Final

Barnardo's

Brief 3: Supporting children from BAMER groups with mental health and wellbeing needs

May 2021

CordisBright

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1 Introduction

1.1 Background and approach

This brief identifies learning and good practice principles for **supporting children from Black, Asian, Minority Ethnic and Refugee (BAMER) groups with mental health and wellbeing needs**. It is informed by data collected by the Barnardo's led See, Hear, Respond (SHR) programme which was commissioned by the Department for Education.

SHR was funded between June 2020 and March 2021. It brought together a consortium of national and community-based charities and other partners to provide assistance to over 100,000 vulnerable children, young people, and their families, who had been adversely affected by the COVID-19 pandemic.

The overarching evaluation found evidence that despite challenging circumstances **the programme was a success**, **reaching more children** than anticipated and **achieving positive outcomes** for most of the participants.

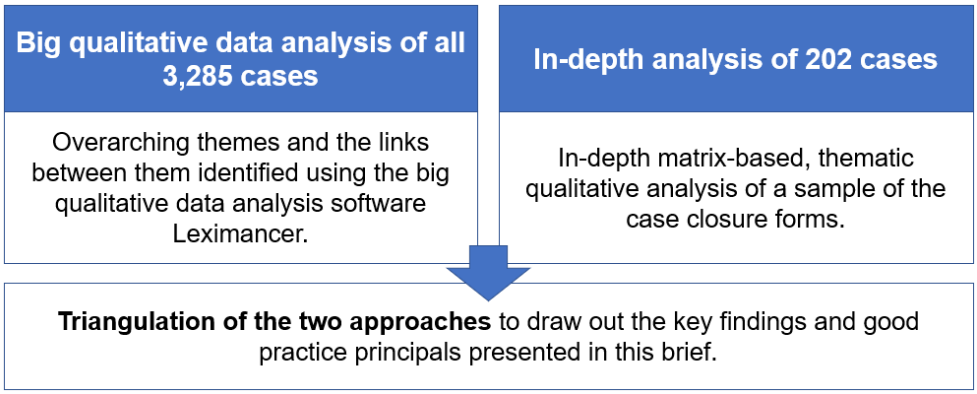
This brief is based on **case closure forms completed by SHR practitioners during phase 1 of the programme, i.e. between June and November 2021** . They completed open text answers describing:

1. **The work they undertook** with children, young people and families, i.e. the types of approach used to deliver support.
2. **Key areas of learning and outcomes** from the work they delivered with children and young people.

This brief is based on a **qualitative analysis of the case closure forms for 3,285[1] children and young people** who were identified by SHR as being in a core priority support group of "BAMER" and in core priority group "Children requiring mental health and wellbeing support." Figure 1 provides a summary of our approach to analysis that has informed this brief.

[1] A further 384 did not contain data and so are excluded from this figure (e.g. those stating "N/A").

Figure 1 Summary of analysis approach



1.2 About this Brief

The following brief presents:

- Good practice principles for supporting children from BAMER groups with mental health and wellbeing.
- Types of need experienced by children from BAMER groups with mental health and wellbeing.
- Examples of support provided by SHR.
- Outcomes achieved by SHR for children from BAMER groups struggling with mental health and wellbeing.

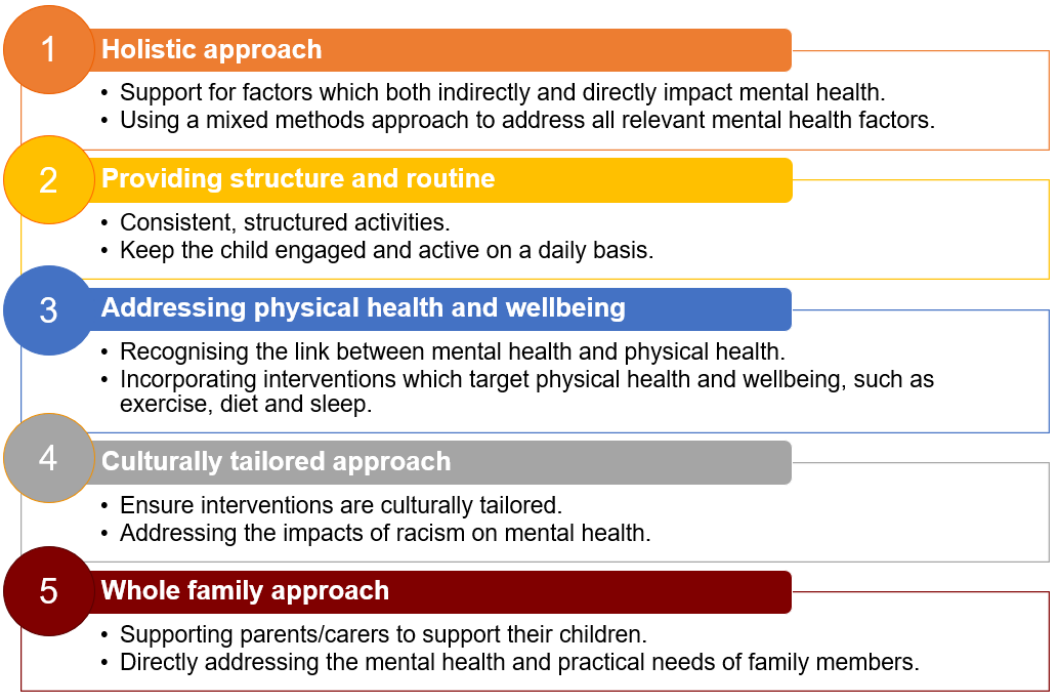
The findings in this report are illustrated with 'quotes' and case studies taken from the Practitioner case closure notes. In these quotes and case studies all names of parents, carers, children and young people have been changed to preserve their anonymity.

2 Good practice principles

2.1 Five key good practice principles

The analysis of practitioners' case closure forms identified five good practice principles for supporting children and young people from BAMER groups with mental health and emotional wellbeing needs. These are summarised in Figure 2. More about each of these is set out in the following sections.

Figure 2: Five good practice principles for supporting children and young people from BAMER groups with mental health and emotional wellbeing needs



2.2 Holistic approach

Practitioners noted that providing mental health and wellbeing support to children from BAMER groups needs to account for factors which **both directly and indirectly** contribute towards mental ill health.

Mixed methods interventions such as incorporating **academic support, group activities and therapeutic one-to-one interventions** were reported to build confidence and help address mental health concerns. For example, one practitioner wrote that:

'The drama session enabled Tolu[2] to express themselves whilst working as part of a group to regain their confidence […] The group teaching sessions gave educational support […] and the therapeutic support offered by the child councillor improved Tolu's mental health and wellbeing through the use of coping strategies. As a result of these methods, isolation and loneliness was reduced as Tolu was able to engage with other children which they have been unable to do for the last few months due to the lockdown.'

2.3 Providing structure and routine

Practitioners wrote that a **lack of structure** throughout lockdown often led to **worsened mental ill health and behaviour** in children from BAMER groups. Without regular routine and varied activities, many children fell into **unhealthy sleep patterns** and began to **disengage with online learning.** This resulted in **increased levels of stress and tension** for the child and within the household.

Providing structure through **after school activities**, **summer camps**, or **activities which could be done at home** was therefore associated with improved mental health outcomes for BAMER children.

Case study: Arun's improving mental health and wellbeing

Arun is a 5-year-old child from an Asian British background who was **struggling with lockdown and the lack of routine** and stimulation.

'After the first week of lockdown, he got bored of being at home and not being able to go outside or do anything. He was doing the same thing every day. Sleep, wake-up, eat breakfast, lay on the sofa and watch tv, eat dinner, and sleep again. His behaviour had started to deteriorate, and he became temperamental and emotional. This was a struggle to deal with, especially for mum, as she didn't know how to help him.'

Arun and his mum received a therapeutic intervention to try to understand the root of his behaviour, after which **they received information and guidance** on how to implement structure at home.

'After speaking to him and mum together, we understood how he has been feeling. We spoke about some strategies on how they can help each other during their times at home.'

[2] Please note that all names of parents, carers, children and young people have been changed to preserve their anonymity.

Arun was then provided with **regular activities** to complete, **providing him with a routine**, which ultimately improved both his and his mum's mental health and wellbeing:

> *'He took part in baking, and arts and crafts. This helped him fall back into a routine and feel the sense of normality again. He started to feel less bored. He made friends, which helped his mental health. As he was engaging more, he was becoming more confident. He was in a better mood at home. This made mum really happy to see Arun like this. We told mum to continue with sport activities at home. To have more quality time with her kids and watch movies together.'*

2.4 Physical health and wellbeing

Practitioners highlighted the importance of **delivering physical health and wellbeing interventions** in order to improve mental health for children from BAMER backgrounds. Interventions which were reported as encouraging positive outcomes included:

- **'Walk and talk' support**, where children would meet up to go for a walk, and discuss issues affecting their mental health. One practitioner's notes described these interventions:

  > *'[We delivered] a "walk and talk" meeting, allowing Justine to spend time outdoors, get some fresh air and to also include a form of physical exercise as a means of improving mental well-being. The change of scenery from being at home behind a screen to some actual face to face contact has been effective in establishing a good routine amidst the coronavirus situation.'*

- **Nutritional advice and guidance,** which practitioners noted was particularly important for BAMER children with **pre-existing physical health conditions**. Practitioners described how providing **knowledge and resources** on the importance of **eating fruits and vegetables**, as well as on **reducing intake of processed foods** both improved the child's mental wellbeing and helped with parent anxiety. One practitioner wrote about the importance of providing:

  > *'A better understanding of different children's health conditions that cause anxiety and providing knowledge of these conditions and how nutrition and diet plays an important part, thus improving mental wellness.'*

- **Information and guidance on sleep,** including information about the importance of **regular sleeping patterns** for physical and mental health, and the **impact of blue light** from digital devices on sleep.

2.5 Culturally tailored approach

Ensuring that interventions were **culturally appropriate and tailored** to each child's background was also described as key in generating positive outcomes for BAMER children with mental health needs.

Including **considerations of race, culture, religion and diversity** within therapeutic interventions helped to address mental ill health, according to practitioners' notes, with one writing:

> *'Samirah finds learning about Islam and watching motivational speakers positive and helpful in easing her stress.'*

Another practitioner's notes highlighted **the importance of incorporating cultural awareness** within service delivery, explaining the **potential barriers** when children and families feel misunderstood by services and are therefore unable to access support:

> *'Language and cultural barriers created a situation of a mistrust towards [the] family and some professionals do not feel competent to address the issues in a sensitive manner […] The same barriers made the family cautiously respond to the concerns indicated by the school. The school has a good cultural awareness, but some there is a need for an on-going culture-sensitive and awareness training.'*

2.6 Whole family approach

A **whole family approach** was key in delivering effective support and generating positive outcomes. This included a range of measures including:

- **Helping and supporting parents address the needs of the child**, where this included **sharing knowledge** surrounding the child's needs as well as **teaching effective coping mechanisms** and **activities** which could be introduced within the home.
- **Addressing practical needs within the home**, which helped to alleviate household anxiety and support the child's **immediate needs**.
- **Resolving conflicts within the family** through therapeutic interventions such as relationship counselling and improving conflict resolution between the child and their parents/carers.
- **Identifying and addressing needs of parents/carers and other family members,** as these can impact the child. For example, some practitioners noticed parental mental health issues, and signposted them to further support.

Additionally, one practitioner noted a benefit of a whole family approach was the ability to **use the parent's insight** to better understand the needs of the child.

'Working with both mum and Tamir helped my work as mum would be able to tell me about some difficulties Tamir was experiencing that he hadn't mentioned in his own sessions.'

Case study: Jacob's isolation and loneliness

Jacob is an 8-year-old child from a Black African background with a severe dust allergy. Practitioners reported that Jacob was **suffering with isolation and loneliness** during the pandemic, and that this was a cause of stress for his mum.

'Jacob sits in a room and refuses to talk to anyone, including his parents. He is not interested in school and has no self-confidence or self-esteem. He is unable to do his homework as he feels too much pressure, he is just stressed out and becomes agitated and irate. Mum doesn't know what to do.'

Jacob and his mum initially received support via phone calls. However, Jacob **didn't engage over the phone, so they received home visits** instead. Throughout these visits, creative activities were suggested for Jacob and his sister, which allowed Jacob to gradually open up and discuss what had been upsetting him.

'[Making slime] proved to be a breakthrough activity. He didn't say much but did talk about the problems he has with school [bullying as a result of his allergies].'

Due to Jacob's dust allergy, furniture needed to be regularly replaced, which was placing financial and emotional strain on his mum. Working closely with Jacob's mum it was also decided that the family needed an anti-allergy vacuum.

'It was determined that they really could use an antiallergy vacuum. An application was made and was successful and the mum is ecstatic about this as it will make such a difference to his condition if there is less dust.'

Through **engaging with the entire family** and **addressing immediate practical and financial needs**, positive outcomes were achieved.

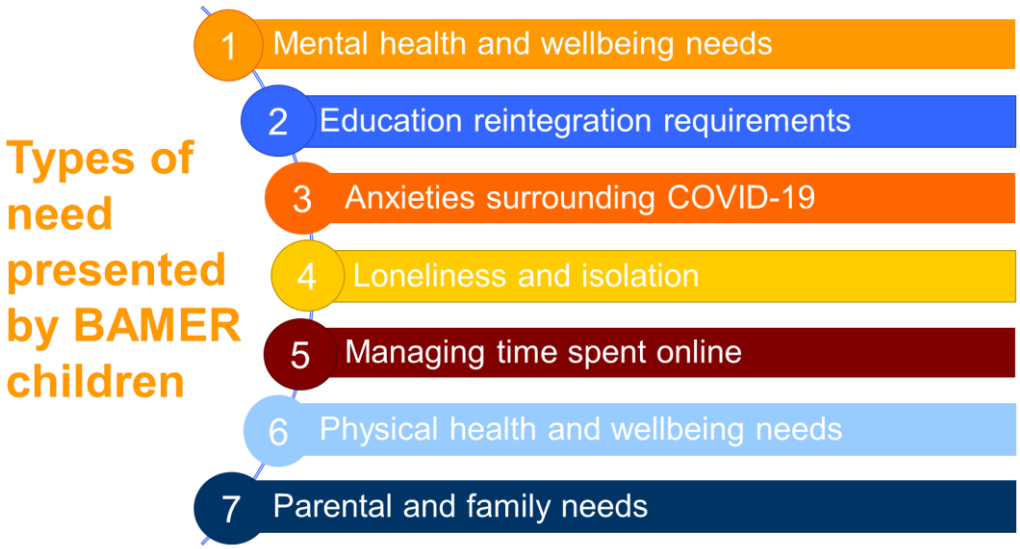
'Work with Jacob is still ongoing, but he has just opened up and started talking a little more about what he likes. This family, although the outcomes are not complete, have really benefitted from this programme.'

3 Needs of children from BAMER groups

3.1 Summary of needs

This brief focuses specifically on children from BAMER groups supported by SHR who required mental health and emotional wellbeing support. They presented with **varying needs**, which both **directly and indirectly** affected their mental health and emotional wellbeing. Key needs are summarised in Figure 3.

Figure 3: Key needs mentioned in practitioners' case closure forms



3.2 Mental health and wellbeing needs

This report focusses on children from BAMER groups with mental health and wellbeing needs. The case notes identified a number of challenges faced by these children and young people:

- **Anxiety** was a **prevalent mental health** need for BAMER children, according to practitioners' notes. In the practitioner's notes, anxiety was often associated with isolation and (lack of) confidence. For example, one practitioner wrote about a case where **COVID-19** had **caused high levels of anxiety, isolation, and panic** for one child:

  'Sana is feeling very emotional and frightened. She does not know how to express her feelings. She feels isolated because she cannot see her friends and relatives. This covid period is making her feel very emotional. She's having long episodes of outbursts where she is crying for a lengthy period of time. Her mum is really worried about her […] The fear of covid has made her feel very lonely and scared.'

- Challenges with **managing anger** were described as impacting **relationships** and **education.** One practitioner wrote that:

  'Maria has very poor communication, which was leading to anger challenges, [dis]engagement with education and a breakdown of trust towards teaching staff.'

- Increased levels of **stress caused by academic concerns** and anxiety around **coronavirus** were mentioned in the practitioner notes. These causes are discussed in more detail in sections 3.3 and 3.4.

  'Mum feels Eiljah's anger has gotten worse since covid and being on lockdown. He has lost the sense of normality as he has been out of a routine since so long. He feels isolated and stuck as he does not want to go back to school because the other children tease him about his dad. This is causing him to feel very stressed, angry, and he wants to lash out all the time. He is getting out of control.'

- Many children were described as **experiencing low moods**, not **feeling engaged** with daily activities or schooling, and **staying in their room** for prolonged periods of time.

- Several BAMER children were suffering from **low levels of confidence and self-esteem**. For example, one practitioner noted:

  'Zeke suffers with anxiety and has major meltdowns. […] He has no confidence and suffers from socialising with anyone. He doesn't know how to. His emotions are always getting the better of him. He hasn't been in school as he can't function properly with a large group of children, and he needs to learn how.'

- **Bereavement exacerbated pre-existing levels of anxiety** and mental health concerns for several children from BAMER groups, with one practitioner writing:

  'Soraya suffered from severe anxiety prior to lockdown and feels this has now been highlighted more due to the lockdown, family bereavement and having to move in with her uncle [due to bereavement]. All of these issues have also affected her mental health which has resulted in lack of sleep, eating very little, [no] routine.'

3.3 Education reintegration

It was common for children from BAMER backgrounds with mental health and wellbeing needs to also **need for help to reintegrate into education**. Children in the BAMER core priority group were **more likely to face barriers to**

reintegration with education than the overall SHR cohort (48% compared with 34%)[3].

BAMER children struggling with mental health faced two key challenges around education, according to practitioners' notes: academic progress and social integration.

Factors which made **academic progress challenging** for children from BAMER groups, as written by practitioners, included:

- After **prolonged periods of online schooling**, some children's **level of engagement with home schooling has suffered**, resulting in differing stages of academic progress. One practitioner wrote that:

  'A lot of children did not participate in home schooling, and as a result are more behind than anticipated.'

- Home schooling appeared to **exacerbate pre-existing academic gaps along lines of equality**.

  '[We need] to bridge the gaps in learning [for] students in the school who are the most vulnerable i.e. cannot afford tuition, extracurricular activities to motivate etc.'

According to the practitioner notes, the impact of problems making academic progress particularly effected BAMER children and young people:

- With upcoming GCSE or A level exams.

- Transitioning from one academic stage to the next (from primary to secondary or from Year 11 or college, sixth form or alternative education options and from A levels into university).

  'Alisha came feeling anxious about the future and going on to university, if her uni experience would be as expected. Lots of time on her hands to fret.'

Following a prolonged period of COVID-19 restrictions and associated lockdowns, practitioners also noted that the idea of **returning to school** and **socially mixing with classmates** was causing **stress and anxiety** for many BAMER children:

[3] Based on available data for all children and young people who were supported by SHR (base n=14,448, 34% of whom were reported to face barriers with reintegration into education) and for all those who fell under the core priority group "BAMER", regardless of whether they also fell under the core priority group "children with emotional wellbeing or mental health needs" (base n= 5,826, 48% of whom were reported to face barriers with reintegration into education).

'Tomás has missed a significant amount of school over the last 6 months, which has had a negative impact on his confidence and behaviour.'

3.4 Anxieties surrounding COVID-19

BAMER children were described as struggling with **anxieties about the COVID-19 virus**, including the news it could be **disproportionately impacting** those from BAMER communities, and uncertainty surrounding current **government guidance**.

In the big qualitative data analysis, mentions of COVID-19 were often associated with mentions of 'anxiety'. Several practitioners' notes referred to **increased levels of anxiety** around **'germs'**, with some referring to '**misinformation within the community**' causing **parents to experience stress and anxiety** around government guidelines which would impact on their children.

'Parents very worried about covid safety and kids going out. Lack of understanding of rules and hearsay telling them that kids can be detained for being outside.'

3.5 Loneliness and isolation

Practitioners noted **high levels of loneliness and isolation** caused by COVID-19 lockdowns which had an impact on BAMER children's mental health and wellbeing:

'Sameer feels very lonely and isolated since lockdown. [He] doesn't have any friends and is finding school really difficult to engage with. He is scared of covid but wants to socialise again. He would like to make some new friends, but doesn't know what to do at home and is struggling with low mood and anxiety.'

Further, children in the BAMER core priority group were **more likely to experience isolation and loneliness** than the overall cohort (61% compared with 51%)[4].

3.6 Managing time spent online and on social media

BAMER children spent an **increased amount of time online** and on social media due to COVID-19 lockdowns, according to practitioners' notes. This had the following impacts:

[4] Based on available data for all children and young people who were supported by SHR (base n=14,448, 51% of whom were reported to have isolation and loneliness as a need) and for all those who fell under the core priority group "BAMER", regardless of whether they also fell under the core priority group "children with emotional wellbeing or mental health needs" (base n= 5,826, 61% of whom were reported to have isolation and loneliness as a need).

- Exacerbating feelings of **loneliness and isolation**.
- Exposing children to **inappropriate content online**.

> *'Tamir is refusing to go out of the house and wants to spend all his time in his room, he is spending a lot of time on social media during lockdown as he is bored and has nothing else to do. He spends a lot of time on YouTube and he has been exposed to some inappropriate content.'*

- Reducing levels of **confidence, self-worth** and **self-esteem**.
- Increasing instances of **cyber-bullying**, as noted by one practitioner:

> *'Tazmeen has been involved in online chat rooms where there has been bullying involved and an exchange of verbal abuse from all those involved and this would often result in cyber-bullying.'*

3.7 Physical health and wellbeing

Children from BAMER groups also needed help to address the impacts on their **physical health and wellbeing** as a result of being required to **stay at home.** This was particularly important when their usual spaces for physical activities, such as sports clubs, were closed.

This had a negative effect on **fitness levels and sleeping patterns** as well as **exacerbating mental ill health** and wellbeing concerns:

> *'This young person has been unable to participate in their normal regular organised weekend sports activities. Leading to feelings of social isolation, loneliness and also a lack of connection. It has also had a physical effect, with fitness levels dropping.'*

3.8 Parental and family needs

Parents of BAMER children presenting with mental health and wellbeing needs also **presented with a range of needs**, according to practitioners' notes.

Pregnant parents and parents with **children under 5** from BAMER groups felt **increased levels of anxiety and stress** surrounding the closure of many health services and support groups for parents of young children. One practitioner's notes described:

> *'Mum came in to talk about maternity / health visiting services and how to access them. Loss of mother and baby groups is felt very keenly. Reassurance required that feelings of isolation are normal. It is good to be connected to other parents facing similar issues. Knowing where to get help if it is needed is very important in uncertain times.'*

Parents also required support with **managing family relationships**, which had been placed under strain by lockdowns and associated restrictions. These included **marital issues** as well as **managing conflicts between children and parents**, particularly for those with teenage children. One practitioner described:

> *'Gabriel has been struggling a lot over the lockdown period. He lost the sense of normality. […] He needs a lot of encouragement to do his schoolwork at home. So, he is falling behind on his homework. Mum finds it stressful reminding him about it. She has started to get annoyed in having to remind him constantly. Gabriel feels his mum is constantly nagging him, which ends in an argument for them both.'*

Some parents of BAMER children experienced **barriers to accessing other services**, either due to **language barriers** or due to being **unfamiliar with UK systems.** For example, one practitioner described how the shift to **virtual provision** of local authority services during the pandemic had made **language barriers more challenging** for one family:

> *'[They had a lot of unmet needs including] information about schools as there was language barriers and lack of guidance from the local authority in terms of availability of schools in the area. […Also, the] family were unable to bid for housing and there were no agencies who could assist with this work. The family were encouraged to get to know the housing process and make bids online which again proved to be difficult due to language barriers.'*

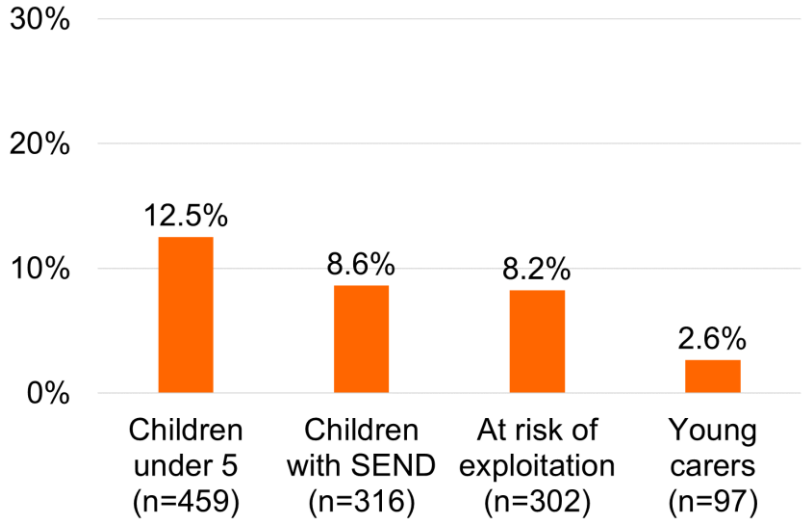
Parents of children from BAMER backgrounds were also described as having **mental health** problems, including **anxiety and stress**. One practitioner wrote how uncertainties surrounding **immigration statuses and asylum processes** heightened stress and anxieties for a parent:

> *'There is a lot of fear, anxiety and stress because of being in the setting and not knowing the future of their immigration status. Mental wellbeing being impacted negatively by the difficulties of the asylum process.'*

3.9 Other needs

Some of the **children from BAMER groups presenting with mental health and wellbeing needs were also in other core priority groups for SHR, including** being aged under five or having Special Educational Needs or Disabilities (SEND) as shown in Figure 4 below.

Figure 4: Proportion of all BAMER children with mental health and wellbeing needs who are also in other core priority groups (n = 3,669)



Other, less commonly occurring needs that BAMER children required support for included:

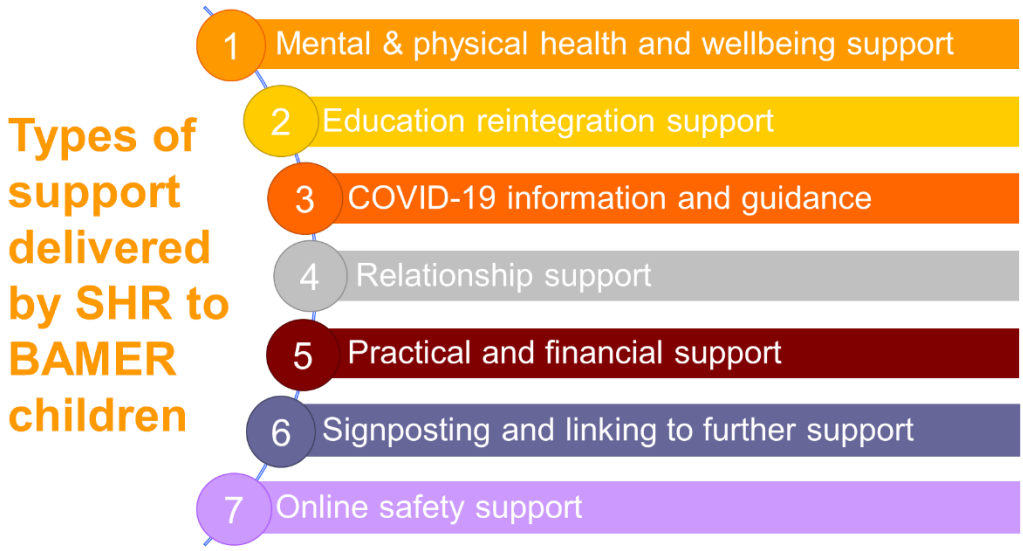
- Bullying.
- Anti-social behaviour outside the home.
- Support for children with special educational needs and disabilities (SEND).

4 Support provided to children from BAMER groups

4.1 Summary of support

Children from BAMER groups with mental health and wellbeing needs received a range of support from practitioners. These types of support are summarised in Figure 5.

Figure 5: Key types and areas of support mentioned in practitioners' case closure forms



Intervention methods ranged **from one-to-one therapeutic sessions**, to **group support sessions**, to **after-school activities** and **summer camps**.

Much support was provided **virtually**, either via phone call, Zoom, or email. However, some support was provided in person. This included:

- Home visits.
- Socially distanced walks.
- Sports activities.

Support was provided to **both children and carers**, with parents and families also receiving **practical and financial support**.

4.2 Mental and physical health and wellbeing support

A wide range of support was delivered to address the mental health and wellbeing needs of the children.

These methods, conducted with either the child or the parent/carer, included:

- Digital one-to-one therapeutic support.
- In person face-to-face support.
- Group work support sessions.
- Signposting to other mental health resources and agencies.

A range of different methods and techniques were delivered using these intervention mediums, which are described further below.

Teaching coping mechanisms was a prevalent technique used to address anxiety amongst children from BAMER groups. One practitioner wrote about the **grounding techniques** and **breathing exercises** they had shared as a tool to help manage anxiety:

> *'We completed the session using the Barnardo's resource hub activities around managing anger and anxiety. We completed exercises of square breathing, and alternate nostril breathing as an alternative technique. Vanessa reported that she felt more calm after doing this exercise. We then completed the grounding technique after discussing what anxiety feels like in the body. We counted 5 things that we could see, 4 things that we could hear, and so on. Vanessa felt that this activity could be good to use when faced with difficulties such as feeling anxious/angry as a way to calm down.'*

Examples of coping techniques to help with anxiety and stress:

- Journaling.
- Positive self-talk.
- Relaxation.
- Mindfulness.

Group sessions were often used by practitioners to **address loneliness and isolation**, and to **discuss topical issues** which were a cause of anxiety and worry for BAMER children. Topics included peer pressure, racism, social media, and the impact of starting a new school during a pandemic.

One practitioner described how a group support intervention addressed mental health and wellbeing concerns, as well as concerns about the pandemic:

> *'The sessions helped young people that were dealing with anxiety due to fears of a second lockdown, the illness and general restrictions in society and school. These support sessions taught young people*

how to self-help and care for themselves and where to go to get help if they ever need help.'

The importance **of supporting children with their physical health and wellbeing,** in order to **improve mental health** was described in several practitioners**'** notes. The programme offered activities and also **practical tips and advice** on how to improve physical health and sleeping patterns**:**

'We supported the young person by explaining what stress is and the impact stress can have on them. We then looked at self help strategies together such as helpful people, places, relaxation, exercise, sleep, hygiene, socialising. We also discussed them to avoid drugs and alcohol as a coping mechanism.'

4.3 Education reintegration

Education reintegration was a key strand of support delivered across this subgroup.

One practitioner wrote about how combining both **academic development** and **socialising** helped support children and young people aged 6-18:

'Our aim is to develop the skills and confidence of young people through projects which incorporate academic development, particularly reading, fitness, healthy eating and living, outdoor pursuits and team building activities. The overall aim is that the young people will develop new skills and confidence which will have a positive impact on their future in terms of employment opportunities, healthy living and mental well-being.'

Some BAMER children were offered **academic support and revision sessions**. These interventions were described as being **particularly crucial** for those embarking upon GCSE or A level exams:

'The programme was designed to bridge the gaps in learning to the students […] All teaching staff on the programme [were] given a curriculum map and work[ed] with students on a 1:6 ratio. Drama is being used to bring to life English Literature exam texts so students can visualize and playact the parts to make the learning more fun.'

For children who were 16 years old and over, practitioners provided:

- Impartial advice and guidance on potential next steps.
- Signposting students to lists of local colleges, training providers and apprenticeships.

Combining academic support with **social reintegration** was key in supporting children to return back to school after **prolonged periods of social isolation,** according to several practitioners' notes.

> *'The approach taken for social reintegration took form as part of various activities; Drama, P.E, group teaching sessions which will allow the child to catchup on missed work and re-integrate back into school following covid-19 disruptions. Furthermore, this will reduce isolation and loneliness as the child can socialise with other children from their school.'*

Academic support and social reintegration were provided through:

- Group work.
- Summer camps.
- After school activities.
- Sessions providing enriched curriculums for Maths, English, Drama and "Mad Science" workshops.
- Sports activities.
- Rewards and incentives to increase school attendance.

4.4 COVID-19 information and guidance

In order to **alleviate anxieties surrounding COVID-19** and concerns surrounding current government guidelines, practitioners reported sharing **information, advice and guidance about** coronavirus.

Case study: Khalil's anxieties about COVID-19

Khalil is an 11-year-old child from an Asian British background who developed **anxieties surrounding the COVID-19 virus**.

'Khalil was reluctant go out as he was afraid of the Covid virus as it is life threatening and this is where all the worries came from as he was very happy before lockdown.'

Following some initial one-to-one sessions, Khalil explained that there were anxieties surrounding the virus at home.

'We thought having one to one sessions would be ideal for Khalil. It would benefit him, his siblings, and his mum. We started off by discussing and finding the underlining issues and understood that mum is worried about the virus as well.'

Following this one-to-one intervention, both Khalil and his mum **received practical advice surrounding hygiene approaches** and government guidelines.

'We went through the current government guidelines regarding coronavirus. Gave the family a hygiene pack which included masks, sanitizer, and wipes. We made mum aware as well Khalil that getting back into a routine would be best for all of them. We gave him an information pack which contained details of handwashing, hand sanitising, wearing a mask, social distancing, posters, and work sheets sourced from the hub and on the internet.'

4.5 Relationship support

Some practitioners reported that **prolonged periods at home** had placed a **strain on family relationships.** Therefore, some families received **relationship-based therapy interventions**, addressing:

- **Relationships between parents and children.** Including **help with resolving arguments** and **setting boundaries** within the home. For example, one practitioner wrote that:

  'Support groups to tackle the anxieties they were facing due to Covid restrictions and managing their teen's behaviour. Parent learnt key techniques which they can implement within their own families, particularly with their teenagers. These techniques include better communication, conflict resolution, boundary setting and keeping their children safe.'

- **Relationships between parents and their partners.** Including **marital workshops,** where several practitioners described covering effective communication, barriers and challenges in relationships, conflict resolution and intimacy.

4.6 Practical and financial support

Practitioners also reported **providing practical and financial support** for the families of children from BAMER groups with mental health and wellbeing support needs.

Examples of practical support delivered to parents of children from BAMER groups included:

- Furniture provision, including beds, carpets, and a cooker.
- Decorating the property.
- English language classes.
- Citizenship classes.
- Food parcels.

One practitioner described practical support delivered to help with home appliance applications:

> *'Due to lockdown Aiza was not comfortable leaving her home. She mentioned she felt isolated but was afraid. [I] tried to get all the support she needed, I realised that it was difficult in these circumstances and managed to do applications online on her behalf for white good gas cooker/fridge freezer and washing machine.'*

4.7 Signposting and linking into further support

Some children from BAMER groups received **signposting to additional resources and services**, with one practitioner describing the creation of a **'directory of support services'** to which beneficiaries could be referred.

Signposting directed children and young people to:

- Mental health resources and organisations.
- Kids' clubs.
- Prenatal clinics, baby and mum, and toddler groups.
- Language classes and translation services.

4.8 Online safety support

Interventions to help both the child and the parent **navigate online safety** were also delivered. For example:

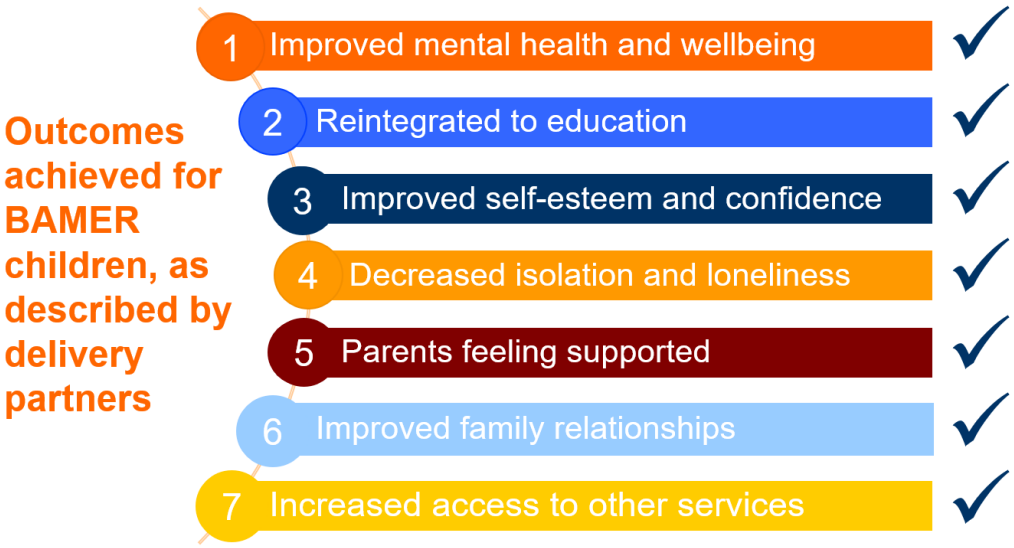
> *'I had a chat with mum on how to keep him safe on the internet e.g. parental control, keeping screen and devices where she can see him, etc. Gave her a literature pack on how to keep safe on the internet. the content in the pack came from the Barnardo's website and hub. Many other resources were found on the internet and were put into the packs depending on the child's age.'*

5 Outcomes achieved by children from BAMER groups

5.1 Summary of outcomes achieved

A **range of positive outcomes** were achieved for children from BAMER groups with mental health and wellbeing needs and their families, as summarised in Figure 6.

Figure 6: Key outcomes mentioned in practitioners' case closure forms



5.2 Improved mental health and wellbeing

Improved mental health and wellbeing was a common outcome for children from BAMER backgrounds with the support need mental health and emotional wellbeing. This was also evidenced in the quantitative outcome data provided by practitioners as shown in Figure 7 and by families as shown in Figure 8.

Figure 7: Breakdown of children from a BAMER background with mental health and wellbeing needs for whom practitioners reported the outcome 'improved mental health and wellbeing' (n=3,746) [5]

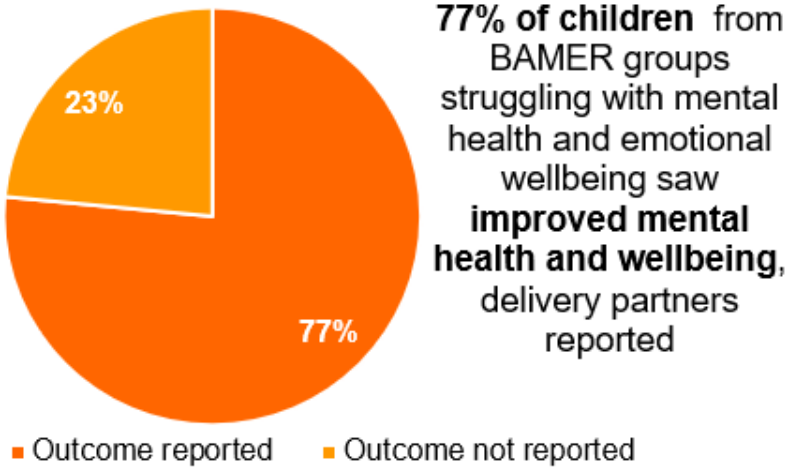
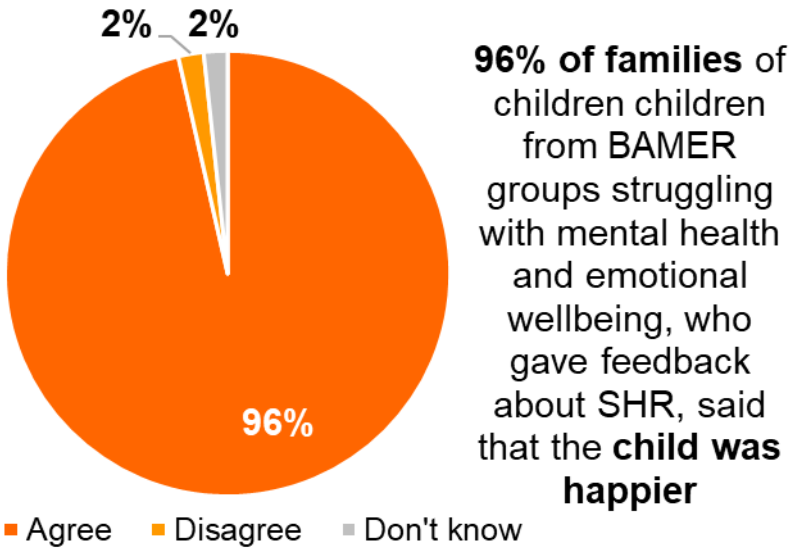


Figure 8: Breakdown of feedback from families with a child from a BAMER background with mental health and wellbeing needs, who either agreed, disagreed, or didn't know regarding the statement 'The child feels happier' (n=926) [6]



It was often described **in association with other outcomes**, such as reintegration to education and access to other services.

[5] This includes those who had no information given in the two open response questions analysed for this brief.

[6] This includes those who had no information given in the two open response questions analysed for this brief.

For example, one practitioner noted how a therapeutic intervention had **improved mental health and wellbeing**, alleviating concerns around reintegrating to education:

> *'Social worker remarked that after the work had completed there had been a marked decrease in Fariah's anxiety and an improvement in her confidence. Fariah was able to return to college with decreased anxiety.'*

Therapeutic support targeting **the impact of social media** and **peer pressure** on **mental health and self-esteem** was successful in alleviating anxiety and improving mental health and wellbeing, as illustrated by Nadia's story below.

Case study: Nadia's low self-worth due to social media

Nadia is a 22-year-old from an Asian Pakistani background, who has **recently graduated from university and is currently working** as a retail assistant. After attending a few group support sessions, Nadia gradually shared her frustrations at her current situation. The group discussed how **social media had contributed to low feelings of self-worth**, through unrealistic comparisons to the achievements seen online:

> *'Nadia had been comparing her life to those on social media, we spoke about how people will only ever choose to share their highlights on social media and never the times where they are struggling.'*

The group then **discussed how success should be framed**, not by the highlights shared on social media, but by feeling happy and fulfilled.

> *'Nadia had been looking at her situation in a negative manner however after sharing her scenario with the others, she was able to change her perspective on the situation which helped empower and lift her mood as she recognised that as a young woman, she is quite independent and successful in her own way as she doesn't rely on her parents to fund her lifestyle.'*

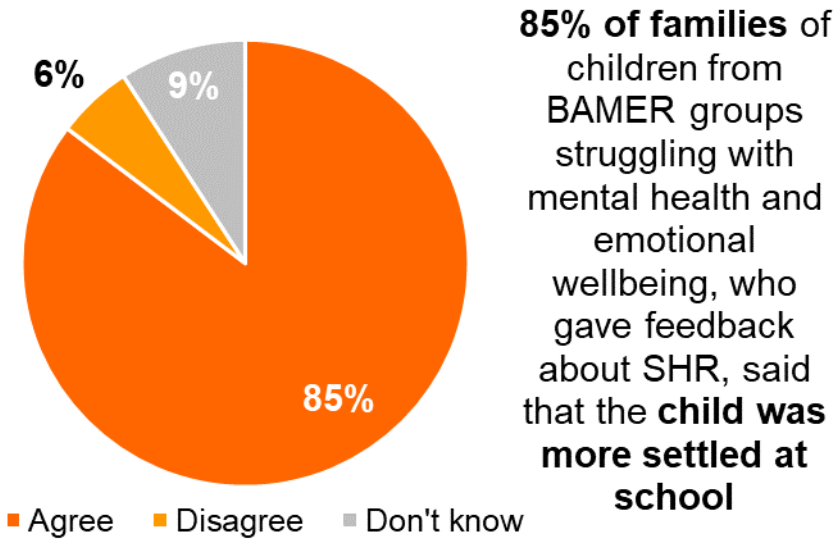
This therapeutic intervention was reported to **help Nadia with her mental health and wellbeing**, as well as **inspiring her** to take extra measures to support her physical health during her daily activities:

> *'This helped Nadia's mental health and she also spoke about how she is managing her mental well-being by walking to and from her job as it gives her time in the morning and at the end of her shift to have some alone time and enjoy being outdoors - getting her daily steps in too.'*

5.3 Reintegrated to education

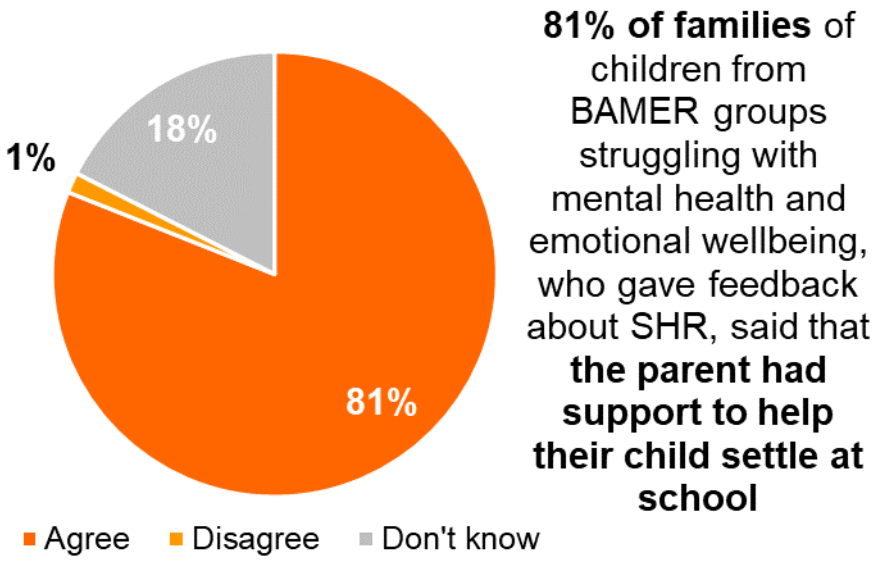
Figure 9 shows that the majority of families of children from BAMER groups struggling with mental health who provided feedback to SHR, said that their child became more settled at school, and Figure 10 shows that the majority also said that the parent received support to help their child settle at school.

Figure 9: Breakdown of feedback from families with a child from a BAMER background with mental health and wellbeing needs, who either agreed, disagreed, or didn't know regarding the statement 'The child is more settled at school' (n=817) [7]



[7] This includes those who had no information given in the two open response questions analysed for this brief.

Figure 10: Breakdown of feedback from families with a child from a BAMER background with mental health and wellbeing needs, who either agreed, disagreed, or didn't know regarding the statement 'The parent had support to help the child settle at school' (n=743) [8]



Practitioners' notes described that education reintegration interventions had **alleviated anxieties surrounding returning to school**, leading to children feeling '**more prepared and confident**'.

Case study: Feyi's concerns about COVID-19

Feyi is a 16-year-old from a Black Caribbean background with a **diagnosis of ADHD**, who was **worried about catching COVID-19** and transmitting it to her family.

> *'Feyi has been worried about herself and her family members catching COVID. She had lost her routine and she has found the restrictions of isolation had brought frustration not just for her, but for her family members.'*

Initially, Feyi **received information and guidance surrounding coronavirus regulations** and on physical health and wellbeing, in order to keep herself and her family safe.

> *'We were able to provide information about COVID, what it was, how to keep herself safe and the importance of this not just for her but for her family too. By having a better understanding of this and the local and national restrictions*

[8] This includes those who had no information given in the two open response questions analysed for this brief.

she was able to feel more comfortable and would then leave the house for daily walks to support her mental health […].'

Providing support with immediate needs then allowed focus to be directed to Feyi's **future plans and potential education reintegration**:

'We were also able to discuss her future plans and what she wanted to do […] We found an opportunity to complete her English and Maths alongside a work placement and that would also meet her individual needs taking into account her ADHD. Feyi has completed the induction and is now working towards her English and Maths feeling more positive about her future and hitting her long-term goals.'

5.4 Improved self-esteem and confidence

Practitioners' notes indicated **group work discussions** led to **increased levels of confidence and improved self-esteem**. One practitioner described how confidence improved throughout the online sessions, with some children **gradually feeling comfortable enough** to turn on their cameras and contribute to the discussions:

'At the start of the sessions some of the young people weren't confident enough to turn their zoom camera on but as we progressed some of them started to switch them on as they increased in confidence.'

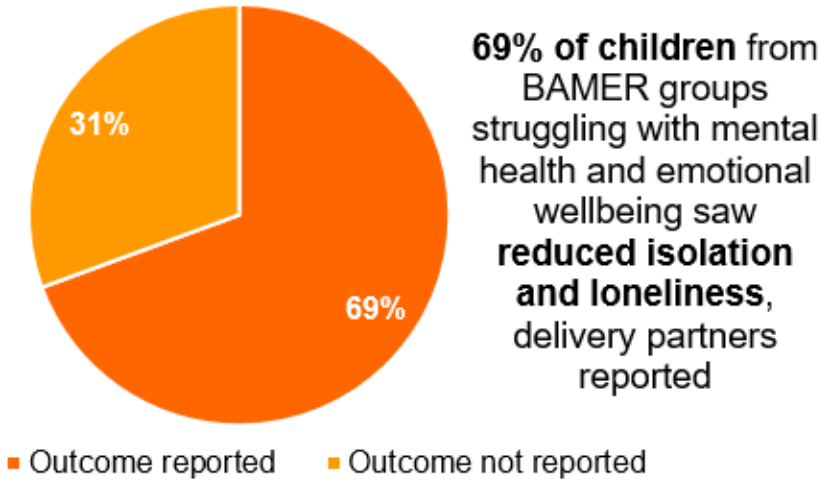
Another practitioner wrote how **engagement with sports and outdoor activities** were instrumental in **improving self-esteem, confidence and patience**:

'We have seen an improvement in Zakir's behaviour. He has built his self-esteem. He has made friends in the group activities. Football and boxing has kept him active and engaged in sports. He started to spend less time playing on the computer [...] He gained confidence and patience. Coming to the sessions has really helped him interact with other people other than his extended family […] He feels he is in a better place mentally and physically.'

5.5 Decreased isolation and loneliness

Children from BAMER backgrounds experienced **decreased levels of isolation and loneliness,** according to practitioners' notes. This was also evidenced in the quantitative outcome data provided by practitioners as shown in Figure 11.

Figure 11: Breakdown of children from a BAMER background with mental health and wellbeing needs for whom practitioners reported the outcome 'reduced isolation and loneliness' (n=3,745) [9]



For example, one practitioner's notes described how **encouraging sporting activities** and **volunteering within the community** had helped one child overcome feelings of isolation and loneliness:

Case study: Dominik's isolation and loneliness

Dominik is a 16-year-old boy from a Black Hungarian background who was **struggling with isolation and loneliness** since moving to a new city:

> *'Since his move, Dominik has been unable to see extended family members, friends and he misses the community he loved and grew up in. Dominik said he had very few friends in [his new city] and was feeling lonely and isolated. Dominik was losing his confidence and becoming withdrawn.'*

Dominik received **one-to-one support and information** and guidance on activities he could join to help him make friends and become more integrated in the community:

> *'Through 1-2-1 discussions to find out his interests and future goals we identified Dominik to be an ambitious and a very capable young man, who just needed some support […] We referred him for a young volunteering role which allowed him to learn a variety of new skills, build his confidence, plus interact with other children and young people.'*

[9] This includes those who had no information given in the two open response questions analysed for this brief.

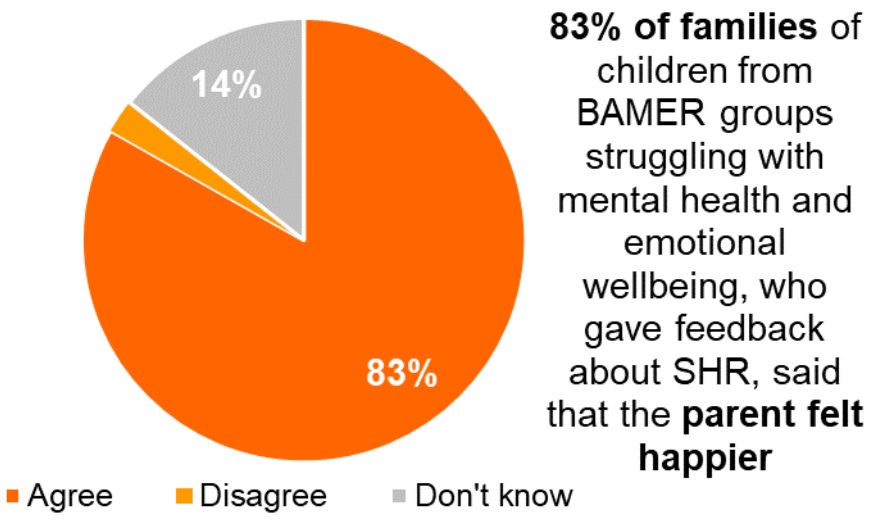
Since the intervention, Dominik has attended the volunteering sessions regularly, and was described as experiencing **decreased levels of isolation** and loneliness, with positive impacts on his mental health:

> *'Dominik has attended every session since support was put in place, and due to his enthusiasm and commitment Dominik won volunteer of the month for August and has made several friendships with other young volunteers on the programme.'*

5.6 Parents feeling supported

In some cases, practitioners' notes described outcomes for **parents and carers who felt supported by SHR**, and this was also reflected in quantitative outcomes data based on feedback from families, as shown in Figure 12, Figure 13, and Figure 14 below.

Figure 12: Breakdown of feedback from families with a child from a BAMER background with mental health and wellbeing needs, who either agreed, disagreed, or didn't know regarding the statement 'The parent feels happier' (n=780) [10]



[10] This includes those who had no information given in the two open response questions analysed for this brief.

Figure 13: Breakdown of feedback from families with a child from a BAMER background with mental health and wellbeing needs, who either agreed, disagreed, or didn't know regarding the statement 'The parent feels more connected to services' (n=761) [11]

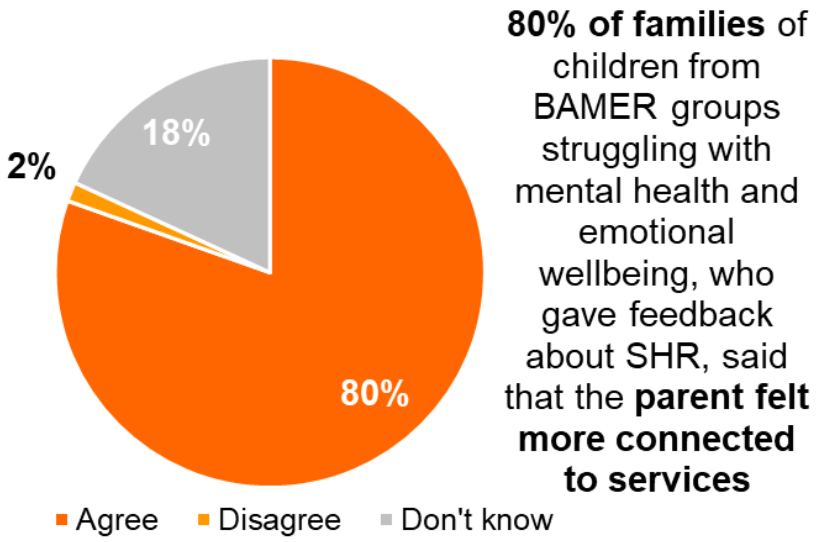
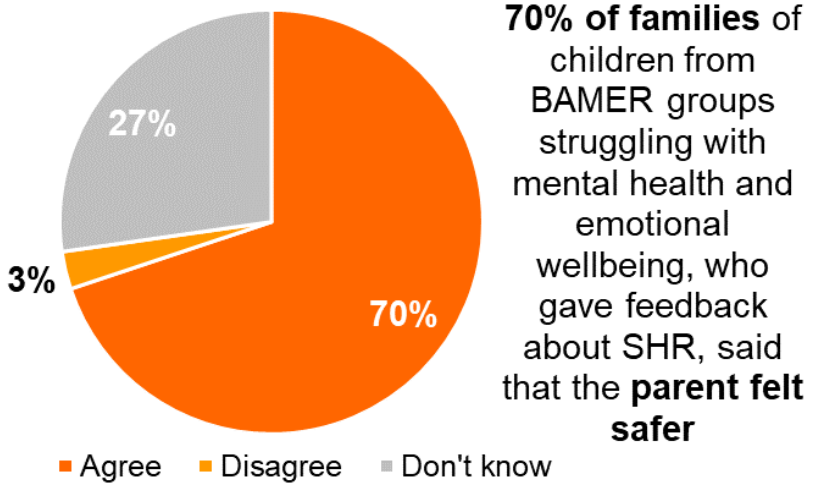


Figure 14: Breakdown of feedback from families with a child from a BAMER background with mental health and wellbeing needs, who either agreed, disagreed, or didn't know regarding the statement 'The parent feels safer' (n=734) [12]



Practitioners' notes described how parents and carers were grateful for the impact the support had on their children and family. For example, one practitioner wrote about positive feedback received from a parent:

[11] This includes those who had no information given in the two open response questions analysed for this brief.

[12] This includes those who had no information given in the two open response questions analysed for this brief.

'Jamal's mom, June, was also incredibly positive about the session - often texting our team or responding to the sessions with a very positive testimonial. Some of her words include "It was a pleasure for us to be able to be a part of such an inspiring group of people. I think the work you're all doing is amazing and very beneficial not just to my son and I but as you all said the community".'

Other outcomes which related to parents and carers included:

- Parents felt **supported to access additional services**, including local authority provided services such as **benefits, housing, and schooling placements**. One practitioner wrote how this had a **positive impact** on one parent's mental health and wellbeing:

  'The family have now accessed more services and links within the community and for mum, this has been the most important thing. She is a lot less isolated and she is much better connected.'

- Practitioners observed **improved family relationships**. Following relationship based therapeutic interventions, parents were reported to feel **more confident supporting their children** and addressing their needs, with a better idea of activities they could engage with at home as a family, to help alleviate boredom and resulting tensions.

  'Mum feels her's and Sameer's mental health have improved with the strategies as Sameer is well settled in school and both brothers have a better relationship within themselves as well as their parents […] The coping strategies have worked. They can now discuss their fears and do not feel isolated or lonely as they are together in this.'

One practitioner described how **parental support groups** helped to **improve family wellbeing** throughout the pandemic:

'The parents were taken through similar steps as the child in the group but in more detail and had a parent/guardian's point of view. They were given ways that they could encourage their child to make the changes they feel are necessary in a healthy and productive way. The parents enjoyed sharing their experience and learning from each other's experiences. They reported feeling more confident and hopeful for their family's wellbeing for the remainder of this pandemic.'

6 Find out more

You can find out more about the evaluation of See, Hear, Respond on our website, including the executive summary of the Summative Evaluation Report as well as the full report, and an evidence review about the impact of COVID-19 on the children's sector workforce.

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