

**COUNSELLING IN SCHOOLS**

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**1.0 EXECUTIVE SUMMARY**

- 1.1 Mental Health is a priority of the Scottish Government and all wider wellbeing professionals who work with children and young people as outlined in the Mental Health Strategy 2017-2027. Poor mental health is associated with significantly worse educational and longer-term life outcomes which are exacerbated by social inequalities such as poverty. This is reported to be a growing concern for Scotland (Joseph Rowntree Foundation, 2014, 2020).
- 1.2 In 2018, the Scottish Government announced an investment of over £60 million in additional school counselling services across Scotland with the aim of responding to mild and moderate emotional and mental health needs experienced by young people. This funding aimed to deliver counselling services to children and young people aged 10 and above.
- 1.3 In 2019 an agreement was reached between the Scottish Government and COSLA on the detailed allocation of £60 million over four years to build or expand high quality counselling services for children and young people. This funding has since been baselined into the Council's financial settlement from Scottish Government.
- 1.4 Within Argyll and Bute this funding was utilised to develop a counselling in schools service which was in place from January 2021 – December 2022.
- 1.5 The Health and Social Care Partnership (HSCP) were no longer able to provide this service from December 2022 and therefore following a competitive tendering process, Counselling in Schools has been provided by the Therapeutic Counselling Service – The Exchange from January 2023.
- 1.6 There has been increase in referrals to school counselling and initial evidence of an increase in efficacy.

## COUNSELLING IN SCHOOLS

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### 2.0 INTRODUCTION

2.1 The **Counselling in Schools Service** provides an early intervention through therapeutic counselling to children aged 10 and above. This directly supports children and young people with health and wellbeing concerns. Counselling offers young people, a safe and supportive environment to talk over difficult issues in confidence. This involves listening to their views, experiences and feelings without judgement, within the context of a safe and trusting relationship characterised by empathy and respect.

2.2 The **Counselling in Schools Service** makes a considerable contribution towards all of the four core aims of the current Children and Young People's Service Plan 2020-2023:

- **CYPSP Priority 1** - *By ensuring strong, respectful collaborative leadership and communication through the GIRFEC approach we are getting it right for our children and young people*
- **CYPSP Priority 2** - *Our children and young people have access to early help and support.*
- **CYPSP Priority 3** – *We improve the mental health and well-being of our children and young people*
- **CYPSP Priority 4** – *We ensure our children and young people's voice is heard.*

2.3 As an accessible tier 1 service, counselling can support rising mental health needs and provide an early intervention which can reduce the escalation of these needs. Over time it is expected that this will also reduce the pressures on other services including Child and Adolescent

Mental Health Services (CAMHS) through prevention of escalation as a result of providing support at an earlier stage.

- 2.4 The service is now provided by The Therapeutic Counselling Service (The Exchange), with the contract monitored by the Educational Psychology Service who meet regularly with The Exchange.
- 2.5 Counselling is delivered face to face across all localities in Argyll and Bute, with the option for virtual sessions where appropriate. Referrals are primarily made by schools but can also be made by parents, other professionals and the young person themselves.
- 2.6 This paper is presented to provide an update on the delivery and impact of the Counselling in Schools service from January – September 2023, when the service has been provided by The Therapeutic Counselling Service (The Exchange).

### **3.0 RECOMMENDATIONS**

It is recommended that the Community Services Committee:

- 3.1 Note the change in provision of the Counselling in Schools service to The Therapeutic Counselling Service (The Exchange), the positive impact it has had on children and young people's wellbeing since its inception in January 2023, and support the on-going commitment to deliver this service within all schools.
- 3.2 Agree the continued need for support across the Health and Social Care Partnership and the Education Service to further embed this service within current processes, ensure a clear continuum of support and improve access for children and young people.
- 3.3 Note that a successful approach requires joint working between Education establishments and the Counselling in Schools Service as partners in co-facilitation including the use of school spaces for young people to access their counselling sessions.
- 3.4 Agree the need to consider how best to ensure impact from the Counselling in Schools funding which has now been base lined in to the Council's financial settlement.

### **4.0 DETAIL**

- 4.1 *Getting it Right for Every Child (GIRFEC)* is the national policy framework aimed at supporting the wellbeing of children and young in Scotland. This framework incorporates the articles of the United Nations Convention on the Rights of the Child (*UNCRC*) into practice and promotes a rights-

based approach. The Children and Young People (*Scotland*) Act (2014) reinforces the rights of children and young people.

The 8 GIRFEC wellbeing indicators provide a shared language and common understanding of wellbeing for all professionals across the HSCP, which children need to grow and develop: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included.

- 4.2 Health and wellbeing are also core components of the *Curriculum for Excellence* and *Building the Ambition*, emphasising the need to ensure that children and young people develop the knowledge and understanding, skills, capabilities and attributes which they need for mental, emotional, social and physical wellbeing.
- 4.3 In 2021 a partnership approach was implemented between HSCP and the Educational Psychology Service to develop and support the implementation and evaluation of Argyll and Bute's Counselling in Schools Service. A report on this service was provided to this committee in August 2022. With the HSCP no longer able to provide this service, a competitive tendering process was undertaken between October – December 2022. A contract was awarded to Therapeutic Counselling Service (The Exchange) with the new service launching in January 2023.
- 4.4 The Exchange have received 415 referrals between its launch in January 2023 until September 2023. This represents an approximate increased referral rate of 60% per month in comparison to the previous service.
- 4.5 Of the referrals received by The Exchange:
  - 320 were for secondary pupils and 95 for primary pupils (aged 10 years and over).
  - Of the secondary referrals 28% were male, 68% female, 2% non-binary and 2% preferred not to answer.
  - In primary referrals 46% were male and 54% female.
  - Of the referrals, 2.4% were for Care Experienced pupils, 2.7% were referred onwards to CAMHS and 4% were re-requests for support.
  - The most common reasons for referral in secondary referrals were Anxiety (64%), Relationship Difficulties (43%), Family Difficulties (31%) and Self-Harm (18%). Note that more one reason for referral can be identified.
  - In primary referrals, the most common reasons for referral were anxiety (62%), Behaviour (25%), Family Difficulties (22%) and Relationship Difficulties (19%).
  - 85% of referrals come from school staff. Of the secondary referrals 6% come from parent and 6% are self-referrals. In primary referrals, 11% come from parents. The remaining referrals (3% in secondary and 4% in primary) come from other professionals, e.g. school nurse.
  - Referrals have been made by all secondary schools across Argyll and Bute and 38 primary schools.



#### 4.6 Efficacy of counselling (Quantitative)

- The Young Persons CORE 10 (YP CORE), a validated outcome measure, is used by The Exchange to evaluate counselling with secondary pupils.
- For young people who completed counselling there is a measured reduction in scores which represents an improvement.
- Using the YP CORE there has been an average 40% decrease in first and final scores. On average, scores have moved from a moderate to mild level of distress.
- Comparing the decrease to that detailed in the previous report to this committee, an increase in the efficacy of counselling is noted. A decrease of 27% in pre and post YP CORE was reported in school counselling in the August 2022 report, compared to a 40% decrease currently.
- 88% of secondary pupils reported feeling less distressed following counselling.
- For primary pupils, The Exchange use two measures to evaluate counselling; Strength and Difficulties Questionnaire (SDQ) completed by parents and the Child and Youth Resilience Measure (CYRM) completed by pupils.
- On average, 84.5% of children report an improvement and 82% of parents report an improvement in the scores from the beginning to the end of counselling.

#### 4.7 Efficacy of counselling (Qualitative)

- The following statements were gathered from surveys completed following counselling by pupils, parents, and head teachers:
- “I have overcome my fear of attending school again and I feel safe.” (secondary pupil)
- “Counsellor helped me to work on building my confidence which enabled me to have some difficult conversations with my parent that had been worrying me for month, this is a huge relief, I feel much less anxious and am sleeping better.” (secondary pupil)
- “I have been more able to identify where my anger is triggered most and feel more equipped at regulating my emotions, I feel much calmer and more in control which in turn has helped how I feel about myself and my relationships.” (secondary pupil)
- “I am proud of the progress I have made and feel more able to manage my anxiety.” (primary pupil)
- “It has made me feel calmer, and I now feel more able to control my anger.” (primary pupil)
- “My child has become more confident and has come out of his shell, back to the boy he used to be.” (primary parent)
- “I feel very involved in this process and feel better equipped to support my child’s emotional needs.” (primary parent)

- “Feel there has a 100% improvement. My child is more positive and able to tell me how she is feeling.” (primary parent)
- “Your service is making GIRFEC possible.” (primary head teacher)
- “The collaboration your service has with parents and school staff is making a massive difference to our pupils.” (primary head teacher)

4.8 The Counselling in Schools Service reports regularly to Scottish Governments through the *Children and Young People’s Mental Health Report (Combining School Counselling and Children and Young Peoples Mental Health and Wellbeing Supports and Services Framework)* every 6 months.

4.9 Now that the funding for this service has been baselined, multiagency discussions are taking place to ensure maximum impact for our children and young people through delivery of Counselling in Schools moving forward, taking in to account the evaluation information to date including the voice of the young people accessing the service.

## **5.0 CONCLUSION**

5.1 The establishment of the Counselling in Schools Service continues to make a significant contribution towards four core aims of the current Children and Young People’s Service Plan 2020-2023 and national priorities around supporting the wellbeing and mental health of our children and young people, in line with Scottish Government requirements.

5.2 Since the change of service provider to The Exchange, there has been increase in referrals to school counselling and initial evidence of an increase in efficacy.

5.3 With the funding now baselined it will continue to have positive impact on outcomes for children and young people in Argyll and Bute.

## **6.0 IMPLICATIONS**

6.1 Policy – Policy to support service delivery is currently in place

6.2 Financial – funding has now been base-lined

6.3 Legal - None

6.4 HR – None

6.5 Fairer Scotland Duty - None

6.5.1 Equalities - protected characteristics

6.5.2 Socio-economic Duty

- 6.5.3 Islands – service delivery is provided on an equitable basis across all areas of Argyll and Bute
- 6.6. Climate Change - None
- 6.7 Risk – None
- 6.7 Customer Service

**Douglas Hendry - Executive Director with responsibility for Education**

**Councillor Yvonne McNeilly - Policy Lead for Education**

**Jen Crocket - Head of Education: Wellbeing, Inclusion and Achievement**

**For further information contact:**

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The  
Exchange

# QUARTERLY REPORT

1st January - 31st March 2023

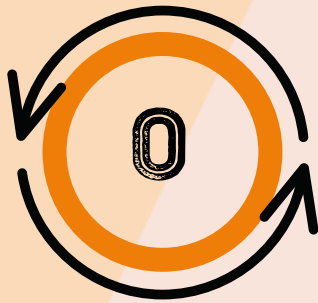


Argyll  
Bute  
COUNCIL

# SECONDARY REFERRAL DATA

Total YP Referral to us this Quarter	134
YP currently receiving support	109
YP completed this Quarter	20
YP Opted out	5

Re-Requests



Care Experienced

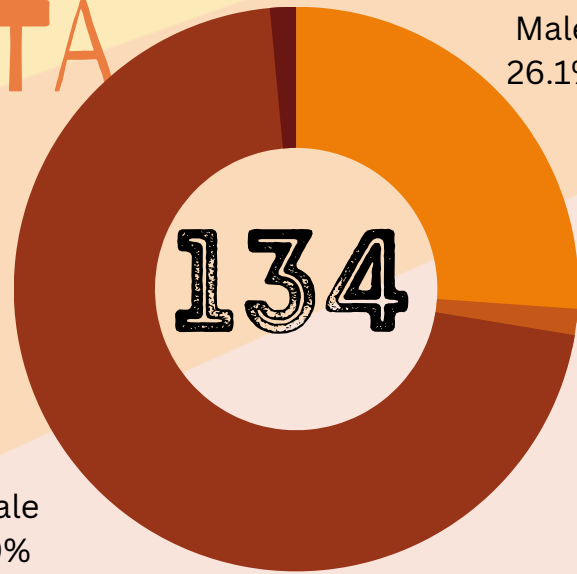


# SECONDARY REFERRAL DATA

Prefer not to say  
1.5%

## Gender

Male  
26.1%



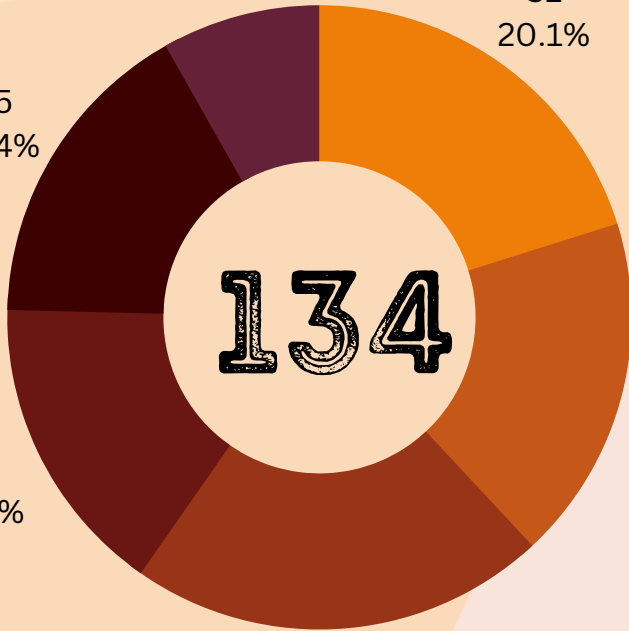
Non-Bina  
1.5%

S6  
8.2%

S1  
20.1%

S5  
16.4%

Female  
70.9%



134

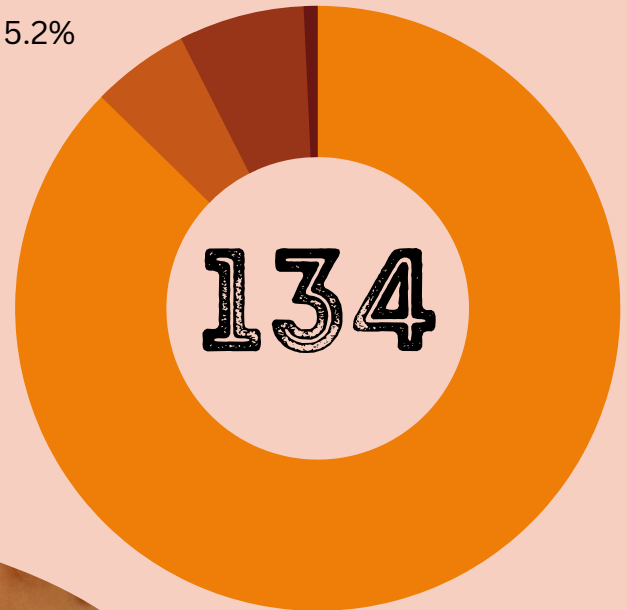
S2  
17.9%

S4  
15.7%

Parents  
5.2%

Self  
6.7%

## Referred by



134

School Staff  
87.3%

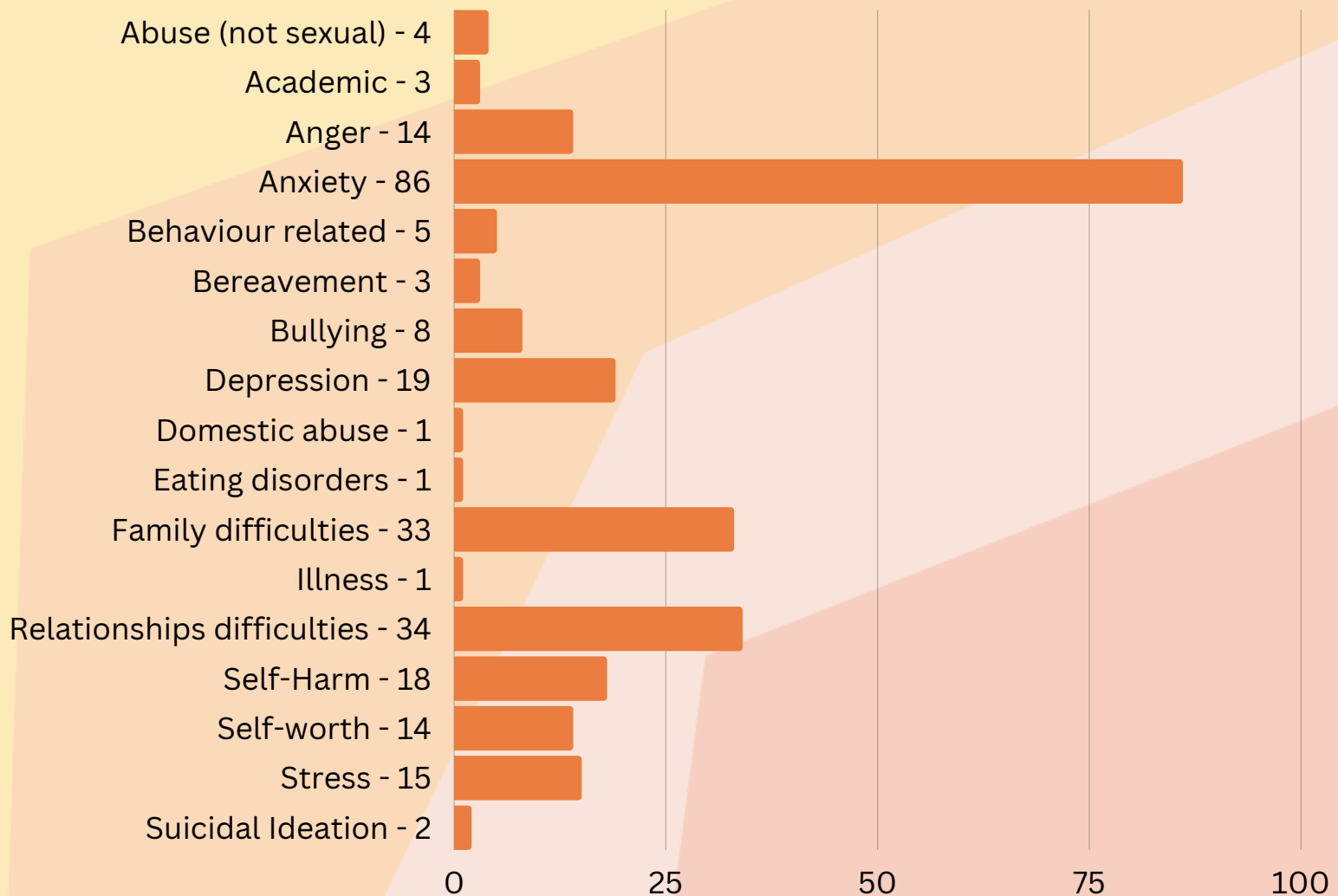
Year Group S3  
21.6%





# SECONDARY REFERRAL DATA

## Referral Reasons



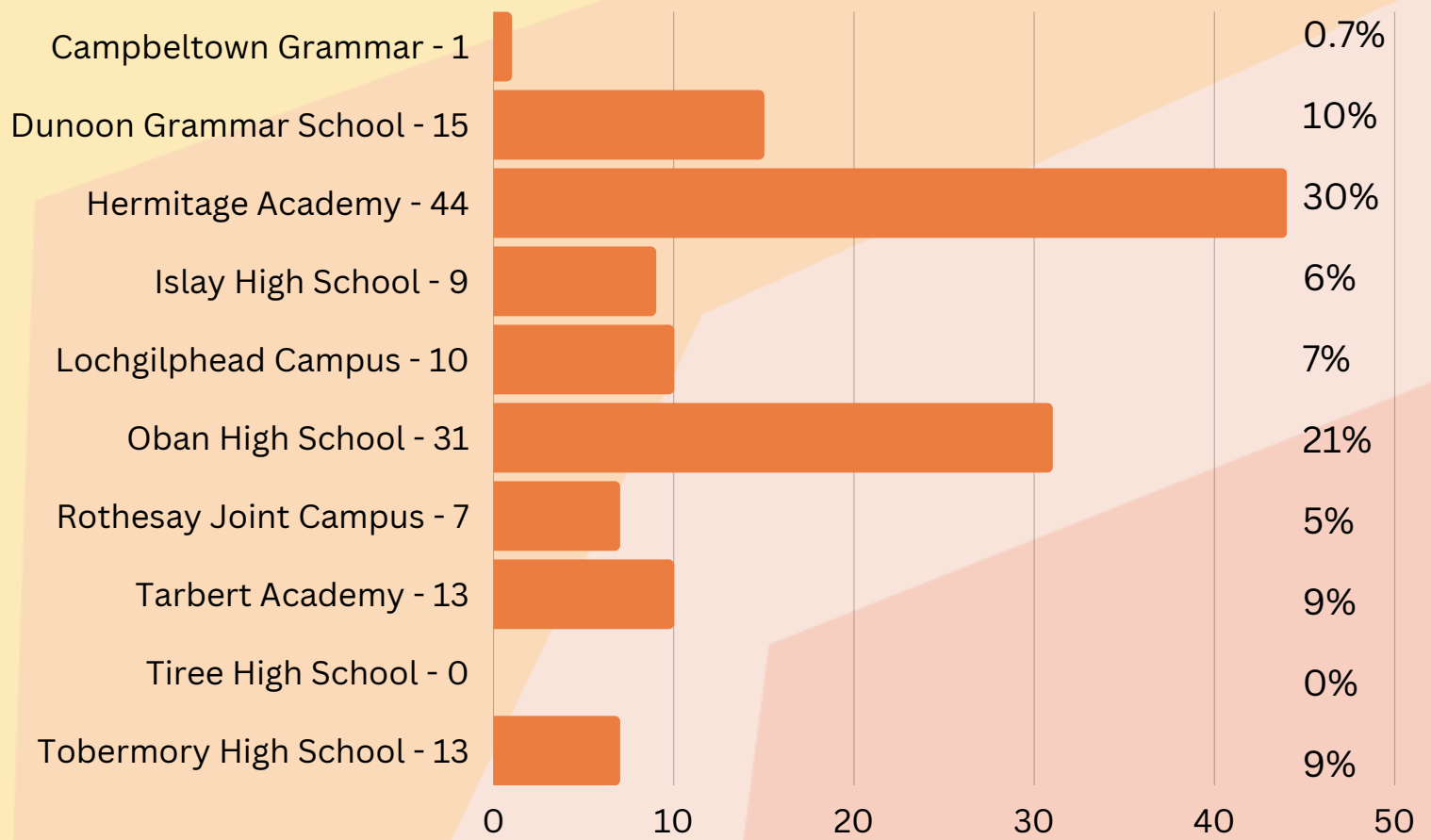
Since the service launch there has been a healthy increase in referrals being made from secondary and primary schools. The service managers attended a series of school forums to present the service offer and engage staff in Q & A. This was successful in helping us establish important connections with school staff. The-exchange has continued to focus on relationship building with schools and a number of meetings have taken place to establish individual connections with each school. Schools have embraced the service by working collaboratively with the service managers and counsellors. The referrals are balanced across all year groups and inline with national statistics, anxiety is the leading presenting issue. The gender representation is almost inline with national averages. Boys mental health is a current focus point for the service. Our D-EXY ambassador has reached out to schools to connect with groups of young people and especially males to involve young people in the promotion of wellbeing support



# SECONDARY REFERRAL DATA

## Referrals by Schools

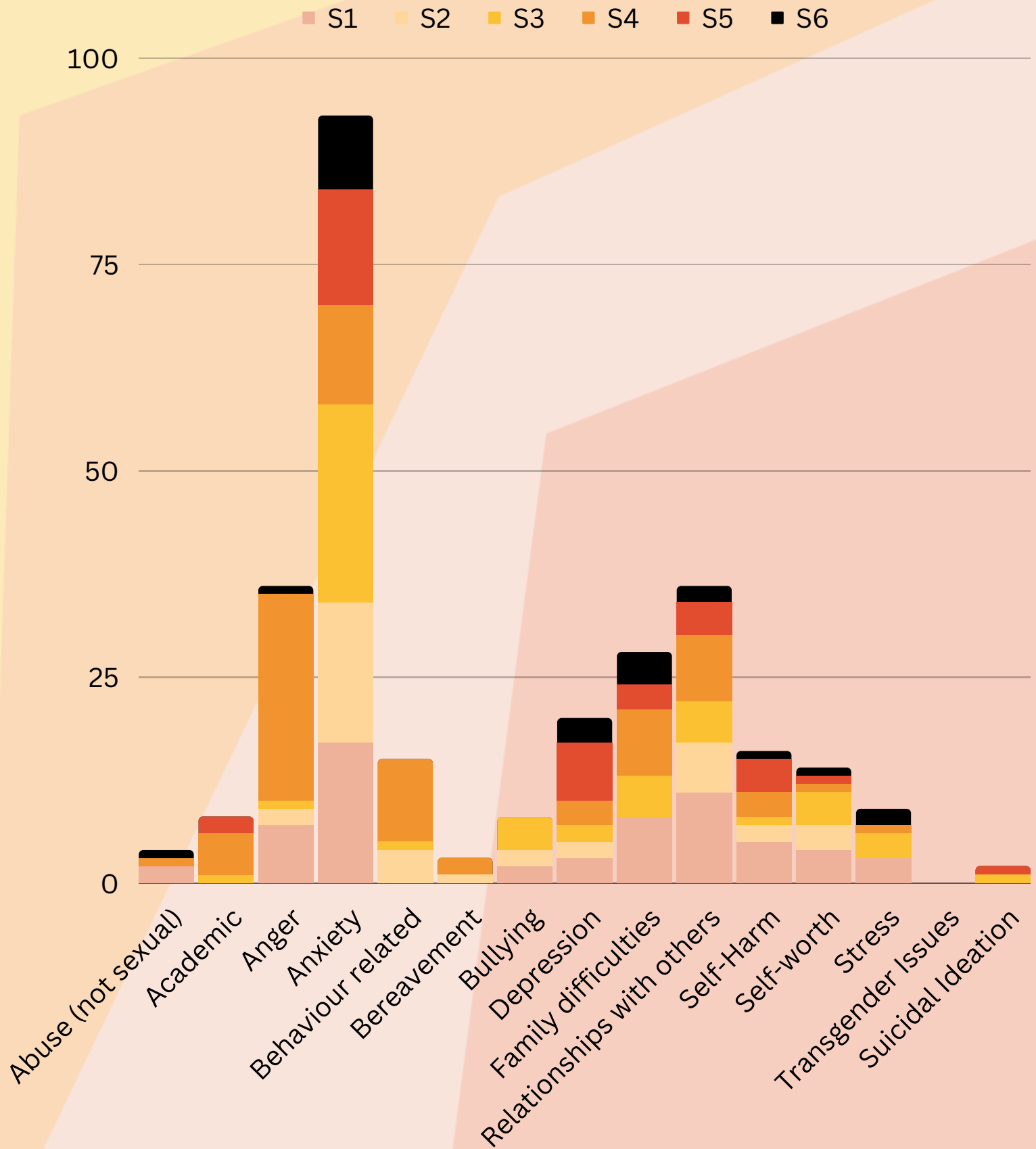
% of school roll 





# SECONDARY REFERRAL DATA

## Referral Reasons by year group



# SECONDARY OUTCOME DATA



YP who have received support this quarter

110

YP who have completed support

20

YP who have improved

100%

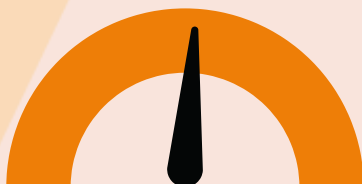
Onward referral  
to CAMHS



## YPCORE clinical outcome scores

Average Start Scores

17.1



Moderate

Average End Scores

9.1



Healthy



# SECONDARY CASE STUDY

## Case Study

Female 17, S6.

Referral from school.

## Assessment:

YP core start score 'moderate/severe'

## Reason for Referral:

Struggles with thoughts of historic abusive relationship.

Low self-esteem

## Focus:

Identify and exploring triggers

Promote healthy ways to regulate mood, identifying appropriate and helpful resources for client to access.

Identify positive thoughts of self and achievements. Challenge intrusive thought cycles to improve negative view of self.

Support client with self-efficacy and optimism for client's reported struggles with lack of motivation.

## Outcome:

Self-reflective insight improved, client recognised barriers that previously impacted her.

Emotional literacy and self-awareness improved and subsequent relationship improvements reported facilitated improvement in ability to communicate emotions.

Client developed the ability to rationalise what's within her control and what isn't, allowing her to understand misplaced anger.

Optimism increased, client was able to manage goals more efficiently by breaking these down into smaller tasks. This has helped her to complete goals more realistically. Developed the practice of positive self-talk. Client noted they feel more positive about self-worth and increased self-esteem. Improved ability to self-regulate by choosing healthier responses and coping strategies.

YP core score reduced to 'mild'.



# SECONDARY FEEDBACK

We use survey monkey to gather feedback from our young people when they've completed their sessions. Once we've gathered enough impactful data we will display it in this section of the report. In the mean time below are some quotes from young people who have accessed our service.

"I've figured out that my anxiety is just a way of showing I care about my exams. It's ok anxiety I've got this."

"It's going good, plenty of things I can try to help me improve, the nausea is already better. I'm better with eating too."

"I do listen and take our discussions on board. I got a high five from a teacher when I asked a question, he said it was the first time in 4 years."



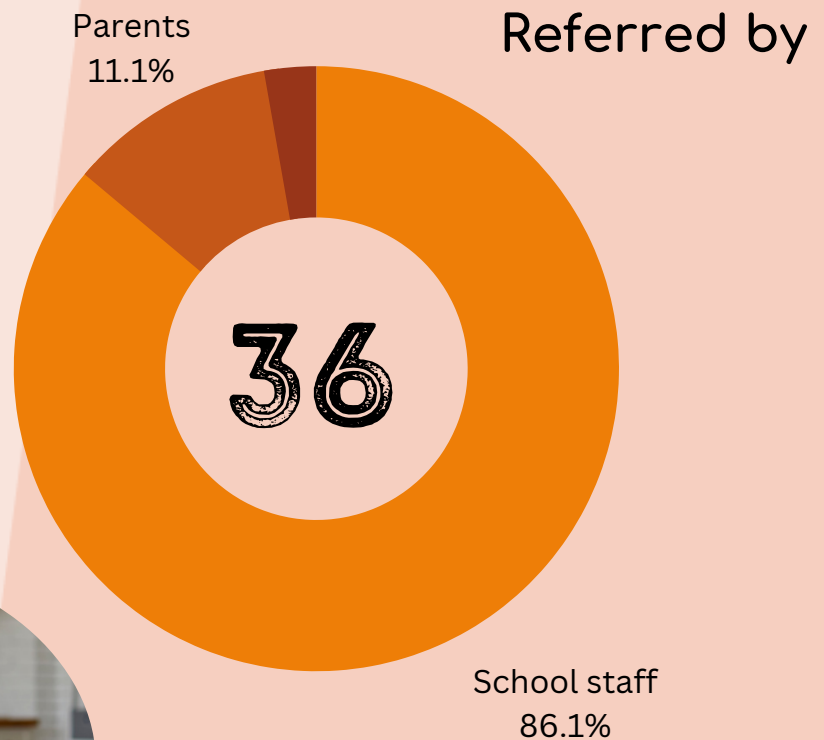
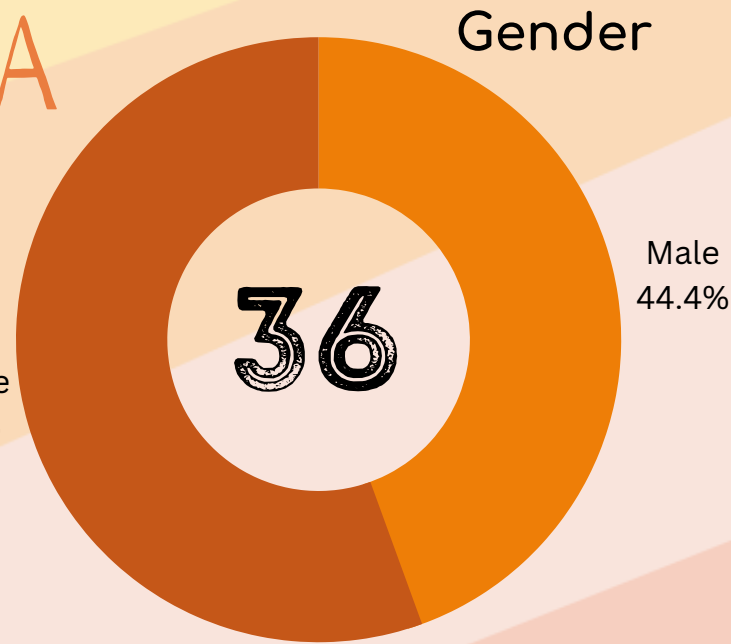
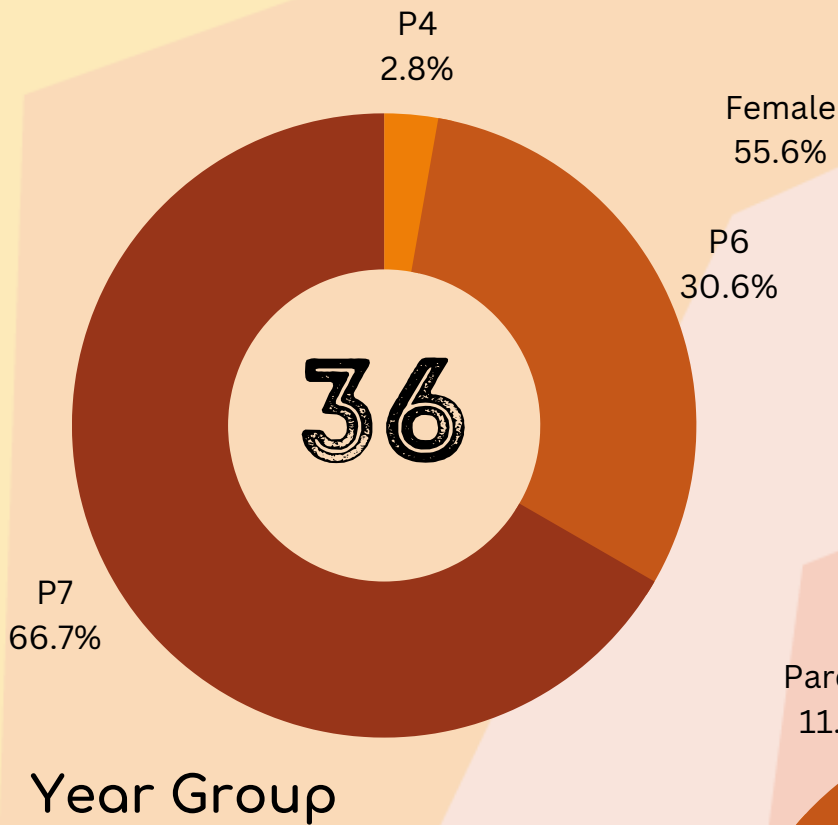
# PRIMARY REFERRAL DATA

<b>Total Children Referral to us this Quarter</b>	<b>36</b>
Children currently receiving support	23
Children closed at point of screening	6
Children undergoing screening	7

Care Experienced

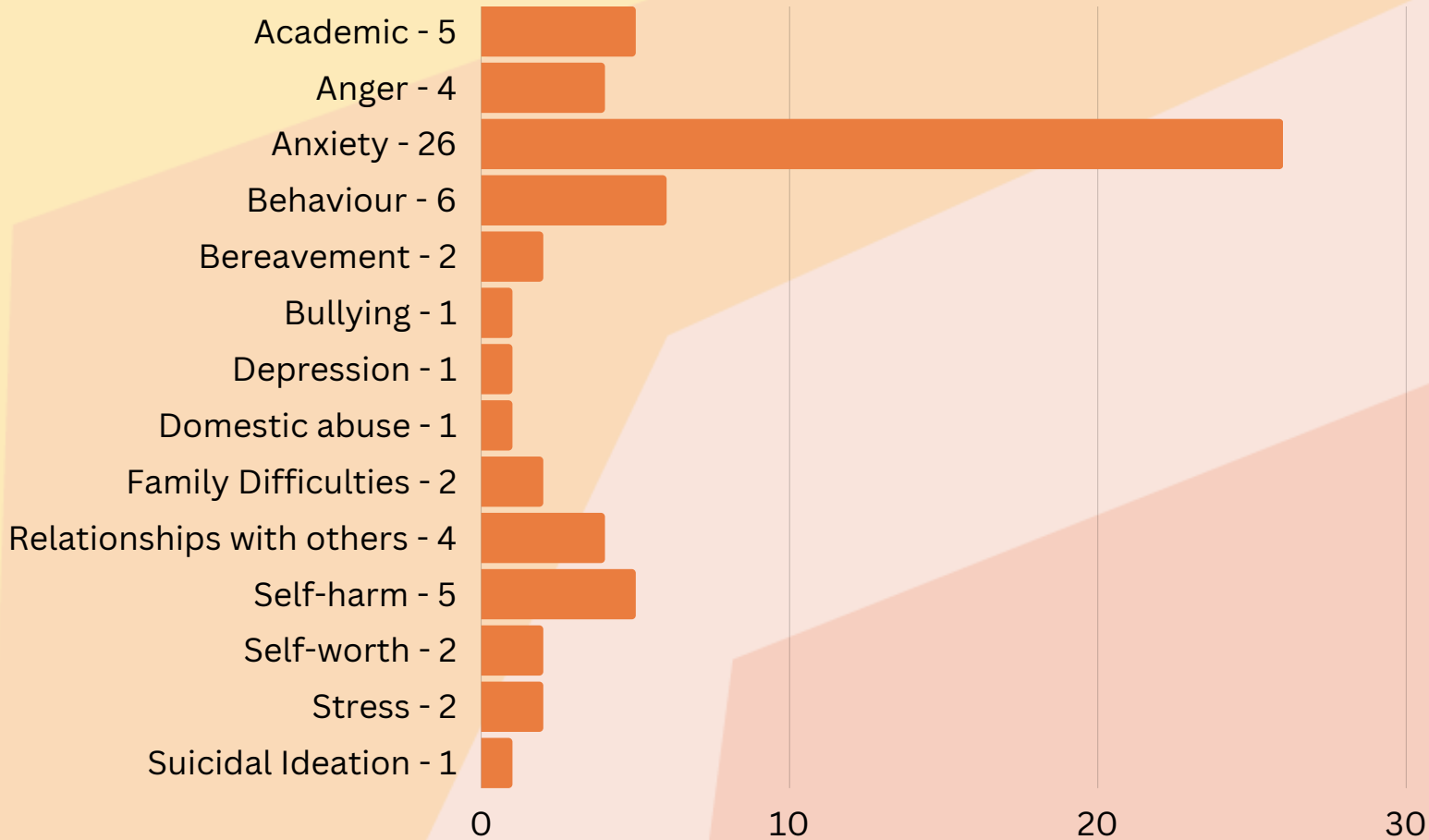


# PRIMARY REFERRAL DATA



# PRIMARY REFERRAL DATA

## Referral Reasons



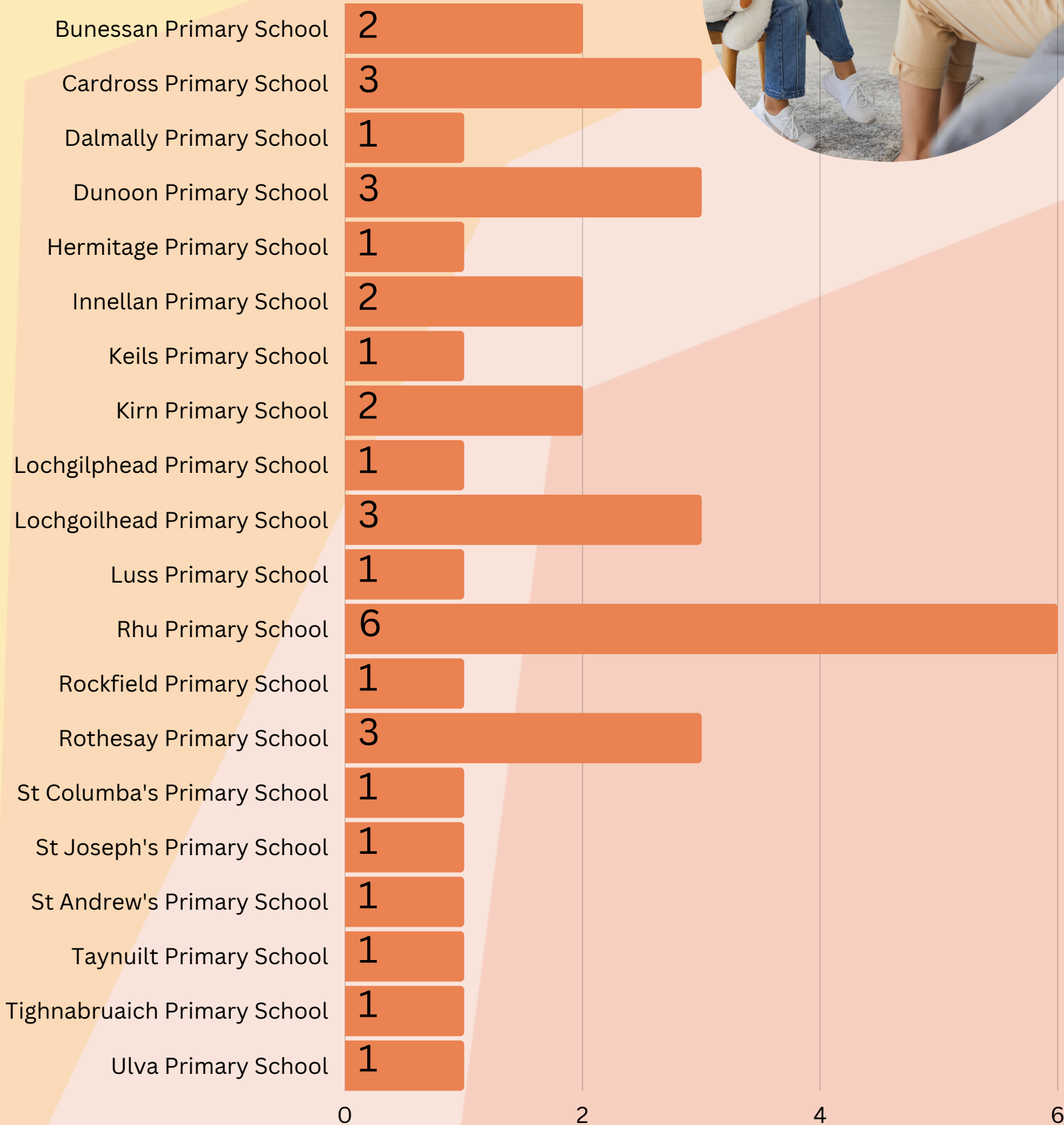
In our first quarter within Argyll & Bute our focus has been on connecting, collaborating and building relationships with the schools. We've had a healthy amount of referrals since introducing the service. The-exchange has embraced working rurally and collaborating with the schools to provide a suitable support for them. The feedback from schools and parents has been hugely positive, and this has been a good foundation for us to start on. Some schools have expressed an interest in group work, we are working collaboratively with them to be able to provide this within the next quarter.

Out of the 36 referrals we've received anxiety has been the highest reason for referral, we have also noticed themes of stress and anxieties surrounding the transition to secondary school.





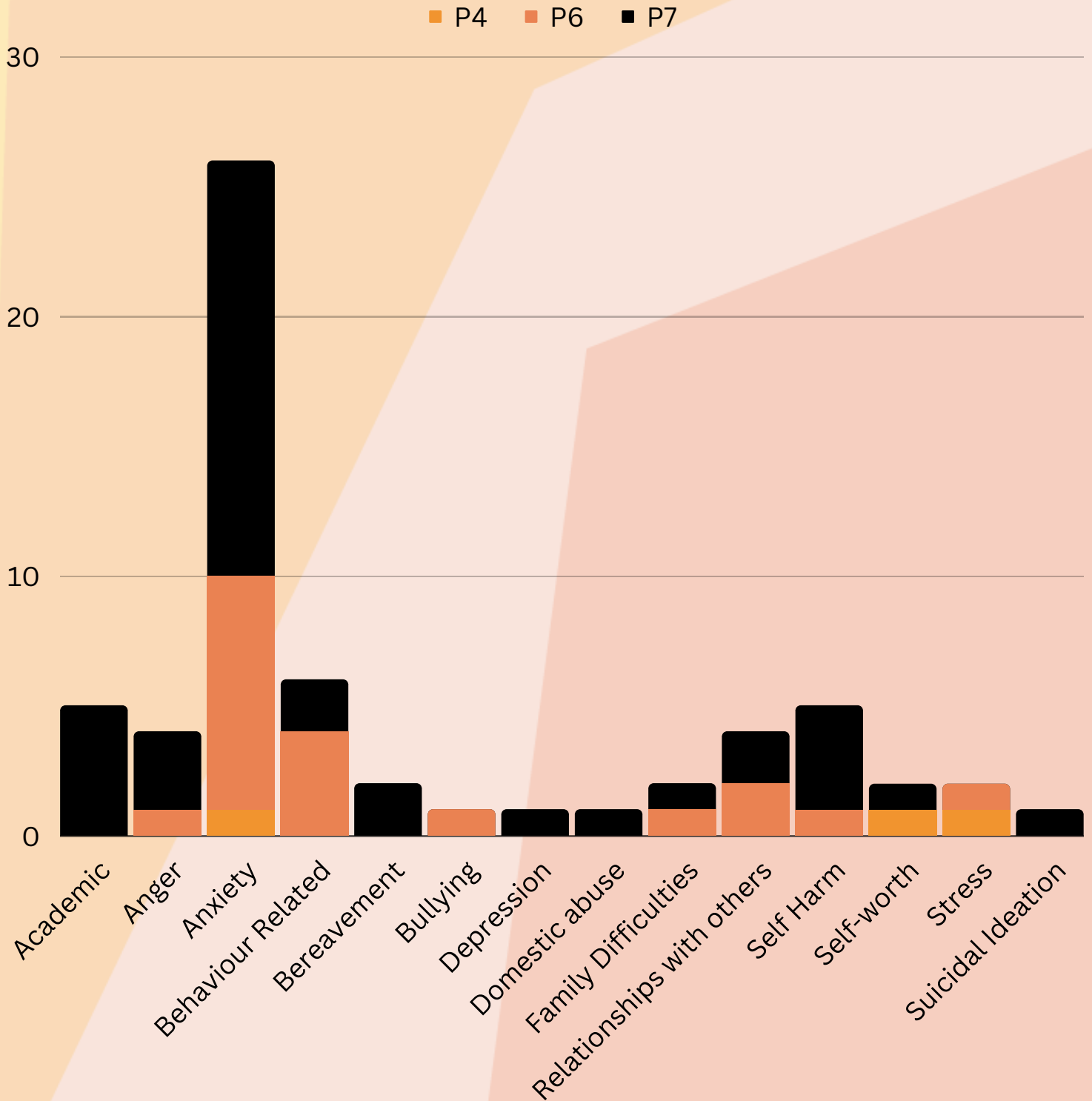
# REFERRALS PER SCHOOL





# PRIMARY REFERRALS DATA

Referral Reasons by year group

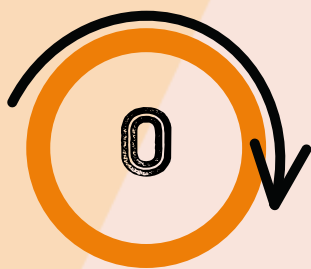


# PRIMARY OUTCOME DATA



Children who have received support this quarter	23
Children completed support	0
Children closed at point of screening	6
Children who reported an improvement (using CYRM)	%
Parents who reported an improvement (SDQ)	%

## Onward referral to CAMHS



We gather data from both the child and parents at the beginning and end of the block of support. We use the Strength & Difficulties Questionnaire with the parents and use our Resilience Assessment, based on the Child & Youth Resilience Measure (CYRM) with the children. Once we have gathered enough data this is where we'll report on this.

Currently we have closed 6 referrals, 1 of which were referrals for children under the age of 10. The other 5 closed at point of screening, 3 of which were screened not appropriate, 2 disengaged at point of screening due to no longer requiring support.



# PRIMARY CASE STUDY

## Ongoing Case Study

Gender: Female, P.7.

### Referral Reason:

Impact of ADHD and recent Tourette's diagnosis.

Client is often disruptive in school, has a fraught relationship with teacher.

Often feels picked on and struggles with consequences of actions.

### Assessment:

Strength and difficulties questionnaire "very high difficulty"

Child and Youth resilience measure "low/ moderate resilience"

### Narrative:

Emotional literacy, self-regulation, self-esteem and confidence were areas that were under resourced. Client indicated difficulty in sometimes understanding how others feel and expressing how she feels.

### Intervention:

Following exploration at triage the outcome was to create a bespoke support plan using activities from two of our programmes - Key to Me & Inside Outside. The combination of these interventions will aim to help build on the child's internal factors. Targeting self-esteem, self-worth, confidence and emotional literacy, whilst developing self-regulation and optimism.

### Outcome:

The client has engaged well in sessions so far and has been responsive to the creative activities suggested. We will continue to develop the client's resources, whilst collaborating with school and home in order to help them best support the client.



# PRIMARY FEEDBACK

Had a positive experience of our practitioners



Would recommend us to others in need



Noticed an improvement in their child



Felt our process was made clear from start to finish



We send a survey monkey to the parents/ carers once we've completed our block of support. This is where we will report on the outcome of these surveys.



The  
Exchange

# QUARTERLY REPORT

1st April - 30th June 2023



Argyll  
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# SECONDARY REFERRAL DATA

Total YP Referral to us this Quarter	61
YP currently receiving support	9
YP completed this Quarter	141
YP Opted out	17

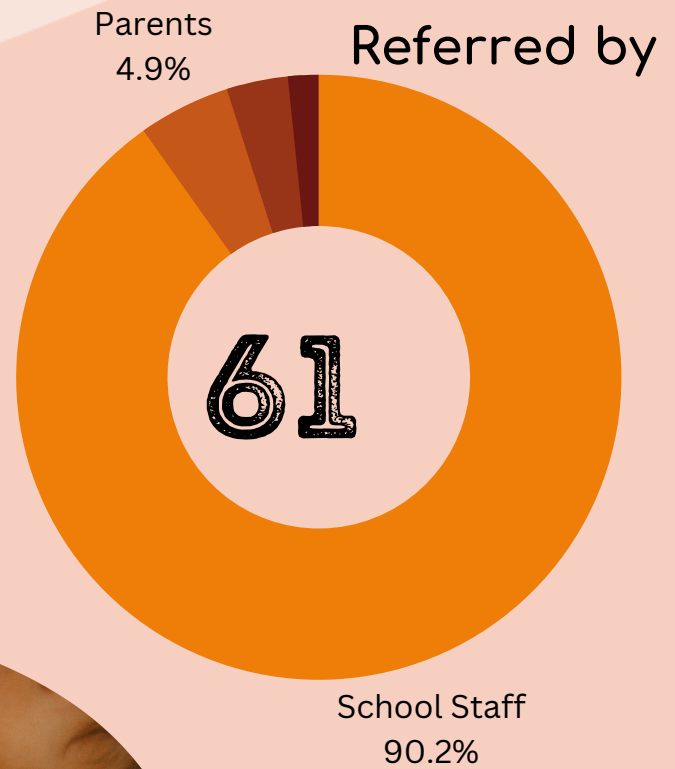
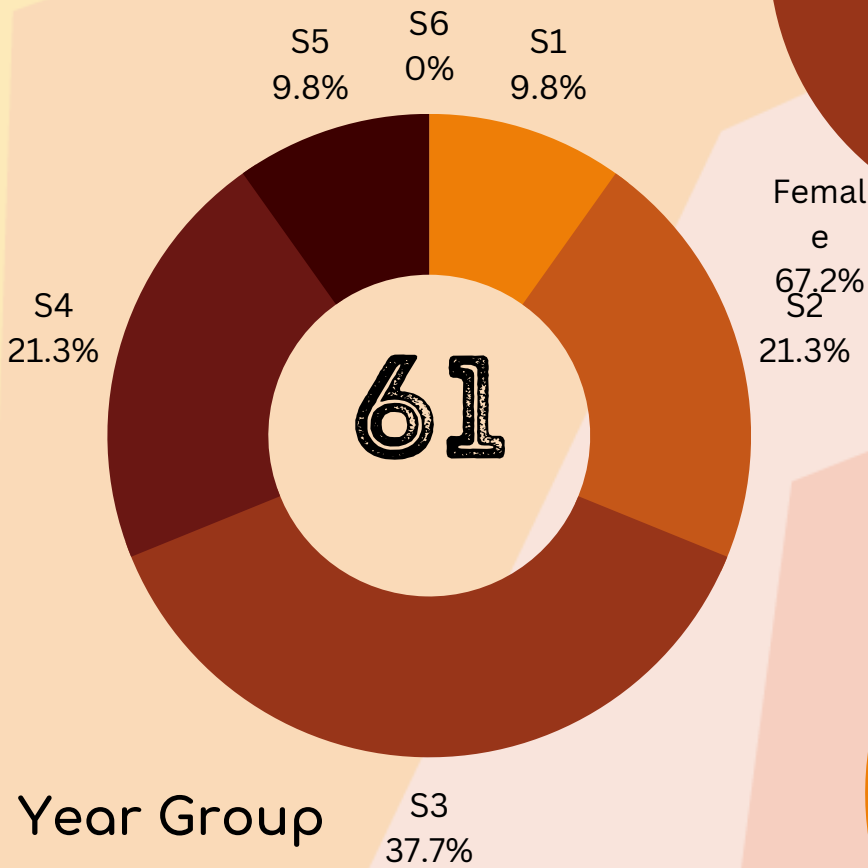
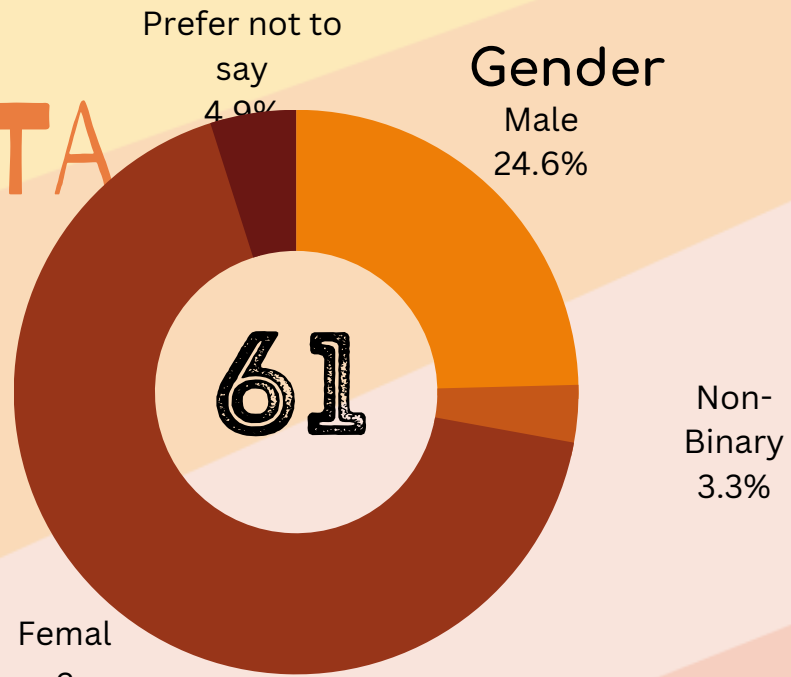
Re-Requests



Care Experienced

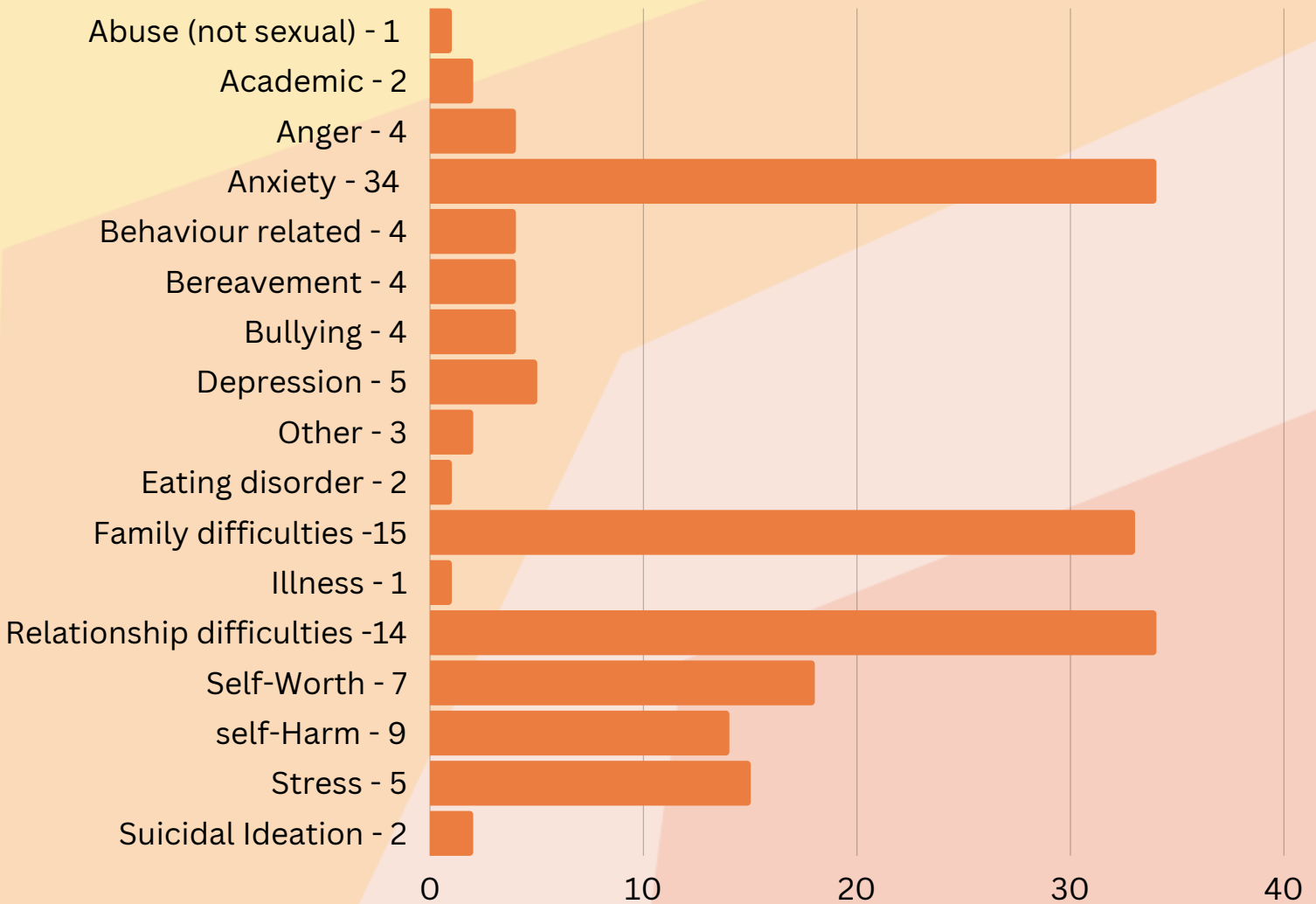


# SECONDARY REFERRAL DATA



# SECONDARY REFERRAL DATA

## Referral Reasons



Referrals have been lower this quarter. There have been ongoing discussions with schools to raise awareness of service and gain insight. Both Service Managers have attended schools in person to engage with young people with a view to learning more about the needs and issues across different geographical areas.

We were delighted to attend the Argyll & Bute Mental Health conference in Inverary. This was a great opportunity to connect with an array of services. Counsellors are reporting good collaboration with schools.

Plans for support across the summer have been put in place. Schools have been informed about the process and promotional materials sent out for young people.

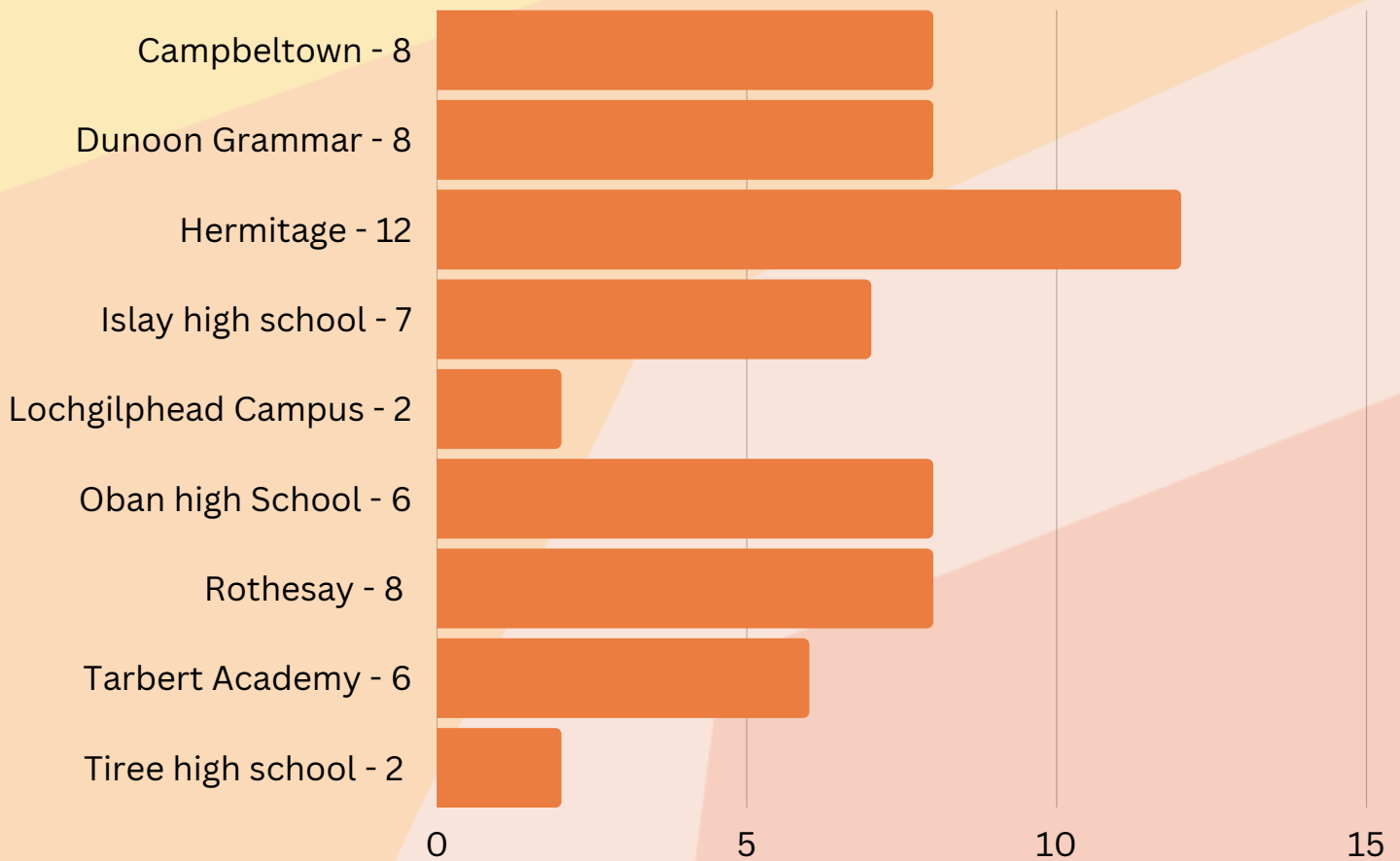
Increasing the number of referrals in the new academic year is a key priority and a discussion point for the contract review meeting.





# SECONDARY REFERRAL DATA

## Referrals by Schools



We have noticed that referrals from some of the larger schools have decreased, compared to when the service began. This could be due to exams and the busyness of the summer term. We will monitor this closely next term and we have arranged to visit Dunoon and Hermitage early in August to explore this more. In contrast, some of the smaller schools have referred more this quarter. The hybrid of virtual and f2f support is working out very well in the more remote schools. However, all sessions in Islay have been delivered f2f.



# SECONDARY REFERRAL DATA

## Referral Reasons by year group

S1 S2 S3 S4 S5 S6

40

6

30

20

10

0



# SECONDARY OUTCOME DATA



YP who have received support this quarter

150

YP who have completed support

141

YP who have improved

85%

Onward referral  
to CAMHS



## YPCORE clinical outcome scores

Average Start Scores

21



Moderate to Severe

Average End Scores

12.7



Mild



# SECONDARY CASE STUDY

Case Study

Female 12, S1.

Referral from pupil support school staff.

Reason for Referral:

Family Stress and Anxiety

Assessment Score :- **Severe**    Outcome Score - **Moderate.**

Focus:

Support the client with the therapeutic process by collaborating in a useful way that was conducive to the client's ADHD behaviours and diagnosis

Identify inner strengths, support network and healthy resources. Identify emotional vocabulary  
Explore motivational drivers, building task specific confidence and creating short term goals reflective of client's hyper focus. Support client with identifying triggers for client's difficulties with low mood, frustration and anger

Outcome:

The therapeutic process was adapted to the individuality of this client and their challenges linked to ADHD by incorporating unique styles of communication, room layout and fidget toy items. Usefulness was demonstrated by the client demonstrating a reduction in physical symptoms. Sensory stimulation allowed the client to communicate easily and participate at a higher level. Client shared personal experiences with the ability to demonstrate emotional discrimination and regulation in connection with specific emotions. Learned and consolidated ability to express feelings to others leading to improvement in relationships within support network Client delivered on short term goals which were manageable for client to achieve. Client reflected an improvement in self-confidence and a decline in experienced anxiety having learned coping strategies



# SECONDARY CASE STUDY

Case Study

Female

S1- 12

School Referral

Reason for referral:

This young person was referred to counselling for support with self-harm. Other reasons for referrals were to do with behaviour, likely related to recent ADHD diagnosis.

**Assessment Score - Severe   Outcome Score - Mild**

Focus and Safeguarding.

The client presented high risk actively self-harming and registering high levels of distress. Safeguarding disclosure was made to relevant people and collaboration was established from the start to increase the support around the client.

A safety plan was completed, ongoing concerns were worked with in collaboration with other adults. The therapeutic agenda focused on emotional regulation, consequential thinking, self-worth and social competence.

Outcome:

The network of support around the client was improved through collaborative working. This was evident in the client's confidence and ability to share her self-harm thoughts with school staff to seek help. The client developed strategies for externalising her emotions and became more able to self-manage through applying different strategies.

The client was able to reflect on her emotions and anticipate her behaviour which facilitated her to pause and control her actions in a more healthy manner.

Self-harm stopped and thoughts of self-harm reduced significantly.



# SECONDARY FEEDBACK

We use survey monkey to gather feedback, of the surveys we managed to gather , all young people reported improvement , the young people experience connectivity issues in A&B, and the survey is on a qr code , we will endeavour to find a solution to this next term. We think it's worth noting the change in the level of distress on entering our service this term, with the average start score being 21 an increase on last quarter, this could suggest we are capturing the yp most at need and appropriate referrals . Average end is in the mild psychological distress range, we are satisfied with this outcome.

"I have overcome my fear of attending school again and I feel safe"

"Since seeing you I haven't picked my skin , I can now see good things in my life."

"I am in a place within myself where I have the confidence to achieve, and see my education is important to me"

"I feel more settled and able to ask for the support that I need within school to thrive"



# PRIMARY REFERRAL DATA

<b>Total Children Referral to us this Quarter</b>	27
Children currently receiving support	21
Children closed at point of screening	8
Children undergoing screening	6

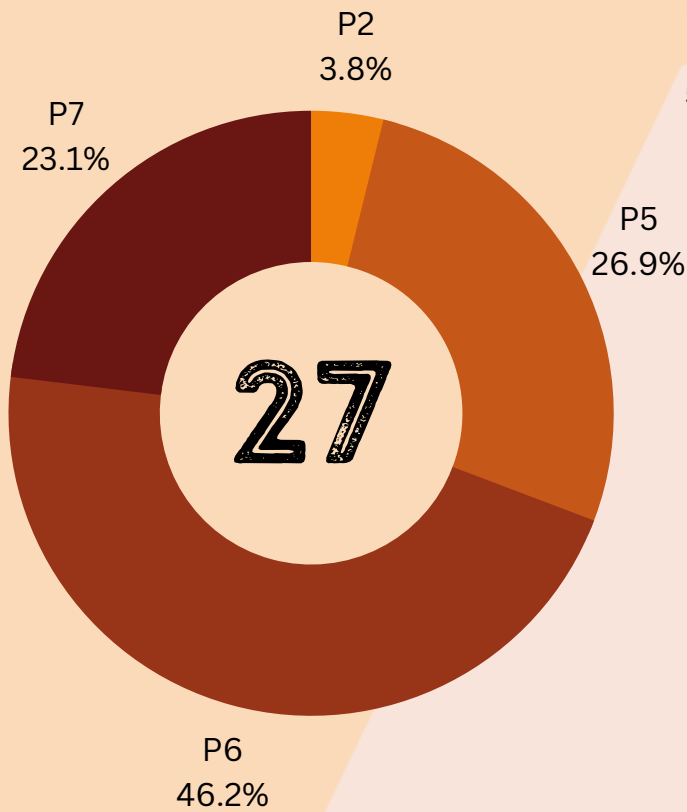
Care Experienced



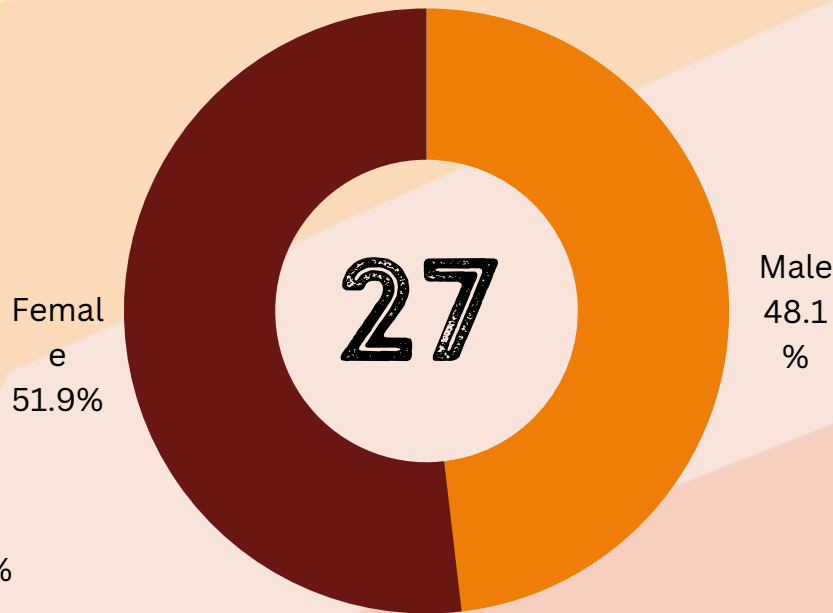


# PRIMARY REFERRAL DATA

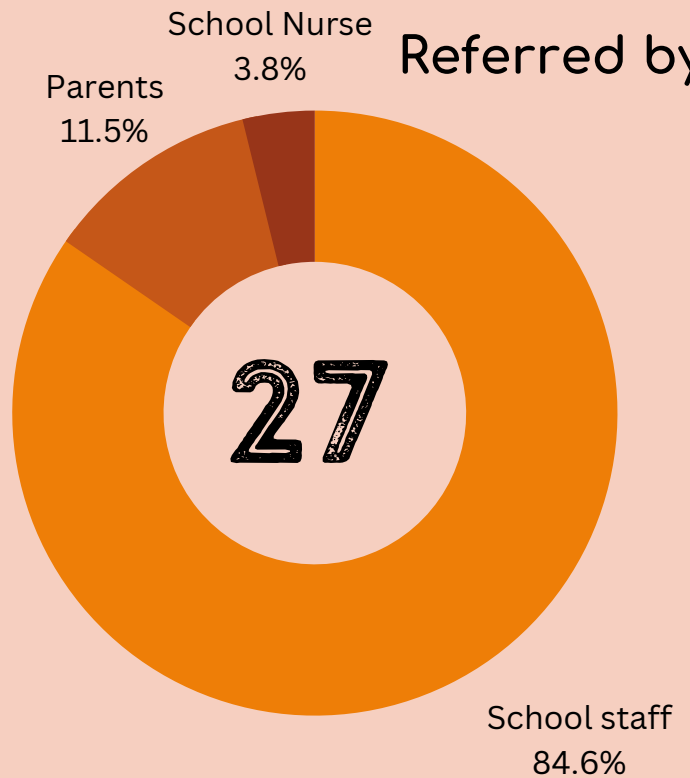
## Year Group



## Gender



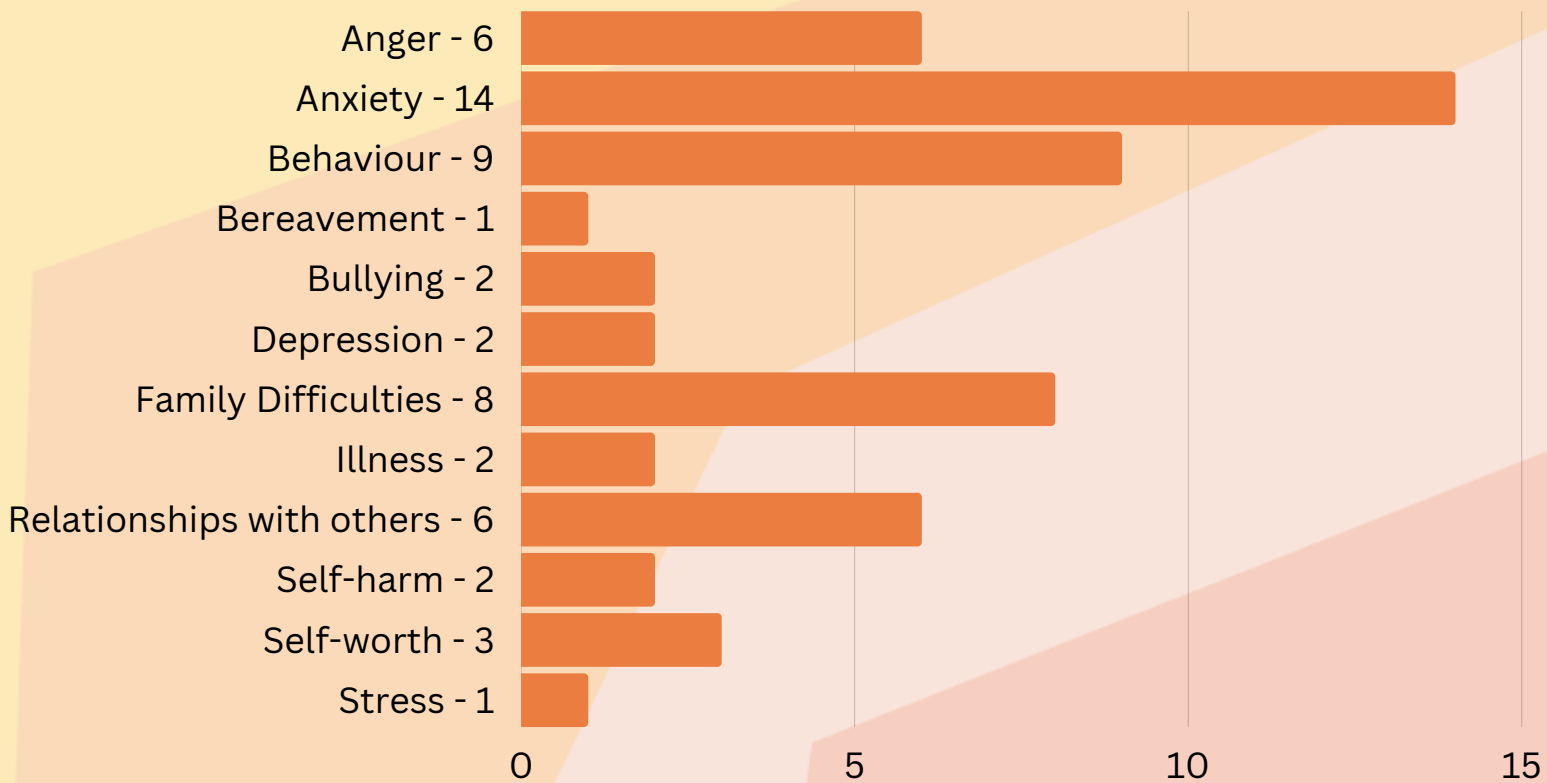
## Referred by





# PRIMARY REFERRAL DATA

## Referral Reasons



Our primary service has continued to expand, we've worked hard to promote the service across the local authority and the impact of this is that we've now received referrals from 25 schools across Argyll & Bute.

We've continued to establish and nurture relationships with school staff and our counsellors are more embedded in the school environment.

Some schools have expressed an interest in group work which is something we will endeavour to facilitate in the next quarter.

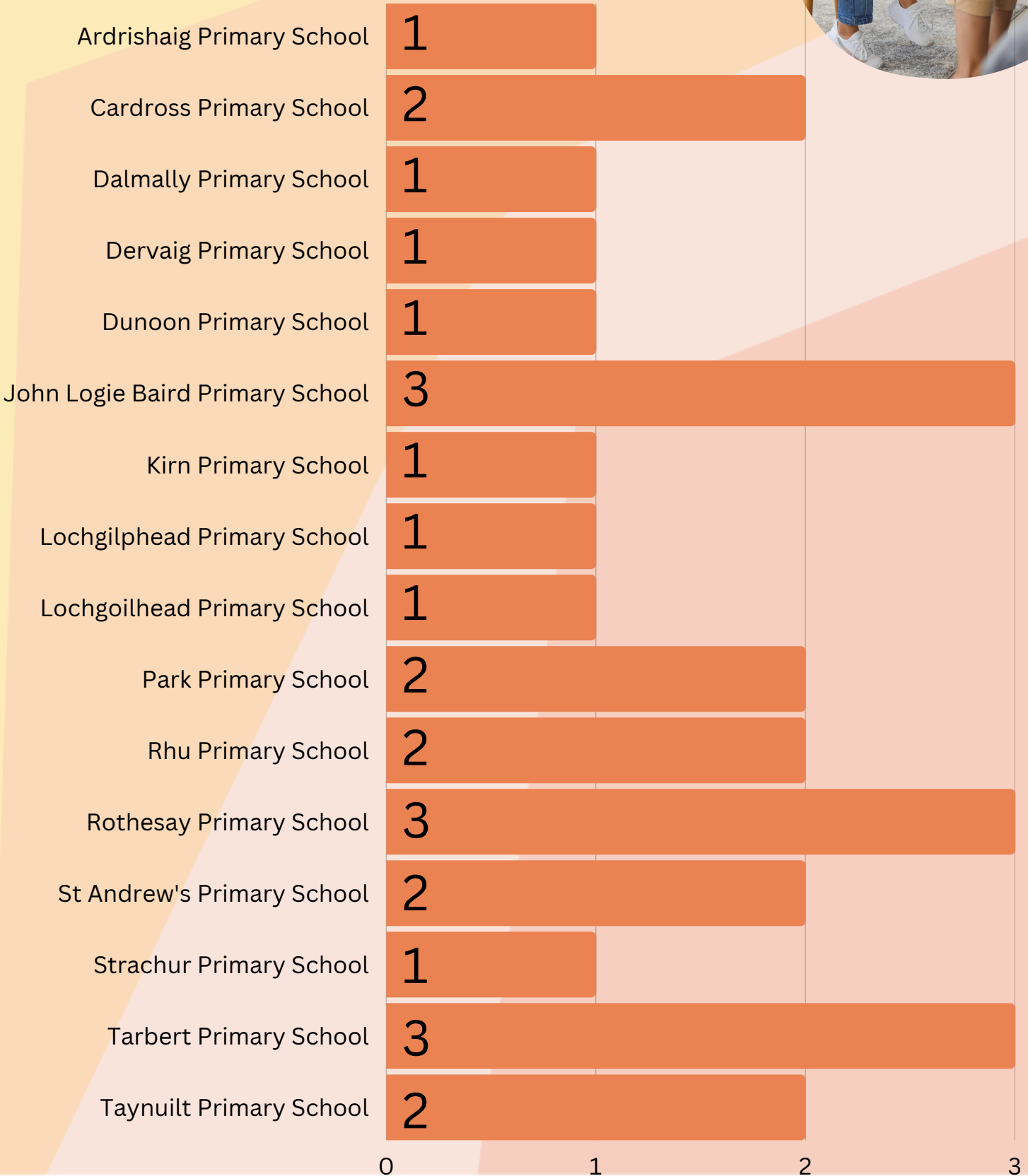
We continue to collaborate with schools in the rural areas and provide a hybrid support that makes our service more accessible to these individuals. We've provided a mixture of face to face and remote counselling in these areas.

This quarter we've noticed the theme of transition anxieties with P7 clients, particularly in cases where the client has additional support needs. Anxiety continues to be our highest reason for referral, however we have seen a decrease this quarter.

As per last quarter, we've received positive feedback from clients, schools and families. We have established links with other services within the school and community which is having a positive impact on the young people that we're supporting.

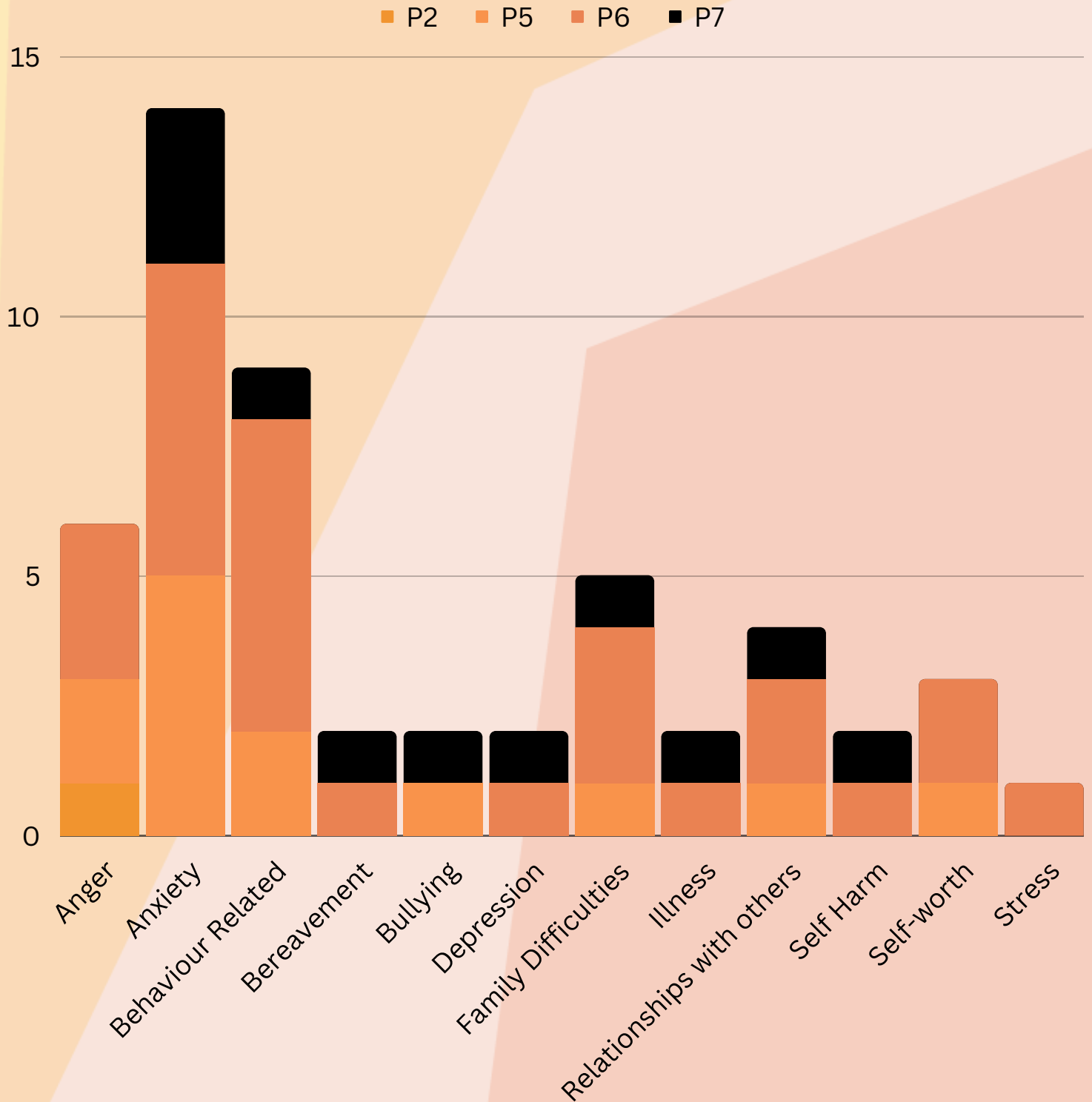


# REFERRALS PER SCHOOL



# PRIMARY REFERRALS DATA

Referral Reasons by year group

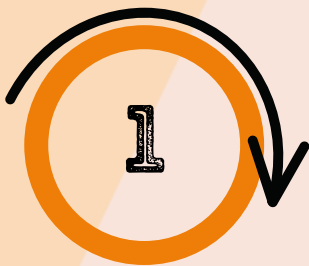


# PRIMARY OUTCOME DATA



Children who have received support this quarter	40
Children completed support	17
Children closed at point of screening	8
Children who reported an improvement (using CYRM)	80%
Parents who reported an improvement (SDQ)	83%

## Onward referral to CAMHS



This quarter we have completed support with 17 clients.

We've closed a further 13 clients and below is a breakdown:

3 referrals for children under 10

2 were closed due to no contact.

8 were closed at point of screening

Reasons:

5 no longer required

3 already receiving interventions



# PRIMARY CASE STUDY

## Completed Case Study - from previous quarter

Gender: Female, P.7.

### Referral Reason:

Impact of ADHD and recent Tourette's diagnosis.

Client is often disruptive in school, has a fraught relationship with teacher.

Often feels picked on and struggles with consequences of actions.

### Assessment:

Strength and difficulties questionnaire "very high difficulty"

Child and Youth resilience measure "low/ moderate resilience"

### Narrative:

Emotional literacy, self-regulation, self-esteem and confidence were areas that were under resourced. Client indicated difficulty in sometimes understanding how others feel and expressing how she feels.

### Intervention:

Following exploration at triage the outcome was to create a therapeutic agenda targeting self-esteem, emotional literacy, self-regulation and optimism.

### Outcome:

Client engaged well with Theraplay and Dramatherapy techniques. Emotional literacy and self-reflective insight improved through the creative use of art materials.

Developing characters, role play and story work helped the client to understand their internal world as well as build confidence.

Client's self-awareness, self-esteem and confidence increased throughout the sessions, this was also noted by parents and school.

Client was made aware of our service in the secondary schools and feels comfortable knowing how to access support if needed.

Child and Youth resilience measure increased to "moderate resilience"



# PRIMARY CASE STUDY

## Case Study

Gender: M, P7

### Referral Reason:

Anxiety leading to panic attacks  
Past family illness  
Stress at school

### Assessment:

Strength and Difficulties questionnaire "slight difficulty"  
Child and Youth resilience measure "moderate resilience"

### Narrative:

Stability & predictability, self-esteem and emotional literacy were identified as under-resourced areas. The child expressed feeling pressure from school staff to be a 'role model' for other children. He identified struggling to connect with his emotions and express these.

### Intervention:

Theraplay approach targeting the clients emotional literacy, safety & security, stability, confidence and self-esteem which are all required during a period of transition.

### Outcome:

Child and Youth resilience measure increased to "high resilience"  
Client expressed improvement within school which has eased his anxiety. He's been experiencing less pressure and feels more encouragement within the school environment.  
Emotional literacy has increased as client reported an improved ability to connect with and understand his emotions, and an ability to be mindful of other's emotions.  
Parent reported an improvement in their child and felt the sessions were beneficial. They noted child is less anxious and more able to identify what his worries are, resulting in no longer negatively impacting his day-to-day life.  
Strength and Difficulties questionnaire decreased to "normal".





# PRIMARY FEEDBACK

After a block of support we send a survey to the families for feedback on our intervention. Due to the amount that we have completed support with we have not received any responses to our survey as yet.

We will continue to encourage parents to complete this, and will display the findings from future responses here.

"It has made me feel calmer, and I now feel more able to control my anger"  
-Client

"Your service is making GIRFEC possible!"  
-Head Teacher

"Counselling has helped my child feel less apprehensive about going into secondary school"  
-Parent

"My child has become more confident and has come out of his shell, back to the boy he used to be"  
-Parent





The  
Exchange

# QUARTERLY REPORT

**1st July - 30th September 2023**



# SECONDARY REFERRAL DATA

Total YP Referral to us this Quarter	125
YP completed this Quarter	44
YP Opted out	10

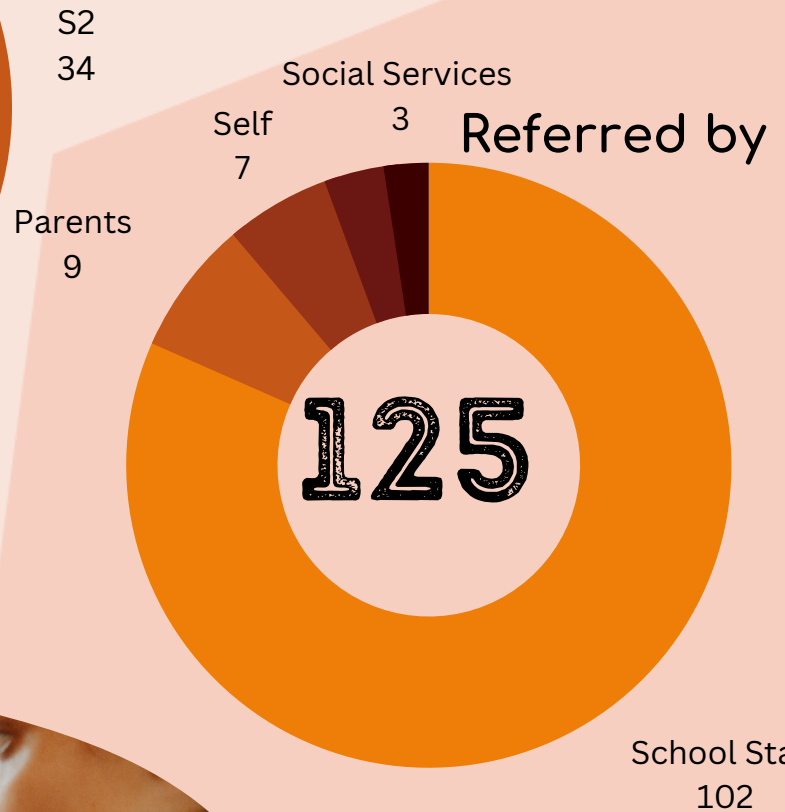
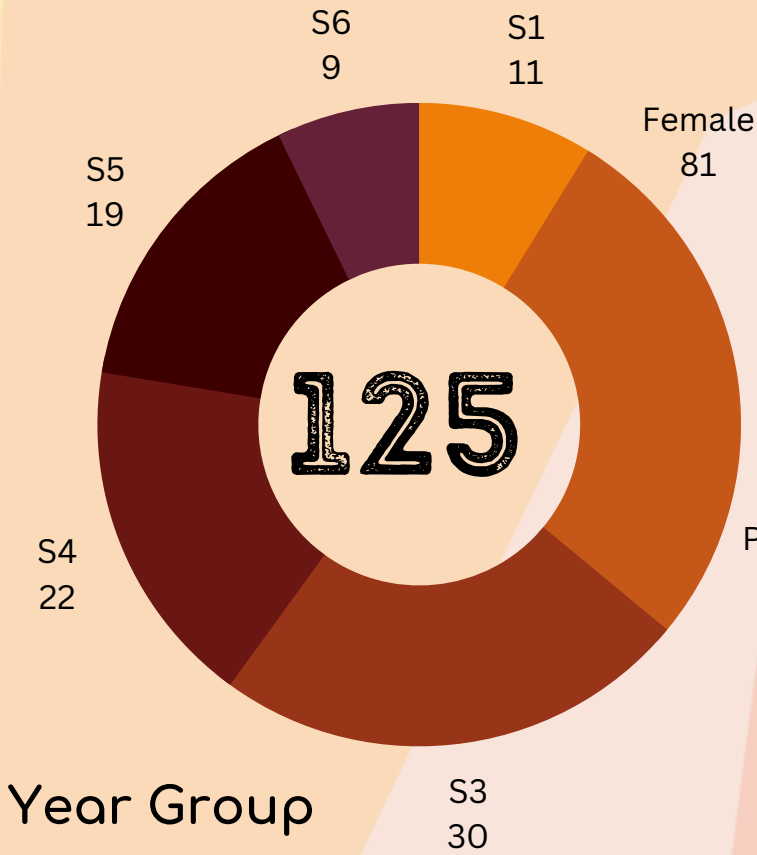
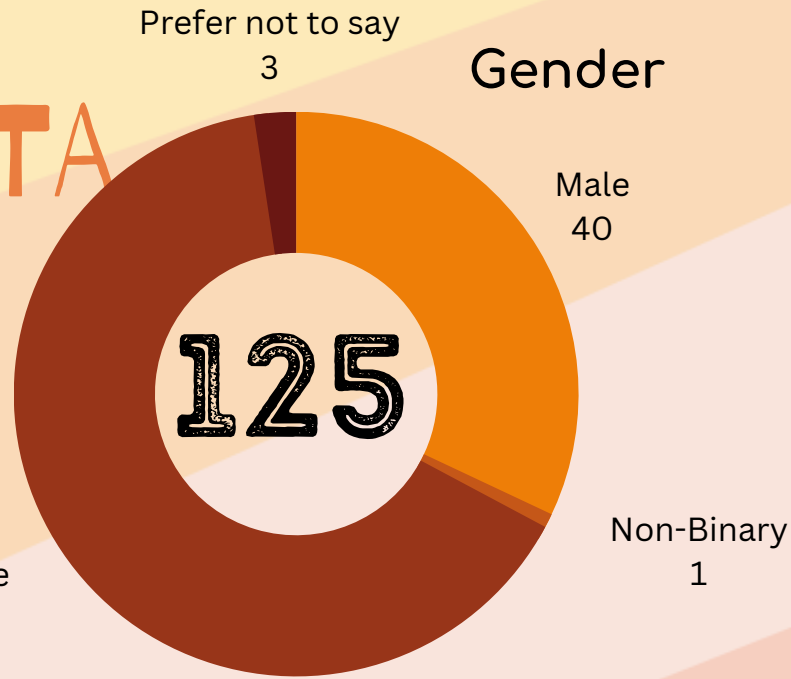
Re-Requests



Care Experienced

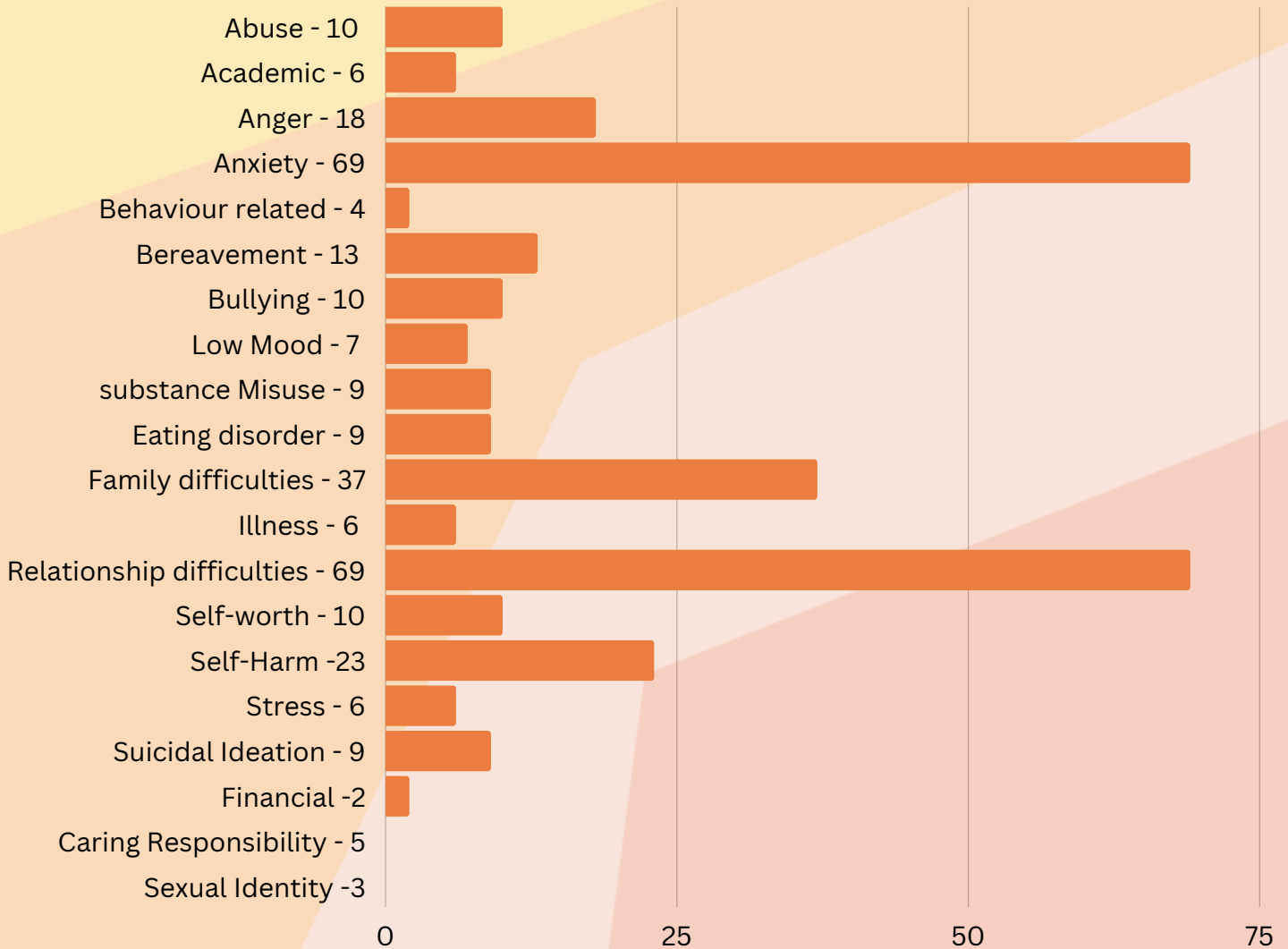


# SECONDARY REFERRAL DATA



# SECONDARY REFERRAL DATA

## Referral Reasons



Our report this quarter shows increased referrals and a better understanding of the service. We have noticed great attendance rates in A&B at 93% .

We have more than doubled our referrals, with counsellors and managers staying curious about the schools and the area. Noticeably, relationship difficulties are the joint leading reason for referral.

We are proactively promoting the-exchange at lower referring schools by reaching out to practitioners and services based in the schools.

The Exchange are pleased with the counsellors' efforts and will continue to build on this.

Counsellors have attended the hostel in Oban and Dunoon and met the hostel officers and yp.

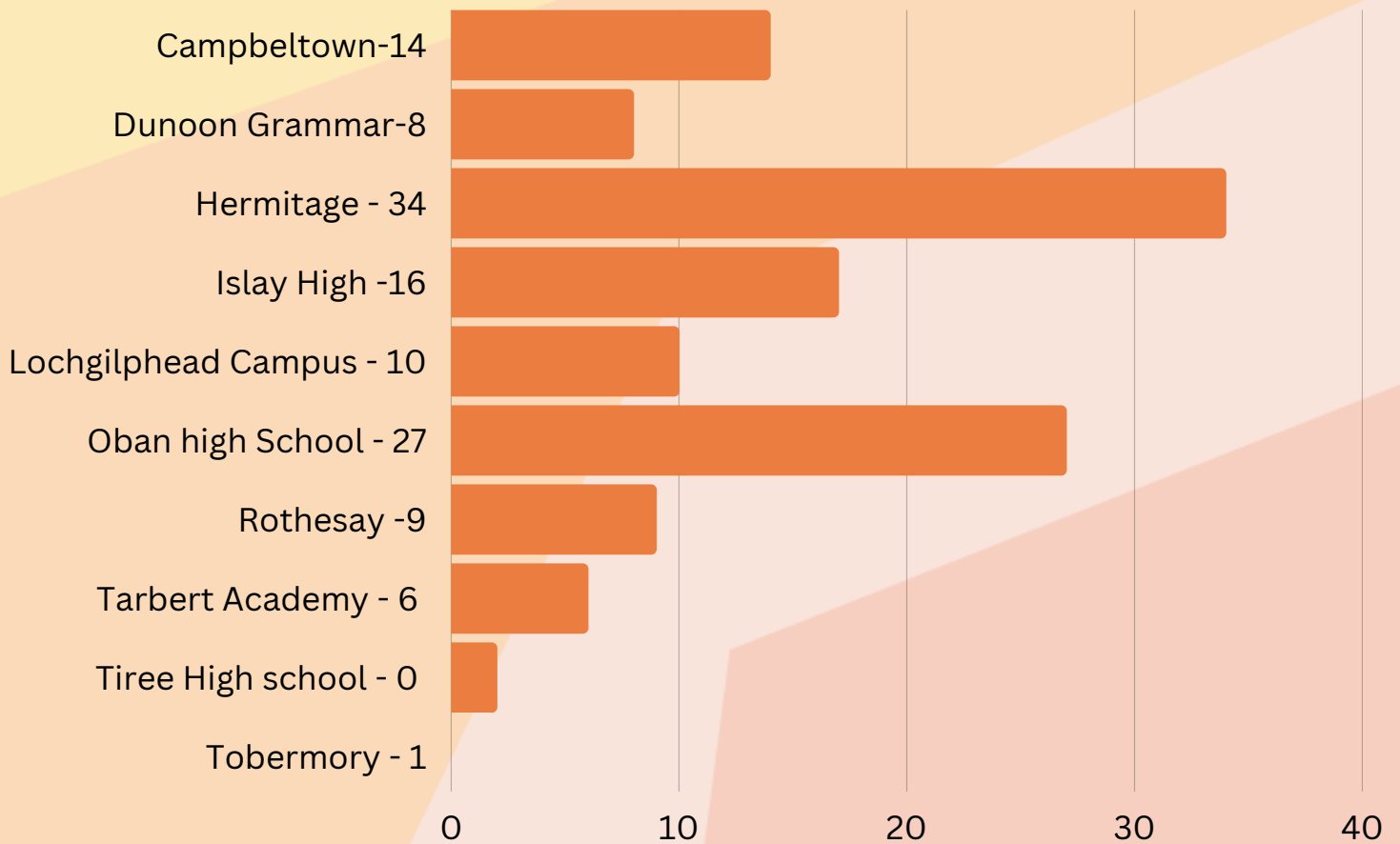
A Drama workshop was attended in Lochgilphead, giving yp access to the counsellor as difficult topics were addressed in the show. We have also visited Oban youth café; this was a great place to connect with yp in the area.





# SECONDARY REFERRAL DATA

## Referrals by Schools



We will continue to attend events and we are planning a talk in Lochgilphead involving a former pupil who has battled anorexia. We believe our visibility is increasing, not only will this aid referrals but will help us be a familiar fixture in the community.

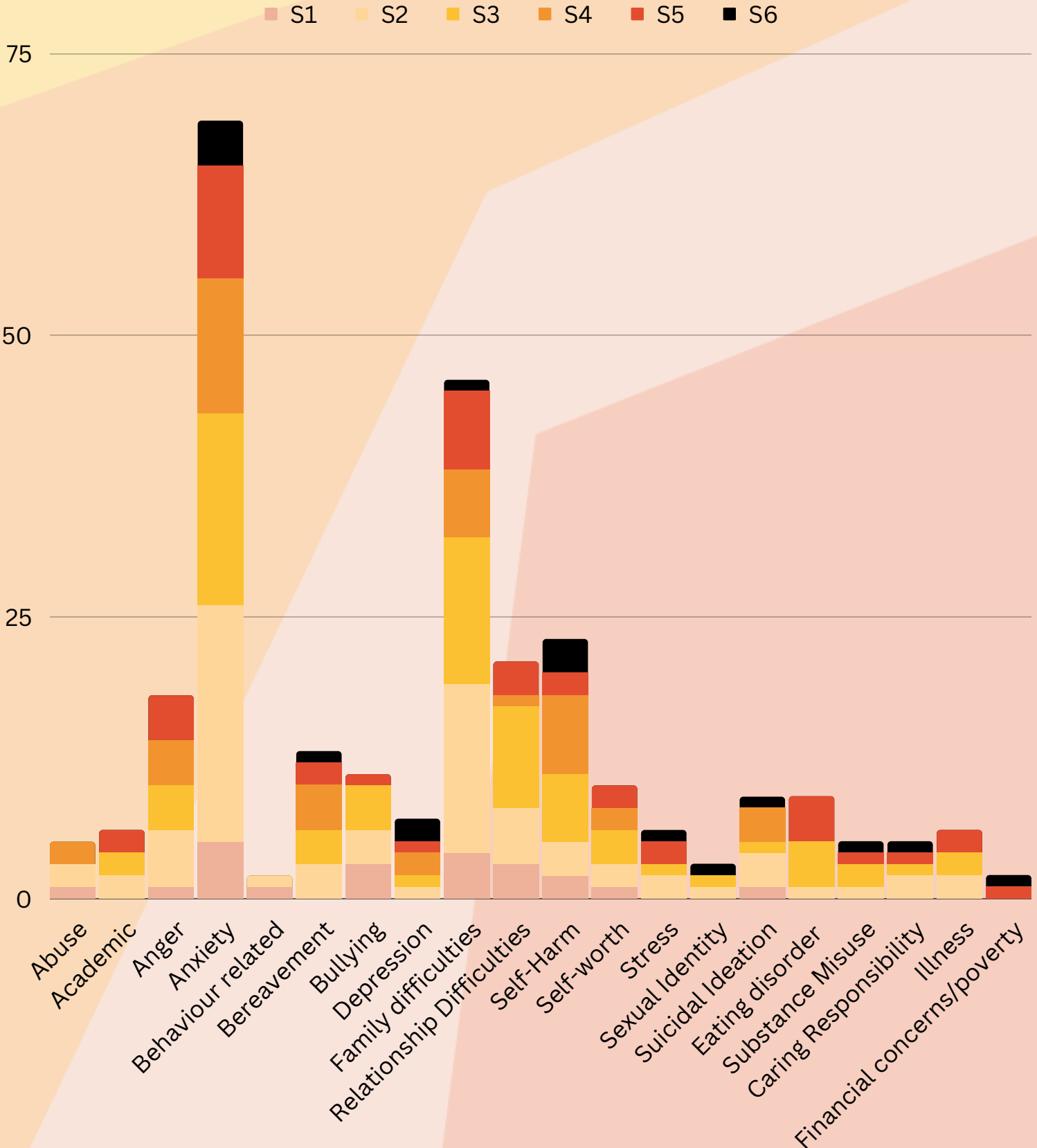
D-exy is becoming a firm, welcome addition to our services, the online platform now offers counselling appointments, and we feel this will help address the issue around EMBSA. D-exy won Best Wellbeing product this week at the MHWB Wales Awards.

In the months ahead we have a discussion forum arranged with Educational Psychologists to discuss Parental engagement, various visits to schools and the HT conference in November. All in all, we are looking forward to a very busy term.



# SECONDARY REFERRAL DATA

## Referral Reasons by year group



# SECONDARY OUTCOME DATA

YP who have received support this quarter

91

YP who have completed support

44

YP who have improved

79%

Onward referral  
to CAMHS



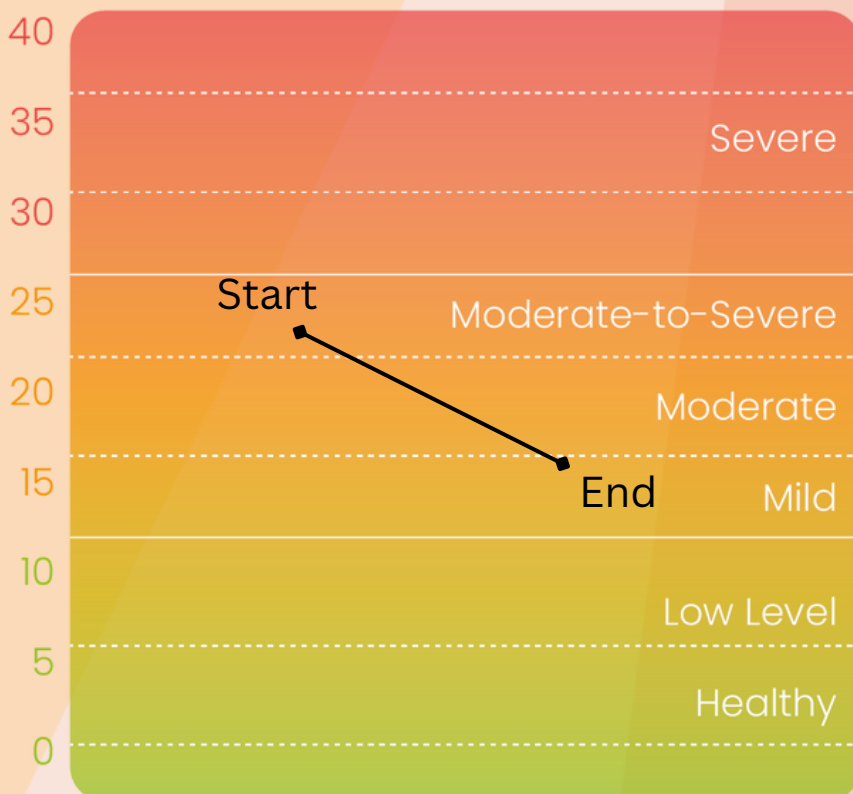
## YPCORE clinical outcome scores

Average Start Scores

22

Average End Scores

14



**79%**

Felt less  
distressed





# SECONDARY CASE STUDY

## Case study 1

F-S4

Referral from school

Referral reason; Social anxiety, breakdown of relationship and self-harming.

YP CORE reduced from Severe to moderate

### Resilience audit

Resources identified as being under resourced; self-regulation, guidance and autonomy. Client stated she would like to use counselling to explore how to cope with anxiety which the client has identified as a trigger for self-harming. Client also would like to explore her relationships.

### Focus

Health and safety education on self-harming hygiene and wound care. Box breathing and sensory grounding technique introduced. Explored clients support network. Aided in identifying influences in client's life. Explored Clients Values, principles and interests and if these values, principles and interests are identified in her relationships. Exploration of self. Exploration of relationship and breakdown of relationship. Aid in self-regulation.

### Outcome

Client has stopped self-harming. Anxiety and self-confidence have improved due to meeting like-minded pupils and participating more in school groups. Client stated she had been feeling more confident in social situations. Music teacher has seen a change in client's confidence and ability to speak in class. Client is expressing her views and engaging with others in class. YP stated she is concentrating on helping herself feel happier rather than looking outwardly for others to make her happy. YP stated she has stopped trying to please others.



# SECONDARY CASE STUDY

## Case Study 2

F-S3

Referral reason; Negative thoughts, anxiety and panic attacks. Client describes constant high alert.

YP CORE score reduced from Moderate to Mild

### Resilience audit

Client stated she would like to feel more confident and less anxious around people and in social events. Supportive networks, self-regulating and optimism were identified as under resourced.

### Focus

Explored clients ACES around traumatic events. Aided in identifying supportive network by developing a creative support network diagram. Aided in self-regulating through exploring felt emotions and introduced a mood play list. Explored/Helped in increasing client's optimism through allowing the client a safe space to talk freely and identify past happier times. The introduction of a mood board or journal helped positivity and optimism in the here and now as well as empowered the client by exploring wants and needs while identifying what she does not want.

### Outcome

Panic attacks and anxiety has improved due to client engaging in set coping strategies such as 5 finger breathing and sensory grounding techniques. Collaborative work of counsellor and pastoral care staff to help implement allocated time out passes when possible. Client stated emotional explorative work helped client identify her felt emotions between sessions. Clients' family stated to guidance staff that client seemed less anxious and more optimistic.



# SECONDARY FEEDBACK



"You have helped me work through a lot of my self-esteem issues and I have actually taken my little brother swimming for the first time which I haven't been able to do before, due to body image issues."

"It's lovely for me to see that I am made of so many nice things. I always knew that my friends and family are important to me but I didn't realise how much they all make up the person I am. I know that weight and appearance are only a small part of who I am".

"Counsellor helped me to work on building my confidence which enabled me to have some difficult conversations with my parents that had been worrying me for month, this is a huge relief, I feel much less anxiety and I am sleeping better."

"I have been more able to identify where my anger is triggered most and feel more equipped at regulating my emotions, I feel much calmer and more in control which in turn has helped how I feel about myself and my relationships."



# PRIMARY REFERRAL DATA

Total Children Referral to us this Quarter	32
Children closed at point of screening	1
Children undergoing screening	5

Re-referrals

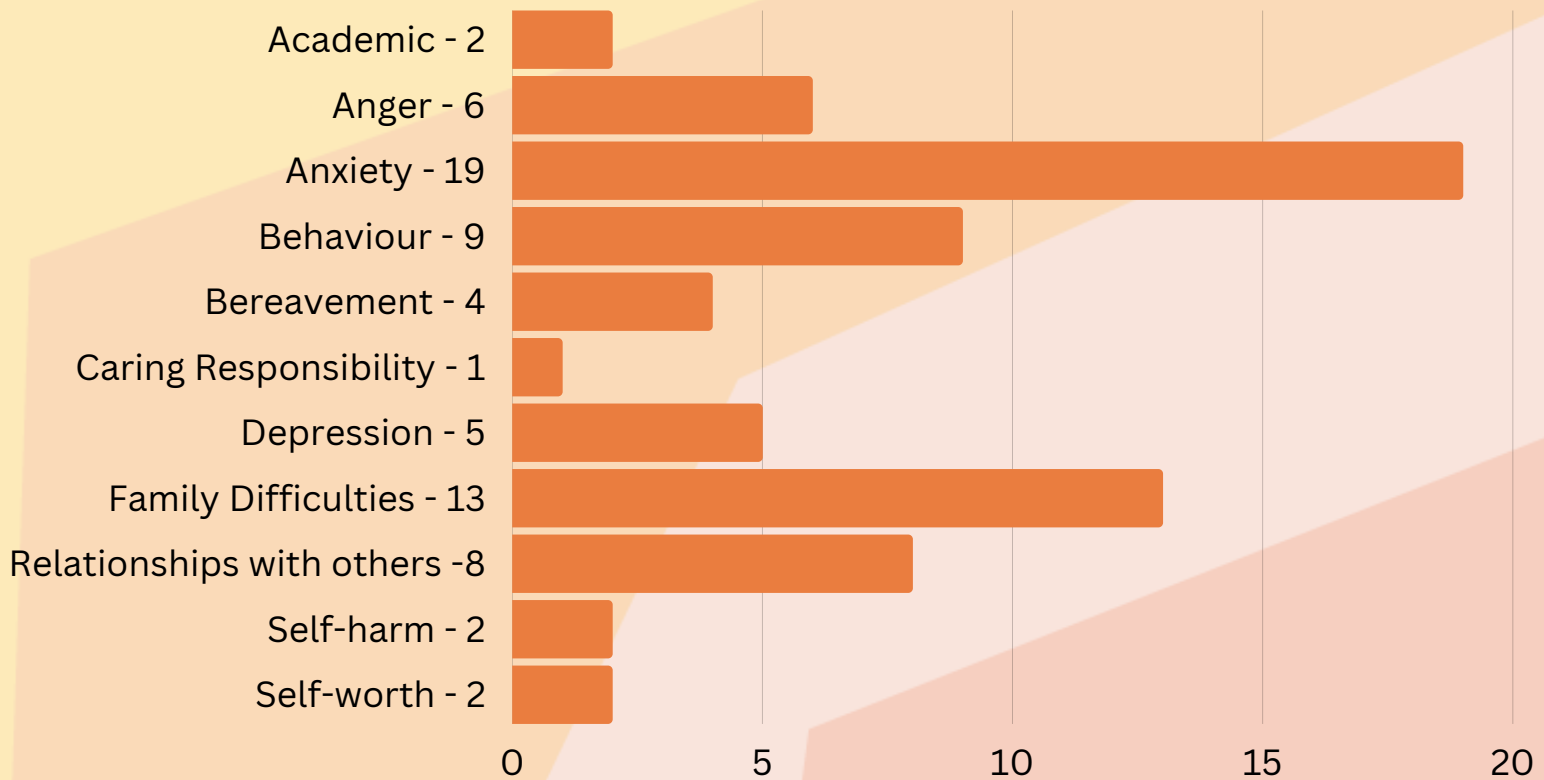


Care Experienced



# PRIMARY REFERRAL DATA

## Referral Reasons



This quarter our primary service has continued to grow, we have now had referrals from 35 schools in Argyll & Bute and are pleased to have reached rural primary schools such as Gigha and Mull. We have been continuing to strengthen our relationships with schools which has resulted in us now being invited to parents evenings. We've also been asked to deliver a workshop at John Logie Baird Primary in the next quarter, this will be an introduction to our service for the children and the teachers working in the learning centre.

Pupils that we previously supported in the primary service have now accessed our secondary school service. Parents and school staff of these clients commented on the continuity of our service and the comfort that this has brought.

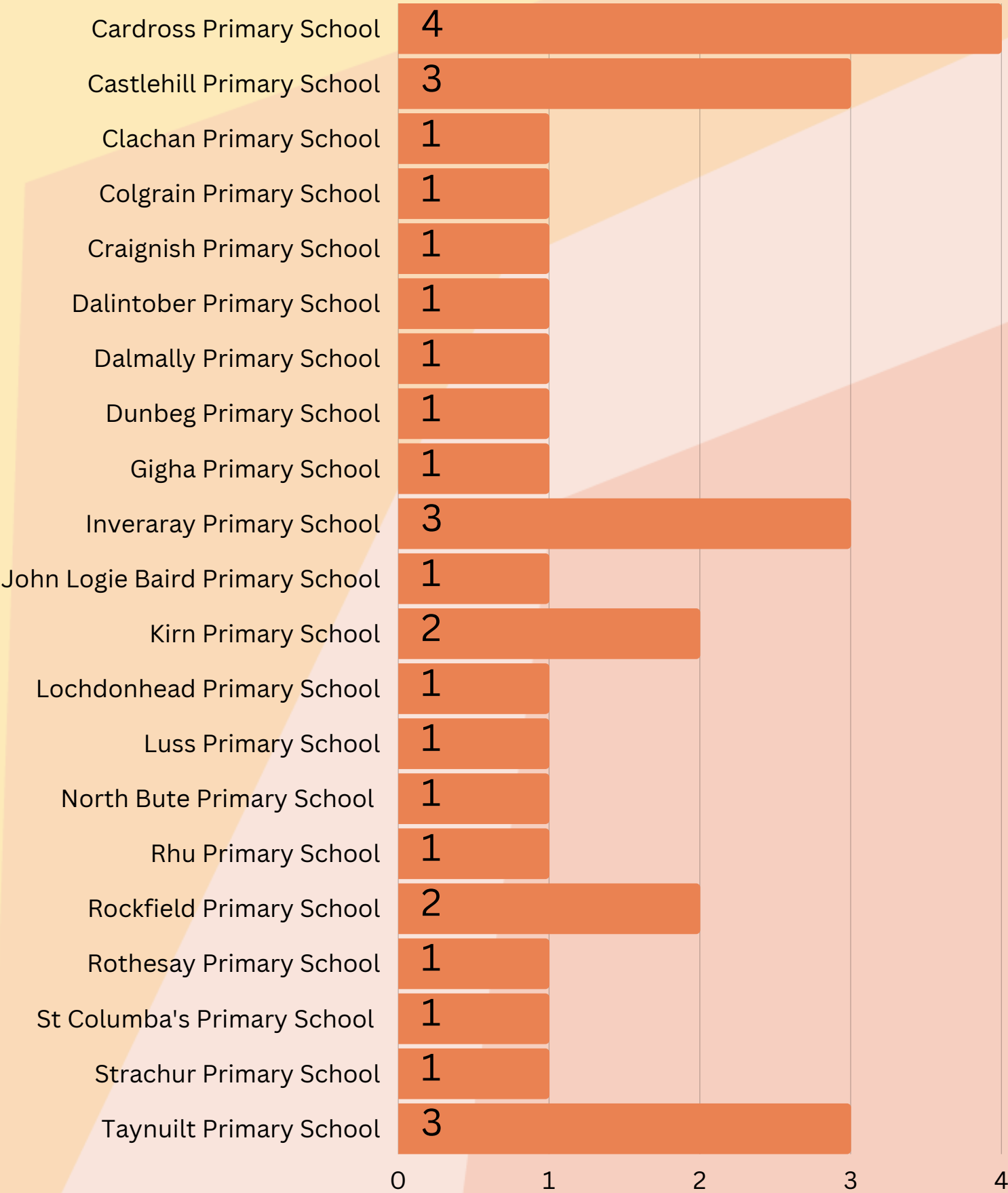
We have attended the Addressing Non Attendance programme which has been a great way to network with school staff and the wider multidisciplinary team in Argyll & Bute.

This quarter we've connected with schools nurses, nurture workers and ASN workers within the schools and are establishing a connected way of working. We have now become more established in the Oban and Lochgilphead area and have been receiving regular referrals from schools in these areas. We continue to work creatively with schools and offer a hybrid of remote and face to face support tailored to each clients needs.

Feedback continues to be positive from school staff, parents and the children. We work hard to be adaptive, flexible and responsive to the services needs and look forward to continue to build on this in the next quarter.

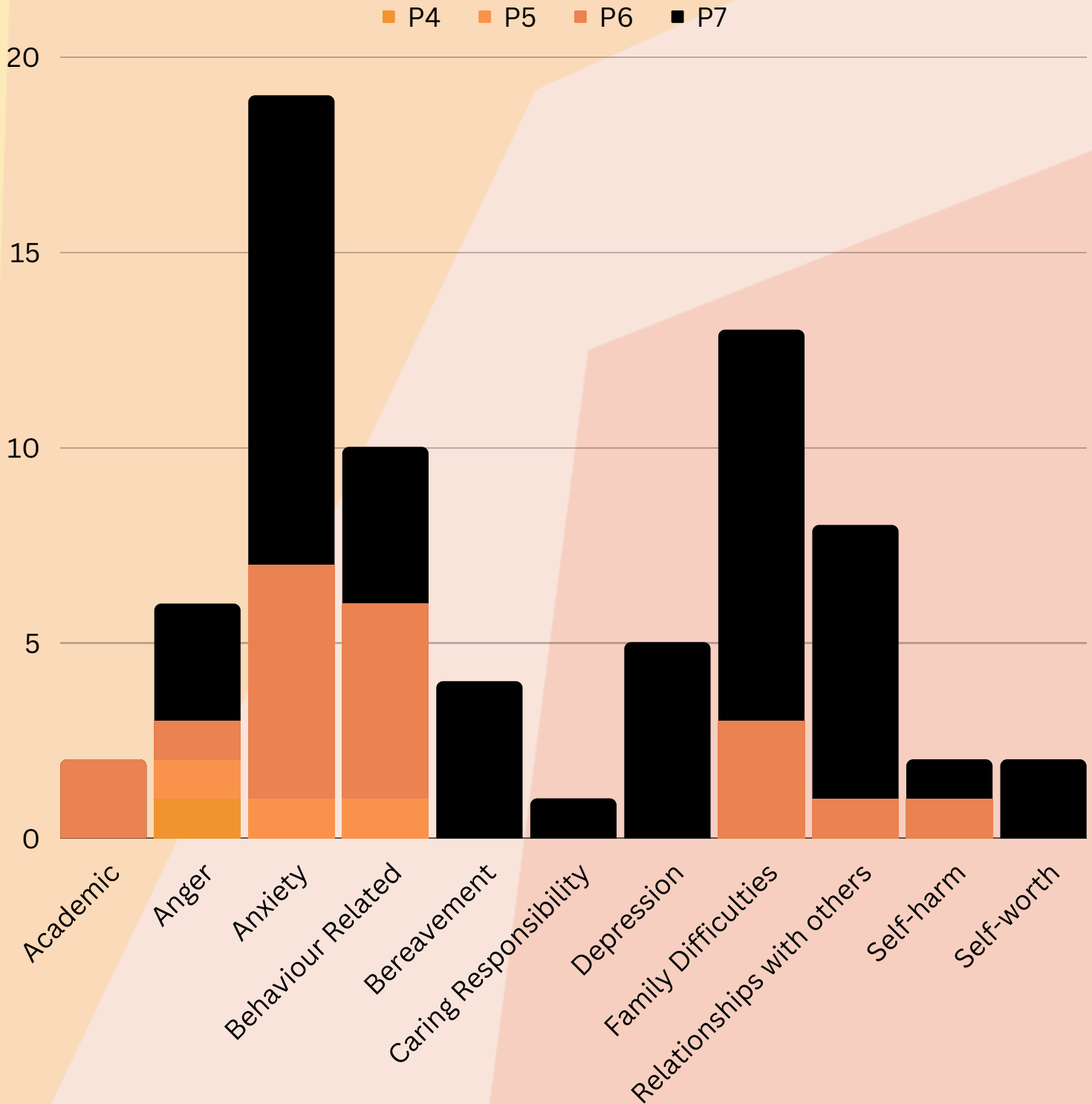


# REFERRALS PER SCHOOL



# PRIMARY REFERRALS DATA

Referral Reasons by year group



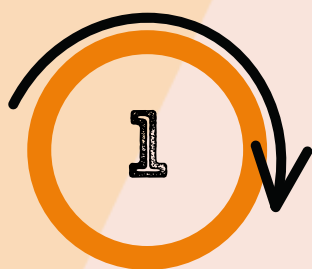


# PRIMARY OUTCOME DATA



Children who have received support this quarter	37
Children completed support	8
Children closed at point of screening	1
Children who reported an improvement (using CYRM)	89%
Parents who reported an improvement (SDQ)	81%

## Onward referral to CAMHS



This quarter we have completed support with 8 clients.

We've closed a further 5 clients and below is a breakdown:

4 referrals for children under 10

1 was closed at point of screening

Reason: support not currently required



# PRIMARY CASE STUDY

## Case Study

Gender: Female, Year: P.7

## Referral Reason

Anxiety

Relationships with others

## Assessment

Child assessment: Child and Youth Resilience Measure 'low resilience'

Strength and Difficulties Questionnaire 'high difficulty'

## Narrative

Client struggling with peer relationships in school , low self-esteem and anxiety. Reported feelings of self-doubt and often finds it difficult to express how she feels. Confidence, self esteem and emotional regulation were areas that the child identified as under-resourced. Child responded quickly to input, was engaged throughout and her CORS scores showed a weekly increase.

## Intervention

Focused on developing emotional intelligence through Thera-play activities, which encouraged healthy expressions of emotion. Promotion of positive thought cycles to improve optimism. Resulted in an increase in confidence and self-esteem. Strategies and resources targeting self-doubt and emotional regulation were also explored.

## Outcome

Child and Youth Resilience Measure increased to 'moderate/ high resilience'

Strength and Difficulties Questionnaire decreased to 'normal'

Client reported a significant improvement in mood and self- confidence, enabling a healthier approach to the difficulties she had been experiencing.

She expressed feeling more confident about change and the unknown as a result of her sessions , this was supported by parents and school teacher.

Emotional intelligence and self-regulation improved.



# PRIMARY CASE STUDY

## Case Study

Gender: Female, Year: P6.

## Referral Reason:

Severe separation anxiety and school refusal.

## Assessment:

Child assessment: Child and Youth Resilience Measure 'low/ moderate resilience'  
Strength and Difficulties Questionnaire 'very high difficulty'

## Narrative :

Stability & predictability, self-esteem, confidence and self-reflectiveness were identified as under-resourced areas. The client has experienced severe separation anxiety after the loss of her Dad at a young age. Struggles to leave mum, as fears that something bad will happen to her. Client often complains of sore stomach/sickness so she can stay at home with mum. Client stopped going to extra curricular activities due to anxiety. She struggles to sleep alone and often refuses to sleep unless with mum.

## Intervention :

Sessions using Thera-play techniques to focus on the improvement of self confidence , self esteem and to provide ways of managing and regulating anxiety. Self-reflective exercises helped the client to identify moments and helped her to explore how she felt within these moments.

## Outcome :

Child and Youth Resilience Measure increased to 'moderate/ high resilience'  
Client engaged well in the sessions and reported an improvement in her confidence and self esteem.

During the support she expressed the want to return to extra curricular activities, she achieved this and her mum noted the improvement in the management of her anxiety. Mum reported feeling pleased and relieved with the support.

Client became more focused in school and was more able to manage time away from mum .



# PRIMARY FEEDBACK

After a block of support we send a survey to the families for feedback on our intervention. Due to the amount that we have completed support with we have not received any responses to our survey as yet.

We will continue to encourage parents to complete this, and will display the findings from future responses here.

"Feels there has been an 100% improvement. My child is more positive and able to tell me how she is feeling."

-Parent

"I am proud of the progress I have made , and feel more able to manage my anxiety"

- Child

"The collaboration your service has with parents and school staff is making a massive difference to our pupils".

-Headteacher

"I feel very involved in this process and feel better equipped to support my childs emotional needs"

-Parent





Past 90 days

## **34 young people have visited our DEXY site and chose to tell us they were from Argyll & Bute.**

D-EXY is receiving positive praise from pupils and also from school staff, and was utilised over the summer holidays and we anticipate will also be the case in the October break. We supported young people over the summer who successfully booked sessions via D-EXY and were allocated a counsellor for online sessions.

### ***Which schools have been accessing D-EXY?***

Dunoon Grammar - 21

Oban High School - 8

Campbeltown Grammar 8

Rothesay Academy - 6

Lochgilphead Joint Campus - 4

Pupils from Rothesay Academy and Dunoon have gone on to sign up for memberships with D-EXY. The age range of pupils actively engaging with D-EXY range from 13-16.

### ***How are people young people in Argyll&Bute accessing D-EXY?***



72.4% Mobile

26.9% Desktop

0.7% Table

#### ***Top topics***

Anxiety, Depression,

Self-harm, Exam stress