



Croydon Drop In Quarter 2 Report

01 July – 30 September 2023



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What do we do at CDI?

- **CDI** at Church Street open access: Monday 12-7pm and Tuesday/Wednesday/Thursday between 4-8pm to talk to a duty worker.
- **Community Counselling** for 10-25 year olds 6 days per week at Church Street - open after school and Saturday mornings. As well as sessions at PAIRS House (previously named PIP House) in Upper Norwood. Family support is offered by our Systemic Family Practitioner. Contact: rhonakenny@croydondropin.org.uk
- **Advice & Rights Advocacy (ARA)** – An Advice and Rights Advocate is based at Church Street working with issues of mental health, housing, education, employment, training, debt, and money management. Contact: jacquihenry@croydondropin.org.uk
- **Outreach & Talkbus** – Community workers reaching into Primary and Secondary Schools, Sixth Form and FE Colleges and community settings offering information, advice, guidance, and informal health education. The training portfolio includes *Sexuality and Gender Identity, Healthy Relationships, Personal Safety, Sexual Health Contraception and STI's, Staying Safe, Alcohol and Substance Misuse, Smoking Awareness, Self-Esteem, Stretched Not Stressed and Choices & Consequences*. Contact: clintonwaller@croydondropin.org.uk
- **Go Further Go Higher (GFGH)** is a project funded by SWL ICS. The project aims to offer emotional well-being support to young people aged 16-25 who are moving between secondary education into apprenticeships or tertiary education and are struggling with transition. Contact: soniagarnett@croydondropin.org.uk
- **Young People's Team (YPT)** is for young people aged 16-21 who have previously received a service from CDI. The YPT oversees young people's participation within CDI and take part in volunteering opportunities and participation events. Contact: soniagarnett@croydondropin.org.uk
- **Counselling in Schools & Academies** – An evidence-based commissioned service working across Boroughs on site in Primary, Secondary, Sixth Form and Special Schools. Contact: gordonknot@croydondropin.org.uk
- **Mental Health Support Team (MHST)** is funded by SWL ICS and is a partnership with Off The Record to deliver Wave 2 and Wave 6 of a national initiative set up to address the need for more mental health support for schools. Contact: timrichards@croydondropin.org.uk and barbaraallen@croydondropin.org.uk
- **Parent and Infant Relationship Service (PAIRS) previously PIP** – An integrated service, working with parents-to-be and parents of babies up to 2 years of age (the first 1001 critical days). The service aims to provide help for families within the local community to build stronger bonds and positive relationships with their babies. Contact: julietlecointe@croydondropin.org.uk
- **Continuing Personal & Professional Development Training** offered to young people, parents/carers/professionals including Essential Listening Skills (CPCAB accredited), Stretched Not Stressed and Choices & Consequences. Contact: angelabenarie@croydondropin.org.uk
- **Care For Croydon Collective** is a monthly webinar aimed at the local workforce, parents and carers that encourages peer support, information sharing and discussion of relevant issues. Contact: tanyawallis@croydondropin.org.uk

Community Counselling at CDI

	Q1	Q2	Q3	Q4	Q4 fy22-23	FY 22-23
Number of referrals ⁽¹⁾	134	123			115	507
Assessments completed ⁽²⁾	85	86			81	359
18 year olds & under assessed	84%	83%			84%	85%
19+ year olds assessed	16%	17%			16%	15%
YP started counselling ⁽³⁾	63	57			89	308 _{yp}
YP seen in counselling ⁽⁴⁾	147	115			158	376 (unique yp.)
YP ended counselling	88	59			74	292 _{yp}
YP in counselling end of quarter	58	57			84	Avg. 79 _{yp}
Sessions offered	916	719			1112	4051
Sessions attended	670	485			837	2962
Cancellations	17%	22%			16%	16%
DNAs	6%	10%			5%	6%
YP waiting for counselling at end of quarter ⁽⁵⁾	100	110			87	Avg. 110 _{yp}
Highest presenting issues	Anxiety, Anger, Depression & Panic	Anxiety, Depression & Self- Esteem			Anxiety, Anger & Depression	Anxiety, Depression & Self-esteem

(1) Number of referrals: This represents all young people referred to CDI for counselling within each quarter. SPOC referrals are included in each quarter's total. The number of referrals reflects the number of unique individuals referred in each quarter. There is no double counting. The financial year (FY) total is the accumulation of each quarter over the year.

(2) Number of assessments completed: This represents all young people completing a CDI assessment. All young people accessing CDI's counselling service are assessed at first contact. For SPOC referrals, young people are contacted by a dedicated CDI worker informing them CDI has received a referral from SPOC and they are offered a CDI assessment. Not all young people choose to take up CDI's offer of assessment for various reasons such as, they no longer feel they need counselling, or they are accessing another service. On occasions contact cannot be reached, under CDI's policy three separate attempts of contact are made over a three-week period. Due to the time between the SPOC referral and successful contact the young person is not necessarily assessed in the same month as the referral is sent, this accounts for the difference in numbers of referrals received and assessments completed within each quarter. The number of assessments reflects the number of unique individuals assessed in each quarter. There is no double counting. The financial year (FY) total is the accumulation of each quarter over the year.

(3) Young people started counselling: This represents the young people starting counselling within each quarter. Therefore, their second contact date falls within the specific quarter reporting period in question. This number reflects unique individuals. There is no double counting. The financial year (FY) total is an accumulation of each quarter over the year.

(4) Young people seen in counselling: This represents the young people seen within the quarter and receiving counselling intervention. The number recorded each quarter is reflective of unique individuals. The financial year (FY) total also shows the number of unique individuals seen over the year. This financial year (FY) total is not an accumulation quarter on quarter because some young people may be present in consecutive quarters throughout their counselling journey.

(5) Young people waiting for counselling at the end of quarter: This represents the young people waiting to be allocated a counsellor who have had an initial intervention with CDI and completed an assessment. During the waiting period young people are encouraged to telephone CDI Duty Workers if they need support. The waiting list is regularly reviewed, and under CDI's policy after three separate attempts if no successful contact has occurred, where possible a message is sent giving 48 hours to respond if they still require CDI support.

Assessments for Counselling at CDI

- Main referral sources: SPOC 66%, GP 9%, Self 7%, CDI Website 6%
- **Gender:** Female: 73% Male: 26% Gender Neutral: 1%
- **Age:** 10-18 yr olds = 71 18-25 yr olds = 15
- **Sexuality:** Heterosexual: 35 Lesbian:1 Bisexual:1 Other:2 Not Stated:37 Prefer Not to Say:10
- **Registered or Self-Declared Disability:** 0
- **Care Leavers:** 3% **Neurodiverse:** 13% **Young Carer:** 6%
- **Ethnicity:** BAME %: 53% White British: 37% White Other: 10%
- **Postcodes:** CR0: 47% CR2:12% CR7: 9% CR5: 8% SE25: 8% CR8: 4%
Others: SE19/SE9/SM1/SM6/SW16
- Waiting time for counselling at CDI
 - o Less than 4 weeks: 8
 - o 4-18 weeks: 31
 - o More than 18 weeks: 18
- Average time YP spent in counselling at CDI
 - o 0-4 weeks: 15
 - o 4 weeks - 3 months: 23
 - o 3-6 months: 14
 - o 6-12 months: 6
 - o 12 months +: 3
- Issues presented by YP ending counselling at CDI: Anxiety, Depression, Bullying, Eating Issues, Family relationships, Identity, Isolation, Bereavement, Friendships, School, Self Harm, Suicidal Ideation, Anger, Discrimination, Neglect, Panic Attacks, Sleeping Difficulty, Gang related, Parental Mental Health, Impact of Social Media & Self-Esteem

CDI Counselling Monitored Outcomes

- YP-CORE (11-16 year olds) and CORE-10 (16+ year olds)
 - o CYP finishing counselling with a paired outcome: 32
 - o CYP finishing counselling that recorded an improvement in how they felt: 22

YP-CORE (11-16 year olds) and **CORE-10** (16+ year olds) is an NHS/IAPT approved measuring tool. This indicates to the practitioner and the young person how they are feeling about themselves.

- Goal Based Outcomes
 - o CYP finishing counselling with a paired outcome: 9
 - o Avg. Pre Score: 5.8
 - o Avg. Last Score: 8

Goal Based Outcomes compare how far a young person feels they have moved towards reaching their goal that they had set for themselves. On the scale used 0 represents no progress and 10 represents goal reached.

- Child Session Rating Scale (SRS) (13+ years old)
 - o CYP finishing counselling with a paired outcome: 5
 - o SRS Avg. Pre Score: 7.1
 - o SRS Avg. Last Score: 9.3

Child Session Rating Scale (CSRS) (6-12 year olds) and **Session Rating Scale (SRS)** (13+ years old) are measuring tools used to measure key areas of effective therapeutic relationships. The outcome is an aid to get real time feedback from young people regarding their feelings about their sessions so problems can be identified and addressed. A scale of 0-10 is used to rate the following areas: relationship, goals and topics, approach and method and overall experience.

Advice, Rights & Advocacy at CDI

	Q1	Q2	Q3	Q4	Q4 fy22-23	FY 22-23
Number of referrals	0	10			4	36
Clients started in ARA	1	10			2	32
Clients seen in ARA	7	10			12	34
Clients ended ARA	4	5			6	28
Clients in ARA end of quarter	3	5			6	Avg. 8 clients
Consultations offered *	143	105			124	635
Consultations completed	143	105			124	626
Cancellations	0%	0%			0%	0%
DNAs	0%	0%			0%	1%
Highest presenting issues	Disability / Learning Difficulties & Housing	Housing, Sourcing Food & EHCPlan			Depression	Depression, Anxiety & Family

*Consultations offered include one to one meetings, external meetings, telephone consultations & email correspondence

Update from Advice, Rights & Advocacy Service Manager, Jacqui Henry

This quarter has been particularly challenging, as referrals especially with school content were very difficult to do anything about. However, whilst on holiday it did give excellent opportunity to speak to the young people and/or parent/carer about what was happening for them within that environment.

Presenting ARA clients

- Referral source: Self Referrals (Phone calls/email/via website), CDI Outreach and CDI counsellors
- Main Ward localities: New Addington; Fairfield and West Norwood

Case Study

To follow on from case study provided previously about a family of three, reported in the previous quarter.

The family contacted to inform us of their situation which is changing in a positive way.

The parent explained she had recently complained via her GP service about the living conditions the family are living and experiencing. An example of this is a real lack of space, privacy, etc., for all the family. The accommodation comprises of a room which is divided and sectioned off appropriately but is not big enough for a family of three.

Bedtime can and is extremely difficult for the parent, as she has to sleep in one bed with her young son. During the night, he tends to “kick-out”, whilst sleeping, which makes it difficult and uncomfortable for her especially as she has her own disability to sleep peacefully.

The parent contacted A&RA to update on her situation. The parent told me the housing department contacted her. The parent explained on receiving that call, she could now “bid” on the system for a property. This was the news this parent has been waiting for and since then has been so happy that she now has something to look forward. Do not mis-understand, she is fully aware that this process will take time, however, the knowledge she can now access the bidding system has given her a new lease of hope. For this family, it is only a matter of time to obtain an affordable property this parent needs for her family.

Outreach Service & CDI Talkbus

	Q1	Q2	Q3	Q4	Q4 fy22-23	FY 22-23
Number of contacts accessing Talkbus Outreach Team	1127	819			1382	4742
Number of sessions	124	108			222	741
Safe Space sessions	16%	16%			10%	n/a
Number of contacts accessing Safe Space sessions	122	131			115	n/a
Help is at Hand sessions	11%	10%			12%	n/a
Number of contacts accessing Help is at Hand support line	26	25			42	n/a
Highest presenting issues	School/College, Relationships & Personal Safety	Friendships School & Anxiety			School/College, Stress & Relationships	School/College, Relationships & Stress

Update from Outreach Service Manager, Clinton Waller

This quarter covered the summer sessions and deliveries, which included Addington Carnival, South Norwood Festival and Croydon Pride. It was great to attend these annual events and see the crowds begin to return to the numbers pre-covid.

This quarter also saw the introduction of our new Talkbus. Due to some initial 'mechanical teething issues', we delivered several detached sessions. However, the issues were soon resolved and the Talkbus has continued to turn heads since. Young people and Croydon residents are loving the cleaner, quieter more eco-friendly space. We have also been able to access some of the less accessible, more remote areas of the Borough.

As news and information about this service reaches more people, Safe Space sessions in particular, have become more established, with young people, parents and carers. In a period compounded by the impact of the cost of living crisis and a recent spike in tragic youth violence, mental health support has been needed more than ever. Talkbus and the Outreach team have been able to respond quickly to incidents, providing that support. We were able to offer support with the Talkbus at Old Palace School, to staff and students, following the tragic death of Elianne.

The Talkbus and our Outreach Team continue to respond to the needs of the young people and families in our Borough.

Contacts presenting to Outreach & Talkbus

- **Gender:** Male: 378 Female: 441
- **Age:**
- Under 13: 104
- 13-15: 219
- 16-19: 118
- 20-25: 70
- Over 25: 81
- Parent/Carers: 80
- Professionals: 127
- Age Unknown: 20

- **Ethnicity:**
- Black African: 30
- Black Caribbean: 38
- Black British: 133
- Black Other: 12
- Mixed Heritage: 46
- Indian:3
- Pakistani: 5
- Bangladeshi: 14
- Asian Other: 59
- Chinese: 1
- White British: 151
- White Irish: 1
- White Other: 25
- Other: 83
- Ethnicity Unknown: 218

BAME %: 66%

Sessions (Ward Location of Outreach session delivery)

- Addiscombe West: 5
- Broad Green: 2
- Crystal Palace & Upper Norwood: 1
- Fairfield: 49
- New Addington South: 3
- Norbury & Pollards Hill: 1
- Out Of Area: 2
- Park Hill & Whitgift: 10
- Shirley South: 2
- South Norwood: 3
- Unknown: 12
- Waddon: 1
- West Thornton: 17

Issues presented during Outreach sessions:

- Anxiety: 1
- Anxiety/Stress: 24
- Benefits: 3
- Bereavement: 3
- Bullying: 4
- Careers/Edu/Training: 8
- Contraception: 7
- Debt: 2
- Depression/Low Mood:16
- Disability: 4
- Drugs (Specify): 3
- Eating Disorders: 3
- Friends: 1
- Healthy Living: 12
- Homelessness: 2
- Housing: 2

- Info Advice & Guidance: 64
- Immigration: 1
- Personal Safety:19
- Positive Activities: 33
- Relationships: 28
- School: 25
- Self Esteem:14
- Self-Harm: 4
- Smoking:1
- Social Media/Cyber Bullying: 2
- SRE: 1
- Suicidal Feelings: 7

Feedback from individuals receiving support during the specific quarterly reporting period:

"When you arrive at Drop In feeling at your worst, I felt supported in every problem I've had. My life has changed in so many ways and I feel able to do more without so much worry/negative thoughts."

"I'm happier and have higher self-esteem. I have found my sexuality and gained confidence. I got good advice to handle situations."

"I feel calm. You helped me because I could talk to you and not feel embarrassed. Don't wanna die anymore. I feel more secure within myself. It's ok."

"I was at a stage where I really needed a leg up in life, I feel like you and your service have really given me the support to reach goals I didn't think I could achieve. Thank you again."

"I think they should be in our school more often. They're amazing and very comforting, I also love how they are so understanding. Overall I love them."

"Good energy, safe space."

"At the beginning I was so lost and wanted to commit suicide. But now when I wake up, I'm so happy about the day ahead and I've found a way to deal with my problems. Thanks to my Talkbus worker I am much happier and proud."

Case Study

1. Male age 15

A young person came to visit the Talkbus on our regular North End session in Croydon. They stayed with us for almost an entire session, sharing about their day at school and enquiring about our services. The young person is autistic and goes to a specialised school.

On one occasion they shared some of their problems, in particular an issue amongst their friendship group. We allowed them the space to vent about these feeling and gave them advice and techniques to try and resolve the issue. The following week they returned and was eager to update us on the situation.

Since our initial meeting, which was three months ago, this young person has created such a strong relationship with the Outreach team that they come on the Talkbus on average three times a week, as they feel this is a safe space for them to speak freely. During the school holidays they look us up on social media to see where we are going each day and frequently visits us at different sites,

normally spending 3 hours with us all. They have shown such an interest in our services that they support the set up and pack down of the Talkbus and give us valuable feedback as to how to support young people of their age. They are now part of our Young Peoples Team, aiding us in creating a warm and welcoming environment for young people throughout the borough.

- 16 year old K had been through difficulties at home, experienced family turmoil and lacked motivation.

K's mother is Hungarian and needs his assistance to translate and help with daily meetings. He has to attend meetings to help her at the Job Centre and with the Council's Housing Department. He has an estranged relationship with his father.

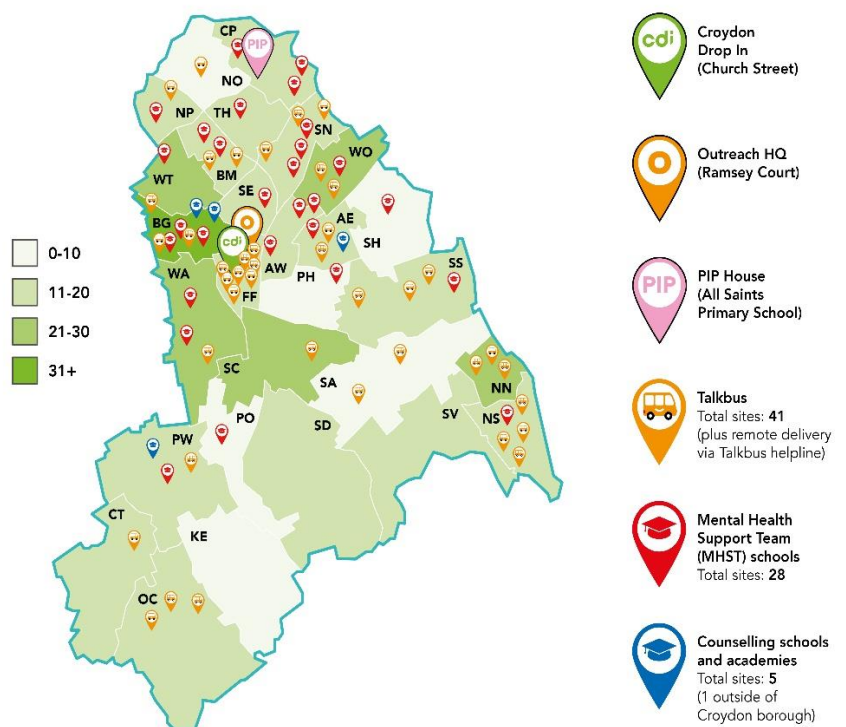
When he visited the Talkbus he would often bring his sister with him and spend time talking about school, life and one of his passions, gaming and computing.

We worked on exercises to help with his mood and set a path towards short-term and long-term goals. We also talked about what he has been through and how well he has dealt with it showing resilience he never knew he had. The Circle of Control is a tool used to take accountability and control over what is in his possession.

He did well enough in his GCSE's to get into an FE College and is studying ICT, maths and physics. We continue to work with his sister when we visit her secondary school.

Children, young people and families accessing support from Community Counselling, Advice & Rights Advocacy, Go Further Go Higher and Parent Infant Partnership:

AE	Addiscombe East	13
AW	Addiscombe West	16
BM	Bensham Manor	14
BG	Broad Green	34
CT	Coulsdon Town	15
CP	Crystal Palace & Upper Norwood	18
FF	Fairfield	13
KE	Kenley	6
NN	New Addington North	23
NS	New Addington South	20
NP	Norbury & Pollards Hill	12
NO	Norbury Park	10
OC	Old Coulsdon	13
PH	Park Hill & Whitgift	6
PW	Purley & Woodcote	15
PO	Purley Oaks & Riddlesdown	7
SD	Sanderstead	13
SE	Selhurst	14
SA	Selsdon & Addington Village	7
SV	Selsdon Vale & Forestdale	13
SH	Shirley North	10
SS	Shirley South	13
SC	South Croydon	29
SN	South Norwood	12
TH	Thornton Heath	19
WA	Waddon	24
WT	West Thornton	23
WO	Woodside	28
	Out of area	28
	Unknown	1
Total:		469



Go Further Go Higher

Go Further Go Higher (GFGH) is an initiative supported by South West London ICS. The project aims to offer pro-active, targeted emotional well-being support for young people aged 16-25 who are moving between Secondary Education and into Apprenticeships or into Tertiary Education and who are struggling with transition or moving forward. Go Further Go Higher aims to help young people develop independence and decision making skills whilst also improving mental health and their ability to move forward in life with confidence.

	Q1	Q2	Q3	Q4	Q4 fy22-23	FY 22-23
Number of referrals	8	9			6	30
Assessments completed for 1to1 work	8	8			6	28
YP started GFGH 1to1 sessions	5	9			6	25yp
YP seen in GFGH 1to1 sessions	10	14			13	29 (unique yp.)
YP ended GFGH 1to1 sessions	5	5			7	23yp
YP in GFGH 1to1 sessions end of quarter	5	10			6	Avg. 5yp
Sessions offered	46	78			61	245
Sessions attended	37	68			53	185
Cancellations	17%	9%			11%	10%
DNAs	0%	4%			2%	13%
Highest presenting issues	Anxiety, Self-esteem & Depression	Depression Anxiety & Loneliness			Depression, Self-esteem, Anxiety & Family	Depression, Anxiety & Self-esteem

Update from CDI Service Manager, Sonia Garnett:

The Project continues to offer unique and creative support to young people in Croydon who are between the ages of 16 – 25 and need help moving forward in life. The project is still receiving referrals on a regular basis and managing to keep the waiting list low and respond to young people within 2 weeks.

The main issues young people need help with remain the same; anxiety, low mood and low confidence/self-esteem. We have had an increase in young people referring themselves for support, we have been promoting GFGH via the Talkbus over the summer and this has raised the profile again, particular at community events. Going forward we plan to continue working in partnership with other organisations and find new ways of helping young people achieve their goals and make positive choices to create a better future for themselves.

Assessments for GFGH

- Referral source: Self Referral: 5, CDI Duty Team: 1, Local Authority: 1, College: 2
- **Gender:** Female: 5 Male: 4
- **Age:** 16yrs: 1, 17yrs: 4, 18yrs: 2, 20yrs: 1, 22yrs: 1
- **Ethnicity:** Asian/Pakistani: 1, Black African: 2, Mixed W/A: 1, Mixed W/BC: 1 Other: 1, White British: 3
 - o BAME %: 50%
- Ward localities: Coulsdon, Fairfield, New Addington North, Norbury & Pollards Hill, Out of Area, Purley & Woodcote, Shirley South and Woodside

- Average time YP spent in GFGH:
 - o 0-4 weeks: 7
 - o 4 weeks - 3 months: 1
 - o 3-6 months: 0
 - o 6-12 months: 0
 - o 12 months +: 0

Go Further Go Higher Monitored Outcomes

- CORE-10 (16+ year olds)
 - o YP finishing GFGH with a paired outcome: 3
 - o YP finishing GFGH that recorded an improvement in how they felt: 3
- Goal Based Outcomes
 - o YP finishing GFGH with a paired outcome: 4
 - o Avg. Pre Score: 0.6
 - o Avg. Last Score: 6.9
- Session Rating Scale (SRS) (13+ years old)
 - o YP finishing GFGH with a paired outcome: 2
 - o SRS Avg. Pre Score: 9.5
 - o SRS Avg. Last Score: 10

Feedback from YP receiving support during the specific quarterly reporting period:

“This gave me space to feel relaxed and heard without having to put up my guard. I was given a super friendly, relatable and generous person who has given me confidence, helped me get a job and has helped me financially by applying for the Household Fund. I now have a job, I am sober and feeling great!”

“I have a better relationship with my mum and family, I feel confident to express myself and share my feelings. I don’t stay in negative situations anymore, I find a way to move forward and make my life better. I know it’s ok to ask for help and trust myself to make the right choices. I couldn’t have achieved this without help and I’m so happy for the support I have received.”

Case Study

LM is a 22 year old Male, we started working together at the end of July 23. It was obvious from the start that he needed some support but it was also very clear to see that he had a lot of potential to achieve if the right support was put in place. During our initial discussion, LM mentioned that he struggled with anxiety and self- confidence and wanted to work on improving those as well as getting and keeping a job. LM mentioned that he had been battling with low mood and anxiety since the passing of his mum 6 years ago and felt it was time he received some help in order to move forward with his life. Over the next coming weeks LM and I got to know each other which helped me to understand his needs and how best to support him. In our 3rd week I got LM an interview at a local golf club to work as a waiter. LM completed his interview and was given a trial shift the following week. On completion of his trial shift LM was then offered the job working 4 days a week which he was excited about. LM felt having a job made him feel like a contributing member of society, he felt proud of the fact that he could help his dad out at home too. LM has made other positive adjustments by getting back into reading and writing, joining the gym and just being more socially active. LM is very happy with the progress he made but still feels like has a way to. He is hoping to do an English course in the next term and would like to go to university in the future.

LM completed an evaluation which was lovely to read. It’s nice to know that we’ve successfully been able to support someone and help them move forward.

Mental Health Support Team

The Mental Health Support Team (MHST) have been working with the following schools:

MHST Wave 2 (W2)	MHST Wave 6 (W6)
Broadmead Primary	All Saints Primary
Chestnut Park	Archbishop Tenison's CofE High School
Christchurch CofE Primary School	Beulah Infant and Nursery School
Ecclesbourne Primary School	Cypress Primary School
Oasis Academy Shirley Park	Forest Academy Primary School
Paxton Academy Sports And Science	Harris Academy South Norwood
St John's CofE Primary School	Harris Invictus Academy Croydon
Thomas More	John Wood School & Nursery
Whitehorse Manor Infant School	Norbury Manor Primary
Whitehorse Manor Junior	Oasis Academy Arena
Winterbourne Boys	Robert Fitzroy Secondary School
Woodside Primary School	Rockmount Primary
	The Minster Junior
	The Minster Nursery and Infant School

	Q1	Q2	Q3	Q4	Q4 fy22-23	FY 22-23
Number of W2 referrals	72	38			115	328
Number of W6 referrals	74	67			119	271
Total number of MHST referrals	146	105			234	599
Number of W2 referrals accepted	50	33			86	268
Number of W6 referrals accepted	50	50			111	245
Total number of MHST referrals accepted	100	83			197	513
YP supported by W2 with an open referral	228	187			256	454 (unique yp)
YP supported by W6 with an open referral	249	225			251	303 (unique yp)
Total YP supported by MHST with an open referral	477	412			507	757 (unique yp)

Referrals to MHST

Reason for referral	Number of Referrals
Anxiety	50
Behavioural Issues	31
Depression	18
Self Harm	3
Unknown	3 (from W2)
Total	105

- **Gender:** Female 51% Male 49%
- **Age:**
- 0-4yrs: 3

- 5-7: 30
- 8-10: 23
- 11-13: 31
- 14-16: 17
- 17-19:1

Ethnicity:

-BAME: 51.4%

-White British: 33.3%

-Not stated: 8.6%

-Other: 6.7%

MHST session activity:

Clinical Activity	No. of Sessions
Adolescent anxiety	133
Adolescent low mood	27
Art and play	36
Behavioural activation	1
Behavioural difficulties	101
Child anxiety	49
Computerised Guided self help	1
Counselling	335
Other	63
Group Therapy	14
Workshops/groups	21

MHST Monitored Outcomes

Number of Closed referrals with two or more contacts that had a paired outcome score of same type recorded: 29

Number of Closed referrals with two or more contacts that had an intervention recorded: 114

Case Study:

A is a 15 year old female referred to the MHST Emotional Wellbeing Practitioner due to her teachers and parents noticing a change in her mood. The assessment revealed that both anxiety and low mood were presenting issues and we agreed to focus on the anxiety intervention as this seemed to be impacting on her academic and social life with the option to then look at low mood once the anxiety intervention was completed. A also identified problems around communicating how she is feeling with others and experiencing panic symptoms.

Over the 8 sessions we spent time understanding the causes and maintaining factors of anxiety for A and looked at what exposure tasks we could do to reduce A's anxieties in social situations. A found the exposure tasks helpful and was able to make improvements on the goals she set in the first session. As the sessions progressed it appeared that A was more forthcoming about her worries and we were also able to discuss the use of valued activities to help support her when she was feeling low.

Another key element during the intervention was for A to identify her support system and to actively reach out for support at the times when she was feeling anxious, low or having a problem. This became easier for A based on the positive responses she received from her family, friends and teachers.

Case Study

16 year old Samil was referred through his school following his acknowledgement of aggression shown at home, as well occasions where he cried uncontrollably and was unable to express himself to staff. Samil had also been spending more and more time at his girlfriend's house.

Assessment:

During our assessment session, Samil shared that his girlfriend had planned to end her life that same day. Samil also shared that he had thoughts of suicide but had not planned to take his life. We agreed to report this to the safeguarding team.

In our second assessment session we explored how Samil felt forgotten by his family and how they were hostile to his romantic relationship; his 'overthinking' at school; low mood and self-labelled OCD. Samil also set his goals to control his overthinking & manage his ability to focus in lessons.

Sessions:

Over an extended 12 sessions, we explored the emotional burden of relationships. Through our sessions Samil grew independently, with his internal locus of evaluation beginning to develop, which had previously been impacted by his parent's expectations, which he carried into his romantic relationship. Using grounding techniques Samil began to manage his emotions, where he became more empathic of both his own emotions and others' emotions.

Samil shared his difficult relationship with anger, one which he had witnessed expressed by his dad and brother and appeared culturally unacceptable to display. We explored anger as an emotion and looked at healthy ways to express it.

Whilst supporting Samil's suicidal ideation, we looked at self-care techniques and explored ways to challenge intrusive thoughts. As we approached our final sessions, Samil's RISK score lowered to a 1. He also appeared more focused on his studies, started exercising and even expressing himself through dying his hair.

Parent and Infant Relationship Service

	Q1	Q2	Q3	Q4	Q4 fy22-23	FY 22-23
Number of consultations with Operational Lead prior to referral	11	0			5	33
Number of referrals to Keyworkers	1	5			4	25
Number of referrals to Therapists	2	2			1	12
Number of referrals to Operational Lead	0	0			0	9
Total number of PAIRS referrals	3	7			5	46
Number of cases open within the quarter	16	20			20	n/a
Number of cases closed within the quarter	7	5			7	n/a
Average time (days) engaged with PAIRS service (cases closed in Q)	259 days	272 days			302 days	n/a

Referrals to PAIRS

- Referral source: 2 x Children Social Care. 2 x Health Visitors, 2 x Perinatal Mental Health, 1 x Voluntary & Community Sector
- Presenting concerns: Emotional, Social & Behavioral

Data on children

Gender: Female 5 Male 2

Age: 0 x1, 4mths x1, 8mth x 1, 9mths x 2, 12mths x 1 and 14mths x1

Ethnicity:

- White British x1, White Black Caribbean x 1, Pakistani x 1, Bangladeshi, x 1, Caribbean x1, African x 1 and Other x 1

Data on primary carer

- Age: 21 – 30 = 5
Age: 31 – 40 = 1
Age: 41- 50 = 1

Ethnicity:

- White British = 1, White Black Caribbean =1, Pakistani =1, Any other Asian Background = 1, Caribbean = 1, Any other Black background =1 and Any other ethnic background = 1

Postcodes:

- CR0 Central – New Addington = 4, CR5(Coulsdon) = 1, CR7(Thornton Heath) = 1 and SE25 (South Norwood Se) = 1

Ward localities:

- Coulsdon Town 1, New Addington South 2, West Thornton 2 and Woodside 2

Reason for case closure:

Consent withdrawn = 1
NFA/Outcomes met = 3
Step up to Social Care = 1

Feedback from families receiving support during the specific quarterly reporting period:

(Dad) *“I feel more knowledgeable, I take the children to play groups and the now the children are more used to going out which makes them feel more confident.”*

“I feel more confident in my parenting. Sessions have helped me understand my baby’s perspective, as well as my toddler’s, much deeper. This has made me more aware of how she is developing and what she needs from me. She needs more than stability and making her feel safe, but also helping

her to feel understood and knowing how and why she is behaving the way she is. It's been a real eye opener."

"In some ways I'm finding her developmental stage harder than before, because she is more mobile and independent and I feel I'm always catching up with her changes and new abilities. But in general I feel that both therapy and key work has helped me to feel that things are much better than before, when she first came home with me."

"Fortnightly sessions suited me best as it helped me to think in between sessions and bring more to sessions. This has made me realise how much I've done as a Dad who has also had a 'Mum' kind of role. I've been able to take a moment to really understand what I've been going through."

"Gaining more confidence that we know more than we thought and are doing better than we thought, e.g. developmental activities. Having a space for M and I to talk about things and have a third person to discuss things with, reassurance that both of us and Baby M were doing well."

"I appreciate you coming into my space it feels more personal and safe at home. It's been really helpful to reflect on things that had connected. I feel more positive after the sessions, I appreciated the space being more consistent and it has meant that dad could join sometimes."

"I am able to see more of my child, I now understand he is his own individual. I used to see his cry as a bad mark for me but now I can see it as his communication."

"I feel better and supported when I had a wobble knowing that someone was there to help made the burden less heavy. It made my MH much better. When I had difficult thoughts about M, being able to talk about them helped to dissipate and not become worse."

"Having a space as a family it helped me feel more close to my child and notice how she feels close to me. I now realise that she loves me and it reminds me how she feels close to me. I think this service would have been more helpful earlier, as early as possible. Make people aware of the service, even through midwives during pregnancy. I was not aware of this existing."

Case Study

Father (Y) and baby (X) (British Caribbean) were first referred to the PAIRS (PIP) team by their social worker, to discuss Y's concerns, learn about X's development from her point of view as well as better understand the impact of Y's past experiences on his developing relationships as a father.

Y had recently been living with his partner in a parental assessment unit along with X. This was soon followed by a supervision order, under which Y was to be the primary carer. This process had been a traumatic for Y, especially as his toddler was also under an SGO with the paternal grandmother, living within the same family home. The children's mother had weekly supervised contact with the children, however, due to her residence in another borough, did not participate in sessions.

In the beginning, Y struggled to trust his PIP key worker and psychotherapist, after previous negative experiences with professionals. Y, however, was a committed father and eager to talk about his young children, as his relationship with their mother was strained and he appreciated being able to explore X's development as her main carer.

Parent-infant psychotherapy enabled him to explore his changing identity as a new Dad unexpectedly, trying to juggle the demands of his family as well as lose his independence and survive financially. He also discovered how to consider each of his infants as an individual and reflect on his relationship with both, shaped by different circumstances, temperaments and pre/ post-natal experiences.

Key work focussed on introducing Y and X to services and to create opportunities to cultivate a stronger bond. He had recently attended and completed the Croydon 'Baby and Us' course. Y and X

engaged with various local baby groups including Purley Oaks children's centre, Aerodrome children centre, a local library rhyme time session and eventually, a local leisure centre soft play session.

The Children Centre staff shared some positive feedback regarding Y's renewed motivation to attend groups with X on his own, which was a clear outcome of the work, alongside support to access child benefit and the 'healthy start card.' Two year old funding was also awarded for the older infant, who was able to begin attending nursery.

Social Care are now no longer involved with the family due to the positive progress Y made as a result of his engagement with PIP key work and parent-infant psychotherapy. Y himself fed back in his end of service evaluation:

"X's personality is growing, she now has a voice, and she is able to tell you her likes and dislikes. She's confident, more sociable, willing to play and good at expressing herself. I feel more confident in my parenting. Sessions have helped me understand my baby's perspective, as well as my toddler's, much deeper. This has made me more aware of how she is developing and what she needs from me. She needs more than stability and making her feel safe, but also helping her to feel understood and knowing how and why she is behaving the way she is. It's been a real eye opener. I feel that both therapy and key work has helped me to feel that things are much better than before, when X first came home with me. This has made me realise how much I've done as a Dad who has also had a 'Mum' kind of role. I've been able to take a moment to really understand what I've been going through."

Counselling in Schools & Academies

The data collected represents the counselling services delivered at:

- Elmwood Junior School, CR0 2PL
- Harris Primary Academy, CR0 3JT (previously Kingsley Primary Academy)
- Oasis Academy Shirley Park, CR9 7AL
- St. Nicholas School, CR8 4DS
- The Ravensbourne School, BR2 9EH

	Q1	Q2	Q3	Q4	Q4 fy22-23	FY 22-23
Number of referrals	24	22			30	140
% of referrals in Primary School	8%	39%			17%	25%
% of referrals in Secondary School	92%	61%			83%	75%
YP started counselling	31	21			33	141 _{yp}
YP seen in counselling	114	103			107	200 (unique yp)
Young people ended	33	46			23	116
YP in counselling end of quarter	81	57			84	Avg. 70 _{yp}
Sessions offered	691	317			813	2425
Sessions attended	534	237			627	1954
Cancellations	9%	11%			12%	9%
DNAs	11%	14%			8%	8%
YP waiting for counselling at end of quarter	6	0			4	Avg. 12 _{yp}
Highest presenting issues	Depression, Anxiety & Self-esteem	Anxiety, Family, Depression			Anxiety, Depression & Family	Anxiety, Family & School

Referrals for Counselling in Schools

- **Gender:** Female: 60% Male: 36% Gender Neutral: 4%
- **Age:** Primary School: 40 Secondary School: 63
- **Disability:** 0
- **Neurodiverse:** 7%
- **Young Carers:** 2%
- **Sexuality:** Heterosexual: 47% Gay: 1% Not Stated: 42% Prefer not to say: 7% Other: 3%
- **Ethnicity:**
 - o BAME %: 68%

- Waiting time for counselling in schools:
 - o Less than 4 weeks: 100%
 - o 4-18 weeks: 0%
 - o More than 18 weeks: 0%

- Average time YP spent in counselling in schools:
 - o 0-4 weeks: 13
 - o 4 weeks - 3 months: 7
 - o 3-6 months: 13
 - o 6-12 months: 17
 - o 12 months +: 7

- Issues presented by YP ending counselling in schools: Anxiety, Alcohol use, Bullying, Depression, Domestic Abuse, Eating-related, Family Relationships, Identity, Bereavement, Friendships, School, Self-Esteem, Self Harm, Suicidal Ideation, Trauma, Anger, Neglect, Physical Abuse, Sexual Abuse, Panic Attacks, Sexuality, Sleeping Difficulty, Parental Mental Health and Social Media.

Counselling in Schools Monitored Outcomes

- YP-CORE (11-16 year olds) and CORE-10 (16+ year olds)
 - o CYP finishing counselling in schools with a paired outcome: 19
 - o CYP finishing counselling in schools that recorded an improvement in how they felt: 16

- Goal Based Outcomes
 - o CYP finishing counselling in schools with a paired outcome: 8
 - o Avg. Pre Score: 2
 - o Avg. Last Score: 8

- Child Session Rating Scale (CSRS) (6-12 year olds) and Session Rating Scale (SRS) (13+ years old)
 - o CYP finishing counselling in schools with a paired outcome: 19
 - o CSRS Avg. Pre Score: 7.2
 - o CSRS Avg. Last Score: 10
 - o SRS Avg. Pre Score: 9.4
 - o SRS Avg. Last Score: 10



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