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NOTICE OF MEETING

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SCHOOLS FORUM

will meet on

TUESDAY, 16TH JANUARY, 2018

At 2.30 pm

in the

COUNCIL CHAMBER - TOWN HALL, MAIDENHEAD,

TO: MEMBERS OF THE SCHOOLS FORUM

HEAD TEACHER REPRESENTATIVES: ISABEL COOKE, RICHARD PILGRIM (CHAIRMAN), HELEN MCHALE, ALISON PENNY, JOOLZ SCARLETT, MIKE WALLACE, CHRIS TOMES, AMANDA HOUGH AND MARTIN TINSLEY (VICE-CHAIRMAN).

GOVERNOR REPRESENTATIVES: HUGH BOULTER AND JO HASWELL.

NON- SCHOOL REPRESENTATIVES: ANNE ENTWISTLE.

Karen Shepherd – Service Lead - Democratic Service - Issued: 08/01/2018

Members of the Press and Public are welcome to attend Part I of this meeting. The agenda is available on the Council's web site at www.rbwm.gov.uk or contact the Panel Administrator

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AGENDA

PART I

<u>ITEM</u>	<u>SUBJECT</u>	<u>PAGE NO</u>
1.	<u>APOLOGIES</u> To receive any apologies for absence.	-
2.	<u>DECLARATIONS OF INTEREST</u> To receive any declarations of interest.	5 - 6
3.	<u>MINUTES</u> To approve the minutes of the meeting held on 12 December 2017.	7 - 10
4.	<u>SCHOOL FUNDING AND SCHOOL PLACE PLANNING</u> To consider the verbal report.	Verbal Report
5.	<u>WELLBEING TEAM EVALUATION AND FUTURE</u> To consider the report.	11 - 90
6.	<u>FALLING ROLLS FUND 2018 / 19</u> To consider the report.	To Follow
7.	<u>BUDGET MONITORING AND FORECAST 2017/18</u> To consider the report.	91 - 94
8.	<u>CENTRALLY RETAINED BUDGETS 2018/19</u> To consider the report.	To Follow
9.	<u>DEDICATED SCHOOLS GRANT INDICATIVE SETTLEMENT 2018/19</u> To consider the report.	To Follow

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MEMBERS' GUIDE TO DECLARING INTERESTS IN MEETINGS

Disclosure at Meetings

If a Member has not disclosed an interest in their Register of Interests, they **must make** the declaration of interest at the beginning of the meeting, or as soon as they are aware that they have a DPI or Prejudicial Interest. If a Member has already disclosed the interest in their Register of Interests they are still required to disclose this in the meeting if it relates to the matter being discussed.

A member with a DPI or Prejudicial Interest **may make representations at the start of the item but must not take part in the discussion or vote at a meeting.** The speaking time allocated for Members to make representations is at the discretion of the Chairman of the meeting. In order to avoid any accusations of taking part in the discussion or vote, after speaking, Members should move away from the panel table to a public area or, if they wish, leave the room. If the interest declared has not been entered on to a Members' Register of Interests, they must notify the Monitoring Officer in writing within the next 28 days following the meeting.

Disclosable Pecuniary Interests (DPIs) (relating to the Member or their partner) include:

- Any employment, office, trade, profession or vocation carried on for profit or gain.
- Any payment or provision of any other financial benefit made in respect of any expenses occurred in carrying out member duties or election expenses.
- Any contract under which goods and services are to be provided/works to be executed which has not been fully discharged.
- Any beneficial interest in land within the area of the relevant authority.
- Any licence to occupy land in the area of the relevant authority for a month or longer.
- Any tenancy where the landlord is the relevant authority, and the tenant is a body in which the relevant person has a beneficial interest.
- Any beneficial interest in securities of a body where:
 - a) that body has a piece of business or land in the area of the relevant authority, and
 - b) either (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body **or** (ii) the total nominal value of the shares of any one class belonging to the relevant person exceeds one hundredth of the total issued share capital of that class.

Any Member who is unsure if their interest falls within any of the above legal definitions should seek advice from the Monitoring Officer in advance of the meeting.

A Member with a DPI should state in the meeting: ***'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Or, if making representations on the item: ***'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Prejudicial Interests

Any interest which a reasonable, fair minded and informed member of the public would reasonably believe is so significant that it harms or impairs the Member's ability to judge the public interest in the item, i.e. a Member's decision making is influenced by their interest so that they are not able to impartially consider relevant issues.

A Member with a Prejudicial interest should state in the meeting: ***'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Or, if making representations in the item: ***'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Personal interests

Any other connection or association which a member of the public may reasonably think may influence a Member when making a decision on council matters.

Members with a Personal Interest should state at the meeting: ***'I wish to declare a Personal Interest in item x because xxx'. As this is a Personal Interest only, I will take part in the discussion and vote on the matter.***

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Agenda Item 3

SCHOOLS FORUM

TUESDAY, 12 DECEMBER 2017

PRESENT: Head Teacher Representatives: Richard Pilgrim (Chairman), Amanda Dean, Chris Tomes, Joolz Scarlett, Isabel Cooke, Mike Wallace and Martin Tinsley.

Governor Representatives: Hugh Boulter and Jo Haswell.

Officers: James Norris, Tracey Anne Nevitt and David Cook.

APPOINTMENT OF CHAIRMAN AND VICE-CHAIRMAN

Resolved unanimously: that Richard Pilgrim be appointed as Chairman and Martin Tinsley as Vice-Chairman of the Schools Form.

It was noted that Nick Stevens had resigned from the Schools Forum.

APOLOGIES

Apologies were received from Alison Penny, Nick Stevens and Kevin McDaniel.

DECLARATIONS OF INTEREST

There were no declarations of interest received.

MINUTES

The minutes of the meeting held on 27 November 2017 were approved as a true and correct record.

FALLING ROLLS FUND

The Head of Finance (RBWM) Achieving for Children informed the Forum that on 8th March 2016 the Schools Forum agreed the implementation of the falling rolls funding. qualifying criteria. The criteria and funding parameters were shown within the report. The Forum were reminded that the funding was taken from the Dedicated Schools Grant and thus every school contributed.

The Forum were informed that the falling rolls funding was a short term solution to allow schools maintain teaching levels during the short term fall in pupil numbers.

In response to questions the Forum were informed that there was no dedicated budget line for the funding and it was called upon when required. In previous years there had been a budget surplus to call upon however this was no longer available. The funding was limited to a two to three year period after which pupil numbers would be expected to rise. If it was felt that the fall in pupil numbers was permanent the fund would not be used.

Concern was raised that the Forum were being asked to provide additional funding after they had recently agreed to fund work in the high needs block; it would have been better if both requests had been made together.

The Forum discussed the current situation with Churchmead Church of England (VA) Secondary School that had applied for falling rolls funding. It was noted that there had been two new free schools opening in Slough that were 1 mile from Churchmead. The Forum were

informed that applications had been received from both Churchmead and Altwood and the admissions team felt that their admission numbers would increase in the future.

The Forum felt that when there were free schools opening within three miles of an existing school the local authority should be aware and expect that there would be an impact on numbers and thus better planning should be in place. It was also noted that the request form funding would have a bigger impact on smaller schools. It would be helpful to have some modelling done to assess the impact on school funding.

It was recommended that when an application for funding was made it should be shown what the funding would be used for and details of the impact on the school due to falling numbers. It was noted that Churchmead had provided a detailed application that showed the savings they had introduced over the last 4 years and how first preference numbers had increased. Without the funding Churchmead could slip back into special measures.

The Chairman requested that if the item was brought back to the Forum's next meeting that the impact on schools funding be shown as well as information from the admissions team on future place planning.

It was agreed that the item be brought back to the next meeting.

SCHOOLS BUDGET MONITORING 2017/18

The Head of Finance (RBWM) Achieving for Children introduced the report that provided the Schools Forum with the projected financial position for 2017/18 with risks and opportunities, the projected reserve balance at 31 March 2018 and an understanding of the financial pressures.

The Forum were informed that there was a net in year deficit of £595,000 relating to the dedicated schools grant funded services mainly relating to the release of the underachievement of the High Needs Block savings plan. Since it was last reported there had been increased deficit of £112,000.

Section 3.4 of the report showed that the net overspend would be an additional pressure on the dedicated schools grant reserve which had a projected deficit of £1,223,000 for 31 March 2018. The Head of Finance (RBWM) Achieving for Children advised this should in fact be £1,347,000.

Table 1 provided a summary of the current financial position whilst table 2 highlighted the risks with associated commentary. If the risks were added to the projected deficit then the projected reserve balance at 31 March 2018 would increase to £2,017,000.

The Chairman mentioned that it was not a good position and that the high needs block savings had not yet been achieved, he asked how the Forum could get back to a balanced budget. The Forum were informed that the block transfer for the SEN working party had been approved and that there was Clinical Commissioning Group funding for the SEND transition to raise standards and performance. Both would help deal with out of borough placements.

The Chairman asked what would happen if there was a deficit when the new funding formula was introduced. The Forum were informed that there was no DFE guidance on this but officers could talk to Achieving for Children colleagues as they had bigger deficits.

The Chairman said that there was a need to be prudent but also a need to maintain quality.

The Forum were informed that note 2 in the report showed that the biggest risk of a further overspend was within the High Needs Block. Currently there was a risk of an under achievement of the savings plan. The SEN working party would review the savings plan.

With regards to the bad debt provision the Forum were informed that this was expected to be written off as it was unlikely that the loan would be repaid due to the academies deficit.

Resolved unanimously: that the report be noted.

The meeting, which began at 2.30 pm, finished at 3.40 pm

CHAIRMAN.....

DATE.....

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Agenda Item 5

ROYAL BOROUGH OF WINDSOR & MAIDENHEAD SCHOOLS FORUM

Date:	16 th January 2018	AGENDA ITEM:
Title:	Wellbeing Team Evaluation and Future	
Responsible officer:	Kevin McDaniel, Director of Children's Services	
Contact officer:	Rebecca Askew, Senior Specialist Educational Psychologist – Wellbeing Achieving for Children	Tel: 01628 796688

1 PURPOSE AND SUMMARY

1.1 This paper summarises the Wellbeing Team priorities, objectives and evaluation for 2015-2017. Please see full evaluation reports for further detail.

1.2 The key points of the paper are:

- The Wellbeing Team are funded by the Schools Forum. The Team is comprised of 3 full time equivalent Psychological Wellbeing Practitioners. The Wellbeing Team budget is £120,000 per annum.
- The Wellbeing Team was set up initially as a three year programme to focus on children and young people's mental health and wellbeing. The purpose of the team was to support children and young people and their families at the earliest stages to understand and effectively manage (where appropriate) mental health concerns. The current three year programme funding period ceases in January 2019.
- The recent publication on 4th December of the Green Paper on transforming children and young people's mental health provision focusing on the importance of early intervention and prevention would indicate that this is a key time to continue to both sustain and develop the work that the Wellbeing Team undertake on a permanent basis.
- The period between November 2015 and December 2015 was used for team set up and liaison with schools. The Wellbeing Practitioners were assigned a number of link schools. Early Help Hub referrals were received by the team from January 2016.
- During November 2015 – July 2016 a total of 85 individuals (Mean age 12.4, SD 2.4; 42 females and 43 males) were referred to the Wellbeing Team through the Early Help Hub. This included referrals from 8 secondary schools, 8 primary schools, 2 first schools and 4 middle schools (see Table 2 below). 49 of these cases received an individual intervention from a member of the Wellbeing Team; all others had an initial assessment and were successfully signposted.
- During September 2016 – August 2017 a total of 118 individuals (Mean age 12.4, ranging from 5 to 18 years; 77 females and 41 males) were referred to the Wellbeing Team through the Early Help Hub. This included referrals from 10 secondary schools, 14 primary schools, 4 first schools, 4 middle schools and 3 specialist schools

2 RECOMMENDATIONS

2.1 The Forum is asked to note the contents of this summary and the associated full evaluation reports to approve the continuation of funding for the Wellbeing Team from January 2019 for a further specified period.

3 BACKGROUND INFORMATION

3.1 The Wellbeing Team was set up in response to increasing concerns about the mental health and wellbeing of children and young people (C&YP) and was specifically identified by school audits as an area of need. It is, at minimum, a three year programme to focus on children and young people’s mental health and wellbeing. The purpose of the team was to support children and young people and their families at the earliest stages to understand and effectively manage (where appropriate) mental health concerns. This was to ensure schools and other professionals feel supported with the aim to reduce the need to escalate to specialist services both in CAMHS and Social Care.

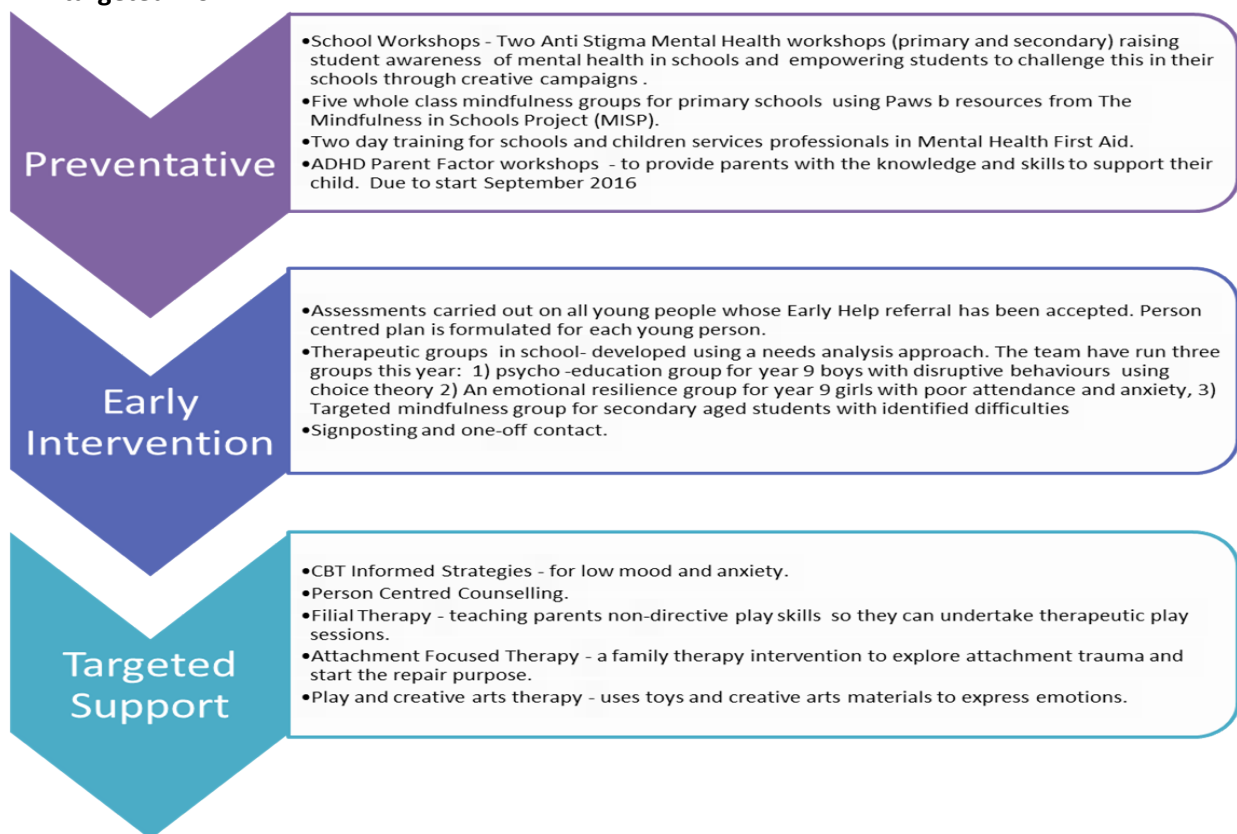
Rationale:

- Increasing concerns about children and young people’s (C&YP) mental health and well being.
- To commission therapeutic interventions which can be accessed by schools / C&YP prior to CAMHS T3 and T4 services
- Links to Educational Psychology Service
- Children’s Health & Wellbeing was identified by school audits as an area of need.
- The capacity to have access to specialists to support schools or target C&YP identified at increased risk
- Increase support for C&YP and their families at the earliest stage to understand and effectively manage (where appropriate) mental health concerns.
- Each Wellbeing Practitioner has a set of Link Schools to which they provide termly liaison.

3.2 Support from the team was open to all children and young people in RBWM schools (5-18 years). It was agreed that this team would offer both direct work such as consultation and initial assessment, time limited focused interventions, such as CBT informed strategies and group work/workshops with children and young people and indirect work such as training, Early Help meeting support and signposting. Three main areas of focus for the team were:

1. Social communication difficulties
2. Attention and hyperactivity and
3. Low mood and anxiety.

Diagram 1: Service delivery comprised of preventative work, early intervention (Early Help) and targeted work.



4 EVALUATION SUMMARY

4.1 RANGE & COVERAGE OF SERVICES OFFERED

Table 1: Wellbeing Intervention totals for 2015-2016

Outcome	Type of work	Total No. of schools/ groups	Total No. of Individuals
Outcome 1: To support children, young people (C/YP) and/or their families at the earliest stage to understand and effectively manage (where appropriate) mental health concerns.	Total no. of children/young people (C/YP) referrals from the EHH		85
	Total number of schools supported		22
	Total number of C/YP supported (EHH)		49
	Short term individual interventions (<5 weeks)		13
	Long term individual interventions (5-20 weeks)		36
	Total Number of therapeutic groups & C/YP in groups	3	19
	Total Number of C/YP in individual and group interventions		68
Outcome 2: To improve knowledge and understanding of mental health and emotional wellbeing amongst students and staff, creating an open and supportive culture around mental health in schools.	Anti-Stigma Workshops Total number of C/YP	11	79
	Whole Class Mindfulness Groups Total number of C/YP	5	130
Outcome 3: To improve knowledge and confidence of school staff and parents when working with children and young people with emotional and mental health difficulties.	Mental Health First Aid Training for professionals working with children and young people Total number of delegates	11	22

Table 2: Wellbeing Intervention Totals September 2016 – August 2017

Outcome	Type of work	Total No. of schools/ groups	Total No. of Individuals
Outcome 1: Improvement in the mental health and emotional wellbeing of children and young people supported by the Wellbeing Service (individual).	Total individual referrals from the EHH		126
	Total Number of schools supported through individual interventions		35
	Total Number of Wellbeing Assessments <i>(Includes: assessments for interventions, stand alone assessments, plus assessments referred to waitlist)</i>		112
	Short term individual interventions (<5 weeks) <i>(Includes: non-engagement/drop-out & short-term pieces of work)</i>		9
	Long term individual interventions (5-20 weeks)		78
Outcome 2: Improvement in the mental health and wellbeing of children and young people supported by the Wellbeing Service (group).	Whole Class Mindfulness	5	130
	Targeted Mindfulness Group	1	12
	Exam Anxiety	1	8
	Anxiety Group	1	3
Outcome 3: Improved pupil/student knowledge and skills (Mental Health and Emotional Wellbeing)	Anti-Stigma Workshops	13	
	Total number of C/YP		82
Outcome 4: Improved staff knowledge and skills (Mental Health and Emotional Wellbeing)	PPEPCare Training- Schools -Centralised	7	189 52
	Mindfulness Workshop	1	4
	ELSA Conference: -Managing Anxiety Workshop -Mindfulness Workshop	31 schools	31 delegates
Outcome 5: Development of the whole school environment with regard to awareness of and support for Mental Health and Emotional Wellbeing.	School MH & EWB Framework Pilot Programme – Primary Schools	6	
Outcome 6: Improved parent/carer knowledge and skills (Mental Health and Emotional Wellbeing)	ADHD Parent Factor	13	18
	Parent Anxiety Workshop	1	5
	Parent Seminar Introduction to Mental Health and Emotional Wellbeing	1	90

- 4.2 The majority of requests for involvement come via the Early Help Hub (request for Additional Support). There has been an increase in the number of referrals that either specifically request or would require Wellbeing Team support during the past two years (as indicated in the previous tables).
- 4.3 Appendix 1 shows the breakdown of needs recorded by the referrer for *Early Help Requests* over a 20 month period It is worthy of note that the most commonly checked risk factor on the request for additional help (Early Help Hub) form is anxiety.
- 4.4 38 % of all the requests for Early Help included current risk factors:
- Anxiety
 - Depression
 - Suicide al thoughts
 - Self Harm

Table 3: Summary of referrals to the Wellbeing Team by identified difficulty 2015-2016 and 2016-2017

Primary Concerns on referral	Number of Pupils	
	2015-2016	2016-2017
Anxiety	32	65
Anger Management/Behavioural Difficulties	11	18
Low Mood & Depression	11	22
Depression	11	11
Self-Esteem/Confidence	8	11
School Refusal	7	4
Self-Harm	3	1
Substance misuse	2	0

5 IMPACT OF INTERVENTIONS & TRAINING

- 5.1 The impact of interventions delivered by the Wellbeing Service, and the quality of the workshops and training are evaluated using a mixture of evidence based and purposefully developed measures.

Table 4: Interventions, Evaluation Measures and Outcomes of the Wellbeing Service 2015-2017

The majority showed improved outcomes pre-post evaluation in relation to training, group and individual C&YP and Parent/Carer intervention.

Intervention	Measure	Respondent	Outcome
School Anti-Stigma Workshops	Summary Questionnaire	Child/Young person	Students benefitted from the workshop with an increase in knowledge and awareness of mental health. Students made a change in their own

			lives and in school with regards to promoting positive mental health.
Mindfulness Groups	Child and Adolescent Mindfulness Measure (CAMM)	Child/Young person	Improvement in ratings of acceptance and mindfulness skills.
	Summary Questionnaire	Child/Young Person	Students learned new skills, enjoyed the sessions and will consider the use of these in the future.
Staff Training (Mental Health First Aid Training)	Evaluation Youth MFHA form	Staff Delegates	Improved ratings in staff confidence, understanding and knowledge of how best to support young people with mental health difficulties.
Psycho-Education Group	Strengths and Difficulties Self Report Questionnaire SDQ (4-17)	Child/Young Person	Reduction in difficulties experienced and an increase in pro-social behaviour.
	Session Rating Scale (SRS)	Child/Young Person	Improved ratings on the individual's experience of the therapeutic relationship/alliance.
	Outcome Ratings Scale (ORS)	Child/ Young Person	Improved ratings in life functioning as a result of therapeutic intervention.
Emotional Resilience Group	SDQ Self Report Questionnaire (4-17)	Child/Young Person and Parent	Reduction in difficulties reported and an increase in pro-social behaviour.
CBT	Revised Children's Anxiety and Depression Scale (RCADS) and RCADS-P	Child/Young Person and Parent	Increased understanding of young person's difficulties and a reduction in symptoms.
	SDQ (4-17) Self Report and Parent measure	CYP and parent	Reduction in difficulties experienced and an increase in pro-social behaviour.
	Outcome Rating Scale	Child/Young Person	Improved ratings in life functioning as a result of therapeutic intervention.
	Session Rating Scale	Child/Young Person	Improved ratings on the individual's experience of the therapeutic relationship/alliance.
	CHI-ESQ	Child/Young Person	Individual positively reviewed their experience of therapy.
Filial Therapy	SDQ (4-17) Parent measure (where appropriate)	Parent	Improvement in social and emotional mental health and behavioural outcomes for children and young people.
Attachment Focused Therapy	SDQ (4-17) Parent measure (where appropriate)	Parent	Children and young people were able to repair attachment trauma and strengthen attachment relationships.
Play and Creative Arts Therapy	SDQ (4-17) Parent measure (where appropriate)	Parent	Children were able to make sense of their feelings and find ways of coping with and managing them.
Exam Anxiety Group	Summary questionnaire	Child/young people	Increased understanding and knowledge of exam anxiety and skills and techniques.
Anxiety Group	Revised Children's Anxiety and Depression Scale (RCADS) and RCADS-P	Child/Young Person and Parent	Increased understanding of young person's difficulties and a reduction in symptoms.

	Session Rating Scale	Child/Young Person	Improved ratings on the individual's experience of the therapeutic group sessions.
	Parent/Child Summary Discussion	Child/Young Person and Parent	Review meeting to discuss strategies, progress, further support and develop a Maintaining Progress Plan.
Staff Training (PPEPCare)	Evaluation PPEPCare form	Staff Delegates	Improved ratings in staff confidence, understanding and knowledge of how best to support young people with mental health difficulties.
Person Centred Counselling	SDQ (4-17) Parent measure and self report (where appropriate)	Parent/carer and Child/young person	Reduction in difficulties experienced and an increase in pro-social behaviour.
	RCADS –C and RCADS-P	Child/young person and parent/carer	Increased understanding of young person's difficulties and a reduction in symptoms.
	Evaluation based on CHI-ESQ	Child/young person	Individual can review their experience of therapy and help practitioner to appraise their own and their service's practice, to improve what they do. Clients report a positive change since starting counselling.
Parent Anxiety Group	Revised Children's Anxiety and Depression Scale (RCADS) and RCADS-P	Child/Young Person and Parent	Increased understanding of young person's difficulties and a reduction in symptoms.
	Individual Course Evaluation	Parent	Individual can review their experience of the course and rate their level of knowledge, understanding and confidence in managing their child's anxiety.
ADHD Parent Factor	Pre & Post Rating Scales	Parent	Improved ratings in parent's confidence, understanding and knowledge of how best to support their children with a diagnosis of ADHD.
	Individual Course Evaluation	Parent	Individual can review their experience of the course.
Parents Seminar	Individual Seminar Evaluation	Parent	Individual can review their experience of the seminar and rate their level of knowledge, understanding and confidence in managing their child's mental health and emotional wellbeing.

5.2 The Wellbeing Team offer a range of individual, group and systems support as outlined in the previous tables. However a key therapeutic approach that is used by members of the team is brief, low-intensity, evidence based CBT informed strategies. CBT is a type of psychological therapy that has been found to be helpful for children and young people with anxiety disorders and depression. It is based on the concept that emotional problems are caused, and are kept going, by unhelpful patterns of thinking and behaviour. CBT aims to identify and reduce unhelpful ways of thinking and behaving and to build more helpful thoughts, behaviours and problem-solving skills in children and young people. CBT deals with current problems that are impacting on a young person's life rather than focusing on issues from their past. Approaches based on CBT principles are known to be an effective treatment option for a number of

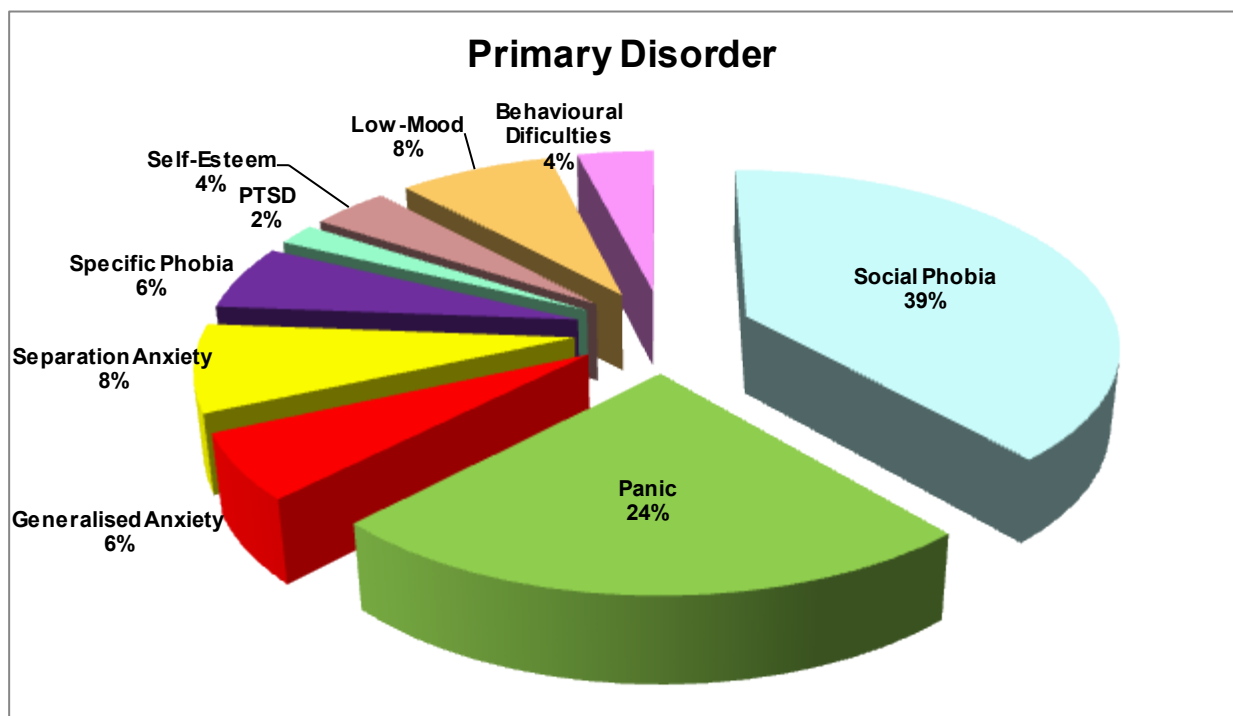
psychological problems. NICE guidelines (National Institute for Health and Care Excellence) recommend that CBT is a first line approach to help treat anxiety and depression.

5.3 Detailed Evaluation from the longer term individual interventions

5.4 Each child/young person and/or parent/carer that took part in individual therapy was asked to complete the Revised Child Anxiety and Depression Scale (RCADS) and the Strengths and Difficulties Questionnaire (SDQ) both before therapy began and once therapy had been completed (if appropriate).

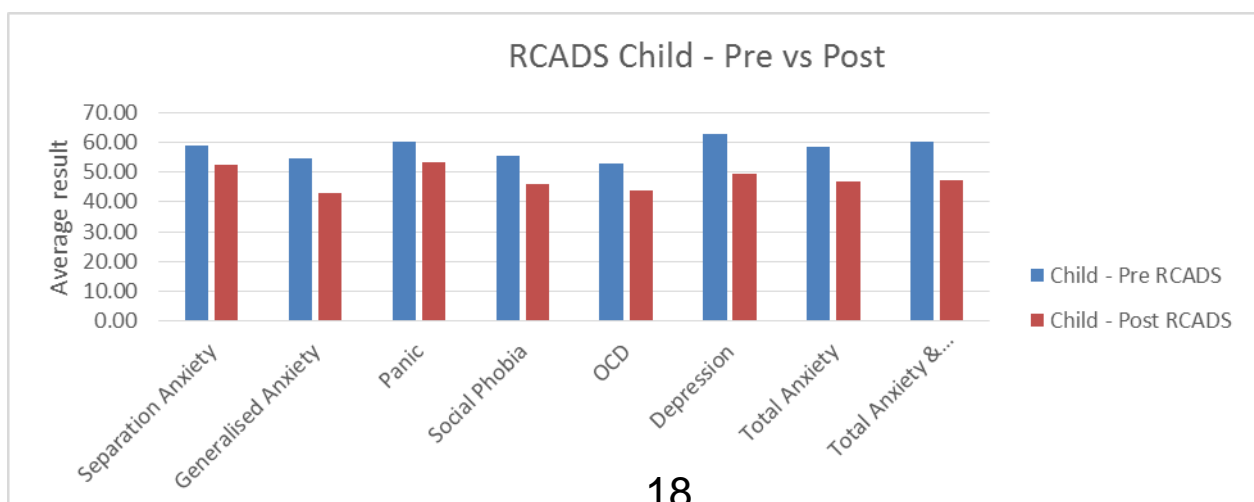
5.5 The following pie-chart provides a breakdown by primary disorder of the C/YP who received individual CBT interventions in the period September 2016 – August 2017.

Diagram 2: Individual CBT Interventions by Primary Disorder identified by the RCADS measure.



5.6 Results from the Revised Child Anxiety and Depression Scale (RCADS). Graph 1 is based on data from children/young people who received CBT. The graph shows that there has been a reduction in the symptoms of anxiety and depression pre – post intervention.

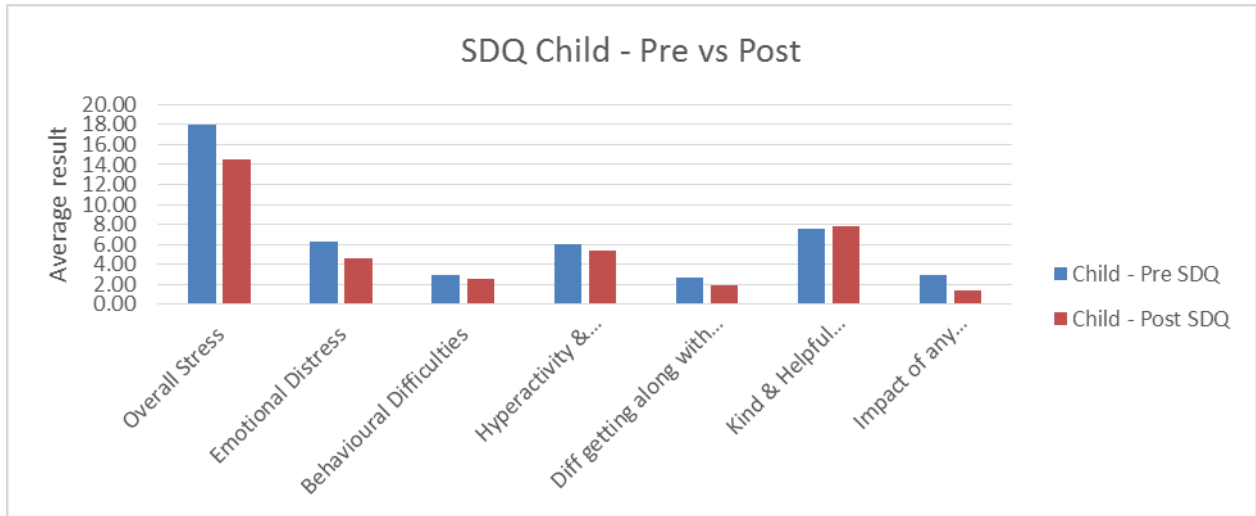
Graph 1: Pre and post RCADS results – Child/Young Person



Results from the Strength and Difficulties Questionnaire (SDQ)

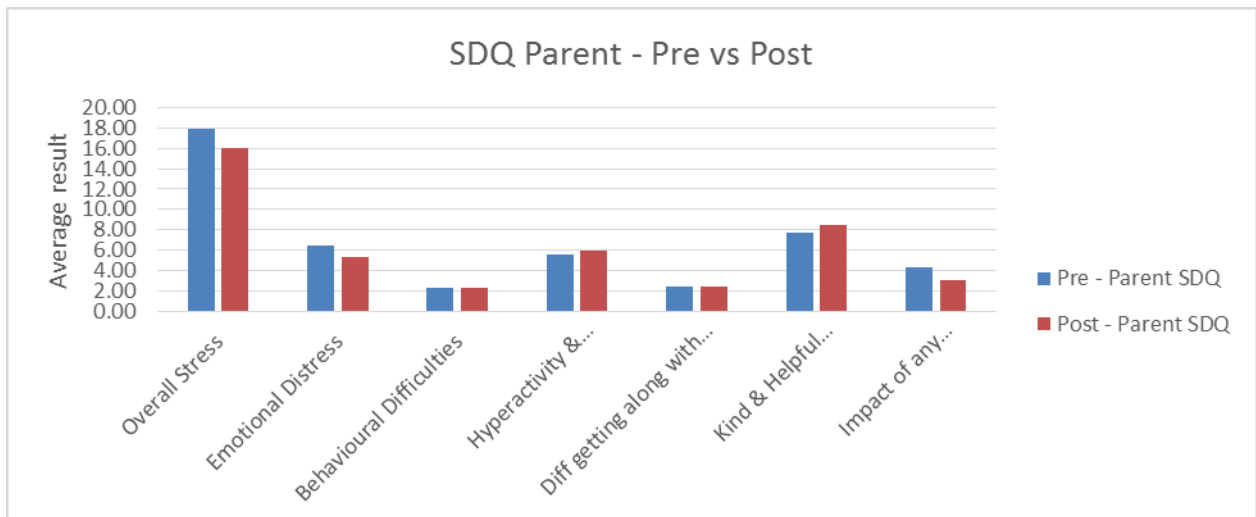
5.7 Graph 2 shows that the difficulties for the C&YP on the SDQ measure have reduced and scores for the kind and helpful behaviour domain have increased following CBT intervention.

Graph 2: Pre and post SDQ results – Child/Young Person



5.8 Graph 3 is based on data obtained from 23 parents/carers. The graph shows that most domains on the SDQ measure have reduced in difficulty and scores on the kind and helpful behaviour domain have increased. The area of hyperactivity and concentration show an increase in difficulty and the areas of behavioural difficulties and difficulty getting along with other children have remained the same. These areas were not usually the focus of individual intervention, instead the focus was more on reducing emotional distress, therefore it may not be surprising that these areas have stayed the same or increased.

Graph 3: Pre and post SDQ results – Parents/Carers



5.9 In summary, although some areas show an increase in difficulty and symptoms the majority of these results show positive shift in a reduction of anxiety and depression symptoms and an increase in pro-social behaviour.

- 5.10 Overall, across the various individual and group interventions a reduction in difficulties is evidenced. Please see full report.
- 5.11 In addition, the Wellbeing Team have consistently good or excellent feedback from workshops and training.

6 SUSTAINING CURRENT INTERVENTIONS & FUTURE DEVELOPMENT OPPORTUNITIES

- 6.1 Interventions to sustain:
Due to the demand and the consistently positive evaluation received the following interventions will be sustained by the Wellbeing Team:
- Individual assessments and consultations
 - Targeted therapeutic groups based on identified needs of group members e.g. exam anxiety
 - CBT informed strategies for low mood and anxiety
 - Person Centred Counselling
 - Filial Therapy
 - Attachment Focused Therapy
 - Play and Creative Arts Therapy
 - Wellbeing Champions – anti-stigma work and peer mentoring
 - Psychological Perspectives in Education and Primary Care (PPEPCare) Training (Mental Health)
 - Whole School Wellbeing Framework
- 6.2 Due to less positive evaluative results the whole class Mindfulness interventions will not be used in the future, albeit smaller groups may still run if schools specifically request this support.

Appendix 1

Table 5: Breakdown of Needs recorded by the Referrer for Early Help Requests over a 20 month period

It should be noted that some cases had more than one area of concern, following initial assessment and consultation a primary need was identified and appropriate intervention was suggested. In addition, some young people were already supported by CAMHS or the Youth Counselling Service (Number 22).

Risk Factor	In wider family	Present	Within 12 months
Alcohol	26	35	23
Medical	13	145	5
Anxiety	14	408	17
Physical	8	28	1
Attention	19	75	5
Risk	6	115	14
Autism	28	72	0
Behaviour	14	394	13
School Absence	3	102	8
Depression	24	273	26
Suicide	4	20	11
Domestic Abuse	53	57	37
Unemployment	11	37	5
Family Functioning	15	299	23
YOT	4	13	13
CAMHS	21	178	29
Self Harm	9	68	19
Learning Difficulties	17	111	2
Risk of Offending	5	44	12
Substance Misuse	15	55	7
Young Carer	1	12	1
CSE	3	13	3
Radicalisation	0	1	0
FGM	0	0	0
Homeless	0	6	1
Other	2	177	20

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Royal Borough Windsor and Maidenhead
Children's Services
Wellbeing Team Evaluation Report
November 2015 - July 2016



“The Royal Borough of Windsor & Maidenhead is a great place to live, work, play and do business supported by a modern, dynamic and successful Council”

Our vision is underpinned by four principles:

- Putting residents first*
- Delivering value for money*
- Delivering together with our partners*
- Equipping ourselves for the future*

In Children’s Services, our highly skilled workforce is committed to meeting residents needs as quickly and early as possible. We know that the more children, young people and families we help early, the more successful citizens they become.

Achieving our ambition of supporting all residents to be successful is dependent on us working together with a wide range of partners.



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Section 1: Summary

Table 1: Summary of Wellbeing Service Casework November 2015 – July 2016

Outcome	Type of work	Totals
Outcome 1: To support children, young people (C/YP) and/or their families at the earliest stage to understand and effectively manage (where appropriate) mental health concerns.	Total individual referrals from the EHH	85
	Total Number of schools supported	22
	Total number of individuals supported (EHH)	49
	Short term individual interventions (<5 weeks)	13
	Long term individual interventions (5-20 weeks)	36
	Total Number of therapeutic groups Total Number of Children/Young People in groups	3 19 C/YP
	Total Number of C/YP in individual and group interventions	68 C/YP
Outcome 2: To improve knowledge and understanding of mental health and emotional wellbeing amongst students and staff, creating an open and supportive culture around mental health in schools.	Anti-Stigma Workshops	11 schools
	Total number of C/YP	79 C/YP
	Whole Class Mindfulness Groups Total number of C/YP	5 schools 130 C/YP
Outcome 3: To improve knowledge and confidence of school staff and parents when working with children and young people with emotional and mental health difficulties.	Mental Health First Aid Training for professionals working with children and young people Total number of delegates	11 schools 22 delegates

Section 2: Background and Service Delivery

- 2.1 The Wellbeing Team was set up in response to increasing concerns about the mental health and wellbeing of children & young people (C&YP) and was specifically identified by school audits as an area of need. It is, at minimum, a three year programme to focus on children and young people’s mental health and wellbeing. The purpose of the team was to support children and young people and their families at the earliest stages to understand and effectively manage (where appropriate) mental health concerns. This was to ensure schools and other professionals feel supported with the aim to reduce the need to escalate to specialist services both in CAMHS and Social Care.
- 2.2 Support from the team was open to all children and young people in RBWM schools (5-18 years). It was agreed that this team would offer both direct work such as consultation and initial assessment, time limited focused interventions, such as CBT informed strategies and group work/workshops with children and young people and indirect work such as training, TAC meeting support and signposting. Three main areas of focus for the team were:
1. Social communication difficulties
 2. Attention and hyperactivity and
 3. Low mood and anxiety.

The period between November 2015 and December 2015 was used for team set up and liaison with schools. Early Help Hub referrals were received by the team from January 2016.

- 2.3 The Wellbeing Practitioners were assigned a number of link schools and carried out meetings with each to discuss services available and the referral process. During November 2015 – July 2016 a total of 85 individuals (Mean age 12.4, SD 2.4; 42 females and 48 males) were referred to the Wellbeing Service through the Early Help Hub. This included referrals from 8 secondary schools, 8 primary schools, 2 first schools and 4 middle schools (see Table 2 below). 49 of these cases received an individual intervention from a member of the Wellbeing Team; all others had an initial assessment and were successfully signposted.

Table 2: Breakdown of Early Help Hub Referrals by School 2015 – 2016

Secondary Schools	Primary Schools	First Schools	Middle Schools
Altwood	Cookham Rise	Dedworth First	Dedworth Middle
Charters	Courthouse	The Royal (Crown Aided)	St Peter’s CE Middle
Cox Green	Furze Platt Junior		St Edward’s Royal
Desborough College	Holy Trinity CE Sunningdale		Trevelyan Middle
Furze Platt Senior	Knowl Hill CE Primary		
Newlands	Larchfield Primary		
Windsor Boys	St Edmund Campion		
Windsor Girls	Woodlands Park		

Table 3: Summary of Difficulties referred to the Wellbeing Service 2015-2016

*It should be noted that some cases had more than one area of concern, following initial assessment and consultation a primary need was identified and appropriate intervention was suggested.

Section 3: Interventions, Measures and Desired Outcomes

Primary Concerns on referral	Number of Pupils
Anxiety	32
Anger Management/Behavioural Difficulties	11
Low Mood	11
Depression	11
Self-Esteem/Confidence	8
School Refusal	7
Self-Harm	3
Substance mis-use	2

3.1 The impact of interventions delivered by the Wellbeing Service, and the quality of the workshops and training were evaluated using a mixture of evidence based and purposefully developed measures. Table 4 below outlines the interventions, measures and outcomes.

Table 4: Evaluation Measures and Outcomes of the Wellbeing Service 2015-2016

Intervention	Measure	Respondent	Outcome
School Anti-Stigma Workshops	Summary Questionnaire	Child/Young person	Students will have benefitted from the workshop with an increase in knowledge and awareness of mental health. Students will make a change in their own lives and in school with regards to promoting positive mental health.
Mindfulness Groups	Child and Adolescent Mindfulness Measure (CAMM)	Child/Young person	Improvement in ratings of acceptance and mindfulness skills.
	Summary Questionnaire	Child/Young Person	Students have learned new skills, enjoyed the sessions and will consider the use of these in the future.
Staff Training (Mental Health First Aid Training)	Evaluation Youth MFHA form	Staff Delegates	Improved ratings in staff confidence, understanding and knowledge of how best to support young people with mental health difficulties.

Psycho-Education Group	Strengths and Difficulties Self Report Questionnaire SDQ (4-17)	Child/Young Person	Reduction in difficulties experienced and an increase in pro-social behaviour.
	Session Rating Scale (SRS)	Child/Young Person	Improved ratings on the individual's experience of the therapeutic relationship/alliance.
	Outcome Ratings Scale (ORS)	Child/ Young Person	Improved ratings in life functioning as a result of therapeutic intervention.
Emotional Resilience Group	SDQ Self Report Questionnaire (4-17)	Child/Young Person and Parent	Reduction in difficulties reported and an increase in pro-social behaviour.
CBT	Revised Children's Anxiety and Depression Scale (RCADS) and RCADS-P	Child/Young Person and Parent	Increased understanding of young person's difficulties and a reduction in symptoms.
	SDQ (4-17) Self Report and Parent measure	CYP and parent	Reduction in difficulties experienced and an increase in pro-social behaviour.
	Outcome Rating Scale	Child/Young Person	Improved ratings in life functioning as a result of therapeutic intervention.
	Session Rating Scale	Child/Young Person	Improved ratings on the individual's experience of the therapeutic relationship/alliance.
	CHI-ESQ	Child/Young Person	Individual can review their experience of therapy and help practitioner to appraise their own and their service's practice, to improve what they do.
Filial Therapy	SDQ (4-17) Parent measure (where appropriate)	Parent	To improve social and emotional mental health and behavioural outcomes for children and young people.
Attachment Focused Therapy	SDQ (4-17) Parent measure (where appropriate)	Parent	To help children and young people repair attachment trauma and strengthen attachment relationships.
Play and Creative Arts Therapy	SDQ (4-17) Parent measure (where appropriate)	Parent	To help children to make sense of their feelings and find ways of coping with and managing them.
Person Centred Counselling	Client Contract	Therapist and Child/Young Person	Children and young people to overcome specific problems, improving self-awareness and esteem.

3.2 It should be noted that for all groups and individual work the data set is relatively small, and hence any findings from quantitative measures used should be interpreted with caution and considered in combination with qualitative feedback from children and young people, their parents and teachers. We will regularly review how we collect the outcome measures for the Wellbeing Service to best reflect the impact of interventions

Section 4: Outcomes

OUTCOME 1: To support children, young people (C/YP) and/or their families at the earliest stage to understand and effectively manage (where appropriate) mental health concerns.

List of Interventions offered:

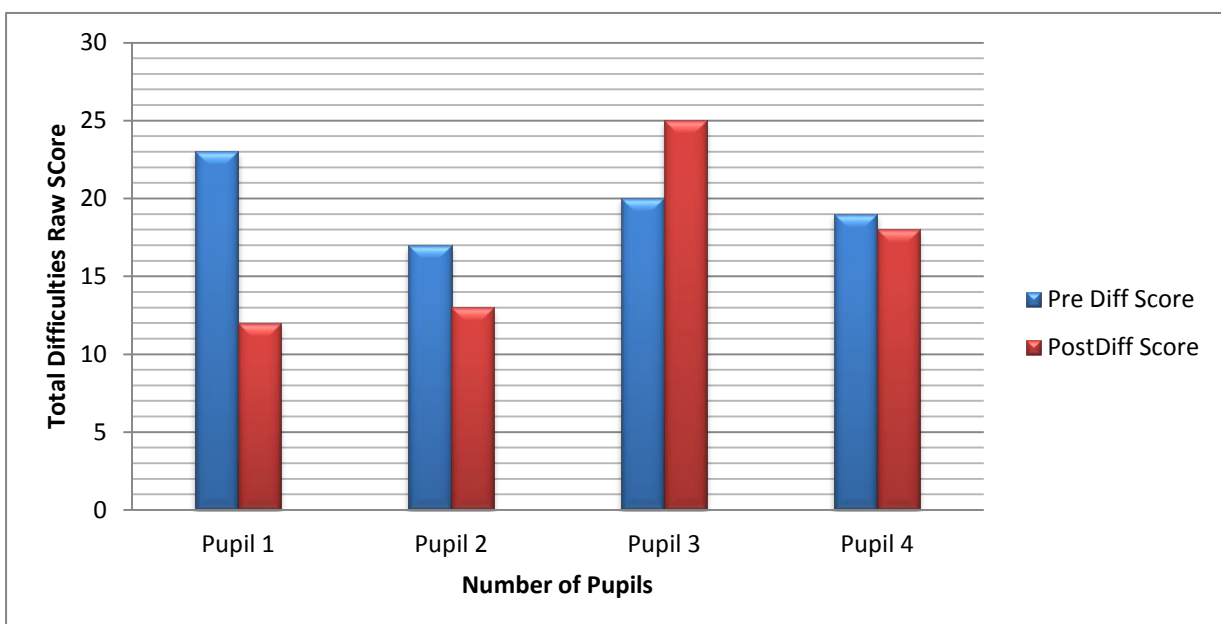
- Individual assessments and consultations
- Targeted therapeutic groups based on identified needs of group members
- CBT informed strategies for low mood and anxiety
- Person Centred Counselling
- Filial Therapy
- Attachment Focused Therapy
- Play and Creative Arts Therapy

Group Interventions

Emotional Resilience Group

- 4.1 Following an initial needs analysis at a planning meeting at Windsor Girls School in December, three girls from year 9 and one from year 10 were identified by key staff as having poor attendance and associated anxiety. From this, it was decided that an emotional resilience group could be offered by the Wellbeing Team to support these young people and their parents. The group format was for 10 sessions of 60 minutes duration, running after school from December 2015 to February 2016.
- 4.2 For the purpose of evaluation SDQs (4-17) were completed by the young people and their parents (where possible) both pre and post intervention, as well as weekly session rating scales (SRS) and outcome rating scales (ORS) to ensure the young people could provide immediate feedback on the intervention.
- 4.3 Each session focussed on improving young people's resiliency skills under 5 core themes 1) Basics 2) Belonging 3) Learning 4) Coping and 5) Care. The results presented below summarise the change in raw scores for total difficulties experienced pre and post intervention.

Graph 1: Self Report SDQ (4-17) - Raw Scores for total difficulties pre/post intervention

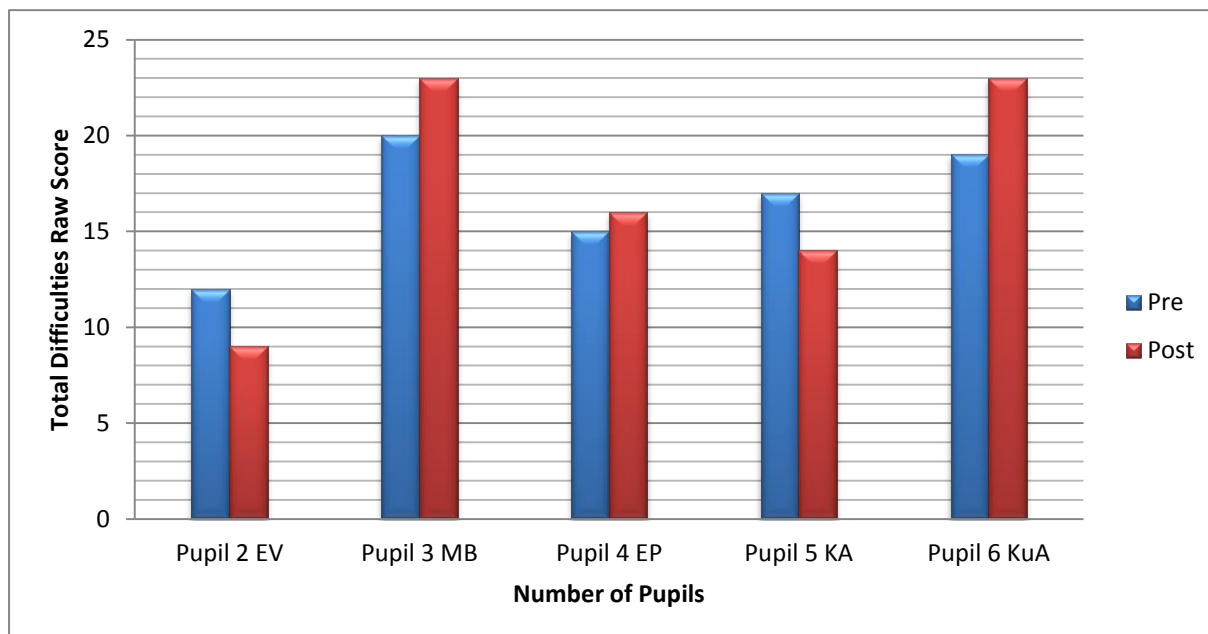


- 4.4 Self reports suggested an overall improvement in experience of difficulties for three out of the four young people as well as an increase in pro-social skills. Ratings for emotional difficulties, behavioural difficulties, inattention and problems with peers decreased for the same three students, but were rated higher for Pupil 3. This young person's scores were in contrast to what would be expected following an intervention, this may be due to contributing factors such as the impact of a recent diagnosis of ASD and the young person's suitability to the group, as well as the severity of the young person's anxiety.
- 4.5 Individual Outcomes:
- Pupils 1 and 2 re-engaged with education and their attendance began to steadily improve. Parents were encouraged to develop an understanding of their young person's situation, and to improve their skills when supporting their mental health and wellbeing.
 - Pupil 4 was able to engage with a family worker from the Intensive Family Support Service, which resulted in a significant disclosure and social care involvement.
 - Following the group, Pupil 3 re-engaged with education through an alternative provision and attended a small group community based setting from March to July 2016.

Psycho-education Group

- 4.6 The programme was developed to provide psycho-education to those who may benefit from one-to-one therapeutic intervention, but were not ready to engage. The aimed for outcome was for the young people to be able to identify their needs and to inform adults what interventions would work for them. The group was developed in collaboration with key staff at Windsor Boys School and built around 6 students who were at risk of permanent exclusion because of presenting behavioural difficulties. Inclusion criteria were: 1) Young people displaying disruptive behaviours; 2) Mild anxiety; 3) Low self-esteem; 4) Facing difficulties at home, for example parents with mental health difficulties, alcohol and/or drug abuse.
- 4.7 The Developing Youth Practice's tool kit on 'Choice Theory and Reality Therapy' was used to provide an 8 week programme grounded in concepts and techniques from Choice Theory originally developed by William Glasser. Choice Theory contends that all our motivation and behaviours are an attempt to meet our specific desires and universal human needs of 1) Love and Belonging, 2) Self- Worth and Power, 3) Freedom, 4) Fun and Enjoyment and 5) Survival and Health. Reality Therapy is a method of psychotherapy based on Choice Theory which enables individuals to clarify how they can best fulfil their needs, to evaluate their own behaviours and to make more effective and satisfying choices without infringing on the needs of others.
- 4.8 The results below are based on measures returned from group members. Data was collected both pre and post intervention using the SDQ (4-17) Self Report Questionnaire, Outcomes Rating Scale and Session Rating Scale.
- 4.9 There were mixed results from ratings received pre and post with 2 out of 5 young people recording an improvement in total difficulties experienced.

Graph 2: Self Report SDQ (4-17) - Raw Scores for total difficulties pre/post intervention



4.10 This unexpected result may be explained by the fact that the aimed for outcome of the group was for young people to be able to identify their needs and evaluate their own behaviour, therefore their self-awareness of their difficulties may have increased post intervention.

4.11 Individual Outcomes (Group Interventions)

- Pupil 2 learnt that he had control over his behaviour, and was learning to take time out when he was feeling angry. He was beginning to identify and understand his triggers and what led to his disruptive behaviour. In light of this he put forward strategies within school that he felt would work for him. He decided that school support would be preferable at this time.
- Pupil 3 expressed a desire to change his behaviour, as he didn't want to be excluded from school. His emotional maturity held him back and was an area of need identified by his practitioner to explore in one-to-one counselling which it was agreed would start in September 2016.
- Pupil 4 said that he had learnt more about depression and anxiety through the group, the fight/flight response and the body's physical reaction. He was able to identify that he became angry quickly when people goaded or annoyed him. He is beginning to recognise the signs when he is getting angry and has said that he must think about the consequences and leave the situation before he lashes out.
- Pupil 5 had a diagnosis of ADHD which appeared to be impacting on his education and home life. He showed recognition of his impulsive behaviour, and his tendency to see red in certain situations.
- Pupil 6 was able to identify that he became angry when he was not being listened to. He also said that he becomes angry if people talk about his family in a disrespectful way. He identified that he needs to find a way to "let his anger out." He also said that he thought that it

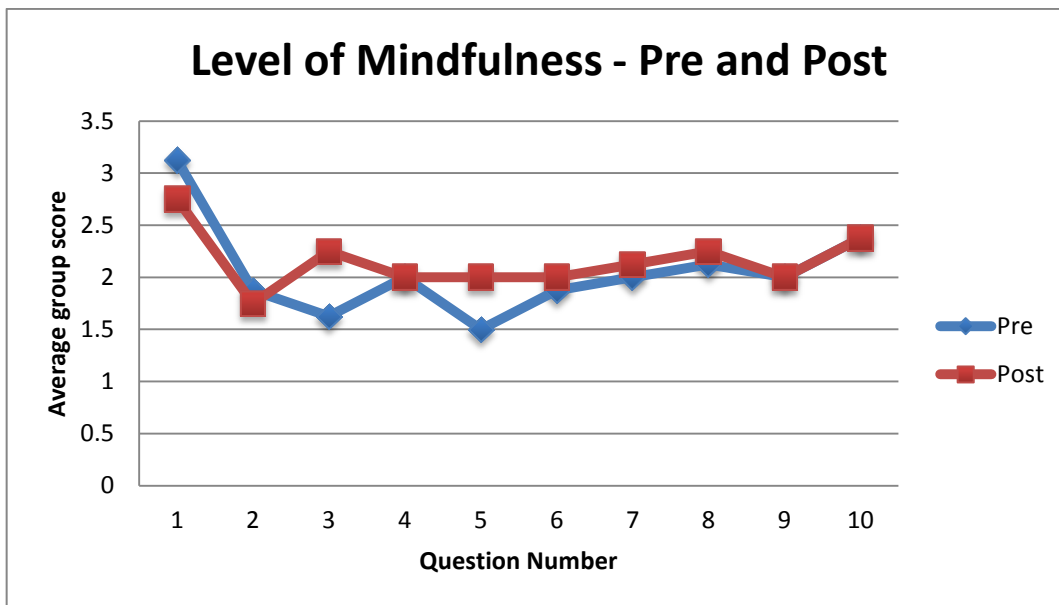
would be helpful to talk to someone about his “loss of control.” He was able to identify the physical changes in his body when he is beginning to get wound up. He clenches his fists, and gets a shortness of breath. He said that in the future he would try to remove himself from the situation.

He said that he had learnt more about anger. He understood that people perceive things differently and people may not always feel the same way that he does.

Mindfulness Groups

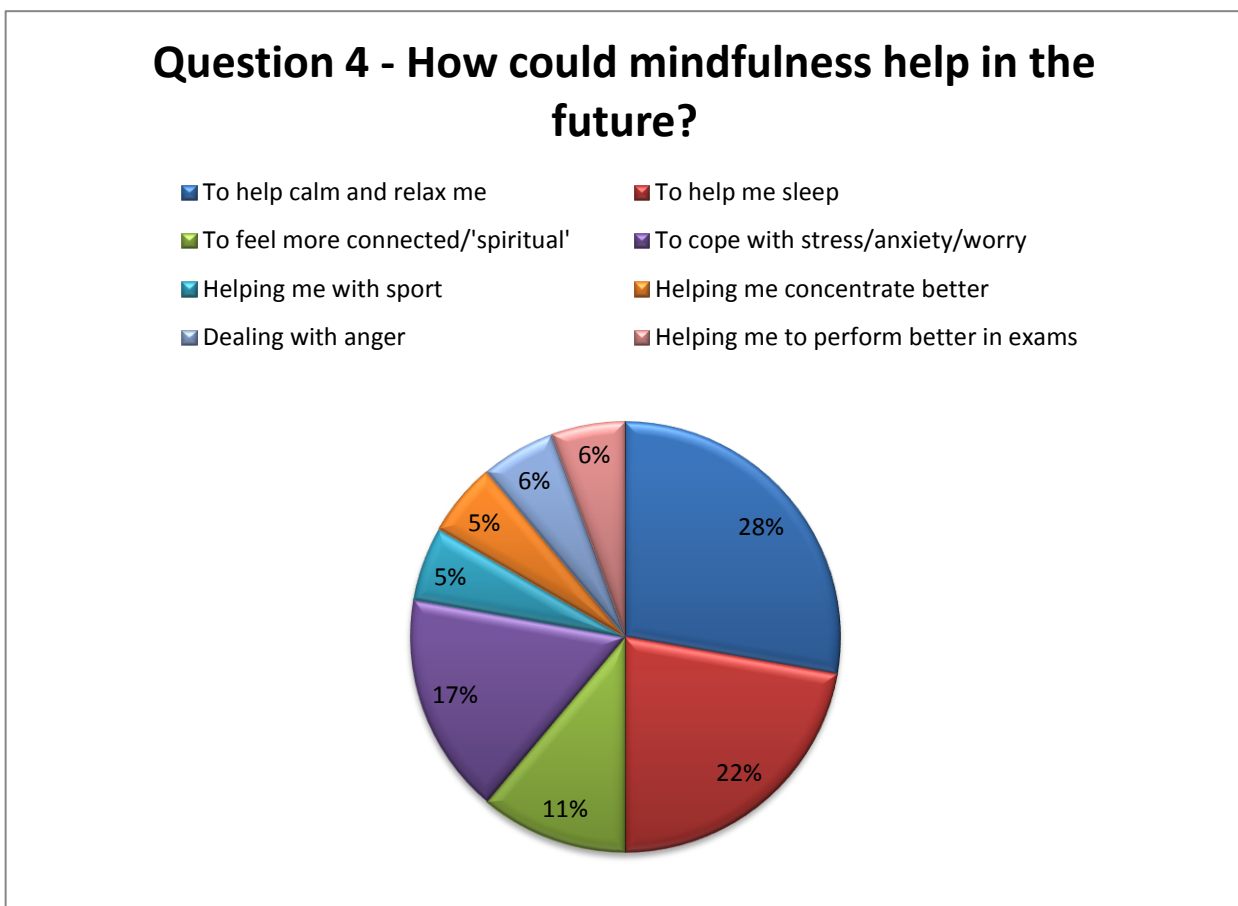
- 4.12 **.b** is a fun and engaging mindfulness course to give students a taste of mindfulness, adapted from the adult courses Mindfulness-based Stress Reduction (MBSR) and Mindfulness-based Cognitive Therapy (MBCT). Students learn different techniques of how to calm their mind, deal with difficulties, and respond more skilfully to whatever is happening right now, be that good or bad. The course uses visuals, video clips and practical exercises to make it fun and engaging for the young people.
- 4.13 The link Wellbeing Practitioner for Charters Secondary School attended an extended services meeting to discuss mindfulness as an intervention. The school expressed an interest to trial this with a selected groups of year 9 students in preparation for year 10 and the increase in academic demands. The head of year initially approached 14 students who had been selected to improve their social and emotional mental health. In the end 9 students (3 girls and 6 boys) chose to participate in the programme. Social integration, low confidence and self-belief, poor self-regulation and difficult home life were identified as areas of need for those students participating in the programme. The group format was for 8 sessions for 60 minute duration running from May – July 2016.
- 4.14 The **.b** mindfulness in schools 10 week programme was condensed into 8 sessions for the purposes of the group, due to time constraints session two (taming the animal mind – cultivating curiosity and kindness) and the final wrap up session were omitted at the practitioner’s discretion.
- 4.15 The evaluation involved the completion of the Child and Adolescent Mindfulness Measure (CAMM 10 item questionnaire) by young people pre and post intervention, with the aim to improve their self-acceptance and mindfulness skills. As can be seen from graph 2, level of mindfulness generally improved from pre to post intervention. In particular ratings for questions 3 and 5 showed a noteworthy improvement with students recording that they were noticing their thoughts and feelings more often and were more likely to accept them rather than push them away. Please refer to the CAMM questionnaire to see the content of all questions.

Graph 3: Student Ratings on the CAMM Questionnaire Pre and Post Intervention

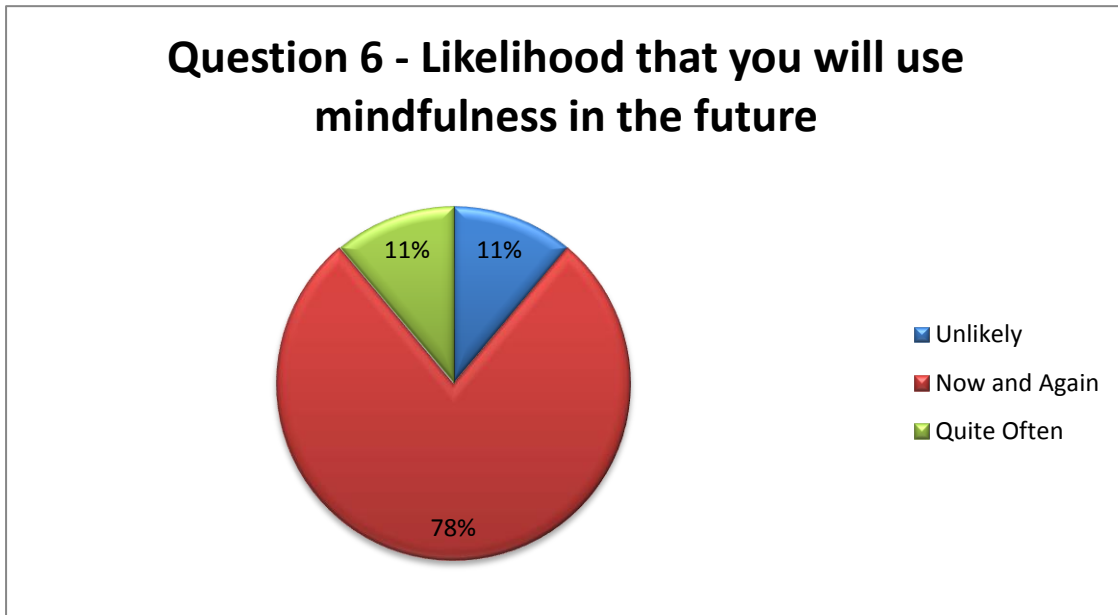


4.16 A 7-item summary questionnaire was developed by the practitioner to gain feedback on the sessions, skills that were acquired and opinions on future use. Pie Chart 1 below outlines the ways in which students reported that they would find mindfulness helpful in the future, showing the generalisation of skills learned from the sessions. More than half of the participating students indicated that they would be likely to use mindfulness techniques in the future as and when it felt necessary (see pie chart 2).

Pie Chart 1:

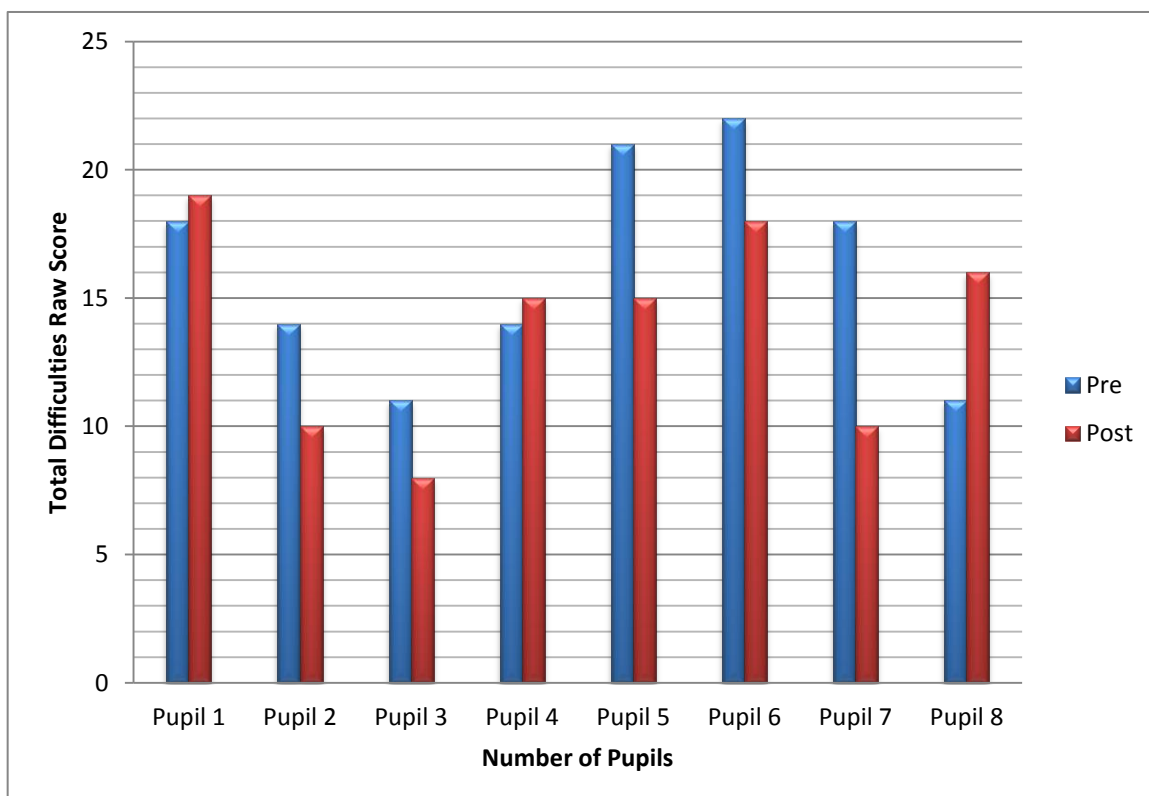


Pie Chart 2:



4:17 The SDQ (4-17) was completed by students alongside the previously mentioned measures to ascertain whether the intervention had an impact on the breadth of difficulties experienced. Eight young people completed an SDQ pre and post intervention with five recording an improvement in total difficulties experienced and all students showing improved ratings in pro-social behaviour. This is evidence for the preventative nature of mindfulness approaches and the importance of transferring skills to young people so that they can manage life circumstances in a healthy and adaptive way.

Graph 4: Self Report SDQ (4-17) – Raw Scores for total difficulties pre and post intervention



Whole Class Mindfulness Groups in Primary Schools

Paws b is a classroom introduction to mindfulness that aims to give Key Stage 2 students a taste of mindfulness, so that they know about it and can return to it later in life. Five primary schools were identified who were interested in trialling the programme with their year 5/year 6 students. In order to achieve the best outcomes, it was decided to deliver the programme across 2 years, starting at the end of year 5 and continuing the programme when students are in year 6 and are getting closer to their SATs.

The first half of the programme was delivered as six 30 minutes sessions, covering the topics Let's Explore Our Amazing Brain, Learning to Be Present In The Present Moment, and Finding A Steady Place - Grounding Ourselves When We Wobble. The students learned about different parts of the brain and their function, were introduced to the key concepts of mindfulness and had the opportunity to try a number of mindfulness practices.

For evaluation purposes students completed the Child and Adolescent Mindfulness Measure (CAMM, 10 item questionnaire) at the beginning of the programme and after the first half of the programme. Students were also asked to complete an 8-item summary questionnaire after the first six sessions to inform the delivery of the second half of the programme and make appropriate changes if necessary. Members of staff (where present) also completed a summary questionnaire. The same measuring tools will be used at the end of the programme (October 2016) to gather post intervention data.

Students' feedback included the following statements:

"I enjoyed the course because we learnt new things every time."

"I enjoyed it because I learnt things I have never learnt before, like how to steady yourself."

Feedback from staff included the following statements:

Question: Have you found the course beneficial for individuals and/or the class as a whole?

"Yes – some children are very anxious. It gives them some coping strategies."

"I think the course was delivered very well, and think that a lot more children within the school could benefit from the sessions."

Table 5 : Overall student feedback

What score would you give the course?	Poor				Excellent	
	1	2	3	4	5	6
Cheapside	0%	0%	0%	20%	40%	40%
Holy Trinity	13%	7%	13%	20%	20%	27%
South Ascot Village School	15%	22%	19%	22%	19%	4%
St Francis	8%	10%	37%	10%	17%	13%
St Michael's	0%	0%	7%	14%	45%	34%
Overall	9%	9%	17%	16%	28%	22%

Based on the high number of students (130 in total) and the fact that the programme wasn't delivered on a voluntary basis, it is to be expected that students respond to it differently. Areas for improvement were identified based on the mid evaluation and the practitioner's own reflection and will be implemented in the second part of the programme. Students' feedback indicated that they prefer longer lessons which cover more material and lead to bigger learning outcomes. Based on this feedback, the second half of the programme will be delivered as three 60 minute sessions rather than six 30 minute sessions.

Best outcomes were achieved in those schools where a member of staff was present and actively participating in the mindfulness exercises. It's ideal for this member of staff to be the classroom teacher in order to be able to refer back to material covered and practice some of the techniques in normal classroom lessons. This will be encouraged in all schools for the second half of the programme.

Individual Interventions

4.19 Existential/Person Centred Counselling

Is a non-prescriptive way of counselling which aims to suspend all previous knowledge of the client, so that the counsellor can hear the client's story with no preconceptions or judgments. Existential counsellors do not treat any part of the client's story as more significant but look for themes that may be relevant. They treat clients with congruence, empathy and unconditional positive regard. For the purposes of evaluation a case study format was used to provide a more holistic and in-depth explanation of behaviour and positive outcomes resulting from intervention. These are written in the first person from the counsellor's perspective and outline reason for referral, weekly progression and outcomes.

4:18 Brief overview of case demographic/ figures

- 2 cases working with social care (1x Child Protection plan, 1 x Child In Need)
- 1 case with previous social care involvement
- 2 cases working with Intensive Family Support Service (IFSS)
- 3 cases have a parent with mental health issues
- 3 cases at risk of school exclusion
- 1 case has a diagnosis of Autism

4.20 *Case Study A: RL. (12 weeks counselling)*

RL was referred to me while in her GCSE year because she was suffering with Chronic Fatigue Syndrome and as a result had been unable to attend school. Before she became unwell she had been an 'A' student in all subjects and a keen sports woman. School was her sanctuary and she enjoyed learning. Various life events had led to her developing this condition. She was in constant chronic pain everyday. Her memory had become fragmented and she was unable to retain anything that she had learned previously. She was exceptionally anxious and fearful about her future. I counselled her using existential /phenomenology theory. I used the core conditions and listened closely to her story. I tried to enter her world as much as possible without making assumptions about what it must be like for her. I did not judge her or try to teach her techniques to help her relax. I just listened. Eventually she realised that I believed her. (Up to this point she had been seen by other professionals, doctors, teachers who were telling her that there was nothing wrong with her, that the test showed that nothing was wrong.) During the early

weeks of counselling RL was unable to open up and she repeated her story about how she became unwell over and over. By week 5 I believe that RL realised that I was not like her parents or the other professionals who made judgments and assumptions and did not believe her. She started to open up about her life at home and I understood the pressure that she was under and this may have explained why she had become so unwell.

4:21 As the weeks went by RL was able to walk more easily and she appeared more relaxed. One session she looked noticeably different she had applied make up and had dressed in bright clothes. Although R.L's parents were not totally happy with the counselling arrangements her mother brought her every week. As the weeks went by her mother began thanking me.

4:22 RL was able to return to school on a reduced timetable. I continued to see her for a further 6 weeks at Newlands School. After the six weeks we had a successful ending. I referred her to the school counsellor for further support. I believed that RL needed an outlet where she could vent her frustrations. This would enable her to talk about things that were upsetting her without bottling them up. The last I heard about RL was that she has sat her GCSE'S successfully.

4:27 Dyadic Developmental Psychotherapy (DDP)

DDP is a therapy and parenting approach that uses what we know about attachment and trauma to help children and families with their relationships. Central within DDP is PACE, a way of thinking which deepens the emotional connections in our relationship with others. PACE as a concept refers to - Playfulness, Acceptance, Curiosity and Empathy. Playfulness brings enjoyment to the relationship. Acceptance creates psychological safety. Curiosity refers to the exploration of themes within the relationship expressing a desire to know the other person more deeply. Empathy is used to communicate curiosity and acceptance, as the therapist recognises and responds to the family's emotional experience. Evaluation of support provided follows a case study format outlining presenting difficulties and impact of intervention.

4:28 Brief overview of case demographic/ figures

- 2 cases working with social care (1x Child Protection plan, 1 x Child In Need)
- 1 case with a history of social care involvement
- 2 cases working with Intensive Family Support Service (IFSS)
- 2 cases where there is suspected sexual abuse
- 100% cases have a parent with mental health issues
- 1 case with poor attendance (71.4%, which increased during the period of intervention)

4:29 *Case Study A: John*

John, aged 10, was permanently excluded from middle school in November 2015. He and his mother were referred for DDP to work on the attachment issues which contributed to his behavioural issues at school. During his early years John lived with domestic abuse (primarily from his father to his mother, as well as emotional abuse directed at him). He presents as hypervigilant, hyperactive and inappropriately protective of his mother. John's mother has her own mental health issues and suffers from depression.

4:30 The DDP work has enabled mum to be able to reflect on her own experience of being parented and how this has impacted on the parent she has become and her emotional difficulties. This in turn has made her more able and willing to reflect on the meaning behind her son's behaviour. During Dyadic Developmental Psychotherapy (DDP) sessions mum has been able to appropriately react to her son's emotional needs and to act as a secure base for him.

Feedback from the parent

"The work we have done together has been immensely helpful in helping me understand myself and why I am the way I am. Also, it has helped me in understanding and parenting my children... I can honestly say it has been one of the most beneficial things I've ever done"

Informed Strategies Cognitive Behaviour Therapy (CBT)

The Wellbeing Team offer brief, low-intensity, evidence based CBT informed strategies for young people and children, to help with anxiety and low-mood. CBT is a type of psychological therapy that has been found to be helpful for children and young people with anxiety disorders and depression. It is based on the concept that emotional problems are caused, and are kept going, by unhelpful patterns of thinking and behaviour. CBT aims to identify and reduce unhelpful ways of thinking and behaving and to build more helpful thoughts, behaviours and problem-solving skills in children and young people. CBT deals with current problems that are impacting on a young person's life rather than focusing on issues from their past. Approaches based on CBT principles are known to be an effective treatment option for a number of psychological problems. NICE guidelines (National Institute for Health and Care Excellence) recommend that CBT is a first line approach to help treat anxiety and depression.

30 RCADS were completed as part of initial assessments and requested pieces of work by schools, pre and post total anxiety and depression scores for 7 of the self-report RCADS are shown below. Six out of the seven young people recorded lower post scores for anxiety and depression following intervention.

Interventions have included psycho-education around understanding what is anxiety and low-mood, enabling young people to recognise and identify their own triggers and patterns of thoughts, feelings, behaviours and physical sensations; understanding what maintenance factors keep their symptoms going and agreeing which areas to focus on in order to change these negative belief systems; equipping young people with coping strategies such as breathing techniques, distraction strategies, relaxation, constructive self-talk and problem solving skills in order to help them manage and self-regulate their emotions.

Anxiety coping strategies run alongside a graded exposure plan, identifying and agreeing steps to help the young person overcome their fears and achieve their goals. It is important to state at this point, that working in close partnership with key support figures in school is crucial to the embedding and success of the exposure task. Pupils 2 and 7 (aged 8 and 9yrs), both suffered with separation anxiety, panic and school refusal. Building trust and confidence within the school was key to the achievement of their goals, reaffirming that school is a safe place. This was achieved by identifying a key person in school who was able to build a positive and trusting relationship with that young person to provide continuity and a safe and calm space where they were able to retreat to if required. Establishing a support system around the child helped them manage the up and downs of a school day more effectively, creating an alternative safe place

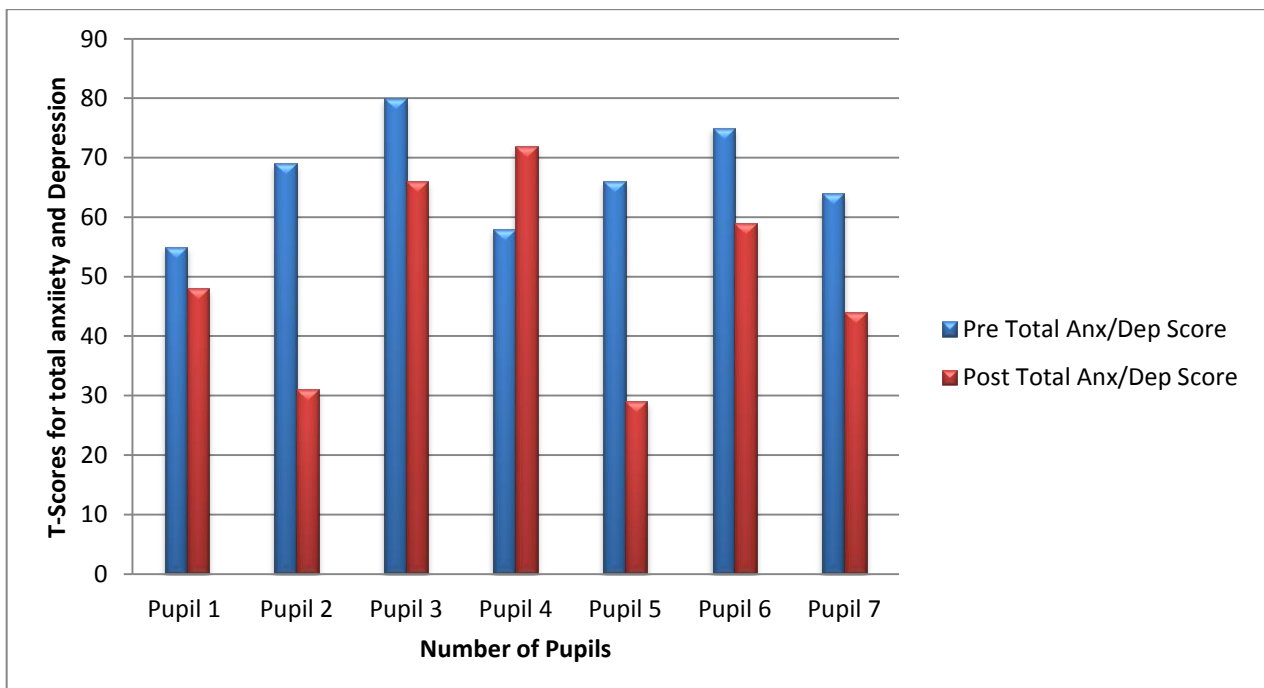
other than home. Due to the committed and positive partnerships formed with pastoral teams in school, both pupils have successfully re-integrated back into full-time education.

Young people who presented with low-mood and depression, worked through a behavioural activation plan, identifying their key life areas and values and focusing their energies around building activity plans within these areas. Both young people reported improvement in their mood and became more focused and motivated on their school work and exams. Pupil 1 achieved the A-Level grades she required to get into her first choice university, whilst Pupil 6 stopped self-harming, felt more connected with friends and family, gained clarity around their passions and aspirations and started a part-time job.

Pupil 5 worked through techniques of managing worry and a sleep hygiene plan, enabling her to function more effectively in school. Developed positive alternative approaches to coping with worry and emotions and subsequently built more positive relationships with peers and family.

Pupil 4's ratings did not improve, however, this particular young person suffered with selective mutism, panic and social anxiety. They had previously started another therapeutic intervention, unfortunately this broke down in the initial stages. This young person, did not want to communicate their feelings and chose to focus on managing physical sensations in order to change the cycle of anxiety. Pupil 4 found it a struggle at times to implement and practice some of the recommended techniques and strategies, however, engaged positively in every session and became more open and honest about what worked well, what didn't and how they were feeling. This is reflected in the results, demonstrating a more accurate picture of their anxiety compared to their initial pre RCAD results. On reflection of learning, Pupil 4 felt they had had a positive experience of therapeutic intervention which would enable them to engage with future provision more readily. Next steps for pupil 4 included one-to-one yoga sessions and youth support.

Graph 5: Self Report RCADS Scores Pre/post intervention



OUTCOME 2: To improve knowledge and understanding of mental health and emotional wellbeing amongst students and staff, creating an open and supportive culture around mental health in schools.

Emotional Wellbeing Champions Programme

The Programme was developed by the RBWM Psychology, Wellbeing and School Support Service to raise awareness and knowledge of positive mental health and to create an open, supportive culture around mental health in schools. This was done through a one day interactive workshop offered out to primary and secondary schools within the RBWM area (see table 3). The aims of the day were to equip students with knowledge on mental health and emotional wellbeing, to encourage them to tackle stigma in their school, and to empower students to develop anti-stigma campaigns for their school with the support of a lead member of staff. Funding for this project was allocated from the CAMHS Local Transformation Fund 2015/2016.

Six Primary school students from year 4-6 were selected to attend by a key adult within each participating school. Six Secondary school students from year 7-10 were chosen in a variety of ways – by written application, based on their existing role as a peer mentor or member of school council and those who had expressed a keen interest. A final workshop was held at Charters Secondary school with 15 attendants from year 10 and 12.

Table 6: List of Participating Primary, Middle and Secondary Schools

Primary Schools	Middle/Secondary Schools
All Saints CE Junior School	Trevelyan Middle School
Cookham Dean CE	St Peter’s CE Middle School
Cookham Rise	Windsor Girl’s School
Oldfield Primary	Furze Platt Senior School
St Luke’s CE Primary	Newland’s Girls School
	Charters Secondary School

Skills and knowledge were imparted through a range of interactive games, discussions and activities personalised to the age group of the students attending.

For the primary training day the emphasis was on the recognition of emotions and how facial expression, body language and demeanour can provide indicators as to how someone is feeling. The stress bucket demonstration was used to convey how negative feelings can affect us if bottled up. The students were able to identify daily stressors that they encounter and discuss strategies that may help reduce their stress level. Finally, students were encouraged to think about ways of looking after themselves, and were made aware of the importance to look after yourself before supporting others.

A highlight from the secondary day was the inclusion of a young person who was invited to share her own personal experience of self-harming and attempting suicide. The students showed a high level of interest in a lived experience of mental health. The young person’s talk promoted speaking openly about problems and not hiding them inside, being aware of others and what they might be going through, and broke the fear of seeking help from professionals by giving a very positive account of a personal experience with CAMHS.

The evaluation of the one day mental health awareness training showed a high level of satisfaction with the quality of delivery, as well as very good learning outcomes in the students.

Primary

Table 7: Primary Student Responses to what did you learn about mental health today?

Main Emerging Themes	Number of Pupils
Bottling up your feelings isn't good for you, express your emotions	10
It is important to talk to adults about your feelings	8
Be aware of others, check if they are ok	7
Anyone can have a mental health problem	2
Mental health problems can be overcome	2
Mental health is important	1
There are different types of mental health problems	1

Table 8 : Primary Student Responses to what changes will you make after today? (you can choose more than one option)

Main Emerging Themes	Number of Pupils
Support my team with our school campaign	30
Be more understanding of other people's feelings	28
Encourage my teachers to make time to talk about mental health in class	28
Look out for my friends more	27
Share what I have learnt with my friends	26
Talk more about my feelings	23
Do more things to look after myself	20
Try and find out more about mental health	19

Secondary

Table 9: Secondary student responses to what did you learn about mental health today?

Main Emerging Themes	Number of Pupils
Mental health problems are more common than we thought (1 in 10)	20
Anyone can have a mental health problem	4
Not to judge others with what they are going through	4
People often mask their feelings, it's important to talk about them	6
The negative effects of stigma/ media influence	4
About different mental health problems	2
More understanding of what people are going through, signs to look out for and how to help.	5
What CAMHS is	1

Table 10: Secondary student responses to what did you learn about mental health today?

Main Emerging Themes	Number of Pupils
Be more understanding of other people's feelings	26
Look out for my friends more	23
Encourage my teachers to make time to talk about mental health in class	23
Share what I have learnt with my friends	23
Support my team with our school campaign	22
Talk more about my feelings	21
Try and find out more about mental health	21
Do more things to look after myself	20

OUTCOME 3: To improve knowledge and confidence of school staff and parents when working with children and young people with emotional and mental health difficulties.

Mental Health First Aid (Youth) Training

The MHFA –Youth is a 2 day course which teaches people how to recognise the signs and symptoms of common mental health issues and provides help on a first aid basis and effectively guides those towards the right support services. The four main areas which are covered are as follows:

- What is mental health?
- Anxiety and depression
- Suicide and psychosis
- Self harm and eating disorders

At the end of the course, delegates will be able to:

- Spot the early signs of a mental health problem in young people
- Feel confident to help a young person experiencing a problem
- Provide help on a first aid basis
- Help protect a young person who might be at risk of harm
- Help prevent a mental health illness from getting worse
- Help a young person recover faster
- Guide a young person towards the right support
- Reduce the stigma of mental health problems

Two courses were delivered at a Windsor and Maidenhead venue in April and June 2016 respectively. The course was offered across RBWM schools for professionals supporting and working with 8-18 year olds.

The data provided below is from 22 delegates made up of primary and secondary school staff and staff from external agencies e.g. young carers.

Table 11: Delegate ratings of knowledge and understanding pre and post training

Course Location	Pre - Personal Confidence Score Scale 0-10	Post - Personal Confidence Score Scale 0-10	Shift	Pre - Knowledge & Understanding Scale 0-10	Post - Knowledge & Understanding Scale 0-10	Shift
Windsor	9	9	0	9	9	0
Windsor	8	10	2	9	10	1
Windsor	5	9	4	5	9	4
Windsor	6	9	3	6	9	3
Windsor	8	9	1	8	9	1
Windsor	8	9	1	7	8	1
Windsor	2	8	6	3	8	5
Windsor	2	7	5	2	7	5
Maidenhead	7	8	1	3	5	2
Maidenhead	6	8	2	6	9	3
Maidenhead	5	8	3	6	9	3
Maidenhead	7	8	1	7	9	2
Maidenhead	3	7	4	3	7	4
Maidenhead	6	10	4	7	10	3
Maidenhead	4	8	4	2	8	6
Maidenhead	8	10	2	8	10	2
Maidenhead	7	8	1	6	9	3
Maidenhead	4	8	4	4	8	4
Maidenhead	5	7	2	5	9	4
Maidenhead	3	7	4	3	9	6

Section 5: Service Delivery Plans for 2016 – 2017

A few developments have taken place during the summer term which will be actioned from September 2016 and continue throughout the academic year. These include the following:

- The Wellbeing Team objectives have been further developed focusing on social/emotional and wellbeing support for individuals and groups, enskilling school staff and children and young people and enhancing whole school practice.
- Further group interventions are being developed drawing on evidenced based practice and interventions. These groups will be tailored to both the primary and secondary age ranges.
- Links with schools will be further enhanced through the provision of a planning meeting at the start of the year and piloting of a whole school framework for emotional wellbeing and mental health.
- Two members of the Wellbeing Team will be delivering the ADHD Parent Factor Course. This course is designed to support the parents and carers of children and young people who have received a diagnosis of ADHD (the course is accessible to parents within two years of diagnosis).

Section 6: Appendices

Appendix 1: Interventions offered through the Wellbeing Service 2015-2016



Appendix 2:

Case Study Examples

4:23 Case B: LA (12 sessions)

LA lived with extreme anxiety. She self harmed on a regular basis. She was referred to me when she disclosed that she was worried that she would bleed out if she accidentally went too far. LA was unable to control her thought processes and would catastrophise every situation. She knew that she was doing it, but she could not help herself. The only time that she was not battling with constant anxiety was when she was asleep. She found it hard to sleep unless she self harmed.

4:24 LA found it difficult to eat and would lose weight when her anxiety spiralled out of control. O counselled LA in an existential/Phenomenological way. After a few weeks LA opened up to me. LA stopped self harming and gained weight during the period that I was seeing her. I referred her to Youth Talk for further support.

4:25 Case C: CH attended 6 sessions

CH had disengaged from CAMHS. She had suffered a rupture in the therapeutic relationship. CH was angry with her counsellor and had refused to attend appointments. CH was referred to the Wellbeing Service because she had stopped eating and had lost a significant amount of weight. Her school attendance was sporadic, and she was self harming on a regular basis. The CAMHS Psychiatrist said that he would not prescribe her medication unless she attended her appointments. I did not want to enter into a therapeutic relationship with CH. It was my intention to enable her to re-engage with her CAMHS therapist whom she had been seeing for over a year. I used the Existential/phenomenological principles to work with CH I had to be a little more prescriptive than I would normally be, since I had an objective. I loosely followed the Two Chair Gestalt exercise. I asked CH "What would you say to your therapist if she were sitting in that chair". With CH's permission I wrote down what she told me and emailed her therapist.

4:26 CH agreed to go back to see her therapist. She gained weight and her self harming reduced significantly. CH has recently finished her CAMHS counselling. She said that it was fine, and that she felt much better than she thought she would. She said that at the moment she does not feel that she needs further therapeutic support.

Appendix 3:

4:31 Case B: Harrison

Harrison, aged 10 years, was on the verge of being permanently excluded from school when they referred the case for DDP. The mother was very hard to engage and had a long history of lack of communication with school. The attachment focused therapy with mum enabled her to reengage in communications and negotiations with school during a very difficult period in their relationship. Mum was able to come into school and discuss her concerns and anxieties and form a plan for moving forward.

4:32 Case C: Karl

Karl, aged 10 years, was referred due to attachment issues. Karl lives in kinship care with his grandparents and struggling to make sense of his early life experiences. The school referred Karl due to low self esteem and having angry and tearful outbursts at home. In school, Karl was struggling to access the curriculum due to his low confidence around asking for help. Through DDP I was able to work with the grandparents to help them develop their understanding of attachment and how this impacts emotional development. We used this as a foundation to enable his grandparents to act as the secure base for Karl as he began to give meaning to his angry and sad outbursts. The massive impact to this case was in securing and deepening the bond between Karl and his grandparents. Alongside this the school reported Karl was ‘a little more likely to join in class discussions. Lastly we were able to ensure a robust package of support was in place for Karl as he transitioned from primary to secondary school. Due to his initial presentation he could easily have fallen through the gaps of provision; work with the grandparents and school highlighted his emotional vulnerability whilst working to reduce this and plan support over a vulnerable life transition.

Document Name	Wellbeing Team Evaluation Report		
Document Author	Rebecca Askew		
Document owner	Rebecca Askew		
Accessibility	This document can be made available in other formats upon request.		
Destruction date			
Document approval dates	Version 1	Author	
	Version 2	Directorate Leadership Team	
	Version 3	Lead Member	
	Version 3	Public	
Circulation restrictions			
Review date			

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Providing Children's Services for the Royal Borough of Windsor and Maidenhead

Royal Borough Windsor and Maidenhead

Children's Services

Wellbeing Team Evaluation Report

September 2016 – August 2017

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Section 1: Summary

Table 1: Summary of Wellbeing Service Provision September 2016 – August 2017

Outcome	Type of work	Totals
Outcome 1: Improvement in the mental health and emotional wellbeing of children and young people supported by the Wellbeing Service (individual).	Total individual referrals from the EHH	126
	Total Number of schools supported through individual interventions	35
	Total Number of Wellbeing Assessments <i>(Includes: assessments for interventions, stand alone assessments, plus assessments referred to waitlist)</i>	112
	Short term individual interventions (<5 weeks) <i>(Includes: non-engagement/drop-out & short-term pieces of work)</i>	9
	Long term individual interventions (5-20 weeks)	78
Outcome 2: Improvement in the mental health and wellbeing of children and young people supported by the Wellbeing Service (group).	Whole Class Mindfulness Groups	5 schools 130 C/YP
	Targeted Mindfulness Group	1 school 12 C/YP
	Exam Anxiety	1 School 8 C/YP
	Anxiety Group	1 school 3 C/YP
Outcome 3: Improved pupil/student knowledge and skills (Mental Health and Emotional Wellbeing)	Anti-Stigma Workshops	13 schools
	Total number of C/YP	82 C/YP
Outcome 4: Improved staff knowledge and skills (Mental Health and Emotional Wellbeing)	PPEPCare Training	189 delegates (7 schools) Centralised training (52 delegates)
	Mindfulness Workshop	4 teachers (1 school)
	ELSA Conference: <ul style="list-style-type: none"> • Managing Anxiety Workshop • Mindfulness Workshop 	19 delegates (19 schools) 12 delegates (12 schools)

<p>Outcome 5: Development of the whole school environment with regard to awareness of and support for Mental Health and Emotional Wellbeing.</p>	<p>School MH & EWB Framework Pilot Programme – Primary Schools</p>	<p>6 schools</p>
<p>Outcome 6: Improved parent/carer knowledge and skills (Mental Health and Emotional Wellbeing)</p>	<p>ADHD Parent Factor</p> <p>Parent Anxiety Workshop</p> <p>Parent Seminar Introduction to Mental Health and Emotional Wellbeing</p>	<p>18 delegates (3 programmes) (13 Schools)</p> <p>5 delegates (1 school)</p> <p>90 Delegates (1 school)</p>
<p>Total number of schools supported</p>	<p><i>Including individual & group work, consultation, training, parent seminars & groups, framework support.</i></p>	<p>50</p>

Section 2: Background and Service Delivery

The Wellbeing Team was set up in response to increasing concerns about the mental health and wellbeing of children & young people (C&YP) and was specifically identified by school audits as an area of need. It is, at minimum, a three year programme to focus on children and young people’s mental health and wellbeing. The purpose of the team was to support children and young people and their families at the earliest stages to understand and effectively manage (where appropriate) mental health concerns. This was to ensure schools and other professionals feel supported with the aim to reduce the need to escalate to specialist services both in CAMHS and Social Care.

Support from the team was open to all children and young people in RBWM schools (5-18 years). It was agreed that this team would offer both direct work such as consultation and initial assessment, time limited focused interventions, such as CBT informed strategies and group work/workshops with children and young people and indirect work such as training, Early Help meeting support and signposting. Three main areas of focus for the team were:

1. Social communication difficulties
2. Attention and hyperactivity and
3. Low mood and anxiety.

During September 2016 – August 2017 a total of 118 individuals (Mean age 12.4, ranging from 5 to 18 years; 77 females and 49 males) were referred to the Wellbeing Service through the Early Help Hub. This included referrals from 10 secondary schools, 14 primary schools, 4 first schools, 4 middle schools and 3 specialist schools (see Table 2 below).

Table 2: Breakdown of Early Help Hub Referrals by School 2016 – 2017

Secondary Schools	Primary Schools	First Schools	Middle Schools	Specialist Schools
Altwood	Wraysbury	Dedworth Green First	Dedworth Middle	The Link
Charters	Courthouse	Oakfield First	St Peter’s CE Middle	The Green Room
Cox Green	Furze Platt Junior	Eton Wick CE First	St Edward’s Royal Free	Haybrook
Desborough College	Holy Trinity CE Sunningdale	Clewer Green	Trevelyan Middle	
Furze Platt Senior	Knowl Hill CE Primary			
Newlands	Larchfield Primary			
Windsor Boys	St Edmund Campion			

Windsor Girls	Waltham St Lawrence			
Churchmead	Riverside			
Holyport College	All Saints			
	White Waltham			
	South Ascot Village Primary			
	Oldfield			
	Cookham Rise			

In addition to the schools listed above, a further 15 schools were supported as part of group work, consultation, staff training, parent seminars and Emotional Wellbeing Framework meetings.

Table 3: Summary of difficulties referred to the Wellbeing Service 2016-2017

*It should be noted that some cases had more than one area of concern, following initial assessment and consultation a primary need was identified and appropriate intervention was suggested.

Primary Concerns on referral	Number of Pupils
Anxiety	65
Anger Management/Behavioural Difficulties	18
Low Mood & Depression	22
Self-Esteem/Confidence	11
School Refusal	4
Self-Harm	1
Substance mis-use	0
Other	5

Section 3: Interventions, Measures and Desired Outcomes

The impact of interventions delivered by the Wellbeing Service, and the quality of the workshops and training were evaluated using a mixture of evidence based and purposefully developed measures. Table 4 below outlines the interventions, measures and outcomes.

Table 4: Evaluation Measures and Outcomes of the Wellbeing Service 2016-2017

Intervention	Measure	Respondent	Outcome
School Anti-Stigma Workshops	Summary Questionnaire	Child/Young person	Students will have benefitted from the workshop with an increase in knowledge and awareness of mental health. Students will make a change in their own lives and in school with regards to promoting positive mental health.
Mindfulness Groups	Summary Questionnaire	Child/Young person	Students have learned new skills, enjoyed the sessions and will consider the use of these in the future.
Exam Anxiety Group	Summary questionnaire	Child/young people	Increased understanding and knowledge of exam anxiety and skills and techniques to help manage.
Anxiety Group	Revised Children's Anxiety and Depression Scale (RCADS) and RCADS-P	Child/Young Person and Parent	Increased understanding of young person's difficulties and a reduction in symptoms.
	Session Rating Scale	Child/Young Person	Improved ratings on the individual's experience of the therapeutic group sessions.
	Parent/Child Summary Discussion	Child/Young Person and Parent	Review meeting to discuss strategies, progress, further support and develop a Maintaining Progress Plan.
Staff Training (PPEPCare)	Evaluation PPEPCare form	Staff Delegates	Improved ratings in staff confidence, understanding and knowledge of how best to support young people with mental health difficulties.
CBT	Revised Children's Anxiety and Depression Scale (RCADS) and RCADS-P	Child/Young Person and Parent	Increased understanding of young person's difficulties and a reduction in symptoms.
	SDQ (4-17) Self Report and Parent measure	CYP and parent	Reduction in difficulties experienced and an increase in pro-social behaviour.
	Outcome Rating Scale	Child/Young Person	Improved ratings in life functioning as a result of therapeutic intervention.
	Session Rating Scale	Child/Young Person	Improved ratings on the individual's experience of the therapeutic relationship/alliance.

	CHI-ESQ	Child/Young Person	Individual can review their experience of therapy and help practitioner to appraise their own and their service's practice, to improve what they do.
Filial Therapy	SDQ (4-17) Parent measure (where appropriate)	Parent	To improve social and emotional mental health and behavioural outcomes for children and young people.
Attachment Focused Therapy	SDQ (4-17) Parent measure (where appropriate)	Parent	To help children and young people repair attachment trauma and strengthen attachment relationships.
Play and Creative Arts Therapy	SDQ (4-17) Parent measure (where appropriate)	Parent	To help children to make sense of their feelings and find ways of coping with and managing them.
Person Centred Counselling	SDQ (4-17) Parent measure and self report (where appropriate)	Parent/carer and Child/young person	Reduction in difficulties experienced and an increase in pro-social behaviour.
	RCADS –C and RCADS-P	Child/young person and parent/carer	Increased understanding of young person's difficulties and a reduction in symptoms.
	Evaluation based on CHI-ESQ	Child/young person	Individual can review their experience of therapy and help practitioner to appraise their own and their service's practice, to improve what they do. Clients report a positive change since starting counselling.
Parent Anxiety Group	Revised Children's Anxiety and Depression Scale (RCADS) and RCADS-P	Child/Young Person and Parent	Increased understanding of young person's difficulties and a reduction in symptoms.
	Individual Course Evaluation	Parent	Individual can review their experience of the course and rate their level of knowledge, understanding and confidence in managing their child's anxiety.
ADHD Parent Factor	Pre & Post Rating Scales	Parent	Improved ratings in parents confidence, understanding and knowledge of how best to support their children with a diagnosis of ADHD.
	Individual Course Evaluation	Parent	Individual can review their experience of the course.
Parents Seminar	Individual Seminar Evaluation	Parent	Individual can review their experience of the seminar and rate their level of knowledge, understanding and confidence in managing their child's mental health and emotional wellbeing.

It should be noted that for all groups and individual work the data set is relatively small, and hence any findings from quantitative measures used should be interpreted with caution and considered in combination with qualitative feedback from children and young people, their

parents and teachers. We will regularly review how we collect the outcome measures for the Wellbeing Service to best reflect the impact of interventions.

Section 4: Outcomes

OUTCOME 1: Improvement in the mental health and emotional wellbeing of children and young people supported by the Wellbeing Service (individual).

List of Interventions offered:

- Individual assessments and consultations
- Targeted therapeutic groups based on identified needs of group members
- CBT informed strategies for low mood and anxiety
- Person Centred Counselling
- Filial Therapy
- Attachment Focused Therapy
- Play and Creative Arts Therapy

4.1 Individual Interventions

Person Centred Counselling

Person Centred Counselling is a non-prescriptive way of counselling which aims to suspend all previous knowledge of the client, so that the counsellor can hear the client's story with no preconceptions or judgments. Clients are treated with congruence, empathy and unconditional positive regard. The counsellor aims to build a strong therapeutic relationship which allows clients to explore and express themselves in a safe, non-judgemental environment. This allows the client to increase awareness of themselves, which can lead to change (acceptance of oneself and/or resolutions to help manage and self-regulate their emotions).

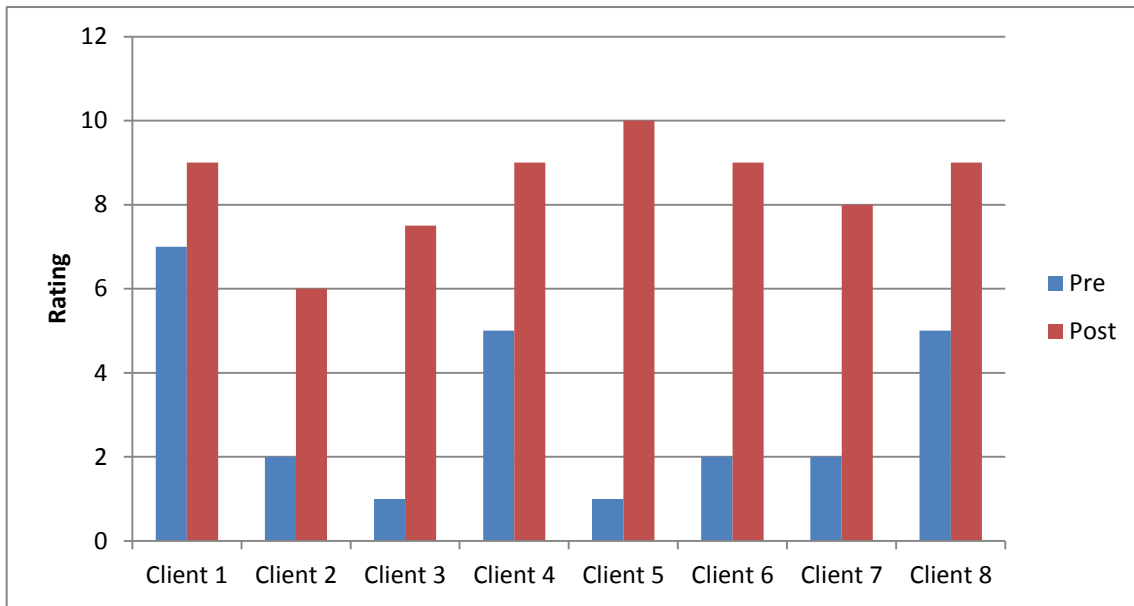
As part of the evaluation for the counselling part of our service, clients who had completed their sessions were asked to complete an evaluation form based on the chi-esq. Out of the 9 clients who had completed counselling, we received 8 responses.

From the questionnaire, please find below the key points:

- 100% of respondents agreed that they felt listened to, they were treated well and their view and worries were taken seriously.
- 87.5% of respondents agreed that the person they saw was easy to speak to and the help they received was good.
- 75% of respondents would recommend this service to a friend.

Clients were asked to rate how they felt prior to counselling and how they felt once the counselling had come to an end (scale of 0-10, 10 being the best they have ever felt). Please see graph 1 on the next page illustrating these results.

Graph 1: Child/young person's self reported change



Graph 1 shows that all 8 clients reported a positive shift after the counselling compared to before they started the intervention.

Clients were asked, what was good about the counselling they received. Here are some of the responses:

“I was listened to and could say anything”

“It made me talk more to my TAs instead of bottling feelings up”

“I felt like I could talk to this person”

“To help get my worries out”

Clients were also asked if there was anything they didn't like or anything that needed improving. 7 out of the 8 respondents said there was nothing that they did not like or felt needed improving. One of the clients said that they would have liked to have had a TA present in the sessions. This feedback has helped the wellbeing practitioner to reflect on and improve best practice and continually aim to improve the service provided to children and young people.

Dyadic Developmental Psychotherapy (DDP)

DDP is a therapy and parenting approach that uses what we know about attachment and trauma to help children and families with their relationships. Central within DDP is PACE, a way of thinking which deepens the emotional connections in our relationship with others. PACE as a concept refers to - Playfulness, Acceptance, Curiosity and Empathy. Playfulness brings enjoyment to the relationship. Acceptance creates psychological safety. Curiosity refers to the

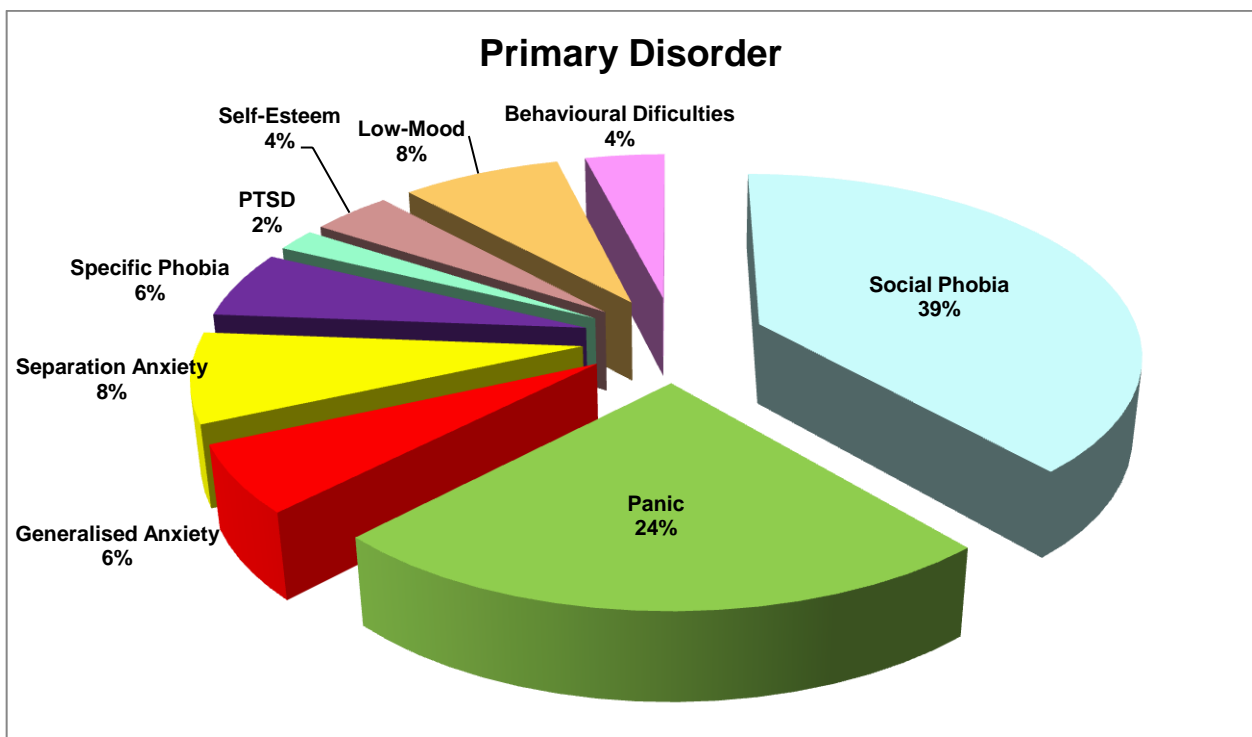
exploration of themes within the relationship expressing a desire to know the other person more deeply. Empathy is used to communicate curiosity and acceptance, as the therapist recognises and responds to the family’s emotional experience.

Informed Strategies Cognitive Behaviour Therapy (CBT)

The Wellbeing Team offer brief, low-intensity, evidence based CBT informed strategies for children and young people to help with anxiety and low-mood. Cognitive Behaviour Therapy is based on the concept that emotional problems are caused, and are kept going, by unhelpful patterns of thinking and behaviour. CBT aims to identify and reduce these patterns and to build more helpful thoughts, behaviours and problem-solving skills in children and young people. CBT deals with current problems that are impacting on a young person’s life rather than focusing on issues from their past. Approaches based on CBT principles are known to be an effective treatment option for a number of psychological problems. NICE guidelines (National Institute for Health and Care Excellence) recommend that CBT is a first line approach to help treat anxiety and depression.

The following pie-chart provides a breakdown by primary disorder of the CYP who received an individual CBT interventions in the period September 2016 – August 2017.

Graph 2: Individual CBT Interventions by Primary Disorder



Evaluation across individual interventions

Each child/young person and/or parent/carer that took part in individual therapy was asked to complete the Revised Child Anxiety and Depression Scale (RCADS) and the Strengths and

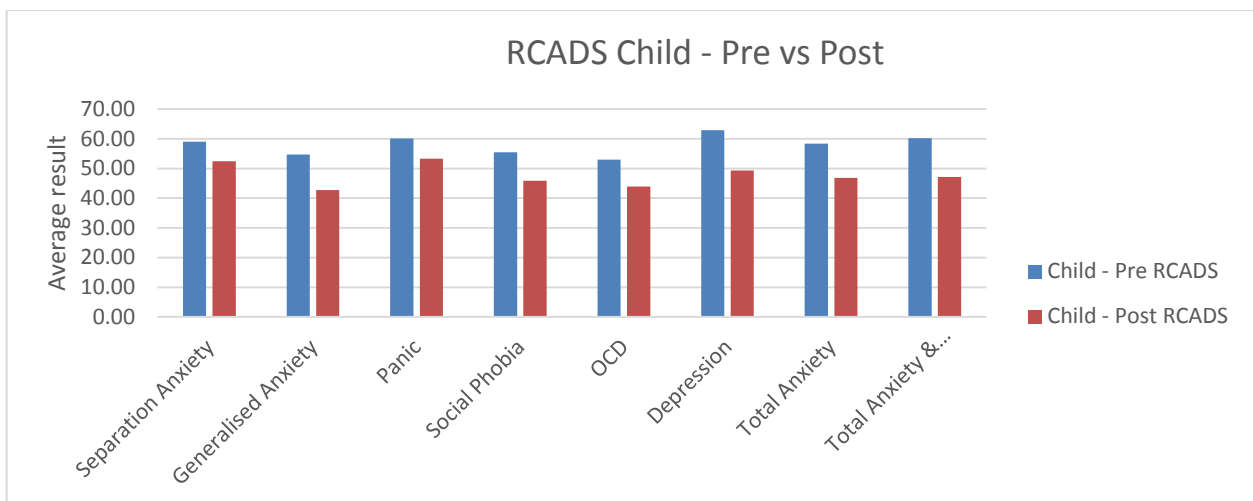
Difficulties Questionnaire (SDQ) both before therapy began and once therapy had been completed (if appropriate). The results below show the average pre and post scores for the data received.

The questionnaires had different numbers of respondents due to difficulty receiving completed questionnaires and some questionnaires may have not been appropriate for the child/young person or parent/carer.

Results from the Revised Child Anxiety and Depression Scale (RCADS)

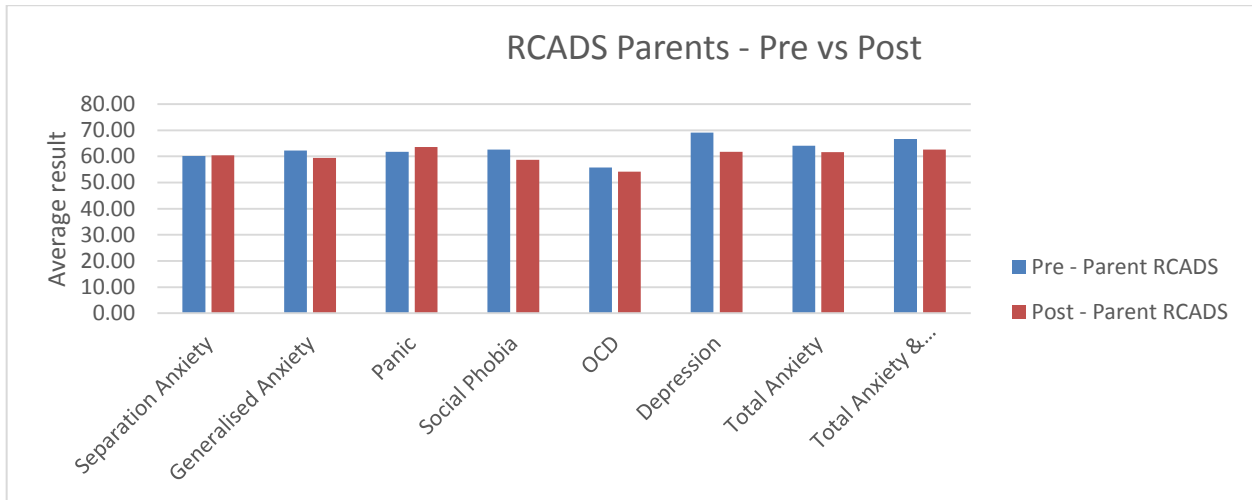
Graph 3 is based on data from 41 children/young people. The graph shows that there has been an average reduction in the symptoms of anxiety and depression.

Graph 3: Pre and post RCADS results – Child/Young Person



Graph 4 is based on data from 30 parents/carers. The graph shows that there has been an average reduction in symptoms for most of the symptoms of anxiety and depression that the RCADS measure. The area of panic shows a slight increase in symptoms and separation anxiety have very similar pre and post scores. The Wellbeing team have discussed these scores with individual cases and a possible explanation for these raised levels may be due to the fact that some children/young people are sharing more emotions with their parents/carers, thus resulting in some areas appearing to increase or stay the same.

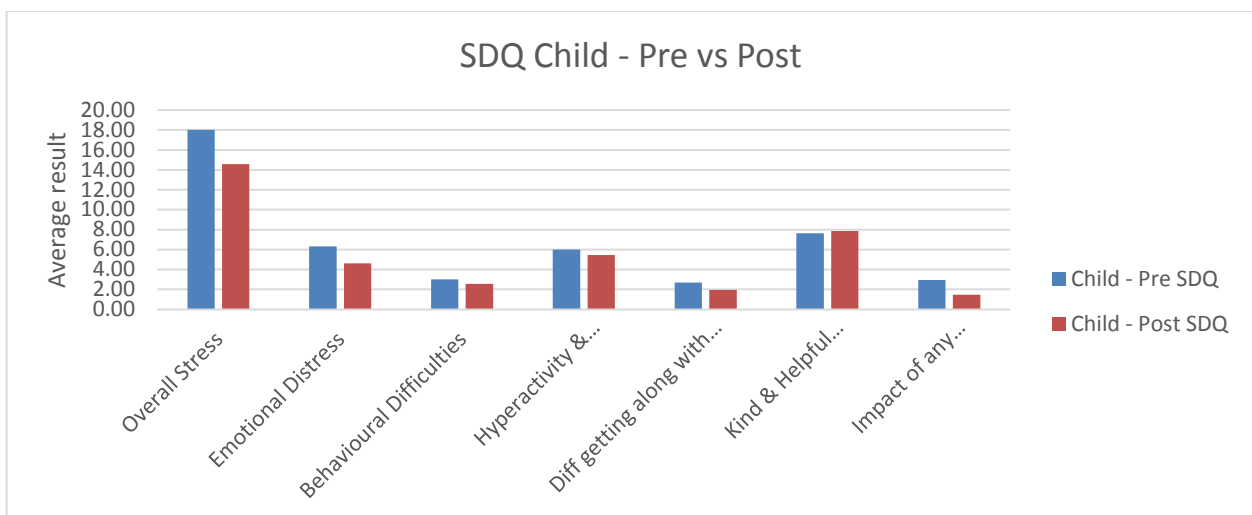
Graph 4: Pre and post RCADS results – Parents/Carers



Results from the Strength and Difficulties Questionnaire (SDQ)

Graph 5 is based on 18 children/young people. The graph shows that the difficulties the SDQ measures have reduced and the area of kind and helpful behaviour has increased in strength.

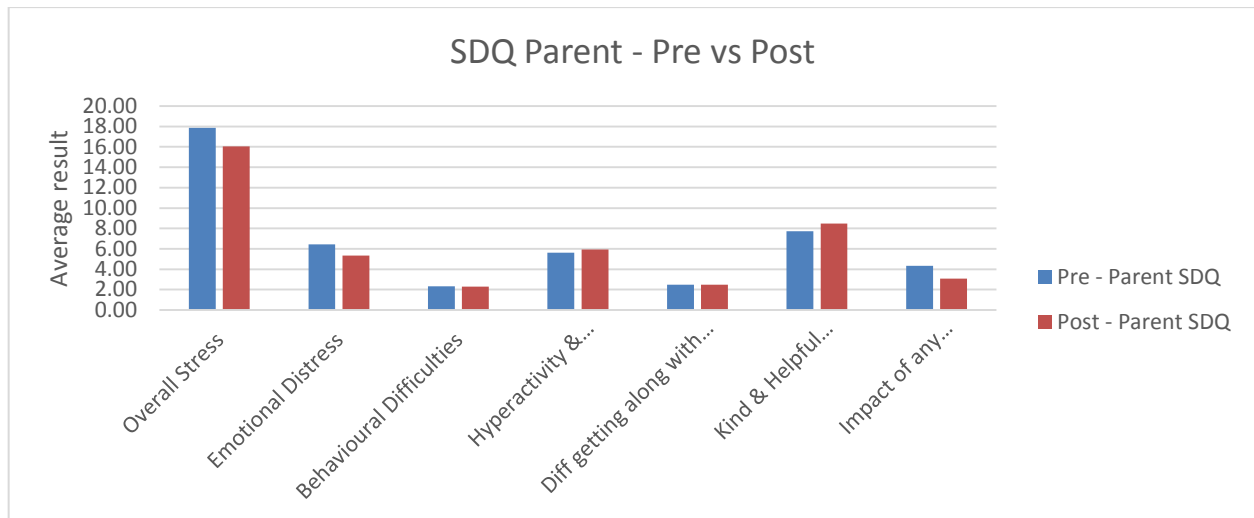
Graph 5: Pre and post SDQ results – Child/Young Person



Graph 6 is based on 23 parents/carers. The graph shows that most areas the SDQ measures have reduced in difficulty and the area of kind and helpful behaviour has increased in strength. The area of hyperactivity and concentration show an increase in difficulty and the areas of behavioural difficulties and difficulty getting along with other children have remained the same.

These areas were not usually the focus of individual intervention, instead the focus was more on reducing emotional distress, therefore it may not be surprising that these areas have stayed the same or increased.

Graph 6: Pre and post SDQ results – Parents/Carers



In summary, though some areas show an increase in difficulty and symptoms the majority of these results show some positive shifts in a reduction in anxiety and depression symptoms, reduction in difficulties and increase in pro-social behaviour.

OUTCOME 2: Improvement in the mental health and wellbeing of children and young people supported by the Wellbeing Service (group).

Whole Class Mindfulness Groups in Primary Schools

Paws b is a classroom introduction to mindfulness that aims to give Key Stage 2 students a taste of mindfulness, so that they know about it and can return to it later in life. Five primary schools (Cheapside, Holy Trinity Sunningdale, South Ascot Village, St Francis, St Michael’s) were identified who were interested in trialling the programme with their year 5/year 6 students. In order to achieve the best outcomes, it was decided to deliver the programme across 2 years, starting at the end of year 5 and continuing the programme when students are in year 6 and are getting closer to their SATs.

The first half of the programme was delivered in the format of six 30 minute sessions between May – July 2016. Since students’ feedback indicated that they prefer longer lessons which cover more material and lead to bigger learning outcomes, it was decided to deliver the second half of the programme as three 60 minute sessions between September – October 2016 since. Topics covered in the second half of the programme included ‘Dealing With Difficulties’, ‘The Storytelling Mind’ and ‘Growing Happiness’. The students learned about different parts of the

brain and their function, were introduced to the key concepts of mindfulness and had the opportunity to try a number of mindfulness practices.

For evaluation purposes students were also asked to complete an 8-item summary questionnaire at the end of the programme.

Table 5 : Overall student feedback from the whole class mindfulness groups

	Poor			Excellent		
	1	2	3	4	5	6
1) What would you give the mindfulness course in terms of being enjoyable and interesting?	14	12	12	35	39	9
	12%	10%	10%	29%	32%	7%
2) How much do you think you have learned during the course?	12	5	16	32	31	25
	10%	4%	13%	26%	26%	21%
3) In the future, how likely are you to use any of the techniques you have learned?	14	15	23	35	15	10
	12%	12%	19%	29%	12%	8%

Students' feedback included the following statements:

*"I liked all the different techniques. They helped me calm down when I'm angry."
(Year 6 pupil, Holy Trinity CE Sunningdale)*

"I liked that it would help me to gain energy." (Year 6 pupil, South Ascot Village Primary)

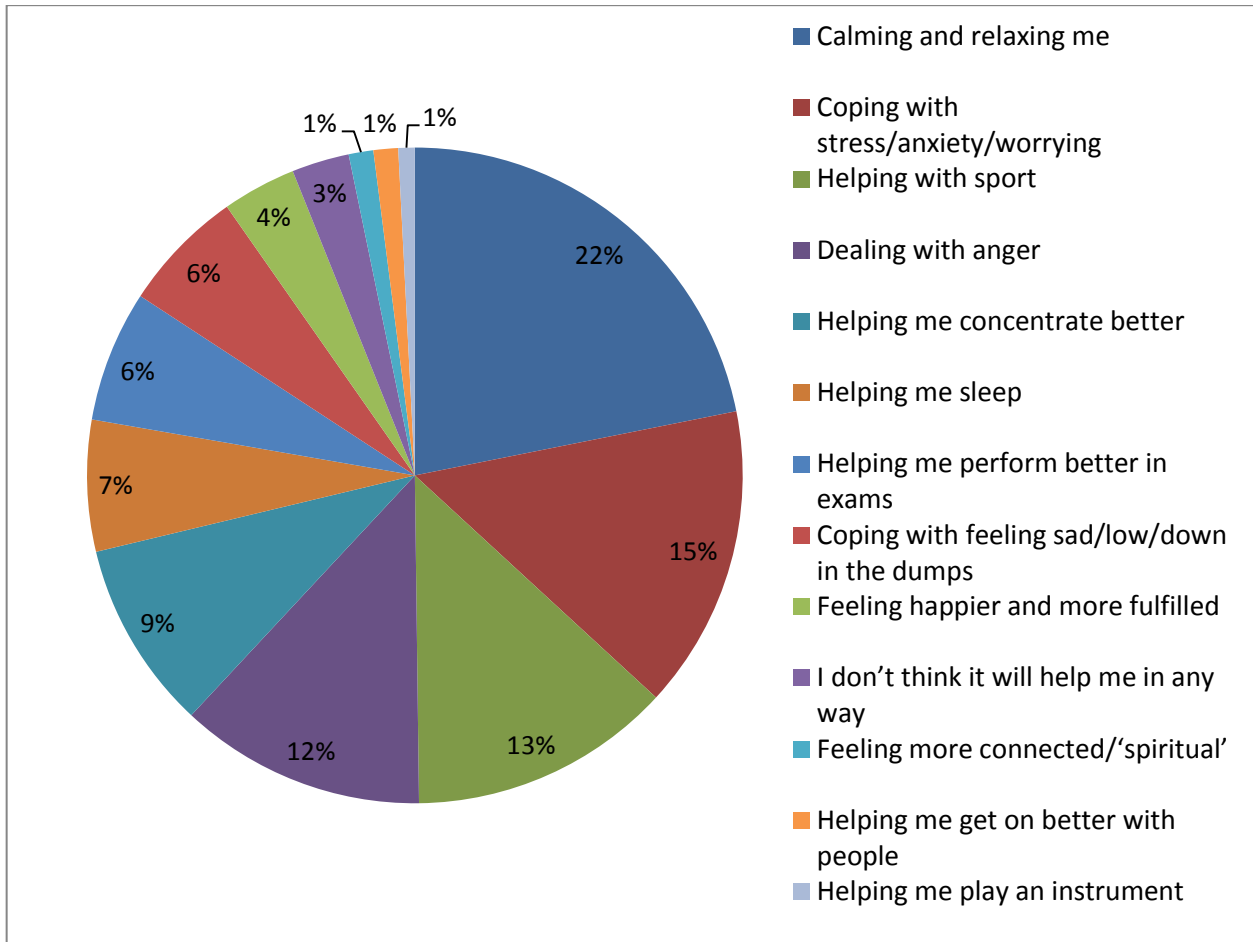
*"I liked that it was calming, quiet and happy. I really learnt a lot."
(Year 6 pupil, St Francis Catholic Primary)*

Best outcomes were achieved in those schools where a member of staff was present and actively participating in the mindfulness exercises. It is ideal for this member of staff to be the classroom teacher in order to be able to refer back to material covered and practice some of the techniques in normal classroom lessons.

Based on the high number of students (130 in total) and the fact that the programme wasn't delivered on a voluntary basis, it is to be expected that students respond to it differently. Delivering the programme with a smaller, targeted group of students could lead to better outcomes and give students who want to learn about mindfulness the best possible experience.

The pie chart below provides an overview of how students felt mindfulness could help them in the future.

Graph 7: How could mindfulness help you in the future?



Targeted Mindfulness Group

In addition to the Paws b mindfulness programme that was delivered in a number of primary schools, a bespoke mindfulness programme was developed and delivered at Cox Green secondary school. The school identified twelve Year 11 students who were experiencing exam stress and anxiety and were interested in learning some techniques that could help them cope better with the pressure.

A 4-week course was put together based on the .b mindfulness programme for secondary school (Mindfulness in Schools Project, MiSP). The sessions explained the key concepts of mindfulness and gave students an opportunity to practise short mindfulness techniques, that they can use before and during the exams in order to stay calm and focused.

All students completed the course and were asked to fill in an 8-item summary questionnaire.

Table 6: Overall student feedback from the targeted mindfulness group

	Poor			Excellent		
	1	2	3	4	5	6
1) What would you give the mindfulness course in terms of being enjoyable and interesting?	0	0	0	6	6	0
	0%	0%	0%	50%	50%	0%
2) On a scale 1-6, how much do you think you have learned during the course?	0	1	1	5	5	0
	0%	8%	8%	42%	42%	0%
3) In the future, how likely are you to use any of the techniques you have learned?	1	0	2	3	6	0
	8%	0%	17%	25%	50%	0%

Except for one student who had tried mindfulness in the past in a therapeutic setting and didn't find it helpful, all other students stated gaining a benefit from it. Students' comments included the following:

"It has helped me see the world in a more joyful way which has helped with my anger."

"I feel calmer and there isn't as much going on in my mind".

"I feel like now I will just stop, relax and clear my mind when I get the chance to."

"I have new techniques on how to stop feeling anxious."

The students appreciated learning new techniques and gaining a better understanding of how the mind works, as is reflected in the following statements:

"Hearing scientific explanations helps to understand things a lot better because you understand why."

"I think being aware of why we get stressed and upset could help to stop those feelings getting so bad."

The fact that the course was delivered in a smaller group and on a voluntary basis had a positive impact on group dynamics and students' experience of the course. Schools are advised to run any future mindfulness programmes earlier in the academic year, in order to allow the mindfulness skills to become embedded before exam stress becomes too overwhelming.

Exam anxiety group

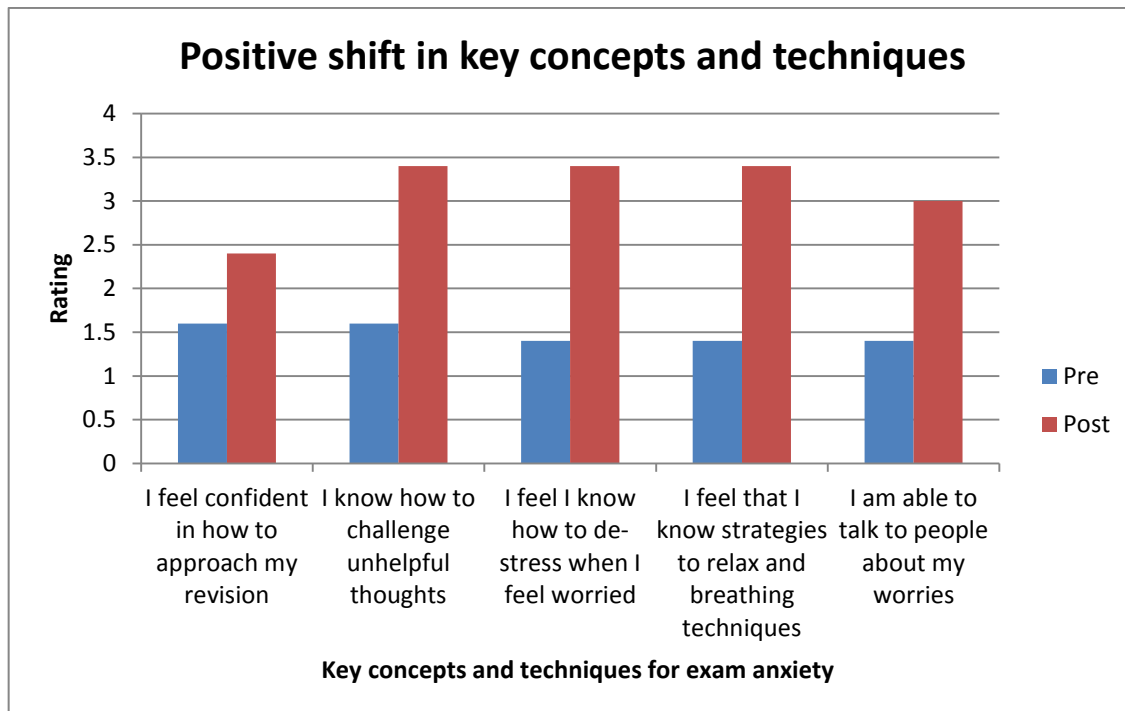
The exam anxiety group was developed by the Wellbeing Team following consultation with Churchmead secondary school, as it was an area that was identified as needing further support.

A four week programme was designed for 8 students in year 11 who were identified as having increased exam anxiety. The programme included key concepts around exam anxiety and how

this can be maintained, revision tips, exam tips, de-stressers and techniques to help manage exam anxiety.

The students were asked to complete a pre and post questionnaire, which aimed to show if knowledge and skills had been embedded by the students and that they had taken away key concepts and techniques (please see graph below).

Graph 8: Pre and post results from the exam anxiety group



The students also completed a summary questionnaire, rating the quality of the group, what they liked about the group, what they liked least about the group, and if they would use the techniques they had learnt. Table 7 summarises the results.

Table 7: Results from the summary questionnaire

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The group met my expectations	0%	0%	16.5%	16.5%	66%
The content was helpful	0%	0%	0%	33%	66%
The format was enjoyable	0%	0%	16.5%	33%	49.5%
The handouts were helpful	0%	0%	0%	50%	50%
The group length was appropriate	0%	0%	0%	50%	50%
The group was worth my time	0%	0%	0%	82.5%	16.5%
My personal understanding of anxiety has increased	0%	0%	16.5%	16.5%	66%
My personal confidence in how to best support my exam anxiety has increased	0%	0%	33%	33%	33%
I would recommend this group to others	0%	0%	16.5%	16.5%	66%

Based on the feedback, the students found the breathing exercises and tips on how to relieve stress particularly helpful and enjoyed the atmosphere in the group. 80% of the students stated that they are very likely to use the techniques they had learnt. The other 20% said they might use the techniques.

This feedback shows that the students gained positives from the group and would be likely to use the skills and techniques they had learnt, in the future. The main area for improvement would be for the group to be held earlier in the academic year (as this group was held quite close to exam time – summer term) and to potentially be after school or during a break time so that the students are not missing lessons. As a team we are aiming to run this group again in up to 3 schools, this time we will advise schools to run the group earlier during the next academic year (spring term) and the possibilities of after school or break time will be explored.

Anxiety Group for children

Through an Early Help Hub referral and discussions within a Wellbeing Link meeting, it was identified that several children at South Ascot Village school would benefit from some support around managing their anxiety. Therefore, in response to this need, the Wellbeing Team designed and offered an 8 week programme ‘How to cope with worries and anxiety’.

The programme aimed to help the children understand anxiety and begin to recognise their own triggers, anxiety cycles and behaviours. Simple, evidence based CBT informed strategies were introduced to help each child manage and self-regulate their emotions and anxiety.

As part of measuring outcomes and identifying areas of need, each parent completed the Parent RCADS (Revised Child Anxiety & Depression Scale) and the children completed the child version during the introduction session. The same questionnaires were completed by the children and the parents at the end of the programme in order to gain post intervention data.

6 students were initially identified by the school, however, on the first day of delivery only 3 children attended and after the fourth session, one young person left the group as it became apparent that it was not supporting his specific needs which were primarily around low-mood caused by relationship issues within the family. The young person was referred on to one-to-one counselling within the Wellbeing Team.

At the end of the programme parents were invited to a meeting along with their child, to review progress, evaluate pre and post measures as well as developing a Maintaining Progress Plan. In addition any extra support that the family or child may require was reviewed.

Both children's RCAD scores indicated a reduction in their anxiety and this had been observed by the parents. However, whilst one of the children's panic had reduced separation anxiety had increased. This was explored with the parents and further ELSA support was put in place to help this young person build positive and trusting attachments at school. Assertiveness skills development was recommended for the other child, either as a piece of work delivered by the school's ELSA or the youth service.

Learning was drawn from this experience and programme. A need was identified to include parents at the beginning and the end of the course, as younger children need support and encouragement to practice the techniques at home on a regular basis. It would also better inform the parents of how they can support their children during this process and create an open dialogue between the practitioners and the parents of any issues or queries during the programme and how the course may be adapted to support these.

From this pilot programme it was concluded that a more robust and effective way to support primary school children in managing their anxiety would be to equip the parents with understanding and strategies. Therefore, a parents anxiety programme for primary and middle schools was designed and delivered by the team.

OUTCOME 3: Improved pupil/student knowledge and skills (Mental Health and Emotional Wellbeing)

Emotional Wellbeing Champions Programme

The Emotional Wellbeing Champions programme was developed by the RBWM Psychology, Wellbeing and School Support Service to raise awareness and knowledge of positive mental health and to create an open, supportive culture around mental health in schools. This was achieved through a one day interactive workshop offered out to primary and secondary schools within the RBWM area. The aims of the day were to equip students with knowledge on mental health and emotional wellbeing, to encourage them to tackle stigma in their school, and to empower students to develop anti-stigma campaigns for their school with the support of a lead member of staff.

Each participating school selected six students who attended the day and as a result became Emotional Wellbeing Champions in their school. The primary school day included students from Year 4-6 and the middle/secondary school day was aimed at students from Year 7-9. A total of ten primary schools and three middle/secondary schools participated in the programme (see Table 9).

Table 8: List of Participating Primary, Middle and Secondary Schools

Primary Schools	Middle/Secondary Schools
All Saints CE Junior School	St Edward’s Royal Free
Cookham Dean CE Primary	Newland’s Girls School
St Edmund Campion Catholic Primary	Windsor Girls School
Oldfield Primary	
Knowl Hill CE Primary	
White Waltham CE	
Courthouse Junior	
South Ascot Village Primary	
Larchfield Primary	
Wessex Primary	

The evaluation of the one day mental health awareness training showed a high level of satisfaction with the quality of delivery, as well as very good learning outcomes in the students.

Primary Schools Training Day

Table 9: Staff feedback

	Poor			Excellent		
	1	2	3	4	5	6
How did you find today?	0%	0%	0%	0%	30%	70%
How well do you think the students have benefitted from today?	0%	0%	0%	0%	30%	70%
How suitable was the course content?	0%	0%	0%	0%	20%	80%

Staff feedback included the following statements:

“Joy to see all children so engaged in the discussions and activities. A well varied itinerary!”

“The variety of activities, it was informative, pleasant atmosphere, children learnt a lot through the activities and the pace was good.”

“Positive reaction and enthusiasm and interest from the children – they learnt new information, it make them think and inspired them to continue our campaign.”

Table 10: Primary Student Responses to “What did you learn about mental health today?”

Main Emerging Themes	Number of Pupils
Mental health difficulties are common	16
It’s ok to talk about your feelings/Don’t hide your feelings	10
Most adults don’t talk to their children about mental health	9
You can help others	8
People experiencing mental health difficulties are no different to anyone else and should be treated the same	6
All people have lots of different feelings and that’s ok	3
It’s ok to worry	3
You can’t always see mental health difficulties	2
Experiencing mental health difficulties can be hard	1

Table 11: Primary Student Responses to “What changes will you make after today? (you can choose more than one option)”

Main Emerging Themes	Number of Pupils
Share what I have learnt with my friends	56
Look out for my friends more	50
Support my team with our school campaign	49
Be more understanding of other people’s feelings	49
Encourage my teachers to make time to talk about mental health in class	49
Talk more about my feelings	45
Do more things to look after myself	40
Try and find out more about mental health	35

Middle/Secondary Schools Training Day

Table 12: Staff feedback

	Poor			Excellent		
	1	2	3	4	5	6
How did you find today?	0%	0%	0%	25%	50%	25%
How well do you think the students have benefitted from today?	0%	0%	25%	0%	25%	50%
How suitable was the course content?	0%	0%	0%	0%	20%	80%

Staff feedback included the following statements:

“Very good range of activities which enabled the students to be fully involved – loved the opportunities that were provided for them to be creative.”

“I thought the morning sessions were very good and interactive.”

Table 13: Secondary student responses to “What did you learn about mental health today?”

Main Emerging Themes	Number of Pupils
Anyone can have a mental health issue	9
Mental health issues are common	4
Always talk to someone when you’re down/Not to bottle things up/Talk about problems before it gets worse	4
Help is available and you can get better	2
Mental health problems aren’t always visible	2
Mental health problems don’t make someone a bad person	1
Having a mental health problem is not people’s fault	1
There are more types of mental health problems than I was aware of	1
You need to look after yourself in order to help others	1

Main Emerging Themes	Number of Pupils
Be more understanding of other people’s feelings	17
Share what I have learnt with my friends	14
Look out for my friends more	14
Try and find out more about mental	12
Do more things to look after myself	11
Encourage my teachers to make time to talk about mental health in class	11
Talk more about my feelings	7

Table 14: Secondary student responses to “What changes will you make after today? (you can choose more than one option)”

Campaign work

Following the training day, the Emotional Wellbeing Champions met on a regular basis with the lead member of staff from their school to finish their campaign work and plan further activities to raise awareness in their school. A follow up session was carried out 6-8 weeks after the training day in order to assess progress, identify problems and support the development of further campaigns. The campaigns varied between schools and included a range of activities:

- Delivery of assemblies sharing learning from the day
- Creation of display boards introducing the champions and their role
- Performance of drama plays relating to mental health
- Installation of a worry box where pupils can write down their worries and ask for help
- Creation of posters and visual displays with key mental health messages
- Delivery of PSHE lessons on mental health to younger year groups

Work is continuing in the schools and a number of further activities are planned for the new school year, including:

- Running of a mental health poster competitions
- Publication of articles on the topic of mental health in the school newsletter
- Delivery of follow-up assemblies and PSHE lessons
- Development of a mental health awareness day

Outcome 4: Improved staff knowledge and skills (Mental Health and Emotional Wellbeing)

PPEPCare Training

Psychological Perspectives in Education & Primary Care (PPEPCare) training aims to help staff in primary care and education to:

1. Recognise and understand mental health difficulties in children and young people.
2. Support these children, young people and their families by providing psycho-education and drawing on relevant evidenced based techniques using a cognitive behavioural framework.

PPEPCare currently comprises of twelve training modules each consisting of a training presentation, experiential exercises, DVD training material and handouts.

Delivery from the Wellbeing Team is primarily targeted at school staff and focused initially on the foundation module: Recognising Mental Health Difficulties: An Overview, this module being appropriate for both the primary and secondary phases. A further training session was provided

on Overcoming Childhood Anxiety using a Guided Parent Delivered Approach which was specifically targeted at the primary phase.

The six schools participating in the Wellbeing Framework pilot received whole school training from the overview module, most of these were delivered over 2-4 whole school twilight sessions.

From 79 returned evaluations the delegates from the Wellbeing Framework schools rated the following regarding the Overview module content:

MODULE CONTENT	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	No Response
I am <i>satisfied</i> with the training				28	50	1
I <i>enjoyed</i> the training			4	41	28	6
The training was <i>useful</i>			2	37	39	1
The quantity of <i>theoretical</i> info was appropriate			1	44	32	2
The quantity of <i>practical</i> info was appropriate			9	34	31	5
There was enough time for <i>discussion</i>			23	35	12	9
The training was pitched at the right <i>level</i>			2	47	27	3
The <i>handouts</i> were appropriate				37	42	0
I feel more confident in my ability to recognise a range of mental health difficulties in children and young people			2	45	31	1
I plan to use this knowledge in the future			1	40	37	1

Further feedback included the following statements:

What (if anything) will you do differently as a consequence of this training?

Support and training for staff, Refer to useful websites – Yellow Kite, Try to be more vigilant to symptoms, Be more aware around transition time, Use SMART Thinking resource and comic strip conversations. Look out for signs of self harm, Knowing what to spot and able to identify difficulties more easily, Think more broadly about what is behind the behaviour, The range and

complexity of mental health problems and how they present and Be more aware in the classroom. More techniques and use of better approaches, Understand CAMHS, Look at more anxiety information, Recognising signs of mental health, Confidence to speak to other staff members, Who to contact, Better observations, Confidence to speak to pupils, Be more aware of quiet children, Take all behaviours into consideration, More ideas on how to support children with mental health issues, Recognising patterns and signs, Cross sectional formulation, Explain changes in routine as soon as possible, Making my classroom more ASD friendly, How to approach parents about issues.

The 26 delegates that attended the Overcoming Anxiety training rated the following regarding the module content:

MODULE CONTENT	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)	No Response
I am <i>satisfied</i> with the training	0	1	0	7	17	1
I <i>enjoyed</i> the training	0	0	3	8	15	0
The training was <i>useful</i>	0	0	1	8	17	0
The quantity of <i>theoretical</i> info was appropriate	0	0	2	15	9	0
The quantity of <i>practical</i> info was appropriate	0	1	3	12	9	1
There was enough time for <i>discussion</i>	0	2	6	13	4	1
The training was pitched at the right <i>level</i>	0	0	0	13	13	0
The <i>handouts</i> were appropriate	0	0	0	11	15	0
I feel more confident in my ability to recognise a range of mental health difficulties in children and young people	0	1	0	11	14	0
I plan to use this knowledge in the future	0	0	1	11	14	0

Further feedback included the following statements:

What will you take away from today's session:

Know more about CBT, Identifying different types of anxiety within children, Immediate strategies, Thought Challenge, Involve parents more, Use knowledge and skills during the

parent/child discussion , Range of research links, Share with colleagues, Renewed confidence in dealing with anxiety related problems. , Gradual exposure technique, More detailed theoretical knowledge to back up my work, Look at general relaxation techniques across the school., How to talk with Parents, Try out Strategies with children/parents, Use Thought Challenging.

From the 48 evaluation forms returned following centralised training 41 delegates responded that they would recommend the training to a colleague (with 6 non-responses and 1 no response).

Mindfulness Workshop

A mindfulness workshop was carried out with four members of staff from Manor Green School. The key aim of the workshop was to give an overview of the core principles of mindfulness, discuss how to best deliver it with children and young people, and provide an opportunity to share experiences. All teachers had experience of delivering mindfulness in the class room, but appreciated having some time to reflect on their own practice, gain new ideas from other people and be inspired for future work. Difficult situations were trouble-shooted in the group and new techniques were practised together. It was a very open and supportive environment where everybody could bring their own thoughts, questions and ideas.

ELSA (Emotional Literacy Support Assistants) Workshop

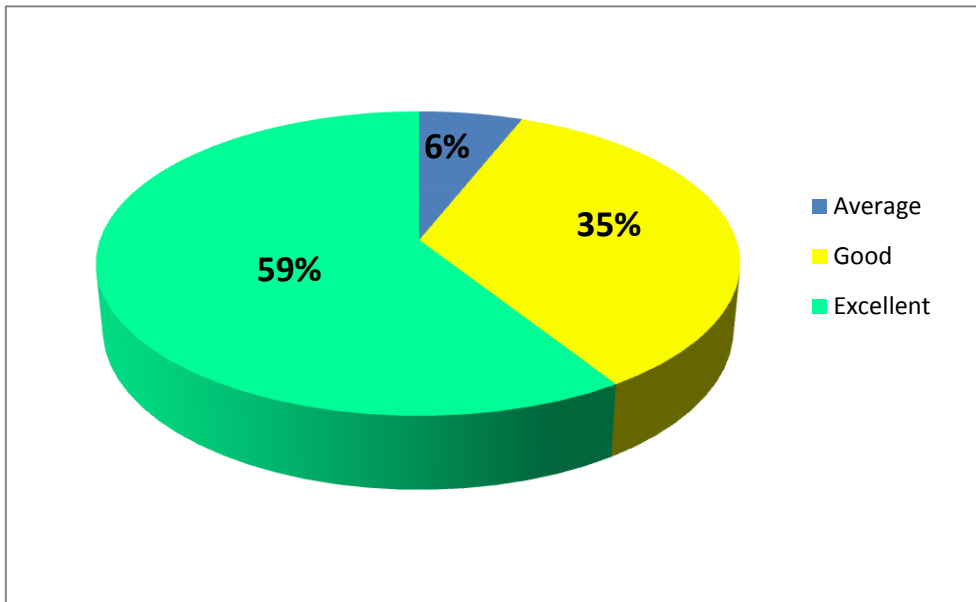
Bi-annual conference organised by the psychology, wellbeing and school support service, to help increase ELSA's knowledge and skills in various areas. The theme for the 2017 conference was Mental Health and Wellbeing, with a total of 65 delegates in attendance. The Wellbeing Team delivered two 1.5 hour workshops, Managing Anxiety and Mindfulness.

Managing Anxiety Workshop

The aim of the Anxiety workshop was to inform ELSA's of how anxiety works, causes, recognising the signs and symptoms and some brief strategies of how to manage anxiety and support children in school. Delegates selected workshops that they would like to attend, with a maximum of 20 per session.

19 delegates attended the Managing Anxiety workshop across a range of schools; 13 RBWM primary/middle schools, 2 RBWM Secondary schools and 3 Bucks primary schools. The graph below summarises the feedback from the workshop.

Graph 9: Breakdown of Ratings for Workshop



Mindfulness Workshop

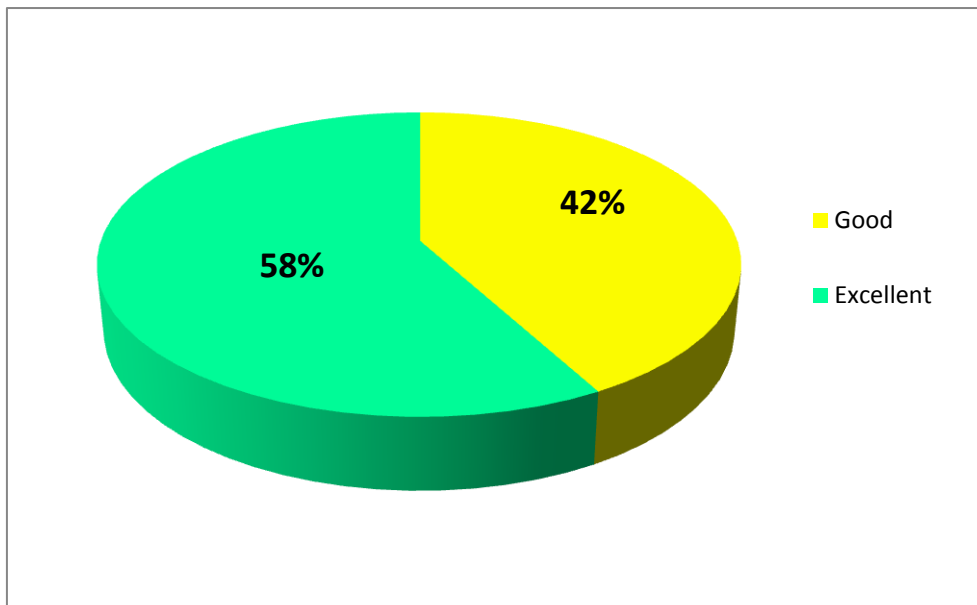
The Mindfulness Workshop was attended by 12 delegates from 9 RBWM first/primary schools, 2 RBWM secondary schools and 1 Slough secondary school.

The aim of the workshop was to give delegates an introduction to mindfulness, explain how it can contribute to the wellbeing of pupils and share some practical techniques that they can use in their ELSA sessions.

The importance of personal practice was highlighted and delegates were informed about ways of developing a mindfulness practice, getting trained in delivering mindfulness to children and embedding mindfulness in their school.

Delegates rated the workshop with either 4 or 5 on the scale 1-5. The breakdown of ratings is shown in the graph below.

Graph 10: Breakdown of Ratings for Mindfulness Workshop



Outcome 5: Development of the whole school environment with regard to awareness of and support for Mental Health and Emotional Wellbeing.

The purpose and aims of the Whole School Emotional Wellbeing Framework:

It is widely recognised that a child or young person’s emotional health and well being influences their cognitive development and learning as well as their physical and social health and their mental wellbeing in adulthood. School based programmes of social emotional learning have the potential to help young people acquire the skills they need to make good academic progress as well as benefit health and wellbeing. The purpose and aims of the Framework were:

- To provide a single reference point from which to develop and enhance whole school practice in social/emotional wellbeing and mental health.
- To embed a whole setting approach to support the emotional health and wellbeing of children and young people.
- To enskill staff and pupils/students thereby reducing the need to refer to external agencies and facilitating a targeted approach for referral on.
- NICE guidance recommends that head teachers, governors and teachers should demonstrate a commitment to the social and emotional wellbeing of young people

Ofsted: when judging behaviour and safety Ofsted looks for evidence of a positive ethos that fosters improvements in the school as well as the promotion of safe practices and a culture of safety.

Background:

A report completed by the CAMHS Transformation Group (April 2016) brought together the results of a schools survey covering three East Berkshire Clinical Commissioning Groups (CCGs) and three unitary authorities. Schools in RBWM highlighted the need to make fewer referrals and increase support 'in-house' by giving school staff the necessary advice and support. School staff highlighted that *'they do not necessarily need to discuss cases with a Clinical Psychologist rather they would prefer to speak to another professional who could offer them some reassurance and other ways of thinking'*.

The Wellbeing Framework sets out key actions that head teachers and principals can take to embed a whole school approach to promoting emotional health and wellbeing. These actions are informed by evidence and practitioner feedback about what works. They build on what many schools and colleges are doing across the country but, if applied consistently and comprehensively will help protect and promote student emotional health and wellbeing. It draws upon a number of publications and guidance including:

Promoting children and young people's emotional health and wellbeing: A Whole School and College Approach (Public Health England, 2015)

What works in promoting social and emotional well-being and responding to mental health problems in schools? (ncb, 2015)

National Healthy Schools Emotional Health & Wellbeing Audit

Attachment Aware Schools and Settings Audit

The AcSEED Framework

The National Institute for Health and Care Excellence (NICE) advises that Primary and Secondary Schools should be supported to adopt a comprehensive; 'whole school' approach to promoting the social and emotional wellbeing of children and young people. DfE also identifies a whole-school approach to promoting good mental health as a protective factor for child and adolescent mental health. The report of the Children and Young People's Mental Health and Wellbeing Taskforce (2015) identifies a national commitment to "encouraging schools to continue to develop whole school approaches to promoting mental health and wellbeing".

Six schools including: Dedworth First, Oldfield Primary, Courthouse Junior, Bisham Academy, White Waltham Academy and Knowl Hill Academy have been engaged in piloting the Wellbeing Framework since October 2016. The agreed offer for all six schools was at a minimum three 1.5 hour consultation sessions with a Wellbeing Practitioner, a link with a Wellbeing Practitioner who could offer advice between consultation sessions, support to complete the solution focused wellbeing measure and at least one module of PPEPCare training delivered to the whole school

staff. The results will be reviewed with all six schools in October 2017 during which areas for development and a maintenance offer will be discussed.

Eight Principles to Promote a Whole School and College Approach to Emotional/Mental Health and Wellbeing.

Public Health England: Promoting children and young people’s emotional health and wellbeing. A whole school and college approach (March 2015)



Outcome 6: Improved parent/carer knowledge and skills (Mental Health and Emotional Wellbeing)

Parent Anxiety Group

The parent anxiety group was developed in response to the evaluation of the anxiety group delivered with primary school children, where it was felt that parent support and encouragement is imperative in order to help their children maintain and embed strategies. Also, feedback from link meetings in schools highlighted that staff were recognising that parents anxiety was affecting and impacting on children’s behaviour in school.

In response to these findings and conversations, a 5 week pilot programme was designed and delivered in Cookham Rise Primary School January-February 2017.

The aim of the programme was to help parents build a range of CBT informed (Cognitive Behavioural Therapy) strategies to help them and their child manage their anxiety to promote a healthier sense of wellbeing.

The objectives of the programme were to explore anxiety and provide advice and guidance, leaving parents feeling more confident to:

- Understand some of the causes of anxiety
- Recognise signs and symptoms
- Identify stress factors and how anxiety is maintained
- Approach their child to help them build resilience and manage their anxiety
- Identify steps to guide their child towards the right support
- Recognise the importance of their own self care and wellbeing

Each session was 90 minutes long and it was agreed for the group size to remain small in order to promote a more therapeutic group approach. 8 delegates were booked onto the course and 5 attended. Child and Parent RCADS were completed at the beginning of the course to provide a pre-course measure. Evaluation and feedback was sought at the end of the programme including the completion of post RCADS measures, however only 2 delegates returned their completed forms and unfortunately no RCADS scores were returned.

Table 16: Parent Feedback

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
How well did the seminar meet your expectations?	0%	0%	0%	0%	100%
My personal knowledge and understanding of Mental Health has increased	0%	0%	0%	0%	100%
My personal confidence in how to best support my child in this area has increased	0%	0%	0%	0%	100%

Parents found the practical activities and advice very useful and appreciated gaining new ideas and tactics on how to manage their child’s anxiety.

Conversations with the school, highlighted an observed improvement in some of the children’s behaviours, however due to the low response of feedback and evaluation this is an area that will require more commitment from both school and parents in order to provide more robust evidence of this programme’s effectiveness and impact on the children’s anxiety and behaviour.

It was fed back that the course could be extended to 6 weeks to give more time to evaluate, recap and reflect on learning. This will be implemented for future courses.

Parent Seminar evening

The Wellbeing Team were invited to deliver an evening seminar to 90 parents as part of Charters School Parent Seminar programme, providing advice and guidance on different mental health issues.

The aims of the session were to leave parents feeling more confident to:

- Recognise signs and symptoms of anxiety and depression and how these link to behaviours such as self harm and eating disorders
- Approach your child to help them manage these issues
- identify steps to guide your child towards the right support
- Recognise the importance of your own self care and wellbeing

The evening was a mixture of information and guidance, discussion and case studies to help parents feel more confident in supporting their child's emotional health needs.

Evaluation

The table below provides a summary of the individual evaluations and feedback from parents.

Table 17: Summary of Seminar Evaluation

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
How well did the seminar meet your expectations?	0%	0%	2%	46%	52%
My personal knowledge and understanding of Mental Health has increased	0%	0%	5%	44%	51%
My personal confidence in how to best support my child in this area has increased	0%	0%	2%	49%	49%

Further feedback included the following statements:

Which aspect of the session did you find most useful?

- *Practical advice and how to respond and deal with anxiety, depression and self-harm*
- *How to support my child*
- *Coping Strategies and learning to step back and wait.*

- *Anxiety and depression normal vs an issue.*
- *Understanding how to change the cycle.*
- *Understanding of available support and interventions.*
- *Understanding self-harm & that it is a coping mechanism*
- *General understanding of child related anxiety & normalisation*
- *Given me confidence to engage*

The Wellbeing Team have been asked to deliver another parent seminar in January 2018.

ADHD Parent Factor

The course was developed by the charity Barnardo's specifically for parents of children who have received a diagnosis of ADHD (i.e. as opposed to parents who think that their child may have ADHD). The course is for parents of children aged between 6-14 years who have had an ADHD diagnosis in the last 24 months.

The Wellbeing Team has a trained facilitator to co-deliver this training in partnership with other facilitators from Family Friends and Children's Centres.

Aims of the Programme

The overall aims of "The Parent Factor in ADHD" programme are as follows:

- To increase parents' knowledge of ADHD and its treatment
- To give parents insight into how it feels to be a child with ADHD
- To give parents advice on how to promote a more positive relationship with their child
- To educate parents on strategies for effective behaviour management

Programme structure

The programme consisted of a series of six, two and half hour long sessions. For some sessions ADHD experts from CAMHS and Educational Psychology were invited to provide their specialist knowledge and experience of ADHD.

Referrals and Delivery

Since September 2016 3 programmes were successfully delivered across the borough, both in Windsor and Maidenhead.

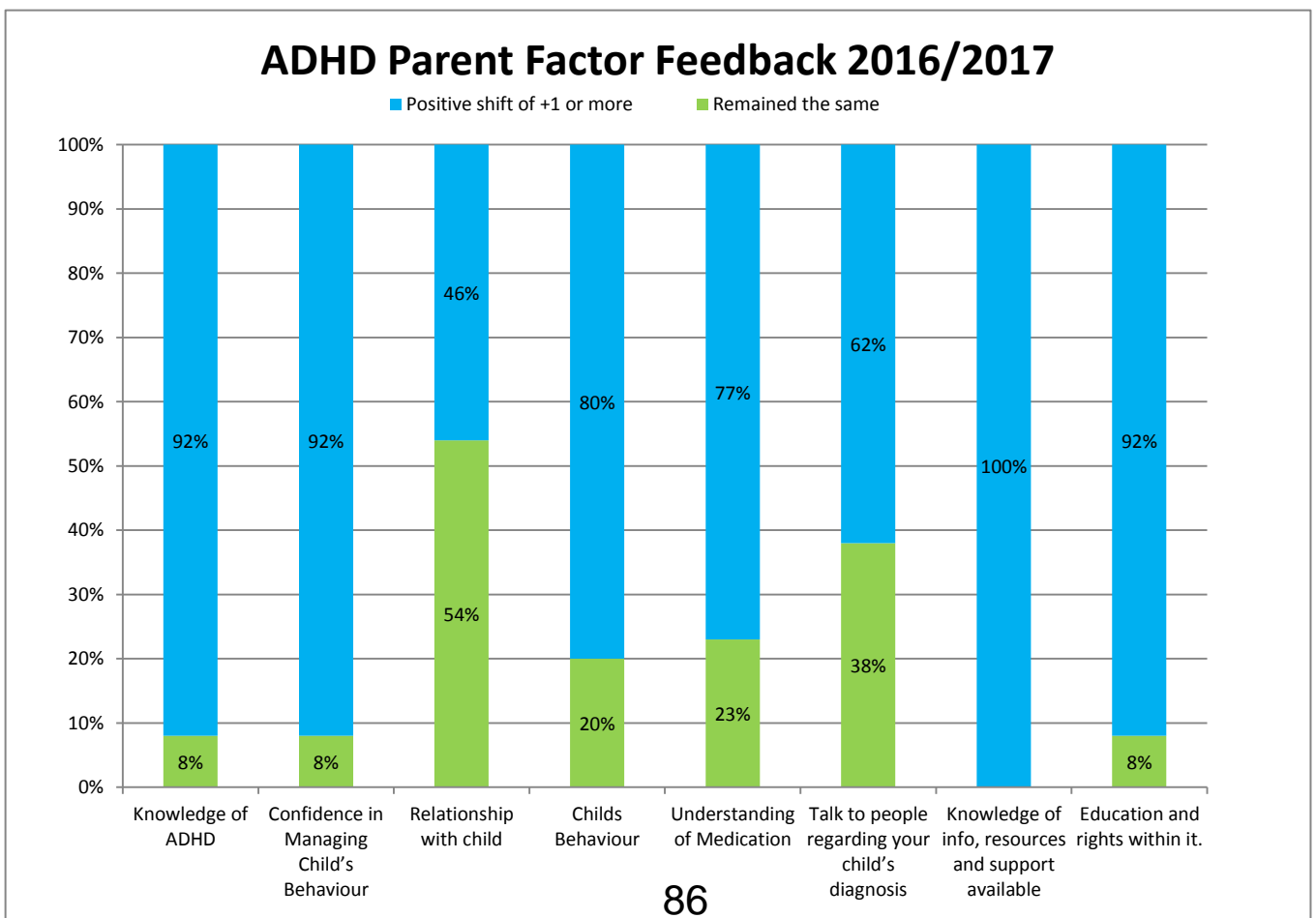
Referrals were received from a range of agencies including CAMHS, Schools, the Early Help Hub, other agencies or self-referral.

Each programme included a maximum of 10 delegates with a total of 18 delegates over the course of 3 programmes. The course was delivered during the day which could be problematic for some parents who can only make evenings. Collaboration was sought with the charity 'Parenting Special Children', who deliver their own 5 week ADHD programme (Time out for ADHD) in the evenings in order to offer parents the choice of either day or evening courses. Time out for ADHD also offers more flexibility in their referral criteria i.e. a child can be on the ADHD pathway and pre-diagnosis.

Evaluation

An evaluation chart covering 8 areas of development was completed by parents pre and post the course. For each area parents rated themselves on a scale of 0-10 (10 being the highest) and this was repeated at the end of the course in order to measure any potential shifts in learning and understanding.

Table 18: Summary of Ratings in Shift of knowledge, confidence and understanding of ADHD



Parents were also asked to complete individual reviews of their experience of the course. The following provides a snapshot of feedback given:

What did you find most useful?

- *Sharing experiences, group therapy, advice from other parents.*
- *Specialist advice from CAMHS & Educational Psychologist*
- *Understanding ADHD*
- *Supportive and welcoming atmosphere*

What did you learn/what did you get out of the course

- *Better understanding of ADHD and related issues*
- *What it feels like for the child, empathy. Better understanding of the child's needs.*
- *Giving clear, short instructions and repeating these to ensure they understand.*
- *Ways of dealing with behaviour*
- *Rights within the education system*
- *Medication*

Has your relationship with your child improved?

- *Yes, I know more about how they are feeling.*
- *Yes, better understanding, more tolerant*
- *Not sure but I am more understanding and accepting of his behaviour*
- *Yes, giving him more time to do something and enjoying his energy.*

What do you think you will do to follow up what you have learnt on the course?

- *Approach schools to implement better strategies*
- *Talk to my child about it and be more patient*
- *Try medication*
- *Keep in touch with other parents*
- *Keep researching*
- *Understanding every child's different and understanding my child's behaviour*
- *Be more appreciative.*
- *Be more organised, patient, consistent and firm.*

One suggestion on how the course could be improved was to teach and raise awareness of ADHD amongst teaching staff and strategies to support children in school.

A programme schedule for 2017-2018 has now been publicised

Section 5: Service Delivery Plans for 2017 – 2018

In academic year 2017-2018 the following service delivery plans are in place:

- Continuation of the ADHD Parent Factor Training.
- Further roll out of the PPEPCare Training modules (three practitioners are now trained)
- Further development and delivery of programmes to support the parents/carers of anxious children.
- Secure a maintenance offer for the Wellbeing Framework and consider how this could be offered to a larger number of schools across the Borough.
- Further roll out of the Wellbeing Champions Programme.
- Further development of the sharing of practice across the Psychology, Wellbeing and Schools Support Teams.
- Further development and enhancement of supervision for the Wellbeing Team taking a co-constructed approach.

Appendix 1: Interventions offered through the Wellbeing Service 2016-2017



Document Name	Wellbeing Team Evaluation Report		
Document Author	Rebecca Askew		
Document owner	Rebecca Askew		
Accessibility	This document can be made available in other formats upon request.		
Destruction date			
Document approval dates	Version 1	Author	
	Version 2	Directorate Leadership Team	
	Version 3	Lead Member	
	Version 3	Public	
Circulation restrictions			

ROYAL BOROUGH OF WINDSOR & MAIDENHEAD SCHOOLS FORUM

Date:	16th January 2018	AGENDA ITEM: 7
Title:	Budget Monitoring and Forecast 2017/18	
Responsible officer:	Kevin McDaniel, Director of Children's Services	
Contact officer:	James Norris, Head of Finance (RBWM) Achieving for Children	Email: James.norris@achievingforchildren.org.uk

1 PURPOSE AND SUMMARY

- 1.1 The purpose of this report is to provide the Schools Forum with:
- the projected financial position for 2017/18 with associated schedule of Risks & Opportunities
 - the projected reserve balance as at 31 March 2018
 - an understanding of the financial pressures which are currently being faced.

2 RECOMMENDATIONS

Schools Forum is asked to note:

- 2.1 The Forum is asked to note the contents of this report including the reported variance, schedule of Risks & Opportunities and the projected deficit balance carried forward as at 31 March 2018.

3 FINANCIAL SUMMARY

- 3.1 The overall Schools Budget 2017/18 is £62,031,000. There is a net in year deficit of £595,000 relating to the dedicated schools grant funded services mainly relating to the release of the underachievement of the High Needs Block savings plan.
- 3.2 There has been no movement in forecast to the last reported position.
- 3.3 The in-year deficit of £595,000 consists of:
- underachievement of the High Needs Block savings plan due to schools not agreeing to a reduction in Top Up allocations and an increase in annual fees £500,000; further strategies are underway to deliver the remainder of the savings plan
 - estimated increased numbers of pupils receiving Alternative Provision support £80,000
 - additional cost of conversion to academy status for Bisham Church of England Primary School exceeding funding available by £69,000.
 - non domestic rates in year increased charges to the central school budget £40,000
 - in year staffing vacancies within Targeted Intervention (£76,000)
 - other minor variances net (£18,000) underspend.

3.4 The net overspend will be an additional pressure on the dedicated schools grant reserve which as at 31 March 2017 was a deficit of £752,000; the revised projected deficit as at 31 March 2018 has increased to £1,347,000.

3.5 Table 1 sets out the summarised financial position for 2017/18.

Table 1 Summarised Financial Position

Schools Budget	S251 budget	Budget Adjustments	Current Budget	Forecast Variance	Projected Expenditure/ Funding	Note
	£000	£000	£000	£000	£000	
Expenditure						
Schools Block (post recoupment)	35,839		35,839	133	35,972	1
Early Years Block	9,667	(387)	9,280	(30)	9,250	2
High Needs Block	16,912		16,912	492	17,404	3
TOTAL EXPENDITURE	62,418	(387)	62,031	595	62,626	
Funding						
Dedicated Schools Grant (net)	62,418	(387)	62,031	0	62,031	
TOTAL FUNDING	62,418	(387)	62,031	0	62,031	
Note:						
Total in year surplus / (deficit)	0	0	0	(595)	(595)	
Brought forward surplus / (deficit)	(752)		0	0	(752)	
Total surplus / (deficit)	(752)	0	0	(595)	(1,347)	4

3.6 The reported material forecast variances are set out below in table 2.

Table 2 Material forecast variances

Note	Comments
1	School related costs; including Academy Conversion deficit balance £69,000; in year changes to school rates £40,000; increased licence charges £27,000; additional growth fund allocations £25,000; reduced school rental costs (£20,000); other minor variances net (£8,000) underspend
2	Reduced spend on the Early Years SEN Inclusion fund in the Spring Term (£30,000)
3	Estimated increased numbers of pupils receiving Alternative Provision support £80,000; underachievement of the High Needs Block savings plan £500,000; Targeted Intervention staffing vacancies (£76,000); other minor variances net (£12,000) underspend
4	Projected deficit on DSG General Reserves for 2017/18 £1,347,000 (excluding the Risks & Opportunities listed in table 3).

3.7 Table 3 sets out the summarised Risks & Opportunities a net pressure of £670,000. These are potential changes in forecast that currently are not being reported as there are plans to contain pressures or utilise underspends.

Table 3 Summarised Risks & Opportunities

	Variance to Current Budget	Note
	£000	
Expenditure		
Schools Block	80	1
Early Years Block	0	
High Needs Block	590	2
Total Expenditure Risks & Opportunities	670	

3.8 The details of the material forecast risks & opportunities are set out below in table 4.

Table 4 Details of Risks & Opportunities

Note	Comments
1	Bad debt provision outstanding school loan £100,000; Other Central Provision for increased rental income (£20,000)
2	<p>The most significant risk of a further overspend is within the High Needs Block. Currently there is a risk of the under achievement of the savings plan which was budgeted to reduce costs by £900,000. The forecast includes the under achievement of £500,000, however, there is risk of a further £400,000 shortfall. Progress to date has been slower than expected The outcome of the recent Special Educational Needs inspection will add to the complexities of delivering some previously identified strategies.</p> <p>In respect of Top Ups and Independent School placements detailed work is being undertaken to review the current cohort of pupils within this category and based on historic spending a risk of £150,000 has been flagged.</p> <p>There is a potential further overspend of £40,000 relating to the estimated number of pupils requiring Alternative Provision for the remainder of the financial year</p>

4 PROJECTED RESERVE BALANCE

- 4.1 The net overspend will be an additional pressure on the dedicated schools grant reserve which as at 31 March 2017 was a deficit of £752,000; the revised projected deficit as at 31 March 2018 has increased by £595,000 to £1,347,000.
- 4.2 The projected reserve balance as at 31 March 2018 of £1,347,000 excludes the Risk & Opportunities Register net balance of £670,000. Incorporating this net further movement the projected reserve balance as at 31 March 2018 increases to £2,017,000.

5 FUTURE ACTION

- 5.1 The level of overspend is unaffordable for the Council. Achieving for Children officers are developing a recovery plan for consideration by both the Council and schools to bring the level of annual spend back into balance. Achieving for Children and the Council are also

exploring options to address the cumulative DSG fund deficit. These options will be discussed with the Council and head teachers over the coming months.

- 5.2 Additional funding has been approved through the Schools Forum and the East Berkshire Clinical Commissioning Group of £416,000 & £450,000 respectively. This funding will support the Special Educational Needs & Disability (SEND) Action Plan to address the issues identified in the recent OfSTED inspection and will support a programme investing in the SEND transition to raise standards, performance and improve value for money.