

The  
Exchange

# School Contract

R E P O R T

April to June 24



**Support for Children & Young People**

*The Exchange working in partnership with  
Argyll & Bute Council*

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## About The Exchange

**The Exchange** is part of **The TCS Group** – a psychological wellbeing organisation with over 18 years' experience working with children, young people, families, and adults.

**The Exchange** specialises in supporting the mental health and wellbeing of children, young people and their families. We are currently delivering a range of services in 767 schools, colleges and communities, working in partnership with 10 local authorities. We are invested in all things **wellbeing** and our team of psychologists, counsellors, Theraplay specialists and practitioners provide evidence-based support and accredited training as part of a whole-system resilience focused approach to improving mental wellbeing.

**Exchange Families** is set up to build resilience in early years, primary school children and teenagers by supporting parents and carers.

**Exchange Youth** provides counselling and psychological wellbeing support to young people aged 11-25 in schools and local communities.

**Exchange Resource** delivers accredited education, training and resources to schools and staff who support young people.

What does this look like?

- School and community based counselling
- Online counselling support
- D-EXY our digital wellbeing App
- Thera-play/counselling
- Group work
- Resilience programmes
- Resilience yoga
- Psychoeducation workshops
- NEET support
- Digital training suite
- In-person and virtual training
- Staff qualifications
- Tailored ALN training and resources



## Aims of the Service

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The mental health and well-being of every child and young person is priority throughout our principles of building resilience.

In partnership with Argyll & Bute Council, deliver support to children, young people, parents and carers in the form of:

1-2-1 counselling  
support

Group Support

Online Chat Support

Workshops

**The Exchange** provides age-appropriate therapeutic interventions with a view to support managing present issues and developing resilience for coping in later stages. Our team works to minimise waiting times and involve the young people in the therapeutic process, assessing success frequently through the CORE score framework.

We work collaboratively with Schools across Argyll & Bute to deliver a seamless service to all accessing support.

## Contract Requirements

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**The Exchange** is commissioned to provide 29 days, 3800 sessions of support to children & young people in Secondary Schools and Primary Schools. 5 extra primary days added in May 24 bringing the total sessions offered to 4520 for the next academic year.

# Awareness Raising and Promotion

## Promotion of the service took place via multiple channels of communication

The Service Manager met with the Argyll & Bute secondary schools and the partnership development group to introduce the project and make them aware of the referral pathway and the support available.

The managers distributed physical and digital assets in the form of posters and leaflets to all schools and community centres. The materials included QR codes which directed users to our websites.

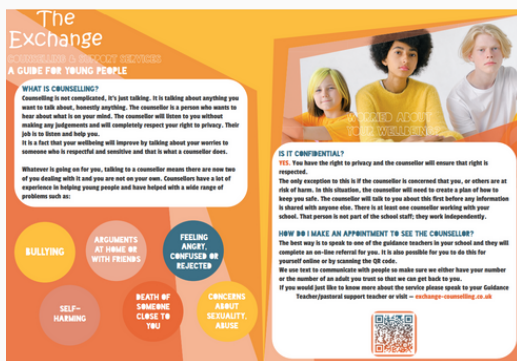
### In-Person

The Argyll & Bute team offered Secondary Schools drop in's during lunchtime for young people and school staff to discuss potential support options

### Social Media

Weekly social media campaigns advertised our support options.

Managers have provided information and links for schools to post across their digital platforms.





# Secondary School Service

## What support is offered?

Feeling  
Angry,  
confused or  
rejected

Panic  
Attacks /  
Anxiety

Bullying

Problems at  
home

Death of  
someone  
close

Self-Harm

**The Exchange** model is highly collaborative, focusing on resilience building interventions aimed at developing emotional intelligence, self-regulation, confidence, self-esteem, optimism, problem solving, and social competence in the young person.

**The Exchange** focus on the protective factors and the strength resources a young person needs to manage adversity, "bounce back" and strengthen their psychological wellbeing so as to thrive into the future, managing their own mental health and emotional wellbeing

## What is the process?

An initial  
assessment with the  
young person will  
take place

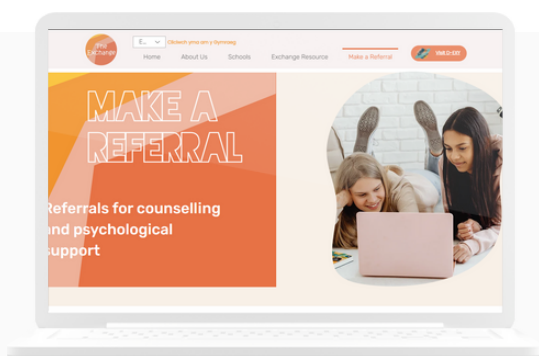
An appropriate  
course of action is  
identified

Up to 5 sessions are  
provided (1-1 or as  
part of a group)

## How to refer

Schools, services, young people and parents can make referrals via:

- Telephone with our Client Support Team
- Drop in sessions with our Counsellors
- Our online portal through [www.exchange-counselling.com](http://www.exchange-counselling.com) or [www.d-exy.com](http://www.d-exy.com)



# Primary School Service

## What support is offered?

Feeling  
Angry,  
confused or  
rejected

Panic  
Attacks /  
Anxiety

Bullying

Problems at  
home

Death of  
someone  
close

Transition

**The Exchange** model is highly collaborative, focusing on resilience building interventions aimed at developing emotional intelligence, self-regulation, confidence, self-esteem, optimism, problem solving, and social competence in the child.

**The Exchange** focus on the protective factors and the strength resources a child needs to manage adversity, "bounce back" and strengthen their psychological wellbeing so as to thrive into the future, managing their own mental health and emotional wellbeing

## What is the process?

An initial meeting  
with the parent will  
take place

We will contact the  
school to arrange an  
initial meeting with  
the child

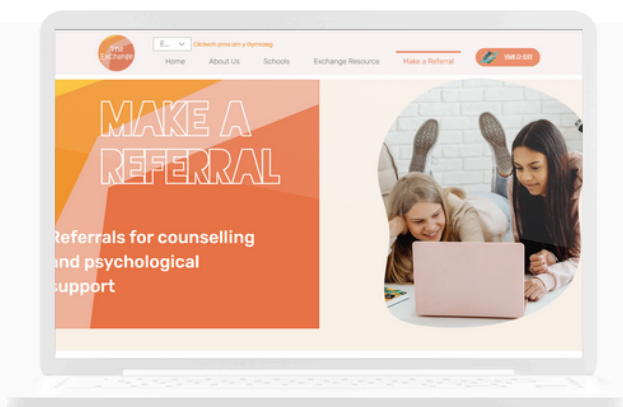
An appropriate  
course of action is  
identified and  
shared with school  
and parents

Up to 8 sessions are  
provided (1-1 or as  
part of a group)

## How to refer

Schools, services and parents can make referrals via:

- Telephone with our Client Support Team
- Drop in sessions with our Counsellors
- Our online portal through [exchange-counselling.com](https://exchange-counselling.com)



LOOKING TO SUPPORT  
THEIR MENTAL HEALTH? **The Exchange**

Scan now to refer a child for support or visit  
[exchange-counselling.com](https://exchange-counselling.com)

We can help with:

- ANXIETY/WORRIES
- Change & transition
- SELF ESTEEM & CONFIDENCE
- FAMILY ISSUES
- emotional regulation
- FRIENDSHIP STRUGGLES

Therapy  
Psychological Wellbeing Interventions  
Counselling therapy tailored to children  
Resilience Focused Activities

THE EXCHANGE WELLBEING  
EXCHANGEWELLBEING  
03302 028  
exchange-counselling.com

# Primary School Service

## Resilience Building Programmes



### The Friendship Shield

Making friends isn't easy for every child and it can really impact the way they feel in school and outside school. The Friendship Shield helps children develop friendship building skills. Children will create their own 'toolbox' of skills to enhance their connection to peers leaving them ready to be a good friend and ready to make good friends!



### The Adventure

Feeling strong, able, and ready to embrace Secondary School can be challenging for a young child transitioning from Primary School. The Adventure programme was designed to prepare children for the next big chapter and to tackle Secondary School with a confident and optimistic mindset!



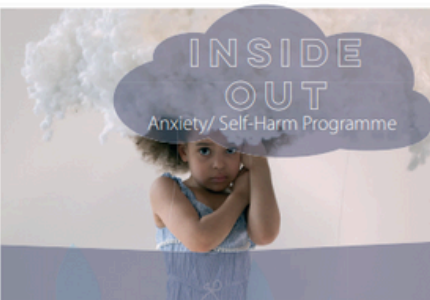
### I Matter

Breakdown of family relationships is hard for everyone involved. I Matter is designed to help support children through the breakdown of family relationships and has been created to help the child make sense of the world which is changing around them.



### Dragon Mountain

Keeping our feelings and emotions in check can be a struggle at times. Join our journey through many lands to become an adventurer. Dragon Mountain takes a unique approach in encompassing mindfulness and meditation techniques along with resource-based theory to aid self-reflection and self-regulation.



### Inside Out

Our SHIP program helps children learn healthy ways of expressing difficult feelings, getting the inside stuff out! Children are still learning how to manage their feelings and sometimes they might even hurt themselves as a way of getting rid of difficult feelings and frustrations.



### Key to Me

Every child is unique in their own way, but not all children can find a way to express their uniqueness.

The Key To Me programme promotes individuality and self-belief and guides the young person to unlock personal characteristics and discover their inner strength to shape a positive sense of self.



### Caterpillar to Butterfly

Based upon the framework of the "Resource-based Approach", the programme focuses on building resilience. Centred around the story of "Clove the Caterpillar" the practitioner works through a range of creative and imaginative activities, children discover the crucial pillars of measuring resilience I have, I am and I can.



# Referral Information

90

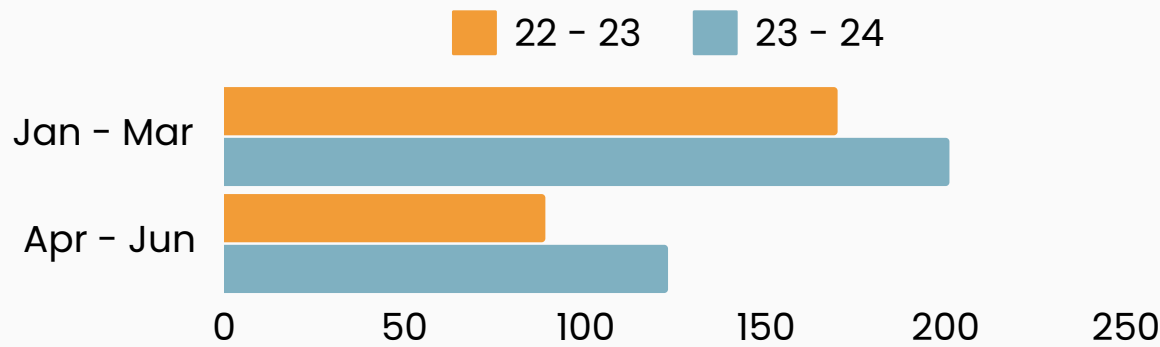
Young People

33

Children



## Referrals comparison



*The-Exchange began working in Argyll and Bute in 2022 and since then one of our key priorities has been to promote access to counselling. The data indicates that there has been an increase in referrals over the past two quarters in comparison to when the service was launched. The number of referrals are aligned to what we would expect to see and what the capacity of the contract can manage*

## Capacity and Demand

- Referrals received

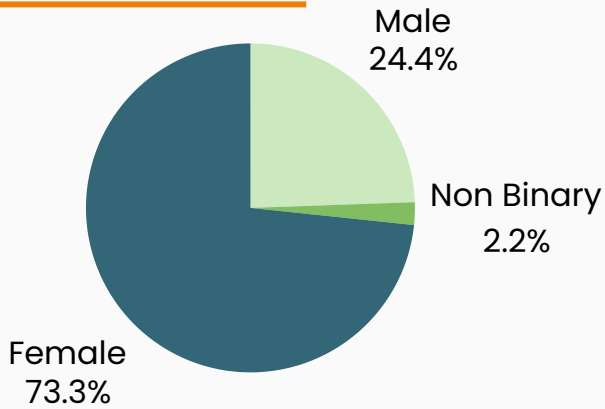
Secondary & Primary Schools

92%

# Secondary School Referral Information

**90**  
Young People

## Gender

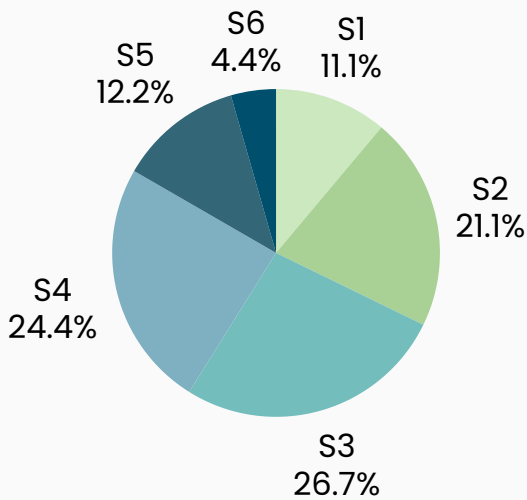


Male	22
Female	66
Prefer not to say	0
Non-Binary	2

The number of boys referred for counselling is lower than The-Exchange's national average, which is 30%. In other areas we have surveyed boys in schools and within the community to understand what we can do better to promote access to the service. We plan to replicate this in Argyll and Bute

Argyll and Bute have referred more non-binary young people than other Exchange services across Scotland and Wales (average 1%)

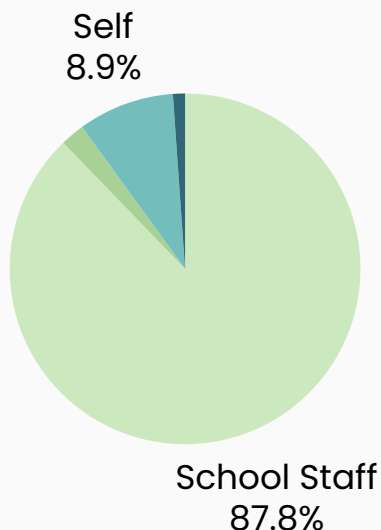
## Year Group



Year S1	10
Year S2	19
Year S3	24
Year S4	22
Year S5	11
Year S6	4

The distribution of referrals across year groups remains consistent with previous quarters in Argyll Bute. Compared to the service wide data, we have 40% fewer referrals in S1 but 50% more in S5 and S6.

## Referrer



School Staff	79
Parents	2
Self	8
Other	0
Health / GP	1

The majority of referrals come from school staff, with some staff also assisting young people in completing their online D-exy appointments. Our referral sources align with the whole service, with part self/parent referrals, and school nurses making up the remainder. As a school-based service, this referral distribution is expected

# Secondary School Referral Information

## Secondary Schools accessing support

School	Referrals	% of School
Oban	11	1%
Dunoon	25	3.5%
Tarbert	4	4%
Hermitage	13	1%
Campbeltown	9	2.3%
Rothesay	6	2%
Lochgilphead	15	3.6
Islay	6	3.5%
Tobermory	1	0.8%



*Our data indicates that between 3-4% of a school's total population will access counselling each quarter (or 12% per academic year)*

*Some schools in Argyll and Bute are in line with this, whilst others are lower than what we expect. This might indicate a need for more promotion. The-Exchange will target schools lower than 3% at the start of the academic year.*

# Secondary School Referral Information

**90**  
Young People



## Reasons for Referral

Reason	#	%	
Anxiety	39	43%	<div style="width: 43%;"></div>
Relationship Difficulties	26	29%	<div style="width: 29%;"></div>
Anger	13	14%	<div style="width: 14%;"></div>
Bereavement	5	6%	<div style="width: 6%;"></div>
Suicidal Ideation	2	2%	<div style="width: 2%;"></div>
Self Harm	5	6%	<div style="width: 6%;"></div>
Family Difficulties	7	8%	<div style="width: 8%;"></div>
Stress	8	9%	<div style="width: 9%;"></div>
Low mood	17	17%	<div style="width: 17%;"></div>
Eating disorders	2	2%	<div style="width: 2%;"></div>
Self Worth	13	14%	<div style="width: 14%;"></div>

Anxiety continues to be the primary reason for referrals this quarter, with noticeable increases in cases related to anger, self-worth, and stress. The top three presenting issues across all services were anger, anxiety, and behaviour-related concerns. Other reasons include: Cyber Safety, Offending, Sexual, Gender Identity, Body image, DV.

## Top 3 reasons by Gender

Male	Female	Non-Binary
Anxiety	Anxiety	Anxiety
Family difficulties	Anger	Self worth
Bereavement	Stress	Stress

Anxiety emerged as the main presenting issue when analysed by gender, making this breakdown valuable for focus on group work, projects, and themes for D-exy. This trend was consistent across all services, with low mood and family difficulties also being significant issues for all genders in other services

## Top 3 reasons by Year Group

S1	S2	S3	S4	S5	S6
Anxiety	Anxiety	Anxiety	Anxiety	Anxiety	Anxiety
Anger	Family	Low Mood	Relationship Difficulties	Bereavement	Relationship Difficulties
Family	Low mood	Family	Low mood	Exam stress	Stress


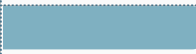











Breaking down the issues affecting young people by age group demonstrates that family and relationship difficulties were prominent across all year groups.



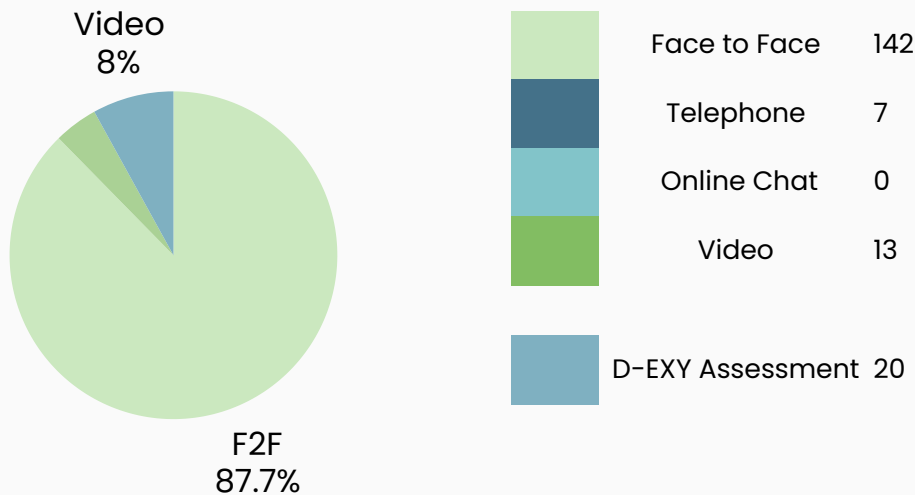
# Secondary School Engaged Client's Data

**162**  
Young People

## Predominant Issues

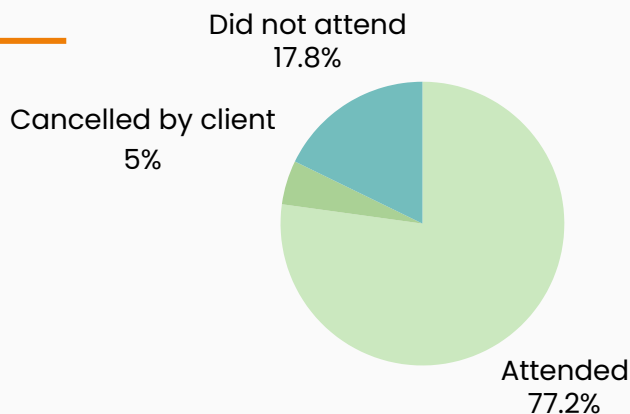
Anxiety	95	59%	
Relationship Difficulties	52	32%	
Anger	43	26%	
Bereavement	15	10%	
Caring responsibility	5	3%	
Depression	11	7%	
Self Harm	12	7%	
Trauma	5	3%	
Illness	4	3%	
Stress	29	18%	
Self worth	32	20%	
Family Difficulties	26	16%	
Suicidal Ideation	6	4%	

## Type of Support



The type of support is consistent with last quarter, f2f in school being the preferred choice of YP, slight increase in virtual support.

## Attendance

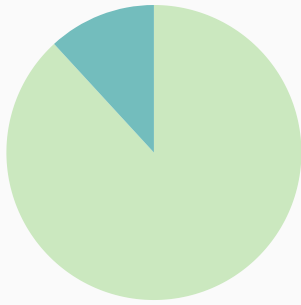


Our average attendance in Argyll & Bute for yp who engaged in counselling continues to be excellent, with a rate of 77%, significantly higher than the national average of 70%.

## Engagement at point of assessment

Did not attend assessment

11.8%



Attended Assessment  
88.2%



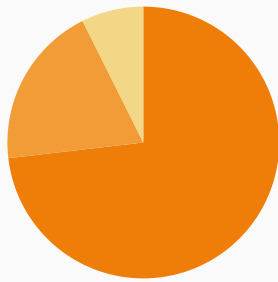
Attended assessment	149	88%
Did not attend assessment	20	12%

	Male		Female		Non-Binary		Prefer not to say	
<b>Attended assessment</b>	38	85%	108	90%	2	34%	1	100%
<b>Did not attend assessment</b>	7	15%	12	10%	1	66%	0	0%
<b>Total Clients Discharged</b>	<b>169</b>							

## Engagement following assessment

Brief intervention completed

19.5%



Counselling Completed  
73.2%



Counselling Completed	109	73%
Brief intervention completed	29	20%
Triaged & Signposted	11	7%

	Male		Female		Prefer not to say		Non-Binary	
<b>Counselling Completed</b>	31	70%	76	74%	1	100%	1	50%
<b>Brief Intervention Completed</b>	9	20%	19	19%	0	0%	1	50%
<b>Triaged &amp; Signposted</b>	4	10%	7	7%	0	0%	0	0%
<b>Total Clients Completed</b>	<b>149</b>							

# Secondary School Outcomes



Young people who:	#
Completed support	149
YP reporting positive clinical outcomes	86%
Average number of sessions attended	4

## YP Core

	Score	Description
<b>Average Start</b>	20	<i>moderate to severe psychological distress</i>
<b>Average End</b>	12	<i>mild psychological distress</i>

The YP core is a standardised measure used to assess the YP's levels of distress at the start and end of counselling.

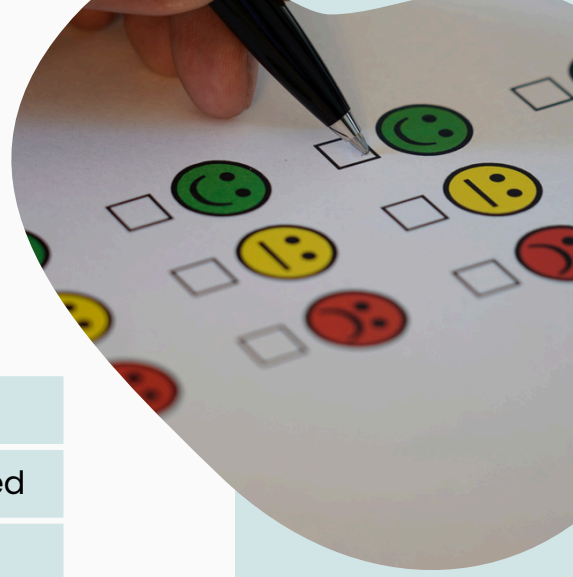
	Male	Female	Non-Binary
<b>Average Start</b>	17-moderate	19- moderate	24-moderate to severe
<b>Average End</b>	11-mild	14-mild	12-mild

Clinical outcomes this quarter are consistent with previous quarters

## Additional Information

	SEN	0
	Disability	2
	Looked After Child	5
	Care Experienced	0
	Non-Attender	6
	Young Carer	6
	Previously Accessed support	42
	ND Diagnosed	37
	ND Undiagnosed	38

# Secondary School Feedback



## Top 3 benefits gained from counselling

I felt really listened to

It was a place where my thoughts & feelings were respected

I felt important and valued

## Most helpful aspect of counselling

I felt really listened to	90%
I felt properly understood	80%
The Counsellor offered me new ways to look at things	70%
The counsellor gave me good advice	40%
It was a place where my thoughts & feelings were respected	90%
I felt important and valued	85%
I was able to talk about the things that bothered me	80%
The counsellor helped me to get support from others	60%

## Comments

*"I always believed that I can't talk to people my own age that I don't know. That belief is not as strong now and I'm ready to engage more with others. I'm excited about the future and don't feel afraid anymore that people will think I'm weird and awkward"*

*"I feel happier in myself as well as connecting better with my pals, family, and teachers. I have felt supported and found my counsellor to be genuine and caring."*

*"Counselling really helped me move forward with my grief in good way, I feel more comfortable with myself"*



# Case Study 1 – Secondary

## **M 15 – 8 sessions**

**Referral :** Guidance Teacher

**Referral Reason:** Heightened anxiety and panic attacks since returning to school.

## **CORE Assessment**

**Start: Severe Clinical Distress**

**End: Mild Distress**

## **Resilience Audit**

Identified underused resources: autonomy, self-regulation, and security.

## **Focus of Therapy**

**Psychoeducation:** Provided extensive education on the fight, flight, or freeze response to help YP understand the physiological impact of anxiety. Clarified that the physical symptoms experienced during a panic attack do not necessarily indicate catastrophic outcomes, such as "My heart is racing, which means I'm going to have a heart attack." Addressed YP catastrophic misinterpretations of his physical symptoms during panic attacks. Used pair association tasks and interoceptive exposure to demonstrate alternative explanations for his symptoms. Taught YP grounding and breathing techniques to help him feel more in control during moments of anxiety and increase his sense of autonomy.

**Therapeutic Interventions:** Engaged YP in interoceptive exposure exercises to familiarise him with the physical sensations of anxiety in a safe and controlled environment. Helped YP dissociate these sensations from catastrophic thoughts.

Conducted pair association tasks to help YP link his physical symptoms to non-threatening explanations. Introduced grounding techniques such as the 5-4-3-2-1 method to help YP stay present and reduce the intensity of panic attacks.

Practiced deep breathing exercises with YP to manage his anxiety symptoms and regain a sense of control.

## **Outcome**

YP reported significant improvement in class attendance, no longer leaving classes early or avoiding school due to panic attacks. He has not missed a class for two weeks.

The frequency of YP panic attacks decreased from 4-5 per week to 1-3 per month.

YP no longer feels triggered by loud noises and is better able to manage potential panic attacks.

Increased socialisation: YP is now spending more time with friends, going out to town, and playing computer games with his brother, which he had avoided for a year due to fear of triggering panic attacks.

YP gained confidence in his ability to manage anxiety symptoms using grounding and breathing techniques, leading to greater autonomy and improved self-regulation.

## **Resources Utilized**

**Autonomy:** Fostered independent coping strategies and decision-making.

**Self-Regulation:** Developed techniques to manage and reduce anxiety symptoms.

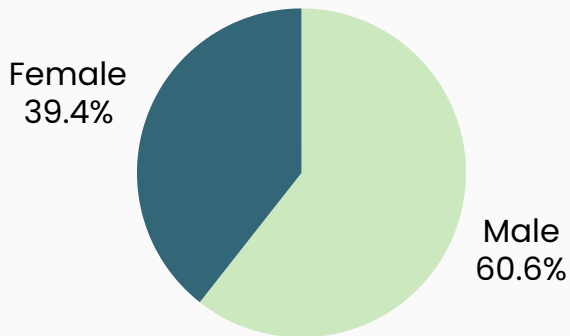
**Security:** Provided a safe therapeutic environment to explore and address fears.

Overall, YP demonstrated significant progress in managing his anxiety and panic attacks, leading to improved school attendance, better social engagement, and enhanced overall well-being.

# Primary School Referral Information

**33**  
Children

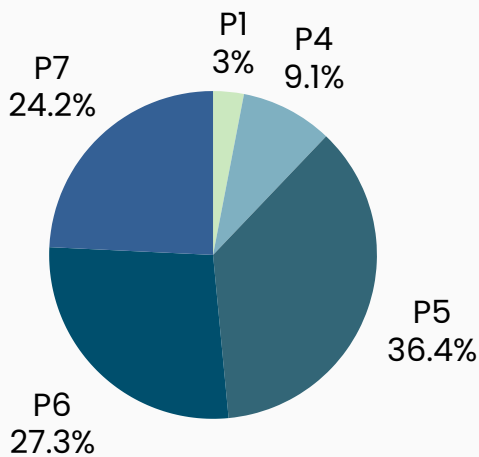
## Gender



Male	20
Female	13
Prefer not to say	0
Non-Binary	0

This quarter we received 33 referrals, majority of which have been for males. This is contrast to the previous quarter, however it is what we would expect within our Primary services and is inline with the national statistics.

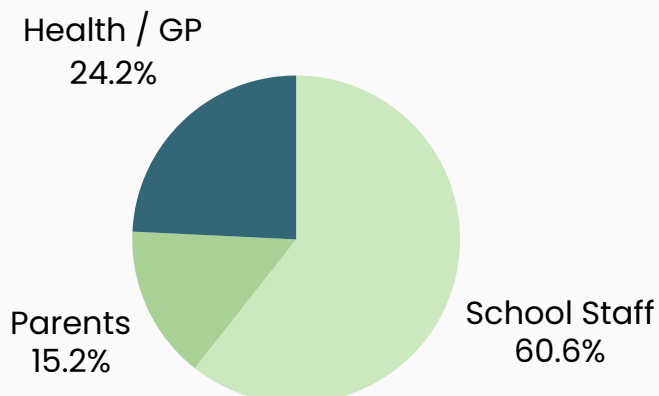
## Year Group



P1	1
P2	0
P3	0
P4	3
P5	12
P6	9
P7	8

The majority of our referrals received this quarter has been for P5's, this is inline with national expectations at this time of year. With the addition of our service for the under 10's we received referrals for P1's & P4's.

## Referrer



School Staff	20
Parents	5
Self	0
Other	0
Health / GP	8

School staff continue to be the main source of referrals. We have noticed an increase in referrals from school nurses this quarter.

# Primary School Referral Information

## Primary Schools accessing support

School	Referrals	% of School
Cardross Primary School	1	1%
Castlehill Primary School	3	2%
Clachan Primary School	1	11%
Dalmally Primary School	1	3%
Dunoon Primary School	1	0.5%
Garelochhead Primnary School	1	1%
Hermitage Primary School	2	1%
Inveraray Primary School	1	1.5%
John Logie Barid Primary School	2	2%
Kilcreggan Primary Schol	1	1.5
Kirn Primary School	2	1%
Lochdonhead Primary School	1	8%
Lochgilphead Primary School	10	5%
Rhu Primary School	1	9%
Rockfield Primary School	2	1%
Rosneath Primary School	1	1%
Strone Primary School	1	5%
Tighnabruaich Primary School	1	2%



During this quarter our service has continued to flourish, and we have valued the continued connection with schools and the wider network of organisations in Argyll & Bute.

This quarter we have delivered transition groups in Mull, Inveraray , Dunoon and Taynuilt. These were received well by school staff, parents and children. The groups have helped pave a way for access to our service in secondary schools.

# Primary School Referral Information

## Reasons for Referral

Reason	#	%	
Anger	4	12%	<div style="width: 12%;"></div>
Anxiety	12	36%	<div style="width: 36%;"></div>
Behaviour related	4	12%	<div style="width: 12%;"></div>
Bereavement	9	27%	<div style="width: 27%;"></div>
Caring responsibility	2	6%	<div style="width: 6%;"></div>
Emotional Regulation	17	51%	<div style="width: 51%;"></div>
Relationships with others	7	21%	<div style="width: 21%;"></div>
Illness	3	9%	<div style="width: 9%;"></div>
Family Difficulties	4	10%	<div style="width: 10%;"></div>
Self worth	2	6%	<div style="width: 6%;"></div>
Self harm	1	3%	<div style="width: 3%;"></div>
Trauma	1	3%	<div style="width: 3%;"></div>



Emotional regulation and anxiety continue to be the top reasons for referral, this is consistent with findings from the previous quarter and the national data.

## Top 3 reasons by Gender

Male	Female
Anxiety	Emotional Regulation
Emotional Regulation	Anxiety
Behaviour related	Bereavement

The breakdown of referral reasons per gender is consistent with what is seen nationally. This information is valuable for focused groups.

## Top 3 reasons by Year Group

P1	P4	P5	P6	P7
Anxiety	Emotional Regulation	Emotional Regulation	Anxiety	Bereavement
Bereavement	Anxiety	Behaviour related	Emotional Regulation	Anger
	Bereavement	Anxiety	Anger	Anxiety

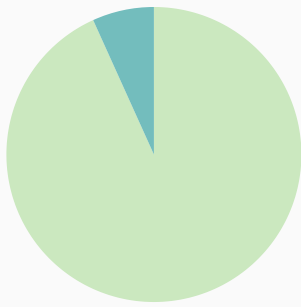
In comparison to national data referral reasons are similar with the addition of bereavement and behaviour related in the older year groups.



## Engagement at point of assessment

Did not attend assessment

6.8%



Attended Assessment  
93.2%



Attended assessment	69	93%
Did not attend assessment	5	7%

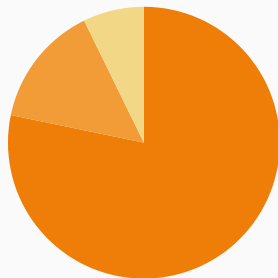
Overall engagement has been positive for our primary service. 8 pupils were closed at point of screening due to support no longer being required.

	Male		Female	
<b>Attended assessment</b>	34	92%	35	95%
<b>Did not attend assessment</b>	3	8%	2	5%
<b>Total Clients Discharged</b>	<b>74</b>			

## Engagement following assessment

Brief intervention completed

14.5%



Counselling Completed  
78.3%



Counselling Completed	54	78%
Brief intervention completed	10	15%
Triaged & Signposted	5	7%











5 children were signposted to CAMHS and 1 was referred to Social Work.

	Male		Female	
<b>Counselling Completed</b>	23	70%	31	74%
<b>Brief Intervention Completed</b>	8	20%	2	19%
<b>Triaged &amp; Signposted</b>	3	10%	2	7%
<b>Total Completed</b>	<b>69</b>			

# Primary School Engaged Client's Data

**88**  
Children

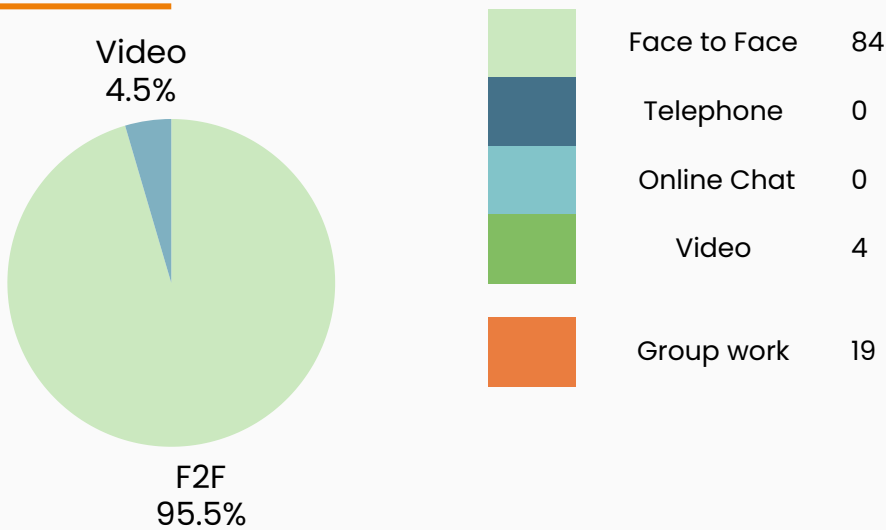
## Predominant Issues

Anxiety	52	56%	
Relationship Difficulties	31	33%	
Anger	19	20%	
Bereavement	10	10%	
Caring responsibility	4	4%	
Emotional Regulation	31	32%	
Stress	7	7%	
Self worth	18	19%	
Family Difficulties	16	19%	
Other*	9	9%	

We noticed a theme of bereavement this quarter and have been working closely with schools and parents to promote seasons for growth, sharing resources and signposting.

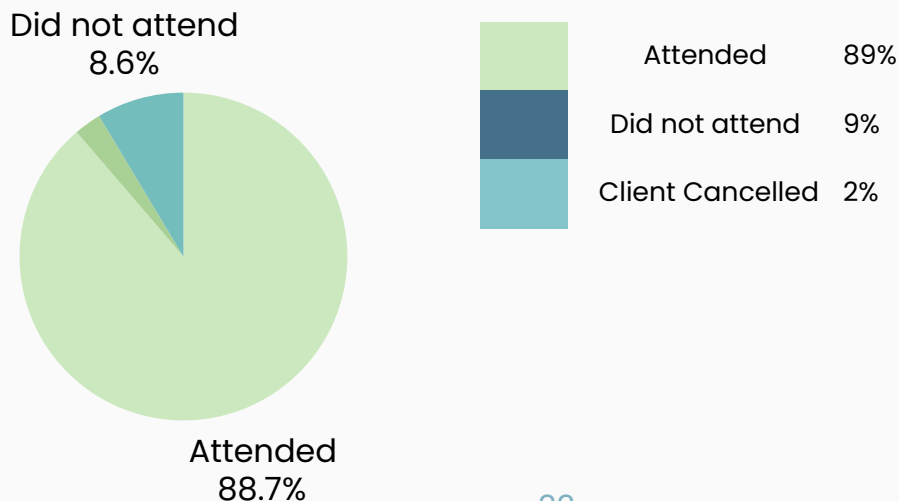
\*Other includes:  
Illness - 2  
Self Harm - 1  
Depression - 3  
Trauma - 3

## Type of Support



In line with previous quarters, majority of our support has been f2f, with a small number being online.

## Attendance



# Primary School Outcomes

<b>Children who completed support</b>	64
<b>Felt better following support (Clinical scores)</b>	91%
<b>Parents who reported an improvement (SDQ)</b>	94%
<b>Average number of sessions attended</b>	6



The national data shows that on average 80% of children reported an improvement using the CYRM, Argyll & Bute are sitting above average with 91%.

There has been a notable increase this quarter in parents reporting an improvement using the SDQ.

## Child & Youth Resilience Measure

<b>Average Start</b>	54 (low/moderate resilience)
<b>Average End</b>	65 (high resilience)

	<b>Male</b>	<b>Female</b>
<b>Average Start</b>	55	52
<b>Average End</b>	59	59

## SDQ

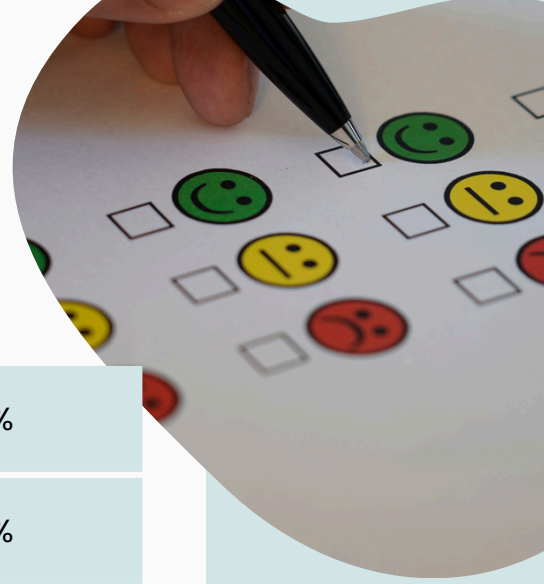
<b>Average Start</b>	29
<b>Average End</b>	25

## Additional Information

	SEN	0
	Disability	2
	Looked After Child	4
	Care Experienced	0
	Non-Attender	0
	Young Carer	0
	Previously Accessed support	3
	ND Diagnosed	8
	ND Undiagnosed	4

# Parents Feedback

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Parents who felt more confident in supporting family resilience	100%
Parents who felt more confident to support the emotional & developmental needs	100%
Parents who felt the family had Improved emotional wellbeing	100%
Parents who felt supported by us	100%
Parents that noticed a positive change in their child.	91%
Parents that felt their child's wellbeing improve	94%

## Comments

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"My child has started to find ways to distract herself and find coping strategies. We have felt safer as a family, and more open to working with other agencies."  
-Parent

"Feels confidence improved , managed transition well. Child always responded well and talked positively about the group. "  
-Teacher

"We really value the updates the Exchange provide us with and can really see the difference the service is making to some of our pupils.  
-Headteacher

"Having someone to talk to really helped me understand my feelings, I think I like myself a bit more now too"  
-Child

## Case Study 2 – Primary

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**Female, P7.**

**Referred by:**

Class teacher

**Support offered:**

Individual sessions

**Reason for Referral:**

Anxiety and low self esteem were the predominant reasons for referral, as was worries around transitioning to secondary school . It was also noted that the child had been subject to online bullying , and this was thought to be a significant contributing factor.

**Themes/Engagement/activities delivered:**

**Themes:**

The child assessment highlighted , :

low self-esteem, confidence, optimism and issues dealing with conflict and self-regulation.

**Engagement:**

Child attended five sessions and engaged well.

**Intervention**

The therapeutic agenda targeted the resilience resources identified through assessment. Theraplay included: expressive art to help the child externalise her feelings and understand more about what was making her anxious. Visualisation/mindfulness strategies to help her manage her worries. and character strength activities to promote her self esteem.

**Outcomes (Observations/Comments)**

Resilience scores showed improved over the course of the sessions, as did the the parent SDQ. The child herself reflected that she is glad to have had space and feels less anxious about attending High school . She also said she now felt more able to talk about feelings to her mum and felt less concerned about what others thought of her.



# Objectives

## **Actions Taken**

Earlier in the year due to data and feedback from schools, provision was extended for psychological wellbeing support for U-10's. Staffing has been raised to facilitate this. We have learned that D-exy can be optimised for non attenders.

## **Objectives met**

Ensuring C&YP, parents, school staff are kept well informed about the service. Delivering sessions in line with contract requirements. Exceeding our expectations with Transition programmes and embedding the Service at an early age for better psychological wellbeing as they continue their school journey.

## **Learnings**

We have noticed that our larger schools require more contact from us , and when this happens there is a correlation with increased referrals. We also know that periodically connecting with schools strengthens relationships and keeps us relevant to what is happening in each school

## **Key Objectives**

Continued promotion and effective communication about the service. To develop stronger partnership with multi agency partners who provide support for C&YP. School counsellors should be included in S1 inductions, making them a visible part of school life and reducing stigma.

## **Actions to take**

- To provide staff in schools with the tools, resources and strategies to confidently assess and support the psychological wellbeing of C&YP and aid appropriate referrals.
- To introduce a quarterly report meeting with Head Teachers, to share our data and hear their thoughts & needs.
- To support multi agency partners by providing opportunities to share good practice and create a wellbeing network.
- To undertake pupil focus group work , especially in the larger schools and with male students, promoting the continued involvement of young people to support the Pupil voice.
- To inform PSE classes and groups and themes in each school.

Working in partnership with



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