Report Title:	Wellbeing Service Report
Contains Confidential or Exempt Information	No - Part I
Cabinet Member:	Councillor Tissi, Cabinet member for Children's Services, Education and Windsor
Meeting and Date:	Schools Forum – 16th November 2023
Responsible Officer(s):	Lin Ferguson Director of Children's Services AfC Rebecca Askew Head of Service
Wards affected:	All

www.rbwm.gov.uk Royal Borough of Windsor & Maidenhead

REPORT SUMMARY

The objective of this report is to provide the Schools Forum with:

The current and future service provision from the Wellbeing Service based on local Social, Emotional and Mental Health (SEMH) considerations and developments to support increasing SEMH needs.

In reference to the Corporate Plan 2021-26 the Wellbeing Service aims to support children, young people and their families as early as possible to address mental health and wellbeing concerns before they escalate. This is the predominant reason that the service is committed to delivering preventative interventions such as the Wellbeing Champions and Senior Mental Health Ambassadors, Parent Child Attachment Play (PCAP) and Helping Your Child groups on an annual basis, alongside their Early Help Hub commitments. The service is required to make the most effective use of resources to promote health and wellbeing, and there is due regard to reducing any inequalities in service accessibility and delivery as outlined in the annual report September 2022- August 2023. In doing so the service is intent on aligning service-delivery to our local communities' diverse needs and cultures. A key objective of the service from inception was to reduce the necessity for families to access crisis intervention. The service has due regard to borough-wide Health & Wellbeing strategy and reports outcomes and impact data at the Early Help Governance Board and Performance Board on an annual basis.

1. DETAILS OF RECOMMENDATION(S)

RECOMMENDATION: That Schools Forum notes the report and:

i) Proposal 1 – Provides continued grant funding of £120,000 per annum to the Wellbeing Service.

Table 1: Options arising from this report

Option	Comments
Continued grant funding of £120,000 from the Schools Forum to the Wellbeing Service. **This is the recommended option**	This will support the continuity of the service and help to address the demand for Wellbeing services.
No action	The cases will need to be signposted to CAMHS (further

Option	Comments
The Wellbeing Service does not continue to receive grant funding from the Schools Forum.	increase in wait times for these vulnerable children and young people). South East region CAMHS referrals have increased by 300% since the start of the pandemic. Increased generation of requests for SEMH, Education, Health & Care Plans.

2. KEY IMPLICATIONS

Table 2: Key Implications arising from this report

Outcome	Unmet	Met	Exceeded	Significantly Exceeded	Date of delivery
The Wellbeing Service does not continue to receive grant funding from the Schools Forum	Early Help & CAMHS wait times will increase. Reduction in preventative & early intervention for mental health in order to meet EHH referral and Social Care requirements. Increased pressure on high needs block budget for SEMH needs.	Continued delivery of preventative, early and targeted intervention for mental health in order to meet EHH referral and Social Care requirements Reduction of Early Help wait times for Play Therapy.	Further collaborative support can be extended to AfC teams e.g. Young Carers and children/young people who are ERSA/EHE with Mental Health and Wellbeing Needs as a primary concern and support Social Care colleagues with managing and understanding therapeutic needs of complex SEMH cases.	None	16th November 2023 – 16th November 2024

3. FINANCIAL DETAILS / VALUE FOR MONEY

3.1 There are no new financial implications arising from this report.

4. LEGAL IMPLICATIONS

5.1 There are no new legal implications arising from this report.

5. RISK MANAGEMENT

Table 3: Impact of risk and mitigation

Risk	Level of uncontrolled risk	Controls	Level of controlled risk
Salary costs are incremental so any year on year uplifts would have to be found within the current budget potentially increasing overspends.	Medium	N/A	Medium
Pupils with social, emotional and mental health EHCPs continue to be the hardest to find appropriate school places for. Their needs are often more complex, related to other neurodiverse, anxiety disorder and attachment needs. This can effect the Wellbeing Service intervention duration (creating longer wait times) due to the complexity of needs and the impact of other stressors relating to placement.	Medium	The agreement to open further specialist schools in RBWM which can support CYP with SEMH needs. Some referrals can be redirected to Systemic Wellbeing if needs are particularly complex and assessment indicates the requirement for longer term therapeutic input (in excess of 15 weeks).	Medium
Workforce stability is threatened because pay scales offered in RBWM are perceived as being significantly adrift from other local authorities, both locally and nationally. This leads to significant challenge in recruiting given the corresponding impact of the increase in the cost of living. This will lead to issues with service delivery and the attendant effects on service reputation and meeting Early Help demands.	Medium	This is somewhat supported by service input from the Getting Help Team and Mental Health Support Teams employed by CAMHS (Berkshire Healthcare Foundation Trust).	Medium
Mental Health crisis accelerates with impact on	High	There are a range of mental health services	Medium

RBWM to support consequences e.g. demand pressures on scare resources.		available in RBWM in addition to the services that CAMHS provides e.g. Number 22, Kooth, Talking Therapies and the AnDY Clinic.	

6. POTENTIAL IMPACTS

6.1 Equalities. With regard to not agreeing the recommended option a detrimental and/or disproportionate impact on particular groups is likely. This is particularly pertinent to service users and public groups with disabilities who are disproportionately represented as having a higher incidence of mental health and wellbeing needs which is evident in the referrals received for Wellbeing and Getting Help Teams support via the Early Help Hub and Social Care. An EQIA is available as Appendix A.

6.2 Climate change/ sustainability. The service continues to develop quality assured digital based interventions managing anxiety webinars for parents/carers and therapeutic packages that are successfully delivered online.

6.3 Data Protection/GDPR. There are no data protection/ GDPR risks arising from this report. A Data Protection Impact Assessment (DPIA) has been completed. The DPO noted no objections to the proposed processing and made the following recommendations to ensure full compliance with the UK GDPR:

- A Wellbeing Team privacy notice to be drafted and shared with individuals when the referrals from the Early Help Hub are accepted by Team. The privacy notice must make clear how personal data will be processed by the GHT. This will ensure compliance with articles 13 and 14 UK GDPR (right be informed) and also provides further mitigation against the privacy risk identified above (point 1.)
- Withdrawal of consent must be prominently recorded on PARIS so all practitioners are aware at all times when consent has been withdrawn by the data subject. A discussion with the PARIS Team may be required.
- The MOU does not constitute a data sharing agreement therefore all personal or pseudonymised data must only be shared under a data sharing agreement (ICO's data sharing code of practice). The DPO must be consulted in regards to the data sharing arrangements with NHS England, DfE and Joint Management Boards.

7. APPENDICES

7.1 This report is supported by two appendices:

- Appendix A – Equality Impact Assessment
- Appendix B (see section 8)

8. BACKGROUND DOCUMENTS

8.1 This report is supported by the following background information:

- The Wellbeing Service – Overview

- Headline Data
- Referral Information
- Wellbeing Team Activity
- Cognitive Bheaviour Therapy – Wellbeing Team
- Play and Creative Arts Therapy
- Attachment Focused Family Therapy
- Service Evaluation
- Areas for Development
- Helping Your Child Parent group
- Parent Child Attachment Play (PCAP)
- Emotional Wellbeing Champions
- Senior Mental Health Amabassadors

- Appendix B - Data Protection Impact Assessment (DPIA)

Wellbeing Service

Service user testimonials

"I feel a lot more myself and more confident…I finally was able to achieve the things that I really wanted to do e.g. coming back to school, clubs and a lot more."
Feedback from a 13 year old after low intensity CBT

"I thought the work was brilliant…I now sit back and when Freddie or James are having a melt down… I now stand there and [calm voice] ask, 'so what is going on'?' I'll talk and ask what is going on? How are you feeling? How can I help you? Have you had a bad day? I don't think you understand the impact you had with me and my family, or myself, I was constantly up against [professionals]... it was only when you stepped in then things started to happen… I don't think you realise the impact that had, positively, on me and my children".
Feedback from a Parent of 2 children with neurodiversity and complex needs after an attachment focused family intervention.

'He is talking about his feelings more now…I can then understand why, then I can be more sympathetic towards him'.
Feedback from a Parent of a 12 year old who had a play therapy intervention

"He would come back to class calmer and feeling more positive about himself"
Feedback from a teacher after a Play Therapy intervention in school

Overview

The Wellbeing Team is currently comprised of 2.4 fte Psychological Wellbeing Practitioners who have been supported since July 2020 by 1.5 fte Children and Young People Practitioners from the Getting Help Team (employed by Berkshire Health Foundation Trust, BHFT). The Wellbeing Team was set up in response to increasing concerns about the mental health and wellbeing of children and young people and was specifically identified by RBWM school audits as an area of need. 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 felt supported with the aim to reduce the need to escalate to specialist services such as the Child and Adolescent Mental Health service (CAMHs) and Social Care.

Support from the team is open to all children and young people attending Windsor and Maidenhead schools (5 to 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 Play Therapy, Cognitive Behavioural Therapy (CBT) informed strategies and group work or workshops with children and young people and indirect work such as training, wellbeing framework development and signposting.

The team currently offer Play and Creative Arts Therapy, Dyadic Developmental Psychotherapy (aka Attachment Focused Family Therapy), Cognitive Behavioural Therapy (low-Intensity) and the Parent- Child Attachment Play (PCAP) group. Alongside this the team offers bespoke training for staff, parents and young people.

The Intervention process begins with an initial assessment during which the Wellbeing Practitioner will obtain pre-measures of a young person's symptoms from both the child's and parent's perspective. Treatment goals are identified and agreed with the young person and these are shared on the Early Help Hub Plan.

Treatment measures will vary depending on the intervention delivered. At the completion of the intervention, post-measures are gathered from the child and parents in order to ascertain any change in symptoms and thoughts/feelings. These measures are discussed and explored with the young person at the end of treatment.

A closing letter or report is compiled and sent to the young person, parents and lead professional (usually a school representative) outlining goal progress, treatment, outcomes and feedback on measures and in addition to this any recommendations for further support.

The Play Therapy wait times have remained consistent at around a 6-9 month wait since the last impact report, this represents an increase in wait times since the last annual report and is due to staff being on maternity leave. We anticipate a reduction in the Play Therapy wait time once we are back to full staffing capacity in January 2024.

Interventions, measures and outcomes

The impact of interventions delivered by the Wellbeing Service, and the quality of the workshops and training are evaluated using a mixture of standardised/evidence based and purposefully developed measures. These are used to inform the therapeutic intervention alongside the Part 1/ Part 4 (pre/post Early Help) scaling.

The two measures the Wellbeing Team routinely use for measuring therapeutic interventions with young people are the Revised Children's Anxiety and Depression Scale and the Strengths and Difficulties Questionnaire (SDQ).

The RCADS is a 47-item questionnaire that measures the reported frequency of various symptoms of anxiety and low mood. The RCADS can be completed by young people aged from 8 to 18 years and the RCADS-P can also be completed by the parent or carer of young people aged from 8 to 18 years. The person completing the questionnaire rates each of the items according to its frequency on a likert scale.

The SDQ is a widely used screening instrument for completion by children and young people themselves, by parents and other significant adults. It samples five behavioural domains: emotional symptoms, conduct problems, hyperactivity, problems with peers and pro-social (helping) behaviour. The first four scales can be summarised in a global Total Difficulties Score.

Headline data and Highlights

From September 2022- August 2023 a total of 199 individuals were referred to the Wellbeing and Getting Help Team this represents a slight increase from last year when 172 young people were referred.

- 135 young people were referred to the Getting Help Team from September 2022-August 2023 62% of whom were female and 38 % Male.
- 64 young people were referred to the Wellbeing Team from September 2022-August 2023 of whom 52% were males and 48% females.
- 108 children/young people and their families were referred to and supported by the Wellbeing Team during September 2022-August 2023.
- 43 young people and/or their families accessed individual, family or group based therapy sessions during this period, of these 4 parents attended the Helping Your Child group course and 6 attended the Child Parent Relationship Therapy Group.
- 8 parents accessed a parent group during this period, this represents a 50% reduction on last year which might be due to our courses now being delivered face to face.
- 4 young people accessed a 1:1 CBT intervention with the Wellbeing Team.
- 22 young people (77% male and 23% female) accessed individual Play Therapy and the average age was 8.6 years old.
- 9 families accessed Dyadic Developmental Psychotherapy/ attachment focused family therapy (consultation model and therapeutic intervention model). This is a significant increase from last year where we offered 2 families this intervention.
- 15 schools (primary, middle and secondary) with a total of 82 pupils attend the Emotional Wellbeing Champions and Senior Mental Health Ambassador (SMHA) training days this year. This is a significant increase in pupils attending this event since last year (51).

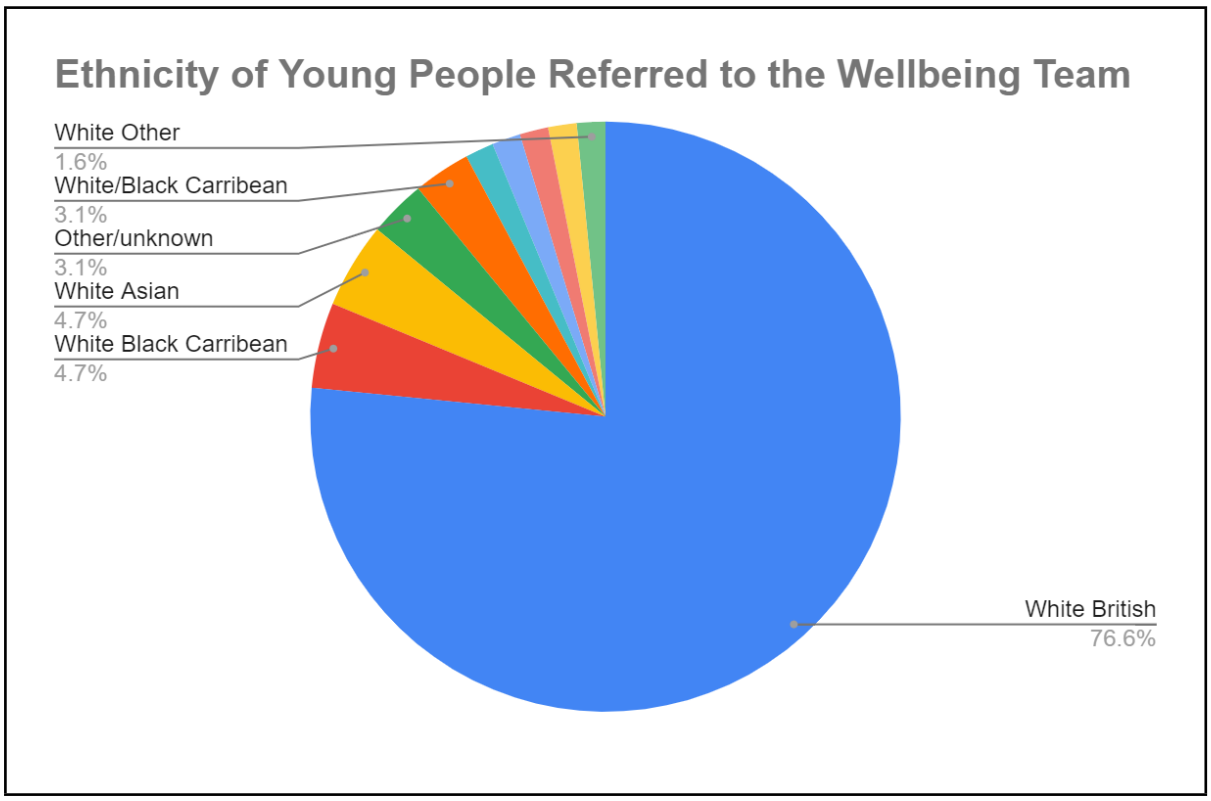
Ethnicity of Young People Referred to the Wellbeing Team

The Office for Health Improvement and Disparities in 2022 reported that '*almost 78% of RBWM's population were from a White British background. 14% of RBWM's population were from a Black, Asian and Minority Ethnic (BAME) background, compared to 15% in England. 9% of RBWM's population were from a White non-British background, compared to 6% nationally. People from an Asian background made up nearly 10% of RBWM's total population and were the largest BAME ethnic group'*

The pie chart below shows the ethnicity of young people referred to the Wellbeing Team. The majority were 'White British', with this group accounting for 76.6% of referrals. The second two largest groups referred (at 4.7% each) were White Asian and White Black Caribbean '. White-Black Caribbean and Others/unknown represented 3.1% of referrals

each. White Other, White-Eastern and White Western Europeans all had 1.6 % of all referrals each.

This chart suggests we need to continue to find ways to meet the needs of children and families from our largest ethnic group; people from Asian backgrounds. People from Asian backgrounds make up 10% of the RBWM population, but only 4.7% of our referrals are for children from this ethnic group. In 2023/24 we will be working alongside the Specialist Parenting Worker from the Family Hub to target our provision towards these children and families.



Wellbeing Team Activity

Activity	Total
Total number of schools supported	46
Total individual referrals taken from the Early Help Hub	64
Total number of children/youngpeople/ families supported	108
Total number of wellbeing assessments	7
Total number of training sessions delivered to schools (inc. PPEP care, consultation and SEND conference)	3

This year has seen the ongoing trend towards the Wellbeing Team offering play therapy and family based therapies. Our close partnership with the Getting Help Team means we are now offering less CBT informed interventions. However the increased capacity in low intensity CBT from Berkshire Healthcare Trust (NHS) has enabled us to focus our CBT capacity towards children and young people who need a more flexible approach, but who

may still benefit from CBT approaches, we have had success with key cohorts, such as CYP presenting with Emotionally Related School Avoidance (ERSA).

The Wellbeing Team continue to complete assessment and triage as part of case work but tend not to offer stand alone Wellbeing Assessments, this year we completed 7 stand alone assessments.

46 schools were supported by the Wellbeing team, the minimum number of cases supported in a school was one and the maximum number of cases supported in a school was seven.

Summary of the presenting difficulties of young people referred to the Wellbeing Service September 2022- August 2023

It should be noted that some cases had more than one presenting difficulty. Following referral and initial triage a primary need was identified and an appropriate intervention was suggested.

Primary Concerns on referral	Number of Pupils
Emotional Regulation	21
Attachment Difficulties	14
Anxiety (unknown)	10
Anger Management/Behavioural Difficulties	5
Low Mood & Depression	4
Separation Anxiety	4
Self-Esteem/Confidence	2
Phobia	1
Self-Harm	1
Emotionally Related School Refusal (ERSA)	1
Total	**64**

21.8% of the cases referred to the Wellbeing Team had Emotional Related School Avoidance (ERSA) as a co-existing issue alongside the primary presenting issue noted above. This is a 12.5% increase on last year.

Cognitive Behavioral Therapy

The Wellbeing Team

The Wellbeing Team has offered a small amount of CBT informed intervention over the past year. This work has been supported by colleagues from the Educational Psychology Service and has been focused on Behavioral Activation and also Anxiety Management. For the Wellbeing Team's CBT informed offer RCADS were obtained from both parents and young people before and after the CBT intervention to help evaluate the impact of the intervention and outline progress to the young person and their family. A case study of one of these cases, including pre and post intervention data is shown below.

Wellbeing Team

CBT Impact Case Study

Client: Zoe Age: 13

Intervention: To support Zoe in getting back into school (ERSA)

Referral Background

Zoe was referred to our team in December 2022. She had been struggling to attend school since she moved to senior school in September 2022. Her specific fear of being sick (emetophobia) left her constantly worrying about different aspects of school life and due to her high levels of anxiety her parents decided to take her out of school at the end of January.

Aim of Therapeutic Support

It became clear during the wellbeing assessment that Zoe regretted coming out of school and really wanted to go back. She was missing the social contact with her friends and felt embarrassed in front of others for not being in school. The experience of being home educated for a short period made her realise how much she was missing out on and made her highly motivated to go back to school.

The aim of the therapeutic support was:

To support Zoe in her return to school, working closely with the school to make it a positive experience for Zoe.

To help Zoe to face her anxiety and achieve the things she wants to achieve.

To guide Zoe's mum in how to best support her daughter in the return to school and the management of her anxiety.

Overview of Wellbeing intervention

Over the period March – July 2023 I had 12 sessions with Zoe and her mum. We initially met at the Windsor Family Hub whilst preparing for the return to school and started to meet at school once she was back after the Easter holidays.

We used the "School Wellbeing Cards" to identify areas that Zoe was finding difficult in relation to school. The areas that Zoe identified were:

- I don't have many friends.
- I worry about coming into school.
- I worry about break times.
- **I feel unwell when I think about school.**
- **I worry about being away from my parent.**
- The other kids are mean to me.
- I worry about the schoolwork.
- I get to watch TV, play games etc if I stay at home.

- I feel worried at school.
- Sometimes I feel like I don't belong.

The two statements in bold were a particular difficulty, since feeling unwell would bring up her fears relating to the emetophobia and would make her worried that she might be sick, consequently leading to heightened anxiety and possibly the onset of a panic attack. The thought of her mum not being around when being sick or experiencing a panic attack would make her even more worried, since her mum makes her feel safe.

We looked at what happens in our body when we get anxious and how these symptoms can easily be mistaken for symptoms of sickness. Asking the question "Am I being anxious?" can help to identify whether the symptoms are anxiety related and will pass after a little while. We looked at the anxiety curve and how anxiety reduces if we stay in a situation for long enough, and how the curve gets lower the more often we do what makes us anxious.

Zoe was determined to go back into school after the Easter holidays. We arranged a meeting with the Co-Headteacher and the Educational Welfare Officer for the last week before the Easter holidays to plan Zoe's return. Zoe impressed us all with her confidence and determination to achieve her goal of going back to school. She explained passionately why she wanted to be back at school and how she didn't want the anxiety to win over her. A separate meeting was arranged for the following day at school to look at Zoe's timetable and to RAG rate her subjects. Zoe started off by doing shorter days and gradually built up her attendance. She was given an exit card and was allowed to go to the wellbeing hub or the individual learning centre if she was struggling to go into or stay in lessons. This was clearly communicated to her form tutor and all her teachers to avoid misunderstandings. Zoe had regular meetings with a representative from the pastoral care team to review her timetable and plan next steps. She felt very safe and supported by this member of staff, which made a big difference in her transition back into school. Having a safe place and caring adults in the school were key protective factors that have helped to build up Zoe's school attendance. Zoe also quickly made new friends which helped to increase her sense of belonging at school.

Zoe was brave and quickly joined some after school clubs, despite feeling nervous at first. Whenever she was worried about a next step, we drew out the CBT cycle and identified her thoughts, feelings, physical sensations, and actions. She often expected the worst to happen, and these negative thoughts made her feel worried, which lead to unpleasant physical symptoms and the temptation to stay in her comfort zone. By facing her fears and giving the after school clubs a go, she learned that often things work out better than expected, and she gained increased confidence and a sense of mastery.

Zoe's emetophobia was a key factor in stopping her from being able to attend a full school day. When Zoe first went back into school, she was feeling quite anxious in the mornings which would lead to an upset tummy. This would trigger her fear of being sick. She rationalised that having an empty stomach would reduce the risk of vomiting, so on most days she wouldn't eat breakfast to avoid being sick at school. She also didn't like the idea of eating in the school canteen and wouldn't drink much since she didn't like using the toilets at school. These are safety behaviours she adopted to reduce the

risk of getting sick and having to vomit. It is difficult to get through a whole school day, let alone concentrate in lessons, when you haven't eaten or drunk sufficiently. To begin with, Zoe would go home at lunch time and have a big meal. But again, Zoe managed to face her fears and started to eat in the school canteen, which has over time become a 'normal thing' for her.

Her anxiety before school decreased over time, which has led to her feeling more comfortable to eat breakfast in the mornings. Not having an empty stomach has made it easier to stay longer at school and to attend after school clubs.

Zoe's mum was part of all sessions and has supported Zoe in the implementation of discussed ideas and strategies in between sessions. This joint up approach has significantly contributed to the success of the intervention since it gave her the confidence to see difficult situations through with her daughter rather than allowing Zoe to avoid them.

Outcome Measures Pre and Post evaluation

Zoe's world opened up immensely. When we first met, she was mainly staying at home and was even too anxious to go to a supermarket with her mum. She wasn't seeing friends, didn't engage in any activities and wasn't accessing learning. Now she is back in school, has made many new friends, has joined sports clubs, is assisting with swimming lessons for children and is accessing learning. She is feeling much more positive about her life and her anxiety, in her own words, "has shrunk from the size of the world to the size of a grape". It is still there, but it is not controlling her life anymore.

Zoe's attendance has increased significantly over the course of the intervention, from 0% attendance when I first met her in March and she was being home educated to 80.5% attendance in the summer term. The table below shows her attendance over the whole academic year. It was helpful to Zoe that she only had a short period of home education (February - Mid April 2023), which meant that she was still familiar with her teachers, classmates, timetable etc. and didn't have to start from scratch. It was also hugely beneficial to her to go back at the time she did, since she was able to build up her confidence and readiness to attend school full time in the next academic year, which will be her GCSE year for her. Being back at school has given her the chance to choose her GCSE subjects and has boosted her motivation and confidence to do well in Year 10, which will be a significant milestone for her.

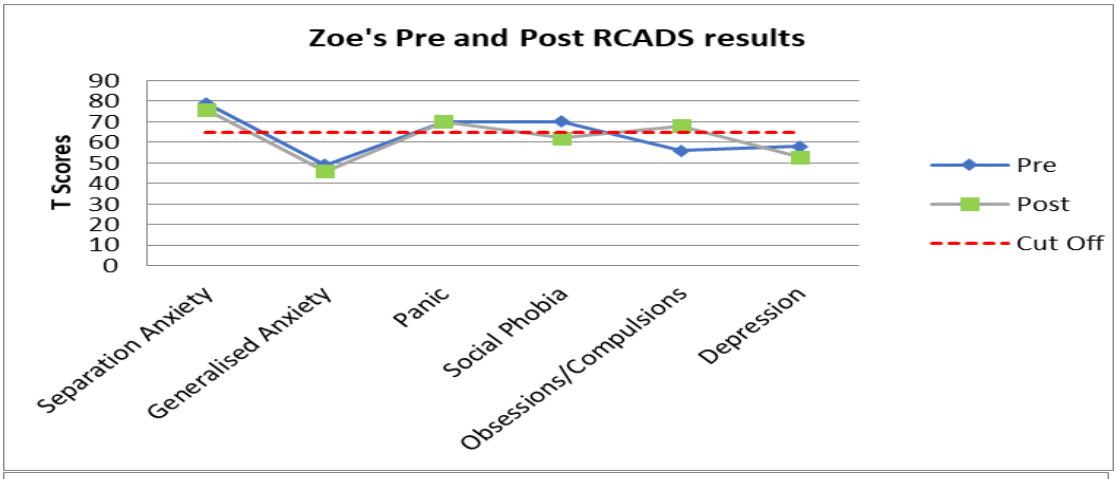
Zoe's school attendance 2022/2023

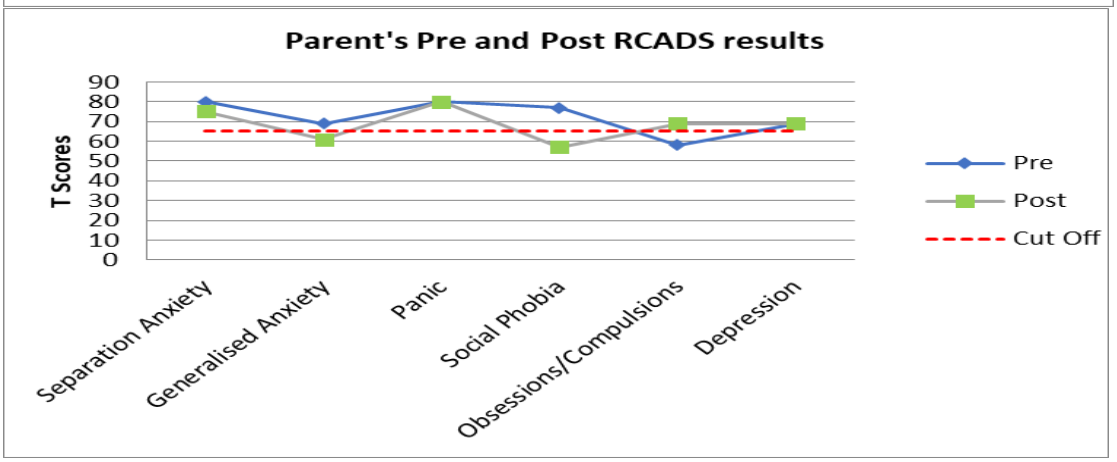
Attendance (%)		
Autumn	***Spring***	***Summer***
25.60	*14.30*	*80.50*

The RCADS scores taken from Zoe and her mum at the end of the intervention both show improvements in the areas of separation anxiety, generalised anxiety, depression, and especially social phobia (see graphs below). Zoe's mum was pleased to see her daughter

as she knew her, confident and outgoing. Zoe's comments on the Experience of Service questionnaire confirms this positive improvement:

> *"I feel a lot more myself and more confident."*
> *"I finally was able to achieve the things that I really wanted to do e.g. coming back to school, clubs and a lot more."*





Recommendations and next steps:

Looking at the RCADS results, we can see an increase in obsessions/compulsions, which again can be linked to emetophobia. Zoe has moved from her safe home environment to being back at school, where there are many perceived threats, which her emetophobia tells her could lead to the worst possible outcome of being sick. To keep herself safe, she is extra hypervigilant and engaging in obsessive/compulsive behaviour.

The post RACDS result also still shows a raised level of separation anxiety, although this has reduced. Zoe's mum is her safe place, so when she experienced a high level of anxiety or a panic attack, she straight away reached out to her mum either by text message or phone call and her mum would come into school to calm her down or take her home. Going forward, it will be helpful to reduce and eventually eliminate the mobile phone contact with her mum whilst in school and learn to calm down with the help of a supportive adult in school. Continuing to do things independently away from her mum will also help Zoe to reduce her separation anxiety.

The goal of the intervention was to support Zoe in getting back into school, which she has achieved. Alongside this, Zoe has started to reduce her safety behaviours, which she

put in place to keep her safe from vomiting, however emetophobia is a complex issue and requires higher intensity treatment. Therefore, I have recommended a referral to CAMHS. She is a determined young person who is now in a strong place of attending school, engaging in meaningful activities, and having built up a good circle of friends, so I am confident that Zoe will achieve her next goal of freeing herself from the emetophobia.

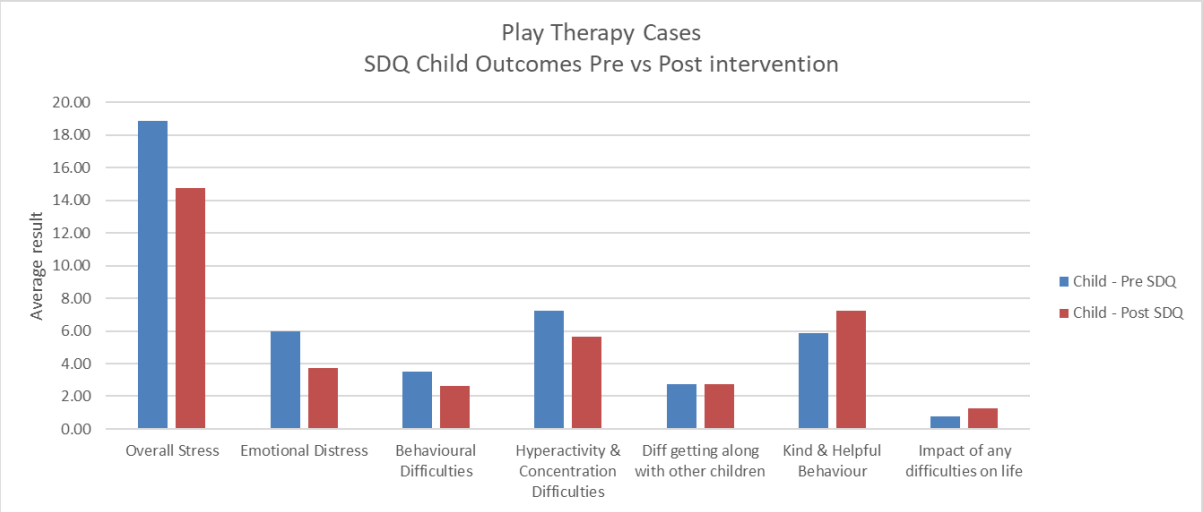
Play and Creative Arts Therapy

During the reporting period 22 young people (77% male and 23% female) accessed individual Play Therapy, the average age 8.6 years old. Due to the younger age of this cohort, the primary tool used to measure impact was the parent, school and child Strength and Difficulties Questionnaire (SDQ). Play therapists also gather information about goals from school and parents to help focus their support. Outcome measures were taken before and after intervention to help evaluate impact.

The results from cases with a complete set of pre and post data from child, parent and School SDQ evaluations are shown below. The number's included in the data set are outlined below.

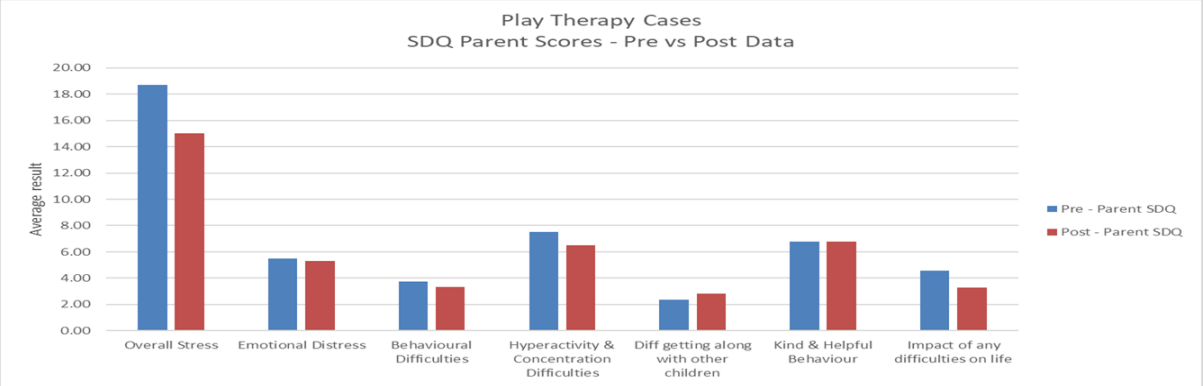
Child pre and post SDQ results

The graph below shows the child SDQ pre and post outcomes. 36% of cases (8 children/ young people) completed both pre and post questionnaires. It should be noted, not all children are asked to complete the SDQ due to age and developmental stage. **The data set shows children/ young people reported a reduction in most subsets of symptoms**, including; overall stress, emotional distress, behavioural difficulties and hyperactivity difficulties. There was no change in difficulties getting along with other children. There was an increase in kind and helpful behaviour. Results show overall, there was an increase in the impact of the difficulties on the child's life.



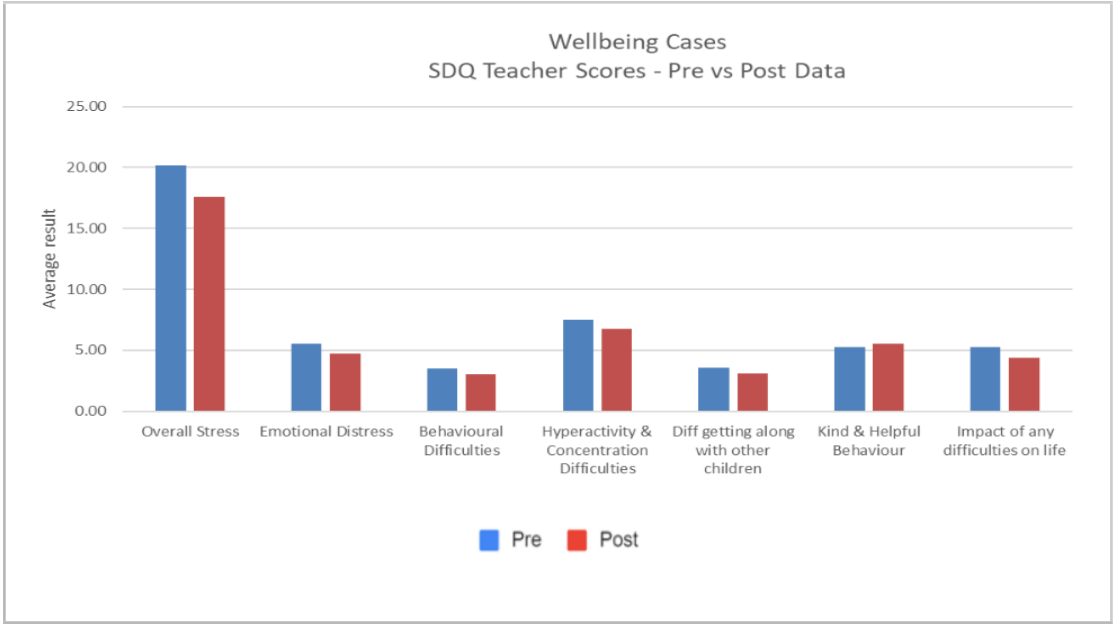
Parent Pre and Post SDQ

The graph below shows the parent SDQ pre and post outcomes. 86% cases (19 parents/ carers) completed both pre and post questionnaires. **The data set below indicates parents saw a reduction in most subsets of symptoms**, including overall stress, behavioural difficulties, hyperactivity/ concentration difficulties and a reduction on the impact of the difficulties on life following the play therapy intervention. Parent/ carers responses indicated a slight reduction in emotional difficulties and a slight increase in kind and helpful behaviour. Parents' responses indicated they saw an increase in difficulties getting along with other children.



School pre and post SDQ results

The graph below shows the teacher SDQ pre and post questionnaire outcomes. 68% (representing 14 children/ young people) of all the cases supported returned the pre and post questionnaires. **The data set below indicates teachers saw a reduction in all subsets of symptoms** including: overall stress, emotional durestess, behavioural difficulties, hyperactivity/ concentration difficulties, difficulties getting on with other children and impact on life in children/young people accessing a play therapy intervention. Teachers reported an increase in kind and helpful behaviour.



Play Therapy Impact Study:
Kay, aged 9

Background of case:
At the time of the referral, Kay appeared to have many worries and seemed very anxious. There were also concerns around her withdrawn behaviour. There was ongoing family conflict adding to her worries and she was always trying to please others. Mum and school wanted to provide Kay with a safe space to explore her difficult experiences, feelings, and thoughts. As well as help develop ways to express her true feelings to others. We also wanted to explore her strengths; in the hope this would improve her self-esteem.

Impact of sessions:
During our play therapy sessions, Kay explored her family dynamics and especially the difficulties around her parents' separation. She considered the obstacles in her way to manage her feelings, especially around contact. She likes things to be balanced and calm and for things to be fair. I think she has struggled to know how to manage her relationship with her parents as they were no longer a family unit. The sessions gave her the space to explore and consider the difficulties and through reflection to normalise these feelings. She explored the things that make her feel safe and we used creative visualisation techniques to explore her calm place, for when she felt overwhelmed.
Kay initially found discussing and sharing her feelings difficult, and it took several weeks before this was possible. Using art, clay, and messy play she started to investigate links to colours and feelings. We then started to link feelings and emotions and consider how these make our bodies feel. Messy play also seemed to help Kay push boundaries and at times become quite rebellious and free. I think this helped her link to positive feelings and emotions and how the freedom of this may have helped shift focus to herself. Creative arts allow us the freedom unconsciously to explore what we are drawn to and help us gain a deeper understanding of ourselves.
I spoke to mum about the use of reflective functioning, to strengthen, and deepen Kay's ability to express her emotions. This is where her supporting adults reflect how they believe she is feeling. She will then gain an insight into how her behaviours are seen by others, allowing her to feel seen, heard and understood
By the end of our intervention improvements had been made in all the therapeutic aims set at the beginning. See below for full details.

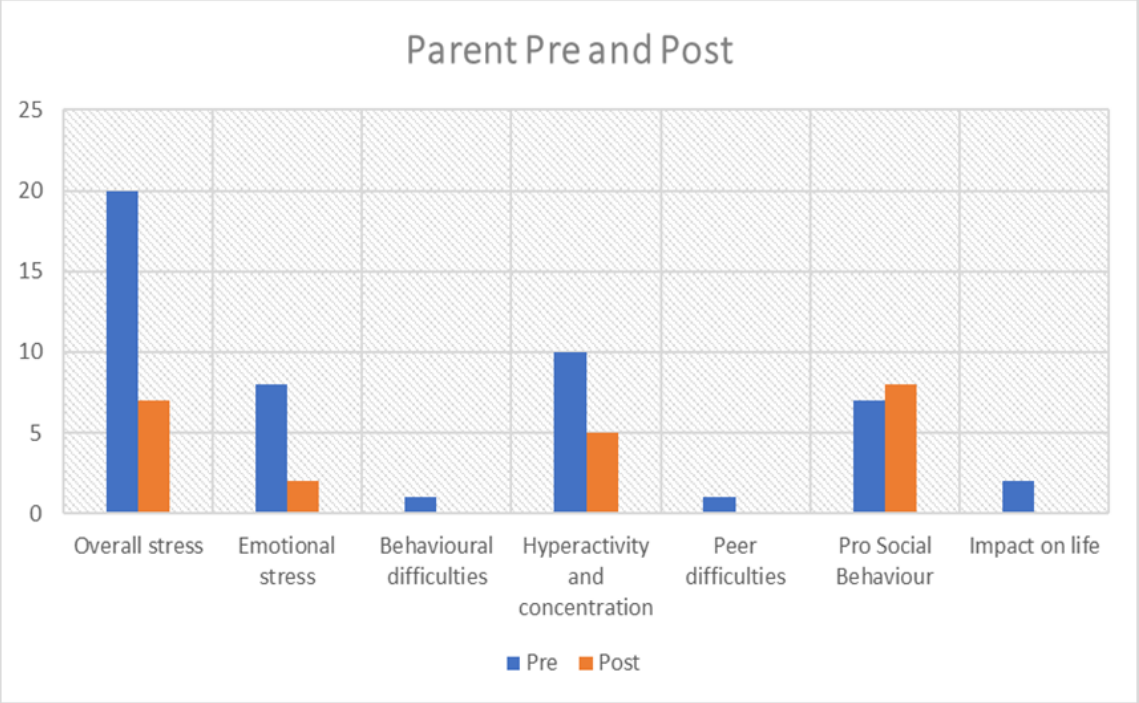
Therapeutic Aims and Outcomes
Express her emotions (Mum and School)
Mum feels that progress in this area has been made. Kay does not always sit down and discuss how she is feeling but will come to her with things that concern her. She is now able to talk about things that she likes and sees as positives about herself.
School feels that she would express her needs to her supporting adults if she had any concerns. She has developed a good relationship with her new class teacher and her new confidence would allow her to ask for help if needed.

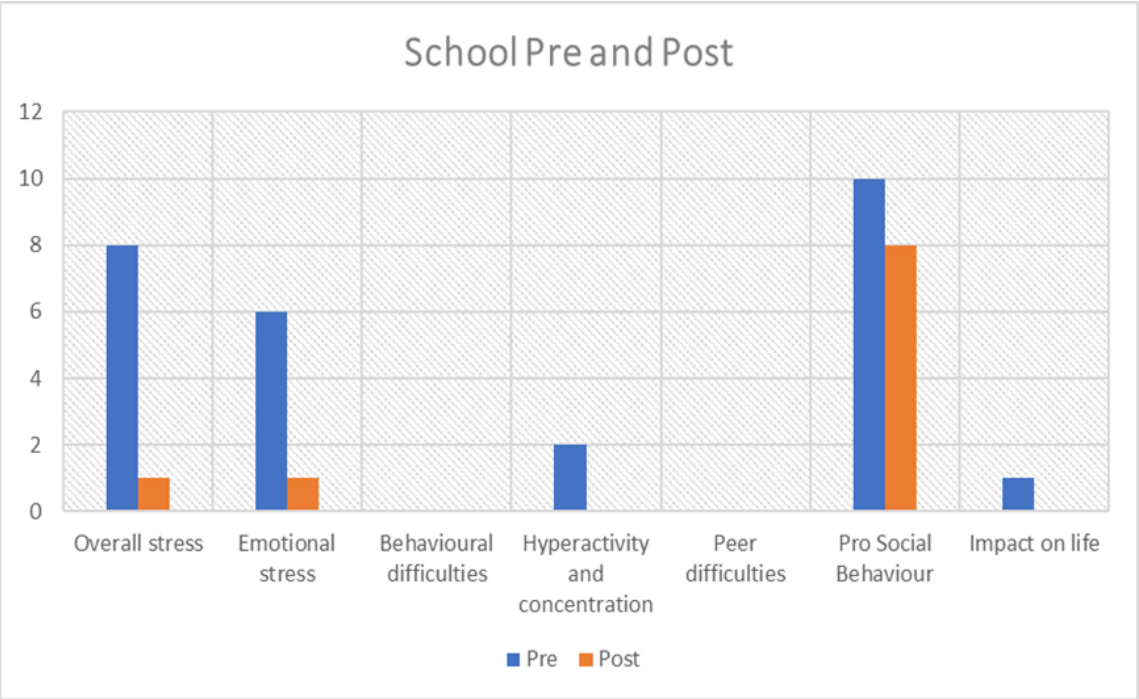
Improved self-esteem (Mum)
Mum feels there has been tremendous progress in this area and that there has been a 360-degree change. She feels that Kay has changed so much, and no further improvement

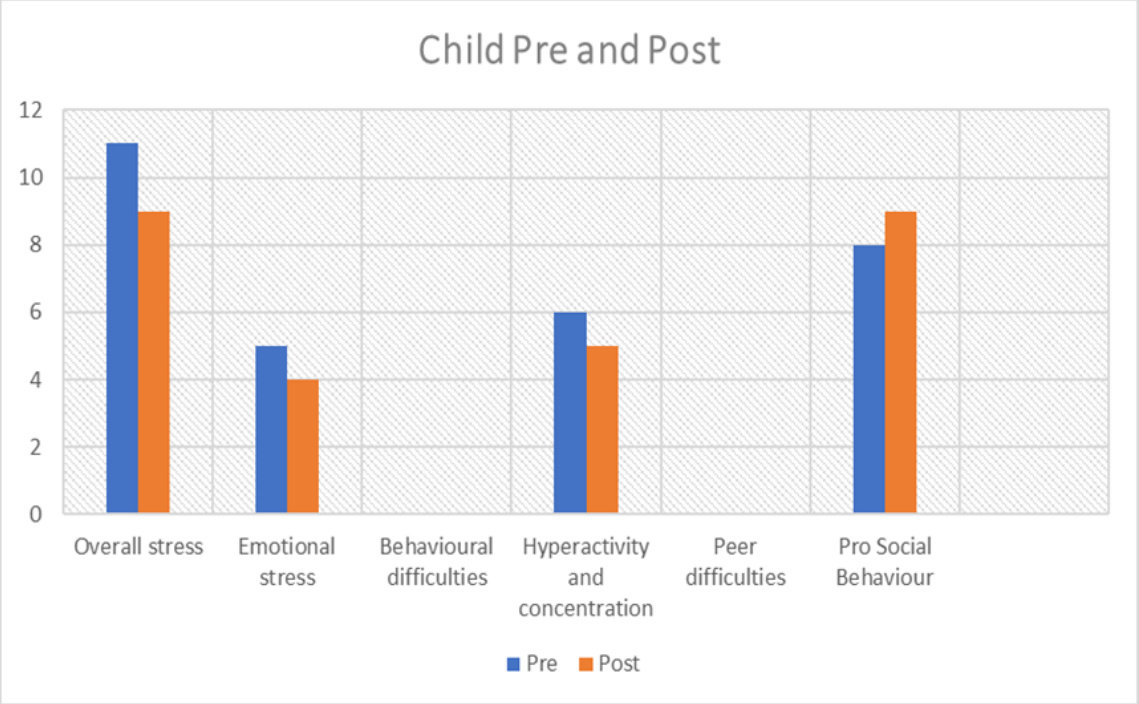
is needed, it is reported that she is incredibly resilient and thriving. Her confidence has grown, and school have also commented on this progression.
An example of this is how she is now able to take constructive criticism in outside school activities. This has helped her progress and be more confident in her horse riding lessons.

Be more self-aware and worry less about others (School)
School reports that she appears to worry less about what others think and can equally prioritise her own thoughts and feelings. Her increased confidence allows her to access all situations in the school environment.

Parent feedback:
Mum shared that Kay has made pleasing progress since the start of our work. She still finds it difficult to talk about concerns with her dad but appears to be able to deal with the situation better. Mum reports she is happier to talk more openly, especially about the positives she can see in herself, which she found particularly difficult at the start of our work. Mum felt that at times Kay masked her feelings in school, but now feels she has overcome this. She has become very outgoing and independent; she has even started to walk home from school. Her friendships have improved, with her feeling more confident and less reliant on certain friendships. She used to find it difficult if certain friends were not at school and this is no longer the case.
Parent, teacher and child Strength and Difficulties Questionnaires were taken prior to and following the intervention. These support the positive feedback and show a significant reduction in all areas.

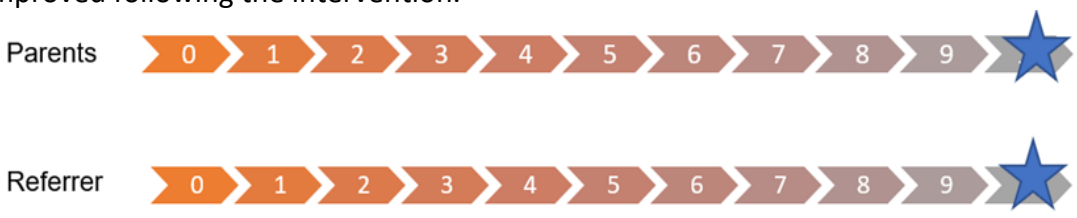






Post intervention scaling

A Success Scale from 0 -10 was used following the Play Therapy sessions with the parents and referrer (school). Where 0 means nothing has changed, and 10 means things have improved following the intervention.



Attachment Focused Family Therapy Impact Case Study

Kelly, age 9

Background of case:

Kelly, her sister Clara and their mother (Sarah) were referred to the Wellbeing Team by a head teacher for attachment focused family support following an intervention from the school Educational Psychologist around emotional regulation. The referral outlined Kelly struggled to articulate and express her emotions and had challenging behaviour at home. Kelly was on the waitlist for an Autism assessment. The behaviour at home could also include some self-harmful behaviours, such as touching a hot hob and Kelly had had periods of selective mutism in the past. The family had lived through domestic abuse perpetrated by the children's father towards their mother and mum had unsupported mental health needs of her own.

Therapeutic Aims

The aims for the work were:

1. To support the family to communicate better.
2. To support mum to develop strategies to deal with Kelly's emotional needs, even at times of very low energy.
3. Mum wanted to better understand Kelly's needs.

Impact of the intervention

The feedback from the parent and the outcome measure (shown below) all indicate this intervention had a positive impact on this family. Alongside this this intervention supported successful referrals to Young Carers for Kelly's sister and enabled Sarah (mother) to access specialist adult service for her mental health.

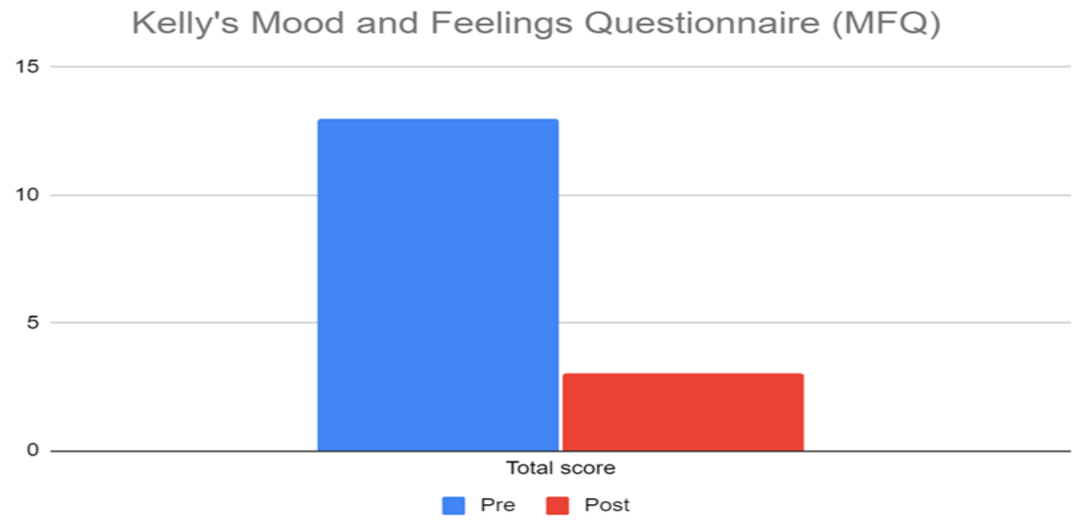
Parent feedback:

I felt heard for the first time in my life. My concerns and feelings were listened to and validated. Our care was adapted to our needs and my daughter's obsession, and Chrissey went above and beyond anything I expected. We received some good techniques for dealing with difficulties within our family, and I feel more confident in my abilities as a mother to a child with additional needs. Chrissey found a way to connect with my daughter that I didn't think possible, and she also made time to make sure that mine and my eldest daughter's needs were met too, through referrals to Young Carers and by giving advice. Over the course of our sessions, we've grown as a family and feel more connected to each other, and although life is still pretty hard some days, I finally feel like we are okay and I am enough.

Outcome measures

The Mood and Feeling Questionnaire was used to measure Kelly's mood. The MFQ can be used as a screening tool for depression in children and young people aged 6-19 years old and is a self-report to be completed by the young person themselves. Scores on the short version of the MFQ (the one used here) range from 0 to 26. Scoring a 12 or higher on the short version may indicate the presence of depression in the respondent. Kelly's MGQ self-scores showed a significant reduction in low mood over the period of the wellbeing intervention. At the start of the intervention Kelly's scores were at the higher end of the scale (13 out of 26) and may have indicated she was experiencing some feelings of low mood.

The Parental Stress Scale (PSS) is an 18-item questionnaire assessing parents' feelings about their parenting role, exploring both positive aspects (e.g. emotional benefits, personal development) and negative aspects of parenthood (e.g. demands on resources, feelings of stress). Parental stress scores range from 18 to 90, with lower scores indicating lower levels of parental stress. Sarah's pre and post intervention scores show a reduction in her score from 74 to 61. This supports the quantitative feedback given above.



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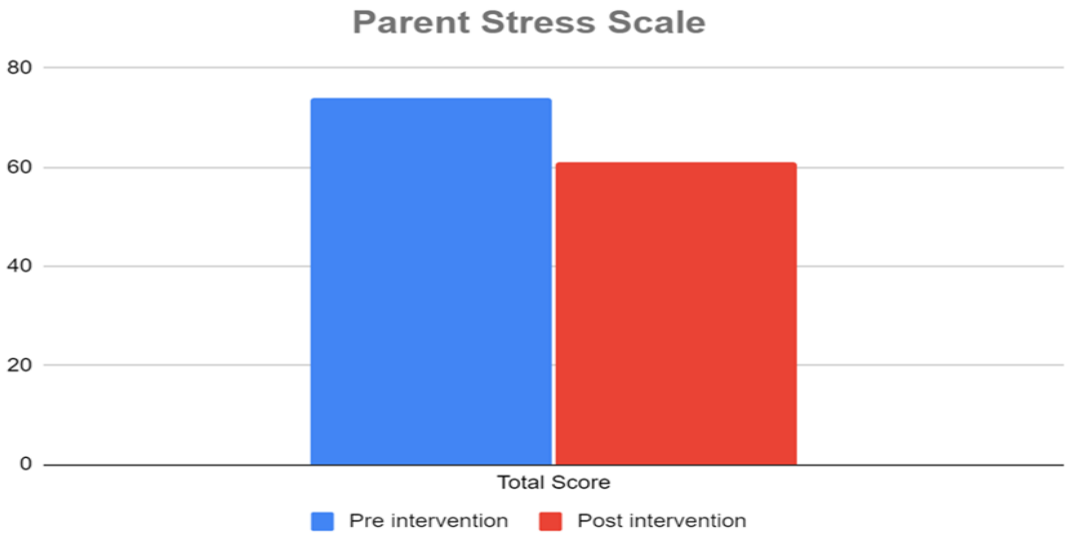
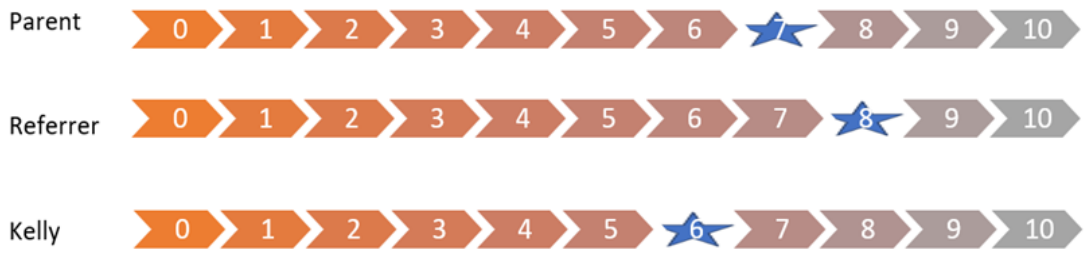


Post intervention scaling

A Success Scale from 0 -10 was used following the attachment focused family therapy sessions with the parents and referrer (school). Where 0 means nothing has changed, and 10 means things have improved following the intervention.



Service Evaluation

Following a 1:1, therapeutic intervention with the Wellbeing Team parents and children/ young people were sent a service user evaluation form to gather feedback. This is used to inform service development and delivery.

Parent feedback

19 parents completed this questionnaire which was the same as last year. Highlights from this feedback were;

- 100% of parents felt listened to by the Wellbeing Practitioner they worked with, that they were treated well, that their views were taken seriously, that the practitioner knew how to help their child and that overall the help they received was good.
- 97.4% of parents felt it was easy to talk to the Wellbeing Practitioner they/ their child worked with, that they were given enough information about the help available, that they would recommend the wellbeing team's support to a friend and that professionals were together to help their child.
- 78.9% of parents felt the appointments were at a convenient time.

The table below shows themes that arose from the qualitative comments from parents when asked 'What was really good about your care' and their frequency. The most commonly noted themes were: 'improvement in child and/or families' mental health/presenting difficulties skills and the 'skills/qualities of the practitioner'. This was followed by 'the child enjoyed the work' and the practitioner having a 'good bond with the child'.

Some parents added a number of comments, thus the total number of comments is above the total number of respondents.

Theme	Frequency
Improvement in child and/or families' presenting difficulties	5
Skills/ qualities of the practitioner	5
Child enjoyed the work	4

Good bond with child	4
Helpful practitioners (i.e. gave advice and support)	3
Feeling listened to (child and/ or parent)	3
Learning new ideas	3
Making useful referrals	2
Supporting school/ others to better support the child	2
Making useful referrals	2
Good communication with the team	1
Feeling supported	1
Convenient location of sessions	1

The following comments were made by parents about the impact of working with the Wellbeing Team (please note, client names have been changed to maintain client confidentiality).

Parent testimonials
Emily was absolutely amazing at coming alongside Charlie's and training me to do play therapy. She was clear and helpful, tailoring it to Chris' needs and providing useful strategies - Emily just had so many fantastic ideas for handling Chris' idiosyncrasies/challenging behaviour and changed my view from seeing these things as problems, to being clues. She went above and beyond…very reassuring as a point of contact who made sure that things were actioned by the school. Thank you so much!

Cassey felt at ease and looked forward to her sessions. She was allowed autonomy and to be herself which really helped her self esteem
I felt heard for the first time in my life. My concerns and feelings were listened to and validated. Our care was adapted to our needs and my daughter's obsession, and Chrissey went above and beyond anything I expected. We received some good techniques for dealing with difficulties within our family, and I feel more confident in my abilities as a mother to a child with additional needs. Chrissey found a way to connect with my daughter that I didn't think possible, and she also made time to make sure that mine and my eldest daughter's needs were met too, through referrals to Young Carers and by giving advice. Over the course of our sessions, we've grown as a family and feel more connected to each other, and although life is still pretty hard some days, I finally feel like we are okay and I am enough.
Hariette was excellent at dealing with my daughter and very patient.
Natalie was amazing with Emma, I have also found Emma is slightly more able to explain her emotions more recently, which has really helped thanks to Natalie.

Child and young person feedback

6 young people completed the service user feedback form, which was a great improvement on last year where we didn't receive any.

Highlights from the service user feedback were;

- 100% of young people felt listened to by the Wellbeing Practitioner who saw them.
- 83.4% said they would recommend this support to a friend (i.e. they responded with either certainly or partly true when asked if they would recommend this support)
- 100% of young people said that overall the help they received was good (i.e. answered partly or certainly true when asked).

The following comments were made by young people about the impact of working with the Wellbeing Team (please note, client names have been changed to maintain client confidentiality).

Child/ young person testimonials
What was good was that I felt like I was able to talk freely and have someone to listen to me and advise me what to do when I needed it. I also liked how I could decide how I wanted the session to run.
I had a really good connection with my therapist.
[I had] someone to talk to and understand. Happy overall, Great help.
[I was] listened to and understood.

Areas for development

The feedback from young people has identified some areas for development. The table below shows feedback from children and young people and how we plan to develop our practice/ service to address these.

Feedback	Action
16.7% of young people said they were not given enough information about the help available.	The wellbeing team will use this feedback to be more clear about the support we can offer. The wellbeing team will be developing a flyer for young people with the services we offer and who it best suits.
16.7% of young people said they did not feel professionals were working together to help them.	Wellbeing Practitioners will ensure, according to the developmental needs of the child/ young person, that we talk with children and young people about how we are working with their schools, families and other professionals to support them. Wellbeing Practitioners will let people know about early help review meetings when they happen. We will ensure we are asking young people to join us for these meetings if they would like and will give feedback to children and young people about these meetings if they don't want to join.

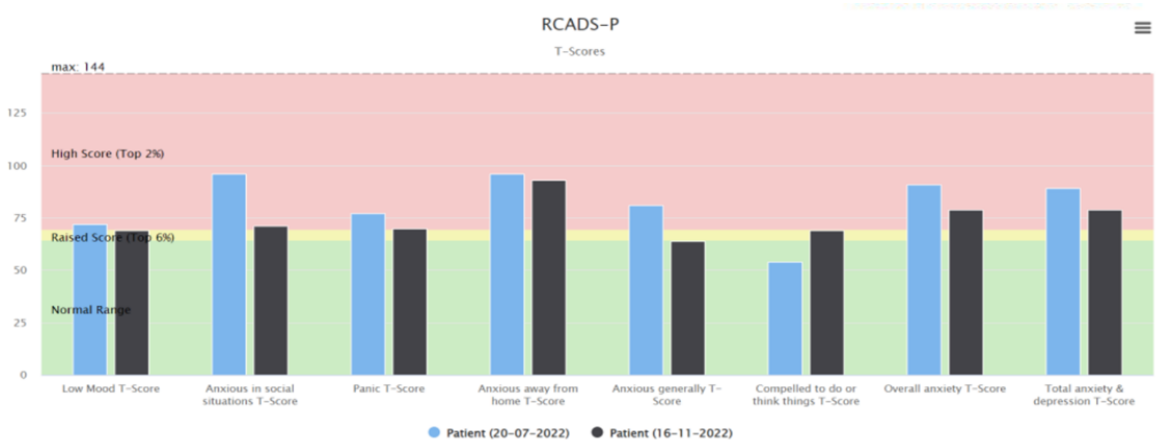
Helping Your Child Parent Group for Child Anxiety

The aim of the programme is 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 are to explore anxiety and provide advice and guidance, leaving parents feeling more confident to:

- understand possible causes of anxiety in Children and Young People
- 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

There is a strong evidence base for this course which indicates guided, parent-delivered cognitive, behavioural therapy based interventions are effective in reducing children's anxiety. This year we have been co-delivering this course, in person with the Getting Help Team. Six sessions of 1.5 hours were delivered between October and November 2022.

4 parents attended the Helping Your Child group course, this was a 60% reduction from last year's total number of parents attending the Managing My Child's Anxiety group. To evaluate the course pre and post parent RCADS are obtained (shown below).



Graph to show the pre and post intervention RCADS gathered from parents attending the Helping Your Child group from October - November 2022

The graph shows significant reduction in parents' perceptions of their child's difficulties in generalised and social anxiety. There was a slight reduction in scores for panic and overall anxiety, total anxiety and depression and low mood symptoms. There was an increase in obsessive compulsive symptoms.

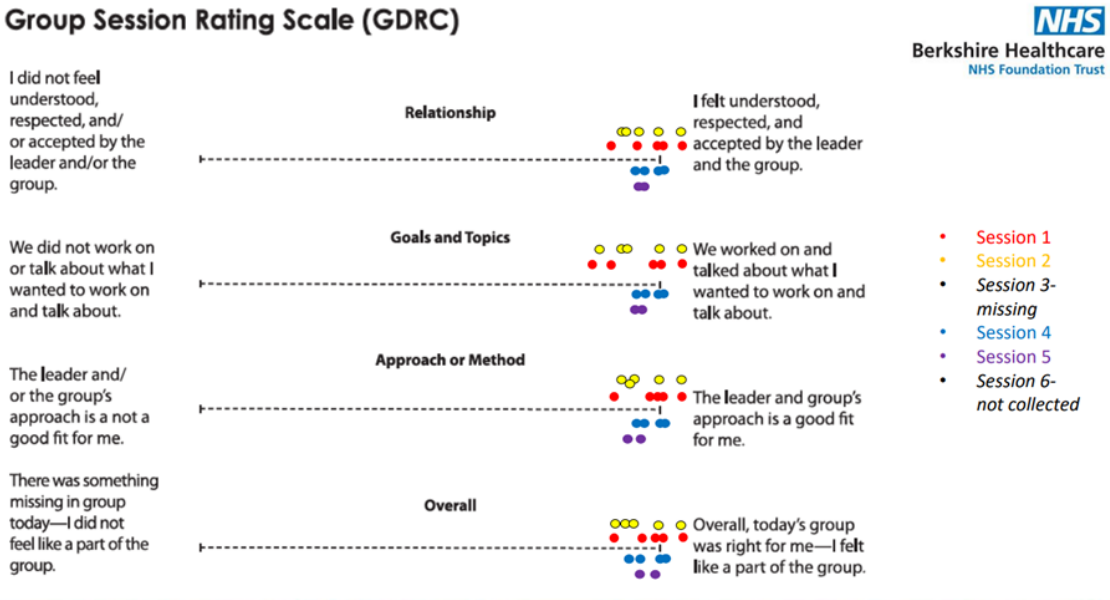


Chart to show the Group Session Rating Scale (GDRC)

The group was evaluated using the Group Session Rating Scale (GDRC), shown above. The results should the majority felt understood, respected and accepted, the sessions focused on what parents wanted to work on, the approach of the leaders was a good fit for parents and overall the group was right for parents.

Parent Child Attachment Play (PCAP)

4 parents completed the course between April – June 2023. They bonded very well and became a source of comfort to each other with the difficulties they were facing. The course was run over a 12 week period, with 5 group sessions and a mix of weekly contact via google meets, telephone, and email.

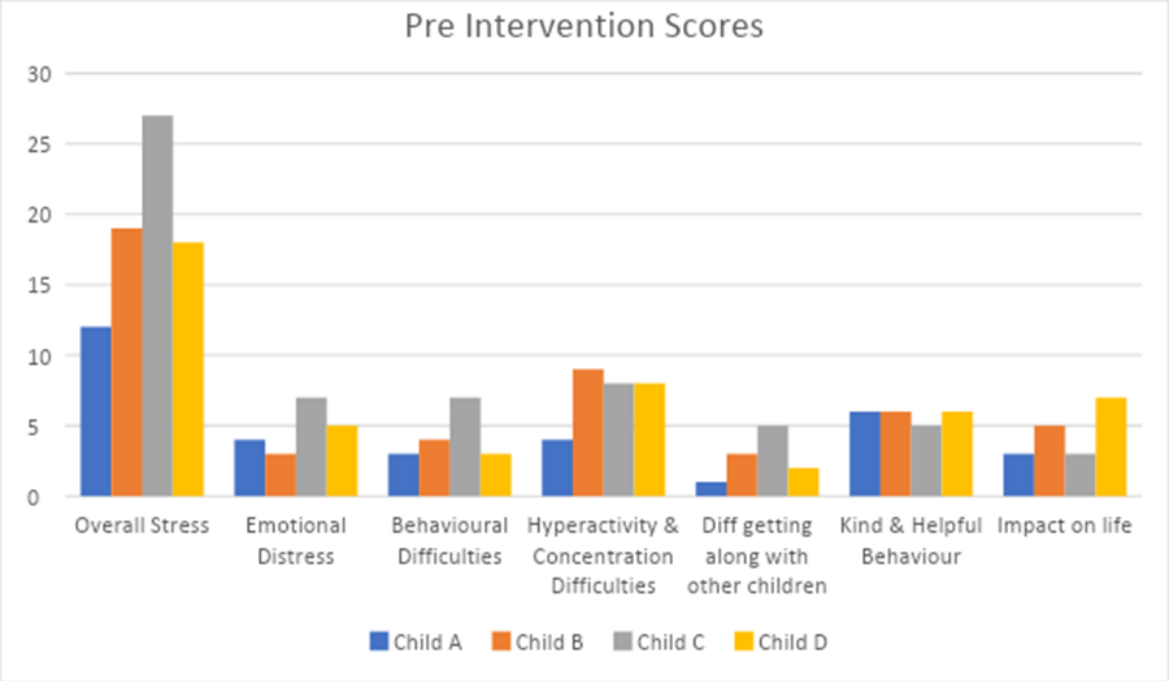
The Parent Child Attachment Play (PCAP) Model

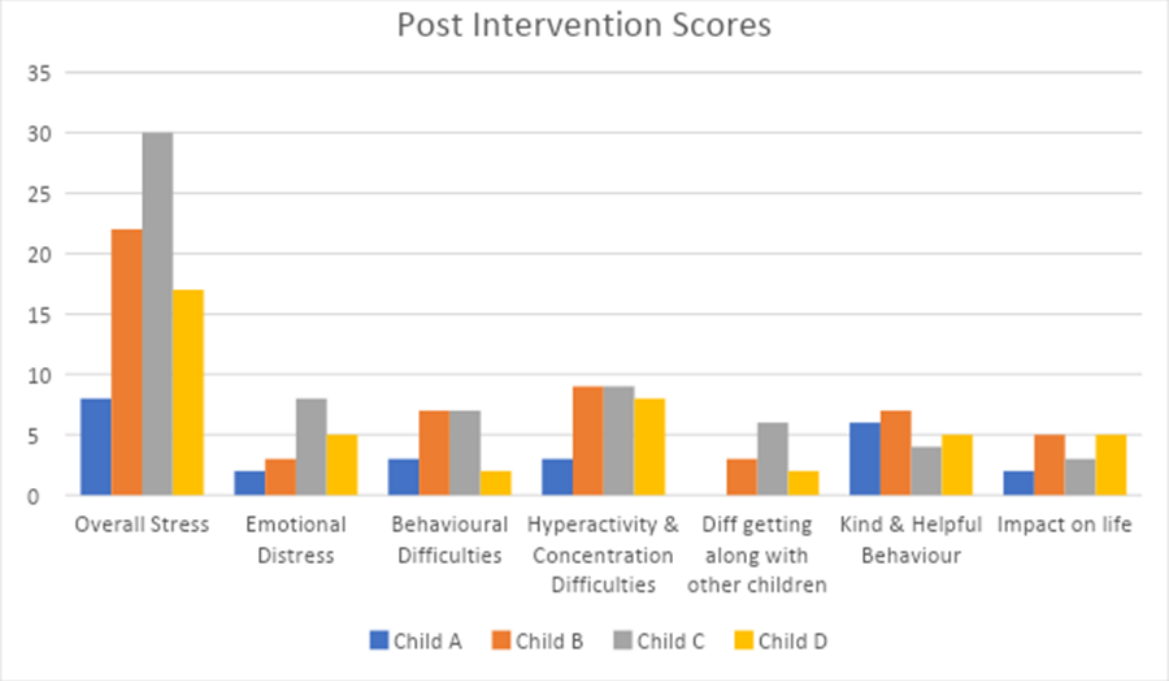
Parent Child Attachment Play (PCAP) is an innovative early help model that focuses on strengthening the parent/carer (or other adult) – child relationship. The PCAP practitioner primarily works with the parent/carer (or other adult) in a one to one or group-based setting. The intervention is aimed at children 3+ to late teens. It can be offered to both neurotypical and neurodiverse children and adapted according to the child's needs.

PCAP training provides:

- A strong grounding in the latest attachment, neuroscience and child psychology research and theory that underpins the model.
- Understanding of the intergenerational transmission of attachment and how PCAP can play a role in creating long -lasting meaningful change in familial relationships.
- Understanding of a 10-step method that integrates 3 fundamental attachment focused mechanisms; reflective functioning, child led play and containment.
- An experiential and creative learning experience which guides and empowers.
- A reflective space to develop confidence and new skills (see Appendix C).

Outcome measures





There were some mixed results in the pre and post SDQ scores, 2 children showed a decrease in their overall scores and impact on life scores. With 2 children showing some increases in the overall scores, which I think reflected an acceptance and a deeper connection to their behaviour from their parents.

Stress Scale

Each parent also completed a Parent Stress Scale (PSS) questionnaire to assess their feelings about their parenting role before and after the intervention. It explores positive (emotional

benefits, personal development) and negative (demands on resources, feelings of stress). Below is an overview of the outcomes for each family and child.

Child A

The calm approach of mum and dad has helped, we discussed the connect mirror match functions in the brain and how co-regulation helps to calm and develops self-regulation. Reflective functioning is being used in everyday life and has helped with their communication. There was a 4-point decrease in the SDQ scores, with improvements seen in all areas, with a 1-point improvement in the impact on life score. The stress scale results showed many positive improvements in feelings towards positivity of being a parent and closeness to her children.

Child B

He has started to talk more openly about his emotions, especially around how he is feeling in school. His SDQ scores went up slightly, but this feels as if it is more of an acknowledgement of his behaviour. The stress scale showed that Mum is reflecting more positively on the future.

Child C

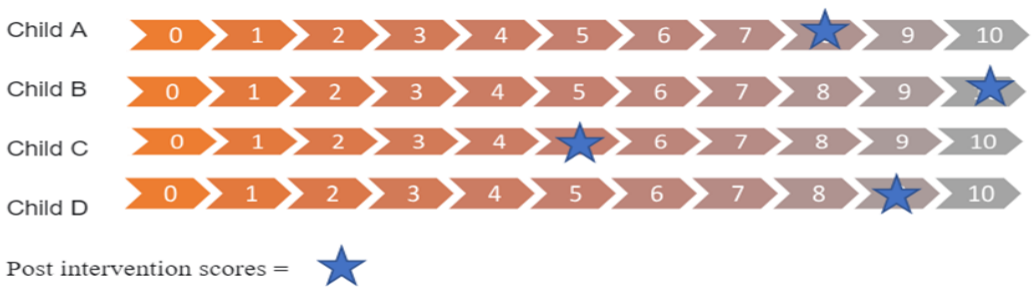
The SDQ scores slightly increased but when we explored this, it felt a positive shift, as he is now expressing himself much better and communicating how he is feeling. He can explain what is happening in school and the things he does not like and finds difficult. As well as being able to tell his family what is wrong when he feels unwell. The parent stress scale showed some positive changes from before and after our sessions with regards to her thoughts on parenting and their relationship.

Child D

The play sessions have been going well and they feel the benefit of their special time together. The SDQ score was reduced by 1 score and the impact on life score improved by 2 points. The stress scale showed similar scores from before and after, with Mum reflecting on how the stress affects her personally.

Impact Scoring

Each parent gave a score for where they felt they were at the end of the intervention, relating to their specific goals. There were great improvements for all participants. Success Scale from 0 -10, where 0 means nothing has changed, and 10 means things have improved:



PCAP Service User Evaluation (CHI-ESQ)

Each participant completed an evaluation form to gather feedback on how to improve the intervention in the future. The results for each question can be found in Appendix A. All participants felt they were listened to and that it was easy to talk to me. They felt they were treated well and taken seriously, they also felt that everyone was working together. They felt that they would all recommend the service to a friend/family member. There was some confusion around some of the questions as it included work with the child and the problem the child came for, which included concerns around helping within a school based environment. Which is not something that happens during this intervention.

When asked, 'What was really good about your care' parents said:

- *I really felt listened to and supported.*
- *Natalie was lovely, gave some great advice and listened.*
- *Natalie is really emphatic, and her demeanour is very calm and reassuring.*
- *Our 'teacher' Mrs Evans was delightful. She was personable but professional, listened well and really understood what issues the parents were facing. She was supportive, caring, and knowledgeable.*

Was there anything you didn't like or anything that needs improving?

- No, it was great, thanks
- No
- A few more sessions would have certainly been appreciated.
- Achieving for Children - this part of the company has been wonderful; I wish I could say the same for other experiences (different parts).

Is there anything else you want to tell us about the service you received?

- Just a thank you to Natalie for all her help. She is just amazing and an asset to your place, thank you.
- No
- N.a.

Conclusions

All parents showed progress against their desired therapeutic aims. There were some mixed results in the pre and post SDQ scores, 2 children showed a decrease in their overall scores and impact on life scores. With 2 children showing some increases in the overall scores, which I think reflected an acceptance and a deeper connection to their behaviour from their parents. This shows that all participants experienced positive outcomes and learnt new skills that they can maintain throughout more difficult periods in theirs and their families' lives.

Emotional Wellbeing Champions (EWC) and Senior Mental Health Ambassadors (SMHA)

Once again this year saw the Wellbeing team continue to offer our flagship prevention programme, Emotional Wellbeing Champions and we developed our senior offer in line with student feedback obtained in 2022.

The schools who attended the training are shown below:

Schools attending the EWC/ SEMH training days	
Primary	**Secondary**
Eton Wick First School	Holyport College
Eton Porny First School	The Windsor Boys' School
Furze Platt Junior School	Windsor Girls'
Cookham Dean	Dedworth Middle
St Michaels CofE Primary	St Edward's Royal Free Middle School
Cookham Rise	Newlands Girls' School
Knowl Hill CE Academy	
Bisham C of E Academy	
Cheapside C of E Primary	

This year 9 primary schools attended the training days with 51 students and 10 school staff attending. 6 secondary schools attended the senior training day with 31 pupils in attendance, of these the greatest number were from year 9 (50%), followed by year 7 (20%), then year 8 (16.67%) and the smallest number were from year 10 (13.33%).

EWC programme

The Emotional Wellbeing Champions programme for primary schools continues to be a great success and we subsequently had to run an additional day to accommodate all 10 schools that signed up. Schools selected children and young people to attend our one day training events and then to act as mental health champions/ ambassadors for their school.

The aim of the training is to:

- raise students' awareness and knowledge of positive mental health
- create an open, supportive culture around mental health and wellbeing in schools
- end mental health discrimination and stigma.

EWC evaluation

As part of our evaluation of the training days we asked the teachers and pupils to give feedback. Overall, the pupils gave the day 8.9 out of 10.

- 94% of pupils said they agreed or strongly agreed that the EWC programme is beneficial to their school.
- 67.5% agreed or strongly agreed that the programme had made them more confident in talking about feelings.
- 86% of children agreed or strongly agreed that they knew which adults could help them and others.
- 75% agreed or strongly agreed they feel confident asking for help.

100% of teachers thought the students had benefited from the day and that the course content was suitable. When asked, all the teachers indicated they thought the day was a 5 or 6 out of 6 (where 6 means excellent), as shown below;

	Poor					**Excellent**
	1	**2**	**3**	**4**	**5**	**6**
How did you find today?	0%	0%	0%	0%	30%	70%

When asked 'What do you think the children will benefit from in your school and what ideas will you take forward?' The pupils said;

Testimonial feedback from pupils on which ideas they will take back to school
Learning about how worries affect them. Drawing around people/ how stress affects our body. Flip the lid. Stress bucket.
Mindfulness/Breathing exercises.
Learning to be a good friend and to be mentally healthy.
Knowing it's ok to talk about your feelings.

To talk to adults.

Senior Mental Health Ambassadors programme

This year has seen exciting developments in our anti stigma/ preventive work with the development of the Senior Mental Health Ambassadors for senior pupils now running along the Emotional Wellbeing Champions Programme. The new senior programme was developed in partnership with secondary pupils who formed a focus group to advise us on what they would like to be included in the day's events. As a result we brought in a wider range of agencies to talk about mental health and engaged a rap therapist to work with the young people in the afternoon.

SMHA evaluation

Further to feedback from secondary aged young people after the 2022/23 programme, this year we updated and developed our offer to senior pupils. We completed a number of focus groups early in 2023 and met with the youth council who supported us to re-shape the secondary programme. The new title and updated content were developed as a result. The addition of Rap Therapy has been an asset to the programme and helped fully engage the young people. After the training 76.67% of pupils said rap therapy was their favourite activity of the day.

Representation from an array of support services for young people (including the Getting Help Team and Kooth) created a dynamic feel to the training and introduced the young people to services available to them.

Overall the pupils gave the day 8.8 out of 10 and the teachers gave the day 9.3 out of 10. When asked about the training day, the young people gave the following feedback;

- 100% of pupils said they found the learning interesting, easy to understand and that the activities were fun and engaging.
- 100% of pupils said they understood what can affect someone's well being.
- 97% of young people said the training had increased their knowledge about mental health and wellbeing.
- 93% said they knew how to stay 'regulated' and calm (when asked after the training).
- 87% of pupils said they felt confident in recognising feelings in themselves and others.

Our evaluation of the SMHA's identified the following areas for development.

- Developing a resource and information pack to support school's to embed the training and campaigns into their schools.
- Building in a follow up day with a member of the delivery team to support schools to embed anti stigma campaigns in school.
- Supporting schools to share campaign ideas with one another.
- Working with the Rap Therapy Team to direct their session specifically on a mental health topic.

- Exploring options for including more personal experiences of young people and their mental health journey into the training.

9. CONSULTATION

Name of consultee	Post held	Date sent	Date returned
Mandatory:	*Statutory Officer (or deputy)*		
Elizabeth Griffiths	Executive Director of Resources & S151 Officer		
Elaine Browne	Deputy Director of Law & Governance & Monitoring Officer		
Deputies:			
Andrew Vallance	Deputy Director of Finance & Deputy S151 Officer		
Jane Cryer	Principal Lawyer & Deputy Monitoring Officer		
Mandatory:	*Procurement Manager (or deputy) - if report requests approval to go to tender or award a contract*		
Lyn Hitchinson	Procurement Manager		
Mandatory:	*Data Protection Officer (or deputy) - if decision will result in processing of personal data; to advise on DPIA*		
Samantha Wootton	Data Protection Officer		
Mandatory:	*Equalities Officer – to advise on EQiA, or agree an EQiA is not required*		
Ellen McManus-Fry	Equalities & Engagement Officer		
Other consultees:			
Directors (where relevant)			
Stephen Evans	Chief Executive		
Andrew Durrant	Executive Director of Place		
Kevin McDaniel	Executive Director of Adult Social Care & Health		
Lin Ferguson	Executive Director of Children's Services & Education		
Assistant Directors (where relevant)			
	Assistant Director of …….		
External (where relevant)			
N/A			

Confirmation relevant Cabinet	Councillor Amy Tisi, Cabinet member for Children's	Yes/No

Member(s) consulted	Services, Education and Windsor	

REPORT HISTORY

Decision type:	**Urgency item?**	**To Follow item?**
For information	No	No
Report Author: Rebecca Askew -Senior Specialist Educational Psychologist - Wellbeing 07775220788		

Glossary of Terms

A&D	Anxiety and Depression (pathway)
AnDY	Anxiety and Depression in Young People Clinic
BHFT	Berkshire Healthcare Foundation Trust
CAMHS	Child and Adolescent Mental Health Service
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CPD	Continuing Professional Development
CPE	Common Point of Entry
CWP	Children's Wellbeing Practitioner
CYP/C&YP	Children and Young People
DDP	Dyadic Developmental Psychotherapy
DfE	Department for Education
EHE	Elective Home Education
EHH	Early Help Hub
ERSA	Emotionally Related School Avoidance
Fte	Full time equivalent
MH	Mental Health
MHST	Mental Health Support Team
NR	New Referral
OCD	Obsessive Compulsive Disorder
PPEPCare	Primary Principles in Education and Primary Care
PTSD	Post Traumatic Stress Disorder

PTUK	Play Therapy UK
SEMH	Social Emotional and Mental Health
TR	Treatment
WTE	Working Time Equivalent

Appendix A - Equality Impact Assessment

For support in completing this EQIA, please consult the EQIA Guidance Document or contact equality@rbwm.gov.uk

www.rbwm.gov.uk
Royal Borough of Windsor & Maidenhead

1. Background Information

Title of policy/strategy/plan:	Wellbeing Service Report
Service area:	Early Help
Directorate:	Children's Services

Provide a brief explanation of the proposal: • What are its intended outcomes? • Who will deliver it? • Is it a new proposal or a change to an existing one?
The purpose of this report is to provide the Schools Forum with an overview of service provision from the Wellbeing Service.

2. Relevance Check

Is this proposal likely to directly impact people, communities or RBWM employees? • If No, please explain why not, including how you've considered equality issues. • Will this proposal need a EQIA at a later stage? (for example, for a forthcoming action plan)
Yes

If 'No', proceed to 'Sign off'. If unsure, please contact equality@rbwm.gov.uk

3. Evidence Gathering and Stakeholder Engagement

Who will be affected by this proposal? For example, users of a particular service, residents of a geographical area, staff
Children and young people (5-18yrs) and their families who would benefit from support from the Wellbeing Service attending maintained schools and academies in RBWM. The Psychological Wellbeing Practitioners who deliver Wellbeing Services for the Royal Borough of Windsor and Maidenhead.
Among those affected by the proposal, are protected characteristics (age, sex, disability, race, religion, sexual orientation, gender reassignment, pregnancy/maternity, marriage/civil partnership) **disproportionately represented?** For example, compared to the general population do a higher proportion have disabilities?
Yes
What engagement/consultation has been undertaken or planned? • How has/will equality considerations be taken into account? • Where known, what were the outcomes of this engagement?
What sources of data and evidence have been used in this assessment? Please consult the Equalities Evidence Grid for relevant data. Examples of other possible sources of information are in the Guidance document.
Consultation data, questionnaires and focus groups. Following a 1:1, therapeutic intervention with the Wellbeing Team parents and children/ young people were sent a service user evaluation form to gather feedback. This is used to inform service development and delivery. The new Senior MH Ambassadors programme was developed in partnership with secondary pupils who formed a focus group to advise the service on what they would like to be included in the day's events. As a result we brought in a wider range of agencies to talk about mental health and engaged a rap therapist to work with the young people in the afternoon.

4. Equality Analysis

Please detail, **using supporting evidence**:

- How the protected characteristics below might influence the needs and experiences of individuals, in relation to this proposal.
- How these characteristics might affect the impact of this proposal.

Tick positive/negative impact as appropriate. If there is no impact, or a neutral impact, state 'Not Applicable'

More information on each protected characteristic is provided in the Guidance document.

	Details and supporting evidence	Potential positive impact	Potential negative impact
Age	*The evidence for the purpose/positive impact of maintaining the Wellbeing Service for the 5-18yr age range is to continue to provide accessible advice and support to schools, CYP and their families.* *In mid-2019 the estimated resident population of East Berkshire CCG was 436,701. Children and young people aged 0 to 17 made up 25% of this population, compared to 21% in England.* *Even before the coronavirus pandemic, mental health services for children and young people were already seeing an increase in demand. All our current planning must take into account the additional short- and long-term demand generated by the pandemic, and the extra pressure it is placing on services and on our CAMHS workforce.* *The Mental Health of Children and Young People in England Survey 2017 provides England's best source of data on trends in child mental health. The follow up report published in July 2020 found that rates of probable mental disorders in children aged 5 to 16 had risen to one in six. Children and young people with a probable mental disorder were more likely to say lockdown had made their life worse (54.1% of 11- to 16-year-olds and 59% of 17- to 22-year-olds), than those unlikely to have a mental disorder (39.2% and 37.3% respectively).* *An audit looking at children and young people presenting with a mental health crisis to Frimley Park Hospital's emergency department in the first six months of the reporting year 2020 to 2021 saw an initial decrease of 55.1% compared to the previous quarter's attendances. As schools and colleges reopened, the hospital quickly saw the numbers of CYP attending the emergency department in crisis rising again. During the first six weeks of returning to school, there was a 121% increase in attending in crisis*	✓	

	compared to the same period the year before.		
Disability	*In January 2021 there were a total of 2,764 children and young people in East Berkshire with an education, health and care (EHC) plan. A total of 1,742 CYP have social, emotional and mental health (SEMH) needs identified as the primary need for the EHCP. The Wellbeing Service offer CYP and/or staff mental health and wellbeing support with an awareness of their disability and the differentiation/reasonable adjustments that may be required.*	✓	
Sex	*Key data: In 2020 an estimated 49.6% of the local population is male and 50.4% female. [Source: ONS mid-year estimates 2020, taken from Berkshire Observatory*	✓	
Race, ethnicity and religion	*Key data: The 2011 Census indicates that 86.1% of the local population is White and 13.9% of the local population is BAME. The borough has a higher Asian/Asian British population (9.6%) than the South East (5.2%) and England (7.8%). The forthcoming 2021 Census data is expected to show a rise in the BAME population. [Source: 2011 Census, taken from Berkshire Observatory]* *Key data: The 2011 Census indicates that 62.3% of the local population is Christian, 21.7% no religion, 3.9% Muslim, 2% Sikh, 1.8% Hindu, 0.5% Buddhist, 0.4% other religion, and 0.3% Jewish. [Source: 2011 Census, taken from Berkshire Observatory*	✓	
Sexual orientation and gender reassignment	*Unfortunately, at the moment there is no reliable prevalence data available on how many LGBTQ+ children and young people there are in the general population. However, LGBTQ+ young people are known to have higher rates of poor mental health (including depression and anxiety), self-harm and suicide than their non-LGBTQ+ counterparts. Data from Stonewall shows that nearly one in four LGBTQ+ young people have tried to take their own life at some point, and more than half deliberately harm themselves. The Wellbeing Service offer support and advice for Wellbeing as well as*	✓	

	further guidance regarding LGBTIA+ signposting.		
Pregnancy and maternity	N/A		
Marriage and civil partnership	N/A		
Armed forces community	N/A		
Socio-economic considerations e.g. low income, poverty	N/A		
Children in care/Care leavers	N/A		

5. Impact Assessment and Monitoring

If you have not identified any disproportionate impacts and the questions below are not applicable, leave them blank and proceed to Sign Off.

What measures have been taken to ensure that groups with protected characteristics are able to benefit from this change, or are not disadvantaged by it? For example, adjustments needed to accommodate the needs of a particular group
Where a potential negative impact cannot be avoided, what measures have been put in place to mitigate or minimise this? • For planned future actions, provide the name of the responsible individual and the target date for implementation.
How will the equality impacts identified here be monitored and reviewed in the future? See guidance document for examples of appropriate stages to review an EQIA.

6. Sign Off

Completed by: Rebecca Askew	**Date**: 01.11.2023
Approved by:	**Date:**

If this version of the EQIA has been reviewed and/or updated:

Reviewed by:	**Date**:

Appendix B - Data Protection Impact Assessment (DPIA)

Project Details

Name of Project/ Initiative
Getting Help Team
Brief Summary of Project *(describe background to the project, the intended outcome and nature of the relationship with the individuals whose data is being collected. Include supporting documentation)*
Berkshire Healthcare (BHFT) and the three local authorities in East Berkshire are committed to the implementation and development of the Mental Health Support Team (MHST) and Getting Help Team (GHT). An integrated approach is a key component of the delivery framework of providing support to improve the health and wellbeing of children and young people with low to moderate mental health concerns. The Getting Help Team is employed by BHFT but work alongside the RBWM/AfC Wellbeing Team in Early Help and they are therefore required to take individual referrals from Early Help Hub and complete the relevant Early Help documentation for return and upload on the Paris system. The GHT/MHSTs do not have access to the Paris system and the licensing cannot be changed in this regard. Outlined in the MOU: All GH Team staff will be bound by and adhere to BHFT information governance and data sharing policies and procedures. Where there are differences between BHFT and the LA policy, staff will adhere to the BHFT policy as their direct employee. All clinical activity delivered by the MHST/GHT will be recorded on the BHFT RiO EPR system to enable data flow to the MHSDS and ensure compliance with clinical governance requirements. MHST/GHT staff will abide by BHFT related information governance policies. The appropriate governance arrangements of Data Protection Impact Assessments (DPIAs) and Information Sharing Agreements (ISAs) will be in place where required.
Estimated State Date of Processing
Name of Project Lead/Sponsor
Rebecca Askew (AfC) and Pauline Peters (BHFT)

Details of Person Conducting DPIA

Name
Rebecca Askew
Position
Senior Specialist Educational Psychologist - Wellbeing
Contact Details (Email & Telephone)
rebecca.askew@achievingforchildren.org.uk 07775220788

Step 1. Identify the need for a DPIA	
Does your project involve any of the following (Tick all that apply)	
The collection of new information about individuals	*
Compelling individuals to provide information about themselves	
The disclosure of information about individuals to organisations or people who have not previously had routine access to the information	*
The use of existing information about individuals for a purpose it is not currently used	
Contacting individuals in ways which they may find intrusive	
Making changes to the way personal information is obtained, recorded, transmitted, deleted or held	*
The use of profiling, automated decision making, or special category data to make significant decisions about people (e.g. their access to a service, opportunity or benefit)	*
The processing of special category data or criminal offence data on a large scale	
Systematically monitoring a publicly accessible place on a large scale i.e. CCTV	
The use of new technology, systems or business processes	
Carrying out profiling on a large scale	

Processing biometric or genetic data	
Combining, comparing or matching data from multiple sources	
Processing personal data without providing a privacy notice directly to the individual	
Processing personal data in a way which involves tracking individuals' online or offline location or behaviour	
Processing children's personal data for profiling or automated decision making or for marketing purposes, or offer onlines services directly to them	
Processing personal data which could result in a risk of physical harm in the event of a security breach	*

If you answered "yes" to any of these, please proceed to Step 2.

If none of the screening questions apply, please tick the box below and return the form to the Data Protection Officer at dpo@achievingforchildren.org.uk

None of the screening statements in Step 1 apply to the project, and I have determined that it is not necessary to conduct a Data Protection Impact Assessment	

Step 2: Describe the processing

The nature of the processing

What is the source of the data?

The data comes from the RBWM Early Help Hub

How will you collect the data?

The data on PARIS is initially processed by the EH Advisors before the EHH meeting and then the Team Lead Wellbeing Practitioner will forward this information onto the GHT if they pick up the case. The referred c/yp details are included on our Wellbeing Team Spreadsheet by AFC Wellbeing Practitioner.

Chrissey Thomas (WBT Lead) will refer to the relevant detail on Paris for new cases and share the information in verbal format first at the allocation meeting (GHT do not attend the EH Hub on

Wednesdays). If agreed to take up by GHT the referral is then forwarded by email. The Wellbeing Spreadsheet is an internal document saved on Google Drive (access only for the WBT) to list and track all the referrals through to GHT/WBT. Information is added only by members of the WBT or RA. It includes name, date of referral, assessment date, measures information, closing date and whether they are a young carer.

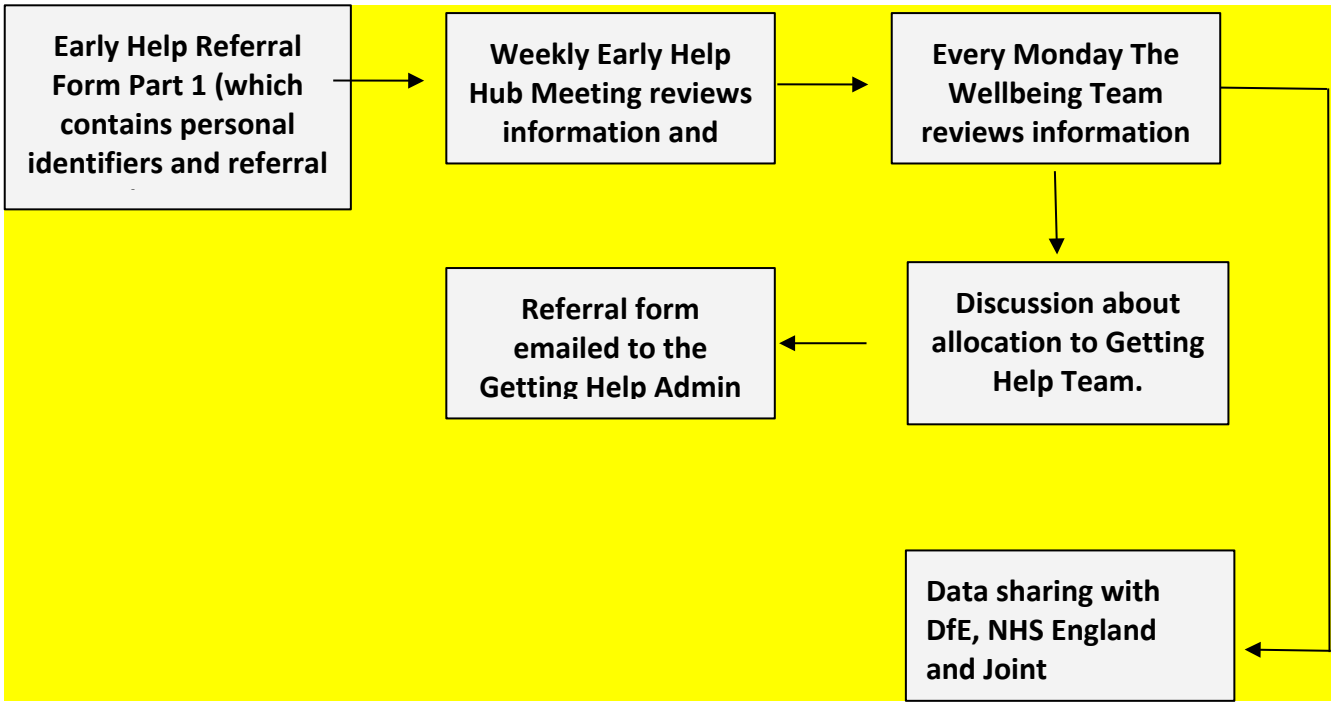
How will you use, store and delete the data?

We send referral information to the GHT via email (password protected and official sensitive) - Part 1 EHH referral only.

Will you be sharing the data with anyone?

CAMHS - NHS England, DfE and Joint Management Boards will request feedback (evaluation data) in terms of numbers referred and predominant MH difficulties on referral, length of intervention and pre/post measures e.g. whether there was a positive shift (reduction in symptoms). No identifiers are provided. This data has to be shared to ensure continued funding in line with NHS England and DfE agreements - most of this relates to MHSTs and not GHT although NHS England will request some broad (outline) data to continue to agree to fund the GHT. Some data will be shared with CAMHS in meeting presentations but again this will be broad with no identifiers and rarely requested by them.

Data Flow diagram



Describe the scope of the processing

What is the nature of the data? Detail the type of personal data being processed (e.g. name, NHS Number, DOB)

Name, DOB, NHS number, PARIS ID. In some instances, addresses, contact info, ethnicity , religion, gender, school, parent carer info, siblings names. Addresses and contact info may be shared if home visits and direct contact with the family as part of the therapeutic intervention is required. If the other information is not indicated on the Part 1 form but is important to decision making regarding the intervention this will be communicated as part of the allocation meeting verbally because the GHT do not have access to this information on Paris.
Does it include special category or criminal data? (e.g. racial or ethnic origin, health info, religious or philosophical beliefs, genetic, biometric data etc)
Yes, as above.
How much data will you be collecting and using?
The data of approximately 150-200 children and young people per annum.
How often will the data be collected and used?
Weekly collection and sharing**.**
How many individuals are affected?
Approx 150-200 cases per annum
What geographical area does it cover?
RBWM on occasion Berkshire, if the student that has commenced therapy moves to another school in the area in which case the intervention would continue in the best interests of the c/yp.
Describe the context of the processing
What is the nature of the relationship with the individuals whose data is being collected? i.e. carers, pupils etc.
Cases being referred for therapeutic support for c/yp.
How much control will they have over their personal data?
They give consent for their data to be stored electronically. *'I understand that the information will be stored electronically, and that only authorised persons will have access to this information.'* and the information will be shared '*I agree that information already held by other agencies and information from this referral can be shared in order to progress this request.'.*

Individuals can also state agencies they would like to 'opt out' of information being shared. If individuals do not give their consent the referral is not discussed at EHH until it is apparent on the form (signed). We follow EH/Social Care procedures that the form (Part 1) remains on the Paris system but the referral tab is closed with a note (no further action and the reason for this).
Would they reasonably expect AfC to use their data in this way?
Yes, as stated on the Early Help Part one.
Do they include children or other vulnerable groups?
Yes.
Are you aware of any prior concerns over this type of processing or security flaws?
No.
Does it involve any innovative or new technology, or is the processing unique or unusual?
No. We were using a shared Google Drive file to share the info, but have reverted back to sharing via email as this was felt to have a higher level of security**.**
What is the current state of technology in this area?
n/a
Are there any current issues of public concern that should be considered?
Due to capacity in the Wellbeing Team and high annual referral rates there are long wait times - the GHT support to reduce the wait times for CBT intervention.
Describe the purposes of the processing
What do you want to achieve?
To assess and triage the mental health needs of the child and provide appropriate support.
What is the intended effect on the individuals?
To be able to access appropriate mental health support.
What are the benefits of the processing for AfC and broadly?
To be able to work in a joined up way with CAMHS services providing early intervention mental health

support to prevent delay to service provision and to best meet young people and families needs.

Step 3: Consultation Process *(Consider how to consult with relevant stakeholders)*
Describe when and how you will seek individuals' views – or justify why it's not appropriate to do so
Views on data sharing are taken from the referring agency or via self referral. The set up of GHT was facilitated by East Berkshire CCG. Local Implementation Groups in each EB area were formed to oversee the implementation of the GHT - the membership included social care rep, BHFT Team Lead, SEP, School Nursing, Number 22 Counselling, Public Health, primary and secondary school reps, Youth Service reps, Early Help Hub reps and parent reps. A memorandum of understanding (MOU) was signed by Lin Ferguson on behalf of RBWM.
Who else do you need to involve within AfC? i.e. Business Systems, Information Governance
Business support, Early Help Hub Services, Social Care.
Do you plan to consult information security experts, or any other experts?
No

Step 4: Assess necessity and proportionality (describe compliance and proportionality measures)

What is your lawful basis for processing? Please choose one of the following ?	
The data subject has given consent	*
The processing is necessary for the performance of a contract to which the data subject is party or in order to take steps at the request of the data subject prior to entering into a contract	
The processing is necessary for compliance with a legal obligation to which AfC is subject	
The processing is necessary in order to protect the vital interests of the data subject or of another natural person;	
The processing is necessary for the performance of a task carried out in the public interest or in the exercises of official authority vested in AfC	

Does the processing actually achieve your purpose?
Yes
Is there another way to achieve the same outcome?
No
How will you prevent function creep? *(function creep is where data collected for one purpose is used for another purpose over time?)*
We only use this information for the purpose of assessing need and allocating services.
How will you ensure data quality and data minimisation? *(We should only use the minimum amount of personal data possible to achieve the purpose of the processing)*
We only share Name, DOB, NHS number and Paris ID for case discussions. The full referral is only shared once CAMHS has agreed to accept a case for assessment and treatment. This info is then sent securely (official sensitive).
What information will you give individuals about the processing?
The information on the Early Help Hub part one and the information on the initial contact letter via CAMHS. This information is provided on the Early Help Part 1: **Please ensure that the young person and/or parents have agreed to the referral and the points below:** **I agree for this referral to be made** **I understand that the information will be stored electronically, and that only authorised persons will have access to this information.** **I agree that information already held by other agencies and information from this referral can be shared in order to progress this request.**
How will you help support their rights? *(data subject rights include the right of access, rectification, erasure, portability and restriction of processing)*
As a data controller, Achieving for Children will comply with data subject requests and information about individuals can exercise their rights will be published in the privacy notice.
What measures do you take to ensure processors comply with the GDPR, and assist AfC in supporting individuals in exercising their rights?
Continued checks that the systems on which the information is being shared is secure and all members of the teams are working to the same data protection principles. BHFT does not process

data on our behalf.
How do you safeguard any international transfers of personal data?
N/A

Step 5: Identify and assess the privacy risks *(The aim is compile a comprehensive list of al privacy risks associated the project, whether or not the risks require action)*

Privacy risk log							
Risk ID	Description of Risk	Impact on project	Likelihood 1=v.low 5= v.high	Impact 1= negligible 5= critical	Overall RISK (likelihood x impact)	Mitigation/Action	Status
1.	Personal Data will be shared with CAMHS on a weekly basis, risk this is shared without knowledge of the data subject. This will also include special category data which is highly sensitive.	Personal Data is required ro be shared verbally and via email on a weekly basis to aid case discussion and correct allocation of services.	1	3	**3**	1. Ensure Early Help Part one is clear about how informatio n is being shared with CAMHS? 2. Privacy notice to be circulated to individuals upon acceptanc e of a referral by the Wellbeing Team.	
2.	Data subjects may change their mind about how they want data to be shared, but we may not be made aware of this and share the information with CAMHS.	Data is shared without updated information on consent being gained	1	4	**4**	1. Check with case when first making contact they are happy for information to be shared with CAMHS. 2. Withdrawal of consent must be	

						prominently recorded on PARIS	

Step 6: Sign Off

In cases where the impact of a risk identified at Step 5 is assessed to be either severe or critical and the likelihood is assessed to be either likely or very likely and the risks remain at this level after the implementation of controls, the Data Protection Officer must be consult the Information Commissioner's Office

Item	Name/Date	Notes
DPO advice provided by:	Samukele Matshakayile-Ndlovu 2/11/2021	**DPO should advise on compliance and whether processing can proceed**

Summary of DPO Advice:

The DPO has no objections to the proposed processing as it will provide early intervention to children and young people in need of mental health support. The following recommendations are made to ensure full compliance with the UK GDPR:

Recommendations

1. A Wellbeing Team privacy notice to be drafted and shared with individuals when the referrals from the Early Help Hub are accepted by Team. The privacy notice must make clear how personal data will be processed by the GHT. This will ensure compliance with articles 13 and 14 UK GDPR (right be informed) and also provides further mitigation against the privacy risk identified above (point 1.)
2. Withdrawal of consent must be prominently recorded on PARIS so all practitioners are aware at all times when consent has been withdrawn by the data subject. A discussion with the PARIS Team may be required.
3. The MOU does not constitute a data sharing agreement therefore all personal or pseudonymised data must only be shared under a data sharing agreement (ICO's data sharing code of practice). The DPO must be consulted in regards to the data sharing arrangements with NHS England, DfE and Joint Management Boards.

DPO advice accepted or overruled **(Name & Job title)**	Rebecca Askew Senior Specialist Educational Psychologist - Wellbeing	**If overruled you must explain your reasons**
Comments:		
IG Board rectification/ approval date:		
Comments:		