Mental Health in South Staffordshire Schools:

HOPE

(Helping Our Pupils' Emotions)

HOPE End of Year Report 2019 - 2020

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HOPE PROJECT 2019/2020

NHS
South East Staffordshire and Seisdon Peninsula
Clinical Commissioning Group

NHS
Cannock Chase
Clinical Commissioning Group

NHS
East Staffordshire
Clinical Commissioning Group

NHS
Stafford and Surrounds
Clinical Commissioning Group

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HOPE End of Year Report

1. Introduction

1.1 Project Aims and Rationale

HOPE Aims

The 'Helping Our Pupil's Emotions' (HOPE) project was commissioned in 2015. The project is aimed at training school staff to intervene with pupil's experiencing poor mental health. The project is based on the rationale of the Staffordshire Local Transformation Plan (LTP). The Staffordshire LTP seeks to increase mental health awareness in schools, and increase the ability of school staff to manage emotional wellbeing.

The specific aims of the HOPE Project are two fold;

(1) Offer training and guidance to school staff aimed at increasing their understanding of children and young people's mental health and emotional wellbeing difficulties.
(2) Support and manage emotional wellbeing within school settings through individual or small group interventions. These interventions are focused on building resilience and improving social and emotional wellbeing.

HOPE Rationale

In previous years, UK teachers have appeared widely ill-prepared for identifying warning signs of poor mental health (Bockstock, Kitt & Kitt, 2011). This is especially problematic in secondary schools, as they lack the parent-teacher communication that is often present in primary schools (Vernon & Sinclair, 1998; Vulliamy & Webb, 2003), e.g. at 'drop-off' and 'pick-up' times. The HOPE project trains one staff member, to better prepare them for these identifications. The exact training for these HOPE mentors will be outlined later in the report.

Child and Adolescent Mental Health Services (CAMHS) are strained. A recent survey of head teachers found that 65% were unable to get referrals for their pupils, whilst 80% wanted CAMHS services to be expanded (Frith, 2016). By training staff members within schools, the pupils can receive interventions and emotion management without needing a referral to CAMHS. In more severe cases, CAMHS may still be necessary, but the HOPE project can still go some way to ease the case load of referrals.

By training at least one member of staff to become a HOPE mentor, they will take on a role that almost mirrors that of a support worker. In educational settings, support workers develop trusting relationships, provide sympathetic and constructive advice on problems, and facilitate parent-teacher interactions in the discussion of pupil problems (Vulliamy & Webb, 2003). These same responsibilities and characteristics are then taken on by each HOPE mentor.

1.2 Training Methods and Intervention Examples

Training runs across four consecutive days, covering a range of different topics and interventions. Training only occurs once a year, meaning that all trainees have to be in attendance. The topics and themes involved in training follow the following structure;

Day One

- Understanding mental health in children and young people
- Anxiety and Depression

- Anxiety reduction techniques, e.g. labelling areas of the body that are experiencing anxiety.
- Measurements of anxiety, e.g. pros and cons of using The Revised Child Anxiety and Depression Scale (RCADS)
- The RCADS is a 47-item, youth self-report questionnaire with subscales including: separation anxiety disorder, social phobia, generalized anxiety disorder, panic disorder, obsessive compulsive disorder, and low mood (major depressive disorder).
- Outcome measures such as the Child Outcome Rating Scale (CORS)
- The importance of a goal-based SMART approach to mental health.

Day Two

- Dispelling myths around openly talking about self-harm
- Sign-posting to self-harm prevention apps and websites
- Self-help/ self-soothe kit boxes
- The topic of suicide
- Listening and questioning skills such as the use of open-ended questions
- Taking a PACE approach (Playful, Accepting, Curious and Empathic)

Day Three

- Using evidence-based approaches and feedback tools for effective practice and documentation.
- The importance of getting feedback form pupils in the form of 'session rating scales'
- The use of the CORC website as a resource for tools and practice.
- Using goal-based outcomes and a strength-based approach.

Day Four

- Understanding reflective practice
- The importance of supervision and taking care of yourself
- Meeting the clinical supervisors

Feedback from Training

The layout and topics covered in training have received positive feedback from the HOPE mentors. As there are multiple training days and events throughout the year, this report will just cover the feedback from two training sessions (Therapeutic Storytelling and Self-harm in Children and Young People), to exemplify the positive feedback and improved confidence on behalf of the HOPE Mentors.

Self Harm in Children in Young People

The following quotes have come directly from HOPE mentors following the completion of Self Harm training:

'I now feel that I have a better understanding of adverse child events (ACE's) and the negative effect they can have on young people'.

'After today's training, I have learned the importance of looking into the personal history and background of the child, to understand how this could be impacting the risk of self harm'.

'This training identified a good selection of resources that are available online, and showed us how to utilise the support that is out there'.

In addition to these quotes, the HOPE mentors were asked to rate how confident they felt in assisting a young person who is struggling with self-harm. They gave these ratings at pre and post training, and the results were as follows:

A Graph Displaying the Difference in Confidence Ratings at Pre and Post Training (Self-Harm)

Confidence Ratings (y-axis, 0–9)
Ratings given at Pre and Post Training (x-axis, 1–10)

- Pre-Training (blue)
- Post-Training (yellow)
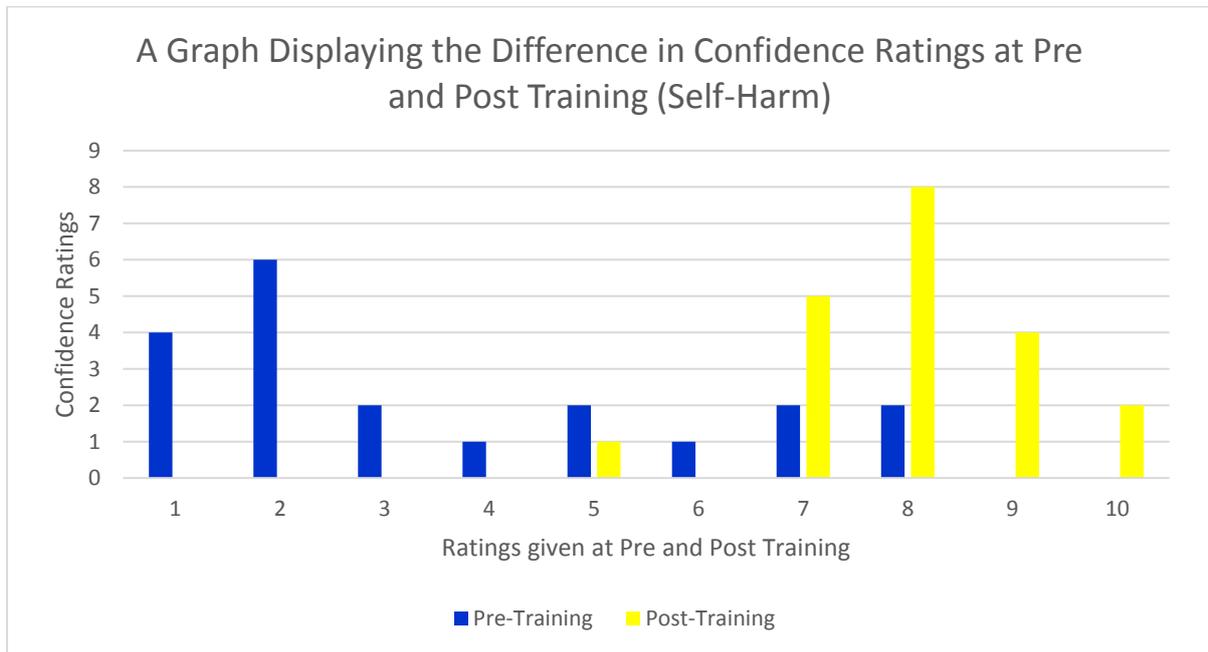
Following the training, there was a clear increase in confidence that was reported by the HOPE mentors, with some mentors placing themselves at the highest point on the scale. This was particularly positive, as prior to the training, many of the mentors cited an 'increase in confidence' as something they wanted to gain from the training session.

Therapeutic Storytelling

Photos: Taken from the Therapeutic Storytelling Training 2019/2020.

As with the Self Harm training, HOPE Mentors left very positive feedback and comments following the completion of Therapeutic Storytelling:

'This workshop got my creative juices flowing. Great training – would love to do more like it'.

'I feel enlightened as to how something (Storytelling) I have taken for granted can make such a difference when supporting young people'.

'This workshop was brilliant and informative. I am looking forward to implementing what I've learnt today with the children in our school'.

The following screenshot is a collection of feedback left by HOPE mentors about how the Therapeutic Storytelling training could be used to support work with children:
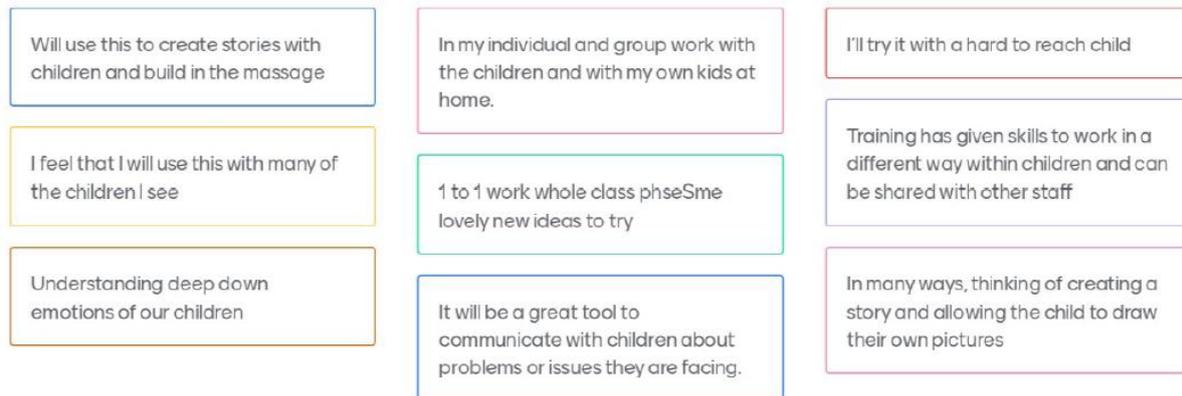
These statements are really positive, as they exemplify how the mentors are always thinking about how to apply and utilise the skills and knowledge that they gain in training.

1.3 Summary of Costs and Services on Offer

The HOPE project offered the following services and training days as part of the HOPE package in 2019/2020;

- ❖ The four consecutive training days (as outlined above).
- ❖ Networking events and supervision
- ❖ Additional sessions throughout the year – examples included attachment training, emotion coaching and sensory integration.

The costs in 2019/2020 were as follows; Year One of the project, including access to foundation training, is £200 per mentor. Year Two and all subsequent years costs £375 for one mentor, and £500 for two.

1.4 Involvement and Growth

The project has seen promising growth and increased involvement in the last couple of years. In 2017, there were 35 schools enrolled on the project. In 2019/2020, 53 schools have taken part in the project (*for specific numbers, see table below*). The involvement of more schools has meant that the number of mentors being trained in the project has risen from 42 to 77. There are 17 schools that now have more than one HOPE mentor. This is a very positive thing; more mentors means that more pupils can access the support and supervision they need. It encourages teamwork, and a whole school ethos that is accepting and sensitive to pupils mental health needs.

There has been a particular increase in the number of primary schools enrolled on the project. This has the potential to be very positive. Evidence suggests that early intervention and support from a young age can have the best outcomes (Mifsud & Rapee, 2005). Furthermore, it can strengthen that aspect of the project that involves work with parents, as primary school involves more parent interaction, e.g. when the accompany the child to and from school (Vulliamy & Webb, 2003).

Location		2017/18	2019/2020
Cannock	*Total Number of Schools*	9	9
	Primary Schools	6	7
	High Schools	3	2
	Number of Trainees	10	11
Stafford	*Total Number of Schools*	7	13
	Primary Schools	4	11
	High Schools	3	2
	Number of Trainees	9	20
South East Staffordshire and Seisdon Peninsula	*Total Number of Schools*	8	12
	Primary Schools	4	11
	High Schools	4	1
	Number of Trainees	8	18
East Staffordshire	*Total Number of Schools*	11	17
	Primary Schools	9	16
	High Schools	2	1
	Number of Trainees	15	23
Out of Area	*Total Number of Schools*	None	2
	Primary Schools	None	1
	High Schools	None	1
	Number of Trainees	None	5

The Stone Project

When commenting on the involvement and growth of the HOPE Project, it is important to note that the Project lead Rachel has involvement in other projects that implement the principles and strategies of HOPE. An example of this is the Stone Project. The Stone Project is also operating in Staffordshire, and essentially has the same aims and rationale as the HOPE Project in terms of improving mental health support for children and young people. The main difference is that the Stone Project includes more work with the wider community, for example running events such as the Stone Walk (*see pictures below*). More information on the Stone Project is available in a separate report; the mention of it here is just to emphasise the expansion of the project principles out into the wider community.

Mental Health Support Teams Programme

The Mental Health Support Teams Programme is a new government initiative focused on getting mental health support into schools as soon as possible. The initiative encourages schools to identify a senior mental health lead within the school, and offers training to that staff lead to help them improve their ability to provide mental health support in schools. This programme is currently still in its early stages, however, even when finalised there will only be 20% coverage across the whole country. In Staffordshire there will only be one site covering approximately 30 schools. The HOPE Project has relevant involvement in this programme, in that it acts as a positive alternative to the Teams Programme. The mentors are asked to develop similar skills, knowledge and competencies as the Support Team Leads during training. The growth of the HOPE Project means that it can co-exist with other projects in the area to make sure as many children as possible are supported in schools.

1.5 Purpose the Report

The purpose of this report is to present feedback and evaluate the success of the HOPE Project in 2019/ 2020. To ensure that evaluations were fair and included all aspects of the project, feedback was taken from HOPE mentors, pupils who are enrolled on the project, and the parents of pupils who are enrolled on the project. Originally, the data was to be collected at focus groups, whereby the secondary author of this report would ask questions about individual experiences that could highlight areas of success and failure within the project. Unfortunately, restrictions associated with COVID-19 meant that some focus groups had to be cancelled and run remotely instead (see *Section 3* for more information). Hence, the following information has come from a range of sources, including networking events, focus groups, online HOPE mentor drop-in sessions, and online parent support groups.

2. HOPE Mentor Focus Groups
2.1 Project Delivery from HOPE

Overall, feedback regarding project delivery and the structure of the project was very positive. Mentors reported feeling satisfied with the level of training and support provided. In particular, there was positive feedback regarding the different services and events that the HOPE project offers. Training provided crucial knowledge and awareness about key topics. Networking events allowed for the formation of group bonds and an exchange of useful advice, whilst supervision sessions provided 1:1 attention and attended to the needs of each individual mentor.

However, HOPE mentors did raise some concerns about time-keeping, and including the HOPE events in their busy school schedule. There were requests to shorten training from whole days to half days, so that mentors only had to take a couple of hours off school. However, the training days cover extremely sensitive and complex topics, and it would not be possible to cover all of the content in a couple of hours. Similarly, there were requests to move supervision from phone calls to in person, so that there was less interruption or distractions. However, attendance has not been consistent enough at networking events or workshops to warrant any additional in-person events. If attendance was to increase in the future, then in-person supervision would be something to consider.

2.2 Feedback about HOPE Mentor Experiences

Allocation of Time

Networking events revealed huge discrepancies in the number of hours dedicated to the HOPE project within the participating schools. Some work on an informal 'drop-in' basis, whilst others have set hours within which to schedule sessions and follow-ups. The latter is more common. At present, the time dedicated to HOPE ranges from 1 hour per week, right up to full time. The time allocated to HOPE depends on a range of factors, including;

- Support from head teacher and fellow staff members
- The number of pupils enrolled on the HOPE project, and the levels of risk associated with these pupils.
- The size of the school, and the subsequent workload for each teacher.

Those HOPE mentors with less time dedicated to the project reported feelings of frustration and less productivity compared to those with less constraints. Although the drop-in sessions may appear more flexible, in reality pupils often turn up at the same times and cannot be seen.

Disruption of Sessions

Regardless of time allocated to HOPE sessions, nearly all HOPE mentors cited their annoyance and frustration around the disruption of their sessions. It appears that mentors are seldom left to run sessions without interruption or allocation to a different job. Examples of these disruptions included:

- Covering a class for another teacher
- First aid and safeguarding responsibilities
- Dealing with incidents that have occurred that day

The disruption or cancelling of sessions can have detrimental effects on the mentor-pupil relationship. It may lead the pupil to think their mentor is unreliable, is too busy for them, and

cannot be trusted. This then regresses a lot of the progress made in previous sessions. Therefore, it is very important to prevent this disruption where possible.

Potential Solution

There is one possible solution that could be used to address both of these issues. Those HOPE mentors with generous time allocations and minimal disruption often attributed this to support from their head teacher and other staff members. Having support and understanding from other staff members means people are more likely to respect the importance of HOPE sessions, and only cause disruption when absolutely necessary. Thus, increasing understanding and support could be a viable solution here.

One method of increasing understanding and support could be giving a staff presentation about the aims, methods and outcomes of the HOPE project. The presentation could include examples of high-risk cases, the type of work being done with these pupils, and any positive changes in their behaviour that have occurred so far. In one networking event, there was a discussion of perhaps inviting other HOPE mentors from schools with greater support to come in for the presentation. They could discuss their experiences, and highlight the importance of support and understanding from other staff members. It may help validate the importance of the project.

Building of Relationships

Many of the pupils enrolled on the HOPE project face difficulty with trust and building relationships. Often, these trust issues stem from experiences such as the following;

- Difficult relationship with parent or caregiver
- Breakdown of foster or care placements
- Negative experiences of CAMHS or other services.

Therefore, HOPE mentors can sometimes struggle to build relationships with these reserved and guarded pupils. In these cases, it may be better to ease into sessions, and take things at a steadier pace. There will need to be a longer transition period between building the relationship, and starting targeted work on whatever issues they are facing.

Potential Solution

To build these relationships, HOPE mentors could try to establish common ground and engage in the hobbies/ interests of the pupil prior to starting any targeted, emotional work. One mentor gave the example of 'girly days' that she started to have with one of her pupils. With parental permission, they would do activities such as curling hair, painting nails and baking. These activities helped the pupil feel comfortable and relaxed in the presence of her HOPE mentor.

The Benefits of a HOPE Room

As previously mentioned within the 'allocation of time' theme, there are discrepancies within the participating schools around the support and resources dedicated to the HOPE project. These discrepancies are also reflected in regards to having a private room dedicated solely to HOPE sessions. At present, not all mentors are awarded this luxury. The following examples are complains and issues that have arisen as a result of not having a private room;

- Resources and worksheets are often misplaced as a result of being moved for each session.
- Mentors or pupils will arrive late to sessions because they're unsure of the location.

- There will be more interruptions. One mentor gave an example of being interrupted 10 times in one session, as they were put in the same room as the staff photocopier.

Those HOPE mentors who have been given their own room dedicated to sessions reported many benefits. Examples of these benefits included;

- Being able to decorate the room nicely and bring in toys/ furniture for the pupils to enjoy.
- Having a lockable cupboard in which to store worksheets, resources and also private case notes for each pupil.
- Having consistency and the concept of a 'safe place' for the pupils to open up.

There is also evidence to suggest that having a dedicated therapy room can help establish respect for the pupil's need for privacy (Isobel, Foster & Edwards, 2015). This respect for their privacy could also be beneficial for 'Building of Relationships'.

It is difficult to offer a solution here, as some schools simply don't have the space or capacity to offer a private room. Even schools with the most supportive ethos may not be able to offer this luxury. For those mentors who struggle on this issue, resilience will be a key skill here. Attendance in networking events and supervision sessions will hopefully provide some relief when dealing with this type of problem.

2.3 Success Stories

It is important to collect feedback from HOPE mentors regarding problems and frustrations they have encountered in the last year. However, it is equally as important to discuss their success stories, and the positive impact that the HOPE mentors have had on pupils, and their families.

The following examples of 'Success Stories' were provided by the HOPE mentors at one of the networking sessions.

'I was working with a child in need, and decided to open communication with her mum. It was decided that her mum would start using a reward chart at home, in order to monitor and intervene with her child's behaviour. Her mum later provided me with really positive feedback, saying that the reward chart was really working and helping to improve life at home'.

This story is a positive example of a HOPE mentor having open dialogue with a parent, and therefore ensuring that the same behavioural rules and standards are being implemented both at home and in school. This would have provided the pupil with consistency, structure and positive reinforcement, all of which tend to positively impact development and behaviour.

'I was working with a child who was suffering from anxiety. The anxiety stemmed from an older sibling, who was arguing with their mum and becoming involved with criminal behaviour. The child was introduced to some group work with other pupils, and we ran some 1:1 sessions with mum. The sibling is now said to be on a much more positive trajectory, and the mum notes that the family now played board fames for the first time in years'.

This is a really strong example of the HOPE mentor identifying the problem, gauging the root of the problem, and then addressing the whole family dynamic as a means of reducing the problem. The anecdote about the board game really highlights how small, simple changes can help bring huge improvements to a child's life.

'A year 6 pupil was enrolled onto the HOPE project because they were making bad behavioural decisions. These decisions were resulting in quite a lot of trouble in school. Early assessments of the pupil indicated low self-esteem, so we decided to make this the focus of interventions. We built the pupil's self-esteem through

increasing their responsibilities in school, providing them with a heightened sense of purpose. This also helped with getting other members of staff on their side. The pupil has gone from strength to strength, and now has a real sense of achievement and pride'.

This story demonstrates how sometimes, even though a pupil may present with multiple behavioural problems, they can still benefit from small, targeted interventions that focus on one trait or characterisitcs.

'I recognised that one of the children I was working with was showing signs and presenting behaviours associated with OCD. Since my recognition, the child has been diagnosed with OCD, and is able to talk openly about her condition. She has also been referred to CAMHS, and our two services are working together for this child'.

The identification of an underlying condition by the HOPE mentor resulted in many positive outcomes for the child, including access to services. The fact that the child is now able to openly talk about her condition is a good sign of acceptance and understanding.

When evaluating and reviewing the success and progress made by the HOPE project in the last year, it is really important to give weight to these stories, and the positive changes that have been made in the pupil's lives. These examples and anecdotes provided by the HOPE mentors demonstrate that despite any frustrations, time constraints or lack of school support, there have still been moments full of pride and satisfaction.

3. Pupil Focus Groups
3.1 Structure of Focus Groups

It was decided that, in order to respect the privacy and comfort of the pupils involved, that the session would take more of an interview format rather than a focus group. Talking about their involvement with the HOPE project meant they would have to discuss some sensitive issues, and also give their opinion about how helpful and supportive their HOPE mentor was. There was a concern that pupils may not answer these questions completely honestly if they were in a group setting. It is worth noting that the following feedback and examples have only been provided by high school pupils.

3.2 The Support from HOPE Mentors

Overall, the pupils who were interviewed reported high satisfaction with the support from HOPE mentors. It was clear that the pupils were happy with how quickly they could access support or a session with their HOPE mentor when they wanted. Several pupils did mention that their mentor sometimes had other responsibilities such as meetings or training, but they were understanding of this. It would not be possible for any mentor to be available 100% of the time. The following are quotes from the pupils when asked about how responsive their mentor was, and whether their mentor was good at responding to their needs:

'She's quick at thinking on her feet and coming up with ideas to calm me down. The ideas are always artsy and creative because that is what works for me'.

'If I request a chat or a session with them, it almost always happens on the same day. The only time it doesn't is if they are away on training or unwell'.

'I like the fact that they act differently with every person. It doesn't feel like the conversations are rehearsed or set. It feels like they genuinely care'.

'I prefer time with my mentor compared to my psychiatrist or therapist. She is upbeat and doesn't focus on negative things. We have a mutual relationship because she shares things with me too – she shows me pictures of her dogs, which always cheer me up'.

3.3 The Impact of a Private Room

One topic that came up during the interviews was the use of a private room dedicated to the HOPE project, and that was only accessible for those struggling with mental health. There were mixed feelings and responses concerning this topic. Some pupils loved having a private room; it was described as a safe haven, as a comfortable space, and as somewhere to be calm and privacy. Several pupils mentioned that they don't like to get upset or angry in front of people, so they were really happy that they had a place to go that was more secluded and separate from the business of the school environment.

However, on the other side of this, there were some pupils who reported that the private space was actually not very private, as a lot of pupils had access to it. One pupil in particular was in year 9, and she mentioned that she would feel quite intimidated if she went into the room and it was busy with lots of older pupils. She mentioned that round the time of GCSE's, the room was so busy that she didn't like to use it. As previously mentioned, some HOPE mentors felt frustrated at the fact that their school did not have the space for a private room. However, feedback like this may ease that frustration a little, as a private room is not always beneficial for every single pupil.

3.4 Whole School Ethos

The feedback from pupils regarding a 'whole school ethos that is accepting of mental health', was very similar to that of the HOPE mentors. Some HOPE mentors did report a lack of support and understanding on behalf of other members of staff and the faculty. The pupils seemed to agree with this, and said that mental health was not a priority throughout the whole school. The following quotes are from pupils who reported feeling dissatisfied with their schools approach to mental health:

'We have a mental health week once a year in school, but once that week is over it doesn't really get mentioned again'

'The school has 'wellbeing sessions' for pupils in year 11, but they cover topics like Schizophrenia. I would prefer it if we had sessions throughout our time in school, and they covered topics that more of us are facing, like anxiety or depression'.

'The teachers are good and supportive of mental health, but I don't think they're very good at recognising those pupils who are suffering in silence. It might be good if they had more training on this, because not everyone is brave enough to admit they need help'.

This report has already outlined some suggestions or possible solutions for low support from other staff members (*see page 6*). However, one pupil actually mentioned one strategy that had been implemented in their school, to overcome this. Those pupils who were enrolled on the HOPE project were given 'time out passes'. These passes meant that they were able leave class for 10 minutes of they were feeling anxious, overwhelmed, or something had happened at home. Teachers outside of the HOPE project had to respect these passes, as long as the pupil retuned to class after an appropriate amount of time. Something like this can help strike a balance and form a compromise

between HOPE mentors and other teachers, so that pupils can be supported and also get the most out of their teaching.

3.5 Good Suggestions for HOPE Mentors

There were other examples of techniques or interventions that were mentioned by pupils that could be useful for other HOPE mentors to implement and use in their schools. The following list identifies some of the most useful examples that could be mentioned in future training or networking events;

- ❖ If a mentor is lucky enough to have a private room, they could have isolation booths within the room, so that pupils who are particularly upset do not have to see other pupils.
- ❖ Bring in professionals from outside of school to run workshops with vulnerable pupils, e.g. anti-stress workshops during exam times. By having workshops for one afternoon, it could help provide support to many pupils at once, which may be more efficient during particularly challenging times.
- ❖ Try to remain focused on the individual differences of each pupil, and tailor your advice to the individual experiences of that pupil.

4. COVID-19
4.1 Contextual Information

On the 11th March 2020, the World Health Organisation declared COVID-19 a global pandemic, following the identification of 118,000 cases in 110 different countries. The declaration of a pandemic brought about many social changes, including the introduction of social distancing measures, whereby people are required to stay home where possible, and remain 2 meters apart when in public.

On Friday 20th March, UK Prime Minister Boris Johnson announced that schools would be closed indefinitely to slow the spread of COVID-19. He did also announce however, that schools must remain open and available to the children of key workers who were still required at their place of employment. As per the writing of this report (May 2020), schools have not yet reopened, nor have any concrete plans to reopen been announced.

4.2 The Response from Schools

When the UK Government announced the closure of UK schools, it meant that HOPE mentors received different instructions on how to proceed with the project and the support of their pupils from home. Interestingly, there have been huge differences in the approaches taken by different schools, particularly with regards to communication and the continuation of the HOPE project. Some mentors have reported almost no communication with any of the pupils or parents since the closure of schools. It seems to be that some pastoral staff have not been able to continue with their work, and that class teachers have taken over the correspondence with the families. On the other hand, some schools have responded to the closure with a much larger focus on mental health and the principles of the HOPE project, and have become a lot more supportive of the mentor and the work that they do. These difficult circumstances have meant that some mentors have spent the final part of the school year deeply frustrated at the lack of involvement and progress they could make in the project. Unfortunately, this was very much out of the control of the project lead.

4.3 The Negative Impact of COVID-19

These differences in the approaches taken by schools, as well as the fear and anxiety that comes from living though a global pandemic, are just some of the negative stressors and consequences of COVID-19. The following information will outline the negative impact of COVID-19, with regard to the logistics of running the project, and the mental well-being of those involved in the project.

The Project

The first logistical issue that arose as a result of COVD-19 was the movement to remote working and online support/ training. Some of the projects key events, e.g. networking events, focus groups and the 'Mentally Healthy Schools' conference had to be cancelled. Where possible, these events were replaced with online alternatives. For instance, the final networking event was replaced with a weekly zoom drop-in session, whereby mentors could log on to discuss any issues they were having with the project lead. Whilst these online sessions were a good alternative, they did come with their own set of technological problems. For some mentors, their internet access at home was simply not strong enough, or they did not have sufficient knowledge to work the online platform. Therefore, not everyone was able to access the support the same way they would have in person.

HOPE Mentors

Some HOPE mentors have still been required to work in schools, so to educate the children of key workers who are unable to stay at home. This has created a lot of anxiety, particularly when working with younger children. The younger pupils do not understand the severity of COVID-19, nor do they grasp the importance of social distancing. Several mentors reported issues with the children breaking 2m rules with their friends and with the staff. Furthermore, regardless of the age of the pupils, all mentors who are still asked to work are stressed by the idea of contracting the virus and bringing it home to their families. They have had to adopt new routines, including leaving their clothes in bags outside of the house and showering before they can go in the same room as their family. These types of behaviour can create feelings of worry and unease within their own homes.

The mentors also face the challenge of not being able to provide the face to face support with their most vulnerable pupils. Discussions with the mentors have revealed many ideas or suggestions for continuing support, e.g. streaming mindfulness or anxiety workshops to pupils online. However, there have been many challenges and barriers that have prevented any implementation, because of issues with safeguarding and not having the means to follow through. For one mentor in particular, there was a situation whereby some of her pupils were trying to contact her through her school email, however limits associated with safeguarding meant that she was not allowed to reply to them, or have any other contact whilst the school was closed. This brought about difficult emotions such as worry or guilt, and even though the fault did not lie with the mentor, she still felt responsible for the well-being of those pupils.

Parents

The closure of schools has meant a nation-wide transition into home-schooling, and parent-led teaching. This sudden change has been very stressful and anxiety-provoking for parents, particularly in households that have children of different ages with different educational needs. There have been worries about children falling behind, the parent's capabilities to teach the content, as well as time-pressure that comes with this new responsibility. For parents who are classed as key workers, although their children are still able to go school, they have different anxiety about COVID-19 and the risk of contracting it in work, and subsequently infecting their families.

Pupils

The pupils who are facing the most negative consequences as a result of COVID-19 are those pupils in transition periods, who were meant to be changing schools in September. Year 6's and Year 11's are missing out on their final months in school with their friends and teachers who they have been with for the last five years or so. During this period, there would usually be trips to the new school, and end of school celebrations such as discos and proms, and it is very hard for those pupils to accept that they might miss out on those experiences. Furthermore, all pupils face the stress of not knowing what school will look like when they return. The government has proposed several different possibilities, including phased returns whereby different year groups go back at different times. One mentor did note that her school were considering keeping non-transitional pupils down a year for the first few months after September, and not moving them up to their correct year group until January. This would provide the opportunity to finish off the curriculum that had been missed, and give them a chance to settle back into education before facing any more change.

4.4 The Positive Impact of COVID-19

Interestingly, there were also some positive consequences that arose as a result of COVID-19 and the school closures. Many of the concerns raised in HOPE mentor focus groups, networking events and supervision were actually improved by the lockdown restrictions. HOPE mentors now have a lot more time for supervision and online training, as they do not have the disruptions that would occur during a typical school day, i.e. being asked to cover teaching in a class. Likewise, the creation of weekly online drop-in sessions meant that mentors did not have to commit to one particular day, as they would have with in-person networking sessions. The same could be said for training – attendance was actually much stronger for online bereavement training compared to in-person sessions that had been run earlier in the year. The closure of schools meant that mentors had more time to commit to the project, despite having less time in contact with their pupils.

5. Parent Focus Groups
5.1 Structure and Content

Unlike HOPE mentors and pupils, there were no parent focus groups prior to lockdown restrictions and the closure of schools. As a result, all of the information outlined below has come from weekly online parent support groups. These groups were ran by both the project lead and different HOPE mentors, and were designed to be an outlet for parents who needed extra support and assistant in this time. As a result, the content of these groups was much more focused on COVID-19 and the struggles of home-schooling, not any specific evaluation of the HOPE project. However, the fact that these sessions took place, and that parents were offered this platform to seek help still exemplifies the success of the project and the positive impact that it can have on those involved. Hence, the stories and suggestions outlined below can be used as evidence for HOPE mentors going above and beyond their pastoral duties so to provide the best support to the families involved in the project.

5.2 Feelings of Anxiety

The most common theme or concern of parents during support sessions was the enhanced feelings of anxiety, experienced by both the parents and their children. For the children, the anxiety came from all of the sudden and unexplained changes in their live, and the uncertainty about the future. For the parents, the anxiety was stemming from worries about keeping their child safe, reassuring their child, and trying to keep their children engaged with school work. The HOPE mentors offered some of the following suggestions to help ease the anxiety within the household during lockdown:

Mindfulness Techniques

- ❖ Mindfulness techniques are useful for helping a child who feels emotionally overwhelmed.
- ❖ Mindfulness helps bring them back into the present moment, and focuses on relaxation.
- ❖ Some examples include meditation and breathing exercises.
- ❖ Can set a relaxed mood by having reduced light or scented candles in the room.
- ❖ Many resources available online of different techniques to try.
- ❖ Can make it a 'special time' that occurs at the same time every day. Can become something that the children can rely on and have some certainty in such uncertain and scary times.

Control Jars

- ❖ Set out three jars and label them with the following; 'Can Control', 'Can't Control' and 'Some Control'.
- ❖ Have your child write out different things for each jar. The 'Can't Control' jar can contain things related to COVID-19, such as 'I can't control when I go back to school'.
- ❖ However, the focus should be the things that they can control, e.g. 'I can control what I eat today', and 'I can control how much TV I watch today'. By focusing on things they can control, it gives them a sense calmness throughout the day, as they can focus on these things.
- ❖ The 'Some Control' jar can also bring some positivity, e.g. 'I can't meet my friends in the park, but I can go for a walk in the park with my family'. This might help them feel more positive about the things they can do during this time.

There are other activities that use these same principles. For example:

- ❖ Making 'To Do Lists' so that your child has a sense of productivity and purpose.
- ❖ Making a list every evening of three things that you have been grateful for that day.
- ❖ 'Sensory lists' – write down nice things that you've smelt, tasted, seen and heard that day. It means that the children are looking for nice things throughout the day so they can make the list.

Structure

For children who are feeling anxious and emotionally overwhelmed, huge benefits can be felt from keeping the day structured and organised. This does not have to follow the usual school day, but perhaps having a set two hours for school work, a set hour for lunch, one set hour for a walk and then a set time for relaxation before bed. If there is consistency, and the child always knows what to expect at each time of the day, then they have one less thing to be anxious about.

Parent Self-Care

The HOPE mentors also put a large emphasis on the importance of parental self-care. Anxiety can transfer to the child if sufficient steps are not taken to take care of the parents own mental well-being. Some techniques that were suggested by the HOPE mentors included:

- ❖ Taking advantage of outdoor exercise every day, e.g. going to the park or taking a dog for a walk.
- ❖ Having a set time to sit and relax and watch TV when children are in bed.
- ❖ Take a longer shower or bath and just enjoy the feeling of being in there.
- ❖ Enjoy the pause, and the fact that we don't have to be our most productive during this time.

6. Plans for the Future

The aim of the HOPE Project is to continue the success and expansion in the next year. 2020/2021 will see an increase in the number of training sessions available for mentors, on topics related to supporting mental health in schools. Those involved with the project will be trialling a new pilot scheme that will be broadcast by Dr. Pooky Knightsmith. Dr. Knightsmith is embarking on a new online learning site – CPD Netflix. The site will eventually aim to cover every topic those who work with or who support children will ever need to know about; it will be continuously added to in order to keep ahead of changing times and needs. The content will be in short bite-size videos that will be accessible anytime and anywhere. The plan is also to make more use of online training, online support sessions and other tools that have been given more importance during lockdown. Now that these online connections have been established between the project lead, mentors and parents, the plan is to continue to use throughout the next academic year.

7. Concluding Comments

2019/ 2020 has been a successful year for the HOPE Project. The increased involvement from schools means that the mentors can work together to achieve a whole school ethos that is accepting of mental health. Although there were challenges and adversities faced by both the mentors and pupils involved in the project, there were still many examples of success stories and positive experiences from the past year.

There is no doubt that COVID-19, lockdown restrictions and the closure of schools has negatively impacted the running of the project during the latter half of the school year. Mentors have had to take on additional stress and anxiety about home schooling, the well-being of loved ones, and uncertainty about going back to work. The project lead has done her best to make the situation as positive as possible, by running online training, support sessions and networking events. It is hoped that next year will be even more successful, for all those involved in the project.
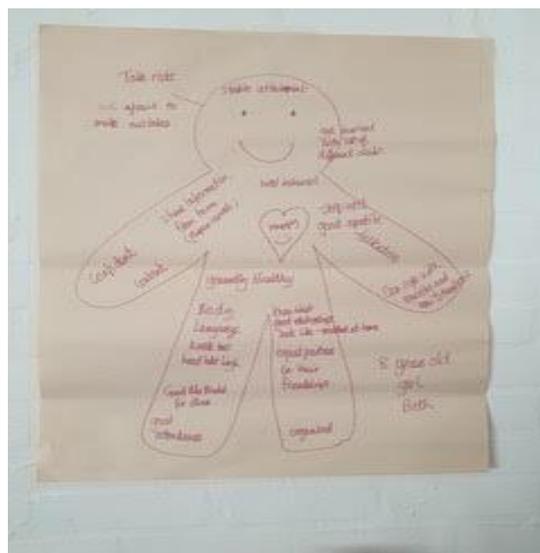
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