



**achieving  
for children**

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
<b>Outcome 1:</b> 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 &amp; short-term pieces of work)</i>	9
	Long term individual interventions (5-20 weeks)	78
<b>Outcome 2:</b> 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
<b>Outcome 3:</b> Improved pupil/student knowledge and skills (Mental Health and Emotional Wellbeing)	Anti-Stigma Workshops	13 schools
	Total number of C/YP	82 C/YP
<b>Outcome 4:</b> 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"> <li>• Managing Anxiety Workshop</li> <li>• Mindfulness Workshop</li> </ul>	19 delegates (19 schools) 12 delegates (12 schools)

<p><b>Outcome 5:</b> Development of the whole school environment with regard to awareness of and support for Mental Health and Emotional Wellbeing.</p>	<p>School MH &amp; EWB Framework Pilot Programme – Primary Schools</p>	<p>6 schools</p>
<p><b>Outcome 6:</b> 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><b>Total number of schools supported</b></p>	<p><i>Including individual &amp; group work, consultation, training, parent seminars &amp; groups, framework support.</i></p>	<p><b>50</b></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).

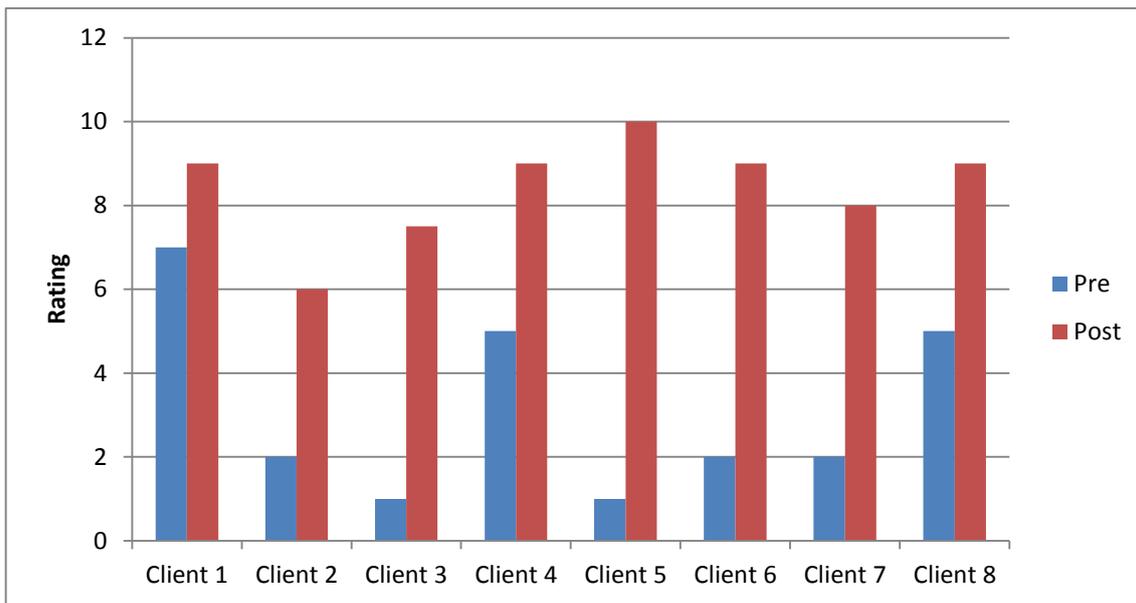
As part of the evaluation for the counselling part of our service, clients who had completed their sessions were asked to complete an evaluation form based on the chi-esq. Out of the 9 clients who had completed counselling, we received 8 responses.

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

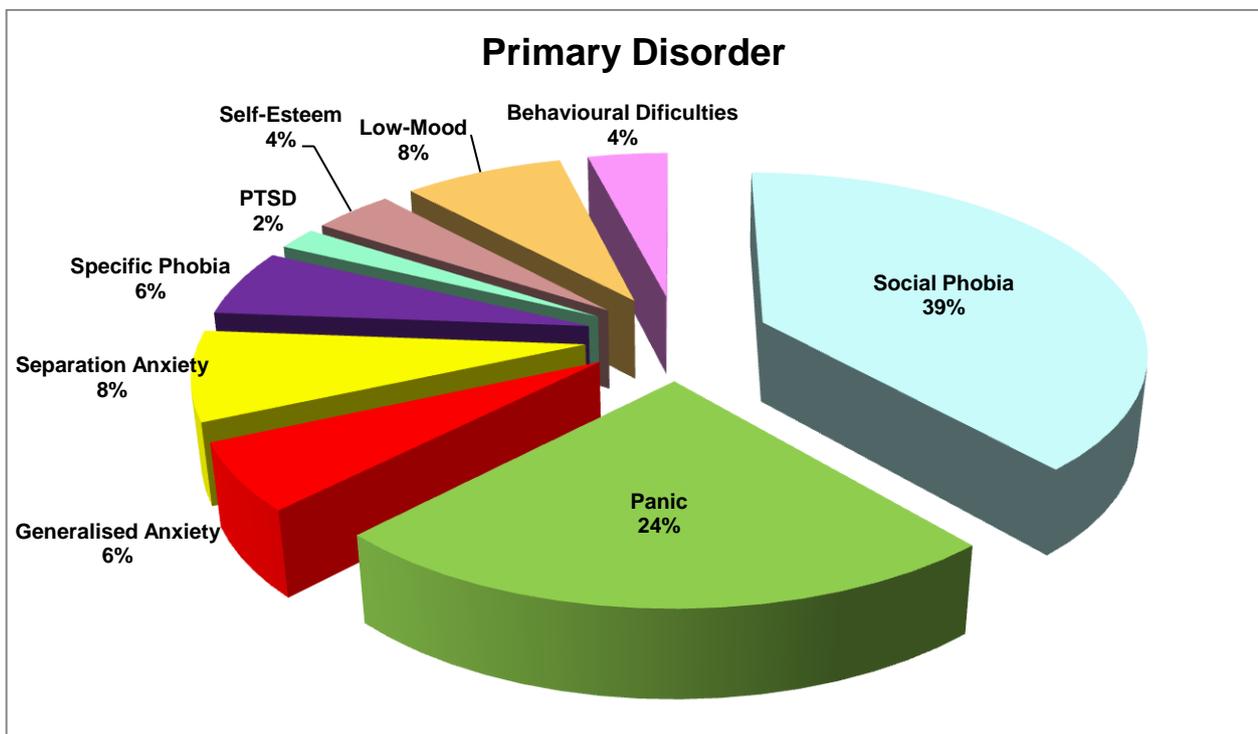
exploration of themes within the relationship expressing a desire to know the other person more deeply. Empathy is used to communicate curiosity and acceptance, as the therapist recognises and responds to the family’s emotional experience.

### **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

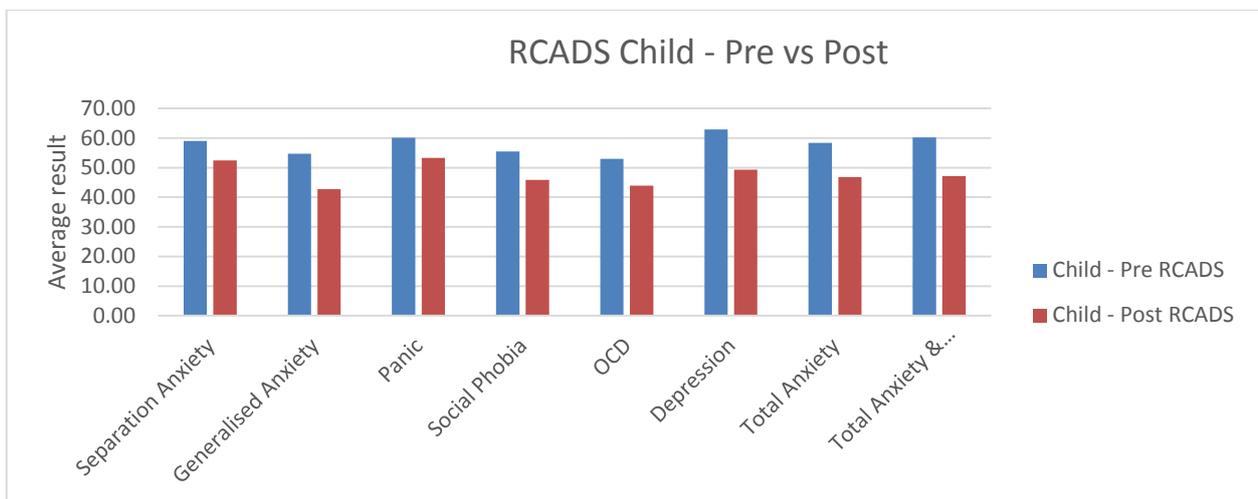
Difficulties Questionnaire (SDQ) both before therapy began and once therapy had been completed (if appropriate). The results below show the average pre and post scores for the data received.

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)

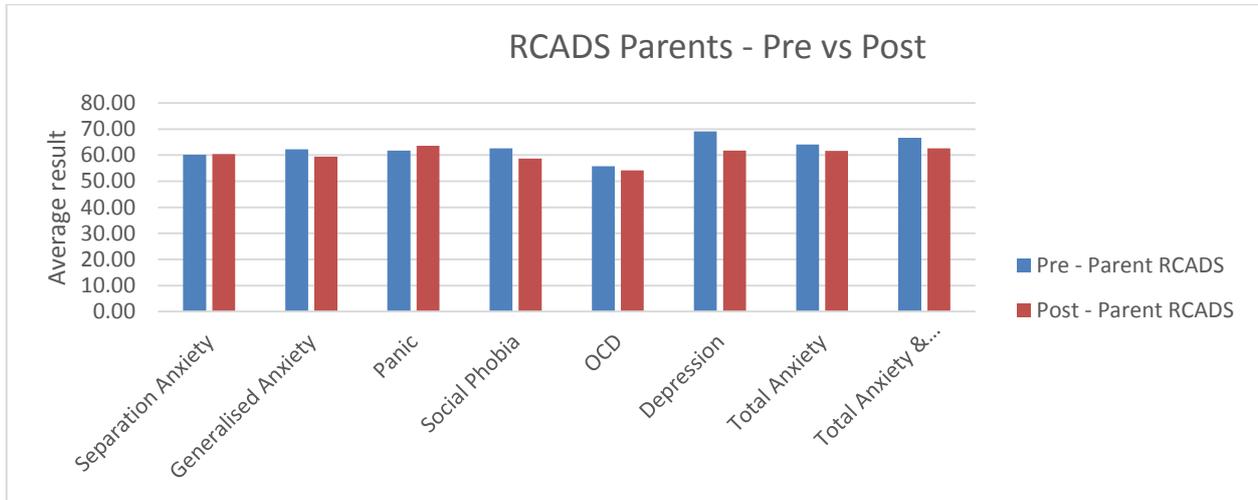
Graph 3 is based on data from 41 children/young people. The graph shows that there has been an average reduction in the symptoms of anxiety and depression.

**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.

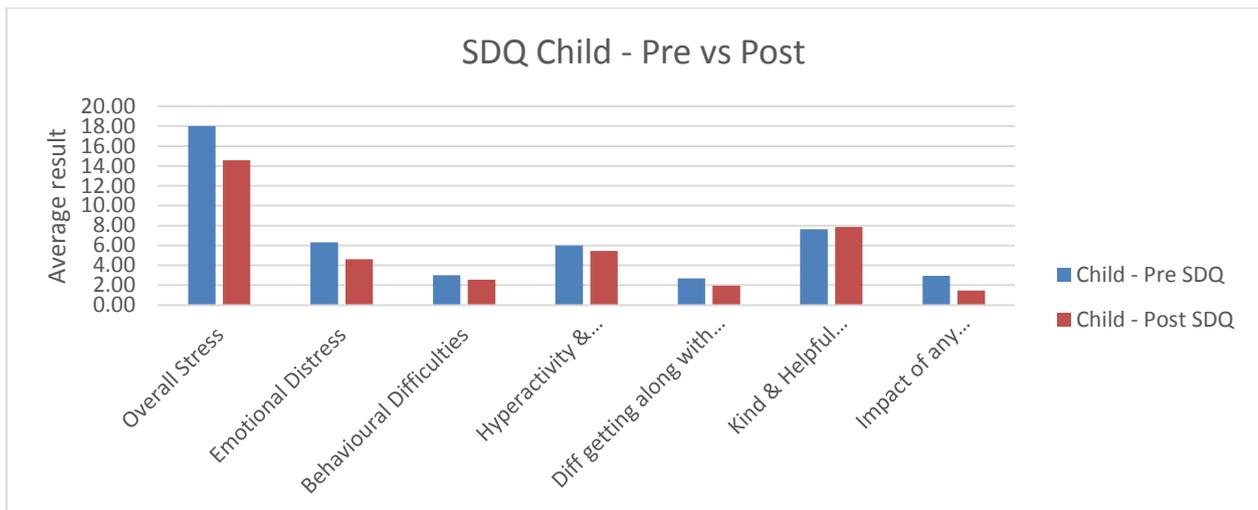
**Graph 4: Pre and post RCADS results – Parents/Carers**



**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.

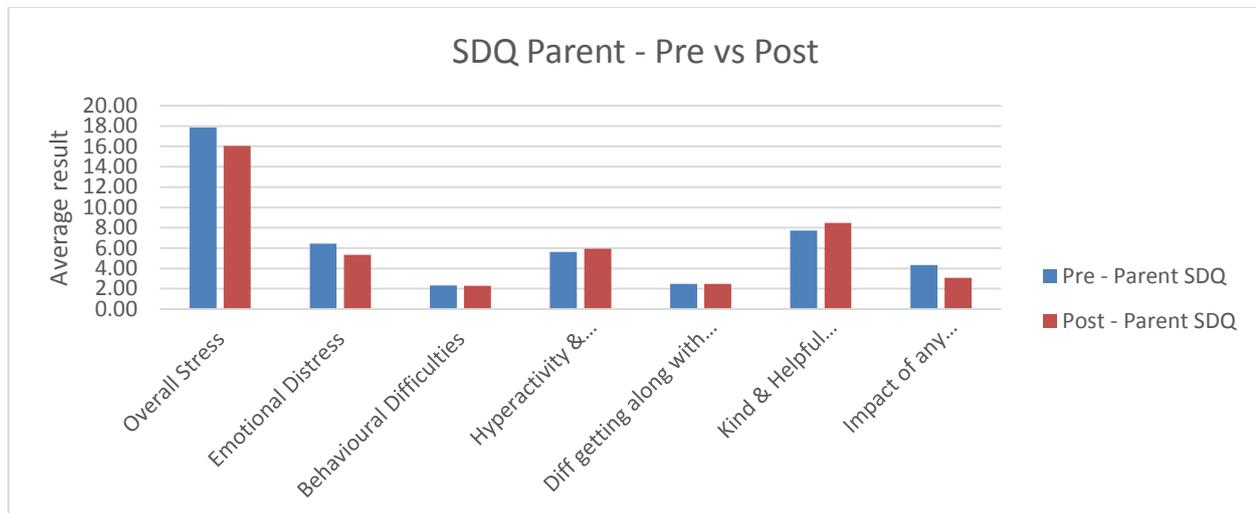
**Graph 5: Pre and post SDQ results – Child/Young Person**



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)*

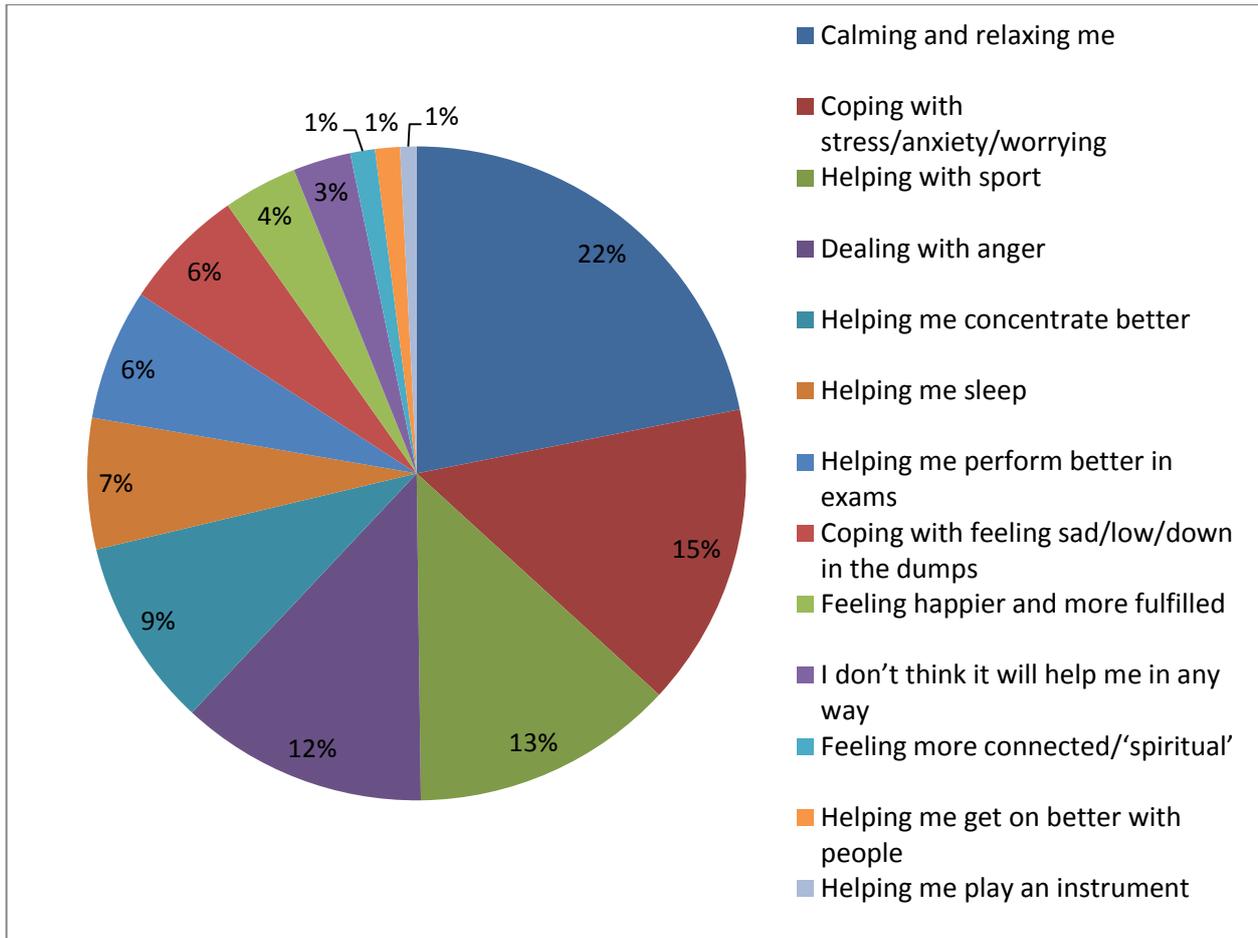
*"I liked that it was calming, quiet and happy. I really learnt a lot."  
(Year 6 pupil, St Francis Catholic Primary)*

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**

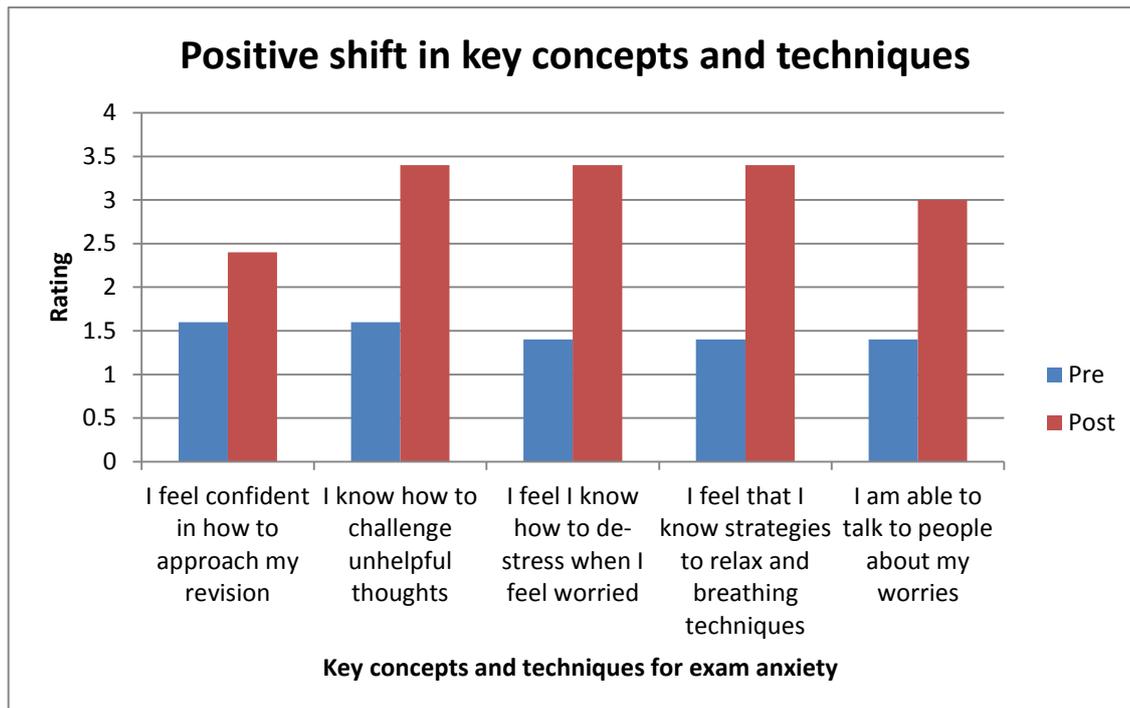
The exam anxiety group was developed by the Wellbeing Team following consultation with Churchmead secondary school, as it was an area that was identified as needing further support.

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**

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

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**

<b>Primary Schools</b>	<b>Middle/Secondary Schools</b>
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:**

<b>MODULE CONTENT</b>	<b>Strongly Disagree (1)</b>	<b>Disagree (2)</b>	<b>Neutral (3)</b>	<b>Agree (4)</b>	<b>Strongly Agree (5)</b>	<b>No Response</b>
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:**

<b>MODULE CONTENT</b>	<b>Strongly Disagree (1)</b>	<b>Disagree (2)</b>	<b>Neutral (3)</b>	<b>Agree (4)</b>	<b>Strongly Agree (5)</b>	<b>No Response</b>
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**

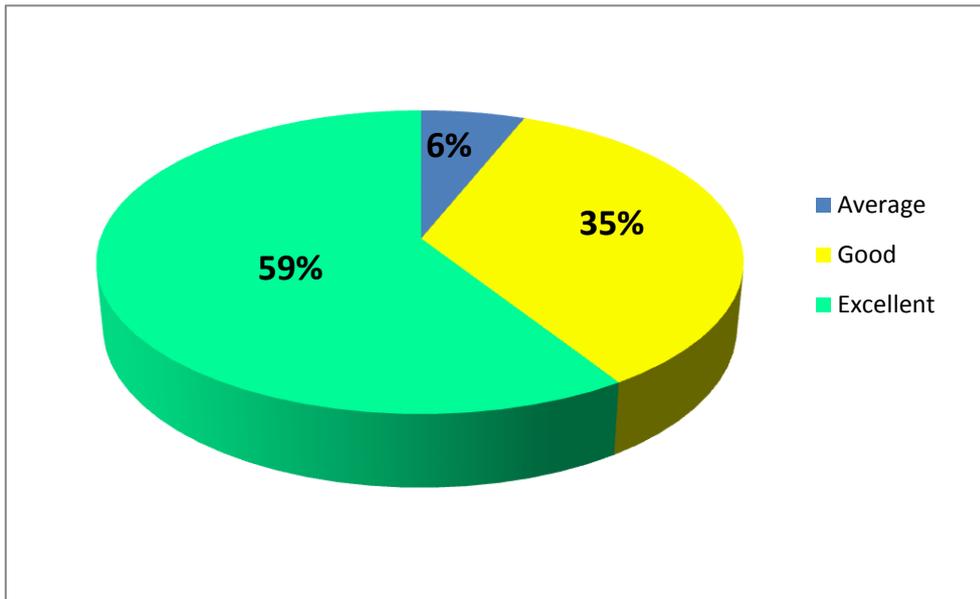
Bi-annual conference organised by the psychology, wellbeing and school support service, to help increase ELSA's knowledge and skills in various areas. The theme for the 2017 conference was Mental Health and Wellbeing, with a total of 65 delegates in attendance. The Wellbeing Team delivered two 1.5 hour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

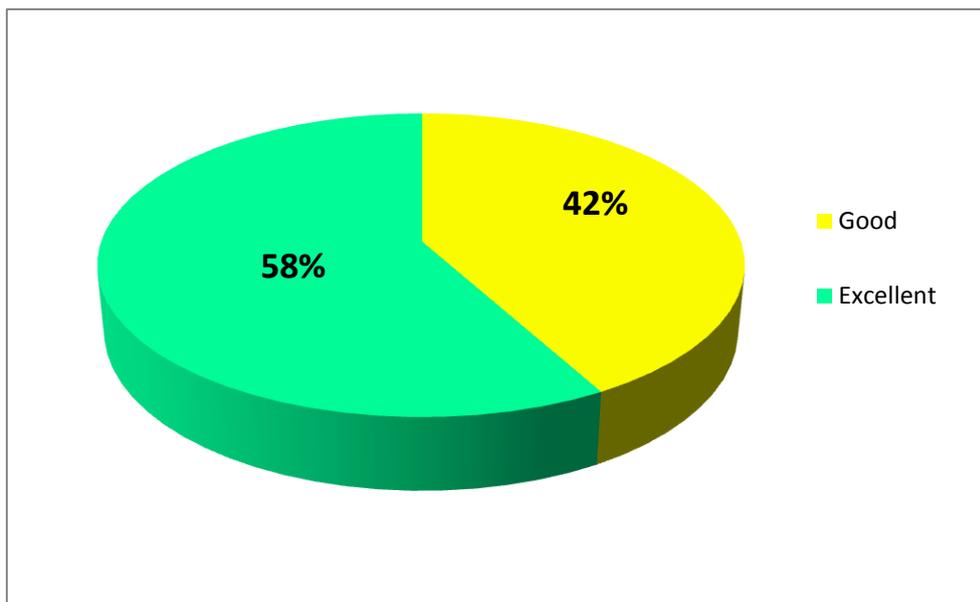
The Mindfulness Workshop was attended by 12 delegates from 9 RBWM first/primary schools, 2 RBWM secondary schools and 1 Slough secondary school.

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**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
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.

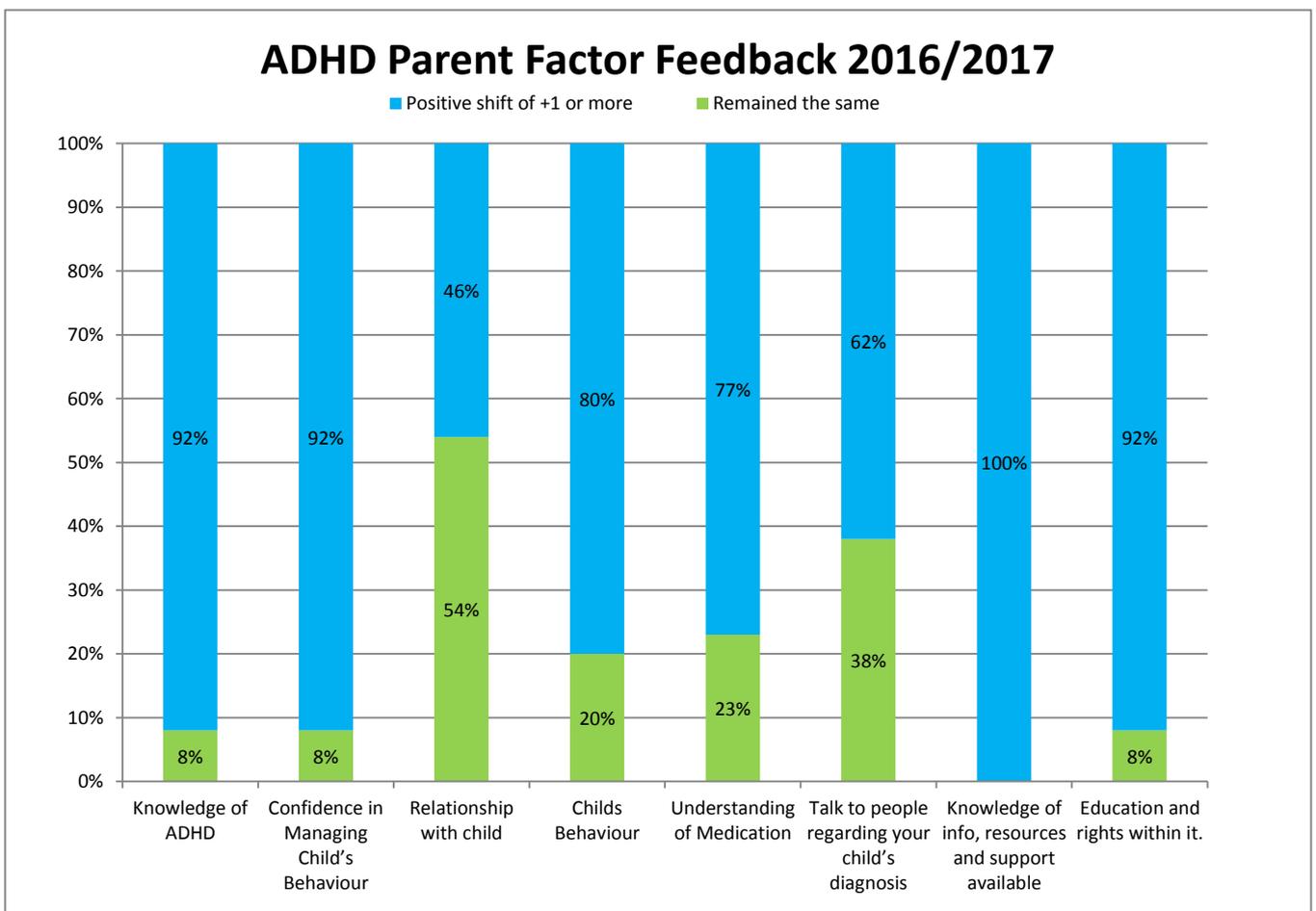
Referrals were received from a range of agencies including CAMHS, Schools, the Early Help Hub, other agencies or self-referral.

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



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