

**AGENDA ITEM NO: 16** 

7 November 2023

Report To: Education & Communities Date:

Committee

Report By: Ruth Binks, Report No: EDUCOM/49/23/RB

**Corporate Director,** 

**Education, Communities and Organisational Development** 

Contact Officer: Michael Roach Contact No: 01475 712761

Subject: Annual Report - Inverclyde Wellbeing Service

#### 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 report for 2022/23 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 The report outlines the impact of the service and the positive evidence it has in meeting the key performance indictors set for the year.
- 1.5 The current contract with Action for Children is now in its fourth year i.e. a contract extension of 1 year to the initial 3 year contract. As such a procurement process is now under way to identify a provider for the ongoing delivery of the service from August 2024.

#### 2.0 RECOMMENDATIONS

2.1 Members of the Education and Communities Committee are asked to note the content of the annual report for the Inverclyde Wellbeing service.

Ruth Binks
Corporate Director
Education, Communities & Organisational Development

#### 3.0 BACKGROUND AND CONTEXT

- 3.1 Since August 2020 the Inverclyde Wellbeing 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 wellbeing service to all school aged pupils who live in Inverclyde. The service is funded by a grant from the Scottish Government.
- 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 a young person is waiting is 4 6 months. This has reduced from approx. 9 months during periods of lockdown and covid restrictions and 6 months at this point last year. 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 baselined funding and a recurring £234,000 for the counselling service and is aimed at pupils aged 10 18. However, the HSCP continue to agree 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 Given this we are now able to procure for the Wellbeing service for 4 years beyond July 2024. This process is now underway.

#### 5.0 IMPLICATIONS

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

SUBJECT	YES	NO
Financial	Υ	
Legal/Risk		N
Human Resources		N
Strategic (Partnership Plan/Council Plan)	Υ	
Equalities, Fairer Scotland Duty & Children/Young People's Rights		N
& Wellbeing		
Environmental & Sustainability		N
Data Protection		N

#### 5.2 Finance

The cost of the current annual contract is £0.305m. A recurring budget of £0.243m is held within the HSCP Social Care budget and will be uplifted for inflationary purposes annually. Earmarked reserves are held as at 1 April 2023 of £0.329m and these will be utilised to fund the top up element for the remainder of the current contract and for the period of the new contract.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
School counselling EMR	EMRs	To be utilised up to 2027/28 to top up recurring funds	£0.329m	N/A	To be utilised to continue to top up baselined Scottish Govt funding till the end of the current contract and for the period of the next contract

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
School counselling	HSCP	recurring		N/A	£0.243m recurring funding now baselined

#### 5.3 **Legal/Risk**

N/A

#### 5.4 Human Resources

N/A

#### 5.5 **Strategic**

The service links in with the Children's Services Partnership.

#### 5.6 Equalities, Fairer Scotland Duty & Children/Young People

The service links to ensuring support for young people's mental health and well being.

#### (a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
N	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

#### (b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
N	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

#### (c) Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
N	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

#### 5.7 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
N	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

#### 5.8 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
N	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

#### 6.0 CONSULTATION

6.1 NA

#### 7.0 BACKGROUND PAPERS

7.1 See attached annual report and related appendices.

## Action for Children Report

#### **Inverclyde Wellbeing Annual Service Report**

Year 3: July 2022 – June 2023



Artwork by S1 pupil, Inverclyde

1

#### Contents

<u>Introduction Year 3</u>		
Service delivery	3	
One to One Counselling	4	
Group Work Programmes	13	
<u>Further activities</u>	18	
Single Point of Access	21	
KPI's	22	
Wellbeing Transitions P7-S1		
Finance Year 3	26	
Next Steps – Year 4	26	
<u>List of Appendices</u>	28	

#### **Introduction Year 3**

The Action for Children Inverclyde Wellbeing Service (IWS) moved into its 3<sup>rd</sup> year, building on the well established relationships across all schools in the area, who access the various supports provided by the service.

Through the lessening of restrictions in place as a result of the Covid pandemic, the service was able to have a full presence in schools which was partially curtailed in the initial 2 years of the service. This presence in the schools allowed the service to become a recognizable part of the wider schools communities, both with colleagues such as teaching staff, but also with children and young people (CYP), and partner agencies.

This face to face contact has had a positive impact across all aspects of the service, and with all partner agency relationships. The network of support which includes the IWS has widened year on year, to better offer joined up work which supports CYP and families to access the services they need, as quickly and as smoothly as possible.

The service continues to be represented on a number of local steering groups and contributes to agendas which are appropriate to the work of promoting early intervention mental health and wellbeing support for CYP and families.

#### Service delivery

The IWS has developed and adapted our approach to our delivery as we have worked more closely with all schools to best meet their needs on an individual basis, showing a flexible approach to ensure each school has a bespoke offer. From within the menu of the services we deliver, support varies from counselling individual CYP, to evidence-based group work, and small group interventions, as well as more individualised support provided on a sliding scale and based on the needs of CYP and their families. Individualised approaches are developed through discussion with school staff and the families involved and of course the young person as much as possible.

Drop in support groups continue to take place in a number of schools, as well as working with ASN schools to adapt existing activities to allow more CYP to access support at a level and pace appropriate to their needs.

The development of the service into year 3 has been apparent in the delivery of counselling across schools, with all schools now familiar with the processes involved in referring and supporting CYP to access counselling. This has helped to maintain a steady throughput of referrals from schools, with communication key to ensuring that the focus remains on each individual referred to counselling, and the assessment of their needs taking place.

While we continue to rotate our counselling team across all schools, to meet the demands of our referral waiting list, counsellors are now based in secondary schools to allow for consistency, which has been beneficial in working to address each secondary school's needs, in terms of their own CYP and waiting lists. Regular communication

informs the schools of updated lists of referrals received, while looking to prioritise those CYP where the schools feel their access to counselling is essential to their wellbeing, due to the levels of concern, thus managing risk in partnership.

Group programme work is now well established in schools, with delivery timetabled across secondary and primary schools throughout the terms, allowing for additional small group work sessions to supplement and support more CYP, either involved in direct evidence-based programme work, or identified as being in need of early intervention support.

Although it is not possible to measure the merits of one to one counselling versus group work in terms of the allocation of staffing time, it is clear that the model allows us to reach a wider and larger number of CYP, and support more schools, than if our focus was only on either counselling or groupwork. Where groupwork reaches more CYP, counselling allows the focus to be on individual CYP, and the ability to offer both is of benefit across tier 1 and 2, in providing a wider ranges of services at an early intervention level.

#### One to One Counselling

The counselling team continues to work to a model of 8 sessions, but has continued to show flexibly as the pressure to support CYP across all services increases the threshold across what is generally acknowledged to be tier 1 and 2, or early intervention, i.e. mild to moderate mental health concerns.

Working jointly with school guidance staff, we regularly share updates on the engagement of CYP, to help address any concerns around attendance to best utilise the 8 session model, whilst maintaining the confidentiality of each CYP. We ensure that guidance staff are aware that non attendance at sessions is not viewed in a punitive way, and that we actively encourage CYP to return after any periods of absence, or unwillingness to attend, for any reasons they have had, as to do otherwise may negatively impact on their mental health and wellbeing.

The complexity of presenting issues for a number of counselling referrals has required this approach, and through the relationships with school staff, as a service, we continue to keep the door open to allow CYP to return, re refer, or re engage at a time that they are ready to do so, and where counselling would have most impact in terms of their readiness to work with our team.

School staff are cognisant of the need for this approach, and as we work alongside guidance teams, they develop their own understanding of what the service provides for CYP and how best to support this from their own position, both as teaching staff, but also as a member of guidance support for CYP.

We receive a number of referrals from CYP who have previously accessed counselling, where it is indicated that they have benefited from the support, and would wish to re-

engage, as this has been a positive intervention regarding their emotional health and wellbeing.

To further support school staff, including those in new roles which have a guidance or wellbeing remit, we share information around referral criteria, and supporting documents to help staff identify those CYP for whom counselling would be an appropriate intervention. This information also allows staff to have discussions with CYP and or families, to help them make informed choices around whether to refer to the service or seek alternative support. Increased involvement with school Joint Support Team meetings has also been beneficial.

With over 70% of referrals received within the reporting period coming from school staff, pupil self-referrals, or school nursing staff, direct involvement with schools remains the main sources of our referrals. A number of other agencies, including CAMHS, GP and community link workers, and social services refer, and referrals are also made through our website <a href="https://services.actionforchildren.org.uk/inverclyde-children-and-young-people-s-wellbeing-service/">https://services.actionforchildren.org.uk/inverclyde-children-and-young-people-s-wellbeing-service/</a> and we work with these agencies and schools to ensure an equitable access to the service is available for referrals from all sources. As stated, we regularly share school waiting lists with guidance staff, and discuss and triage as appropriate, supporting school staff in their awareness of those referrals received which have been made externally.

From referrals made by schools, over 80% are from secondary schools, and as a result we have dedicated more counselling time to each secondary school to support this. Each secondary school has between 1 to 2 days of counselling per week, delivered by counsellors based in each school for these times to provide consistency. The benefits of having counselling staff in situ are apparent in the increased communication and quicker resolution of any issues around CYP attending sessions. Familiarity also ensures counselling staff are aware of the correct contacts for any safeguarding concerns which arise and can act on these in a timely manner.

A proportion of time is still dedicated to the remaining 20% of referrals which are from primary schools, with staff continuing to rotate across the primary school referrals, as and when available to work in each school.

Waiting list times for referrals over the reporting period averaged between 4 to 6 months, dependent on waiting lists in individual schools, and prioritisation of need as per discussion with school staff. A substantial percentage of referrals are seen in a shorter period of time, based on the availability of staff and position of pupils/schools on the overall waiting list.

By comparison, average waiting list times have reduced from 7 months in 2021-22.

The service regularly supports requests to prioritise pupils based on any escalation of need of support, due to a variety of presenting issues, and balances these requests against the existing waiting list accordingly. This flexibility can impact on waiting times

for other referrals while we look to address support to those most in need, where our service is identified as being the most appropriate for any CYP.

Each counsellor continues to take 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. Counselling staff are also required to evidence Continuing Professional Development (CPD), which takes place throughout the year, and is managed within their counselling responsibilities in schools, to minimize impact where possible.

#### **Counselling delivery figures**

The figures below show details for the current reporting period:

- Over 200+ referrals received during July 2022-June 2023
- 229 CYP offered access to counselling support during July 2022-June
   2023
- Circa 50+ currently engaging or at initial assessment stage
- Over 93% CYP completing sessions showed an improvement
- 91 CYP showed an improvement on completion of agreed sessions
   (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, 91 of 97 CYP) see Fig. 2
- A number of those CYP who have disengaged \*(see number below, 24 CYP) have done so as a result of feeling they no longer require further sessions or to quote anecdotally from school staff "are in a better place", but due to not attending final sessions, we are unable to provide a figure for how many of this figure (24) this applies to. The views of the counselling team are sought for these CYP, based on their assessments during sessions attended, and are subjective.
- <5 scores remained consistent throughout sessions</li>
- <5 scores declined during sessions</li>
- \*24 disengaged from support (see note above)
- 48 No Further Action upon assessments sessions following initial referral
- < 5 accessing other supports, including other Action for Children</p>

#### Comparison figures for 2021-22 to 2022-23:

#### 2021-22

110 CYP completed sessions and recorded a measurable outcome, with 95 CYP showing an improvement, which is 86%, 95 of 110 CYP.

#### 2022-23

97 CYP completed sessions and recorded a measurable outcome, with 91 CYP showing an improvement, which is 93%. 91 of 97 CYP.

While this is a reduction in those completing sessions, from 110 in 2021-22 to 97 in 2022-23, there is an increase in the percentage showing an improvement, from 86% in 2021-22 to 93% in 2022-23

Overall, more CYP accessed support in 2022-23 (229) than in 2021-22 (183)

As stated above, anecdotal evidence from discussion with school staff suggests a number of CYP disengage from counselling when they feel they have improved in their general wellbeing, or have talked though a concern or issue which they feel has been resolved. While this is positive for CYP in this situation, we are often unable to complete sessions and record these outcomes positively, as no final sessions take place.

As reported in previous years, many CYP accessing counselling report as having benefited from engagement although their scores, using recognised evaluation tools, suggest otherwise at the point of completing sessions.

This can be a result of coming to the end of engagement with a counsellor and an increase in anxiety as this regular support finishes.

Events as varied as the loss of a family member or a family pet, occurring at the end of sessions can also impact on how a final score is recorded. It is worth highlighting this, as endings can increase worry or concerns for CYP, as they may be fearful of what will replace the support they gained from regular counselling sessions. Where counselling staff have any concerns for any CYP, they would gain their consent to share relevant information to support them with school staff or the appropriate agencies. If there are any safeguarding concerns, these always override the need to maintain confidentiality for any CYP, though steps are always taken to mitigate the impact on a CYP where possible by support from the counsellor and colleagues, from school or other agencies.

CYP referred to counselling are often involved with other services, or have been previously, and we continue to work closely with agencies such as CAMHS, social work, school nursing, and other agencies, through forums such as the Inverclyde Emotional Wellbeing Hub, who meet fortnightly, as well as attending TAC meetings, as appropriate.

Through developing our interface with specific services, such as CAMHS, who remain the second highest source of referrals after those received direct from schools, we have a means of communication between services to share appropriate information regarding CYP who may have involvement across both. Examples of this include referrals who have been accepted by CAMHS but subject to waiting times, who have been referred to the IWS as an interim support as deemed appropriate to their needs at that time. Where our counsellors may feel the risk for a CYP has escalated, or through engaging have concerns, through gaining the CYP's permission to share information (this need to gain consent would be overridden by any immediate concerns for the safety or wellbeing of the CYP or others), appropriate details can be shared with CAMHS to highlight to them the need to revisit and reassess the current status of a CYP on their waiting list. This enables opportunity to review prioritisation. These processes ensure the wellbeing of those CYP where there is cross service involvement and allows for services across different tiers to liaise and share information which keeps CYP safer. Meeting with CAMHS staff allowed for these protocols to be discussed, with a clear line of communication between services when required established, as well as an opportunity to share referral criteria for each service.

We continue to offer access to counselling to secondary school pupil though the summer holidays, using the schools as hubs for sessions. Schools are contacted before the summer holidays to enquire as to which pupils may be open to the offer of continuing during the summer holidays. Engagement typically reduces during this time, when for some pupils their anxious thoughts or feelings may be less pronounced during the school holidays. None the less a number of CYP still access support during their school holidays, with a degree of flexibility expected to allow for the CYP to enjoy their time off, travel on holiday, or take part in any activities which may clash with a scheduled counselling appointment. School summer holidays also provides time for counselling staff to access CPD, and training.

To support pupils who are often not fully engaging in attendance with school or are unwilling or unable to attend school for counselling sessions, we have provision in our office base to support a limited number of CYP who fall into this category. Time out of schools for staff is required to coordinate this, which can impact on their caseloads, so although this is available, we try to ensure that the number of CYP seen out with schools are small.

<5 CYP accessed support at our office last year. Those CYP were the incentive of counselling sessions can't be offered as a means of encouraging them to come to school, if only to access sessions, are often deemed to be at a higher level of need i.e. Tier 3, due to their presenting issues or persistent school attendance refusal. Where requested, we consider each case individually and work collaboratively to decide on the most appropriate course of action, i.e. support out with school, or referral on to other services.

#### **Counselling Case Studies**

Figure 1 below shows the breakdown of referrals per month from July 2022 to June 2023, with figures for pupils per source i.e. Primary or Secondary school

Fig. 1

Month	#	School Stage	
Jul-22	<5	<5 Primary	<5 Secondary
Aug-22	13	<5 Primary	9 Secondary
Sep-22	19	7 Primary	12 Secondary
Oct-22	30	5 Primary	25 Secondary
Nov-22	44	9 Primary	35 Secondary
Dec-22	18	<5 Primary	16 Secondary
Jan-23	19	6 Primary	13 Secondary
Feb-23	20	5 Primary	15 Secondary
Mar-23	28	17 Primary	11 Secondary
Apr-23	12	6 Primary	6 Primary
May-23	17	<5 Primary	15 Secondary
Jun-23	14	5 Primary	9 Secondary

Figure 2 below shows the breakdown of age of pupils completing agreed sessions, and outcome, using YP Core, or CORS (Child Outcome Rating Scale) as appropriate, dependent on age and level of understanding of each CYP.

Year Group	Improved Outcome	Score Declined	Score Remained Consistent
P1	<5		
P2	<5		
Р3	<5		
P4	9		
P5	5	<5	
P6	10		
P7	10		
<b>S1</b>	12		<5
<b>S2</b>	11	<5	
<b>S3</b>	8		<5
<b>S4</b>	12	<5	
<b>S5</b>	6		
<b>S6</b>	<5		
Total	91	<5	<5

**Fig. 3**Figure 3 below indicates the age ranges of those CYP offered support

Stage specific data	#
Number of children in P2-P5	27
Number of children in P6	17
Number of children in P7	17
Number of children in S1	37
Number of children in S2	33
Number of children in S3	46
Number of children in S4	30
Number of children in S5	14
Number of children in S6	8

**Fig. 4**Figure 4 indicates the number of CYP male, female or non binary

Gender	#
Number of female pupils accessing provision	108
Number of male pupils accessing provision	115
Number of young people identifying as non binary	6

**Fig. 5**Figure 5 indicates the referral source

Referral Source	Number of Referrals	
Self-referral	9	
School Staff	153	
Social Services	5	
GP	5	
School Nurse	7	
Health Professional	CAMHS 27	
Other	Community Link Worker	<5
	Carers Centre	0
	Parent	14
	Skylark	<5
	Action for Children Wellbeing Transitions	5

**Fig. 6**Figure 6 indicates the issues reported by referral information.

Mental Health and V	Vellbein	g issues rep	orted by children and you	ng peop	le
Exam Stress	0		Self-Harm	2	<1%
Trauma	6	>2%	Depression	0	
Bereavement	11	>4.5%	Anxiety	71	>31%
Gender Identity	6	>2%	Emotional/Behavioural Difficulties	109	>47%
Substance Use	0		Body Image	0	
Low Mood	50	>21%	Parental separation	<5	<1%

Fig. 6 indicates the number and percentage of referrals which highlight the above headings as reasons for initial referrals, as recorded on referrals submitted. In addition, during counselling, further presenting issues are disclosed by CYP as they engage in sessions. These include, but are not limited to, parental incarceration, experience of Care, relationships, phobias, ASD and other diagnoses, suicidal ideation, grief, anticipatory grief, poor/low self esteem/self image, school/attendance, risk taking behaviour, separation anxiety, panic attacks, physical health/wellbeing, anger management, leaving school/future plans.

#### **Group Work Programmes**

#### **Blues Programme**

The Blues Programme began its second full year of delivery in year 3, after the need for pupils to remain in "bubbles" due to the pandemic in year 1 preventing full delivery at that time.

Schools were now familiar with the programme, after the first delivery across S3 classes in year 2, and delivery was again timetabled across the school year, with an increase in schools taking part this year to 8 (Cedars School), from 7 in the last year.

Delivery was timetabled across the terms to allow for delivery in 3 schools per term, with Inverciyde Academy, Clydeview Academy and St Columba's Kilmacolm taking part in September 2022, followed by Notre Dame High School, St Columba's High School Gourock, and Port Glasgow High School in November 2022, and St Stephens High School and Cedars School taking part in February 2023

Presentations for each S3 class were arranged, after which pupils completed the Centre for Epidemiological Studies Depression Scale (CES-D) questionnaire. This questionnaire establishes which pupils would benefit from the programme based on the score of each pupils completed form.

The figures below show details for the current reporting period:

- 22 individual Blues group programmes were delivered across all 8 schools, with the following figures:
- TOTAL CES-D's (questionnaires) completed by pupils: 694
- 41% scoring over the threshold and invited to take part in programmes
   (288 pupils)
- 59% scoring under the threshold at which pupils are invited to take part (407 pupils)
- Of 288 pupils invited to take part 75% began the programme (215 pupils)

As a comparison to figures for 2021-22

- YP scoring over the threshold where the programme would be offered decreased from 42% (293 YP in 2021-22) to 41% (288 YP in 2022-23).
- Number of pupils participating increased to 75% in 2022-23 (215 YP), an increase from 61% in 2021-22 (190 YP)

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

- 58.6 % of pupils participating showing an improvement in their score after taking part in the Blues Programme, an increase from 51% in 20221-22
- 27.6% of pupils scores staying the same, a decrease from 35% in 2021-22
- 13.6% of scores dropping, an increase from 12% in 2021-22

Scores varied across schools with the highest improvement being at 73%, and the lowest 43%. Variance between schools of scores which remained the same was from the highest at 48% to the lowest at 17%, and variance of scores which decreased during the intervention ranged from the highest at 25% with the lowest a school which recorded 4% of decrease in pre to post intervention scores.

A variety of factors have an impact on outcomes, which include the individual group dynamics of those pupils taking part, and the groupings in schools, SIMD ratings for participants on the programme and the wider impact of this on their overall general wellbeing, and their access to further support to continue to help them maintain positive emotional health and wellbeing.

## Overall, 98% of pupils gave the Blues Programme a rating of 4 out of 5 stars, a huge endorsement from participants.

In addition to taking part in the programme, a number of pupils were supported to self-refer to access our counselling support, if they felt that this would be appropriate for them after taking part in the Blues Programme. These pupils had not previously been referred by school staff and may otherwise have not considered accessing counselling if they had not been engaged with the Blues Programme, and also supported by Action for Children IWS staff to do so. Building self-confidence to approach other sources of support is an aspect of the programme and the work IWS staff do, to promote engagement with CYP and the services available to them.

This year we have been able to establish informal drop in sessions in some schools, to continue to offer support beyond completion of the Blues programme. This has helped to provide some CYP with the right level of light touch support beyond completing the 6-week programme, as well as liaising with guidance staff where appropriate, to make sure CYP are linking with those who can make a difference to their ongoing wellbeing and engagement with school.

Blues Programme facilitators continue to provide "mental health first aid kits" to participants on the completion of the programme, which include a number of resources to help them build on the skills and techniques they have learned, as well as further tools such as apps to provide them with support.

Throughout each round of Blues Programme delivery, Action for Children staff update school contacts of any concerns, and the progress of each group, maintaining the safeguarding and wellbeing of each CYP, while providing a safe space for each participant to fully engage open and honestly, and supporting them to share any concerns they have with the appropriate members of school staff.

#### **Bouncing Back**

Bouncing Back group work delivery was again timetabled across the last term of school, after the Easter school holidays. Group work sessions were delivered in all 20 primary schools, as well as St Columbas Kilmacolm Junior School, and Cedars School of Excellence.

Core delivery was with P7 classes making the transitions to S1, with a focus on how they manage this change in a positive way, sharing skills and techniques used in the Blues programme to support pupils to have a positive experience of their move to secondary school.

In total over 770 pupils took part in Bouncing Back, with the figures below:

- 28 groupwork sessions were delivered
- Over 680 CYP took part in these group work sessions across all P7 classes
- Over 90 CYP took part in an adapted version across S1-S6 in Craigmarloch
   School

Comparison figures for year 3 shows an increase in CYP accessing Bouncing Back across P7 to 697 (from 625 in year 2), and an increase to 22 schools (from 21 in year 2)

Sample school data shows:

- An increase to 66% of CYP answering they had Increased Confidence in year
   3, from 56% in year 2, post intervention.
- An increase to 79% of CYP answering an improved ability in Coping With Stress in year 3, from 65% in year 2, post intervention.

#### Craigmarloch – Bouncing Back, small group work

We continued to work with Craigmarloch School staff to adapt our core delivery, i.e. Blues Programme and Bouncing Back, to ensure we had an offer that was appropriate to the needs of pupils across the school. From discussion with school staff, it was determined that the Blues Programme would not be an appropriate intervention to use at this time, but an adapted version of Bouncing Back would be more suitable. IWS staff spent time in the school to get to know pupils and staff and worked closely with staff to

adapt the existing Bouncing Back group work programme content to make this more accessible for Craigmarloch pupils.

In addition to Bouncing Back sessions, we developed further support for the school, which was timetabled throughout the school year.

#### This included:

- "Drop-in" appointment-based system, coordinated by the IWS and Craigmarloch school staff, based upon the needs of the young people week to week, to offer "light touch" support around the young people's thoughts, feelings, and actions, and developing coping skills.
- A "Friendship Group" with the aim of enhancing friendships in young people S1-S3
  (predominantly young people who identify as female, due to the low numbers in
  the school) and consisted of team building/group tasks aimed at building confidence
  and self-esteem.

Approximately 40 pupils from the school accessed this support during the reporting period.

As a result of our work with the school throughout the year, we were also invited to attend and contribute to Craigmarloch's peer review focus group meeting in March. Colleagues from Inverclyde Education Department visited the school to observe learning, and review Craigmarloch's self-evaluation of their wider support and engagement with partner agencies.

Details and QR codes for the IWS and other Action for Children supports for parents, such as Parent Talk <a href="https://parents.actionforchildren.org.uk/">https://parents.actionforchildren.org.uk/</a> 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 <a href="https://www.facebook.com/Inverclyde-Wellbeing-Service-Action-for-Children-111867164758767/?ref=page\_internal\_https://mobile.twitter.com/inverclydewell1">https://mobile.twitter.com/inverclydewell1</a>

#### **Further Activities**

Further activities which took place during the reporting period included:

#### **Joint Support Team meetings**

The IWS has been attending Joint Support Team (JST) meetings at several secondary schools since the beginning of the new school term in 2022. Along with other partner agencies, we have been able to contribute to the assessment and review of CYP whose cases have been brought to each JST, as appropriate. As attendees at these meetings, the contribution of our services and support can be discussed if appropriate to each CYP, and actions agreed with school staff to continue to support each CYP moving forward. The suitability of our service for other CYP not known to us can also be discussed with school staff who know each CYP, and present updates on their individual circumstances and presenting needs. This has been a positive forum to ensure CYP are given access to not only our own services, but those of other services attending, and decisions can be made clearly, which establish the correct pathway of support for each CYP.

#### Summer work

Since the school summer break in 2021 IWS staff have taken part in a full summer timetable of events including Action for Children Wellbeing Drop Ins, Photography Workshop, trips to Celtic Park, Heads of Ayr Theme Park, Edinburgh Zoo, M&Ds Theme Park, Youth Beatz, and support to P7 pupils moving to S1 through our Wellbeing Transitions Support.

The IWS staff team have linked with colleagues at Community Learning and Development to attend activities through the summer which have included LGBTQIA+ Youth Clubs, EAL Youth Clubs, ELEV8 Trampoline Park, Battery Park BBQ Beach Party, Cinema Trips, Ice Skating, Port Glasgow New Parrish Church Playscheme, Man On Inverclyde / Crimestoppers Football Tournament, Affordable Holiday Hubs, Morton In The Community "Breakfast and Blether", Proud To Care summer activities group, Enhanced Transitions @ Inverclyde Academy and Notre Dame, Craigmarloch Play4All Playscheme, Lomond View Throughcare BBQ.

This has given the staff team the chance to meet a wide range of CYP from across Invercive schools, both primary and secondary, who may or may not have had direct input from our service. In all these activities we have had the opportunity to talk to young people about the Wellbeing Service and the different levels of support we can offer. It also let us link with staff from other organisations, again helping to raise the profile of the project and encouraging joint work to explore support opportunities.

Working indirectly with CYP over the summer holidays has afforded a greater level of familiarity with the IWS staff with the CYP who the recognize the team as they come across them in the more formal settings of schools, and encourages greater engagement when the opportunity to access our support becomes available to them, throughout the school years

#### Forums/steering groups

The IWS continues to engage with a number of local forums with a wide remit, where our service and support compliments the scope of these steering groups, which include, I Promise Board, HSCP Inverclyde Suicide Prevention Group, Additional Support Needs (ASN) Leaders Forum, Children & Young Peoples Mental Health & Wellbeing (CYPMHW), Inverclyde CVS Leaders Network, and Practitioner Forums.

The IWS regularly attends and contributes to these groups at meetings held throughout the year.

In addition, we respond to all invitations from schools or partner agencies for our input at any relevant meetings where our service is or could be involved in supporting CYP and/or families, including Team Around the Child review meetings.

#### **Trauma Informed Practice**

The IWS has linked with Inverclyde's Trauma Informed Practice lead, to deliver in person training to all IWS staff.

After all staff completed introductory online TURAS modules, Trauma Skilled workshop sessions were held, where the team deepened their knowledge and understanding of the impact of trauma and their role in relation to supporting people who may have experienced trauma.

#### **Bereavement Charter**

Working with Alison Bunce, of Ardgowan Hospice and Compassionate Inverclyde, the IWS were successful in developing and gaining the Bereavement Charter for Scotland for the IWS. Through working with Alison, the team developed a local bereavement charter, to be able to better support staff to help colleagues, friends and family through difficult times of loss, and help raise awareness of the impact of bereavement.



Following the development of our Bereavement Charter, the IWS also organised a session on bereavement and its impact, delivered by Child Bereavement UK, which was also offered to partner agencies to attend.

This session includes topics on

- the impact of grief and bereavement on physical/mental health
- factors affecting the grieving process
- grief in the family: theory to aid understanding
- common reactions/behaviours and responding supportively
- myths and assumptions what to avoid
- children's understanding and reactions at different developmental stages
- the impact on you as the professional: maintaining your resilience
- signposting sources of support and information

#### **Further Training**

During the reporting period, in addition to the training mentioned above, IWS staff also took part locally in British Sign Language Makaton Level 1 & 2 training, ASIST Metal Health First Aid, Scottish Trauma Informed Leaders Training, and as a requirement of their continuing accreditation, counsellors regularly took part in Continuing Professional Development throughout the year, including Clinical Supervision.

#### **Crisis funding**

In addition to the practical support provided across the IWS, several financial funds were available through Action for Children to support CYP and families as a result of the rising cost of living on the prices of gas and electricity as well as food and essentials.

These funds included the Turner & Townsend Education Fund, and Action for Children Winter Crisis Fund, and were accessed when appropriate to the CYP and families we supported (see **Wellbeing Transitions P7-S1** pages 23-26

See link to The Action for Children Crisis Fund 2022 report

https://media.actionforchildren.org.uk/documents/Families in crisis - a vital lifeline 2022 NboBXAS.pdf

The Action for Children Crisis Fund and Turner & Townsend Education Fund continued to be available for us to access during the reporting period July 2022-June 23

### Single Point of Access – Centralised Referral System - Inverclyde Emotional Wellbeing Hub (IEWH)

The Inverciyde Emotional Wellbeing Hub (IEWH) continues to meet on a fortnightly basis to discuss referrals brought to the group by partner agencies, to help determine the correct route and services which should be available and offered to CYP and their families who have consented to be discuss at the forum.

Representation on the groups includes HSCP senior management, Educational Psychology, School Nursing team, Barnardo's, Social Work, CAMHS and Action for Children.

The IEWH has begun to use the FORT (Fast Online Referral Tracking System) Referral system, to assist in the smooth transition of referrals received by the IEWH to the appropriate service within the group, or signpost and support to appropriate services best able to meet the needs of individual referrals.

# **Key Performance Indicators**

Example Key Performance Indicators	Example Year 3 Targets:	Year 3 Outcomes:
Reach KPIs:  Number of appointments  Number of group work sessions  Number of 1:1 sessions  Number of preventative sessions	<ul> <li>1,600 pupils directly supported in Year 3 i.e.:</li> <li>600 primary pupils – Bouncing Back groups</li> <li>600 secondary pupils completed Blues</li> <li>Programme Questionnaire</li> <li>200 secondary pupils participating- Blues</li> <li>Programme groups</li> <li>375 pupils - targeted 1:1</li> <li>support/counselling/school drop ins</li> </ul>	<ul> <li>Circa 1776 pupils engaged in Wellbeing Service supports</li> <li>697 Bouncing Back (P7)</li> <li>694 Secondary pupils completed Blues Programme Questionnaire.</li> <li>288 invited to participate in Blues Programme</li> <li>215 secondary pupils participated in Blues</li> <li>229 offered 1:1 support/counselling</li> <li>116 YP (Secondary school) drop in/small group work</li> <li>40 (Craigmarloch) ASN drop in/small group work</li> </ul>
Outcome KPIs:  Improved CYP wellbeing, mental health and resilience Reduced Tier 3/CAMHS referrals	<ul> <li>88% of pupils improving against selected</li> <li>SHANARRI Wellbeing Outcomes</li> <li>% of pupils addressing their needs without the requirement for specialist services (to be agreed)</li> </ul>	<ul> <li>&gt; 93% completing agreed sessions showing an improved outcome using a Young persons Clinical outcome e.g. Young Persons CORE</li> </ul>
<ul> <li>Quality KPIs:</li> <li>Accessible service/the right help at the right time</li> <li>Structured support and goal-setting</li> <li>Providing relationship-based interventions</li> <li>Informing CYP/families of available support</li> </ul>	<ul> <li>Maintain 95% of pupils providing positive feedback on their experience of the service including:         <ul> <li>Service accessibility</li> <li>Relationship-based support</li> <li>Quality of interventions</li> </ul> </li> </ul>	<ul> <li>98% of secondary pupils (S3) gave a 4 or 5 star rating for Blues Programme sessions, from a scale of 1 to 5</li> <li>57% of Blues participants score improved pre to post intervention, 29% remained the same, and 14% of scores decreased.</li> <li>&gt; 81 % of P7 pupils gave a 4 or 5 star rating for Bouncing Back sessions, from a scale of 1 to 5</li> </ul>

#### Wellbeing Transitions Team (WTT) P7-S1

The confirmation of continued yearly funding being secured allowed the IWS to support a further cohort of pupils transitioning from P7 to S1, with a focus on early intervention for those pupils identified at being at early risk of struggling to adapt to the move from primary to secondary school.

Primary schools were approached in mid May 2022, to offer places to a cohort of 30 pupils across all primary schools. 19 referrals were received from primary schools prior to the school summer holidays, and on the return to the new school term in August 2022, a further 11 available places were offered across the secondary schools, based on the number of places already taken by feeder primary schools. In total, 32 referrals were made during the period support was available.

For those referrals submitted in S1, schools at that point did not know the pupils as well, and this required a more measure approach which took time over the school year, to be able to ascertain if referrals were appropriate and pupils and families were in agreement to engage with the service. This meant that some pupils had a staggered start, as opposed to those who met and engaged with project staff from the end of P7 and during the summer holiday. This allowed them to begin to build relationships prior to beginning S1.

Throughout the duration of the year 2 support the service worked closely and flexibly with schools to maintain engagement with pupils, and where any pupils and/or families withdrew from support, discussion with school staff took place to look at other potential referrals, or in some cases offers of support from other parts of the wider service, e.g. counselling.

Working closely with the YP and partners (families, guidance staff) the practitioners co created individualised support for each YP, to best build a working relationship on which work to improve their emotional health and wellbeing, and its impact on their levels of engagement and attainment in school could be focused.

Examples of the work undertaken across the cohort included:

- In school one to one support / group work / drop-in
- Home Visits
- Access to support outside school over text, WhatsApp, Messenger
- Attending TAC / EST meetings
- Winter Crisis Funding
- Turner and Townsend Education Funding
- Referral to Financial Fitness
- Support to attend Rape Crisis
- Social activities M&Ds / Cinema / Beach / Heads Of Ayr / Out for food / Beauticians

#### 24

# **Outcome Measurements**

To measure outcomes the practitioners used My Mind Outcome Stars with YP at the initial stage of support beginning, and then revisited this towards the end of their support. Although offered to all YP participating, a number declined to use the measurement tool, which may have become a barrier to engagement if they felt pressured to use this.

llness, and to fill the gap before a mental illness is diagnosed. It may also be used to support young people who are experiencing poor mental health. This can include low mood, stress, anxiety, sleeplessness or self-harming, or who have a diagnosed mental health condition. My Mind Star has seven key areas, designed to open up the conversation between key or support workers and service users. These areas are designed My Mind Outcome Stars has been designed for use in early intervention services that aim to prevent the onset or development of mental along a five point scale: with 1 being low "stuck or unsafe", up to 5 being high "managing well"

The seven key areas

1	2	3	4	5	9	7
Emotional	Healthy	Home and	Friends and		Interests and	
wellbeing	lifestyle	family	relationships	School	activities	Safety

Using the key below to illustrate the change from pre to post intervention, on the scores from 1 (low) to 5 (high), Fig. 7 below shows the percentage scores across all seven key areas.

improved
Stayed the same
Deteriorated

Fig. 7

1	2		3		4		5		9		7	
Emotional	Healthy	>	Home and	and	Friends and	and			Interests and	sts		
wellbeing	lifestyle	ь	family		relatior	relationships	School		activities	ies	Safety	
100%		%29		78%		67%		89%		67%		89%
		33%		22%		33%		11%		22%		11%
										11%		

#### Impact of the cost of living crisis on CYP and families

The Wellbeing Transitions Team were able to access a number of Action for Children funds, which were available as a result of the cost of living crisis and its impact on children and families that the wider organisation supports across the UK. These funds included the Turner & Townsend Education Fund, which provides £40 grants to support children to thrive at school, covering the cost of essential educational materials like a warm school coat, sturdy school shoes, and a PE kit.

Over 20 pupils accessing support, and a number of siblings, were able to access this fund with the support of their Transitions practitioner, allowing them to free up finances to go towards the rising cost of energy bills.

Further funds were available through Action for Children's Crisis Fund, which allowed Transitions staff to support the applications for a number of essential household items for families, which included:

- Household good such as bedroom storage, and living room carpeting, where families were otherwise unable to furnish rooms due to the financial cost.
- Food vouchers and gas and electricity payments.

Families were also supported throughout the year to access local services such as Inverclyde Foodbank and The Inverclyde Pantry, where they were unfamiliar with how to use and access these crucial services.

A reduction in funding reduced the cohort capacity to 20 for 2023-24, and again primary schools were contacted in May 2023 and received project information and referral criteria. Over 20 referrals were received from primary schools and project staff began to meet with YP and families during the last term. A number of YP and families declined further engagement for a variety of reasons, including moving to secondary schools out with the local authority, and this allowed the WTT to offer subsequent spaces to secondary schools at the beginning of term to reach the cohort of 20. Secondary schools continue to discuss appropriate YP to be offered support, and when identified WTT staff will follow up with initial meetings with YP and families.

#### Finance Year 3

Cost Type	Core Service
Employee Costs Total	£242,345
Other Employee Related Costs Total	£7,888
Premises Costs Total	£2,590
Equipment Total	£2,537
Communication Costs Total	£2,832
Variable Costs Total	£12,058
Activity Costs Total	£3,301
Management Fee	£30,364
Total	£303,915
Income	£294,578
Rollover from Year 2	£9,338
Deficit / Surplus	£0

#### Next Steps - Year 4

The IWS was please to confirm the plus 1, year 4 was optioned by commissioners, allowing the service to continue in its present form to support CYP across all Inverciyde schools until July 2024.

As the IWS continues to work with schools into year 4, we remain committed to being responsive to the needs of schools and CYP, adapting our approach to meet the needs of individual schools, and embedding our services across all schools. Invitations to attend Joint Support Teams meetings in all secondary schools as of August 2023 have now been accepted, and a timetable of meetings throughout the year will allow the IWS to attend and contribute to the support of CYP identified by each school.

Familiarity with the service has provided a platform to help better identify CYP who would be appropriate for specifics supports, e.g. counselling referrals where the CYP meets the criteria to benefit for a short term 8 week intervention. The challenge remains to support those CYP who are deemed as below the threshold for more intensive support after assessment with relevant services. We continue to offer support to these CYP and maintain close contact with schools and the relevant services where concerns need to be escalated due to increases in risk of harm for any CYP.

Lomond View Academy (LVA). IWS staff met with LVA management at the end of the school, term, where LVA management shared their plan for a redesign of services based in LVA, to incorporate support to a wide cohort of CYP from both primary and secondary schools. The discussion was based on where the IWS could best support the new direction of the school and CYP attending, with a plan to target our support at those most appropriate, once the new staff and service at LVA had time to bed in at the beginning of the school year. With a provisional focus on a particular cohort, we will be working with LVA staff to further discuss and timetable small groupwork sessions when

they have identified the CYP. The focus will be using existing practices of the IWS to support the CYP with the mental health and wellbeing to help the transition towards returning to their substantive schools and integration into existing timetables, for those CYP currently having difficulty maintaining or attending their schools.

Inverclyde Chamber of Commerce – Action for Children were pleased to be chosen as Inverclyde Chamber of Commerce's Icon Awards 2023 Chosen Charity partner, and Action for Children staff including representatives from the IWS staff were invited to attend the awards ceremony in September 2023, in Greenock Town Hall.

Cost of living support – in total over £2500 was accessed through The Turner & Townsend Education Fund and Action for Children's Crisis Fund which supported not only CYP and families accessing support through our Wellbeing Transitions S1 programme, but also a number of other CYP and families across our wider IWS who were negatively impacted by the rising costs of fuel and groceries.