



**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 2017 – August 2018**

## CONTENTS

Section 1: <u>Summary</u>	Pg 3
Section 2: <u>Background and Service Delivery</u>	Pg 5
Section 3: <u>Interventions, Measures and Outcomes</u>	Pg 7
Section 4: <u>Outcomes</u>	Pg 9
Section 5: <u>Service Delivery Plans for 2017-2018</u>	Pg 38
Section 6: <u>Appendix</u>	Pg 39

## Section 1: Summary

**Table 1: Summary of Wellbeing Service Provision September 2017 – August 2018**

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	151
	Total Number of schools supported through individual interventions	39
	Total Number of Wellbeing Assessments <i>(Includes: assessments for interventions, stand alone assessments, plus assessments referred to waitlist)</i>	106
	Short term individual interventions (<5 weeks) <i>(Includes: non-engagement/drop-out &amp; short-term pieces of work)</i>	8
	Long term individual interventions (5-20 weeks)	73
<b>Outcome 2:</b> Improvement in the mental health and wellbeing of children and young people supported by the Wellbeing Service (group).	Exam Anxiety	2 schools (8 students Cox Green) WBS
<b>Outcome 3:</b> Improved pupil/student knowledge and skills (Mental Health and Emotional Wellbeing)	Emotional Wellbeing Champion Workshops	16 schools
	Total number of C/YP	95 C/YP
	Total number of staff	22
	Mental Health First Aid Youth Lite	1 school 19 Students
<b>Outcome 4:</b> Improved staff knowledge and skills (Mental Health and Emotional Wellbeing)	Emotional Wellbeing Champion Teacher training	8 delegates (8 schools)
	PPEPCare Training	?? delegates (? schools) Centralised training (? delegates)
	Mental Health First Aid Youth Lite - Teachers	18 delegates (1 school)

	Consultation through request	2 delegates (1 school)
<b>Outcome 5:</b> 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  School MH & EWB Framework Secondary Schools agreed to programme for 2018-2019	5 schools  2 schools
<b>Outcome 6:</b> Improved parent/carer knowledge and skills (Mental Health and Emotional Wellbeing)	ADHD Parent Factor 2 Programmes offered (Autumn term 2017, Spring term 2018).  Parent Anxiety Workshop 3 programmes  Parent Seminar Introduction to Mental Health and Emotional Wellbeing 3 seminars	22 delegates (14 schools)  104 Delegates (2 schools)
<b>Total number of schools supported</b>	<i>Including individual &amp; group work, consultation, training, parent seminars &amp; groups, framework support.</i>	<b>50</b>

## 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 2017 – August 2018 a total of 121 individuals (Mean age 11.4, ranging from 7 to 17 years; 57 females and 63 males) were assessed or received an intervention by the Wellbeing Service through the Early Help Hub. This included referrals from 10 secondary schools, 22 primary schools, 6 first schools, 4 middle schools and 2 specialist schools (see Table 2 below).

**Table 2: Breakdown of Early Help Hub Referrals by School 2017 – 2018**

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	Haybrook
Cox Green	Furze Platt Junior	Eton Wick CE First	St Edward’s Royal Free	
Desborough College	Holy Trinity CE Sunningdale	Homer First	Trevelyan Middle	
Furze Platt Senior	Knowl Hill CE Primary	Hilltop First		
Newlands	Larchfield Primary	St Stephens First		
Windsor Boys	St Edmund Campion			

Windsor Girls	Waltham St Lawrence			
Churchmead	Bisham			
Holyport College	All Saints			
	White Waltham			
	South Ascot Village Primary			
	Oldfield			
	Cookham Rise			
	Holyport Primary			
	Queen Anne First			
	St Lukes			
	Trinity St Stephens			
	Wessex Way			
	Woodlands Park			
	Braywick			
	Holy Trinity CofE Cookham			

18 schools were supported as part of group work, consultation, staff training, parent seminars and Emotional Wellbeing Framework meetings.

**Table 3: Summary of difficulties assessed by the Wellbeing Service 2017-2018**

\*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	59
Anger Management/Behavioural Difficulties	20
Low Mood & Depression	18
Self-Esteem/Confidence	4
School Refusal	6
Self-Harm	5

Substance misuse	0
Other	6
Total	118

### 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 2017-2018**

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.
Emotional Wellbeing Champion Teacher Training	Summary Questionnaire	Staff Delegates	Increased understanding of role, confidence in role and motivation to support the champions.
Mental Health First Aid Youth Lite	Evaluation MHFA form	Students	Improved ratings in personal confidence, understanding and knowledge of how best to support young people with mental health difficulties.  Course feedback.
Exam Anxiety Group	Summary Questionnaire	Child/young people	Increased understanding and knowledge of exam anxiety, as well as skills and techniques to help manage.
	Westside Test Anxiety Scale	Young person	Decrease in level of exam anxiety following the group
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.
Mental Health First Aid Youth Lite	Evaluation MHFA form	Teachers	Improved ratings in personal confidence, understanding and knowledge of how best to support

			young people with mental health difficulties.  Course feedback.
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, Parent and teacher measure	CYP, parent, teacher	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).

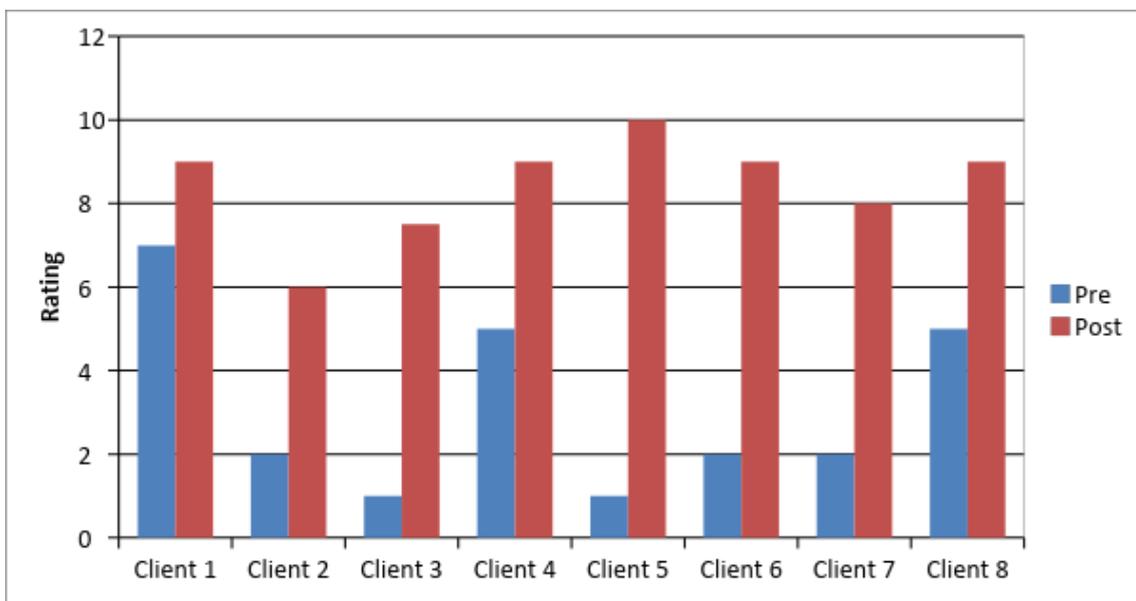
As part of the evaluation for the counselling part of our service, clients who had completed their sessions were asked to complete an evaluation form based on the chi-esq. Out of the 9 clients who had completed counselling, we received 8 responses.

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.

### **Cognitive Behaviour Therapy (CBT) Informed Strategies**

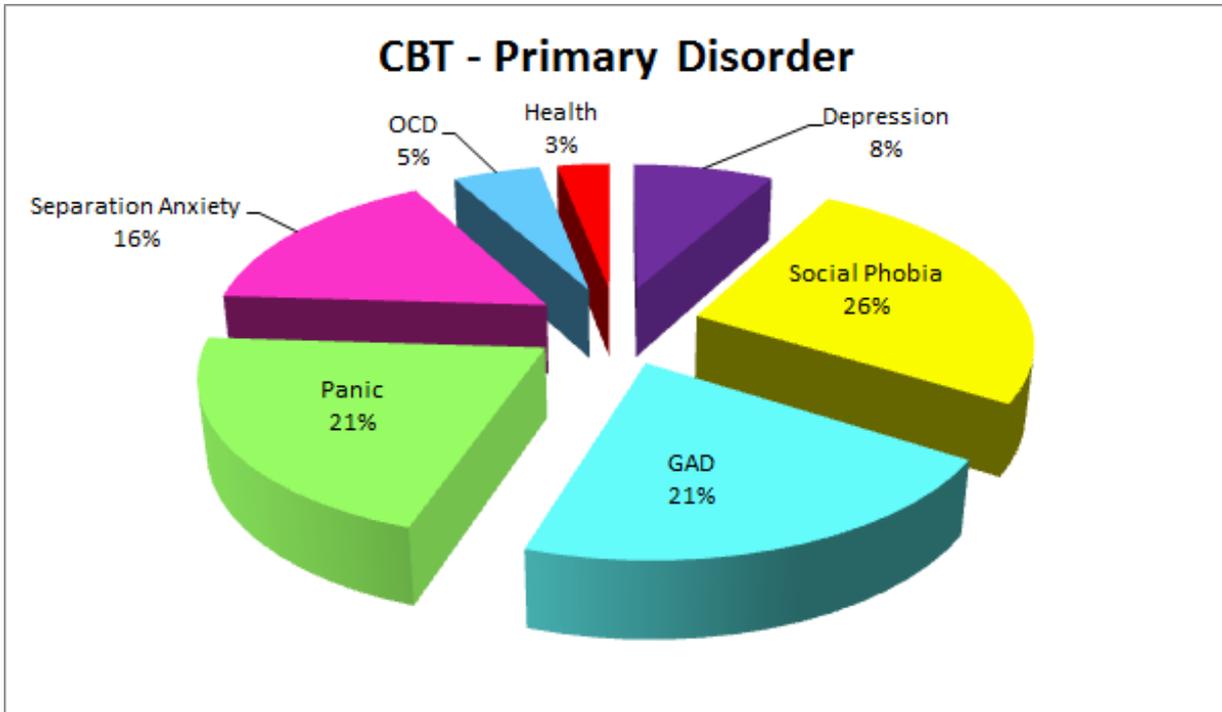
The Wellbeing Team offer brief, low-intensity, evidence based CBT informed strategies for children and young people to help with anxiety and low-mood. Cognitive Behaviour Therapy is based on the concept that emotional problems are caused and maintained by unhelpful patterns of thinking and behaviour. CBT aims to identify and reduce these patterns, build helpful thoughts, increase positive behaviours and develop 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.

Due to ongoing development and training in CBT, the Wellbeing team are now able to offer one-to-one CBT support for OCD (Obsessive Compulsive Disorder) and Trauma Focused CBT for Post Traumatic Stress Disorder.

38 young people (71% female and 29% male) accessed CBT one-to-one interventions; with the average age of 12 years, ranging from 7-17 years.

The following pie-chart provides a breakdown by primary disorder of the CYP who received an individual CBT interventions in the period September 2017 – August 2018.

**Graph 2: Individual CBT Interventions by Primary Disorder**



### **Evaluation across individual interventions**

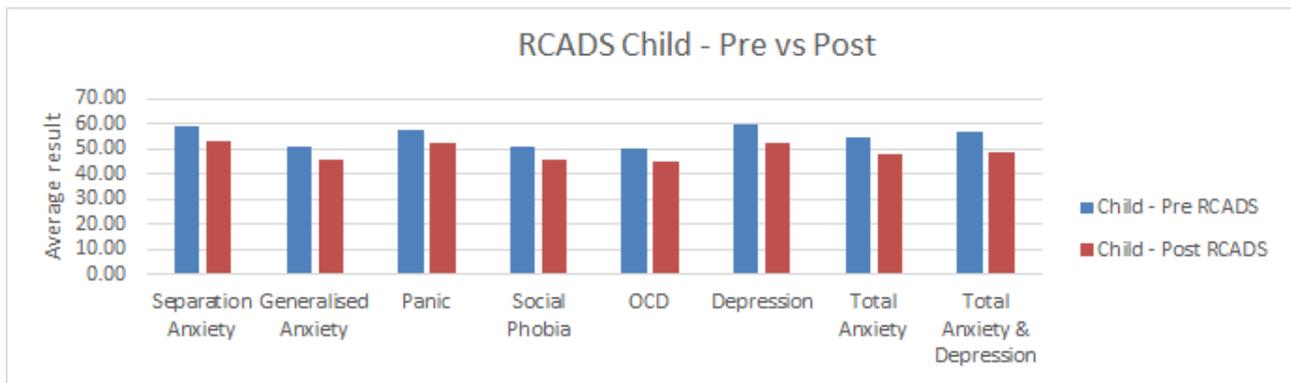
Each child/young person and/or parent/carer that took part in individual therapy was asked to complete the Revised Child Anxiety and Depression Scale (RCADS) and the Strengths and Difficulties Questionnaire (SDQ) both before therapy began and once therapy had been completed (if appropriate). Graph 3 and 4 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.

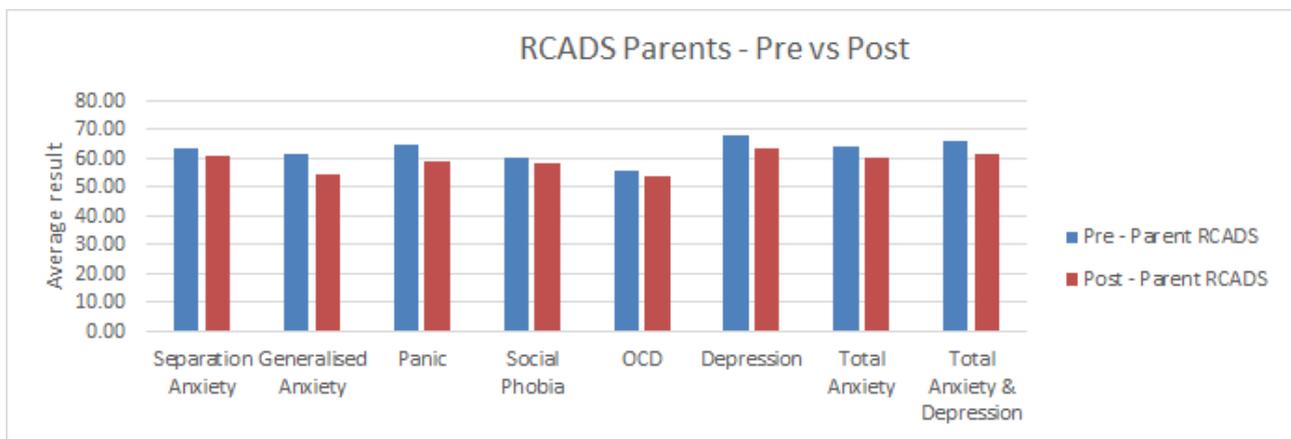
### **Results from the Revised Child Anxiety and Depression Scale (RCADS)**

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

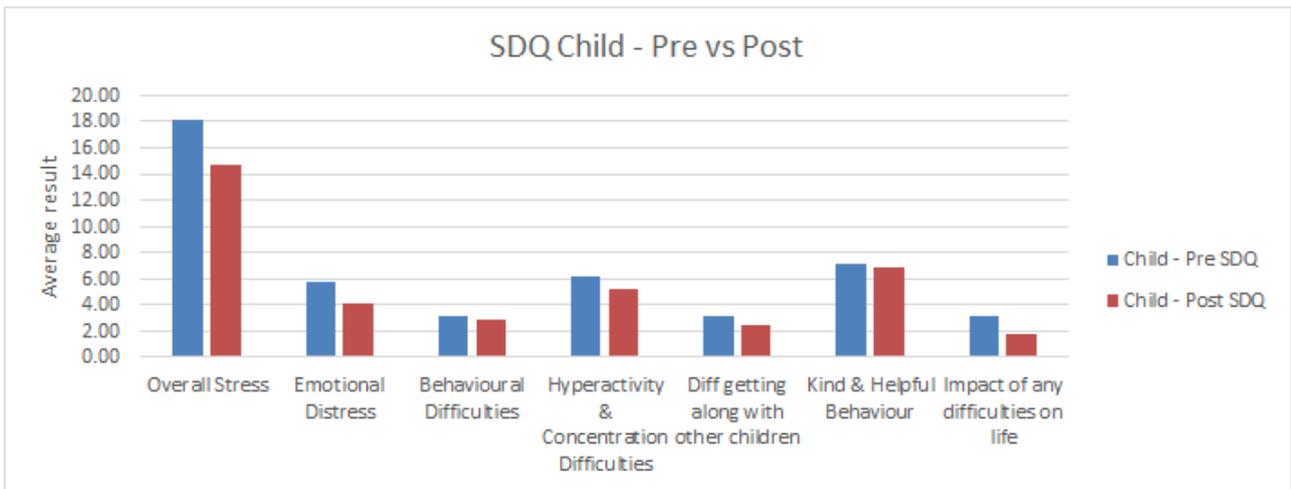


Graph 4 is based on data from 27 parents/carers. The graph shows that there has been an average reduction in symptoms for all of the symptoms measured by the RCADS.

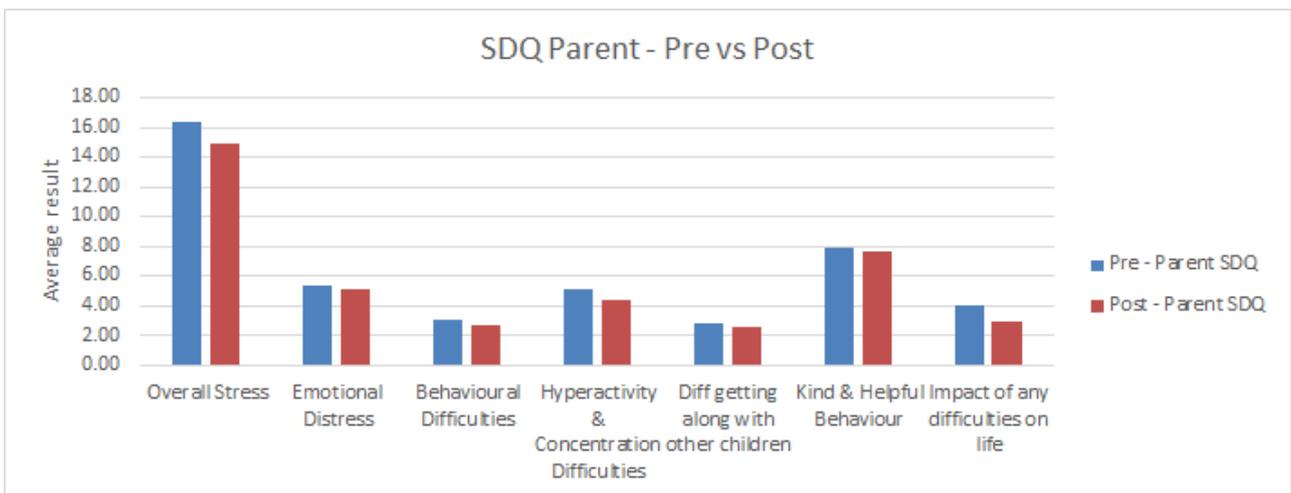
### **Results from the Strength and Difficulties Questionnaire (SDQ)**

Graph 5 is based on 27 children/young people. The graph shows that the difficulties the SDQ measures have reduced and the area of kind and helpful behaviour has stayed roughly the same.

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



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



Graph 6 is based on 25 parents/carers. The graph shows that all measures of the SDQ have reduced in difficulty.

**In summary, all areas measured by both the SDQ and RCADS indicate a decrease in symptoms of anxiety and depression. This suggests some positive shifts within the 12 weeks intervention period.**

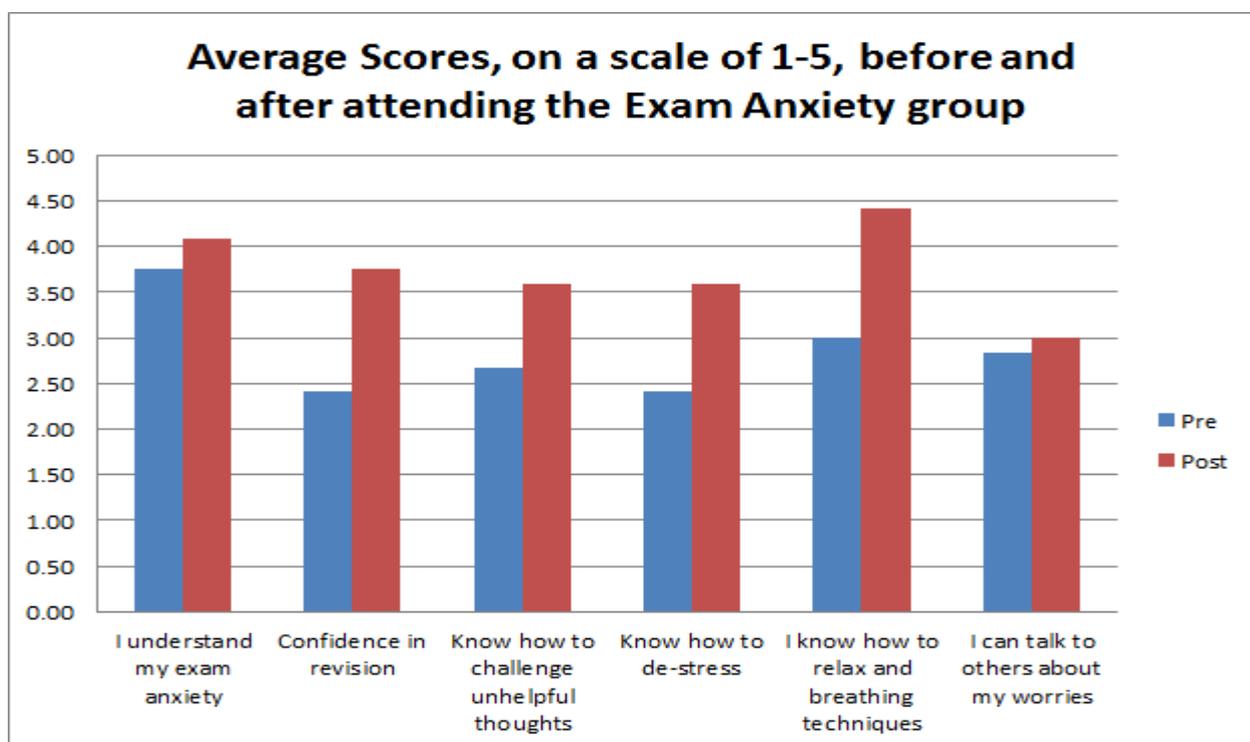
**OUTCOME 2: Improvement in the mental health and wellbeing of children and young people supported by the Wellbeing Service (group).**

**Exam anxiety group**

A four week programme was delivered to 12 students from two different secondary schools. One school opened this to all year 11 students and asked them to register their interest. The second school selected students from a variety of year groups, who were showing sign of exam anxiety. Both groups experienced drop-outs. The programme included key concepts around exam anxiety and how this can be maintained, as well as revision tips, exam tips, ways to de-stress and techniques to help manage exam anxiety.

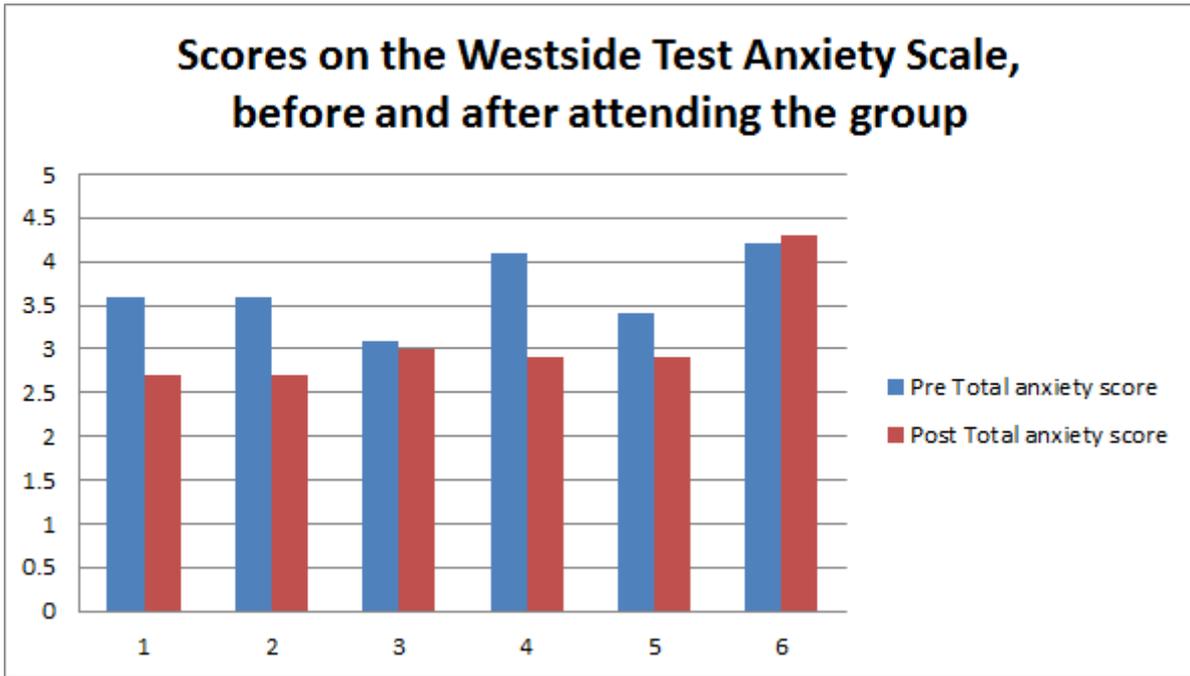
The students were asked to complete a pre and post questionnaire, which aimed to show if knowledge and skills had been embedded by the students and that they had taken away key concepts and techniques (please see graph below).

**Graph 7: Pre and post results from the exam anxiety group**



The results indicate that knowledge, understanding and confidence all increased following the group.

**Graph 8: Westside Test Anxiety Pre and post results from the exam anxiety group**



Students from one of the groups were asked to complete the Westside Test Anxiety Scale before and after the group. This was to gain an accurate measure of exam anxiety. Of the six students who completed this scale both before and after attending the group, only one noticed an exam anxiety increase. The other young five people experienced a drop.

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		14.3%	28.6%	57.1%	
The content was helpful			14.3%	57.1%	28.6%
The format was enjoyable			14.3%	57.1%	42.9%
The handouts were helpful				57.1%	42.9%

The length of the group was appropriate			28.6%	57.1%	14.3%
The group was worth my time			14.3%	57.1%	28.6%
My personal understanding of anxiety has increased			14.3%	85.7%	
My personal confidence to manage my exam anxiety has increased		14.3%	28.6%	57.1%	
I would recommend this group to others			14.3%	57.1%	28.6%

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. 57% said they were very likely to use some of the techniques learnt in the group, while 43% said they might use some of the techniques.

This feedback shows that the students gained techniques to manage anxiety, which they would be likely to use in the future.

### **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 four secondary schools participated in the programme (see Table 8).

Additionally, due to interest from First schools we delivered a pilot Emotional Wellbeing Champion programme during the summer term for year 3 pupils. This involved ten pupils from Dedworth Green and six pupils from Eton Porny.

**Table 8: List of Participating First, Primary and Secondary Schools**

First Schools	Primary Schools	Secondary Schools
Dedworth Green	All Saints CE Junior School	Cox Green
Eton Porny	Cookham Rise	Newland's Girls School
	Holyport Primary	Windsor Girls School
	St Luke's	Charters
	Knowl Hill CE Primary	
	White Waltham CE	
	Courthouse Junior	
	Bisham CE	
	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%	8%	92%
How well do you think the students have benefitted from today?	0%	0%	0%	0%	23%	77%
How suitable was the course content?	0%	0%	0%	0%	8%	92%

Staff feedback included the following statements:

*"The children were so interested and enthusiastic, and related some issues to themselves which could help others"*

*"It was all great, really raised awareness of what is meant by mental health"*

*"A good mix of information sharing and practical activities which were all great."*

**Table 10: Primary student feedback**

	Poor				Excellent	
	1	2	3	4	5	6
How did you find today?	0%	0%	2%	0%	13%	83%

**Table 11: Primary Student Responses to “What did you learn about mental health today?”**

Main Emerging Themes	Number of Pupils
Everyone has mental health	26
Mental health difficulties are normal	4
People can let out their emotions	3
Ways to help people	3
Mental health is important	2
People should tell someone if they are worried	2
It's ok To be compassionate	1
Parents don't always talk to their children about mental health	1
Anybody can help	1

**Table 12: Primary Student Responses to “What changes will you make after today? (you can choose more than one option)”**

Main Emerging Themes	Number of Pupils
Look out for my friends more	50
Be more understanding of other people's feelings	47
Talk more about my feelings	47
Share what I have learnt with my friends	46
Support my team with our school campaign	46
Encourage my teachers to make time to talk about mental health in class	41

Try and find out more about mental health	39
Do more things to look after myself	34

**Table 13: 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.”*

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

**Table 14: 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	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

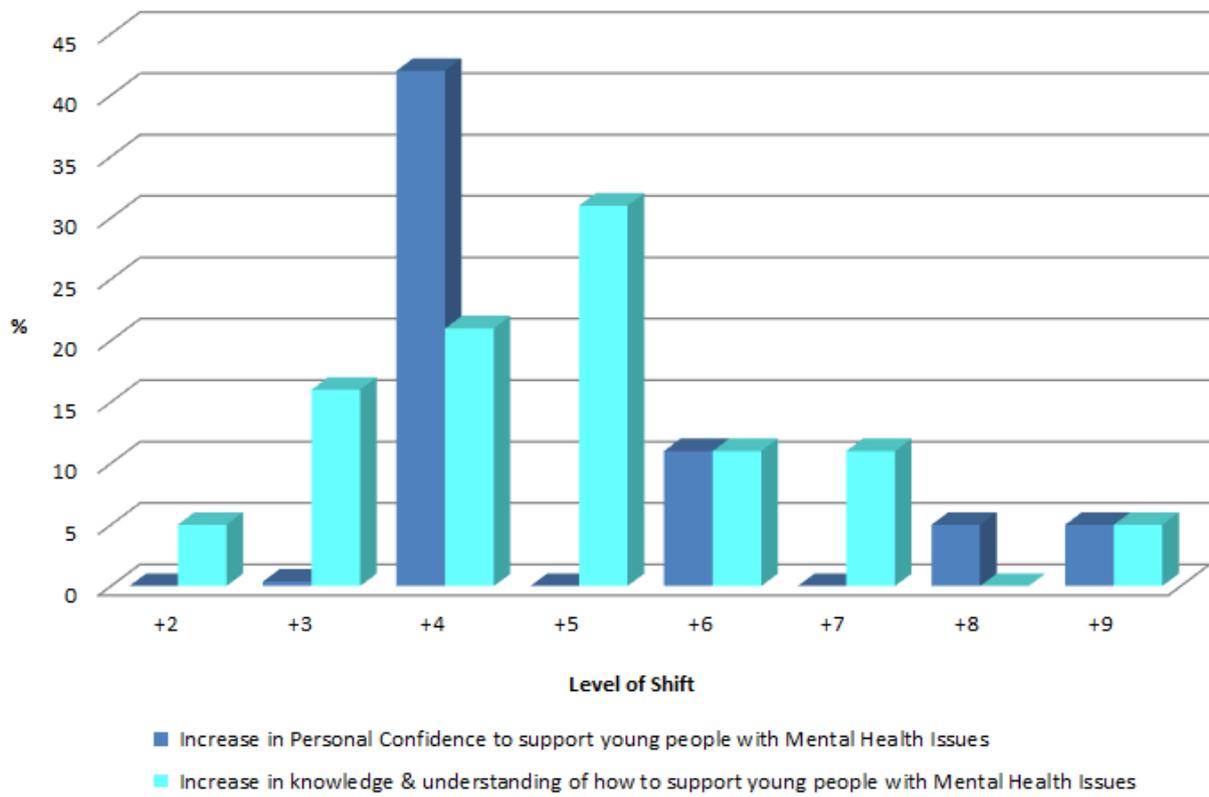
## **Mental Health First Aid Youth Lite**

The Wellbeing Team were invited by Public Health Services to co-deliver 2 (2.5 hours) Mental Health First Aid (MHFA) Youth Lite sessions in Desborough College. One session delivered to a group of teachers and the second session to a group of Year 13's in order to be trained as mentors for younger students. After receiving the initial training, teachers agreed that the same format should be delivered to the students.

Youth MHFA enables students and teachers to gain a wider understanding of some issues surrounding young people's mental health and to be able to interact more effectively with young people who are experiencing mental health issues. The course aims to raise awareness and mental health literacy, to reduce stigma around mental health, increase knowledge and confidence in dealing with mental health issues and promoting early intervention.

A guest speaker was invited to talk to the groups about her own personal experience of her mental health issues and self-harm, how the school and others responded and supported her as well as her journey through CAMHS. This offered the opportunity for the group to discuss and explore in more detail the challenges they may face and how better to support young people in the future.

### Students shift in knowledge and personal confidence to support young people with Mental Health Issues



**Table 15: Students Overall, Course Feedback**

Mental Health First Aid Youth Lite	Very Poor	Poor	Neutral	Good	Very Good
The Instructors				21%	<b>79%</b>
Presentation Slides				<b>58%</b>	42%
Video Clips			5%	42%	<b>53%</b>
Information Manual				37%	<b>63%</b>
Learning Exercises			10%	<b>48%</b>	42%
Environment				47%	<b>53%</b>
Structure of the Session				42%	<b>58%</b>
Content of the session				21%	<b>79%</b>
Overall course rating				16%	<b>84%</b>

**Further Comments:-**

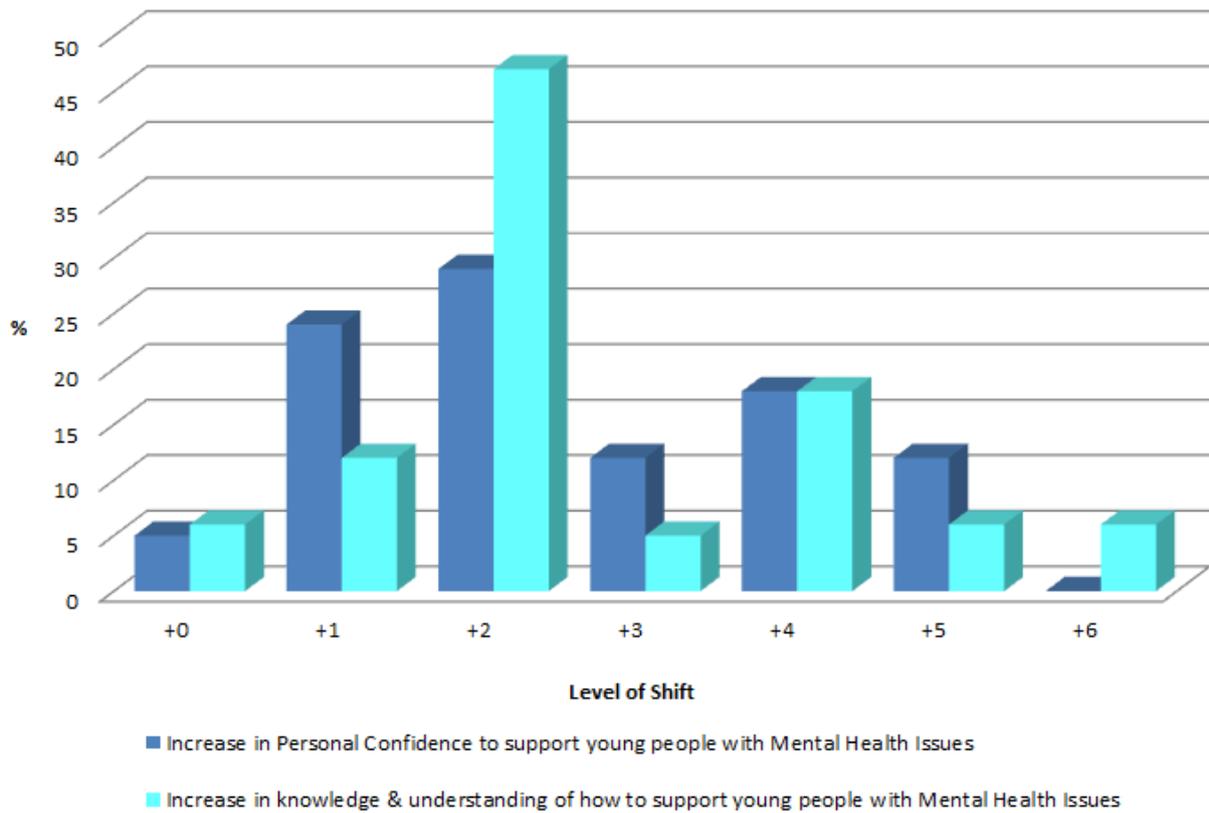
*“Very good training, made me realise the importance of mental health.”*

*“Very detailed explanation about supporting young people which has taught me a lot.”*

*“Very good learnt a lot on how to help people.”*

*“Annual training session would be very beneficial.”*

### Teachers shift in knowledge and personal confidence to support young people with Mental Health Issues



**Table 16: Teachers Overall Course Feedback**

Mental Health First Aid Youth Lite	Very Poor	Poor	Neutral	Good	Very Good
The Instructors				75%	25%
Presentation Slides				94%	6%
Video Clips			3%	71%	12%

Information Manual			5%	<b>77%</b>	18%
Learning Exercises			18%	<b>59%</b>	23%
Environment		3%	29%	<b>65%</b>	3%
Structure of the Session			6%	<b>94%</b>	
Content of the session			6%	<b>59%</b>	35%
Overall course rating			6%	<b>65%</b>	29%

**Further Comments:-**

*“Great guest speaker.”*

*“The young girl who spoke about her experiences was amazing. The course was excellent, given the limited time available. The instructors were very knowledgeable.”*

*“Perfectly presented and very factual. Thank you so much!”*

**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

## **Mental Health First Aid Youth Lite**

Please see Outcome 2 for further information and evaluation of Teacher Training in Desborough College.

### **Self-harm Consultation.**

A consultation regarding managing self-harm in school was requested by a primary school that had little experience with self-harm. A member of the team met with the SENCO and an ELSA at the school to discuss how to manage self-harm incidents at school. This included discussion on how to develop an appropriate self-harm policy, as well as a thorough risk assessment, which not only considers the young person who has hurt themselves, but those who may have witnessed this. Incident forms and communication with parents and medical professionals was also discussed and incorporated into the policy. The completion of a Safety Plan with the young person, alternatives to self harm as well as additional modes of support were also discussed.

## **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)**

### **Managing my Child's Anxiety Group**

Following the success of this group last year, this has been run three times this year.

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 increase their sense of wellbeing.

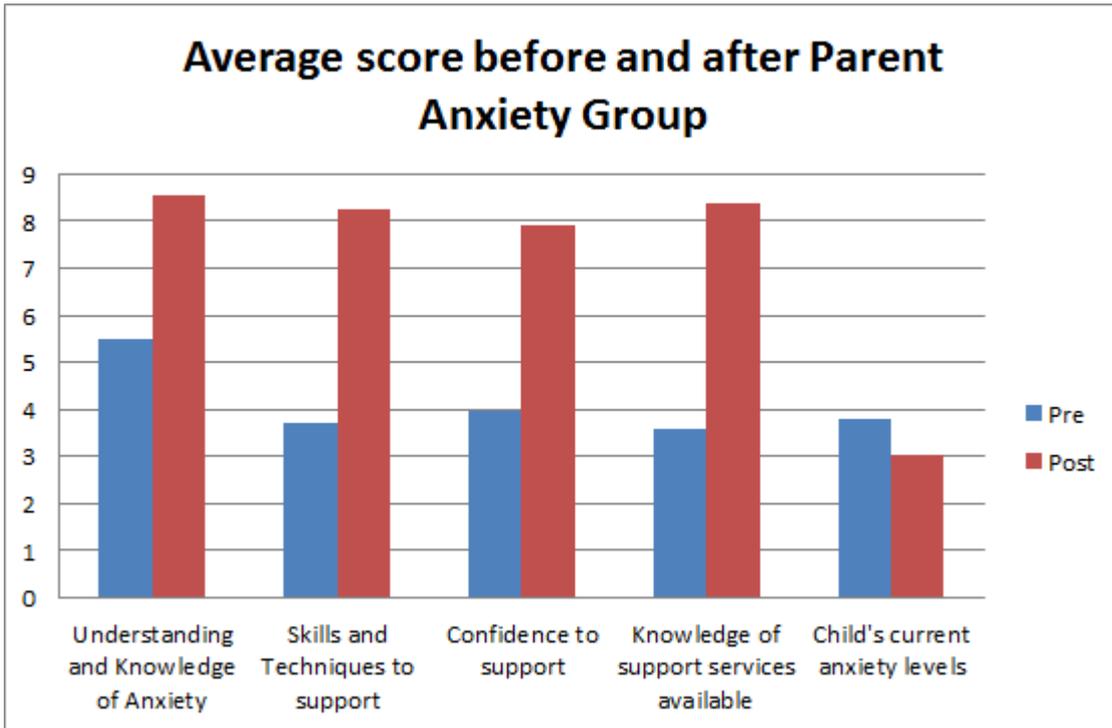
The objectives of the programme were to explore anxiety and provide advice and guidance, leaving parents feeling more confident to:

- Understand possible causes of anxiety in CYP
- Recognise signs and symptoms
- Identify the role a parent plays in the maintenance of anxiety
- Aid their child in developing strategies to build resilience and manage anxiety
- Identify steps to guide their child towards the right support
- Recognise the importance of their own self care and wellbeing

Three groups were run in Maidenhead, each running for 6 weeks. It was agreed for the group size to remain small in order to promote a more therapeutic group approach. 22 delegates attended four or more sessions. 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 and the post RCADS were received six weeks after the completion of the course. Unfortunately, this meant limited RCADS were received at follow up.

### **Results: Pre/Post Questionnaire**

A brief questionnaire was completed before the start of the course and on completion. This asked four questions relating to the objectives of the group, on a scale of one to ten. The final question asked them to consider the current level of their child's anxiety on a scale of one to five.



The graph indicates an increase in parent’s knowledge and confidence following the group. It also suggests that their child’s anxiety has decreased within the 6 week period of the course, possibly due to parents feeling more able to aid their child in the management of their anxiety.

**Table 16: Parent Feedback**

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>The course met my expectations</i>	0.0%	0.0%	0.0%	50.0%	50.0%
<i>The content was helpful</i>	0.0%	0.0%	0.0%	40.9%	59.1%
<i>The level of the course was appropriate</i>	0.0%	0.0%	4.5%	31.8%	63.6%
<i>The format was enjoyable</i>	0.0%	0.0%	0.0%	45.5%	54.5%

<i>The handouts were helpful</i>	0.0%	0.0%	0.0%	45.5%	54.5%
<i>The course length was appropriate</i>	0.0%	0.0%	9.1%	45.5%	45.5%
<i>The course was worth my time</i>	0.0%	0.0%	0.0%	27.3%	72.7%
<i>I would recommend this course to others</i>	0.0%	0.0%	0.0%	22.7%	77.3%

Feedback included the positives of having a small group; having time to ask questions, share their experience and hear others share their experience. Positive feedback surrounding the facilitators was also received, indicating that they were welcoming and approachable and that delegates felt supported. Feedback also indicated that delegates appreciated “hands-on” tools to help their child identify their anxiety, as well as aid them in managing it.

Following the first course, feedback was received regarding the length of sessions; delegates stated they wanted more time for discussion without feeling rushed. Following this feedback, two groups had six, two hour sessions.

Feedback was also received regarding the time of the day the group was run; two of the three groups were run in the day. Following this feedback, the third group was run in the evening to give the opportunity for working parents to attend.

### **Parent Seminar evenings**

The Wellbeing Team were invited to deliver three evening seminars to parents both at Charters and Knowl Hill, White Waltham and Bisham. Two evening seminars were delivered as part of Charters School Parent Seminar programme, providing advice and guidance on different mental health issues. Knowl Hill arranged the evening seminars as part of their commitment to The Emotional Health and Wellbeing in schools framework. These were popular events, with 94 parents attending in total.

In both scenarios, the aims of the sessions 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
The seminar met my expectations			7.4%	54.3%	38.3%
The content was helpful			4.3%	44.7%	51.1%
The level of the seminar was appropriate			6.4%	44.7%	48.9%
The format was enjoyable			7.4%	43.6%	48.9%
The speakers had a good understanding of the topics			1.1%	25.5%	73.4%
The handouts were helpful		1.1%	1.1%	37.2%	60.6%

The seminar was worth my time		1.1%	3.2%	34.0%	61.7%
My personal knowledge and understanding of Mental Health has increased	1.1%	1.1%	10.6%	38.3%	48.9%
My personal confidence in how best to support my child in this area has increased		1.1%	13.8%	55.3%	29.8%
I would recommend this seminar to others		0.0%	7.4%	31.9%	60.6%

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*
- *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 further parent seminars in September 2018. Following feedback that the evening felt rushed, the content will be delivered over evening two sessions.

## **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 consists of a series of six, two and half hour long sessions. For some sessions ADHD experts from CAMHS and Educational Psychology are invited to provide their specialist knowledge and experience of ADHD.

## **Referrals and Delivery**

The Wellbeing Team have worked this year in collaboration with the charity Parenting Special Children and CAMHS in order to offer parents across the borough with a more comprehensive and varied timetable of programmes. A programme for 2018-2019 has been agreed and publicised across the borough and in all schools.

Currently, most ADHD assessments conducted by CAMHS are being directly referred to their 14 week programme which also includes one-to-one phone calls/ face to face contact throughout the course to support individual progress. Therefore, this has had a direct impact on the number of referrals to the Barnardos ADHD Parent Factor Programme and thus programmes have been rearranged due to a lack of delegates.

Parenting Special Children also offer a 5 week evening programme 'Time Out For ADHD' as well as several evening workshops on Anxiety and ADHD and Managing ADHD. The team continue to work in partnership with both CAMHS and Parenting Special Children and further programmes will continue to be scheduled for 2018/2019.

## Section 5: Service Delivery Plans for 2018 – 2019

In academic year 2018-2019 the following service delivery plans are in place:

- Continuation of the ADHD Parent Factor Training.
- Further roll out of the PPEPCare Training modules (four practitioners will be 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. The Framework is being offered to a further three schools (2 secondary and 1 primary) in 2018-2019.
- 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.

## Section 6: Appendices

### Appendix 1: Interventions offered through the Wellbeing Service 2017-2018



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