



Healthy

minds impact report



By Bridget Pettitt
With input from Perpetua Kirby and Liz Kwast
December 2011



Our vision is of a
world without barriers
for every deaf child.

Contents

Summary	3
1 Introduction	8
Methodology	9
Training evaluation forms	9
Follow-up survey	9
About the participants	10
2 How Healthy Minds is being implemented by NDCS	11
Child-led approach	12
Working within schools	13
Working with Families	14
Working with the Early Years	14
3 Feedback on training day	15
Overall views	15
Usefulness of training day	15
Feedback on the resource	17
4 Implementation by survey respondents	18
Working with groups	18
Working individually	19
Working outside school	19
5 Outcomes	20
Learning for participants	20
Outcomes for children and young people	22
Increased social skills and awareness	22
Increased confidence and asking for support	22
Discussing deafness and emotions	23
Working with emotional and social problems	24
Outcomes for staff, schools and other	25
Spreading the word and influencing others	25
Proposal to develop new work	26
6 Suggested Improvements / adaptations	26
Adaptations	27
7 Context	28
What helped people to implement the resource	28
What hindered people	28
8 Conclusions and recommendations	30
Conclusions	30
Recommendations	31
Appendix 1: application of the resource	33
Appendix 2: Interview questions	35

Summary

In 2008 NDCS developed and piloted a Healthy Minds resource to support the development of positive emotional health and well-being for deaf children. The training supports education professionals to ensure deaf children and young people have information and strategies they can use to cope with issues that will come up in the future. It consists of a one day training on using the resource which goes through six training sessions. The focus is on the positive and on raising expectations. Over the past two years NDCS has trained over 2,000 professionals and families.

This report investigates the use and impact of the NDCS Healthy Minds training and resource, conducted by Bridget Pettitt and Perpetua Kirby, two independent researchers.

Methodology

This report draws on a range of data:

- The Healthy Minds team within NDCS has developed to include facilitators who implement the overall approach beyond the training. We conducted telephone interviews with some of these staff, and with teachers and other staff who worked with them to provide a descriptive overview of how the resource has been applied.
- We drew on feedback from the Healthy Minds training by analysing evaluation forms from 11 training days – a total 225 self completed evaluation forms.
- Follow-up telephone interviews or questionnaires from 22 participants who had attended the training 6 months to 2 years ago.

How NDCS staff use Healthy Minds

The Healthy Minds team has developed to include facilitators who implement the overall approach, beyond the training, who provide bespoke consultancy to schools, and integrate it into other aspects of NDCS's activities. Currently the Healthy Minds resource is used with 8 to 18 year olds, and a new similar resource for 5 to 8 year olds resource is being piloted. The Healthy Mind team adapt the resource according to the needs of the children and situation they are working in. For example, for older children the focus is often more on social networks, building confidence and transitions.

Healthy Minds is delivered in specialist and mainstream schools, both with groups and on a one-to-one basis. In mainstream schools the resource is often delivered to whole classes with only one or a few deaf children. The Healthy Minds resource is also integrated in work with families (such as family weekends for parents, siblings and deaf children) and early years work with parents. Working with younger children, NDCS staff recently ran a training course for 45 teachers and learning support assistants at a primary school in Northern Ireland.

Feedback on training day

We analysed feedback from 225 evaluation forms from eleven training events. The response to the training days was extremely positive, meeting the expectations of the participants, was deemed as useful and the trainer was deemed to be effective and presented the material with enthusiasm and humour.

Implementation by respondents

We followed up 22 respondents between 6 months to 2 years after the training. Seventeen had been implementing the training; the majority in school settings. Participants of the training had directly worked with over 70 children and young people using the resource. Aspects of the training were also drawn on in their work more generally.

The majority of participants had a peripatetic role and worked one-to-one with students. Others worked in groups, varying in size, frequency and membership (most with hearing impaired children only, a few mixed with hearing impaired and hearing peers). Some appeared to work through the resource methodically, but most picked sessions they felt were particularly relevant to a child's needs. Almost all were working in shorter sessions to fit into school timetables.

A minority of participants described using the material outside school settings, for example in training sessions run by a voluntary agency. Others described integrating it into annual 'social' events that they organised for deaf young people.

Outcomes for participants

Participants increased their level of understanding of emotional well-being during the training. Feedback from the evaluation forms showed that by the end almost all said they had a great deal or a lot of understanding, compared with under half at the start.

Understanding of good emotional well-being before and after training

N=224	Before	After
A great deal	7%	68%
A lot	36%	31%
Quite a bit	50%	1%
A bit	7%	0%
None at all	0%	0%

*Note: Question on paper survey for 'after training' is slightly different: asks for understanding of healthy minds and good emotional well-being.

For many of the follow-up survey respondents, the course raised the importance of addressing mental health and social and emotional issues for deaf young people. For some this was relatively new; for others, who were aware of the need, it not only reinforced this, but also highlighted the gaps in their own provision, often due to the pressure of other aspects of the curriculum. Other issues the training raised included the importance of prevention, rather than dealing with 'crises' or issues as they occur, and the idea that stress and low self esteem often goes unnoticed with children, even by parents. As well as raising issues participants reported that it had changed their outlook: helping them to recognise mental health issues or getting an insight into what it was like to be deaf. One participant felt that the course had completely changed the way they worked.

Participants also highlighted practical aspects they had learnt. Several teachers appreciated getting people together on a local level who are all working with deaf and hearing impaired children – learning from each other but also knowing that different disciplines / workers are using the same approach and materials.

Outcomes for children and young people

It is inevitably very hard to identify direct impacts on children and young people given all the other interventions and circumstances in their lives. This is especially the case where the input was relatively small. In addition, we have not had feedback from the young people themselves, nor their parents. But respondents did identify changes in the young people they were working with:

Increased social skills and awareness

Some identified greater social skills and self awareness, and awareness of others. For example a case where an isolated student started to listen to and ask questions of other students.

Increased confidence and asking for support

Several observed changes in behaviour with other students outside the group, for example being more confident in asking for support or improved facilities at school.

Discussing deafness and emotions

Some described how the group sessions and one-to-one sessions allowed pupils to discuss their hearing loss in a safe environment, possibly for the first time, and often in the context of fear of discussing elsewhere.

Working with emotional and social problems

There were several examples given of young people with identified social and emotional problems benefiting from aspects of the material – often in conjunction with other interventions.

Outcomes for staff, schools and other

The ultimate impact of the project is to improve the outcomes for young people themselves, as described above. However participants also identified impacts on other areas which would have a less direct but nonetheless important impact on the young people. These included an improved relationship between the teacher or assistant and the children they worked with.

In some areas, social and emotional learning has been prioritised. Two others mentioned measuring and having targets for social and emotional learning as well as for other aspects of children's achievements. Some were inspired to provide greater opportunities for deaf young people to meet up in groups, and to increase existing opportunities.

Spreading the word and influencing others

All of those who answered the question in the follow-up survey said they would recommend the training to others, and some had indeed done so. Several of the respondents described cascading the training within their teams. One of the respondents did not work directly with children but ran a series of seminars for mainstream teachers – approximately 15 seminars a year, 30 people on each. Another presented the ideas to a network meeting of about 50 and got them to do some exercises, and one described informal ways that other teachers got engaged.

Proposal to develop new work

Respondents also felt inspired by the resource and training to develop new work. Three respondents were developing new groups outside of school to bring young people together, and to apply aspects of the resource.

Conclusion and recommendations

Training :The training was extremely popular, deemed to be very useful and highly valued. It was felt to be excellently delivered and well received because of the quality of the trainer and the content of the course. The trainer presented the material with enthusiasm and humour, ensuring it was interesting, inspirational and enjoyable. Those who reflected back on it after a considerable period remembered aspects of it very clearly and were still enthusiastic about it.

The Healthy Minds Resource: The resource was received very well. It was felt to be clear, straightforward and self-explanatory. Respondents liked the flexibility and that the sessions and exercises can be adapted, and used separately. Some suggestions for improvements were given: adapting it for working individually, making sessions shorter to fit school time constraints, and integrating more visual and multi-media aspects. The resource is being implemented by the trainees in a range of settings. Schools are implementing this with groups, mostly in small groups of deaf or hearing impaired young people. They vary in frequency, and almost all shortened the sessions to fit school timetables. Respondents found it logistically hard to get young people together in groups.

The majority of participants, however, worked with students one-to-one, and thus the resource was being used with individuals. Some went through the resource methodically, but more often they picked out sessions or activities they felt were particularly relevant for the child's needs. Some found that this worked well, others felt it was difficult to adapt the material, and felt much was lost by doing this. The resource is in fact adaptable for use with any groups of young people with the exception of the last two sections which are specific to deafness. It is being used in other settings such as out-of-school, and respondents wanted more on use with specific groups e.g. teenagers, and younger children.

Constraints The majority of those who fed back (and indeed attended the training) work in an educational setting. Having school support is crucial for the effective implementation of the resource, and many referred to ways they had been supported by school staff. However there are constraints in educational settings, for example curriculum pressures, logistical problems of getting young people together, and the physical environment.

Outcomes Respondents identified a range of outcomes from the Healthy Minds training and resource. These include learning for participants, highlighting the importance of emotional well-being, and adapting their own work and policies. Participants were able to give examples of changes in young people they worked with, including increased social skills and awareness, increased confidence, and greater discussion of deafness and their emotions. They particularly highlighted the impact on young people with identified problems.

Opportunities There is a committed team of staff at NDCS who are engaged in extending the use of the Healthy Minds resource and already identifying ways in which to develop it, (for example, they have revised the resource recently) and new areas to develop (eg young people) and responding to gaps (e.g. working with families and parent/children).

Recommendations

Some clear recommendations came from the report:

Adapting/ extending the training:

From the feedback it seems that there is potential demand for additional training:

- *Specific well-being issues and specialist support:* This included more complex issues, how to identify problems, bereavement support, behavioural issues, signposting to other available support for deaf children.
- *Supporting teenagers:* Several participants mentioned that they would like more specific information on supporting issues faced by deaf teenagers, including teenage boys, social issues, peer pressure (drugs, alcohol, smoking, sex), sex education and relationships, and the effect of hormones on emotional well-being.
- *Younger children:* How to support younger children who do not have the Healthy Minds vocabulary, including early years.
- *A refresher course:* A further course to assist people when they actually implement the training, or to catch up on new developments.

Adaptation of the resource:

- Take into account that many users of the resource will be working with individual children and young people:
 - Consider describing what the advantages and disadvantages of using the resource (and individual exercises) with individuals and groups.
 - Offer suggestions and examples of how exercises can be adapted for individuals
- Many users will be restricted to working in shorter sessions within school situations. Consider showing options of how exercises can be shortened to work in this context.
- Consider increasing the multi-media and visual aspects of the material.
- Offer a forum and resource base for on-going adaptations and development of the course. Consider setting up a resource on a website which can be added to, and course participants can upload their own ideas and adaptations.
- Provide a hard copy of the resource, but also offer a down-loadable version, making the resources easy to personalise and adapt.
- Improve the monitoring and evaluation systems for the resource:
 - Revise the training evaluation form
 - Consider routine follow up questionnaires/ emails to participants to find out if, and how they are implementing Healthy Minds
 - Consider integrating feedback from the young people as part of the resource which can be captured by the trainers
 - Investigate options of evaluating the impact felt by children young people, (and their parents, other teachers etc)
 - Investigate the possibility of applying 'before and after' measures for children and young people to assess their emotional well-being, and deaf awareness for example.
- NDCS should work to promote the 'healthy minds' approach, especially at a school, Local Authority and national level to work towards removing some of the structural barriers faced in applying the course.

1 Introduction

This report investigates the use and impact of NDCS Healthy Minds training and resource, conducted by Bridget Pettitt and Perpetua Kirby, two independent researchers. NDCS is the national charity dedicated to creating a world without barriers for deaf children and young people. In 2008, building on available good practice in personal and social education initiatives, NDCS developed and piloted a Healthy Minds resource to support the development of positive emotional health and well-being for deaf children. NDCS worked with 300 deaf young people to create the Healthy Minds Facilitators Guide and training sessions for education professionals, using ideas and information that came from deaf young people to develop ideas and strategies to cope with issues that will come up in the future. The focus of the six training sessions is on the positive and on raising expectations. The training is about supporting education professionals to ensure deaf young people have information and strategies they can use and build upon throughout their lives. Over the past two years NDCS has trained over 2,000 professionals and families in using this resource. This report aims to summarise how the resource and training are being implemented, both by NDCS colleagues, and by participants of the course, and to identify any impacts that participants can see in their own practice and on the children and young people they work with.

The aims of the report are:

- To establish how the training and the resource are being implemented, both by NDCS colleagues and by participants of the course
- To collate and summarise the evaluation forms gathered to date from the training.
- To follow up participants of the training to identify:
 - How they have applied the learning from the training within their own personal and social education practice
 - What impacts/ changes they have seen in their own personal and social education practice
 - What social, emotional and other impacts they perceive in the young people they work with
 - Which aspects of the training they have found most helpful in developing their own practice
 - What barriers they have faced in implementing the learning from the training
 - Whether they have adapted any aspects of the training themselves
 - Whether they have shared aspects of the training with colleagues

This section of the report describes the methodology used, how we accessed the respondents and a little about who we talked to. The second chapter describes how the resource is being implemented by NDCS staff and their colleagues, and presents some feedback by participants. Chapter three reports the feedback about the actual training events themselves, drawing on the evaluation forms immediately after the training, and the follow-up from the interviewees and questionnaires. Chapter 4 describes how the participants of the training had been implementing their learning, and the

resource in the 6 months – two years after the training, and Chapter 5 describes the outcomes that these participants identified in their own practice, in the young people they work with and the wider environment. Suggested improvements and adaptations are made in chapter 6 and chapter 7 explores the context in which people were working, identifying what helped and what hindered the implementation of the resource. Conclusions and recommendations can be found in chapter 8.

Methodology

This report draws on a range of data:

- The Healthy Minds team within NDCS has developed to include facilitators who implement the overall approach beyond the training. We conducted telephone interviews with some of these staff, and with teachers and other staff who worked with them to provide a descriptive overview of how the resource has been applied.
- We drew on feedback from the Healthy Minds training by analysing evaluation forms from 11 training days – a total 225 self completed evaluation forms.
- Follow-up telephone interviews or questionnaires from 22 participants who had attended the training 6 months to 2 years ago.

This data provided a rich range of information and feedback. It is inevitably difficult to assess the impact of any intervention, and this feedback is limited to the reflections of the participants of the courses. It has not been possible to gain feedback from the young people themselves, or their parents to assess the impact, and feedback from young people is not routinely collected from as part of the resource.

Training evaluation forms

Training evaluation forms were analysed from 11 Healthy Minds training sessions across England and Wales in 2009 and 2011, with a total of 225. Many of the questions asked in these forms were the same, or similar, although not all questions were asked of every participant.

Venue	No. of forms
2.9.09 - - Middlesbrough	9
8.9.09 - - Bristol	21
17.9.09 - - Lincoln	29
23.9.09 - - Port Talbot	23
23.10.09 - - Jesmond	52
7.12.09 - - Wandsworth	23
19.11.09 - - Herts	14
21.11.09 - - Salford	20
27.5.11 - - Wales	16
26.3.11 - - Blackpool and Fylde Deaf Children's Society	18
Total	225

Follow-up survey

We followed up participants of the training course: overall we received feedback from 22 course participants; all were offered the opportunity to discuss over the phone – 13 were interviewed and 13

opted to fill in a questionnaire that covered the same questions as those asked in interviews – 9 were returned.

To get this feedback, we contacted 34 organisations who had participated in Healthy Minds training over the past two years. In each organisation the key link person for the Healthy Minds training was contacted and asked to identify two or three people who would be willing to give their views on the training session. Respondents were invited to choose their preferred mode of communication and we emphasised our willingness to conduct interviews at times that would fit in with their workload. Where organisations did not respond after the first approach we sent out reminders. Where there was a lack of response, we tried to identify alternative contacts for the reminders wherever possible.

Of the 34 organisations approached, sixteen suggested names of people who could be interviewed. Three other organisations responded saying they were looking for people to be interviewed but no names were put forward within the timeframe.

The majority of organisations approached were teams or departments within local education authorities. However, we also contacted voluntary agencies and academic departments. We approached people across thirty different locations in the UK and Ireland and received feedback from the South West, the South East, the Midlands, the East of England, and the North of England, as well as Greater London. In addition we had comments from agencies in Wales and Ireland.

About the participants

Nearly all (98%) of the participants who filled out evaluation forms were White, and female (97%).¹ This gender profile was similarly reflected in the follow-up participants with three men and 19 women.

Some of the evaluation forms asked participant's occupation. Many were teachers (40%) and about a third were support assistants working with deaf children, just 10% were parents. The follow-up survey had slightly more Teachers of the Deaf, and fewer parents.

¹ Note info on gender only available for 2009 respondents.

Occupation Breakdown (N=134)

Occupation – evaluation forms	%
Teacher of the deaf	40
Learning support assistant/special teaching assistant/sign or communication support assistant/signing teaching assistant	32
Residential care worker	2
Parent ²	10
Other	15

Occupation – follow-up survey	Number	%
Teacher of the deaf	11	50
Learning support assistant/ inclusion support officer/ deaf support worker	6	27
Educational Psychologist	1	5
Parent	1	5
Other: voluntary organisation (development worker, other) head of training unit	3	14
Total	22	

The majority of the follow-up respondents worked with hearing impaired children in an educational setting, either as peripatetic specialist teachers (10) or teaching assistants, or as teachers in a dedicated unit for children with hearing loss.

All but two of the respondents worked directly with children or young people. Many had a large number of children on their caseloads ranging from 10 to over 100. However, many of these did not work intensively with all these children. With one exception all respondents were still in the same role as when they did the training.

The majority of respondents (14) had done the training two or more years ago; a smaller number was trained in the summer of 2010 (3) or in the summer of 2011 – less than 6 months ago (5) One did not attend training but had been using the pack. This means that they have had sufficient time to put the work into practice. However, it also means that many of them were trained at the early stages of the project, and the materials have been developed and adjusted since then.

2 How Healthy Minds is being implemented by NDCS

² Note: it is assumed that those responding to Survey Monkey with the following professions were attending as parents of deaf children: Pharmaceutical Sales Rep; Accounts Clerk; Environmental Health Technician; Freelance JTI; Electronics Technician; Director; Medical Secretary; unemployed; Housewife; Civil servant; mother.)

The Healthy Minds team has developed to include facilitators who implement the overall approach, beyond the training, who provide bespoke consultancy to schools, and integrate it into other aspects of NDCS's activities.

Child-led approach

Healthy Minds is more than just a resource, it is a child-led approach to supporting emotional health and well-being that is flexible enough to meet the needs and interests of a wide variety of deaf children and young people, as well as their families and class mates, in a variety of contexts.

Facilitators are child-led in both the design and facilitation of Healthy Minds. They put in a lot of time, examining with *'a fine toothcomb'* (NDCS facilitator), the best approach to delivering Healthy Minds for each supported group or individual - with input from those who know the children well - adapting the materials to suit the group and context, and allowing the sessions to evolve in response to the children and young people's interests.

'It's a nice challenge when you have to do [adapt the resource]. It's interesting to see how the different sessions are delivered for different categories and different age groups – you're never stuck for choice.'

The focus is on enabling the children and young people to define their own identity, their own deafness and their own solutions. When discussing solutions to challenging situations for example, the children themselves are encouraged to come up with the own ideas, with a bit of guidance, rather than advised on what to do.

Currently the Healthy Minds resource is used with 8 to 18 year olds, and a new similar resource for 5 to 8 year olds resource is being piloted, and for all these ages the themes and outcomes remain constant. It is sometimes necessary to prioritise the objectives to those most achievable for particular groups or individuals, or if there is limited time. Each session in the resource is recommended to last for two to three hours but this is often unrealistic, as facilitators may have only an hour with children. The priority outcomes will depend on the individuals being supported. For older groups (aged 16 to 18) often the focus is more on social networks, building confidence and transitions. On one occasion the facilitator knew some of the younger children had been attending a weekend residential and they were isolated, lonely and lacked confidence: she therefore devised a programme prioritising social skills and stimulating interaction within their families. Deaf children can often have little communication within their family, so the facilitators encouraged them to talk with their family members using a family tree exercise, helping to build emotional connection, which is important for feeling good about oneself.

Whilst the outcomes do not change, the methodology may do, building on the strengths and interests of each group. One of the successes of the Healthy Minds resource is that it can be *'adapted to suit any category or situation or ability'*. For example, the new younger children's resource is art and play based only. The Healthy Minds Link Officer firstly tries to get as much information about the group who will be receiving the training and then looks at the resource to see what is most suitable, and adapts it accordingly. For example, the last two sessions that relate specifically to deafness can be delivered through art, drama, play, worksheets, depending on the group and situation, what would benefit them most, and their learning style.

One group for example, who knew each other well and loved to talk, engaged in a lot of dialogue. Whereas another group in a special needs school with children with limited vocabulary and literacy,

some of whom signed and some with oral skills, engaged in very limited dialogue, and instead relied on various modes of art, play, drama. The facilitator met first with the teacher and found the group were into art and drama so she made the session very visual. Key cards were made displaying various emotions and expressions, and the children acted out emotions which others had to guess. The children particularly responded to drama so this was developed further: they used role play to explore the challenges of asking for what you want at McDonalds or at the library, which they really enjoyed. When exploring identity they made masks and told stories about what the masks meant to them.

Working within schools

The Healthy Minds resource is delivered within specialist and mainstream schools. If working in a hearing impaired unit the sessions are delivered to all the children. As the majority of hearing impaired children are in mainstream school staff often support children on a one-to-one basis and have therefore adapted materials for this individual work. But within mainstream schools the resource is also delivered to whole classes with only one or a few deaf children. The first four sessions addressing issues around communication and well-being are delivered to all children, as well as the last two sessions on issues specific to being deaf. Staff may also deliver a subsequent one-off one-to-one session with the deaf children, to talk about strategies to address challenging situations; to discuss situations where the child may feel unsure and lack confidence. They try not to take children out of the classroom setting as they do not like to be made to feel different. In some sessions class teachers are not present, as they feel this will mean children will hold back, so only classroom assistants remain. In others teachers remain, helping them to build on issues raised in the session.

'Gives the deaf child the opportunity to own their deafness, to contribute to class about how they feel about being deaf, and how the class could communicate with them, it does ultimately come down to communication.' (Facilitator)

One staff member gave examples of benefits of working with deaf children in mainstream class:

'The three deaf children stood up and said how they would like others to communicate with them, and they started to reinforce this in every session, so you could see improved communication from start to finish.' (Facilitator)

An example was given of where teaching and learning assistants were first trained in social and emotional awareness and deaf awareness, to ensure the few deaf children were included in all aspects of the school, before sessions were delivered to students.

Teachers have told NDCS staff that they are very positive about the Healthy Minds sessions because they do not have time to deliver these types of sessions within the curriculum. NDCS staff discuss the planned sessions with teachers beforehand and respond to requests for specific content. One teacher for example asked them to add something on healthy eating, to build on what had already been done in class on this area.

Some teachers have told NDCS staff that they would like additional sessions within My body – 'how the body works', on healthy eating (ie where food goes within the body). NDCS staff are currently looking at developing a resource.

Another request has been for a session on sound, to illustrate how deaf people hear different sounds and in different situations, depending on their hearing impairment, helping to make others more

aware of how deaf people cope with different sounds and frequencies. The development of this session is in its infancy.

Working with Families

The Healthy Minds resource is integrated into family weekends, at which parents, siblings and deaf children attend: parallel sessions are facilitated with different members of the same family: deaf children, parents and siblings, plus 'feel good' sessions for all the family (with aromatherapy, yoga, relaxation).

Healthy Minds is included with the Early Years Link Officer's work with parents, including on Family Pre-School weekends (for parents with young deaf children), family weekends and a 10 week family course. Other aspects of these parental courses – although not explicitly run as Healthy Minds training – also encourage good emotional health and well-being, through supporting good communication and introducing BSL to the whole family, behaviour management, looking wider at the family and siblings, and giving parents strategies to support children.

Training for parents includes similar exercises to those used for children, such as asking them to reflect on what is a healthy body and mind, examining feelings and their impact on others, and strategies to feeling good.

Healthy Minds is viewed as excellent by NDCS staff for getting parents to think about their children's emotional well-being, firstly by focusing on these issues for themselves and then focusing on their children. This includes strategies to help their children feel more confident, for example to say to someone 'I'm deaf'. Parents have reportedly said their children are more confident after parents have been on the training.

Working with the Early Years

The NDCS's Healthy Minds Link Officer, together with the Early Years Link Officer, ran a recent training course for 45 teachers and learning support assistants at a primary school in Northern Ireland. This mainly focused on deaf awareness but included inclusion, communication, encouraging the child to take responsibility for their own deafness, and an overview of Healthy Minds. It is a mainstream school with four deaf children

The training was found to be very useful by the school and the trainers were rated as excellent. Staff found the practical advice for breaking down barriers to learning very useful, such as cutting down background noise and where to seat the deaf pupils and teacher within the classroom, plus a demonstration of what people talking sounds like to someone with a hearing impairment. They also valued the resources left behind for staff to use, although the interviewed teacher had not seen the Healthy Minds resource. Another useful aspect of the training was raising awareness of how children will say they understand, 'I'm alright', when asked a closed question, when instead it is better to ask them to tell you what they have understood ('what have you heard', 'what are you going to do now').

When asked about the elements of the training that focused on emotional well-being, the interviewed teacher said it had been useful exploring the difficulties children have within unstructured times during the day (eg playground, dinner hall), particularly difficulties around engaging in social interaction.

'Made us aware of [difficulties engaging in social interaction], because we see the children and they are just going out with their friends. How much is genuine interaction and how much are

they on the edge and feel they can't join in? If we're aware of that, we can be looking out for it and doing something about it.'

In January, NDCS will be starting work with the whole class of children in two years; whilst the teacher was unclear what was to be covered, she thought it would include mental well-being and building self-esteem.

3 Feedback on training day

Overall views

We received feedback on the training from the evaluation forms from the day (225). We also asked 21 follow-up interviewees about their perspective on the training day.³ Overall the feedback of training days was extremely positive. All of the people in the follow-up survey described the training as excellent.

From the evaluation forms, the Healthy Minds training met the expectations of 99% of the participants. The trainer (Caroline) was considered highly effective: 92% rated her 'extremely effective', another 8% as 'very effective'. Participants commented on how she presented the material with emotion, enthusiasm and humour, ensuring it was interesting, inspirational and enjoyable. It was well-paced, very detailed yet clear, offering a good balance of group work and trainer-led information, with lots of ideas to try out. Several of the interviewees described how useful it was to hear from someone who is deaf herself and drew from personal experience. Just one respondent said it was slightly rushed due to lack of time, and another would have liked more case studies.

'Spot on! Great advice and group activities. No pressure to participate but everyone did as atmosphere very relaxed. Included humour - At a loss to recommend any improvement! Well done!' (evaluation form)

Follow-up interviewees particularly enjoyed the practical aspects of the course – role playing and trying out the sessions, and group work.

'practical ideas that can instantly apply, not searching to get other ideas together.'

'Seeing things through my child's eyes'

'Nothing that blinds you no "oh wow, I never thought of that"'

Usefulness of training day

Usefulness of individual sessions and overall training – evaluation forms

	Extremely useful	Very Useful
What is a Healthy Mind (N=191)	84%	15%
Owning and Managing Deafness (N=191)	84%	16%

³ One interviewee had not attended the training, but had been implementing the resource

Developing Good Emotional Well-Being (N=191)	81%	19%
I'm Ok Being Deaf (N=206)	79%	19%
Who Am I? (N=191)	76%	23%
Support Mechanisms & Looking after your Body (N=191)	70%	29%
Overall Training (N=206)	80%	19%

The course was seen to meet participants' needs by those completing evaluation forms. Overall they found the training to be 'extremely' (80%) or 'very' (19%) useful (see table below). Each training session was also highly valued.

'This training course helped a lot with me working with deaf children.' (Participant)

Parents clearly found it beneficial in supporting their own children:

'We will now be able to guide our children consciously.' (Parent participant)

'The training has helped me to reflect on some of my own parenting techniques and has given me more confidence in what I have done so far and what I will do in the future.' (Parent participant)

'Fantastic, very informative, shame we didn't see this earlier. It will help our son very much.' (Parent participant)

'Information like this should be rolled out to every child, parent, family and friends nationally.' (Parent participant)

'An excellent course and very much needed. This information is vital to the education and support of deaf children and their families.' (Parent participant)

The interviewees were asked whether there were particular sessions that they found useful. For many the course was over 2 years ago, but they were still able to identify useful sessions.

- *'Saying something positive and unpleasant and having to deal with it'*
- *'Traffic light colours exercise '*
- *'Finding ways of helping the deaf young person to accept their HI and be "proud to be different."'*
- *""How do you feel on a scale of 1-10?" Also traffic lights and thinking happy thoughts.'*
- *'Discussions within groups about strategies to help hearing impaired pupils and to provide a more positive self image.'*

Three quarters of the participants filling out forms after the training (76%) said they would be confident and able to incorporate the Healthy Minds Training into their work, although it is unclear why 12% felt they could only do so 'a bit' (this included nine teachers, five heads of service, five LSAs and two parents).

We asked follow-up participants if they felt confident to implement the resource after the training. Not everybody responded to this but of those who did, they were confident. There were mixed feelings about whether it would be possible to implement the pack without having done the course.

One interviewee was using the pack but hadn't attended the training. Some felt that they had sufficient experience in PHSE or similar issues to apply the resource, others felt they wouldn't have been in a position to do so. Several felt that they could, but not with the same enthusiasm and motivation without the course.

'Yes, given my background in PHSE and interest'

'Yes, the resource is self explanatory. Training helped but could use it without.'

'Yes and no, just reading a pack doesn't have same impact, [training] gives broader background so do need it.'

'[there's] nothing really complex, so probably could do without training but went into depth, confident I'm on the right track and picked up other approaches.'

'Yes, to an extent with materials, but not with such clarity or enthusiasm'

Feedback on the resource

We asked the follow-up interviewees what they thought of the resource and what they found useful or particularly liked. Respondents liked the flexibility and that it could be adapted, and that exercises or sections can be used separately, and the fact that it lends itself to linking to other aspects of the curriculum. It was described as being clear, straightforward, and self-explanatory. Several commented that it could be adapted for other uses, for example for children with dyslexia and with visual impairment.

'The resource pack is excellent'

'I liked the handy tips on corners.'

'I liked the personal passport - very good indication of who they are. Some don't know their nationality, have to think about describing themselves, reflect on how people see them. Reflect on what they like and dislike.'

The sections that people picked out as being particularly useful were:

- *'the small leaflet on bullying. I hand that out to all students'*
- *'the complementing each other bit'*
- *'liked bounce-back ability'*
- *'I liked the family tree, got kids thinking about other people, empathise with others, and look for HI in their family.'*
- *'sections 5 and 6 on deafness.'* [x2]
- *'Section 2: identifying own emotions.'*
- *'the sumo exercise'*
- *'how are you feeling 1-10,'*
- *'happy thought'*
- *'circle of friends, about emotions, respecting other people, positive into negative, circle of decisions.'*

4 Implementation by survey respondents

One of the primary reasons for following people up a significant amount of time after the training was to get feedback on whether and how they have been able to implement the training in their own work. This can provide firstly a sense of impact that the training has had on deaf children and young people, and secondly clarify what can help, or hinder, the application of the training. The majority of the trainees had attended training over 2 years ago, which allowed them a considerable amount of time to apply it; some were more recent trainees and were still at the early stages of the process. The majority of the trainees who responded were still in the same role.

Seventeen of the (22) respondents said they had been implementing the training; the majority were in school settings. From this feedback over 70 children and young people had direct input from the Healthy Minds resource; participants of the training had directly worked with them using the resource. See appendix 1 for a summary of the applications.⁴

Several also described that when not actually applying the resource, aspects of the training were drawn on in their work more generally:

'Ideas permeate other work; I used the advantages disadvantages on 1:1, wouldn't have thought about asking about the advantages.' [7]

'The ideas which can be used without necessarily delivering the entire course e.g. I now always ask pupils how they are feeling on a scale of 1-10. I often talk about wearing a magic cloak with younger pupils. I also now suggest to older pupils to always carry around stickies to use if communication breaks down e.g. when pupils go on work experience.'

One participant described his approach to work fundamentally changing due to the training, where he now allows himself and young people time to discuss issues, and where if they have problems with wearing radio aids, he spends time exploring why they don't want to use them.

'[it]Fundamentally changed my approach to work. Now feel more interested in listening to them now, giving them scope to talk more broadly, got the understanding that every aspect of life has an impact on their school life and learning. I give myself time to talk about things with them.. If children don't wear radio aid I now investigate why they don't want to use them, explore their state of mind and feelings about themselves. I think through 'are they in a position to use it yet?', it's not about putting pressure on them to use it but to work through the issues. And that it isn't the end of the world if they decide not to - may not be ready as long as they have strategies to deal with it'

Working with groups

The resource is primarily designed to be used with groups of young people. Two thirds (10) cited examples of how they had worked with groups in secondary schools, and a further two groups in primary schools, and one in an out-of-school setting. The details of how they were used are given in

⁴ Two respondents described groups but did not state how many young people were involved. We have used a conservative estimate of 2 young people in each group bringing the total up to 70.

appendix 1. The groups varied in size (from paired to 10), frequency (from weekly to once per term) and membership (most were with hearing impaired children only, a few were mixed with hearing impaired and hearing peers). Most groups appeared to work through the resource following the sessions, although many described missing out sections or only using certain bits. Almost all were working in shorter sessions to fit into school timetables – mostly for 40 minutes to an hour.

One used it to supplement deaf studies lessons:

'One week we used ideas from the 'relax/chill out' page in session two and had candles lit around the room, used massage oil to give hand massages, ate snacks such as pineapple and cheese, and just chilled out as a group. This helped to bond the group together and gave the idea that it was OK to take time out to relax. In the same session, we had a sheet of paper stuck up on the wall for each person in the group and asked everybody to write an anonymous compliment about each person on that person's sheet. At the end of the session, the person took their own sheet home and this promoted a lovely positivity in the group' [6]

In one primary age setting an existing group – a music group – had been adapted in the light of the Healthy Minds training to be increased from monthly to weekly, as well as integrating some of the Healthy Minds activities

'We're applying it at a music group for 6 primary children. We used to run it monthly, but after training it encouraged us to run it weekly. We have a space at the beginning for some social time, biscuit and a chat, getting them to describe something that's happened to them during the week. We realise need for expressing their emotions, so do it as part of music' [9]

In another setting a group was specifically put together by a primary school teacher with two deaf girls and three hearing children who needed help with PHSE across six weeks.

Working individually

The majority of participants, due to the nature of their peripatetic role, were working one-to-one with students, and many found it hard to get groups together (see section 8 below). Participants described how they did apply the resource on a one-to-one basis. Six gave examples of using the resource one-to-one in secondary schools, and a further two in primary schools. Some related to helping children with identified social and emotional problems, for example dealing with anger issues (see section on outcomes, below). Others integrated aspects of the sessions with their on-going work with the young people. Some of these did work through the resource methodically with individuals, but more commonly they 'dipped in and out of it', picking up sessions which they felt were particularly relevant for the child's needs.

Three also described working on transitions between primary and secondary school. For one respondent this was in reaction to his approach to explaining his hearing aid at the new school:

'One was at transition to secondary school with a bone anchored hearing aid, [worker] asked him what he would say to pupils about what it is. He said he would reply "don't want to talk about it" so she did some work with him'

Working outside school

A minority of participants described using the material outside school settings, for example with a parent's evening in a voluntary organisation where they ran a two hour session with parents on

owning and managing deafness and responsibilities as a parent, and then a further two hour session with eight children talking about identity, owning deafness, communication needs. [16] Others described integrating it into annual ‘social’ events that they organised for deaf young people.

5 Outcomes

Learning for participants

Participants increased their level of understanding of emotional well-being during the training. Feedback from the evaluation forms showed that by the end almost all said they had a great deal or a lot of understanding, compared with under half at the start.

Understanding of good emotional well-being before and after training

N=224	Before	After
A great deal	7%	68%
A lot	36%	31%
Quite a bit	50%	1%
A bit	7%	0%
None at all	0%	0%

*Note: Question on paper survey for ‘after training’ is slightly different: asks for understanding of healthy minds and good emotional well-being.

For many of the follow-up survey respondents, the course raised the importance of addressing mental health and social and emotional issues for deaf young people. For some this was relatively new, learning about the level of mental health problems within the deaf adult community.

‘[I learnt]that children with hearing difficulties are more likely to have mental health issues and have a low self image’

‘Brought attention to the need to address Healthy Minds issues’

‘[the training] gave real insights, from the trainer’s own experience. It made me see how isolated [deaf] children can be and how important it is to build up self-esteem.’

For several who were aware of the need, it not only reinforced this, but also highlighted the gaps in their own provision, often due to the pressure of other aspects of the curriculum.

‘SE (Social and Emotional development) gets neglected with deaf children, focus is on communication skills, audiology and technical side, yet there is a high incidence of anxiety and depression amongst deaf adults’

‘[The course] reinforced the importance of emotional support and the need to do it. The curriculum is high pressure to work on literacy, numeracy etc. I realised we didn't pay enough attention to it. We tended to deal with issues on an ad hoc basis as they came up, rather than stave it off. Should be part of child's curriculum at the right stage of development for them. I realise that they won't be accessing other parts of the curriculum if they are not emotionally stable.’

This participant also raises the importance of prevention, rather than dealing with 'crises' or issues as they occur. One had attended the course after a particular incident had highlighted the fact that deaf children may not be aware of their own diagnoses, and the impact of this:

'The most useful thing was highlighting the area of need. Our motivation to come was when I had an 11 year old girl who was a good reader, so I gave her her report to read, and she read "permanent hearing loss" and burst into tears as she didn't realise it was permanent. We realised that lots of children are not understanding their own hearing loss. The need for this was in our minds but easy to get crowded out with other things.'

'Raised the importance of prevention of mental health, and on healthy minds rather than dealing with crisis when a child is struggling, it is much more pro-active'

Similarly, another participant took away the idea that stress and low self esteem often goes unnoticed with children, even by parents.

'[I learnt that] that even the most experienced parents of a HI child still may not be aware of the stress and low self esteem of their HI child.'

'Understanding further what it is like for someone with a mental health issue and the barriers they can face in society.'

One felt the training had improved their ability to recognise mental health issues.

'I felt my ability to recognise the signs of mental health issues, and also the impact that these issues have on people, has increased. I understood further what it is like for a person to experience mental health issues and the barriers they can face.'

One participant felt that the course had completely changed the way he worked.

'Loads! Main thing was that I came from science background so focused very much on audiology side. Totally changed the way I work. Gave me confidence to talk with kids about how they are feeling. It changed my practice completely. Made me much happier in the way I work [14]'

Participants highlighted practical aspects that they had learnt.

'How to help in increasing self-esteem and resilience in HI pupils.'

'That there was a structured method of working through a Deaf Studies curriculum.'

'Ways of supporting young deaf people/children when they are the only deaf youngster in a mainstream setting'.

'How to deliver the training to children.'

Some also pointed to the impact of getting people together on a local level who are all working with deaf and hearing impaired children – learning from each other but also knowing that different disciplines / workers are using the same approach and materials.

One teaching assistant, who was providing one-to-one support to a profoundly deaf child, felt that they had learnt a lot about what it was like to be deaf, how to give the child self-confidence and a can-do attitude, and how people can end up treating deaf people differently.

Outcomes for children and young people

It is inevitably very hard to identify direct impacts on children and young people given all the other interventions and circumstances in their lives. This is especially the case where the work was of a relatively small input, for example one or two sessions on a one-to-one basis. In addition, we have not had feedback from the young people themselves, or their parents, to give their perspective on the input. Several respondents felt it was hard to tell what impact the Healthy Minds resource may have had, and others struggled to identify impacts as they were at an early stage of implementing it. But many respondents (11) were able to identify changes in the young people they were working with.

Increased social skills and awareness

Some identified greater social skills and self awareness, and awareness of others in the long term. For example a case where the changes were observed during the sessions as an isolated student started to listen and ask questions of other students.

'one student who, was profoundly deaf with aspects of Aspergers but not diagnosed, had difficulty connecting with other students, and kept to himself. At the start [of the group] he was saying things like "I don't know why I should listen to her [other student] for". Others in the group said "it's polite to listen". After 6 sessions he started to ask questions of other students, show an interest. He became more self aware. The other students noticed and encouraged him.' [1]

The following example was given of a child who had problems with friendships. This reduced after the sessions as she became more aware of other people and feelings

'[child] had issues with friends, some coming from her behaviour. Was very "me, me, me". At the start, every visit she had (from advisory teacher, each week) she would start the session with "this has happened to me" or some issue. This reduced when started the sessions and almost disappeared toward the end. It gave her a space to discuss these things. She became more aware of others, and started to ask the teachers themselves how their weekend had been, about their health or their friends.' [4]

Increased confidence and asking for support

Several observed changes in behaviour with other students outside the group, for example being more confident in asking for support or improved facilities at school.

'A girl whose parents had dominated asking for things. The child herself asked to make sure that external speaker she was interested in would use the radio so that she could hear it. [we were] pleased that she had developed confidence to ask herself.' [9]

'the pupil with the moderate hearing loss chose to trial a radio aid in Year 11 as a result of the course. He had previously rejected using a radio aid in Year 8.' [11]

Another teacher of the deaf who had, drawing on the resource, encouraged a girl to ask for support herself, rather than expecting the teacher to do it for her. For example she had a paper with instructions on it such as 'ask the teacher to write it on the board' and she would point at it and the

girl would ask. She witnessed increase in confidence in asking for improvements to the fire alarm system:

'During fire alarm, [child] had taken hearing aids out to change battery - she went to head teacher and said: 'it would be really useful if you could have a flashing light so I know there's an alarm'. She did it herself really well, and he agreed to get one for her.'

Similarly, another child gained confidence to discuss his hearing loss

'At the end of Year 10 [after Healthy Minds sessions and work with a social worker] he also was happy to discuss the implications of his deafness with his work experience employer which is something he would never have done before. This year he is happy to tell his teachers if he doesn't hear and give them suggestions as to how to make it better for him.' [13]

Greater confidence was also shown by a deaf student starting sixth form, who had been part of the group previously. He asked when the next session was to be as he felt he could contribute to it and help the other students. He had become more able to speak about deafness. [1]

Outside the school context, another participant noted parents reporting greater confidence in two children who were asking for things to be repeated:

'The boys in particular strike me as benefitting. Both would not independently go into a shop and talk to others. Their parents commented a few weeks later that they seem to be becoming more confident in talking to strangers and asking for things to be repeated.' [16]

Discussing deafness and emotions

Some described how the group sessions and one-to-one sessions allowed pupils to discuss their hearing loss in a safe environment, possibly for the first time, and often in the context of fear of discussing elsewhere.

'The group appeared to get a lot out of it, but it's hard to tell. Gave them an opportunity to talk about hearing loss, they were frightened to talk to peers and teachers about it. Find they are struggling to hear but don't want to ask about it.' [7]

'It's hard to see direct impact. Think it helped them think about the support needed and that they had in their private lives and how they support others. It gave them time to talk.' [2]

Another example was given of children *'starting to open up and describe emotions over the course of the sessions'* [4]

'too early to tell, some progress toward understanding their feelings.' [20]

For some, it offered an opportunity for young people to discuss issues that were upsetting them which then could be addressed.

'A Year 10 girl started to do the resource. She became really upset and revealed that things were getting on top of her. We were able to talk about what was upsetting her and take it back to teachers. Within a couple of weeks she was back on top of it all. Not necessarily the

resources, but if we hadn't started to do it, she probably wouldn't have felt able to talk about it and I wouldn't have been so confident to deal with it.' [14]

Some identified a greater willingness to talk about deafness, for some in a positive light

'Seen a development of a greater positive outlook from pupils. Now willing to chat and talk about self-image and how to develop a positive attitude to deafness. Also how to manage deafness in an assertive and positive manner.' [22]

Working with emotional and social problems

There were several examples given of young people with identified social and emotional problems benefiting from aspects of the material – often in conjunction with other interventions. For example one described using the 'happy thought' idea with a girl who was lashing out when angry – she started to carry a photo of her kitten around. It improved her behaviour at least temporarily. [9]

Another intervention was described with a Year 9 profoundly deaf pupil who had been very unhappy in mainstream secondary school and blamed his deafness for his lack of friends.

'As a result of the course (as well as sessions with a Deaf Social Worker) the pupil began to accept his deafness and move on. This young person is now happily included in mainstream school (currently Year 11) and has a good circle of hearing friends. At his Annual Review last year he quoted "Being with his friends" as the thing he liked most about school.' [13]

Through using the circle of relationships, using mood boards, discussing support when feeling different things, and using the target board from the resource, a 14 year old girl who had inappropriate boundaries with staff and family developed more appropriate relationships. [13]

An example was given of working with an 11 year old boy who was very frustrated and angry. The TA worked through the 'good days and bad days' journal sheet, and discussed them at the end of each day. At the end of the week they reviewed which days had been best and why, and used 'turning negatives into positives' to identify why he was getting upset. It built a better relationship with the child, and he became much calmer – *'he used to take an hour to calm down from a tantrum, now 10 to 15 minutes.'* [13]

Another boy was described who had a focused intervention plan. He was very language delayed and needed to develop emotional language and learn to cope with his feelings. He had been moved tutor groups and the course participant was working with him to integrate him into his new tutor group. The worker used a lot of the Healthy Mind resource, and did a project on his favourite topic, rugby. He and his peers did a presentation on rugby and he was able to tell the class through a PowerPoint presentation about how his hearing loss affected him and why he sometimes misunderstood.

'He had a very bullish attitude about moving groups and it was "poor me, I'm deaf" and was really angry... He was integrated into the class by the end of the year, and only had one really bad day. He was able to tell others how he was feeling, for example that he can't play rugby due to his implant'

This theme of helping non-Hearing Impaired pupils learning to understand the issues faced by deaf children was raised elsewhere too.

'Using the material with a severely deaf young person and 3 of his peers helped the non-HI pupils understand the issues faced by the HI peer better while increasing his self-esteem.' [5]

Outcomes for staff, schools and other

The ultimate impact of the project is to improve the outcomes for young people themselves, as described above. However participants also identified impacts on other areas which would have a less direct but nonetheless important impact on the young people. These included an improved relationship between the teacher or assistant and the children they worked with.

'The group work brought up some issues that I didn't know about e.g. that one was adopted, one had a disabled relative come to live with them. It was useful to have that discussion. Improved my relationship with the young people, I understood them better, so am better able to support them in class. It made me realise how much the boys were hiding their feelings, unable to discuss or show them.' [2]

In some areas, social and emotional learning has been prioritised. For example one participant reported setting up a working party on social and emotional issues across the county where seven teachers meet twice a term. Others discussed starting to work on emotional literacy much earlier in primary school and within secondary schools.

'It has given us confidence to prioritise making time to do this. One colleague uses half a session a week to discuss these issues with one child' [9]

Two others mentioned measuring and having targets for social and emotional learning as well as for other aspects of children's achievements.

'It has raised awareness of emotional health and its importance. We now have targets for SL as well as academic stuff for each half term.' [4]

Some were inspired to provide greater opportunities for deaf young people to meet up in groups, and to increase existing opportunities.

Spreading the word and influencing others

All of those who answered the question in the follow-up survey said they would recommend the training to others, and some had indeed done so. Several of the respondents described cascading the training within their teams.

'I shared it with the LSAs who work in school with HI children and other disabilities, with these five I went into depth looking at the materials. With further LSAs I presented the main concepts looking at broader issues and linked to the resource.'

'We cascaded training to the whole service - about 15 people.' [9]

One of the respondents did not work directly with children but ran a series of seminars for mainstream teachers – approximately 15 seminars a year, 30 people on each. They go through the key points in the resource and give out handouts, especially the session on understanding their own deafness. They recommend that teachers use it in PHSE lessons - one a week, either one-to-one with deaf children or whole class.[8]

Another presented the ideas to a network meeting of about 50 and got them to do some exercises, and one described informal ways that other teachers got engaged

'Often did [the work] with other teachers around and they would get involved and then discuss it.'

Proposal to develop new work

Respondents also felt inspired by the resource and training to develop new work. Three respondents were developing new groups outside of school to bring young people together, and to apply aspects of the resource.

'Planning days out with other children across other schools, climbing wall activity, then afternoon, but not done yet. Issue of not knowing each other, and the need to build up a group.' [1]

'Thinking of setting up a hearing impaired youth club on half termly basis, might apply some of it then. Or perhaps get sessions together after SATS.' [4]

'Would like to get kids from primary and secondary schools together – social events and do a Healthy Minds session to start them off. It hasn't happened yet.'

6 Suggested Improvements / adaptations

Participants identified some additional areas that they would recommend to be included in future similar training. These included the following:

- *Specific well-being issues and specialist support:* This included more complex healthy minds issues, how to identify problems, bereavement support, behavioural issues, signposting to other available support for deaf children (including CAMHS), and how Healthy Minds fits into other initiatives (eg School Based Counselling in Wales). Also, helping children to feel more positive when their parents have difficulties coming to terms with deafness.
- *Supporting teenagers:* Several participants mentioned that they would like more specific information on supporting issues faced by deaf teenagers, including teenage boys, social issues, peer pressure (drugs, alcohol, smoking, sex), sex education and relationships, and the effect of hormones on emotional well-being. One participant wanted a similar course for hearing groups, including teenagers.
- *Younger children:* How to support younger children who do not have the Healthy Minds vocabulary, including early years.
- *Working with deaf children:* More on how to teach deaf children and developing positive staff-child relationships.

Suggestions for improvements were made by those who had been using the resource. One frequently cited was to adapt it for working one-to-one. Other suggestions were made to:

- Make it into shorter sessions to fit within the school time constraints.
- Some found the role play was difficult – *'can spend too long explaining the scenario'*.
- One was concerned about the disadvantages/advantages of being deaf – *'found the whole sessions dominated by disadvantages so left on a low note'*.

- Some would like to see lesson plans for deaf and visual awareness amongst peers.
- A way of assessing emotional intelligence as a baseline.
- More multi-media aspects, for example video clips of deaf children talking about some of the issues.
- More activities, sheets and resources, so that the Healthy Minds folder can be a ready-made folder to work from.
- Ability to download the Healthy Minds Resource from website.

Some of the survey respondents pointed to problems they encountered with the children accessing the exercises in the resource. One felt that *'the (younger children) lacked the emotional language and understanding to be able to use it'*. Another found that her students struggled with the role play, and tended to take scenarios literally rather than as examples. Two participants found that some pupils (in these cases, boys) found it hard to open up and to discuss the issues. For example, one just said he were *'fine about being deaf'* but noted that the same child left his hearing aid off on non-uniform days.

Adaptations

Several of the respondents who had implemented the resource had adapted it to working in shorter sessions. For some this was responding to restrictions placed upon them by the school environment, whereas others did this in response to young people finding the sessions too long.

'I am doing it once every half term, taking a year to complete the whole pack'

'Fitting it into one hour sessions'

'I made sessions shorter, took bits out. I found that sessions were too much, too long. Only had an hour but also thought was too much for young people to cope with'

'I ended up leaving out large chunks since my pupils began to get bored.'

Adapting it for younger children was quite a theme – both people wanting help to do this, and ways they did it themselves. They changed language for young children and missed out sections which were not appropriate to the age, and made it more visual. [NDCS is currently adapting it for younger children].

One participant made it more accessible by re-writing some words with signs:

'I cut up the 'negatives into positives' and re-wrote with signs. Had to find time to differentiate more complicated bits for signing. Changed scenarios sometimes to make them more real for the individual children, changed names.'

Another approach was to mirror the techniques used by class teachers, for example using storyboards.

'Scenarios were too difficult so turned them into story boards, for example teenager asking for more money – using similar techniques as used during class time to make it more familiar.'

One respondent also linked it to national curriculum. For example, when doing section on labels they linked to working on adjectives, and added in Welsh words.

Other ways of adapting and expanding exercises included

- *'In the images exercise, we down-loaded photos of celebrities and put them on wall. They were really interested in it and expanded into whole session.'*
- *'Advantages / disadvantages – did a poster together about it rather than individually.'*
- *'Used luggage tags to do their identity which they enjoyed.'*
- *'Changed name to "I'm Deaf – I'm Ok" – then added the Healthy Minds.'*
- *'Use multi media including a BBC programme about a girl with cochlear implant, found they really opened up.'*

Many of the participants adapted it to work one-to-one. It was felt by some that it *'lost quite a lot'* by not working in groups; the interaction between students, especially that sense of shared identity and experience. Others did not find it problematic, and made it easier for the child to focus on it, and to build up a relationship with them. There wasn't the issue, for example, of having another child chip in faster.

7 Context

What helped people to implement the resource

We were interested in knowing what facilitated the implementation of the training and resource, and what helped participants to continue to work with their learning. The majority of those we interviewed were working within a school setting, and an important factor is the co-operation of the schools. Two respondents felt that having the NDCS endorsement meant it had greater weight with schools and greater acceptability.

'[It is] helpful to have a bonafide scheme with NDCS name - helps school to accept it, for parents, the fact that it is something being rolled out across country. The fact that it is called 'Healthy Minds' is useful.' [1]

This level of support from schools was felt to be crucial, gaining timetable time for the children but also having access to facilities (for example rooms to use).

'[what helped?] The School SENCO and parents were very keen for the course to take place. A small quiet room was reserved for this.'

Having other staff attending the course was deemed to be very helpful, as they could discuss ideas, chat about how other teachers had delivered training, and ask questions of each other.

One felt that having pupils who knew each other and were friends, meant they were happy to share personal feelings better. Another found it helpful to have a teaching assistant who worked closely with the children on a daily basis attending the groups as well. One cited being able to work with the students one day a week and that they were freed up from some lessons, so had time to implement it.

What hindered people

We were also keen to explore what barriers respondents were facing when trying to apply the Healthy Minds resource.

Finding time in school day For those working with children in mainstream school setting, a key problem was finding time in the busy curriculum to implement the resource, especially in secondary

schools. Several described only having short sessions to work with the pupils – 40 minutes to an hour, and one was restricted to 30 minute sessions during lunch break. These slots were not long enough to complete some of the exercises or to build up the group. Another found that their students often missed their sessions due to exams or coursework which was prioritised, and working in pairs meant that if one wasn't there they couldn't proceed.

'I was unable to deliver the course during a lesson since the school did not want the pupils to miss any lessons, so it had to be carried out at lunch-time. Sessions were approximately 30 minutes in length which was not always long enough to develop discussions.'

'[a barrier is] children's time in the curriculum, they can't afford to get behind. There's pressure'

'difficult to fit in, problem of curriculum, what should they miss to do this?'

'It's really hard to get children to come out of class - different schools have different approaches but there's so much pressure especially with academies.'

It was felt to be particularly hard to get the opportunity to work with hearing peers.

No opportunity to do group work Many of the respondents were peripatetic teachers who visited different schools each day, and rarely had enough children in any one school to form a group to work with. They tended to work with pupils on a one-to-one basis. They found it was logistically hard to get groups together, and if they didn't know each other it required an additional length of time to bond the group.

Other barriers were felt to be the funding pressures that schools / LEAs were under. One cited that schools now using general classroom TAs to support rather than specialists. This meant that often the teaching assistants did not have sufficient understanding of the child's hearing loss to be able to do some of this work with them.

One TA found that the exercises in the resource meant she had to share a lot herself with the students, which she wouldn't usually do in her role. For example visualising a nice place, or family tree. This she found hard to start with.

It was also felt by some to be hard to persuade schools to follow this approach rather than their own PHSE programmes.

8 Conclusions and recommendations

Conclusions

The training itself was extremely popular and deemed to be very useful and was highly valued. It is excellently delivered and well received because of the quality of the trainer and the content of the course. The trainer presented the material with enthusiasm, and humour, ensuring it was interesting, inspirational and enjoyable. Those who reflected back on it after a considerable period remembered aspects of it very clearly and were still enthusiastic about it. There is a committed team of staff at NDCS who are engaged in extending the use of Healthy Minds and already identifying ways in which to develop it, (for example, they have revised the resource recently) and new areas to develop (eg young people) and responding to gaps (e.g. working with families and parent/children).

The resource was received very well. It is clear, straightforward and self-explanatory. Respondents like the flexibility and that the sessions and exercises can be adapted, and used separately. Areas for improvement were to adapt it for working individually, making sessions shorter to fit school time constraints, and integrating more visual and multi-media aspects.

The resource is being implemented by the trainees in a range of settings. Schools are implementing this with groups, mostly in small groups of deaf or hearing impaired young people. They vary in frequency, and almost all shortened the sessions to fit school timetables. Respondents found it logistically hard to get young people together in groups.

The majority of participants, however, worked with students one-to-one, and thus the resource was being used with individuals. Some went through the resource methodically, but more often they picked out sessions or activities they felt were particularly relevant for the child's needs. Some found that this worked well, others felt it was difficult to adapt the material, and felt much was lost by doing this.

The resource is in fact adaptable to any groups of young people, and has been applied to others, with the exception of the last two sections which are specific to deafness. It is being used out of school, and respondents want more on specific groups e.g. teenagers, and younger children.

Respondents identified a range of outcomes from the Healthy Minds training and resource. These include learning for participants, highlighting the importance of emotional well-being, and adapting their own work and policies. Participants were able to give examples of changes in young people they worked with, including increased social skills and awareness, increased confidence, and greater discussion of deafness and their emotions. They particularly highlighted the impact on young people with identified problems.

The majority of those who fed back (and indeed attended the training) work in an educational setting. Having school support is crucial for the effective implementation of the resource, and many referred to ways they had been supported by school staff. However there are constraints in educational settings, for example curriculum pressures, logistical problems of getting young people together, and the physical environment.

Recommendations

Some clear recommendations came from the report:

Adapting/ extending the training:

From the feedback it seems that there is potential demand for additional training:

- *Specific well-being issues and specialist support:* This included more complex issues, how to identify problems, bereavement support, behavioural issues, signposting to other available support for deaf children.
- *Supporting teenagers:* Several participants mentioned that they would like more specific information on supporting issues faced by deaf teenagers, including teenage boys, social issues, peer pressure (drugs, alcohol, smoking, sex), sex education and relationships, and the effect of hormones on emotional well-being.
- *Younger children:* How to support younger children who do not have the Healthy Minds vocabulary, including early years.
- *A refresher course:* A further course to assist people when they actually implementing training, or to catch up on new developments.

Adaptation of the resource:

- Take into account that many users of the resource will be working with individual children and young people:
 - consider describing what the advantages and disadvantages of using the resource (and individual exercises) with individuals and groups.
 - Offer suggestions and examples of how exercises can be adapted for individuals
- Many users will be restricted to working in shorter sessions within school situations. Consider showing options of how exercises can be shortened to work in this context.
- Consider increasing the multi-media and visual aspects of the material.
- Offer a forum and resource base for on-going adaptations and development of the course. Consider setting up a resource on a website which can be added to, and course participants can upload their own ideas and adaptations.
- Provide a hard copy of the resource, but also offer a down-loadable version, making the resources easy to personalise and adapt.
- Improve the monitoring and evaluation systems for the resource:
 - Revise the training evaluation form
 - Consider routine follow up questionnaires/ emails to participants to find out if, and how they are implementing Health Minds
 - Consider integrating feedback from the young people as part of the resource which can be captured by the trainers
 - Investigate options of evaluating the impact felt by children young people, (and their parents, other teachers etc)
 - Investigate the possibility of applying 'before and after' measures for children and young people to assess their emotional well-being, and deaf awareness for example.

- NDCS should work to promote the 'healthy minds' approach, especially at a school, Local Authority and national level to work toward removing some of the structural barriers faced in applying the course.

Appendix 1: application of the resource

Working in secondary schools with groups

1. *'Worked with a group in secondary school, including one student who was profoundly deaf with aspects of Aspergers. Ran the group twice a term, and work is on-going.'* [1]
2. *'Applied with a group twice. First year, a pair of girls in y10 and second year group of 4 y10 pupils (one girl, 3 boys). Fortnightly meetings across the school year.'* [2]
3. *'Worked with group of 3 pupils; one at a transition to secondary school with a bone anchored hearing aid.'* [4]
4. *'Used it to supplement deaf studies lessons. One week we used ideas from the 'relax/chill out' page in session two and had candles lit around the room, used massage oil to give hand massages, ate snacks such as pineapple and cheese and just chilled out as a group. This helped to bond the group together and gave the idea that it was ok to take time out to relax. In the same session, we had a sheet of paper stuck up on the wall for each person in the group and asked everybody to write an anonymous compliment about each person on that person's sheet. At the end of the session, the person took their own sheet home and this promoted a lovely positivity in the group.'* [6]
5. *'Started a group with six children at secondary school; some with limited hearing loss. Met once/ term, did hearing loss sections 5 and 6.'* [7]
6. *'Annual get together of children on case load.'* [7]
7. *'Running session with 3 children (usually in pairs). Going through in methodical order. Linked to curriculum. Works with the on 1 hour session, but integrates with other things so still at early stages.'* [10]
8. *'I used the Healthy Minds course with a group of 4 secondary pupils – 1 profoundly deaf Year 9 pupil, his hearing friend and 2 HI pupils in Year 10 (1 with a unilateral hearing loss and 1 with a moderate hearing loss).'* [11]
9. *'Group of 5 girls at hearing resource in mainstream school. One y6 moving from primary to secondary, y8 and y10, one hour session about every 3 weeks. Followed it mostly used session 1 ice breaker getting to know each other, session 2 modified. Used bounce back ability cards. Session 3, support and buddies. Good stimulus needed to be handled sensitively. Session 4 image and identify did lots on that really opened up. Scaling exercises and circle of people. Didn't do 6 - not enough time.'* [17]
10. *'Weekly session with a group and one to one.'* (no further details – could be in primary setting) [20]

Working in secondary schools one-to-one support

1. *'Worked with yr 7 girl with anger issues. Dipped in and out of it – sessions 2 and 4 exploring emotions and self awareness.'*
2. *'Used aspects of it with individual children. Eg sumo exercise, having a photo of a happy thing to deal with emotions/ feeling sad. Worked with a girl who had a lot of problems in PE. Did observation of her and discussed her behaviour - much of the problems were her attitude setting it off. Discussed it with her.'* [9]

3. *'Dipped in and out. Not done it as a programme. Works with 4 children 2 sessions a week. Mostly focusing on the curriculum, thinking skills and visual learning.'* [12]
4. *'Worked with 3 children individually. 14 year old girl, 11 year old boy and Yr9 (about 14).'* [13]
5. *'Used in one-off event with a pupil who is seen weekly. Used the sheets in sessions 1 and 2 about introduction to healthy minds and also developing good emotional well being, owning and managing deafness and the impact that it has on the family.'* [22]
6. *'Worked with two young people; one girl in Y10 and one boy in Y11.'* [14]

Working in primary schools

1. *'Worked with a group of 5 children: with two deaf girls and three children who needed help with PHSE in a primary school across six weeks.'* [3]
2. *'I also used ideas from the programme with 2 other pupils who had additional physical needs.'* [5]
3. *'[adapting existing group work) Music group for 6 primary children. Used to run it monthly, but after training, encouraged to run it weekly. Have a space at the beginning for some social time, biscuit and a chat. Get them to describe something that's happened to them during the week. Realise need for expressing their emotions, so do it as part of music.'* [9]
4. *'One to one support with 7 year old profoundly deaf girl and one 6 year old with moderate hearing loss.'*

Working on transitions

1. *'Worked with 11 year old about to go to high –school; worked through pack methodically in one hour session – on Fridays. Sat in staffroom with hot chocolate.'* [4]
2. *'One at transition to secondary school with BAHA, asked him what he would say to pupils about what it is. He said he would reply 'don't want to talk about it' so she did some work with him. Worked with some with low self esteem, kept it light hearted, did posters and folder for them.'* [4]
3. *'I helped running sessions based on the Healthy Minds material for one of the deaf youngsters who was at transition point from primary to secondary school.'* [5]

Appendix 2: Interview questions

Background

1. Job title
2. What kind of context do you work in? What kind of service, school based? Vol org? In health service etc.
3. Do you work directly with deaf young people? If so, how many etc.
4. If not working directly with yp, how does your work affect young people (ie training others who work with yp, managing others etc).
5. How long ago was the training?
6. Are you in the same role since their training? If not, what change?

About the training

7. What, if anything, did you learn from participating in this training?
8. Overall how would you rate the quality of the course, if 1 = excellent, 2 = good, 3 = average, 4= poor and 5 = very poor)
9. Which aspects of the course, if any did you find most useful?

Implementing the learning

10. Have you implemented any of the learning from this course in your work? (prompt for using the resource)
If yes, in what ways? Can you give any examples?
11. How useful has this training been for developing your work?
12. Have you seen any different outcomes as a result? Please give examples.
13. (If work directly with yp) Have you seen any changes in the young people you work with? Can you give examples?
14. What aspects of the training, if any, have you found most helpful in developing your own practice?
15. Have you faced any barriers in implementing the learning from the training? If so, what?
16. What has helped you implement the training?
17. Have you trained any colleagues other professionals using aspects of the resource? (please give details)
18. Have you adapted the resource at all? If so how?
19. Have you discussed the learning from the course with any other colleagues who did not go on the course? If so who/ how/ how many?

Reflections on the training

20. Is there anything that you think the training should have covered that it didn't?
21. Did you feel confident to apply the HM resource after the training? (if yes, which sections of the training were most useful, if not why not, what would you need further)
22. Do you think you could have used the resource without the training?
23. Has it raised any further need for training? Have you gone on to have other training in this issue?
24. Would you recommend this course to anyone else? (have you actually recommended it to anyone else?) Would you recommend the resource?
25. Do you have any suggestions about how the course could be improved. (for contact people/ co-ordinators also ask about the practicalities of how it was run).
26. Any other comments about the course? / resource?

NDCS provides the following services through our membership scheme. Registration is simple, fast and free to parents and carers of deaf children and professionals working with them. Contact the Freephone Helpline (see below) or register through www.ndcs.org.uk

- A Freephone Helpline 0808 800 8880 (voice and text) offering clear, balanced information on many issues relating to childhood deafness, including schooling and communication options.
- A range of publications for parents and professionals on areas such as audiology, parenting and financial support.
- A website at www.ndcs.org.uk with regularly updated information on all aspects of childhood deafness and access to all NDCS publications.
- A team of family officers who provide information and local support for families of deaf children across the UK.
- Specialist information, advice and support (including representation at hearings if needed) from one of our appeals advisers in relation to the following types of tribunal appeals: education (including disability discrimination, special educational needs (SEN) and, in Scotland, Additional Support for Learning (ASL)); and benefits.
- An audiologist and technology team to provide information about deafness and equipment that may help deaf children.
- Technology Test Drive – an equipment loan service that enables deaf children to try out equipment at home or school.
- Family weekends and special events for families of deaf children.
- Sports, arts and outdoor activities for deaf children and young people.
- A quarterly magazine and regular email updates.
- An online forum for parents and carers to share their experiences at www.ndcs.org.uk/parentplace.
- A website for deaf children and young people to get information, share their experiences and have fun at www.buzz.org.uk.

NDCS is the leading charity dedicated to creating a world without barriers for deaf children and young people.

**NDCS Freephone Helpline:
0808 800 8880 (voice and text)**

Email: helpline@ndcs.org.uk

www.ndcs.org.uk

Published by the National Deaf Children's Society © NDCS December 2011
15 Dufferin Street, London EC1Y 8UR

Tel: 020 7490 8656 (voice and text) Fax: 020 7251 5020

NDCS is a registered charity in England and Wales no. 1016532 and
in Scotland no. SC040779.

This publication can be requested in large print, in Braille and on audio CD.

