

The
Exchange

East Ayrshire

REPORT

July-September 24



Support for Children & Young People

The Exchange working in partnership with
East Ayrshire Council



East Ayrshire Council
Comhairle Siorrachd Àir an Ear

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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

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

In partnership with East Ayrshire 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 East Ayrshire Council to deliver a seamless service to all accessing support.

Contract Requirements

The Exchange

is commissioned to 28 provide days of counselling support to secondary schools and 13 days to primary schools across East Ayrshire

School	No of days	School	No of days
Grange Academy	5	Park School	1
RBA	5	Loudon Academy	4
Stewarton Academy	4	Doon Academy	1
Kilmarnock Academy	5	St Joseph's Academy	3

Awareness Raising and Promotion

Promotion of the service took place via multiple channels of communication

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

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.

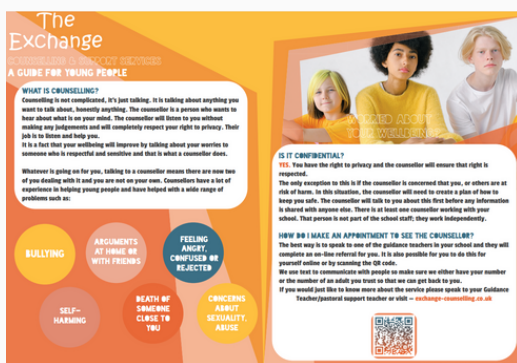
In-Person

The counselling 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 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

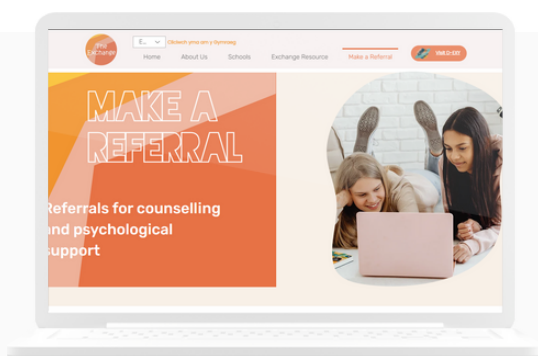
An appropriate
course of action is
identified

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 or 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

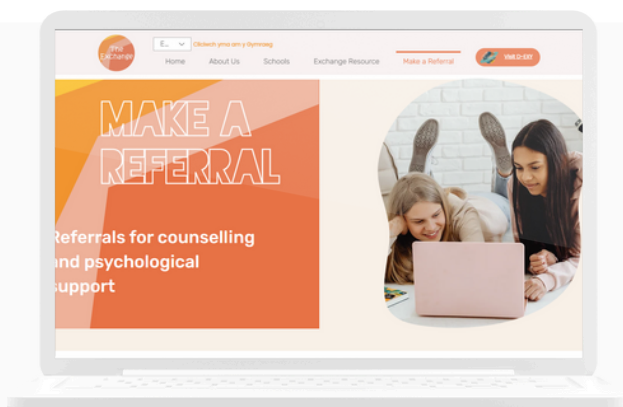
An appropriate
course of action is
identified and
shared with school
and parents

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

How to refer

Schools can make referrals via:

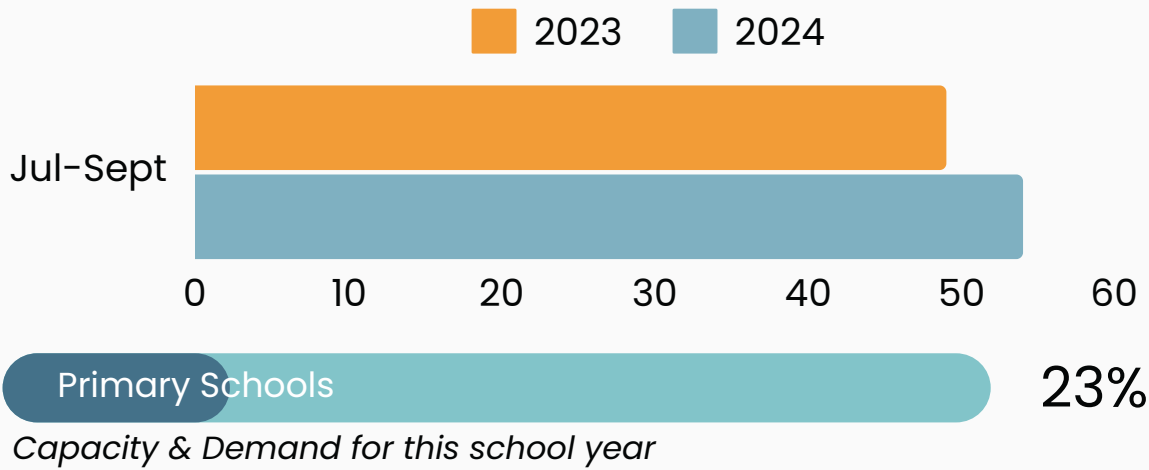
- Telephone with our Client Support Team
- Our online portal through exchange-counselling.com



Referral Information

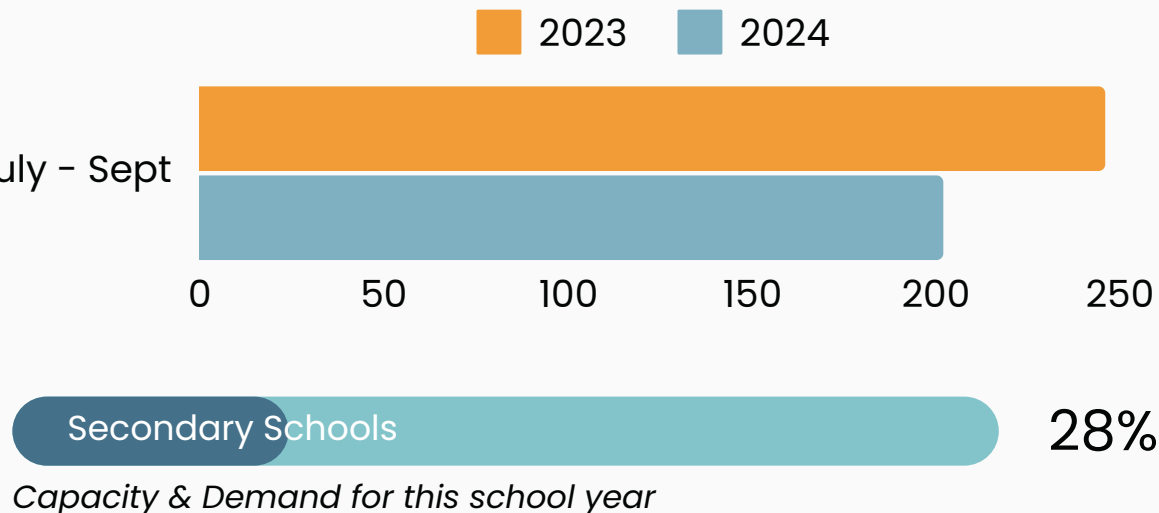
Client	This Quarter	To date - School year
Children	54	54
Young People	202	202

Referrals comparison & Capacity – Primary



Primary referrals have decreased this quarter; however, this reduction aligns more closely with the contract capacity and reflects typical seasonal patterns we anticipate at this time of year.

Referrals comparison & Capacity – Secondary

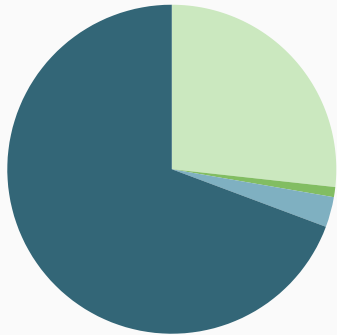


There has been a 5% increase in referrals since last quarter. Capacity is at a healthy level for this period in the academic year

Secondary School Referral Information

202
 Young People

Gender



Male	54	27%
Female	140	69%
Prefer not to say	6	3%
Non-Binary	2	1%

The proportion of boys referred for counseling this quarter is slightly below our organisational average, currently standing at 30%.

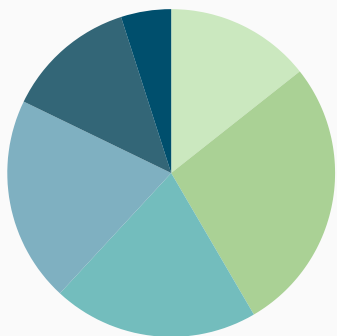
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The distribution of referrals across year groups remains consistent with previous quarters in East Ayrshire. Our referrals remain higher in S2, S3 & S4 with referrals being slightly higher in S5&S6 this quarter.

The majority of requests come from school staff, Our referral sources align with the whole service, with part self/parent referrals, making up the remainder, with a notable increase in parent referring. As a school-based service, this referral distribution is expected.

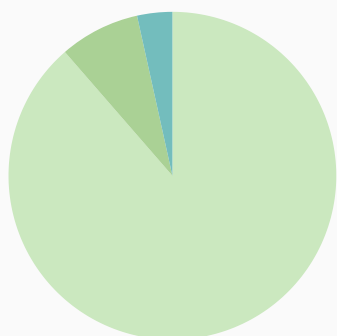
Year Group



Year S1	29	14%
Year S2	55	28%
Year S3	41	20%
Year S4	41	20%
Year S5	26	13%
Year S6	10	5%

The majority of requests come from school staff, Our referral sources align with the whole service, with part self/parent referrals, making up the remainder, with a notable increase in parent referring. As a school-based service, this referral distribution is expected.

Referrer



School Staff	179	89%
Parents	16	8%
Self	7	3%

Secondary School Referral Information

Secondary Schools accessing support



School	This Quarter	
	Referrals	% of School
Doon Academy	8	3%
Grange Academy	27	2%
Kilmarnock Academy	43	3%
Loudoun Academy	23	3%
Park Secondary	6	3%
Robert Burns Academy	52	2%
St Josephs Academy	20	3%
Stewarton Academy	23	4%

The national average % of school roll that we would expect each quarter is 3-4% .

There has been an increase in St Josph's Academy

There has been capacity to offer YP with more complex issues extended support

Secondary School Referral Information

Reasons for Referral

Reason	#	%	
Academic	4	1%	
Anger	10	3%	
Anxiety	110	31%	
Behaviour	8	2%	
Bereavement	13	4%	
Bullying	5	1%	
Depression	10	3%	
Family	24	7%	
Low Mood	44	12%	
Relationships	80	22%	
Self-harm	15	4%	
Trauma	15	4%	
Other	20	6%	

Top 3 reasons by Gender

Male	Female	Prefer not to say	Non-Binary
Anxiety	Anxiety	Bullying	Anxiety
Family/Relationships	Family/Relationships	Caring Responsibility	Low mood
Low Mood	Low Mood	Family	Depression

Top 3 reasons by Year Group

S1	S2	S3	S4	S5	S6
Anxiety	Anxiety	Anxiety	Anxiety	Anxiety	Anxiety
Behavioural	Low Mood	Low Mood	Low Mood	Depression	Low Mood
Relationships	Relationships	Anger	Relationships	Family	Self-Worth

Anxiety and relationships continue to be the leading reasons for referrals.

Organisation wide, Anxiety, Family/Relationship difficulties and Low mood are the 3 most prominent presenting issues.

*Other include: Cyber safety, Offending, Sexual, Gender identity, caring responsibilities, Substances Misuse

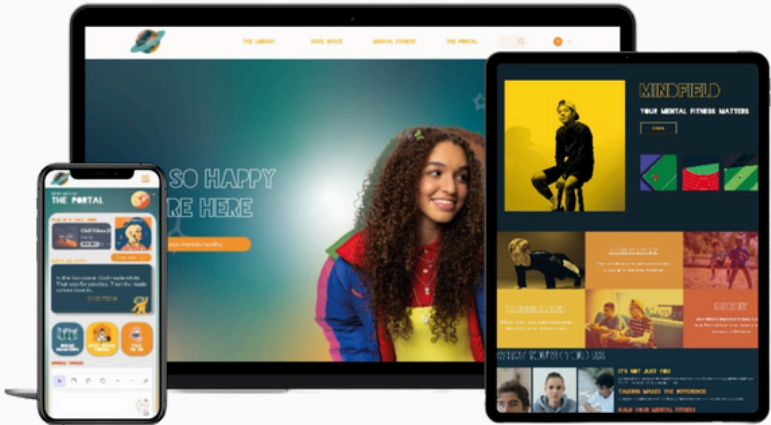
In the gender category of 'prefer not to say' the reasons for referral are different. Bullying and Caring Responsibility do not appear as leading reasons for referrals across any other gender category.

Although anxiety, relationships and low mood are the leading reasons for referral overall, the breakdown of data per year group indicates that S1's are struggling with behaviour challenges, S3's are struggling with anger and S6's are struggling with self-worth.

Clients worked with: Predominant Issues

Client Supported this Quarter			166
Academic	21	2%	<div style="width: 2%;"></div>
Anger	12	14%	<div style="width: 14%;"></div>
Anxiety	91	53%	<div style="width: 53%;"></div>
Behaviour related	4	2%	<div style="width: 2%;"></div>
Bereavement	9	7%	<div style="width: 7%;"></div>
Bullying	7	7%	<div style="width: 7%;"></div>
Depression	7	2%	<div style="width: 2%;"></div>
Family (inc. relationships)	18	6%	<div style="width: 6%;"></div>
Low Mood	39	20%	<div style="width: 20%;"></div>
Relationship Difficulties	35	15%	<div style="width: 15%;"></div>
Self-harm	19	9%	<div style="width: 9%;"></div>
Self-worth	25	10%	<div style="width: 10%;"></div>
Stress	18	5%	<div style="width: 5%;"></div>
Suicidal Ideation	4	3%	<div style="width: 3%;"></div>
Trauma	12	4%	<div style="width: 4%;"></div>
Transgender	3	4%	<div style="width: 4%;"></div>

Referral reasons are generally consistent with the predominant issues addressed in counseling. It appears that low mood is a more frequent struggle for young people that might not be recognised at point of referral



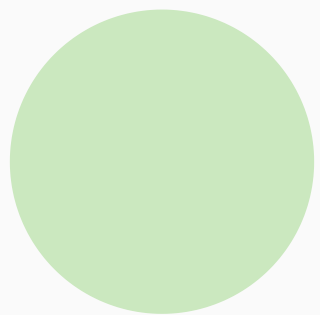
The new D-exy library is live on site now.

83 D-EXY Sign ups
6 Wellbeing Discussions booked

Most Viewed:
The Toolbox (resources)
Calm Den
Mindfield (Boys Mental Health)

Clients worked with: Overview of Activity

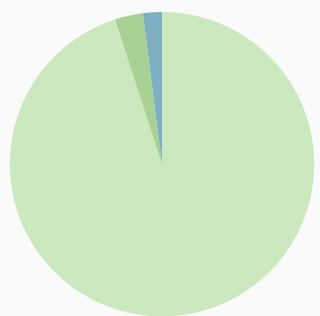
Type of Support Received



1-2-1 Counselling	100%
Group Support	0%
Workshops	0%
D-EXY Appointments	25

Now that the term is in full swing, we will monitor themes and explore options for group support if appropriate

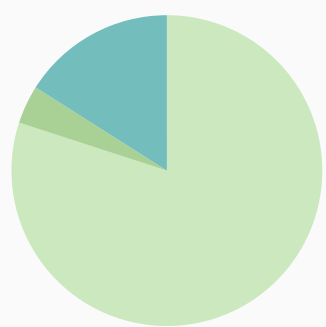
Format of Support Received



Face to Face	95%
Telephone	3%
Online Chat	0%
Video	2%

Most young people are opting for in person support.

Attendance



Pre Arranged sessions Attended	80%
Pre Arranged sessions not attended	16%
Pre arranged sessions cancelled by client	4%

Attendance rates have improved this quarter and are above the average across the service is 70-75%



87%

Discharged Clients:

Engagement at point of assessment

Total Clients Discharged	53							
Attended Assessment	47 young people				89%			
Did not attend assessment	6 young people				11%			
Breakdown Per Gender								
	Male		Female		Non-Binary		Prefer not to say	
Attended assessment	14	89%	30	89%	0	0%	3	100%
Did not attend assessment	2	11%	4	11%	0	0%	0	0%
Triaged & Signposted at point of Assessment	6				11%			

Referrals in East Ayrshire are highly appropriate, reflecting the strong collaboration between local staff and the counselling team. This partnership is evident in higher-than-average rates of completion and attendance at assessments compared to the national average.

Engagement following assessment

Counselling Completed	37				79%			
Brief Intervention Completed	4				21%			
Breakdown Per Gender								
	Male		Female		Non-Binary		Prefer not to say	
Counselling Completed	9	92%	25	87%	0	0%	1	100%
Brief Intervention Completed	2	8%	2	13%	0	0%	0	0%
Total Completed Support	41							

The lower number of discharges is typical for this term because we are still working with YP after returning from the summer break.

Secondary School Outcomes



Young people who:	#
Completed support	41
Felt better following support (Clinical scores)	94%
Average number of sessions attended	4

YP Core

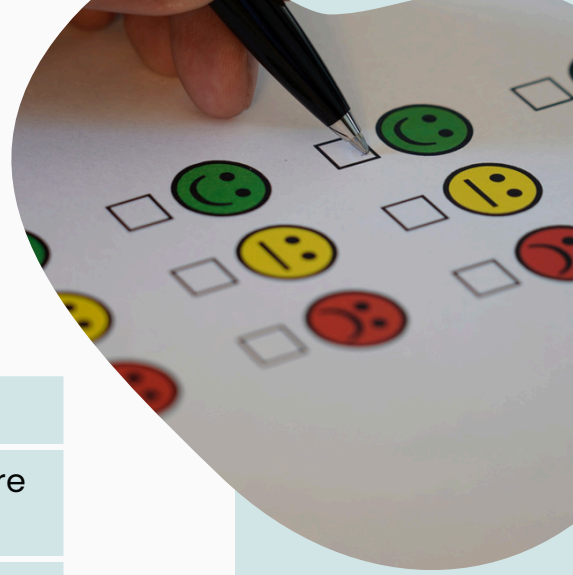
	Overall	
Average Start	21	<i>moderate to severe psychological distress</i>
Average End	14	<i>mild psychological distress</i>

	Male	Female	Prefer not to say	Non-Binary
Average Start	20 Moderate-severe	24 Moderate-Severe	21 Moderate-severe	none as yet
Average End	14 <i>mild</i>	16 Moderate	14 mild	<i>none as yet</i>

Additional Information

	ALN	6
	Disability	2
	Looked After Child	3
	Care Experienced	2
	Non-Attender	0
	Young Carer	3
	Previously Accessed support	4
	ND Diagnosed	20
	ND Undiagnosed	22

Secondary School Feedback



Top 3 benefits gained from counselling

I was able to talk about the things that bothered me.

Being in a place where their thoughts and feelings were respected.

Feeling properly understood.

Most helpful aspect of counselling

72%	of young people, felt the most helpful aspects of counselling to them were...	feeling listened to
76%		feeling properly understood
68%		being offered new ways of looking at things
53%		being given good advice
78%		being in a place where their thoughts & feelings were respected
69%		feeling important and valued
80%		talking about the things that bothered me
38%		being helped to get support from others

Comments

"She has helped me unpick issues and I'd say the difference is i'm happier , I am a lot more confident and positive ."

"I have mixed feelings about ending, I'm happy I'm in a different place and I no longer need counselling the way I did , but I will miss the sessions and our connection "

"I was initially unsure about how counselling could help but I cannot believe how helpful it was, I now have the tools to begin climbing , I'm not at the top of the mountain yet but I know how to get there."

Case Study 1 – Secondary

School Referral : F S3 6 sessions

Referral Reason:

Client reports difficulty sleeping due to intrusive thoughts and an ongoing physical health issue currently under investigation.

Resilience Audit:

Underused resources identified: autonomy, self-regulation, optimism.

Resources actively used: problem-solving, self-confidence and self-esteem.

CORE Score:

Starting at moderate clinical distress and improving to a healthy range.

Focus:

The primary focus was to provide a safe environment where the client could be facilitated to develop insight about her thoughts and emotional experiences

Specific interventions included:

- Organising and compartmentalising thoughts through 'thought boxes' using board work, promoting self-regulation, autonomy, and improved sleep through rationalisation and reframing of thoughts.
- Exploring coping strategies to reinforce self-soothing techniques.
- Discussing gratitude as a means of fostering optimism.

Outcome:

The client reported feeling that her thoughts were less chaotic and overwhelming. Despite occasional low energy and concentration dips by the end of the week, attributed to her physical health, she stated that both the quality and quantity of her sleep had improved. Client reported a more optimistic attitude and mindset

Client stated she was feeling happier and more positive. Client described fewer experiences of low energy. School feedback noted an improvement in concentration and increased engagement in both classwork and peer group discussions.

Primary School Referral Information

54
Children

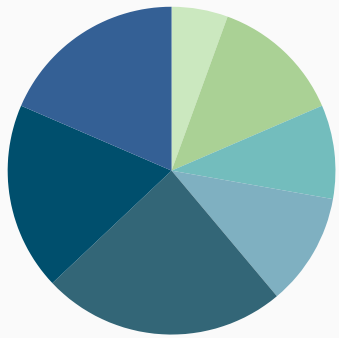
Gender



Male	25	46%
Female	29	54%

This quarter there was a nearly even distribution across genders

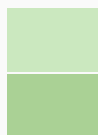
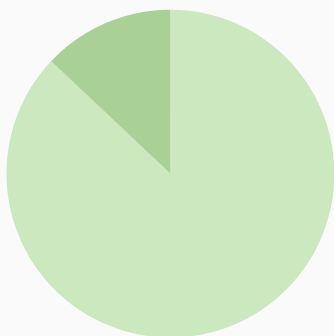
Year Group



P1	3	7%
P2	7	13%
P3	5	9%
P4	6	11%
P5	13	24%
P6	10	18%
P7	10	18%

Primary 5 was the highest referred year group, followed closely by P6 & P7. Primary 1 was the lowest referred year group at this stage.

Referrer



School Staff	47	87%
Parents	7	13%

Primary School Referral Information

School	Referrals	% of School population
Annanhill Primary	4	1%
Auchinleck Primary	6	4%
Bellsbank Primary	2	2%
Crosshouse Primary	2	1%
Dalmellington Primary	2	2%
Darvel Primary	5	2%
Fenwick Primary	1	1%
Galston Primary	1	0.3%
Hillhead Primary	5	2%
Kilmaurs Primary	2	1%
Loanhead Primary	5	2%
Lochnorris Primary	2	0.5%
Logan Primary	1	1%
Mauchline Primary	2	1%
Mount Carmel Primary	1	0.4%
Muirkirk Primary	1	1%
Netherthird Primary	1	0.5%
Newmilns Primary	3	2%
Onthank Primary	1	0.1%
Shortlees Primary	1	0.3%
Sorn Primary	1	4%
St Andrews Primary	1	0.3%
St Patricks Primary	1	1%
Whatriggs Primary	3	0.6%



The 54 referrals accepted this quarter were received from 24 schools across East Ayrshire.

This quarter, we participated in parent evenings and well-being events at various schools, providing a valuable opportunity to connect directly with parents, caregivers, and school communities.

These events enabled us to guide parents and caregivers toward relevant resources when full support services weren't necessary, ensuring families could access timely and appropriate information.

Primary School Referral Information

Reasons for Referral

Reason	#	%	
Anger	6	5%	<div style="width: 5%;"></div>
Anxiety	20	15%	<div style="width: 15%;"></div>
Behaviour Related	12	9%	<div style="width: 9%;"></div>
Bereavement	6	5%	<div style="width: 5%;"></div>
Bullying	2	2%	<div style="width: 2%;"></div>
Domestic Abuse	1	1%	<div style="width: 1%;"></div>
Eating Disorders	1	1%	<div style="width: 1%;"></div>
Emotional Intelligence	1	1%	<div style="width: 1%;"></div>
Emotional Regulation	43	34%	<div style="width: 34%;"></div>
Family	8	6%	<div style="width: 6%;"></div>
Relationships	24	19%	<div style="width: 19%;"></div>
Self-worth	5	4%	<div style="width: 4%;"></div>



This quarter we've seen an increase in referrals for emotional regulation, this is the top reason for referral, followed by relationships and anxiety.

Top 3 reasons by Gender

Male	Female
Emotional Regulation	Emotional Regulation
Relationships	Anxiety
Anxiety	Relationships

Top 3 reasons by Year Group

P1	P2	P3	P4	P5	P6	P7
Behaviour Related	Emotional Regulation	Emotional Regulation	Emotional Regulation	Anxiety	Emotional Regulation	Emotional Regulation
Emotional Regulation	Relationships	Behaviour Related	Anxiety	Emotional Regulation	Anxiety	Anxiety
Family	Behaviour Related	Anxiety	Behaviour Related	Relationships	Relationships	Relationships

Emotional regulation is the top referral reason across all age groups except P5.

Primary School Client's Worked With

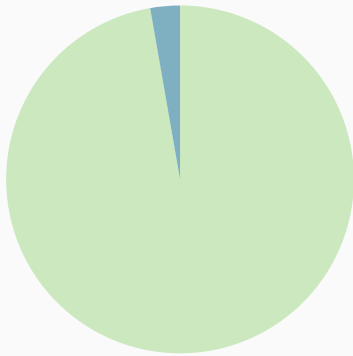
67
Children

Predominant Issues

Anger	6	7%	
Anxiety	23	26%	
Behaviour related	9	10%	
Bereavement	2	2%	
Bullying	3	3%	
Emotional intelligence	1	1%	
Emotional regulation	15	17%	
Family Difficulties	8	9%	
Illness	2	2%	
Relationships Difficulties	6	7%	
Self-harm	1	1%	
Self-worth	10	12%	

Although emotional regulation was the highest stated reason for referral, the counsellors reported anxiety as the most predominant issue worked with. This indicates that high levels of anxiety might be impacting on children's ability to regulate

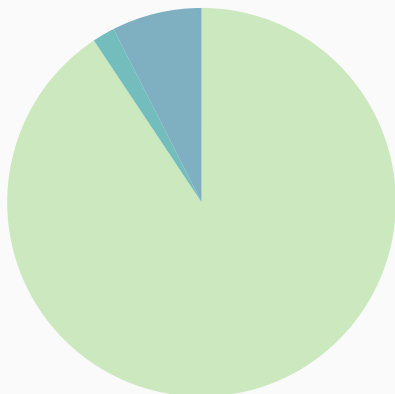
Type of Support



	Face to Face	67
	Video	0
	Group	3

3 clients are receiving group support for anxiety management

Attendance



	Sessions Attended	193
	Sessions not attended	18
	Sessions cancelled	2

There was a 90% attendance rate this quarter

Discharged Clients:

Engagement at point of assessment

Total Clients Discharged	19					
Attended Assessment	11 children			58%		
Did not attend assessment	8 children			42%		
Breakdown Per Gender						
	Male		Female		Non-Binary	
Attended assessment	6	55%	4	36%	1	9%
Did not attend assessment	6	75%	2	25%	0	0%

There has been a high percentage of families and children who did not attend the assessment this quarter. We will be working closely with the schools to understand reasons for this

Triaged & Signposted at point of Assessment	1	9%
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1 client was triaged & signposted to Barnardos.

Engagement following assessment

Counselling Completed	8				80%	
Brief Intervention Completed	2				20%	
Breakdown Per Gender						
	Male		Female		Non-Binary	
Counselling Completed	4	50%	3	38%	1	12%
Brief Intervention Completed	1	50%	1	50%	0	0%
Total Completed Support	10					

Primary School Outcomes



Children who:	#
Completed support	10
Felt better following support (Clinical scores)	87%
Parents who noticed an improvement	87%
Average number of sessions attended	8

Child & Youth Resilience Measure

	Overall
Average Start	53 (low resilience)
Average End	61 (moderate resilience)

	Male	Female
Average Start	55	51
Average End	62	58

Children and parents both reported the same level of improvement. Normally, children report higher rates of improvements than parents.

SDQ

	Overall
Average Start	19 (moderate/high difficulty)
Average End	12 (normal range)

ALN	1
Disability	0
Looked After Child	0
Care Experienced	1
Non-Attender	0
Young Carer	0
Previously Accessed support	1
ND Diagnosed	0
ND Undiagnosed	3

Primary School Feedback



Parent Feedback

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 an improvement in their child's wellbeing	90%
Parents that would recommend us to other families in need	100%

"Whole process was well planned and well informed."

Parent - face to face support

"The Exchange have worked effectively to collaborate with families who require translators, ensuring young people get the support they need"

Lead referrer - Face to face support.

"A real benefit of the service is the setting, and the approachability of those who take the sessions"

Parent - Face to face P7 transition group.

Case Study – Primary

Female, P6.

Referred by: School

Support offered: Face to face

Reason for Referral:

Anxiety

Panic attacks

Becoming increasingly more withdrawn

Noticeable loss of self-esteem & confidence

Assessment:

Child & Youth Resilience Measure: 'moderate resilience'

Strength & Difficulties Questionnaire, completed by Mum: 'high difficulties'

Narrative

Emotional intelligence, self-regulation and self-esteem were identified as under-resourced areas. The client supported this by explaining that they become so focused on their worries that they struggle to engage in anything else. They felt alone with their worries and that no one understood them. This had led to a negative impact on their self-esteem and self-belief.

Intervention

Thera-play sessions used to identify, understand and manage emotions. There was a focus on control, breaking down what was within the client's control and what was not. Development of emotional literacy and communication with the adults in their life. Identified and created a list of strategies and support system in each area of their life.

Outcomes

Child and Youth Resilience Measure increased to "high resilience"

Strengths and Difficulties Questionnaire reduced to: "close to average"

The client expressed now being able to understand and differentiate their feelings which has improved the sharing of emotions with their support system.

Both client and their parent indicated an increase in emotional literacy and communication. Parent reported that the client is managing their worries much better, and that they are no longer displaying high levels of panic.

Most significantly, the client noted that they were no longer worried about the future as they felt confident using their strategies in moments of worry and panic. This allowed them to look forward to things that they would previously avoid due to worry. Self-regulation and optimism increased.

Parent noted that this has led to client now engaging in more social events. These opportunities have allowed them to build friendship groups, having a positive impact on their wellbeing. Parent reported a significant increase in client's confidence and self-esteem and the family felt that they 'had their happy daughter back'.

Working in partnership with



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