

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.

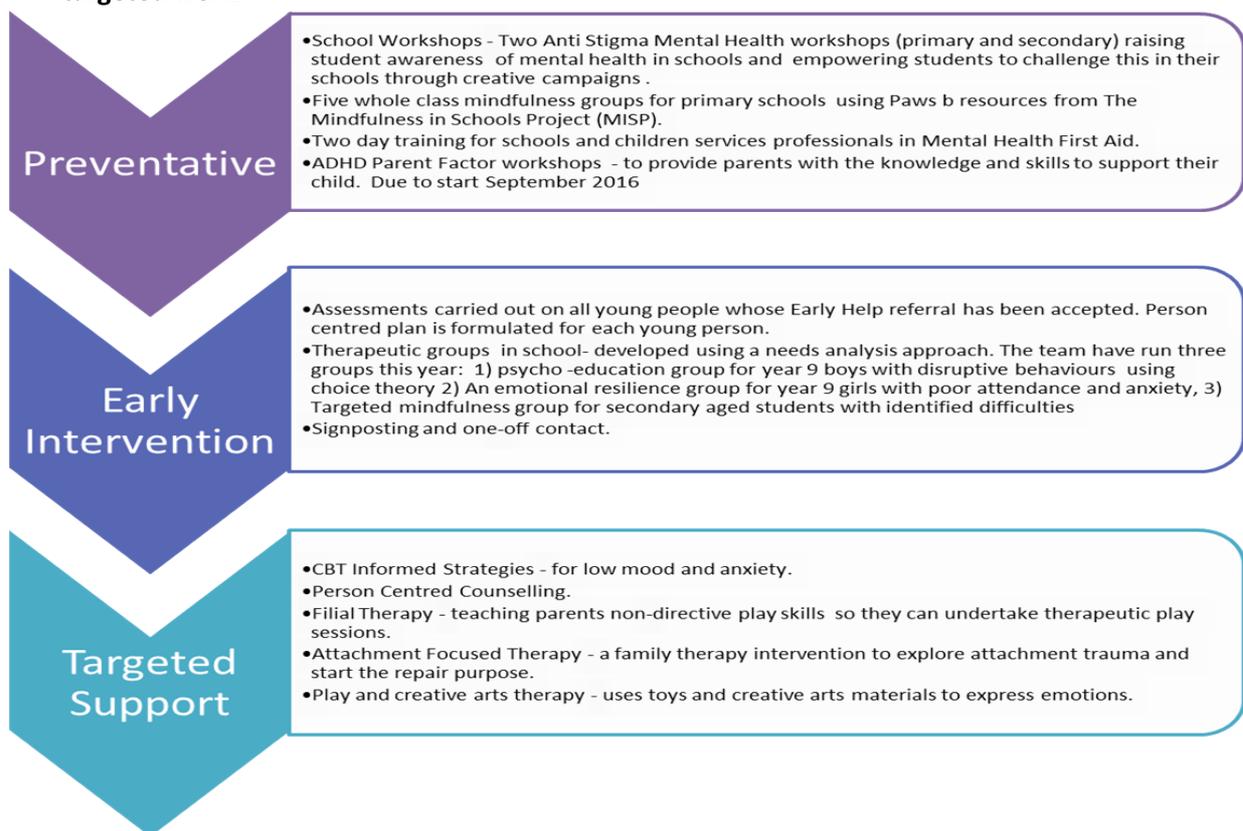
Rationale:

- 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

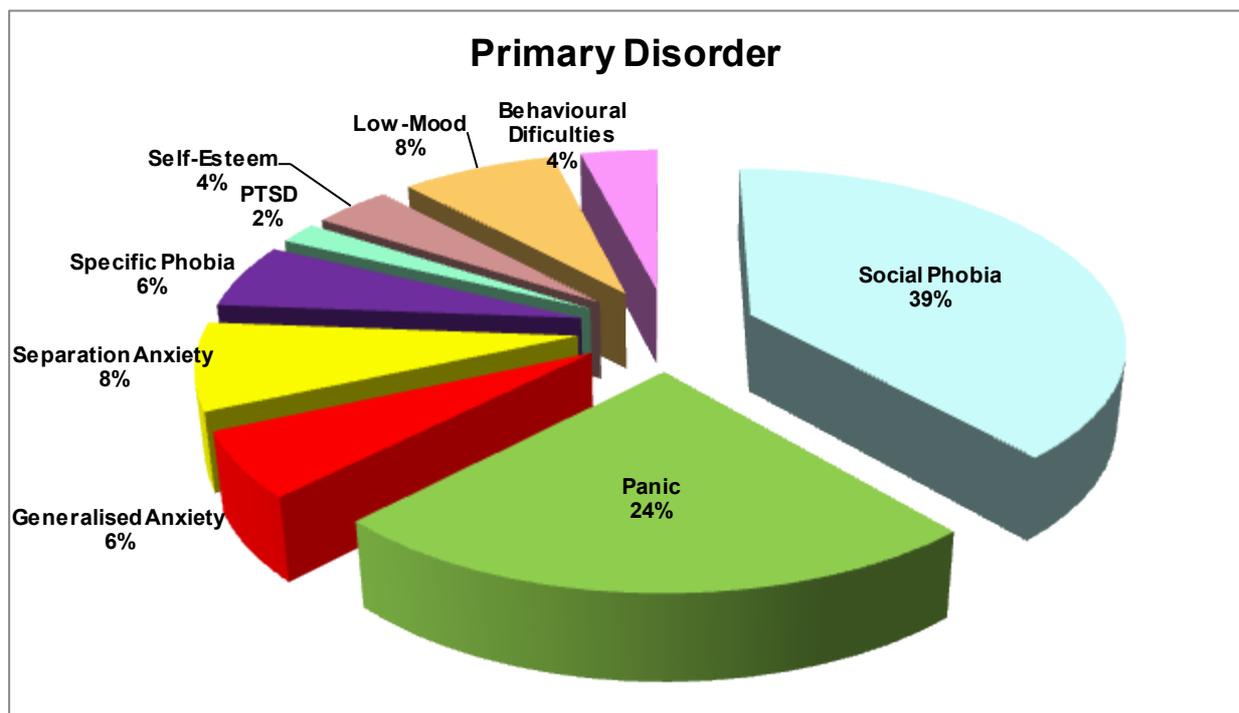
psychological problems. NICE guidelines (National Institute for Health and Care Excellence) recommend that CBT is a first line approach to help treat anxiety and depression.

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).

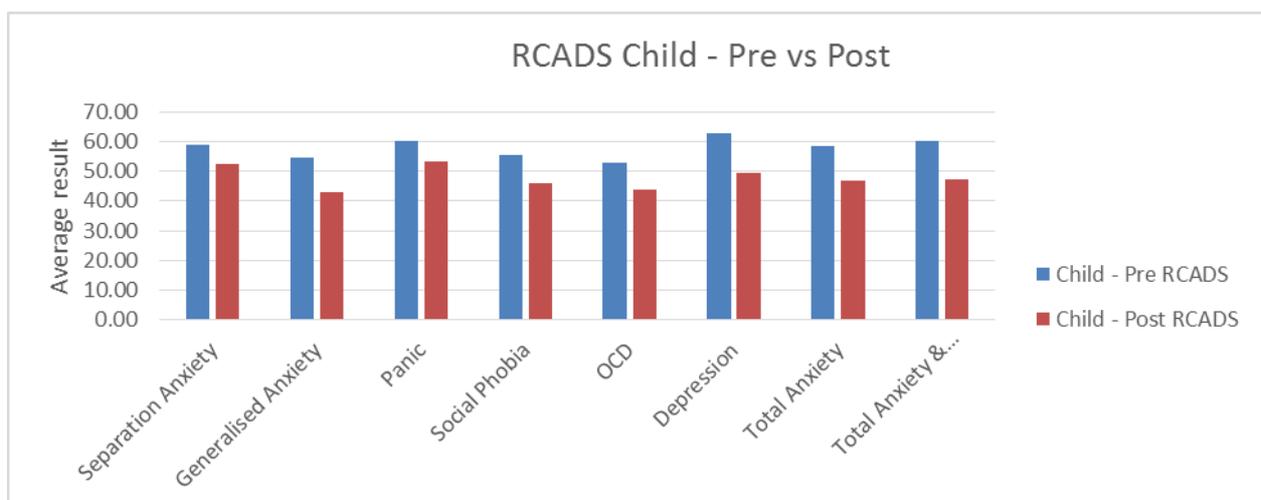
5.5 The following pie-chart provides a breakdown by primary disorder of the C/YP who received individual CBT interventions in the period September 2016 – August 2017.

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.

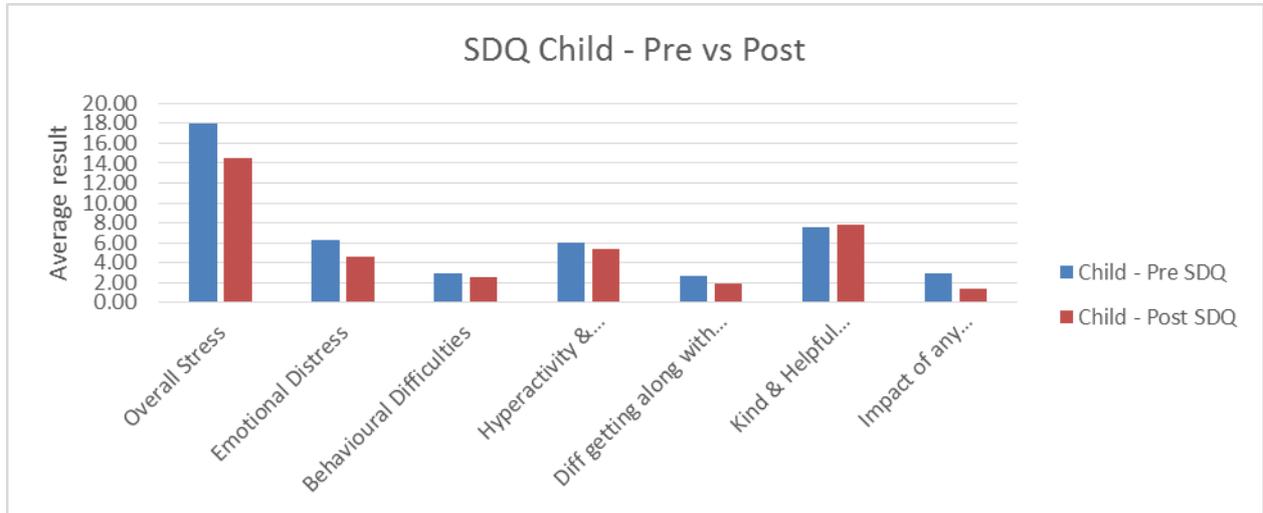
Graph 1: Pre and post RCADS results – Child/Young Person



Results from the Strength and Difficulties Questionnaire (SDQ)

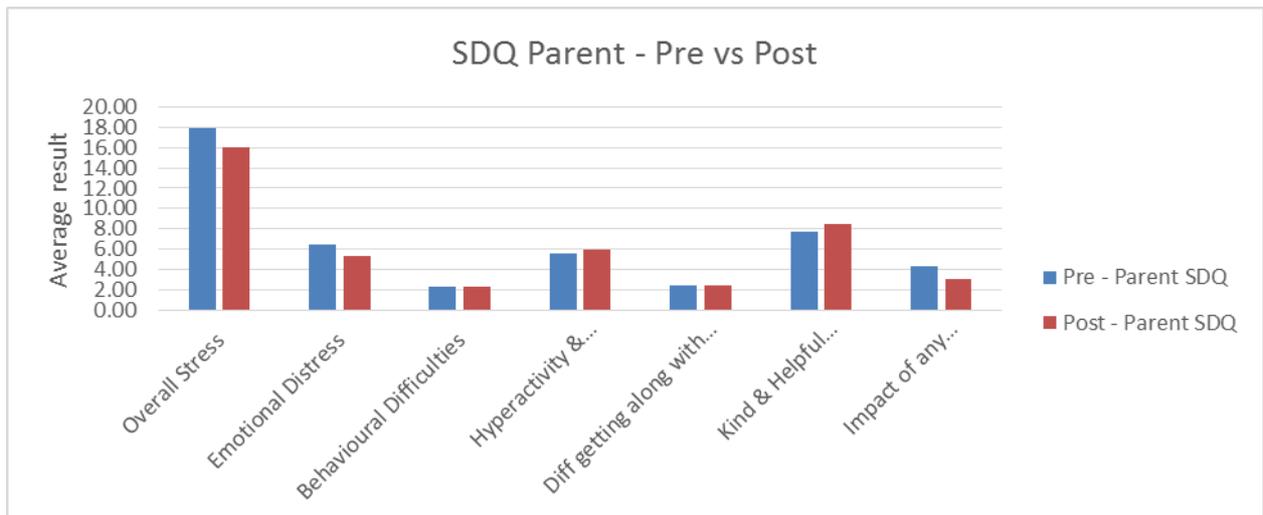
5.7 Graph 2 shows that the difficulties for the C&YP on the SDQ measure have reduced and scores for the kind and helpful behaviour domain have increased following CBT intervention.

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