
Report To:	Education & Communities Committee	Date:	1 November 2022
Report By:	Corporate Director Education, Communities & Organisational Development	Report No:	EDUCOM/54/22/MR
Contact Officer:	Michael Roach	Contact No:	01475 712850
Subject:	Inverclyde Wellbeing Service – Annual Governance Report 2021/22		

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

1.2 The purpose of this report is to share with members of the Education and Communities Committee the annual governance report for 2021/22 from Action for Children who deliver the Inverclyde Wellbeing service which includes the school aged counselling service.

1.3 As well as the counselling service Action for Children offer curriculum based support groups for secondary school pupils as well as an innovative transition support program for P7 pupils as they move into S1.

1.4 Since the removal of covid restrictions, which majorly affected the delivery and capacity of the service during 2020 – 2022, the wait times post referral have decreased and allowed for a more rapid response as well as clearing some of the backlog that the service had experienced.

1.5 The report outlines the impact of the service and the positive evidence it has in meeting the key performance indicators set for the year.

1.6 The service has a balanced budget going into the school year 2022/23. The funding model for school counselling from August 2023 has yet to be made clear by the Scottish Government. A review of the 3 years of the service and the future funding models for it alongside the additional funding from HSCP should now be a key focus for officers.

2.0 RECOMMENDATIONS

2.1 Members of the Education & Communities Committee are asked to note the content of the annual governance report for the Inverclyde Well-being service attached as Appendix 1 to this report.

Ruth Binks
Corporate Director
Education, Communities & Organisational Development

3.0 BACKGROUND AND CONTEXT

- 3.1 Since August 2020 the Inverclyde Well-being service has been in operation delivered by Action for Children in partnership with HSCP and Education Services. The service is funded by an annual grant for school counselling and is enhanced by funding from HSCP to offer a wider well-being service to all school aged pupils who live in Inverclyde.
- 3.2 The service is accessed by referral and these can be made by pupils, parents, education staff, health and social care services. These referrals are then triaged by representatives from health, educational psychology and HSCP. The well-being service offers tier 2 counselling but the triage process may determine that a tier 3 service is required.
- 3.3 As well as the 1:1 counselling offer there are a number of group work programmes also being offered by the service e.g. the BLUES programme.
- 3.4 There remains a waiting list for counselling once triaged the longest young person is waiting is 6 months. This has reduced from approx. 9 months during periods of lockdown and covid restrictions. The number of referrals also increases at times when there is promotion of the service. An annual letter is sent to all parents in September of each year. In Sept 2022 this resulted in an additional 20+ referrals from families,
- 3.5 The service is funded by a grant from the Scottish Government. This grant was agreed for three years from 2020 – 2023 and was aimed at ensuring pupils aged 10 – 18 had access to school based counselling. However, the HSCP agreed that they would provide additional funding in order to ensure that all school pupils have access to this service as well as widen the scope beyond just counselling e.g. the delivery of group work programmes.
- 3.6 The future funding model for counselling post July 2023 has yet to be confirmed by the Scottish Government. Once clear the next iteration of the service will need to be considered alongside the additional funding provided by HSCP to create a wider offer.

4.0 IMPLICATIONS

- 4.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk		X	
Human Resources		X	
Strategic (LOIP/Corporate Plan)		X	
Equalities & Fairer Scotland Duty		X	
Children & Young People's Rights & Wellbeing		X	
Environmental & Sustainability		X	
Data Protection		X	

4.2 Finance

There are limited financial costs associated with the information provided in this paper.

One off Costs

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

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

4.3 Legal/Risk

There are no legal implications.

4.4 Human Resources

N/A

4.5 Strategic

N/A.

5.0 CONSULTATION

5.1 N/A.

6.0 BACKGROUND PAPERS

6.1 N/A.



Governance report September 2022- Action for Children Inverclyde Wellbeing Service

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Introduction Year 2

The Action for Children Inverclyde Wellbeing Service began year 2 having established a positive working relationship across Inverclyde with all schools, both primary and secondary, all of which have accessed the project and the services available.

The willingness shown by schools to best support their children and young people (CYP) was evident in the work that went into coordinating support across the various aspects of the service, from individual counselling to programme delivery, while still continuing to operate in an environment under restrictions as the pandemic remained very much an ongoing, and constantly changing backdrop.

The development of relationships across services in Inverclyde have also been ongoing, forming the backbone of a network of partner agencies all involved in a variety of service provision for young people and families across the local authority, both statutory and third sector.

The service now has representation on several steering groups and contributes to the wider Health and Wellbeing Agenda within Inverclyde by participating and presenting to a number of these groups, which include:

Health & Wellbeing and Wellbeing Strategy groups lead by Education staff, CVS Wellbeing Network, and Community link workers, Additional Support Needs (ASN) Leaders Forum, and Children and young people's mental health services (CYPCMHS) steering group, chaired by Educational Psychology.

In addition, at school level individual staff participate regularly in TAC meetings, EST meetings, and meet with school and partner agency staff when appropriate to discuss and agree the best level of support across the range of services on offer, counselling, group work, drop in or individual one to one support.

Ongoing Response to the impact of the Covid 19 Pandemic

While Covid remained an ongoing issue, and impacted on continuing restrictions in and around schools, the Wellbeing Service continued to follow local guidelines to maintain health and safety while ensuring we could maximise our reach and access to schools and CYP. Through working with local authority health and safety staff, we were able to agree protocols to allow us to do this.

All updates and changes to guidance were shared with the Wellbeing Service, and we continue to adhere to maintaining safe working practices, while increasing our ability to reach more while CYP where any relaxation or changes to Scottish Government and local authority policies were made.

While supporting CYP to address mental health and wellbeing concerns, it is still apparent that the longer-term effects of lockdowns, restrictions, and impacts on families, friends, relationships and schools continue to impact negatively on a considerable number of CYP either referred to the service for individual support (counselling) or involved in group work (Blues Programme) or drop in session/support.

Service delivery

The service has built on the Year 1 delivery of one to one counselling and early intervention evidence-based group work to best meet the needs of schools by being proactive to support schools with their individual requirements, taking into account as mentioned above the continuing impact on CYP of the pandemic.

Our core service delivery of one to one counselling and group work is now well established across the authority, and we have additionally provided further support which was not possible in Year 1, while the service was establishing itself and restrictions prevented wider access to schools and engagement with more pupils.

With access to schools improved, we have been able to proactively respond to individual requests from schools for this additional support, an example being the offer of support for secondary pupils involved in a bus crash on a school outing, where a request was made from the school to ask for some input for these pupils to talk through and process dealing with the incident.

The school was able to inform the parents of the pupils involved that there would be input available to their children in school, to help them deal with the incident.

In addition we were also able to offer and timetable a range of drop in sessions during Easter for secondary pupils attending holiday supported study classes, which allowed us to reach pupils during a school holiday, and we acknowledged the school staff themselves giving up their own school holidays to support the pupils studying towards exams.

We have also delivered workshops to school staff in primary and secondary settings, based on our Blue Programme workshops for teachers.

The workshop provides a whole school approach to supporting emotional health and wellbeing, of specific significance to guidance staff teams, pupil support staff and all staff interested in learning and developing techniques to help them best support young people, and themselves.

The offer of further sessions remains open to schools and is a recurring agenda item on ASN Leaders calls to ensure school leads for Health & Wellbeing are aware of its availability, which can be delivered flexibly, on in-service days, twilight sessions, or during the school day. We will continue to keep this workshop on offer, as it not only supports staff to recognise, understand and become familiar with the language and skills which are pillars of emotional wellbeing for pupils, but can also be of support for themselves, and widen the conversation around mental health, and continue to reduce the stigma attached to poor mental health and wellbeing.

1 - One to One Counselling

While no data exists to measure or compare the number of CYP who would have accessed counselling pre pandemic, there is undoubtedly a significant number of CYP adversely effected by the pandemic in a number of ways, including emotionally and socially.

This impact continues to be felt since the project became operational in 2020, with a growing number of referrals having as the main presenting concern anxiety. The source of anxiety is often quoted to be as a result of the pandemics impact on families, friendships, school and CYP's capacity to cope with their environment. The challenges they have been presented with over the last 2 years, in an uncertain world, continue to cause them concerns, worries, and anxious thoughts and feelings, as heard by our staff.

A number of CYP with existing vulnerabilities have accessed counselling, with the majority engaging and completing agreed session. While we continue to work to a model of 8 sessions with each CYP, many CYP experience intermittent or regular absences from school, which has required a more patient and measured approach to continuing to engaging them in support, over a longer period of time, while we continue to be mindful of the balance for those still waiting on their opportunity to access the service.

With the support of school staff young people are encouraged and made aware that their absences from school are not a barrier to their continued access to counselling support, to allay any fears that missing sessions may result in the withdrawal of a service to them, which is not the case.

Indeed, many CYP are often on reduced timetables and attending counselling sessions may be amongst the few regular appointments they are able to keep.

Action for Children's ethos is encapsulated in a phrase that was prominently displayed across services and promotional materials for the organisation several years ago "as long as it takes" which we demonstrate by our approach to engage with CYP over time, looking to overcome any barriers or hurdles, to ensure we have given CYP every opportunity to access services.

As a number of CYP accessing counselling have been involved with multiple services throughout their lives, whether directly or indirectly, not all of them have had positive experiences or outcomes, so it is essential we take time to build trust and relationships to then be in a place to offer therapeutic support to CYP, at a time and pace that is appropriate for them and so hopefully impacting their wellbeing positively for longer.

Keeping an "open door" when engagement and attendance can be a concern, demonstrates to CYP that their thoughts and feelings are taken into account, and the service is not delivered "to them" but they are actively involved in leading the direction of the work within the counselling sessions, with the support and guidance of the counsellors.

The majority of referrals are received from secondary schools. Each of these schools has a counsellor dedicated to delivering a day each week, while sessions across primary schools are coordinated on a rotational basis to allow counsellors to move between schools based on the referrals received. As a result, waiting times to be seen may vary based on the availability of counsellors across schools, with the longest waiting period 6 months. Most referrals are seen in a significantly shorter period of time however.

We continue to work to maintain and raise the profile of the service to widen the access available to all Inverclyde schools CYP and parents/carers who feel the service is what their children might need.

Our local website <https://services.actionforchildren.org.uk/inverclyde-children-and-young-peoples-wellbeing-service/> has seen an increase in contacts which have doubled since June 2021. Over 40 contacts have been received requesting further information on counselling during the reporting period, coming from parents or carers of CYP, looking for information or to self-refer. All contacts to the website have been responded to, with follow up and support offered. We encourage schools to share information on their website, on school blogs and/or in newsletters, as well as using social media.

Counselling delivery figures

In working to a model of 8 sessions, our approach is flexible and takes into account the individual needs of each CYP. We practice an approach that encourages CYP to return to sessions if there have been any absences from school, to maximize the potential of them fulfilling the full number of sessions offered, and achieving a positive outcome.

Each counsellor takes part in regular management supervision of their caseloads, as well as peer supervision and clinical supervision, to provide oversight and safeguarding, as well as ensure good practice. The added layer of clinical supervision is necessary to maintain registration set out by counselling governing bodies.

The figures below show details for the current reporting period:

Over 200 referrals received in 21-22

183 CYP offered access to counselling support 21-22

> 50 currently engaging, or at initial assessment stage

94 improved outcomes using YP CORE or comparable outcome measurement tools, equating to > 86% completing agreed sessions showing an improvement (Number of children who have reported an improved outcome following access to a counsellor using a Young Person Clinical outcomes in Routine Evaluation (YP-CORE) or a Strengths and Difficulties Questionnaire (SDQ) or another measure, 94 of 109 YP)

12 scores remained consistent throughout sessions

< 5 scores deteriorated during sessions

12 disengaged from support,

22 NFA upon assessments session from initial referral

< 5 accessing other supports (Mind Mosaic, Action for Children Wellbeing Transitions)

In addition to evaluation tools and scoring, anecdotally many CYP stated they felt better having accessed counselling support where their scores may indicate otherwise. While sounding contradictory, this may be as a result of reflecting on their thoughts and feelings while attending sessions, while continuing to use evaluation tools weekly where their insight develops in relation to how they answer each question as the sessions progress. Counsellors are mindful of taking an approach which considers both hard evidence collated through using self-assessment tools (e.g. YP CORE) with each CYP's presentation and how they view the intervention when assessing whether the support has provided positive outcomes.

While accessing counselling, a number of CYP have been involved with multiple services, including CAMHS, Social Work, and other partner agencies. Where appropriate, Wellbeing Service staff have liaised with the relevant school and partner agency colleagues to ensure each CYP is directed to and supported by the services that best meet their needs.

Through working with school guidance staff we have offered a number of young people on our waiting list the option of support during the summer break, and made clear that should they wish to wait till school resumes, this will not impact on their position on the school list for access to counselling, when a counsellor is available on their return to school.

We appreciate that pupils are being asked to give up their own time during the summer holidays, so we are flexible in our approach, should they wish to cancel scheduled sessions to enjoy activities with family or friends, all of which would be beneficial to their wellbeing.

We will also be offering a drop-in service based in our town centre office hub, for any CYP wishing to drop in for informal support on Mondays throughout the summer. This will be open to any CYP, either those who have previously accessed support from the service, or those looking to.

See Appendix A – Counselling Case studies

Figure 2 below indicates the age ranges of those CYP offered support

Fig. 2

Stage specific data	35	P2-P5
Number of children in P6	29	
Number of children in P7	17	
Number of children in S1	22	
Number of children in S2	15	
Number of children in S3	27	
Number of children in S4	26	
Number of children in S5	7	
Number of children in S6	5	

Figure 3 indicates the number of CYP male, female or non-binary

Fig. 3

Number of female pupils accessing provision	78
Number of male pupils accessing provision	101
Number of young people identifying as non-binary	<5

Figure 4 indicates the referral source

Fig. 4

Referrals In	
Numbers of form of Referral	
Self-referral	7
School Staff	119
Social Services	5
GP	<5
School Nurse	<5

Health Professional	23 CAMHS
Other	<5 SPOA triage <5 Community link worker <5 Carers Centre 23 Parent

Figure 5 indicates the issues reported by referral information.

Fig. 5

Mental Health and Wellbeing issues reported by children and young people	
Exam Stress	0
Trauma	<5
Bereavement	5
Gender Identity	<5
Substance Use	0
Other:	0
Self-Harm	<5
Depression	0
Anxiety	81
Emotional/Behavioural Difficulties	78
Body Image	0
Low Mood	13

While the figures above in Fig.4 indicate the presenting issues as reported by initial referrals, when engaging in counselling CYP have presented with a wide range of issues which could sit under several headings from the list above. For example, many young people who when referred by school staff have as their main concern anxiety, or emotional/behavioural difficulties, who then share their concerns and issues which may have not been recorded on their referral. These often include more CYP disclosing having self-harmed than is shown as the main presenting issues.

Other issues disclosed during counselling include, but are not limited to, historic trauma, gender identity/self-image, grief, poor self-esteem, parental and family relationships, parental incarceration, peer relationships, anger management, motivation, school (including, though not exclusively, exam pressure/stress), young carer responsibilities, and historical domestic violence.

3. Group Work Programmes

Blues Programme

Improved access to schools and loosening of restrictions around pupils mixing in groups allowed the service to coordinate and deliver the Blues Programme, after making alternative provision during Year 1.

Delivery was agreed for the initial round with Inverclyde Academy and Notre Dame HS in September 2021, followed by St Stephens, St Columba's Gourrock, and Clydeview in November 2021. St Columba's Kilmacolm and Port Glasgow High school followed in January 2022. Preliminary work was carried out in each school prior to delivery, including presenting the content and aims of the Blues Programme to all S3 pupils, before completing the Centre for Epidemiological Studies Depression Scale (CES-D) questionnaire with all S3 pupils.

19 programmes in total were delivered across all 7 schools, with the following figures:

- TOTAL CES-D's completed by pupils = 686
- 58% scoring under the threshold at which pupils are invited to take part (393 pupils)
- 42 % scoring over the threshold and invited to take part in programmes (293 pupils)
- Of those 293 pupils invited to take part 61% began the programme (190 pupils)

As a comparison to pre pandemic indicative figures across Glasgow, those scoring over the threshold pre 2020 were 41% (42% Inverclyde 2021), with 69% of those invited, taking part (61% Inverclyde).

This lower figure for participation of 61% in Inverclyde as opposed to 69% in Glasgow pre pandemic, may be attributable to several factors, including an awareness and familiarity built up in schools in Glasgow where the programme had been delivered for a number of years, where school staff familiar with the programme and older peers having taken part previously may have encouraged a larger percentage of participants to voluntarily take part.

On completion of the programme, pupils completed a second CES-D with:

51.69% of pupils participating showing an improvement in their score after taking part in the Blues Programme,

35.91% of pupils scores staying the same,

12.4% scores deteriorating.

Scores varied across schools with the highest improvement being at 75%, and the lowest 25%. Variance between schools of scores which remained the same was from the highest at 61.8% to the lowest at 12.5%, and variance of scores which decreased during the intervention ranged from the highest at 18.75% with the lowest a school which recorded 0% of decrease in pre to post intervention scores.

Various factors which may impact on these figures, include the effect of the pandemic, the SIMD rating for pupils attending each school, the individual group dynamic, and the Blues Programme being a new intervention, with S3 pupils this year the first participants in Inverclyde. We would expect to build on this first year of Blues Programme delivery with schools, staff, and YP becoming more familiar and open to engaging in a new intervention, which as mentioned above is a factor in higher engagement figures for Glasgow.

Overall, 97% of pupils gave the Blues Programme a rating of 4 out of 5 stars, a huge endorsement from participants.

See attached **Appendices B** (Blues Programme Questionnaire) and **C** which show **Example Outcomes** from pupils completing the Blues Questionnaire. **Appendix D** is a case study of a Blues Programme participant

Additional benefits to pupils participating in the Blues Programme included accessing other parts of the “menu” of services within the wider Wellbeing Service. Several pupils were supported to self-refer to counselling after completing the Blues Programme, who may otherwise have not taken this route or felt it was appropriate for them, thereby potentially missing out on a service which they could benefit from accessing.

Less formal support than at the level of counselling was also offered to pupils after the programme, where it was apparent they would benefit from this, and they were open to continuing to engage with staff as a result of the relationships built over the 6 weeks of the programme delivery. This also included drop in sessions following the programmes end, which were tailored to the needs of the pupils, tapering off when it was felt they no longer needed regular contact.

A number of resources and “mental health first aid kits” were shared with pupils taking part at the end of the sessions, which included information on apps and other useful websites that they could continue to use, to continue to keep a focus on the mental health and wellbeing, and build on the skills they had learned.

Throughout this period, Wellbeing staff continued to work closely with school guidance staff to ensure that CYP were kept safe, concerns were shared and discussed, and appropriate steps taken to help maintain the wellbeing and safety of all CYP.

Bouncing Back

We continued to deliver Bouncing Back sessions across all P7 classes, with the transition the pupils would be making from P7 to S1 a focus of the work. These sessions were scheduled throughout the last school term after Easter.

All 20 primary schools and St Columba’s Kilmacolm junior school took part in Bouncing Back in the post Easter term, with over 27 sessions being delivered, to include all CYP, engaging circa 740 children. Cedars School of Excellence were offered the intervention but declined to participate this year.

An adapted version of Bouncing Back for Craigmarloch School, designed with input from staff to be appropriate for pupils needs, was delivered, and similar was offered in Lomond View, which developed into weekly drop-in sessions for individual YP, agreed with the school after trialing group work sessions. It was decided in consultation with school staff, that group work sessions were not the appropriate intervention at the time for the school, as a transition with new pupils joining was taking place.

Details and QR codes for the Wellbeing Service and other Action for Children supports for parents, such as Parent Talk <https://parents.actionforchildren.org.uk/> have been shared with school staff after Bouncing Back sessions held through the last school term before summer in all primary schools, and the website continues to be shared on regular ASN Leader Webex meetings.

Links to the website are also available through our local Facebook & Twitter pages https://www.facebook.com/Inverclyde-Wellbeing-Service-Action-for-Children-111867164758767/?ref=page_internal <https://mobile.twitter.com/inverclydewell1>

Further activities which took place during the reporting period included:

- The Wellbeing Team was nominated by pupils in Inverclyde Academy for the Youth Philanthropy Awards and was successful in winning an award of £3000. Pupils who had attended the Blues Programme chose the Wellbeing Service, completed their application submission, and were chosen as the winners. Another powerful endorsement of support for the programme by Inverclyde young people.



- Project staff attended Health & Wellbeing week in school, promoting the service and being supported by pupils engaged in accessing the service during the event.
- Attended an S1 parental information session at Notre Dame High School in June
- Attended Man On hosted “Break the Stigma” event at Cappielow Park, alongside Morton in the Community and the Samaritans, as part of the Meliora Festival.

The project will again provide informal support and partner with several local services such as CLD, Play 4 All, and Proud to Care over the summer, to allow staff to meet and reach CYP not engaged in direct work with the service, in order to raise the profile of the service,

introduce the team, and make CYP aware they can approach staff and gain information on whether the service can provide the support they may need.

see [Appendix E – Pupil & Staff feedback examples](#)

[Single Point of Access – Centralised Referral System](#)

The Single Point of Access triage group, now named Inverclyde Emotional Wellbeing Triage Team, is established and meets fortnightly, to discuss referrals brought to the group to determine the correct route and service which should be offered and available to any CYP. The group has representation from HSCP senior management, Educational Psychology, School Nursing team, Barnardo’s, Social Work, and Action for Children.

Permission is sought to discuss relevant referrals which have been received by participating agencies, where they may not be the most appropriate service to offer support.

Through discussion and input from all agencies, a pathway and next steps are agreed, with the lead agency following up with the original referrer to inform them of the suggested support to be offered, with the intention that this prevents any referral being declined and the process requiring to be restarted “from scratch”. This hopefully prevents further concerns, anxiety, and upset for any CYP and families seeking advice, guidance and support.

[Key Performance Indicators](#)

Example Key Performance Indicators	Example Year 1 Targets:	Year 1 Outcomes:
<p>Reach KPIs:</p> <ul style="list-style-type: none"> ▪ Number of appointments ▪ Number of group work sessions ▪ Number of 1:1 sessions ▪ Number of preventative sessions 	<ul style="list-style-type: none"> ▪ 1,415 pupils directly supported in Year 1 i.e.: ▪ 560 primary pupils – <i>Bouncing Back</i> groups ▪ 480 secondary pupils - <i>Blues Programme</i> groups ▪ 375 pupils - targeted 1:1 support/counselling 	<ul style="list-style-type: none"> ▪ Circa 1585 pupils engaged in Wellbeing Service supports ▪ 625 primary pupils Bouncing Back ▪ 660 Secondary pupils completed Blues Programme Questionnaire.

	<ul style="list-style-type: none"> ▪ Additional 400 pupils monthly - school drop ins 	<ul style="list-style-type: none"> ▪ 293 invited to participate in Blues Programme ▪ 190 secondary pupils participated in Blues ▪ 183 offered 1:1 support/counselling ▪ Circa 200- school drop sessions, additional small group sessions
<p>Outcome KPIs:</p> <ul style="list-style-type: none"> ▪ Improved CYP wellbeing, mental health and resilience ▪ Reduced Tier 3/CAMIHS referrals 	<ul style="list-style-type: none"> ▪ 75% of pupils improving against selected SHANARRI Wellbeing Outcomes ▪ % of pupils addressing their needs without the requirement for specialist services (<i>to be agreed</i>) 	<ul style="list-style-type: none"> ▪ > 88% of CYP completing agreed counselling sessions reported improved outcomes using a Young persons Clinical outcome e.g. Young Persons CORE
<p>Quality KPIs:</p> <ul style="list-style-type: none"> ▪ Accessible service/the right help at the right time ▪ Structured support and goal-setting ▪ Providing relationship-based interventions ▪ Informing CYP/families of available support 	<ul style="list-style-type: none"> ▪ 75% of pupils providing positive feedback on their experience of the service - including: <ul style="list-style-type: none"> ○ Service accessibility ○ Relationship-based support ○ Quality of interventions 	<ul style="list-style-type: none"> ▪ 97 % of secondary pupils (S3) gave a 4 or 5 star rating for Blues Programme sessions, from a scale of 1 to 5 ▪ 51.69% of Blues participants score improved pre to post intervention, 35.91% remained the same, and 12.4% of scores decreased. ▪ 87.2% of P7 pupils gave a 4 or 5 star rating for Bouncing Back sessions, from a scale of 1 to 5

Wellbeing Transitions P7-S1

Further Covid Recovery funding through CYPCMHS was secured to add an additional service which linked to the existing Wellbeing Service. This service was aimed at supporting more CYP affected by the pandemic, in terms of those making a transition from P7 to S1, who were felt to be vulnerable and at risk of an escalation of their anxious thoughts or feelings with the transition looming. Impact on attendance was also a considered concern for this target group of CYP, and the concern of further impact during S1.

Referrals were made by several primary schools prior to the school summer holidays in 2021, with further referrals being made across secondary schools throughout 2021. The project had the capacity to support up to 30 CYP and families, and over 30 referrals were made, with the staff following up with each family. In total, of those referred, 19 actively engaged in the service and the support on offer.

Wellbeing Transitions (WT) staff worked closely with school staff and parents to support the pupils in S1, dealing with a variety of issues and concerns, including low confidence, anxiety, bereavement and non-attendance, to address these concerns and provide positive strategies and techniques to help pupils and their families overcome some of these challenges.

Providing a conduit for communication between school and home helped mitigate some of the issues both school and home had for the pupils, and allowed us to identify the specific needs and design support individual to each pupil, with their input as well as that of family and school. The project has been funded to continue into a second year, and information has been shared with primary schools to identify and refer pupils they feel would be appropriate and benefit from the support in S1, 2022.

As well as school and home based support, the YP were involved in a number of activities, both individually with their allocated worker, and in peer groupings, which allowed several YP to form friendships and mutual support, and increase their confidence and social skills. This encouraged the YP to co-produce elements of the project, and steer the design of their support. YP gave regular feedback on whether they wished to have group sessions, regular drop ins, and also a number of social activities, including trips to Edinburgh Zoo, and Celtic Park. This varied and flexible approach allowed positive and trusting relationships to develop, with families very involved in nurturing and encouraging this, enabling the staff to then use these relationships to work with the YP on the issues of concerns they, their families or school had. Further, it enabled staff to put tools, strategies and techniques in place for each individual YP to improve their overall emotional health and wellbeing, and successfully engage in S1.

While we work to identify our Year 2 cohort, pupils supported in the first year of this project will be provided with tapered support to allow them to manage positive endings in terms of ongoing engagement with the WT staff team. WT staff will still remain available to offer light touch support to Year 1 pupils and schools to address any concerns going forward, where possible. Schools will continue to monitor and support each YP, and access further partner agencies if required, including other elements of the wider Wellbeing Service, e.g. school counselling, Blues Programme, if appropriate.

See **Appendix F – Wellbeing Transitions P7-S1 Case Studies**

Finance Year 2

In year 2, the core funding allocated to run the Inverclyde School Counselling & Blues service was £290,972. The actual spend for the project was £290,972. The service was also awarded an additional £180,000 to run a community wellbeing service. Due to the delay in recruiting staff to post, the service ran for 7 months and therefore £105,000 was invoices and the spend, until 31 March 2022, was £105,000. No further funds were drawn down. Lastly, Action for Children engaged with 2 Inverclyde schools to provide services through their PEF fund. The PEF funding awarded was £11,419 and the spend for the duration of the PEF contracts totalled £11,419. As all funding streams were spent in their entirety, there is no surplus or deficit to report.

Action for Children have access to an Emergency/Winter Fund, supported by Iceland, as a result of the Covid-19 pandemic, to support families struggling financially. The Wellbeing Service were able to identify several families in need, who benefited from a range of items including white goods, shopping vouchers and fuel bills. These families were already engaged in our services, and by identifying their specific needs, we were able to access these funds to make sure those families in need benefited from this additional financial support during the winter months through 2021-22 while the fund was available.

Next Steps – Year 3

The Wellbeing Service will continue to build on the work taken place in schools in the first 2 years of the service, with loosening of restrictions as we emerge from the most challenging period of the pandemic allowing more freedom to reach more CYP, and address many of the issues which are a result of the pressures felt by schools, families and CYP over the last 2 years.

Building on the work in secondary schools which began with Bouncing Back sessions and has now progressed to delivering the Blues Programme. We anticipate that more CYP will be encouraged to consider participating when offered the opportunity, as a result of the work taking place collectively to challenge stigma and reluctance to access support around mental and emotional health and wellbeing concerns.

Identifying and directing CYP to the support that will help them, and that they will engage with, is crucial. The links made with the Wellbeing Service and school staff shows a joined up approach to achieving this alongside partner agencies such as Barnardos, Mind Mosaic, and Man On, as well as existing services that include CAMHS, School Nursing, and Educational Psychology.

The establishment of counsellors in each of the secondary schools allows for a degree of continuity, and while there have been staff changes, these have been managed to have as little impact on continuity of service as possible while transitions of staff have taken place.

We continue to rotate our counsellors across all other schools, looking to provide equitable access to support. We are taking into account the individual needs of CYP and where appropriate are prioritising access on discussion with schools and/or other agencies involved.

Communication is key with all schools, partners, families and CYP who access the Wellbeing Service, and a recognition and momentum continues to build around awareness of the service being available to all local school pupils.

There is no doubt that the benefits gained from being able to return to a more “normal” world, working directly with CYP, school staff and partners in person, has a much more positive impact and allows relationships to build, providing the basis for the service to flourish.

Year 3 will allow greater access to those CYP most in need of support, and we will continue to work closely with schools and partners to identify and ensure those CYP who need it most, can and are encouraged to engage with our services.