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**Report To:** Inverclyde Integration Joint Board      **Date:** 1 November 2021

**Report By:** Allen Stevenson  
Interim Chief Officer  
Health Social Care Partnership      **Report No:**  
IJB/45/2021/SMcA

**Contact Officer:** Sharon McAleese  
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**Subject:** INVERCLYDE WELLBEING SERVICE

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## **1.0 PURPOSE**

- 1.1 The Purpose of this report is to advise the Integrated Joint Board on the progress of the Action for Children Inverclyde Wellbeing Service Tier 2 mental health service established and launched August 2020

## **2.0 SUMMARY**

- 2.1 Inverclyde HSCP and Education Services have committed to improve Children and Young Peoples tier 2 mental health in Inverclyde based on a collaborative model. This is via Action For Children Inverclyde wellbeing Service 5 -18 year olds. This is funded jointly through Scottish Government Programme for Change monies awarded 2019-2023 for access to counselling services through schools and supplementary funding from the Inverclyde IJB.

## **3.0 RECOMMENDATIONS**

- 3.1 The IJB note the content of this report and the Inverclyde Wellbeing Service progression to year two of service development.

**Allen Stevenson**  
**Interim Chief Officer**  
**Health Social Care Partnership**

## **4.0 BACKGROUND**

### **4.1 Service Delivery**

The main elements to the service are the one to one counselling service, and programme based group work, both of which were discussed and coordinated with schools to support pupils to access services, in response to the Covid-19 pandemic.

### **4.2 One to One Counselling**

Work to promote the service as a school aged Children & Young People's service, and not purely schools based involved meeting with a range of teams and networks of services across Inverclyde, which continues, to promote the services as widely as possible, encourage self-referrals, and make sure information on the service and how to access support is as widely disseminated as possible.

Initially, a combination of online meetings, and where possible and safe to do so, in person meetings took place, to raise the profile of the service across Inverclyde. Meetings with teams included:

- Initial online launch of the service to partners in August 2020
- GP forum
- CAMHS
- Social Work
- School Nursing Team
- Mind Mosaic
- Barnardos
- Community Learning and Development
- Parent Council Representatives
- Regular scheduled attendance at Addition Support Needs leaders WebEx meetings

A dedicated local website:- <https://services.actionforchildren.org.uk/inverclyde-children-and-young-peoples-wellbeing-service/> was developed and launched in addition social media was used to promote and encourage self-referrals from Children & Young People as well as from parents and/or carers who wished to access the service or further available resources on supporting emotional health and wellbeing.

Over 20 contacts have been made through the website leading to a number of self-referrals from senior phase students and parents.

All parents and senior phase students also received a newsletter by email containing information on the counselling service, how to access support in a bid to encourage self-referrals. Greater access to schools for informal drop in information sessions when relaxing of Covid safety guidance applies will allow the team to continue to raise awareness also raising the profile of the service to Children & Young People, increasing the potential for self-referrals.

### **4.3 Counselling Delivery**

Initial referrals for counselling were received from schools in October 2020 with the delivery of sessions commencing on the return to school after the October school holidays.

The service model of 8 counselling sessions.

Review sessions within the counselling team is through line management supervision, person centered clinical supervision. Discussion taking place within the staff team, and as appropriate, with school leads, local authority staff, where decisions are made to extend sessions are made on an individual basis with input from stakeholders, based

on an assessment of the needs of the Children & Young People.

To date:

- 172 referrals have been received for counselling.
- 95 Children & Young People offered access to counselling support.
- 77 remain on the waiting list
- 43 currently engaging,
- 27 completing agreed sessions,
- 7 disengaged from support,
- 7 accessing other supports (CAMHS, Mind Mosaic, Private Counselling, LIAM),
- <5 no further support required on assessment (support from project staff provided),
- <5 moved local authority,
- <5 out with Local Authority post code,
- 8 referrers contacted to follow up with Children & Young People referred/tbc.

During the lockdown period from January 2021, Counsellors moved to a combination of telephone support, walk and talk sessions, and accessing schools hubs to continue to offer support to Children & Young People engaging with the service during this period. Returned of face to face support as soon pupils returned to schools and access was available to both schools and Children & Young People.

Circa 780 counselling sessions were offered calculated on the staged starts of staff throughout the development of the service from September to December start dates, and restrictions in permitted contacts with Children & Young People per day.

Figure 1 below indicates the age ranges of those Children & Young People offered support.

Fig. 1

Stage specific data	11	P2-P5
Number of children in P6	12	
Number of children in P7	14	
Number of children in S1	5	
Number of children in S2	11	
Number of children in S3	16	
Number of children in S4	13	
Number of children in S5	6	
Number of children in S6	7	

Figure 2 indicates the number of Children & Young People male, female or non-binary.

Fig 2.

Number of female pupils accessing provision	46
Number of male pupils accessing provision	48
Number of young people identifying as non-binary	1

Figure 3 indicates the referral source

Fig 3.

Referrals in	
Numbers of referrals from	
Self-referral	5
School Staff	83
Social Services	1
GP	1
School Nurse	1

Health Professional	3 CAMHS 1 Disability Nurse Specialist
Other	

Figure 4 indicates the issues reported by referral information.

Fig. 4

Mental Health and Wellbeing issues reported by children and young people			
Exam Stress	1	Self-Harm	4
Trauma	1	Depression	0
Bereavement	1	Anxiety	37
Gender Identity	0	Emotional/Behavioural Difficulties	49
Substance Use	0	Body Image	0
Other:	<b>Please add rows if required</b>	Low Mood	2

#### 4.4 Group Work Program

Delivery of Bouncing Back began in Inverclyde Academy, Notre Dame and Lomond View Academy and was delivered to all S3 students before the end the term at Christmas.

225 students took part in Inverclyde Academy & Notre Dame prior to Christmas 2020. 400 students took part in St Columba's High School, Clydeview Academy, St Stephen's High School and Port Glasgow High School, St Columbas Kilmacolm and Cedars between April and June 2021.

Delivery of Bouncing Back also took place in all primary schools in the final term to all P7 classes. The focus for P7 was the transition to S1, which had again been affected by the pandemic in a reduction to the usual transition which primary pupils receive when moving to secondary school.

In total 102 sessions were delivered to: -

940 pupils

68 sessions were delivered to students in secondary school classes in 8 secondary school, including Cedars and St Columba's Kilmacolm (34 classes received both sessions)

34 sessions were delivered to all primary schools P 7 classes

As part of the Inverclyde Academy's Wellbeing Programme to welcome back BGE pupils, sessions were delivered to 230 pupils across S1 to S3, on the return to school in March.

Individual pupil support drop in sessions for Children & Young People arranged with project staff were also delivered in Inverclyde Academy and Notre Dame, to 20 students, in March.

Clydeview Academy, to 6 students, May – June  
St Columbas Gourrock, to 6 students, May – June

Project staff also delivered Mental Health and Wellbeing input for staff via Zoom, in October, as a pilot programme, with a view to offer further sessions to staff teams when conditions allowed in person contact to resume.

Project staff and counsellors have continued to offer support to Children & Young People who are engaging during the school summer holidays, with counsellors accessing school buildings to see Children & Young People, and project staff attending school hubs, affordable childcare groups, CLD activities and summer based activities to both network with staff and CYP, raising the profile of mental health and wellbeing and engaging with more Children & Young People in an informal setting to lay the groundwork for working across schools on the return after the summer holidays.

#### 4.5 Single Point of Access – Centralised Referral System

From the outset of the project, discussions around establishing a Single Point of Access steering group took place, with the aim of involving the relevant services, led by HSCP senior management and including input from Educational Psychology, School Nurse team, Barnardos, CAMHS and Social Work in a group were referrals could be taken with relevant data sharing protocols in place, to discuss and determine the correct route and service which should be offered and available to any Children & Young People’s referrals brought by group members to discuss. This group meets regularly, and continues to develop the model.

#### 4.6 Key Performance Indicators

Example Key Performance Indicators	Example Year 1 Targets:	Year 1 Outcomes:
<b>Reach KPIs:</b> <ul style="list-style-type: none"> <li>▪ Number of appointments</li> <li>▪ Number of group work sessions</li> <li>▪ Number of 1:1 sessions</li> <li>▪ Number of preventative sessions</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1,415 pupils directly supported in Year 1 i.e.:</li> <li>▪ 560 primary pupils - <i>Friends Resilience</i> groups</li> <li>▪ 480 secondary pupils - <i>Blues Programme</i> groups</li> <li>▪ 375 pupils - targeted 1:1 support/counselling</li> <li>▪ Additional 400 pupils monthly - school drop ins</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1890 directly supported i.e.:</li> <li>▪ 940 Primary pupils accessing groups– Bouncing Back</li> <li>▪ 855 Secondary pupils accessing groups – Bouncing Back</li> <li>▪ 95 offered 1:1 support/counselling</li> <li>▪ 34 - school drop ins</li> </ul>
<b>Outcome KPIs:</b> <ul style="list-style-type: none"> <li>▪ Improved CYP wellbeing, mental health and resilience</li> <li>▪ Reduced Tier 3/CAMHS referrals</li> </ul>	<ul style="list-style-type: none"> <li>▪ 75% of pupils improving against selected <i>SHANARRI Wellbeing Outcomes</i></li> <li>▪ % of pupils addressing their needs without the requirement for specialist services (<i>to be agreed</i>)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 89% of CYP completing agreed counselling sessions reported improved outcomes using a Young persons Clinical outcome e.g. Young Persons CORE</li> </ul>
<b>Quality KPIs:</b> <ul style="list-style-type: none"> <li>▪ Accessible service/the right help at the right time</li> <li>▪ Structured support and goal-setting</li> <li>▪ Providing relationship-based</li> </ul>	<ul style="list-style-type: none"> <li>▪ 75% of pupils providing positive feedback on their experience of the service - including:               <ul style="list-style-type: none"> <li>○ Service accessibility</li> <li>○ Relationship-based support</li> <li>○ Quality of interventions</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ 86% of P7 pupils gave a 4 or 5 star rating for Bouncing Back sessions, from a scale of 1 to 5</li> <li>▪ 83 % of secondary pupils (S3) gave a 4 or 5 star rating for Bouncing Back sessions, from a scale of 1 to 5</li> </ul>

interventions <ul style="list-style-type: none"> <li>▪ Informing CYP/families of available support</li> </ul>		
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#### 4.7 Next Steps – Year 2

Further relaxation of guidance around Covid safety measures within schools and establishments on the return in August 2021 will provide the service with increased opportunity to reach more Children & Young People, and begin to co-ordinate and deliver more targeted interventions i.e. The Blues Programme and increasing the number of Children & Young People who can access counselling.

School drop-in sessions, workshops, for staff and parents, will be revisited and discussed with schools to best meet their individual needs, when the opportunity to hold in person group work sessions returns. We continue to remain open to using online tools to allow wider access to Children & Young People, parents and staff, while looking forward to making further positive impact on emotional health and wellbeing, and building on the positive relationships established with schools, partners and Children & Young People in our first year.

Establishing a new emotional health and wellbeing service in the midst of a global pandemic has been a challenge, but the relationships built in the first year are an indication of the willingness of schools and partner agencies to create a positive culture going forward, where as a service we feel able to contribute and develop to become a core aspect of support to Children & Young People across Inverclyde.

We look forward to increasing our reach and engaging with more Children & Young People in year 2.

### 5.0 IMPLICATIONS

#### FINANCE

5.1 No additional cost implications. Current budget will support service delivery model described above.

In year 1 the funding allocated was £290,972, with a spend of £216,026 projected to the end of August 2021. A projected underspend of £79,011 has been returned in March 2021, with the actual figure now projecting at £74,946 due to costs accrued between March and August 21. The variance in the projected underspend submitted as of March 21 to the actual underspend figure in August 21 will be included in the monthly bill for September 21.

The commissioners are considering the use of the returned underspend, with discussion around its potential to expand the counselling capacity available within the project by further recruitment of counsellors an option.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

**LEGAL**

5.2 NIL

**HUMAN RESOURCES**

5.3 There are no specific human resources implications arising from this report.

**5.4 EQUALITIES**

5.4.1 Has an Equality Impact Assessment been carried out?

	YES
✓	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

**CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

5.5 There are no clinical or care governance implications arising from this report.

**NATIONAL WELLBEING OUTCOMES**

5.6 How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for	None

longer.	
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

## 6.0 DIRECTIONS

6.1

<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	X
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

## 7.0 CONSULTATION

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

## 8.0 BACKGROUND PAPERS

8.1 None.