

NEWCASTLE

TARGETED MENTAL HEALTH IN SCHOOLS

(TaMHS)

PROJECT EVALUATION

Interim Report, October 2010

Prepared by:

Dr Carol Booth, Educational Psychologist, BA, PGCE, BSc, MSc, Ed Psych D

Alice Oliver, Educational Psychologist, BSc, PGCE, MSc

Maddy Upton, Educational Psychologist, BSc, PGCE, BSc, MSc

CONTENTS

Section	Page
1.1: Introduction.....	1
1.2: TaMHS initiatives to date.....	2
1.3: Interim Report Evaluation Data.....	8
Data on School Attendance to September 2010.....	9
TaMHS (Targeted Mental Health in Schools) Counsellors' referral data.....	10
Session A Evaluations.....	12
Session B Evaluations.....	16
Session C Evaluations.....	23
1.4: Next steps for TaMHS from October 2010 to April 2010.....	28
1. 5: Projected Timeline for TaMHS Evaluation.....	29
1.6: Summary.....	30
1.7: References.....	31

1.1: Introduction

This report provides updated information on the Newcastle upon Tyne TaMHS (Targeted Mental Health in Schools) Project. The purpose is to provide information on the preliminary evaluation work that has been undertaken. This report is an integral part of the Project; which was described in the Baseline report dated March 2010. It also provides information on the current situation and progress of the Project; up to the end of September 2010.

1.2: TaMHS initiatives to date

Where relevant the information source is provided in brackets at the end of each item.

1. The Bi-Annual report, dated 23rd April 2010, gave information concerning the progress of the Newcastle Project to date. The overall state of the Project was good. A further report was provided in September 2010.
2. The Newcastle upon Tyne TaMHS Project has been delivered into three school clusters since January 2010. These are as follows: Walbottle Campus, together with 9 feeder Primary schools and Thomas Bewick Special School; All Saints College, together with four feeder Primary schools and Walker Technology College, together with five feeder Primary schools.
3. The Project continues to be integrated into the Newcastle Children's Trust, as part of the Children's Be Healthy Partnership. It reports to the CAMHS Partnership and to the Attendance and Behaviour Partnership, which is linked to Safer Schools and Youth Justice so that the Project is embedded in the Local Authority city strategy. Early benefits have been that the Project has been disseminated across the city with some of the training rolled out to schools that are not direct recipients of the TaMHS Project. The Project is integrated to the city Behaviour Improvement Strategy. The Newcastle Education Improvement Partnership is exploring the possibility of further dissemination of the Part A and B training citywide. (Bi-Annual Report)
4. The Project continues to be closely monitored through Progress and Sustainability Plans and through the Milestones Chart, which are provided and reviewed regularly, along with monthly Traffic Light reports. (Bi-Annual report)
5. Procurement. Monthly meetings with the School Cluster representatives drive the decision making process regarding the procurement of services and training in the 3 clusters of schools involved in the Project. For example, the

Walker and Walbottle School clusters requested packs of training materials on the development of Nurture Groups, which 17 schools received in September. These are ratified by the Project Group to ensure that the interventions are meeting the outlined aims and goals of the Project. The budget is reviewed quarterly and issues have been addressed through the relevant channels. (Bi-Annual Report)

6. Spot purchasing is underway and the final decisions are almost complete. Each cluster has 25 thousand pounds to spend and this provides for all training and initiatives; other than the Part A, B, C and D training and the direct involvement to schools from Kidsandus, Streetwise and Them Wifies. Concern was expressed that funding provided for a counselling room has not yet been utilised. (Traffic Lights reports, Bi-Annual Report)

7. The Project Implementation Document has been amended to include Thomas Bewick Special School, which is part of the Walbottle Cluster. Staff from Thomas Bewick Special School, from the Communication Difficulties Additionally Resourced Centres (ARCs) and from Newcastle Bridges Special School were offered places on the licensed Cygnet Training Programme. This has been ongoing since September 2010. It is a parent and sibling support programme which is provided by Barnardos for parents and carers of children and young people aged 7 to 18 years old who are diagnosed with an Autism Spectrum Condition (ASC). In addition to the Cygnet Programme the school is considering participation in peer massage training and CAMHS awareness training. They have a School Champion, and from September 2010 they have also received a half day of counselling per week. They have also received the Nurture group package. (Project Implementation Document)

8. Liaison issues. A monthly newsletter is sent to the Project Leads in schools. By October 2010; 15 schools had logged on to the National Evaluation Me and My School website (<http://www.tmhse.org/>) for Phase 2 of the National Evaluation. Phase 1 was completed in October 2009. Schools Mental Health Champions have network and cluster meetings once per term and meet in their cluster groups on a regular basis. The Children's

Services website has a webpage containing information about the Mental Health School Champions. The School Champions page is linked via the TaMHS webpage.

TaMHS also has a section on the Children's services website. The local Family Information Service is developing their brochure of services and will include links to all services available for children and young people as well as a page on the City Council website. (Traffic Lights reports)

http://www.newcastlechildrenservices.org.uk/mcs_tahms

9. How children are involved

There has been ongoing discussion regarding the involvement of children, young people and their families in the planning and evaluation of the Project. A Young Peoples' Project group is to be set up in order to enable their involvement in the evaluation and their views are sought through the evaluation procedures built in to the Project. It is proposed that Educational Psychologists in training will become involved in this work in January 2011. The proposed suggestion boxes have been provided in each school for both children and parents. The responses received have however been dealt with in the schools and no data from these has been provided to the Project Manager to date. (Bi-Annual Report)

10. Parents views

It had been agreed that the Local Authority Adult Participation Officer was to become involved in seeking parents' views at school parents' evenings but this is not now happening. The issue of the impact of parents' mental health difficulties on their children has been discussed, unfortunately the secondary mental health partners' involvement in the Project could not be sustained, however the Adult Primary Mental Health lead receives copies of minutes. The continued involvement of the Parenting Commissioner has enabled this issue to be considered in planning citywide parenting interventions.

11. Educational Psychology involvement

The Steering group meetings have up to this time been attended by the Senior Educational Psychologist, this will no longer be possible from this date.

Educational Psychologists attended the Marketing Event held on 24.6.09 with information about their work. Tailor made spot purchases were offered to schools.

It was suggested by Educational Psychologists and the Head of Behaviour Support Service (BSS) that a TaMHS (Targeted Mental Health in Schools) worker from each school should attend each Behaviour Support Service (BSS) termly priority setting meeting so that effective collaborative work was promoted. Recent changes to the Behaviour Support Service (BSS) team have meant that these have not continued into this academic year. It was suggested that 20% of Educational Psychologists time in the Project schools be used for work related to the Project. This continued until the end of the summer term 2010 and included work with individual children and young people around bereavement issues, supporting them to better manage their responses to their emotions and frustrations, anxiety and depression. In addition to this; work also took place with parents and carers and with school staff. Approaches used included Narrative Therapy, Cognitive Behaviour Therapy and Solution Focussed Brief Therapy. Contributions were also made to staff training on ASD (Autism Spectrum Disorder). Liaison work also took place with parents and other professionals on Behaviour management and ASD (Autism Spectrum Disorder). (Senior Educational Psychologist information)

12. Training evaluation data

Training has involved around 350 people from the Project schools. 238 attended Part A, and 59 Part B. CAMHS staff using the Everybody's Business training programme delivered this. The evaluations of these are described in detail in Section 1:3 of this report. In May Part C training started. It was offered to anyone who had attended Part B training and was delivered to 29 specialist staff in schools; on Communication with Children using a Counselling Framework. Part D is underway at this time and includes Loss and Bereavement, Anxiety and Behaviour. Training on Attachment is also to be delivered to the School Champions. (This report; Section 1:3)

13. FRIENDS Training

A multi agency group of 8 staff undertook FRIENDS Training for Trainers in May, which is planned to roll out from November 2010 citywide with the TaMHS schools given priority for this. FRIENDS is a preventative class based programme designed to address childhood anxiety and depression. In addition to this, Hartlepool and Redcar Educational Psychologists have requested places on the FRIENDS programme training. Following this a further 2 days training is to be offered to each of the latter Local Authorities in December and January. (Traffic Lights reports)

14. Other Training

In addition to FRIENDS a number of other training initiatives have taken place using the Spot Purchase funding. The Strengthening Families Course has been taking place since September 2010 and 8 places have been provided. 7 are to join the citywide trainers group who are running parenting programmes within the clusters. The Drawing and Talking Foundation Course is due to be run in January 2011. Staff in each TaMHS School have been allocated two places. Simonside School staff have undertaken training in the Jenny Mosley Quality Circle Time. Three staff have been trained in the Dina Programme, which has been delivered as part of the Incredible Years Parenting Programme. Thirty staff at have been trained to date in The University of the First Age (UFA), Parents as Partners Programme. To date thirteen parents have attended the course run by staff, which was offered on a wider basis to schools other than the TaMHS (Targeted Mental Health in Schools) project schools. (Traffic Lights reports)

15. Kidsandus and Streetwise

Kidsandus and Streetwise provide the TaMHS Project School Counsellor service. They provide information at quarterly meetings and there are monthly updates with data provided on new, ongoing and completed casework. Each school has a dedicated school counsellor for 1 day per week who is engaged in individual, small group and parent group work.

TaMHS referral data indicates that the counsellors have seen 183 children and young people. Counselling sessions are being evaluated individually using a solution focused format. Kidsandus set up to 3 solution focussed goals with each client: the child and their parents, with whom they worked, many of which were expressed in the child's own language. Following the intervention the children were asked to complete a 10 point rating scale that indicated how far they felt they had come towards these goals being achieved. Further information was collected from 33 children and parents using the CHI Commission for Health Improvement Day Services Questionnaire (9-11); as an end of service evaluation. Again, more detailed analysis will be carried out for the final report. (Traffic Lights reports)

16. Them Wifies

In addition a further intervention was provided by Them Wifies who have delivered blocks of work around Transition issues in the Project primary schools to 30 Year 6 children to date. 15 parents have also been engaged with the Project to date. Evaluation data has been collected which will be evaluated in the Final report. (Traffic Lights reports)

17. CAMHS (Child and Adolescent Mental Health Service) and Attendance data

There is a breakdown of Newcastle CAMHS (Child and Adolescent Mental Health Service) referrals. School attendance data will also provide a perspective on the impact of the Project. As part of the Project there has been increased awareness in schools and clusters of mental health needs and provision. Better information sharing and improved relationships have proved to be most beneficial and this work has fitted well with the Local Authority Transformation, which involves moving to Integrated Targeted Services delivered on a cluster basis. (Bi-Annual Report)

18. Sustainability

As the Project enters its last 6 months, sustainability issues are being discussed in greater detail and the Project Manager has drafted a sustainability plan for the period beyond March 2011. The Sustainability report has been circulated as a model of good practice. (Bi-Annual Report)

1.3: Interim Report Evaluation Data

The data set is aimed at establishing measures by which the Project may be evaluated and will include the following:

- Data on school attendance January- September 2010;
- TaMHS referral data;
- TaMHS school monthly update information;
- Post- session A questionnaire evaluation;
- Post-training attendee questionnaire evaluations (TaMHS (Targeted Mental Health in Schools) *Session A: Awareness Raising; Everybody's Business*. Child and Adolescent Mental Health, 263 replies were received;
- Pre and Post attendee questionnaire evaluations for session B: *Awareness Raising; Everybody's Business*. Child and Adolescent Mental Health, 54 replies were received;
- Pre and Post attendee questionnaire evaluations for session C: Communicating Effectively with children and young people;
- Thematic analyses of Sessions A B and C qualitative replies;
- Descriptive word sheets from A, B and C training.

These are described in more detail in the following sections of this report.

Data on School Attendance to September 2010

Table A shows overall Absence data from schools involved in the TaMHS Project in the period January to September 2010. Attendance figures prior to the start of the TaMHS Project (recorded in the baseline report) are shown in brackets. In all but six of the school attendance has improved. Of these six schools, two are secondary: All Saints and Walker Technology Colleges. These figures will be compared again at the end of the Project in April 2011.

Table A: School Attendance

School	% Absence (attendance figures prior to TaMHS are shown in brackets)
All Saints College	13.1 (15.1)
Beech Hill Primary	7.5 (8.6)
Cheviot Primary	6.5 (7.3)
Farne Primary	5.8 (6.8)
Knoplaw Primary	4.5 (5.4)
Lemington Primary	8.1 (8.3)
Milecastle Primary	5.8 (5.6)
Newburn Manor Primary	4.2 (4.4)
Simonside Primary	7.7 (8.2)
St Anthony's C of E	6.8 (7.1)
Throckley Primary	6.5 (7.2)
Tyneview Primary	6.7 (6.8)
Walbottle Campus	8.1 (8.7)
Walbottle Primary	5.3 (5.0)
Walker Technology College	10.3 (8.7)
Waverley Primary	4.3 (4.2)
Welbeck Primary	6.2 (6.9)
West Denton Primary	4.7 (5.9)
West Walker Primary	8.5 (8.2)
Westerhope Primary	6.3 (6.9)
Wharrier Street Primary	6.4 (6.3)

TaMHS (Targeted Mental Health in Schools) Counsellors' referral data

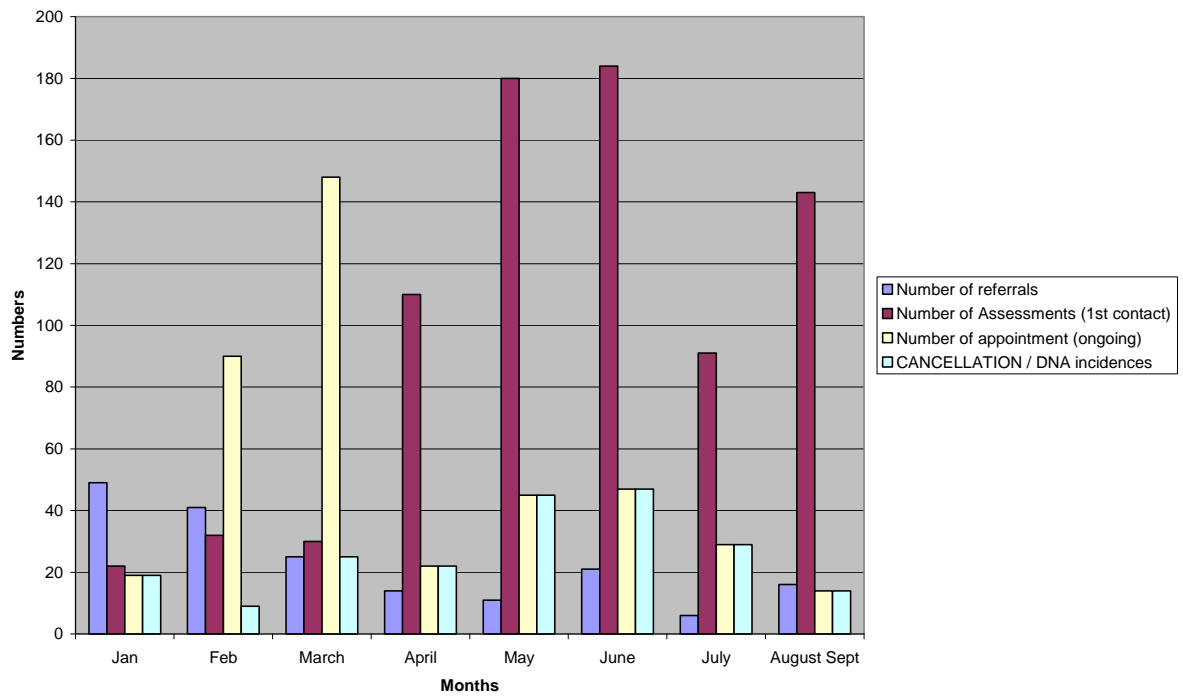
This section describes the monthly summary data indicating referral information from the TaMHS counsellors have been analysed and described below.

Table B: TaMHS (Targeted Mental Health in Schools) Counsellors' referral data

Month	Number of Referrals	Number of Assessments (1st contact)	Number of Appointment (ongoing)	Client Cancellation/ DNA Incidences
Jan	49	22	19	19
Feb	41	32	90	9
March	25	30	148	25
April	14	110	22	22
May	11	180	45	45
June	21	184	47	47
July	6	91	29	29
August/ Sept	16	143	14	14
Totals	183	792	414	210

The information received represented in the table above indicates that referrals decreased from an initial high of 49 and in August/ September stood at around 15 per month, while the numbers of ongoing appointments increased; then decreased sharply in March. First contact assessments rose sharply in April and have since remained high. They were at their highest in May and June at 180 and 184 and remained high at 140 in August/ September. DNA incidences (clients did not keep appointments) were higher in May and June and have since decreased. This data is represented graphically in Figure 1 below.

Figure 1: Analysis of Counsellors Referrals



Information Gathered from the Pre-training staff questionnaires: Session A: Awareness Raising

It should be noted that following the deadline for the information for the baseline report a further 21 completed questionnaires were received, bringing the total number of questionnaires completed to 259. The information contained in these has been added to the earlier data but did not produce any significant changes to the summative results recorded.

Information Gathered from the Post-training staff questionnaires: Session A: Awareness Raising

This questionnaire was given to attendees following the Session A training, *Awareness Raising: Everybody's Business Child and Adolescent Mental Health*. There were 263 completed questionnaires received. The professional groups who completed this questionnaire were as follows:

- Teachers – 71%
- LSA's/Teaching Assistants – 16.5%
- Nursery Nurses – 2%
- EWO/ PSA's – 5%
- Others – 5.5%

The average of all the responses was calculated and the results were:

In each case if there was a directly comparable question on the pre training questionnaire the responses are put in brackets.

Q1. Has the training provided you with an increased awareness about the range of child and adolescent mental health difficulties?

Yes = 99%

No = 1%

For questions 2 to 5 a rating scale of 0 to 10 was used where 0 is no knowledge and 10 is very knowledgeable.

Q2. Please indicate how confident you feel to identify children and young people who have mental health issues?

The average response was 6.5. (4.4)

Q3. Please indicate how confident you feel to identify risk factors that might put a child or young person at risk of developing mental health issues?

The average response was 7 (4.6)

Q4. How confident do you feel to support children and young people with mental health difficulties in your school?

The average response was 6 (4.2)

Q5. How knowledgeable do you feel about the range of services you can access to support a child, young person or family with mental health difficulties?

The average response was 6 (3.5)

Q6. Are you aware of the pathway to access CAMHS (The Newcastle Child and Adolescent Mental Health Service)?

Yes= 74% (44%)

No = 26% (56%)

Q8. Is there anything about mental health in children, young people and families that you would like to know more about?

30% of attendees responded to this question.

Summary of Questionnaire

This training was carried out between January and March 2010. The questionnaire was completed after the session A training. There is a clear indication that it was successful. The responses from those attending indicated an increased awareness, confidence in recognising and supporting young people with mental health difficulties as well as increased knowledge of available services and ways to access them.

TABLE C: Thematic Analysis of Qualitative questions from the Pre and Post Questionnaires Session A

Pre-training Session A	Post training Session A
Identification – indicators of possible mental health difficulties in children, young people and families.	Identification – indicators of possible mental health difficulties in children, young people and families (this was identified in the pre-questionnaire). More information on specific conditions that may affect young people and their families, for example, eating disorders, anxiety and self harm
Support – advice on how to support children and young people with mental health difficulties within the classroom	Resources – to help staff work with and support young people in school.
Services – the range, type of services and access routes available for children, young people and families.	Services – the range, type of services and access routes available for children, young people and families.
Behaviours – advice on how to deal with behavioural difficulties within the classroom that might arise as part of mental health difficulties in children and young people.	Theme did not re-emerge.
Confidence - how to access further training and increase understanding of mental health difficulties.	Theme did not re-emerge.

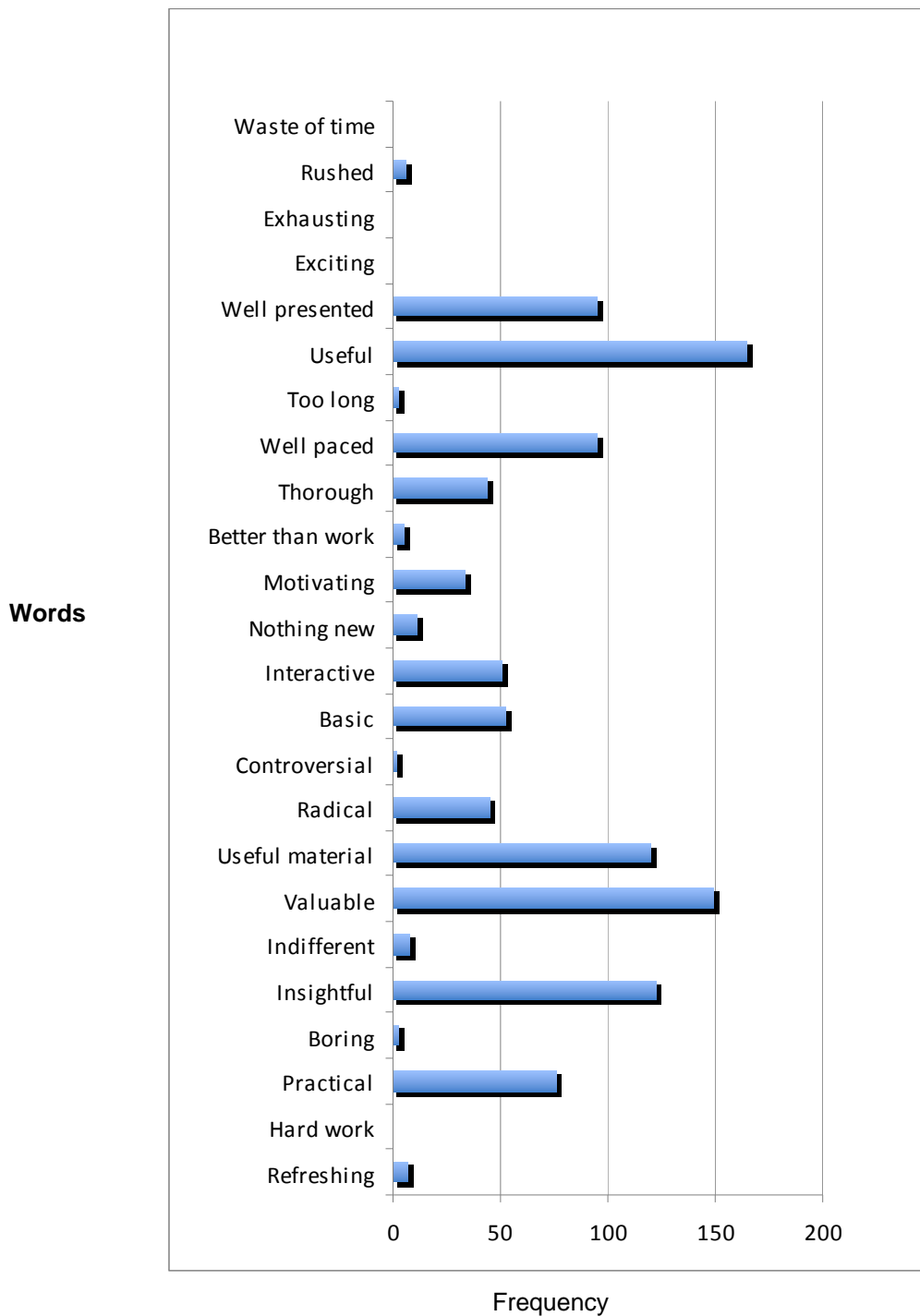
Summary of Thematic Analysis

Comparison of the data obtained from the thematic analysis of the pre and post questionnaires suggests that training Session A was successful in addressing some of the issues and concerns raised by the participants prior to training. Specifically these themes were around confidence, dealing with behaviours in the classroom and how to support young people with mental health difficulties. Themes around further training needs were identified by the participants were in relation to available services, resources and how to identify mental health difficulties.

Summary of Descriptive Word sheets from Session A training

Attached to the post – training questionnaires was a sheet with 24 descriptive words. The respondents were asked to circle 5 word they felt best described the training session. These were distributed in the form of 24 words which course attendees were asked to circle 5 of the words which best described the session for them. These sheets were completed in a variable way: some respondents circled more than 5 words, some fewer and some forms were left blank. Overall the responses were positive and are displayed graphically in Figure 2.

Figure 2: Showing the Frequency with which the Descriptive Words were circled in Post Session A Evaluations



This shows that generally the training was well received as the circled words are mainly positive; the most frequently circled being “useful” and “valuable”.

Information Gathered from the staff questionnaires: Session B: Awareness raising

The session B training was provided to the people selected from each of the schools in March and April 2010. There were 54 completed questionnaires received. The professional groups who completed this questionnaire were:

- Teachers – 44.5%
- LSA's/ Teaching Assistants – 24%
- Nursery Nurses – 5.5%
- EWO/PSA's – 18.5%
- Others – 7.5%

Information from the Pre-training Questionnaires Session B

The average of all responses has been calculated and the results were:

Q1. Have you received any previous training about child and adolescent mental health? Y/N. If yes please state the type of training and when you attended.

N = 27%

Y = 73%

The types of previous training mentioned were:

- CAMHS/TaMHS – 39%
- In school – 37%
- Other – 9%

For questions 2 to 5 a rating scale of 0 to 10 was used where 0 is 'not confident' and 10 is 'very confident'.

Q2. Please indicate how confident you feel to identify children and young people who have mental health difficulties.

The average response was 5.6

Q3. *Please indicate how confident you feel to identify common Mental Health disorders in children and young people.*

The average response was 5.1

Q4. *Please indicate how confident you feel to support children and young people with mental health difficulties in your school?*

The average response was 5.3

Q5. *How knowledgeable do you feel about the range of services you can access to support a child, young person or family with mental health difficulties?*

The average response was 5.2

Q6. *Are you aware of the pathway to access CaMHS? (The Newcastle Child and Adolescent Metal Health Service).*

No = 27%

Yes = 73%

Q7. *Have you received CAF training?*

No = 38%

Yes = 62%

Q8. *Is there anything about mental health in children, young people and families that you would like to know more about? If yes could you please state what below.*

32% responded yes to this and their questions are discussed below.

Information from the Post-training Questionnaires Session B

The average of all responses has been calculated and the results were:

Q1. Has the training provided you with an increased awareness of the range of child and adolescent mental health disorders?

All responded 'yes' with 24% saying that they felt the training was 'good' or 'excellent'.

For questions 2 to 5 a rating scale of 0 to 10 was used where 0 is 'not confident' and 10 is 'very confident'. Where equivalent questions were asked on the pre-training questionnaire the average response appears in brackets for comparison.

Q2. Please indicate how confident you feel to identify children and young people who have mental health difficulties.

The average response was 7.7 (5.6)

Q3. How confident do you feel to support children and young people with mental health difficulties in your school/ classroom?

The average response was 7.5 (5.3)

Q4. How likely are you to change your practice in light of the information/knowledge gained in these sessions?

The average response was 6.7 (it should be noted that 4 respondents put 0 as their response to this question because they felt that they already had good practice).

Q5. How knowledgeable do you feel about the range of services you can access to support a child, young person or family with mental health difficulties?

The average response was 7.6 (5.2)

Q6. *Are you aware of the pathway to access CaMHS? (The Newcastle Child and Adolescent Mental Health Service).*

98% responded 'yes'

Q7. *Is there anything about mental health in children, young people and families that you would like to know more about?*

17 responded yes.

Summary

Again the success of this training programme is evident. In questions 2, 3 & 5 where direct comparisons can be made showed that the respondents felt over 20% more confident after training in their ability to identify, support and access services for young people with mental health difficulties.

Table D: Thematic Analysis of Qualitative questions from the Pre and Post Questionnaires Session B

Pre-training Session B	Post training Session B
Identification – indicators of possible mental health difficulties in children, young people and families.	Identification – how mental health difficulties are recognised.
Services – the range, type of services and access/referral routes available for children, young people and families.	Referral routes and support networks – within Newcastle including CaMHS.
More information on specific conditions that may affect young people and their families.	Specific Conditions - understanding and knowledge about specific conditions, for example, bereavement and anxiety.
	Resources – to help staff work with and support young people in school.

Summary of Thematic Analysis

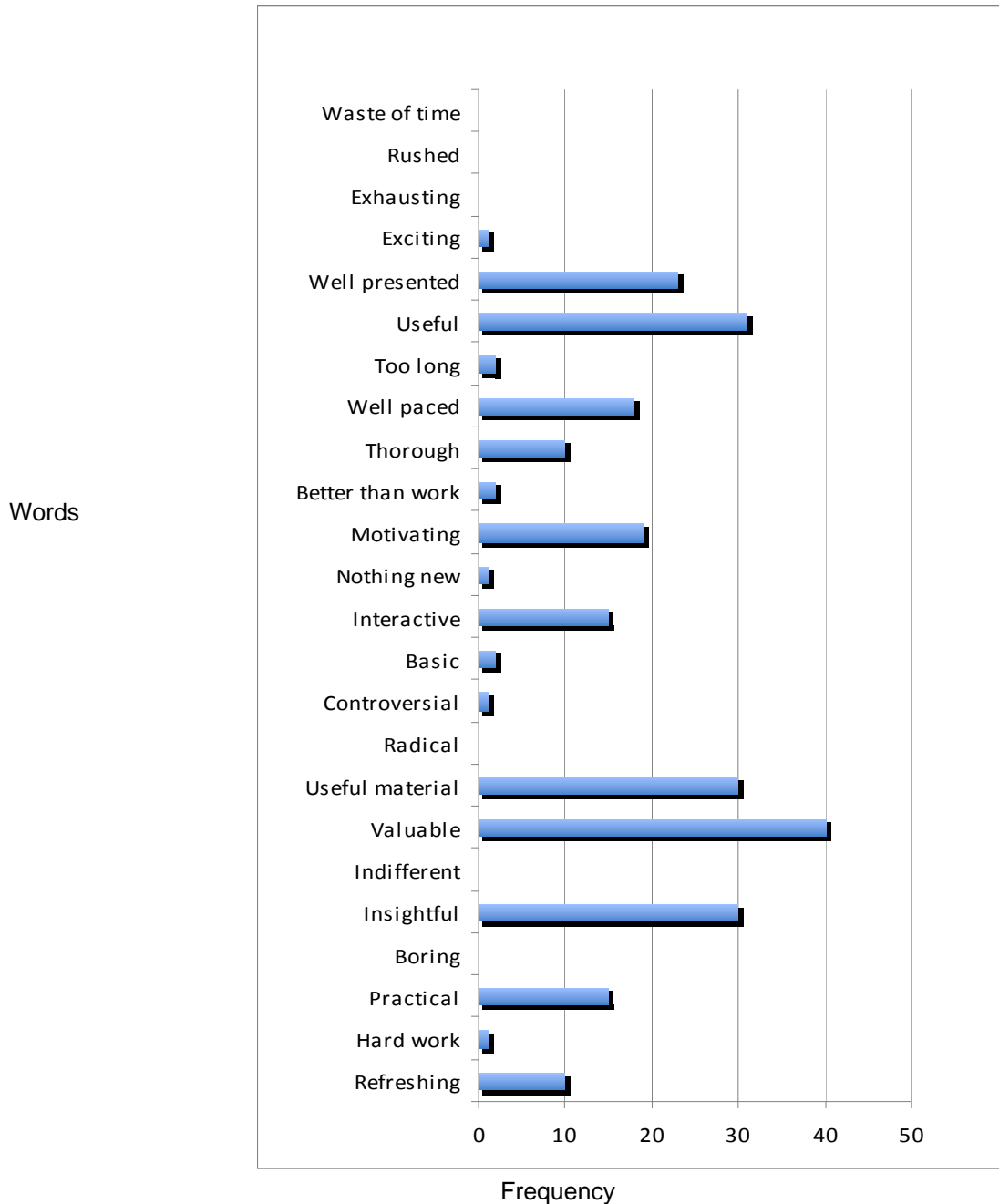
Table D highlights the reoccurrence of the themes around identification, services and specific mental health conditions that emerged from the thematic analysis of the data from Session A. These themes have consistently emerged across the data obtained

from A and B training. The theme pertaining to resources in school has re-emerged in the part B training.

Summary of Descriptive Word sheets from Post - Session B Training.

As before these sheets were analysed and the results are displayed graphically in Figure 3.

Figure 3: Showing the Frequency with which the Descriptive Words were circled in Post-Session B



As for Session A, this shows that generally the training was well received as the circled words are mainly positive; the most frequently circled being “useful” and “valuable”.

Information Gathered from the staff questionnaires: Session C: Communicating effectively with children and young people.

The session C training was provided to the Part B Training Participants selected from each of the school in June and July 2010. There were 29 completed questionnaire received. The professional groups who completed this questionnaire were:

- Teachers – 50%
- LSA's/ Teaching Assistants – 33%
- EWO/PSA's – 10%
- Others – 7%

Information Gathered from the Pre-training Session C questionnaires:

Q1. *Have you received any previous training about child and adolescent mental health? Y/N. If yes please state the type of training and when you attended.*

Y = 26%

N = 74%

The types of previous training mentioned were:

- CAMHS/TaMHS – 22%
- Other – 78%

For questions 2 and 3 a rating scale of 0 to 10 was used where 0 is 'not confident' and 10 is 'very confident'.

Q2. *Please indicate how confident you feel communicating effectively with children and young people.*

The average response was 7

Q3. *Please indicate how confident you feel to identify non-verbal communication from children and young people.*

The average response was 6.5

For question 4 a rating scale of 0 to 10 was used where 0 is 'no awareness' and 10 is 'awareness'.

Q4. Do you feel you are aware of the range of categories to communicate effectively with a child or young person.

The average response was 6

For question 5 a rating scale of 0 to 10 was used where 0 is 'not knowledgeable' and 10 is 'very knowledgeable'.

Q5. How knowledgeable do you feel you are in identifying those children may need emotional and psychological support?

The average response was 7

Q6. What other training needs do you think you would like to enable you to enhance your role?

Those which responded to this question mentioned:

- Counselling
- Strategies for working with parents and children

Information Gathered from the Post-Session C Training Questionnaires:

Q1. Has the training provided you with an increased awareness about different ways of communicating effectively with children and young people?

99% responded 'yes', that they felt more aware of non-verbal methods of communication.

For questions 2 and 3 a rating scale of 0 to 10 was used where 0 is 'not confident' and 10 is 'very confident'.

Q2. Please indicate if you are more informed or confident you are now about identifying non-verbal communication with children and young people.

The average response was 8.3

Q3. Are you more confident to identify non-verbal communication from children and young people?

The average response was 8.3

For question 4 a rating scale of 0 to 10 was used where 0 is 'no awareness' and 10 is 'awareness.

Q4. Are you more aware of the range of categories to communicate effectively with a child or young person?

The average response was 8.3

For question 5 a rating scale of 0 to 10 was used where 0 is 'not knowledgeable' and 10 is 'very knowledgeable'.

Q5. How knowledgeable do you feel you are in identifying those children may need emotional and psychological support?

The average response was 8.1 (the average response was 7 pre-training)

Q6. Are there any further areas you have identified from this training in regards to your training needs?

20% responded 'yes' to this question and the areas mentioned were exactly those mentioned in the pre-training questionnaire.

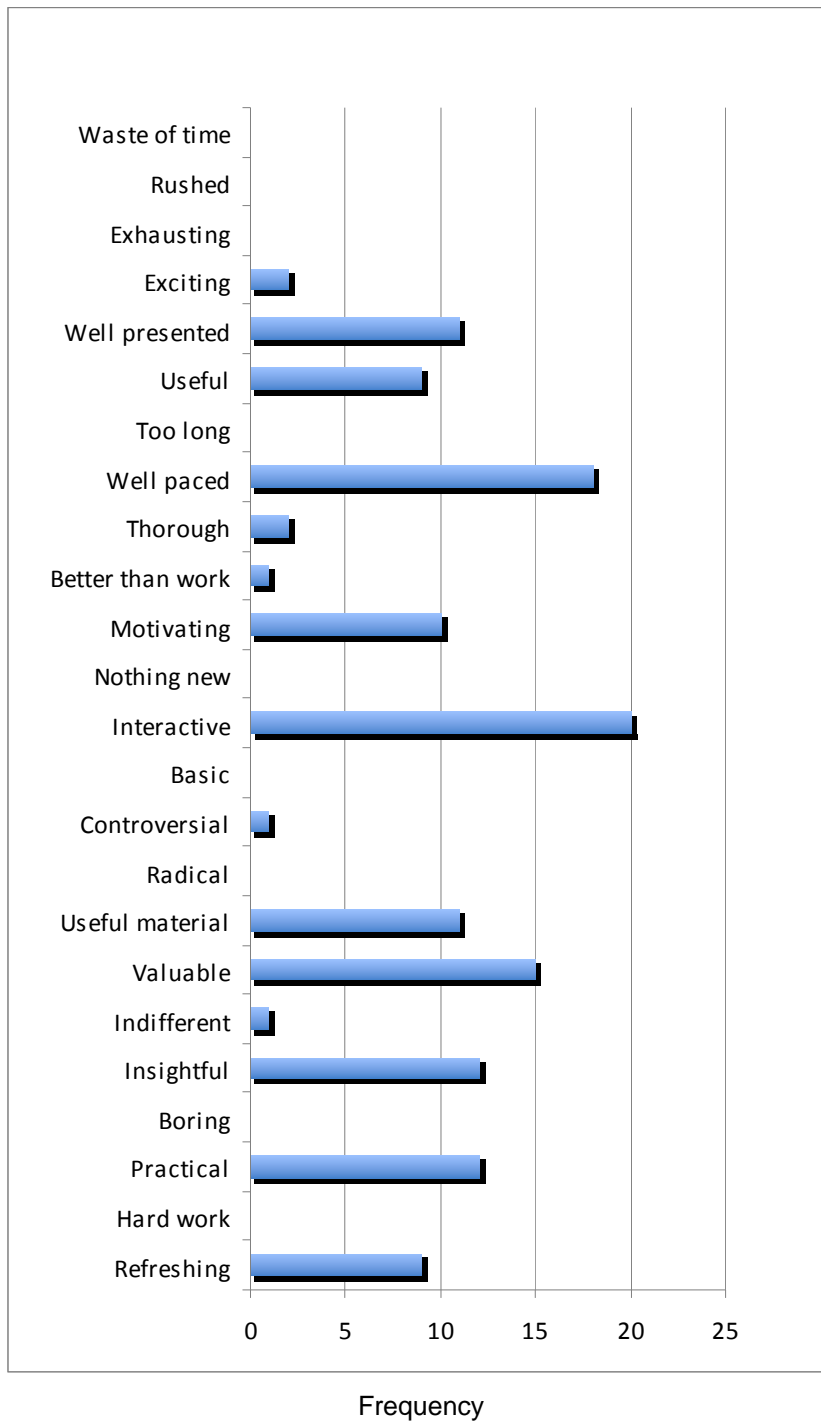
Summary

Analysis of Session C training questionnaires again shows that it was well received and positively evaluated by those attending.

Summary of descriptive word sheets from C training.

As before these sheets were analysed and the results are displayed graphically in Figure 4.

Figure 4: Showing the Frequency with which the descriptive words were circled in Post Session C Evaluations



The results were more variable than for previous training, and the most frequently circled words were “well paced” and “interactive”.

1.4: Next steps for TaMHS from October 2010 to April 2011

- The University of the First Age (UFA), Parents as Partners Programme will be offered to 75 parents from the All Saints Cluster;
- Continuation of counselling work in schools;
- Ongoing involvement and delivery of services by Them Wifies, Kidsandus and Streetwise;
- Them Wifies – Four blocks of drama will be delivered to vulnerable Year 7 children in all three high schools September – December 2010. Four blocks of drama will be delivered to Year 6 children between January/March 2011 in 4 primary schools;
- Delivery of Cygnet programme following training in Thomas Bewick Special School, Newcastle Bridges Special School and the Kenton ARCs;
- Collection of data for National Evaluation report;
- Completion of Part D training;
- Delivery of FRIENDS Training programme;
- Training in Drawing and Talking Foundation Course January 2011;
- Delivery of Nurture Groups;
- Delivery of Dina Dinosaur and Incredible Years;
- Setting up of Resource Library;
- Continued work with the Family Information Service to set up a directory page on the City council website;
- Publication of monthly sustainability plans;
- Good Practice Conference

1. 5: Projected Timeline for TaMHS Evaluation

Date	Description of Work
End of October 2010	Interim Report
End of December 2010	Production of evaluative questionnaires
March 2011 onwards	Collect questionnaire data from: <ul style="list-style-type: none">• Schools• Parents• Professionals• Thomas Bewick
April & May 2011	Analysis of evaluative questionnaire
June 2011	Draft Final Report
July 2011	Final Report

1.6: Summary

The information in this report provides a summary of all the available collected data from the start of the TaMHS Project to the end of September 2010. This data set provides an interim report for the TaMHS Project Evaluation.

Using the methodology described in the Project bid, the final data will be collected, analysed and suggested recommendations as per the timeline and fed back to the Project manager and steering group via the final report.

It also includes information on the progress of the project to date using the information used to set targets, monitor and sustain the Project. The Project is working well in a number of areas. The Project is well integrated in Local Authority strategic planning, is well run and monitored and good information is available.

The direct involvement of Them Wifies, Streetwise and Kidsandus interventions in schools with children and their families has been well received and positive evaluations are ongoing. The training funded by the project has received positive evaluation. The wider spot purchase funding has been used in large part for training and a wide range of initiatives have been purchased, people have been trained and are to begin to deliver these in the immediate future. Some of the training has been offered and delivered more widely than to the Project schools.

There are some areas where concern has been expressed. Children's involvement has not happened in the planning stages and the proposed young peoples group has not happened. Parents' views have been difficult to gain in terms of evaluation of specific interventions. Suggestions box information has not been received. This would also give some indication of the level of awareness of TaMHS (Targeted Mental Health in Schools) initiatives and awareness. It is proposed that the suggestions boxes will be re launched in January 2011. Funding was provided for a Counsellors room in All Saints but this has been delayed and has not happened to date. These issues have been addressed, which is documented in Traffic Lights Reports.

1.7: References:

Learning from Targeted Mental Health in Schools: Phase 1, Pathfinders Summary Report. Report for DCFS September 2009.

Me and My School Survey 2009. Feedback for Newcastle upon Tyne Local Authority.

Project Initiation Document NPMF: Version 2.00

Progress Against Milestones. A report prepared for Department for Education.

Payne, S.(2010). Traffic Light Reports. April- October 2010

TELLUS4 Local Authority Questionnaire for Children and Young People