organisation to confidently introduce remote working with young people.

CASE STUDY

This case study has been anonymized and some of the details have been changed to protect the identity of the young person while providing an illustration of our therapeutic interventions supporting young people with complex mental health difficulties. However, please contact us if you intend to use the case story.

C was referred by the GP after a distressing period of experiencing psychotic symptoms. C's mood was flat, and he described a state of total disinterest in himself or his life. The psychotic symptoms had been frightening and threatening and had left C with a lack of trust in himself, other people, and his environment.

C came from a close-knit family but experienced an early childhood of emotional neglect and violence within the sibling group. He found it confusing to make sense of a childhood where material wealth was at odds with a paucity of emotional experience and containment.

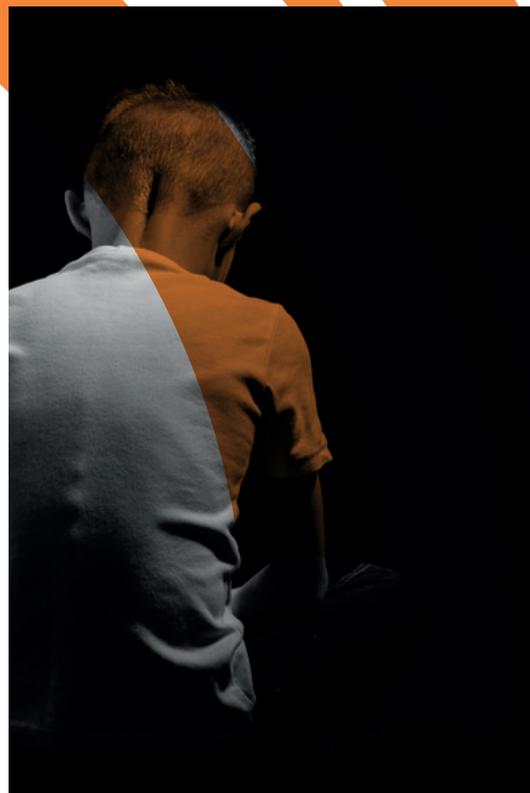
At secondary school he was bullied by other boys and struggled with his friendships leading him to drop out. When he came to the Centre, he had been out of education for over a year.

C found it hard to engage with any therapeutic work to begin with. His own ambivalence and that of his family led to missed sessions or coming late. However, despite some resistance from his family, C started to come by himself and on time.

We explored issues around his past experiences which had left him feeling unlikeable and somewhat damaged. He came to recognise the far-reaching nature of his problems that made growing up and becoming an adult a negative prospect.

Although over time there were concrete improvements in his life such as holding down a part time job, getting into university and making some individual friends, C still felt at times flat and unable to feel any lasting pleasure in these achievements. His thoughts were centered towards his family experiences rather than being able to look outwards and towards a future. However, he started to feel dissatisfied with the status quo and to wish he could feel more comfortable with himself and others. We thought about an ending as a move away from the Brent "Adolescent" Centre as symbolic of a wish to step into a more adult world.

Having set a date to finish at Christmas 2020 one of his parents died suddenly of Covid-19 within a week of diagnosis. C regressed in terms of his ability to take care of himself and withdrew into his room, leaving it only to be brought to his sessions. He described being filled with negative thoughts and a wish not to be here. An ending at this point, while having to mourn a parent was not in his interest and the team decided that a further period of therapy should be offered.



PRIORITY



Jason Roberts
FOUNDATION

ORGANISATION

Jason Roberts
Foundation

PROJECT NAME Bridgestone Wellbeing Programme

PROJECT OBJECTIVES

The main purpose of the funding was to work with families who have been affected by Covid-19 because of social and mental isolation.

The programme entailed reaching out to those in need to strengthen families and communities with the aim of building skills and resilience and improve the life chances of children and adults more widely.

The delivery of the objectives would be through regular physical exercise, and multi-agency approach to providing support that can improve the mental health and wellbeing of children and young people.

SOCIAL ISOLATION

MENTAL HEALTH AND WELLBEING NEEDS/CONCERNS

The mental health and wellbeing concerns that underpinned the design, development and implementation of the project included both physical and mental health and wellbeing considerations:

- **Social isolation and loneliness** due to the social restrictions in place which led to anxiety and, in some cases, depression.
- **Anxieties** brought about by the COVID-19 pandemic, in particular physical fitness/weight gain, finances due to job losses, inability to work, restricted income, and the impact on long-term aspirations in the older teens.
- Supporting children to **adapt to the new school environment**, especially transitioning back into school, or moving on to another school/education setting.
- **Bereavement** – some of our children and families had suffered bereavement during the pandemic. For others the fear linked to the number of cases and deaths in the Brent area, heightened levels of anxiety. This translated for some, into concerns about returning to school.

PROJECT OUTCOMES

1. **Reduced the level of isolation experienced by children, young people, and families**
2. **Reduced the level of anxiety reported by children, young people, and families**
3. **Develop the confidence of children, young people, and families to access bereavement counselling**
4. **Reduce the level of reporting of children and young people in scope to the project infracting COVID guidelines in school**
5. **Children, young people, and their families feel confident in accessing public services including health and social care where needed as self-reported**
6. **Parents and children will have a plan in place to cope with restrictions in movement because of either a local or national Tiered lockdown**

ACTIVITIES/PROGRAMME

The programme consisted of 3 sessions a week involving drama workshops, dance, vlog, family exercise and wellbeing workshops.

Experiences, for example, included being afraid to come out to meet up with friends, by using sport and physical activities, such as dance, drama, boxing, fitness classes, this was found to have helped to ease some of the then frustrations.

The programme, due to restrictions, has meant delivery online via Zoom, which to included:

- Family based fitness programmes
- Outside sessions (U16yrs)
- SEN/D programmes, incl. 1-2-1 basis
- Online: family group sessions
- Drama programme



The sports and fitness sessions included planned activities such as use of the outside gym spaces, HIIT fitness sessions, football, teqball, table tennis, basketball, netball, boxing, dance, vlog, and yoga.

To ensure that participants who wanted to take part in the online sessions had the right equipment, JRF loaned out some small items of fitness equipment (resistance bands, kettle bells, etc.), footballs and marker cones for the young people to practice their football techniques, and mini trampolines and sensory equipment for our young participants with learning and physical disabilities.

Over the period January to June, JRF delivered 1-2-1 outside sports and fitness sessions with children and young people who have been diagnosed with SEND and worked with sports coaches to identify highly vulnerable young people to attend 1-2-1 training and mentoring sessions at agreed times.

They also conducted community outreach to ensure contact was maintained as part of the ongoing support and 'mentoring' support to the more marginalized, and isolated residents.

PROGRESS, OUTCOME, AND IMPACT

Progress and impact made in the immediate to short term included:

- Maintained contact through outreach and other alternative sessions (see below challenges also), conducted online activities, group chats and outside sports and fitness activities where regulations allowed.
- Young participants created their own forum which they are using as a platform to interact, share ideas, to support one another, and most importantly, to talk.
- Designed a baseline questionnaire and feedback questionnaire that participants completed at the start and end of the project, to enable us to determine if the project had delivered in the priority areas we had intended to address.
- Based on the responses to the feedback schedules:



Social isolation:

72% of participants made new friends on the programme



Building resilience:

69% tried new sports on the programme while 90% felt more confident since joining the programme



Promoting health and wellbeing:

77% took part in regular sporting activity before coming on the programme and since being on the programme, 90% of participants indicated continuing to take part in regular exercise/sporting activity. 100% of participants said they felt healthier after taking part in the programme with 95% saying they felt happier after taking part in the programme



Supporting children to adapt to the new school environment, especially transitioning back into school, or moving on to another school/education setting:

Through 1-2-1 and group discussions with the young participants and parents/carers, 10 children (and some parents) who had anxieties about returning to school, or a new school/education setting, particularly linked to health concerns due to the ongoing pandemic, were identified for targeted support. JRF liaised directly with the Head Teachers of the schools/college to ensure these students were supported in their transition back when the restrictions were lifted. All students made a successful transition

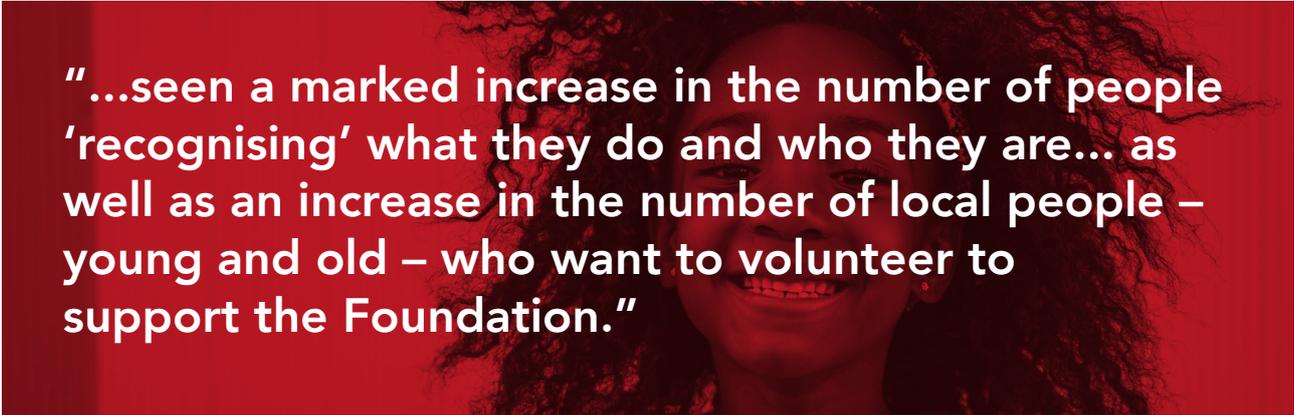


Support with bereavement counselling and transition back to school:

Those participants who expressed the need for support in coping with recent losses, they were signposted to specialist services

SOME OF THE CHALLENGES THAT THEY ENCOUNTERED INCLUDED:

- Responding proactively and creatively to the challenges being faced over the course of the project, with the changing restrictions and lockdowns. Where the project was unable to deliver activities in person, they were able to move sessions online and worked collaboratively in delivering virtual sessions (i.e. **Cultural Media Centre (CMC)**, including a round-table discussion on Climate change and the environmental strategy with **Brent Council**, an interview with footballing legends including **Andrew Cole** and **Emile Heskey**, **Health Watch Forums** with local GPs and other health professionals on the panel, discussing a range of topics including isolation and loneliness, anxiety, and the impact of physical exercise on mental wellbeing, as well as our planned drama group sessions, yoga, and dance and fitness sessions).
- Participants were enthusiastic about returning to recreation, sport, and physical activity after the 'lockdown' restrictions and were keen to stay physically active and connected during times of lockdown/restrictions through participating in the online activities, events, and community initiatives.
- More **specialist training for members of staff** to be able to identify and deal with (before referral to specialist services) mental health issues and concerns.



"...seen a marked increase in the number of people 'recognising' what they do and who they are... as well as an increase in the number of local people – young and old – who want to volunteer to support the Foundation."

SOME INDICATION OF THE LESSONS LEARNT FOR THE ORGANISATION ARISING FROM THE EXPERIENCE INCLUDED:

- Throughout the pandemic JRF found new and creative ways to continue supporting the young people other than through delivery of activities in-person. They as with many organisations, have found that delivery online afforded them similar (not same) opportunities to engage and made them think about programme design and development. From these new ways of working, they have found that they were **engaging with parents** and, in some cases, saw an **increase in fathers wanting to be involved** in the care of their child/children, especially with regards to those with SEND where they were used to engaging more with the mothers rather than the fathers.
- They also commented on recognizing **the need for the organisation to have adequate training around trauma** to help them to be able to identify and support issues such as bereavement as part of signposting approaches into specialist support services.
- More **parents were keen to stay connected and in taking part in activities with their children**, rather than dropping their children at the centre as would have naturally been the case. From this JTF had seen a marked increase in the number of people 'recognising' what they do and who they are (i.e., Network groups and forums being created amongst the participants, as well as an increase in the number of local people – young and old – who want to volunteer to support the Foundation. There had been an **increase in community spirit** with participants saying they **felt more connected to the area and their community**.

CASE STUDIES

BM is 6 years old from Stonebridge. BM is an only child and through the lockdowns has been isolated from friends and family. The dance classes have become an outlet and she has made several friends through attending the classes. The motivation for getting involved is the need for a constructive physical and social outlet.

BM attended all sessions, all of which were face to face. **BM has developed into a confident dancer, and she thoroughly enjoys the social aspect of the classes.** In her own words BM told us:

"I love the classes; I have made lots of friends."



RJ is 16 years old who attends the dance classes with his younger relatives. RJ gets fully involved in group activities and **was motivated to getting involved because he wanted an opportunity to gain work experience.**

RJ attended 5 sessions all of which were face to face sessions. **RJ grew in confidence, showing a mature attitude to leading a group.**

He told us:

"I enjoy gaining experience. I like to volunteer and take part in the games."



ORGANISATION

Creative Genies

NAME OF PROJECT

Digital Dialogues

PROJECT OBJECTIVES

To bridge the gap between those experiencing social isolation, the project sought to support those with mental health concerns through art-based therapies in a socially inclusive setting, and in so doing, provide coping strategies by way of outlet and support.

MENTAL HEALTH AND WELLBEING CONCERNS PRESENTED

Young people experiencing isolation concerns.

PROJECT OUTCOMES

1. **Reduced the level of isolation experienced by children, young people, and families**
2. **Reduced the level of anxiety reported by children, young people, and families**
3. **Develop the confidence of children, young people, and families to access bereavement counselling**
4. **Reduce the level of reporting of children and young people in scope to the project infracting COVID guidelines in school**
5. **Children, young people, and their families feel confident in accessing public services including health and social care where needed as self-reported**
6. **Parents and children will have a plan in place to cope with restrictions in movement because of either a local or national Tiered lockdown**

ACTIVITIES/PROGRAMME

The sessions were focused on increasing the artistic and creative ability of participants, which entailed using art as a medium for self-exploration. This involved sharing and capturing dialogues about experiences openly to be able to work through issues and concerns.

Participants were supported by Art therapy counselling sessions where participants were encouraged to identify the issues that they were experiencing as part of the 'creative ideas' generating approach. These sessions enabled the participants to understand their feelings, in particular those parts of themselves and behaviour which may have been overlooked or not considered before. Thus, sessions explored the following questions with participants using visual art images and concepts:

1. **Difficult Emotions.**
2. **What fears you face? What difficult emotion?**
3. **Identify the emotional avoidance strategy?**
4. **Coping thought.**



Art therapy is a promising tool where participants can acquire coping strategies as well as generating creative ideas; the approach provides an opportunity for participants to

“tune in and get immediate help.”

In some instances, participants can access ‘painful’ moments in their experience which can then be helped.

The below image of the ‘coping toolkit’ framework provided goes some way towards helping participants to identify key drivers and options.

Coping Toolkits

CREATIVE GENIES

Inspiring People For A Better Creative Future

Situation:	Automatic Thought:	Coping Thought:	
What is the situation?			
Situation	Automatic Thought	Emotional Avoidance Strategy	Result/Effectiveness

Included in the programme was the use of the Tree of Life, which is an adapted version of the Worry Tree (i.e., a diagram of a tree and scaled with propositions which are then explored in a group).

This approach allows participants to engage and focus on solution; that is, identifying the issues to be able to move forward.

Much of the work was conducted through interaction in group sessions where participants share experiences and concerns to help break down barriers and concerns around isolation and much besides. Due to the covid restrictions, sessions had to be redesigned to be compliant with safety measures, especially within a group setting. The project had to access the online Zoom platform where they were able to provide 1:2:1 support sessions for those who most needed it.



PROGRESS, OUTCOME, AND IMPACT

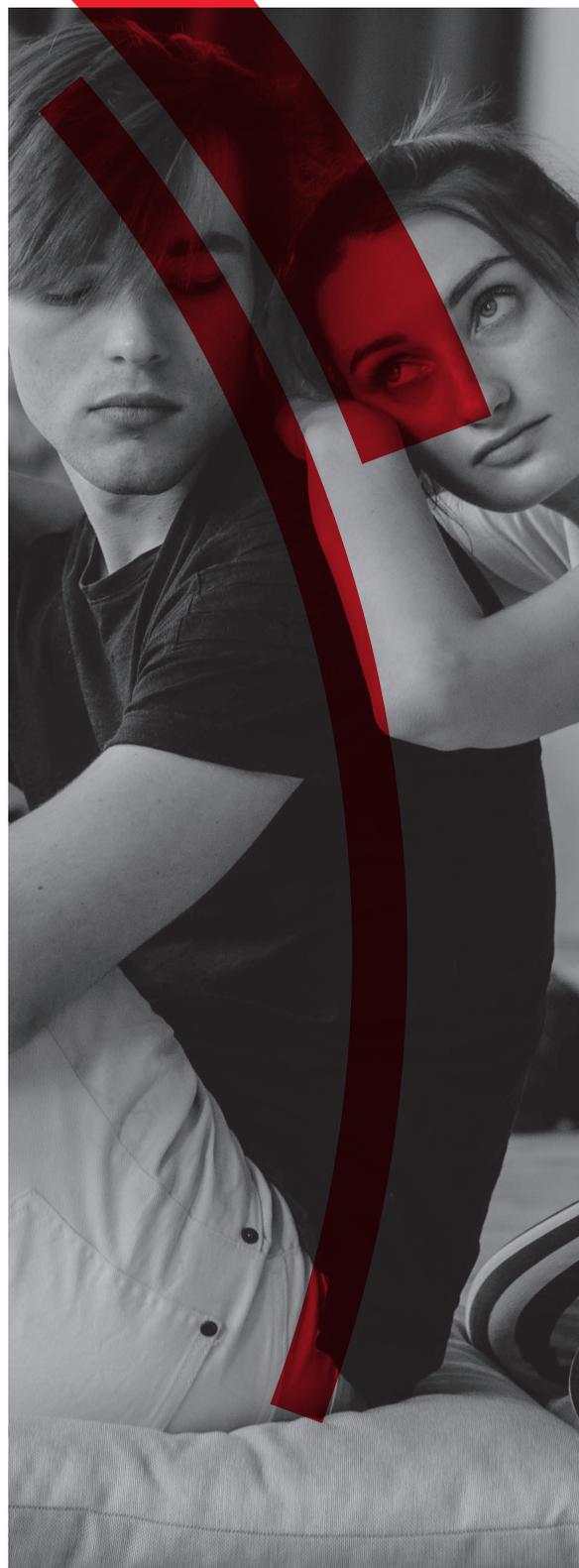
The immediate and short-term progress and impact of the programme on participants included:

- Participants increased their levels of wellbeing.
- Self-exploration in considering alternative wellbeing options.
- Young people were more willing to share their experiences with increasing sense of confidence as the sessions progressed and they engaged in the dialogue sessions leading to heightened participation in development of creative initiatives.
- 1:2:1 session showed decrease in anxieties in participants with more focus and open communication taking place.
- More interest in self exploration, self-expression supported through the help of the 'coping strategy toolkit' they were introduced to.
- For those who expressed as sense of 'detachment' commented that there was a sense of 'relief' arising from the Art Therapy sessions, which will need to be explored further with mental health specialists.
- 36% of men indicated an improvement in their mental health state identified as emanating from the sessions, while more women, appeared to be more responsive to the art therapy. This may be due to the emotional content of the approach and the materials used.

Volunteers have felt more enthusiastic after sitting in on sessions which they found to be of some benefit in theory role; some of reached out to offer 'light befriending' and have gone on to develop niche groups for participants to break their isolation (e.g., a 'women's theatre group' emerged from this process; taking a group out to the theatre).

LESSONS LEARNT FOR THE ORGANISATION

The organisation has identified that an area for improvement in going forward will be in better reporting, especially the referral process and keeping up to date with the ever-changing landscape of social prescribing, Link workers and GP practice. Additionally, the organisation recognizes that improvements will need to be made in the registration process prior to the online group events in the same way it is for the 1:2:1 sessions.



CASE STUDY

S was a young woman aged 15yrs who was experiencing family breakdown with respect to communication with her mother, who felt she should continue a relationship with her boyfriend. She had missed out on lessons for quite a large part of her schooling and there were fears of falling into the wrong company. There was no stable situation at home for her and no encouragement in her love of creative pursuits; she also suffered from low self-esteem, presented in terms of feeling “not being good enough”.

The 1:2:1 sessions with her social worker on regular visits were helpful in break the ice which enabled her to engage where S was able to identify an interest in ‘creating live art’.

S was not interested in “pretty pictures” but in “self-exploration and self-expression.”

The things she could not easily say or express to her mother, to other family members were reflected in her pieces. She then decided for the first time to participate in one of the open group workshops, whereas before she was apprehensive and did not engage. During the session S created spoken word pieces as part of her willingness to share, which allowed her to gain deeper insights into her behavior and to reflect on her circumstances.

She expressed that there will be a time for her mother to come and watch the ‘piece’ though not just yet. As of now, what has been helpful is ‘reflective practice’ and the knowledge that she has a ‘talent’, and she can create some wonderful work. **The sharing of experiences and dialogue had in some way given her self-confidence which is improving with each session she attends.** She is now putting together her portfolio of work to consider for 6th form college on an Applied Art Course.

The skills learned on the sessions focused her mind on healthy ways and helped to enhance what participants already know, it’s a question of how to pull it out of them; and how that is done is critical.





ORGANISATION

The Iraqi Welfare Association

PROJECT NAME

Stronger You

PROJECT OBJECTIVES

To provide up to four workshops to address mental health and wellbeing concerns in respect to:

- Improve the intensity of feelings of isolation, sadness, anxiety and other mental health complaints in children and teenagers
- Providing information, resources, behavioural techniques that parents can learn and apply in their homes for children who are dealing with mental health difficulties
- Counter-act the negative effect covid is having on children such as feelings of hopelessness, negative thinking, reduction in self-esteem

MENTAL HEALTH NEEDS

Young people presented concerns over isolation, depression, mood swings and anxiety.

PROJECT OUTCOMES

1. **Reduced the level of isolation experienced by children, young people, and families**
2. **Reduced the level of anxiety reported by children, young people, and families**
3. **Develop the confidence of children, young people, and families to access bereavement counselling**
4. **Parents and children will have a plan in place to cope with restrictions in movement because of either a local or national Tiered lockdown**

ACTIVITIES/PROGRAMME

The sessions covered:

FAMILY RELATIONS

Which included dealing with difficult living situations during covid, clash with parents, not feeling part of a family unit and even in some cases a child trying to run away from home.

The community outreach officer worked with the families as there were no direct access or support for the children themselves. For example, there were teenage children struggling due to their parents divorcing over lockdown without support networks helping them. Specific activities included ice breaker introductions and various real life case studies presented to which the children had to vote via zoom voting feature with discussions arising from the answers provided (e.g., a child overhearing her parents arguing).

COPING WHEN LIFE IS DIFFICULT

Where activities included scenarios presented to the children about dealing with issues as well as depression and anxiety, with discussions around coping skills, some of which were introduced and reflected upon by the group (e.g., the boys being told about journaling as a method to cope).

Traumatic events such as poverty, domestic abuse, bereavement can (and do) heighten anxiety and depression and other mental health difficulties, and as such, **qualified counsellors and advisers were on hand to support facilitators who were not trained counsellors.**

CONFIDENCE AND SKILLS SESSIONS

Involving ice breaker activities, an activity where they had to draw their 'guild' of who they are and what makes them special and some reality vs fake social media comparisons. These sessions included splitting the children into groups where they shared one thing, they did recently that they were proud of.

POSITIVE MIND FRAME AND MOTIVATION

Activities included watching motivational videos by various speakers following which participants discussed key lessons learnt. An aspect of this programme was to tackle negating attitudes and feeling of demotivation.

In total 16 sessions were delivered, which included four family sessions in which the young people were also engaged. Each young person was engaged for a total of 10 hours (peer group sessions and family sessions).

PROGRESS, OUTCOME, AND IMPACT

The progress made was measured using both quantitative and qualitative assessment tools. When participants registered, they were given a list of statements to which they had to circle their response and same was administered at the end (example below):

STRONGER YOU KIDS PRE - SESSION FORM

FULL NAME: [REDACTED]
AGE: 12
CONTACT MOBILE: [REDACTED]
FULL ADDRESS: [REDACTED]

PRE-SESSION ASSESSMENT:
FOR THE FOLLOWING QUESTIONS - 1 IS HIGHLY AGREE, 2 IS AGREE, 3 IS NEITHER AGREE OR DISAGREE, 4 IS DISAGREE & 5 IS HIGHLY DISAGREE

HOW FAR DO YOU AGREE WITH THE STATEMENTS?

- "I SOMETIMES FIND IT DIFFICULT TO DEAL WITH FAMILY DISAGREEMENTS EITHER WITH MY PARENTS OR SIBLINGS" (2)
- "I KNOW WHAT TO DO AND HOW TO COPE WHEN LIFE BECOMES A LITTLE BIT DIFFICULT - SUCH AS WHEN I'M FEELING SAD" (4)
- "I HAVE VERY HIGH CONFIDENCE IN MYSELF AND MY ABILITIES" (2)
- "I WAKE UP EVERYDAY WITH A POSITIVE ATTITUDE" (3)
- "I FEEL COMFORTABLE TALKING TO MY PARENTS ABOUT ANY PERSONAL ISSUES I AM GOING THROUGH" (1)

WHICH PART OF YOUR OWN WELLBEING DO YOU WANT TO WORK ON DURING THESE PERSONAL DEVELOPMENT WORKSHOPS?

I want to work on my self control and being calm

zoom

STRONGER YOU KIDS PRE - SESSION FORM

FULL NAME: [REDACTED]
AGE: 12
CONTACT MOBILE: [REDACTED]
FULL ADDRESS: [REDACTED]

PRE-SESSION ASSESSMENT:
FOR THE FOLLOWING QUESTIONS - 1 IS HIGHLY AGREE, 2 IS AGREE, 3 IS NEITHER AGREE OR DISAGREE, 4 IS DISAGREE & 5 IS HIGHLY DISAGREE

HOW FAR DO YOU AGREE WITH THE STATEMENTS?

- "I SOMETIMES FIND IT DIFFICULT TO DEAL WITH FAMILY DISAGREEMENTS EITHER WITH MY PARENTS OR SIBLINGS" (3)
- "I KNOW WHAT TO DO AND HOW TO COPE WHEN LIFE BECOMES A LITTLE BIT DIFFICULT - SUCH AS WHEN I'M FEELING SAD" (4)
- "I HAVE VERY HIGH CONFIDENCE IN MYSELF AND MY ABILITIES" (2)
- "I WAKE UP EVERYDAY WITH A POSITIVE ATTITUDE" (3)
- "I FEEL COMFORTABLE TALKING TO MY PARENTS ABOUT ANY PERSONAL ISSUES I AM GOING THROUGH" (3)

WHICH PART OF YOUR OWN WELLBEING DO YOU WANT TO WORK ON DURING THESE PERSONAL DEVELOPMENT WORKSHOPS?

I want to work on being more motivated and having a positive attitude. I want to avoid procrastinating and deal with stress better.

The pre and post assessment questionnaires allow us to get a sense of the distanced travelled because of the programme.

From this, the results showed a 54% Positive change in results across all questions relating to family, coping with difficulty, self-esteem, and motivation.

In addition to the pre and post programme comparison scores comments and reflections from the parents and children were also captured using SurveyMonkey feedback form.

Below are some of the comments received (see also the video link below):

A few weeks later, the mum of one of the boys mentioned that her 15-year-old son, out of nowhere, started asking how her day went – and opened about how HIS day went – a previous rarity. **As a result, they had become more open with each other, and she felt a lot closer to him.**



The impact on the organisation was that it helped the organisation to **better support the community and raised the profile of the organisation and its work.**

In terms of the young people who participated on the programme, they were **introduced to skills which they were able to practice that will stay with them and, for some, will be life changing.** For example, the lesson on coping with life's difficulties and the advice on reaching out when help is needed and talking to someone, they trust were lessons that many had reflected back as 'take-aways'.

For example, the facilitator involved on the session looking at 'family troubles', was giving some practical points of advice to the boys, one of which was to ask them to ask their parents how their day was and to take an interest in their life. He told the boys that their parents were people too with their own set of feelings and that fostering a healthy relationship works two ways and requires effort.

Two main challenges faced were in relation to the course design and delivery approaches, where **restrictions prevented the ideal delivery mode of face-to-face sessions**, which would have enhanced the experience. The resultant approach, helpful as they were in going online, meant having to adapt and engage at a distance which did not have the same effect and meant having to hire 'technical' experts to assist with the sessions alongside counsellors etc. Costs therefore increased.

The other area of challenge was about ensuring more interactive activities with the young people as well as in working with the adults. **Less talking and more session time needed to get all the key messages across.** These are factors that would improve over time.

CASE STUDIES

A video summarizing the stories of several children and how the project has helped them can be accessed via the link:

<https://www.youtube.com/watch?v=4kR7dj6fWEU>

SECTION 3: **CONCLUSION**

RECOMMENDATIONS
APPENDIX

SECTION 3

CONCLUDING REMARKS AND RECOMMENDATIONS

This report is concerned with the identification, development, support, and effectiveness of certain types of programmes that could be put in place to support children and young people's mental health and wellbeing. Of concerns raised were the **impact and implications on the mental health** of Black, Asian and minority ethnic (BAME) young people as indicated in the Brent Black Community Action Plan (BBACP). Against this backdrop several observations are discernible.

The first observation to note is that most beneficiaries were from Black, Asian and minority ethnic communities.

Secondly, based on interviews and the reports provided by the organisations funded through this programme, it is evident that short term support opportunities covering, say 6 to 12 months, required consistency and longer-term engagement⁵. The issues presented were mere tips of a large iceberg of concerns, sometimes woven around family issues and at times located within a context of growing pangs as the child moves through adolescence. Placed within a global and restrictive health pandemic only adds further to that mix, especially where economics and political imperatives collide with health and wellbeing considerations.

Traversing these dilemmas at this time, and under the cloud of a massive disruption to **what we would have taken to be 'normal' is anything but normal**; conditions upon which uncertainties exist and with that, emotional turbulence and conflict arises and become exacerbated. These then formed some of the challenges that all the projects had to face: **How to deliver programmes that were previously delivered as face-to-face sessions and that were essentially around social interaction?**



⁵The only organisation failing to provide sufficient information and engagement with the process was Ansar Youth Project, which may have been due to capacity issues because of the pandemic (see section 2).

Overall, funding provided **2,279 sessional hours of engagement delivered to 1,221 children, young people and parents** with the overwhelming majority being young girls or women (e.g., 60% - Fig 3).

As shown in Fig 4 (Section 2), most of the funding went towards the: **BUILDING RESILIENCE PRIORITY (31%)** with most organisations achieving outcomes relating to building confidence associated with isolation, anxiety, bereavement and accessing mental health services (Fig 5 – Section 2).

At the pre-start interview stage, interviews revealed that the organisations were excited about the prospect of undertaking the work, though some were unclear as to the mental health implications they were addressing and how they would be able to:

- a. identify the signs;
- b. have in place suitable monitoring and needs assessment processes;
- c. signposting where they may not have the necessary skills.

Indeed, a few seem to believe, for example, that their 'sports coaches' will be able to identify mental health needs and be able to address those simultaneously while conducting physical activity exercises.

Some were unable to identify concrete examples of the types of mental health issues that they have seen/recognised during existing sessions, often instead, relying on anecdotal reflections.

By the end of the programme, it was heartening to see that most organisations had put in place measures to assess the journey of participants and to be able to demonstrate distance travelled using either industry standard assessment tool or their own bespoke pre and post programme assessment tool.

And as seen earlier, they were able to refer individuals who needed specialist support onto agencies better equipped to support them (n=169 – Section 2).



As can be seen from the report on each project, the most common form of mental health needs presented were in relation to anxieties and isolation, though there were other areas of concerns presented by individuals. For most young people, having a safe space with someone willing to listen and offer them 1-2-1 opportunities to **'unload'** was sufficient to allow them to **'open-up'**; and it is in the opening-up that therapeutic opportunities lie.

In broad terms, the range of concerns being dealt with by organisations in scope to the grants programme revealed the following areas of concerns presented:

a. Anxiety, low self-esteem, self-care, self-regulation, building positive relationships, motor-skills, bereavement, managing anger, social skills, transitions, loneliness, and depression

b. Moderate to mild anxiety, with some having acute mental health concerns like OCD

c. Identifying the signs, impact, and coping strategies of mental health concerns

d. Loneliness, isolation, depression, mood swings and anxiety arising from restrictions due the COVID-19 pandemic

e. Autistic people adversely impacted by isolation and/ or anxiety during the covid-19 pandemic

f. Effect on physical fitness/ weight gain, finances due to job losses, inability to work and restricted income

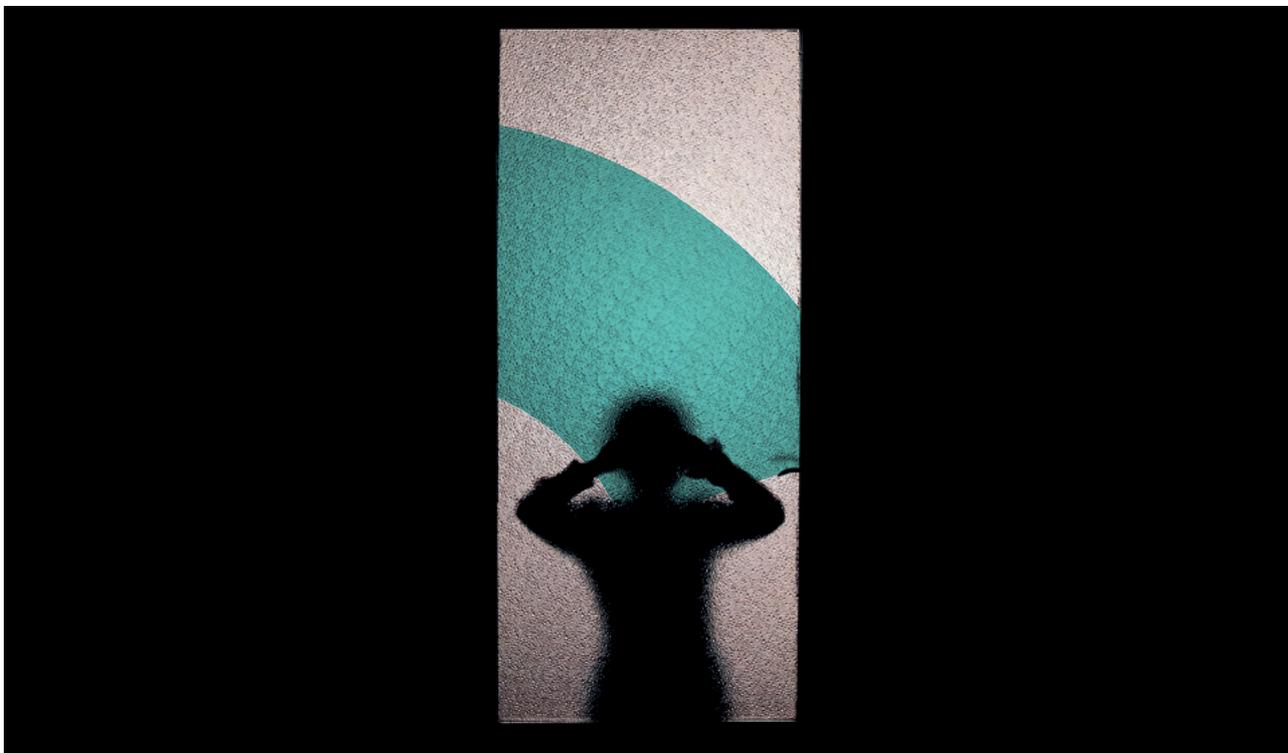
g. Supporting children to adapt to the new school environment, especially transitioning back into school, or moving on to other school/education settings

h. Bereavement – some children and families had suffered bereavement during the pandemic, added to the wider impact of deaths in Brent, raised concerns heightened levels of anxiety in some people (some children and young people feared going back to school)



Those projects that utilized and experimented with 'therapists' as an integral part of how they deliver sessions, found that:

The young people were carrying 'a lot of baggage', some having issues with parents that threatened to see them leaving home.



We heard from organisations such as West London Zone, Brent Centre for Young People, Unique Community Charity and Creative Genies, included therapists in how they worked and elsewhere, organisations like the Jason Roberts Foundation, in using outreach and detached approaches to engage and provide 1-2-1 opportunities. **All projects made use of referral partners where they did not have the capacity or expertise.**

What was clear is that, with perhaps the exception of Brent Centre for Young People and West London Zone, all the other organisations were not specialist mental health providers, which implies the need to **identify providers who are specialist 'mental health' providers and those that provide what could only be termed 'wellbeing' support.**

This is in no way implying some form of ranking and weighting, with those offering specialist mental health support somehow more important than those offering wellbeing support.

In fact, those offering wellbeing support are perhaps well placed to identify those needing the more specialist outlet and therefore it is more a partnership and collaborative arrangement than a competing consideration (i.e., referral pathways/ partnerships to be encouraged).

Furthermore, given the high level of 'confidence raising' focused programmes that were in place and the range of positive feedback observed through the Case Studies and feedback examples, the evidence suggest strongly that **wellbeing support is a priority in offering early support, guidance, and referral opportunities as is programmes such as 'Mental Health First Aid'.**

We heard from those offering sports opportunities, creative arts and media opportunities and information, advice, and guidance, all of which played crucial and **important roles** in raising awareness and providing information alongside opportunities **for individuals to feel confident about themselves** at a time when that may be at a very low ebb; especially where they may be feeling a sense of inadequacy.

Organisations had to contend with challenges driven by the restrictions imposed because of the pandemic. Right from the outset we entered a second national lockdown before any of the organisations could make a start, when meant long delay before some of the restrictions were eased or lifted, which continued from November through to May with the national lifting of all restrictions expected to take place on 19th July. What this meant was that the end of the programme had to be extended to end of June with virtually

all programmes having to take place online – the exception to this were those that worked in schools, where schools re-opened in March/April (only one project was working in schools).

Online programme delivery posed its own problems for some projects as they were very much practically oriented and traditionally relied on physical contact, such as sport, arts, and drama workshops.

Not only this, but some organisations were struggling financially to stay afloat due to restrictions on funding for core cost in contrast to 'covid emergency funding' that they were accessing; some had furloughed staff while others had to release staff.

Ironically, the delayed start helped some organisations to secure volunteers during the interim and to put in place training such as, for example, mental health first aid training and development of assessment tools.



At another level, due to the closure of schools during the second lockdown, **the priority relating to maintaining attendance in school was not possible as schools were closed;** alternative approaches therefore had to be approved. This priority therefore was perhaps the weakest area to determine achievement as for a period of months 'attendance' was no longer a factor to consider as children were being home-schooled.

The outcomes achieved echoed some of the findings from a recently published consultation report based on the **Northwest NHS Health Authority Partnership area**⁶.

In that report, as with this report:

- 1.** The COVID-19 pandemic and subsequent lockdowns had made many existing child health and wellbeing problems worse.
- 2.** The pressure and circumstances within families were having a negative impact on children and young people's health, wellbeing, and development, which had been intensified over the lockdowns; and
- 3.** The lack of face-to-face social interaction, leading to isolation, was influencing children and young people's sociability as an unintended consequence of the restrictions.

⁶ Health and wellbeing for children and young people: What matters? Spring 2021; The National Institute of Health Research's School for Public Health Research; Northwest London integrated care system (ICS); Imperial College; Imperial Patient Experience Research Centre.

Evidence indicates there are considerable concerns amongst children and young people over the impact on their mental health and wellbeing resulting from restrictions and fear of contracting the COVID-19 virus.

As more and more young people are now contracting the virus there is the need to better understand the concerns of children and young people by establishing levels of concerns over the taking of vaccines as well as impact on those who have lost loved ones. The Brent Centre for Young People experience, for example, showed (Fig 4) that suicidal concerns expressed by young people is real and represents a crisis bubbling just under the surface, which would be best dealt with by trauma and bereavement specialists.

The survey outcome reflects some of the results found in the Kooth Report (June 2020), where they found that “suicidal thoughts, self-harm and anxiety all saw significantly higher increases than were seen among white CYP.” And further, a young person reported:

“I’ve had enough of my family. I feel close to giving up as I now have nothing to live for. I miss friends. I feel so alone and trapped.”

[Kooth Report, June 2020]



The final words rest with some of the voices of the young people engaged on the programmes supported through the funding:

“I enjoy gaining experience. I like to volunteer and take part in the games.” [JRF]



“...you really helped me understand my son’s behaviour”. [RFA]



J is a year 6 student and has been diagnosed with autism spectrum disorder (ASD). Both the school and J’s mum were concerned about his social skills and emotional regulation, especially ahead of SATs and his transition to secondary school. The school identified a regression in J’s behaviour in class, where J can get sad, anxious, and frustrated when things don’t go to plan and when he finds things difficult...**As the therapy progressed, J was able to take further ownership of his thoughts and feelings.** There were also some behavioural changes noticed, as J shared more positive aspects of his week and shared more positive feelings towards himself.” [WLZ]

RECOMMENDATIONS

1 Given the approaches adopted by the organisations, and considering the outcomes achieved, it might be worth YBF considering reducing the priorities to at least **four core themes** set against **two delivery principles** of 'mental health specialist services' and 'wellbeing support services'. For example:

MENTAL HEALTH SERVICE SPECIALISTS (TARGETED)

- Coping strategies and building resilience
- Bereavement and trauma support

WELLBEING SUPPORT SERVICES (UNIVERSAL):

- Advice, information, and awareness (i.e., increase access to services and provisions)
- Providing social and creative learning enrichment opportunities that develops personal capacity and skills (i.e., build personal resilience, confidence, and coping skills)

2 YBF could use its influence to take positive steps, with partners, to raise awareness both within the sector and within the black communities of the issues and barriers that face black and minoritised communities around accessing mental health services.

3 As more and more young people are now contracting the virus, there is the need to better understand how they are now responding to this concern, especially as reports seem to suggest that the highest level of 'vaccine hesitancy' is amongst young people.

4 To better inform this priority within the BBCAP, some additional work in capturing the incidence of hesitancy amongst young black people specifically is required.



APPENDIX 1

SUMMARY OVERVIEW MATRIX OF FUNDED PROJECT DELIVERY

ORGANISATION



FUNDING PRIORITIES

Supporting CYP to maintain attendance

PROJECT NAME

Mental Health support for children at St Andrews and St Francis Primary

PROJECT OBJECTIVES

Working with therapeutic partner to support children and young people who have social, emotional, and mental health needs to build resilience and adapt to the new school environment.

MENTAL HEALTH NEEDS PRESENTED

Anxiety, sadness, sensory processing issues, low self-esteem, anger management issues, self-regulation issues, bereavement, loneliness, and depression



ORGANISATION



FUNDING PRIORITIES

Advice & Awareness

PROJECT NAME

"DIALOG DESPRE SĂNĂTATEA MINTALĂ" – Discussions About Mental Health

PROJECT OBJECTIVES

Providing information to young people and their families about mental health and wellbeing.

Raise awareness and combat stigmas around mental health and wellbeing.

Providing the information allowing young people and their families to access the live broadcast.

MENTAL HEALTH NEEDS PRESENTED

Having information about mental health, strategies in identifying and maintaining positive mental health and wellbeing and combatting stigmas.

ORGANISATION**FUNDING PRIORITIES****PROJECT NAME****ACTIVE SPORTING COMMUNITY**

Build resilience

LP support and development

PROJECT OBJECTIVES

To increase the confidence of young leaders who can help support and guide their peers as Peer Ambassadors

To listen and implement the feedback from the young people's forum to ensure what is being delivered meets the needs of the young people.

MENTAL HEALTH NEEDS PRESENTED

Depression, anxiety, attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder and eating disorders.

**ORGANISATION****FUNDING PRIORITIES****PROJECT NAME**

Increase access to provision

Music Den

**PROJECT OBJECTIVES**

To provide a 12wks programme using music theatre as a vehicle to engage young people to acquire technical skills in areas such as sound engineering and to pilot an approach involving a music therapist to support those experiencing mental health concerns.

MENTAL HEALTH NEEDS PRESENTED

Loneliness, anxiety, and lacking confidence due to restrictions and wider Covid concerns.

ORGANISATION



FUNDING PRIORITIES

Coping Strategies

PROJECT NAME

Triage

PROJECT OBJECTIVES

Support children, young people and their families/carers that are affected by autism to manage their anxiety and/or isolation through the provision of a dedicated Triage service.

MENTAL HEALTH NEEDS PRESENTED

Behaviour support, anxiety support, communication, coping with stress under lockdown.



ORGANISATION



FUNDING PRIORITIES

Bereavement

PROJECT NAME

Mental Health Services for Disadvantaged Young People in Brent

PROJECT OBJECTIVES

To addressing the gap in mental health services for disadvantaged young people and to improve their mental health, welfare, and life prospects.

MENTAL HEALTH NEEDS PRESENTED

Mental health and wellbeing concerns, generally presented.



ORGANISATION



FUNDING PRIORITIES

Build resilience

PROJECT NAME

Be Brave Be Bold (B4)

PROJECT OBJECTIVES

Identify Primary Emotional Wellbeing Ambassadors from Yr5/6, to champion positive mental health among their primary school peers and act as the voice of their peers.

Identify Secondary Emotional Wellbeing Peer Mentors (Yr9-12), to befriend/buddy up with their Primary School peers.

Focus group discussions to identify what their peers are struggling with, their coping strategies and where they need additional help and support.

Develop resources that the peer mentors could use to support their mentees based on their findings.

MENTAL HEALTH NEEDS PRESENTED

General range of mental health and wellbeing concerns associated with primary-secondary transition.



ORGANISATION

FUNDING PRIORITIES

PROJECT NAME



Social isolation

Digital Dialogues

PROJECT OBJECTIVES

To bridge the gap between those experiencing social isolation, the project sought to support those with mental health concerns through art-based therapies in a socially inclusive setting, and in so doing, provide coping strategies by way of outlet and support.



ORGANISATION

FUNDING PRIORITIES

PROJECT NAME



Build resilience

Mindful Movement

PROJECT OBJECTIVES

To provide a 12wks programme to children, young people and families aimed at reducing anxiety using physical exercise, group games and play to create a socializing environment to encourage the building of friendships.

MENTAL HEALTH NEEDS PRESENTED

Supporting children, young people, and families with anxiety due to lockdown.

ORGANISATION



FUNDING PRIORITIES

Social isolation

PROJECT NAME

Bridgestone Wellbeing Programme (JRF)

PROJECT OBJECTIVES

Reaching out to those in need to strengthen families and communities with the aim of building skills and resilience and improve the life chances of children and adults more widely.

The delivery of the objectives would be through regular physical exercise, and multi-agency approach to providing support

MENTAL HEALTH NEEDS PRESENTED

Children, young people, and families experiencing social and mental isolation and requiring support that improves their general mental health and wellbeing.



ORGANISATION



FUNDING PRIORITIES

Social isolation

PROJECT NAME

Stronger You

PROJECT OBJECTIVES

Providing information, resources, behavioural techniques that parents can learn and apply in their homes for children who are dealing with mental health difficulties.

Counter-act the negative effect covid is having on children such as feelings of hopelessness, negative thinking, and reduction in self-esteem.

MENTAL HEALTH NEEDS PRESENTED

Feelings of isolation, sadness, anxiety, and other mental health complaints.



**“YOU WERE BORN
TO BE *real* NOT TO BE
PERFECT.”**

Ralph Marston



THANK YOU



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