



Croydon Drop In Quarter 4 Report

1st January – 31st March 2024



“Can I just say that I think Croydon Drop-in is a fantastic organisation.

I love the diversity in your staff group, the Care for Croydon Collectives have been amazing, ‘A Cronx Tale’ is excellent and I just adore the Talkbus team - may Lorna RIP.

We work closely with your team and we advertise CDI at almost every encounter we have with young people as we think you are a brilliant service. It really is a pleasure to work with Croydon Drop-in.

May Croydon young people always have Croydon Drop-in to support them...”

(Croydon-based Statutory Sector Practitioner)

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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: johnhylton@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: nicolanewman@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	FY 23-24
Number of referrals ⁽¹⁾	134	123	138	152	547
Assessments completed ⁽²⁾	85	86	118	113	402
10-18 year olds assessed	84%	83%	84%	86%	84%
19+ year olds assessed	16%	17%	16%	14%	16%
YP started counselling ⁽³⁾	63	57	42	73	235yp
YP seen in counselling ⁽⁴⁾	147	115	99	126	286 (unique yp.)
YP ended counselling	88	59	45	62	254yp
YP in counselling end of quarter	58	57	55	64	Avg. 58 yp
Sessions offered	916	719	741	594	2970
Sessions attended	670	485	544	369	2068
Cancellations	17%	22%	19%	29%	22%
DNAs	6%	10%	8%	9%	8%
YP waiting for counselling at end of quarter ⁽⁵⁾	100	110	60	191	Avg. 115yp
Highest presenting issues	Anxiety, Anger, Depression & Panic	Anxiety, Depression & Self-Esteem	Anxiety, Depression, Self-Esteem, Anger, Sleeping Difficulty	Anxiety, Depression & Panic Attacks	Anxiety, Depression & Anger

(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.

Update from Community Counselling Service Manager, John Hylton

- 10% increase in YP accessing counselling
- 12% increase in in CAMHS referrals
- 80% increase referrals from GPs
- 140% increase in referrals from Educational establishments
- Waiting to have an assessment mostly happens within the first 2 weeks of contacting CDI for counselling. Wait times can be longer when clients do not return messages and give wrong numbers
- 7% fall in males accessing counselling
- 19% of the client group are 13 - this is the biggest demographic to access counselling.
- 48% total Black and Asian young people accessing the service
- Highest presented issues: Anxiety, Depression, Panic Attacks, Anger-related issues, Self Esteem, Family issues, Sleep difficulty and School-related issues
- Community Counselling now offers, 'Waiting List Support'. This is carried out by a CDI practitioner who is part of the SPOC referrals/assessments team. Those waiting on the waiting list will receive a call from CDI at particular intervals. The WLS practitioner will acknowledge their wait, confirms that they are still on the waiting list and wish to remain and more importantly, signposts YP to support services, in particular, Kooth.
- With regard to reducing the waiting list, a work force review was completed and an additional 5 counsellors need to be recruited as well as 2 student counsellors on placement. This will allow for greater usage of our Upper Norwood site as well as for the Saturday service to resume again.

Assessments for Counselling at CDI

- **Main referral sources:** SPOC 56%, GP 14%, Family 11%, School/College 8% Others 11%
- **Gender:** Female: 72% Male: 23% Gender Neutral: 2% Transgender: 2% Other: 1%
- **Age:** 10-13 yr olds = 55% 14-18 yr olds = 28% 19-25 yr olds = 17%
- **Sexuality:** Heterosexual: 37% Lesbian: 1% Bisexual: 1% Other: 2% Not Stated: 56% Prefer Not to Say: 3%

Ethnicity			
Indian	3%	Mixed White & Black Caribbean	10%
Pakistani	2%	Mixed White & Black African	5%
Asian Other	4%	Other	1%
Black African	5%	White British	36%
Black British	9%	White Irish	2%
Black Caribbean	8%	White Other	6%
Mixed Heritage	5%	Did Not Say	2%
Mixed White & Asian	2%	Other	1%

Black and South Asian breakdown	
Black & Black Other	36%
South Asian & South Asian Other	12%
Total	48%

- **Postcodes:** CR0: 46% CR2:8% CR7: 10% CR5: 7% SE25: 1% CR8: 7%
Others: SE19/SE9/SM1/SM6/SW16

- Waiting time for counselling at CDI
 - o Less than 4 weeks: 10 yp
 - o 4-18 weeks: 26 yp
 - o More than 18 weeks: 37 yp

- Average time YP spent in counselling at CDI
 - o 0-4 weeks: 18 yp
 - o 4 weeks - 3 months: 32 yp
 - o 3-6 months: 6 yp
 - o 6-12 months: 5 yp
 - o 12 months +: 3 yp

- 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: 33
 - o CYP finishing counselling that recorded an improvement in how they felt: 21

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
 - o Avg. Last Score: 7

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: 3
 - o SRS Avg. Pre Score: 9
 - o SRS Avg. Last Score: 10

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.

We asked young people...

Did counselling meet your expectations?	What's different now?	What have you gained from counselling?
<i>It has helped as instead of keeping my feelings in and not saying, I am able to express them and not feel so stressed.</i>	<i>My mum has dialled down asking me and badgering me anymore. I have spoken with my dad and he texts me more which is nice. Panic attacks, knowing what they are helps, I practice the breathing and I can cope with them better.</i>	<i>That I had a lot to deal with and I didn't realise how much I had to deal with and how much was on my shoulders. I am overwhelmed by my thoughts sometimes.</i>
<i>It does help to talk to someone, express what is wrong with me, in the past year I have talked a bit more now I am in counselling.</i>	<i>Not much different due to the ongoing court case, finishing College is my dream.</i>	<i>Having the opportunity to talk about my emotional state of mind with the counsellor and to others outside of counselling.</i>
<i>Opened up a lot more and become more confident in expressing my inner feelings, understanding its ok to feel low, it has encouraged me to get up and try and to have faith in myself.</i>	<i>I don't really get uptight with friendships and I don't search out others, I feel I am taking baby steps in feeling ok to be on my own sometimes.</i>	<i>I am stronger than I thought, I didn't feel worthy or valuable and I was weak. I have learnt that when it is dark there is always light and I can get through. I strive for that. I am feeling better about myself.</i>
<i>It made me realise that I need to look after myself and that my mum does not control my life and that I need stop blaming myself for my mum's issues. That I am not her parent.</i>	<i>Don't feel suicidal any longer and not as emotionally and physically attached to mum which means its easier to communicate with her at times.</i>	<i>That my mum doesn't have to be controlled by me. I understand that I will probably need counselling again.</i>
<i>It helped me understand that what had happened to me in the past would not define me as a person and it also helped me to more efficiently communicate with my mum, who is one of my biggest support networks.</i>	<i>It has changed the way my mum and I communicate emotionally and how we've now both learnt how to validate each other's feelings.</i>	<i>I have gained a lot of strength and self-worth in my journey in counselling whilst realising how resilient I am.</i>
<i>Gave me new strategies to think about things and look from a new perspective</i>	<i>Try be kinder to myself.</i>	<i>I have to let things go and not obsess about things I can't control.</i>
<i>I was able to talk about anything.</i>	<i>Feel more normal.</i>	<i>That it is ok to be different.</i>
<i>Helped me to realise that my problems are not always real, sometimes I overthink.</i>	<i>I have become more confident in being who I am.</i>	<i>Confidence.</i>

Case Study

Client is a young woman in her early twenties, who had cancer as a teenager. The aggressive treatment has given her ongoing mobility issues, and chronic pain, as well as memory problems for the rest of her life. One way the client dealt with the difficult feelings around this was to self-harm.

The counsellor focused on helping the client to express her complicated and difficult feelings about her cancer, how much it had taken and how grateful she also was to be alive, how much she wanted to protect her family but also how much pain the medical treatment has left her with, to the point that she almost does not want to go on living sometimes.

The counsellor also put the client in touch with some organisations who would be in touch with her in the moments that she most needed support, as with her memory problems it was hard for her to unpick historical self-harm injuries as she found it hard to remember what had happened. Whilst the client has continued to self-harm, she also now actively reaches out to outside organisations such as MIND to support her throughout the week, and to talk through her many, many losses and associated grief, guilt and anger with her CDI Counsellor

Case Study

Bella is 14 and was referred to the service through the SPOC referral route. Bella presented with anxiety, self-harm, suicidal thoughts, and suicide attempts. A safeguarding concern was raised at the initial assessment so that the safeguarding team was aware of her vulnerability.

Initially, Bella was reluctant to engage as she felt unused to talking about her feelings.

I found ways to engage Bella including giving her space to talk about the things she felt comfortable talking about – things that didn't involve her feelings. In allowing her this space, Bella soon relaxed and began at her own pace to start to talk about things that had happened in her life that made her feel worthless – the psychological hurt that caused her to self-harm. Bella struggled especially with a negative self-image.

Because of Bella's past suicide attempt and ongoing self-harm we agreed to extend her sessions to allow extra time to work on building her self-esteem and self-worth.

Bella continued to explore her feelings and acknowledged that this was beginning to feel more natural. Bella continued to struggle with her self-image and we agreed that this would be a work in progress for her to continue on her own after therapy finished. Bella still felt the desire to self-harm but the frequency of these thoughts diminished towards the end of therapy.

In working with Bella, I learned that young people cannot be rushed and that sometimes, extending the course of therapy is necessary in giving the young person the right support.

Advice, Rights & Advocacy at CDI

	Q1	Q2	Q3	Q4	FY 23-24
Number of accepted referrals	0	10	1	1	12
No. of enquiries received	23	19	30	72	144
Clients ARA casework	1	10	1	1	13
Clients seen as ARA cases	7	10	5	5	27
Clients ended ARA	6	8	8	3	25
Clients in ARA end of quarter	3	5	5	5	Avg. 4 clients
Consultations offered *	143	135	159	146	583
Consultations completed	143	135	159	146	583
Cancellations	0%	0%	0%	0%	0%
DNAs	0%	0%	0%	0%	0%
Highest presenting issues	Disability / Learning Difficulties & Housing	Housing, Sourcing Food & EHCPlan	Housing, School Exclusion & Domestic Abuse	Housing, Family Law & Welfare Benefits	Housing, Family & Welfare Benefits

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

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

- This quarter coincided with the Advice Quality Standard re-Accreditation, which I am happy to say was a success.
- The trend toward shorter-term interventions and advice-giving, and less longer term casework, continues, with another rise in the number of enquiries
- An increase in enquiries stems across different areas including housing. Housing continues to be the main issue of concern followed closely by Welfare Benefits.
- Parent/Carers have been contacting about issues with school – one particular question is where a parent of a young person (11 yrs old) who lives in the Borough but attends a school in an adjoining borough was not given a school of choice.
- This period has seen the completion of a Subject Access Review requested by a former young person, who at the time utilised services here with CDI.

Presenting ARA clients

- Referral source: Self Referrals (Phone calls/email/via website), CDI Outreach and CDI counsellors
- Gender: Female 100%
- Ethnicity: BME 100%
- Age range: 17 - 65 year olds

Feedback from a local voluntary sector service on a partnership piece of working...

“Thank you for working with us to support the xxxxxx family. Just to let you know that our volunteer support has now ended and the last visit took place just before Easter. The family are now using their 15 hours of nursery provision and the daughter is settled at nursery. Her speech and engagement has improved.

Thank you for linking the family in with all the services at The Family Centre in New Addington and our volunteer attended Food Stop with them to set up benefits/Universal Credit support sessions with the family. All the children now have new clothes and there is a cot for the baby.

The parent’s confidence has continue to improve after you worked with her and she is accessing services well whilst looking to follow up the contacts you gave her and return to work.”

Case study

A telephone call received at CDI from a statutory service who were supporting a young male aged 20. He had received 11 motorbike fines and sought advice on what she should do. As he was a food delivery driver he was extremely anxious as his livelihood was threatened so he was hiding from the reality so as not to deal with it.

At the time of me contacting him he was riding his bike, I informed him that I would not speak to him whilst he was riding on the road. He informed me he would and did pull over to continue our conversation and we made an appointment.

The young male was advised that I would provide him a service regarding his situation. We arranged a face to face meeting wherein together we:

- Contacted Citizens Advice Bureau (CAB) – via phone/online web chat option
- We had a joint meeting with a local legal firm who helped him (length of time he has had these fines and has done nothing about them, including speeding)
- The legal firm had a specialism in dealing with motorcycling offences – which was a result.
- We looked at the RAC Website. This service provides information/legal help and we checked whether this is free or requires membership.

Outreach Service & CDI Talkbus

	Q1	Q2	Q3	Q4	FY 23-24
Number of contacts accessing Talkbus Outreach Team	1127	819	811	1499	4256
Number of sessions	124	108	119	139	490
Safe Space sessions	16%	16%	19%	17%	17%
Number of contacts accessing Safe Space sessions	122	131	101	97	451
Help is at Hand sessions	11%	10%	11%	10%	10.5%
Number of contacts accessing Help is at Hand support line	26	25	21	21	93
Highest presenting issues	School/College, Relationships & Personal Safety	Friendships, School & Anxiety	Depression/ Low mood, Healthy Living, Anxiety & Stress	Info & Advice, Positive Activities & School	School/College, Relationships & Anxiety

Update from Outreach Service Manager, Clinton Waller

This quarter covers the beginning of the year and in terms of delivery there were staggered school starts and for the charity as we had all been closed for the Xmas break.

'**A Cronx Tale**' is attracting a high amount of interest and we will continue to promote it as a key resource for schools and colleges. It is a must-see short, animated film that educates viewers on how our choices can have serious consequences.

This film is especially important for young people aged 10+, as it addresses issues such as street violence, gang crime and county lines. It comes with a teacher/professional resource to help educators teach these important lessons. We've had a very good reaction from both Primary and Secondary schools and we have started workshop deliveries. After successful presentations to the elected Mayor, Councillor Ola Kolade from Community Safety, the Violence Reduction Unit, MHST Cluster group and Croydon Head Teachers forums we are looking forward to more visibility.

During this period the Young People's Team, assisted with recruitment, completing workshops with the MHST helping them to complete assignments and they are planning a trip to Streatham Ice rink to have some fun!

We have increased our Talkbus delivery, responding to need across the Borough – in areas such as Toller's Lane, Old Coulsdon, White Horse Estate and South Norwood High Street.

Our Safe Space sessions have remained consistent and well attended. We are also experiencing more visitors returning on a regular basis.

Planning Summer Events/festivals – although we are sad to have lost Croydon Pride and the Mela from the summer calendar, we still have a busy agenda, with events at New Addington Carnival, South Norwood Festival, Playfest in Addington and Purleyfest. By way of trying to expand our support out of Borough we are also supporting a Pride Event at Plumpton College in Lewes in June.

In February we also presented the Talkbus to Primary school teachers from across Croydon at Heavers Farm, raising our profile and promoting our services. We are anticipating requests for support around exams and transition.

Contacts presenting to Outreach & Talkbus

Gender:	%	Ethnicity:			
Female	45%	Black African	4%	White Irish	1%
Male	55%	Black Caribbean	6%	White Other	9%
Age:		Black British	19%	Other	6%
Under 13	30%	Black Other	2%	Did not say	11%
13-15	30%	Mixed Heritage	8%		
16-19	12%	Indian	3%		
20-25	10%	Pakistani	2%		
Over 25	3%	Bangladeshi	1%		
Parent/Carers	3%	Asian Other	5%		
Professionals	12%	Chinese	3%		
Age unknown	19%	White British	20%		

Sessions: (Ward Location of Outreach session delivery in order of frequency)

- Fairfield, West Thornton, Park Hill & Whitgift, South Norwood, Addiscombe West, New Addington South, Old Coulsdon, Norbury & Pollards Hill, Selhurst, Broad Green, Crystal Palace & Upper Norwood, Norbury Park, Shirley South, Thornton Heath, Waddon and New Addington North.

Main Issues presented during Outreach sessions:

- Anxiety/Stress, Depression/Low Mood, Personal Safety, Bereavement, Panic Attacks, Positive Activities, Friendships, Isolation, Disability, Mental Health, School & College Issues, Stress, Housing & Homelessness, Substance Misuse, Self-Harm, Careers/Education/Training, Bullying, Immigration, Self-Esteem, Trauma, Sexuality, Welfare Benefits, Healthy Living, Eating-related, Suicidal Feelings, Social Media, Debt & Money Management and Smoking/Vaping.

Feedback from parent/carer...

"Hi Outreach team, thank you for meeting me and my son, listening to me and being a great support system for me. I am encouraged to keep searching for more support for my son. You are truly a blessing to CDI. I have just called the Challenging Behaviour Foundation and am now booked in to speak with someone tomorrow at 2.30pm. I lack words to express my gratitude to you. Thank you so much for giving me the A for Autism booklet, it has really helped."

Young people tell us...

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

"You came to my school before and the work you do is really good. I know I can come on the bus if I need to talk."

"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."

Case Study

This young person was struggling with her self-image and weight, lacked self-confidence leading to self-harm while often the recipient of bullying behaviour, so school attendance was low. She expressed how she hates herself because of her looks.

Through the commissioned work in Schools, we completed a 12-week mentoring program, held in the school environment consisting of one to one sessions with young people, providing a safe and confidential space for speaking freely, with the same mentor constantly for those weeks building a good relationship. Our first session focused on how the YP felt and what sort of things she enjoyed doing in her spare time.

Over the following weeks we worked on her self-esteem and self-confidence, completing several work sheets together on self-power and looking at her attributes, for example - Where do I have the most power in my life and why? Once acknowledged we then moved on to how to grow more self-power. We also discussed the physical things she liked and did not like about herself in detail whilst focusing more on the positives and building on those areas.

In our final session, we worked on self-appreciation. One aspect of her self-appreciation to focus on was to set a goal to attend school every day, which the YP has now accomplished.

As the self-harm being a recent progression in behaviour, she wanted to put a stop to this asap. Together we looked at computer images of other YP's scars through self-harming which we discussed together. As a coping mechanism, I gave the YP a red ballpoint pen to use if she ever felt like self-harming again and suggested that this should have the same effect but will not harm or scar her.

The YP attended the whole 12-week program without missing a week.

She also stopped self-harming, became more active and joined the local gym. I saw the YP grow and embrace her physicality (which was actually changing through exercise) and gain more confidence and happiness.

Case Study

The Outreach Team engaged with eleven Year 6 males all from the same local school.

We were on a detached session in Norbury Park due to the Talkbus being in the garage for maintenance. We decided to go through the park at the end of the school day to engage with young people and came across a large group of male pupils who had seen the Talkbus out & about in the community but had never engaged with us before.

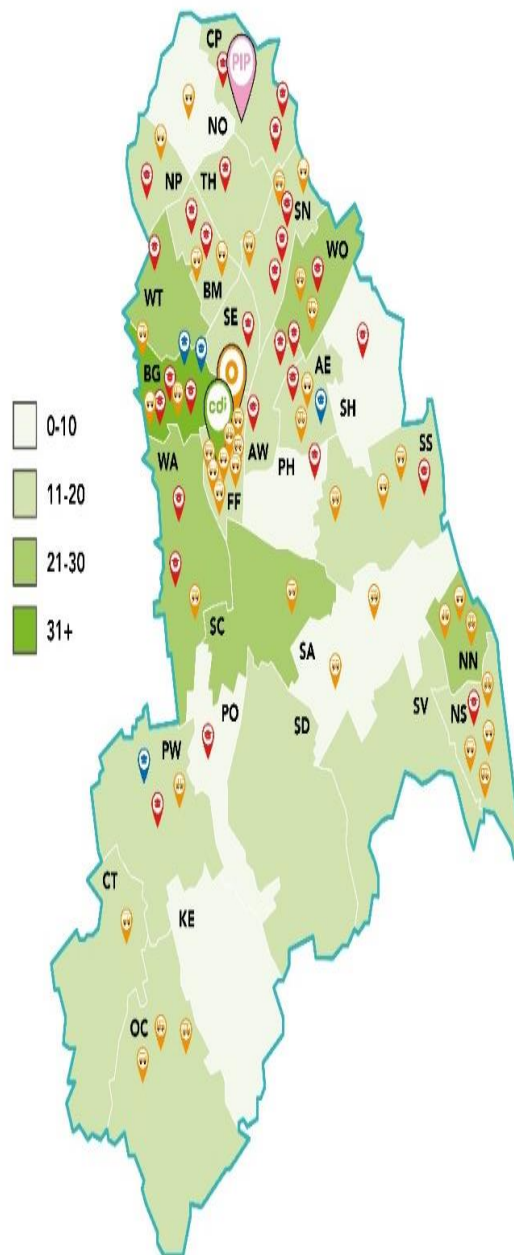
The purpose of the Talkbus and its services was explained and they began to ask questions about personal relationships and issues around the age of consent. What's legal and what's not. We led an informative dialogue that reinforced personal safety and what a positive relationship looks like. All the boys asked questions and were very animated.

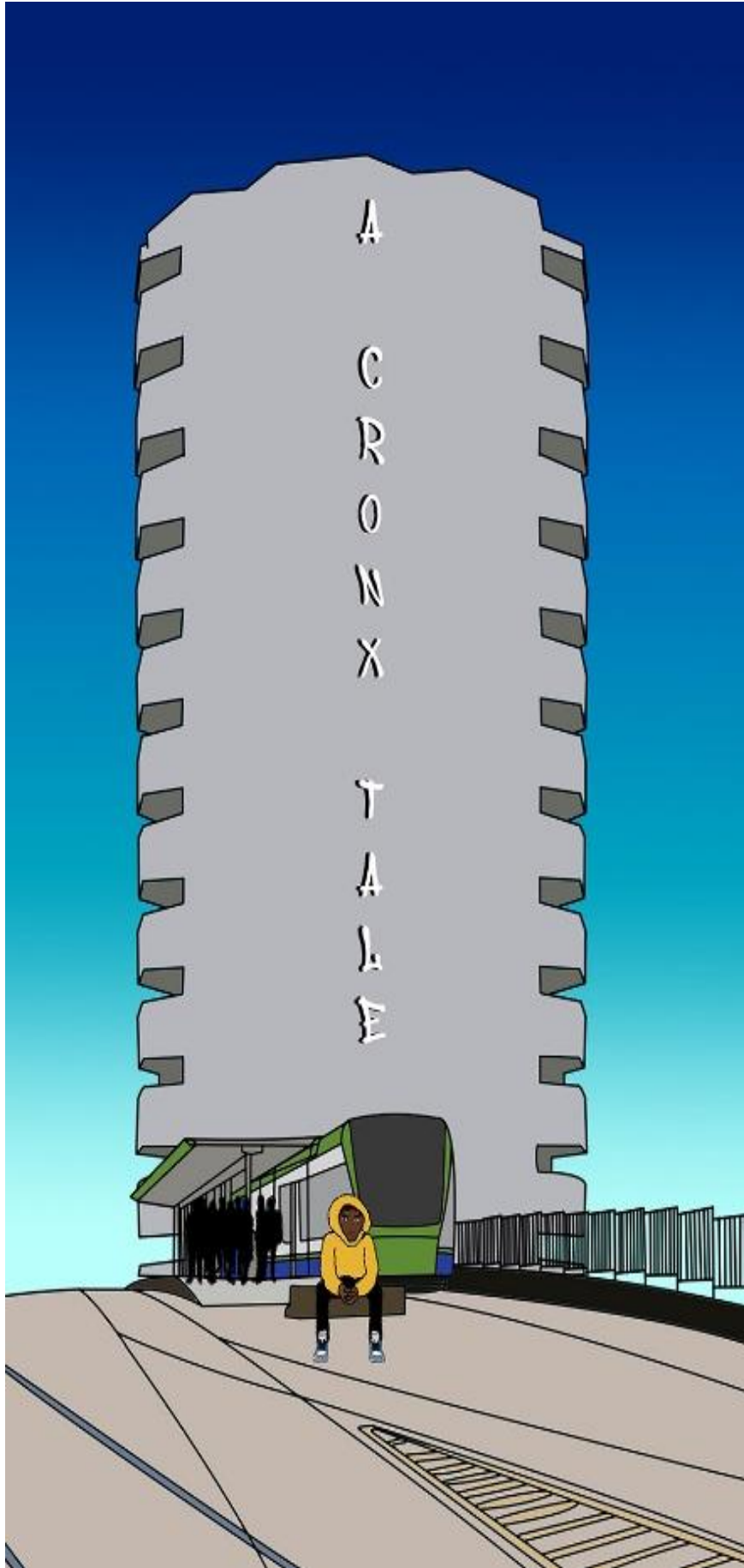
We gave them leaflets about Talkbus and reminders of where we are regularly found in the community. 2 young people stayed on to keep talking to us and thanked us for spending time with them.

Borough Map of CDI delivery sites

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



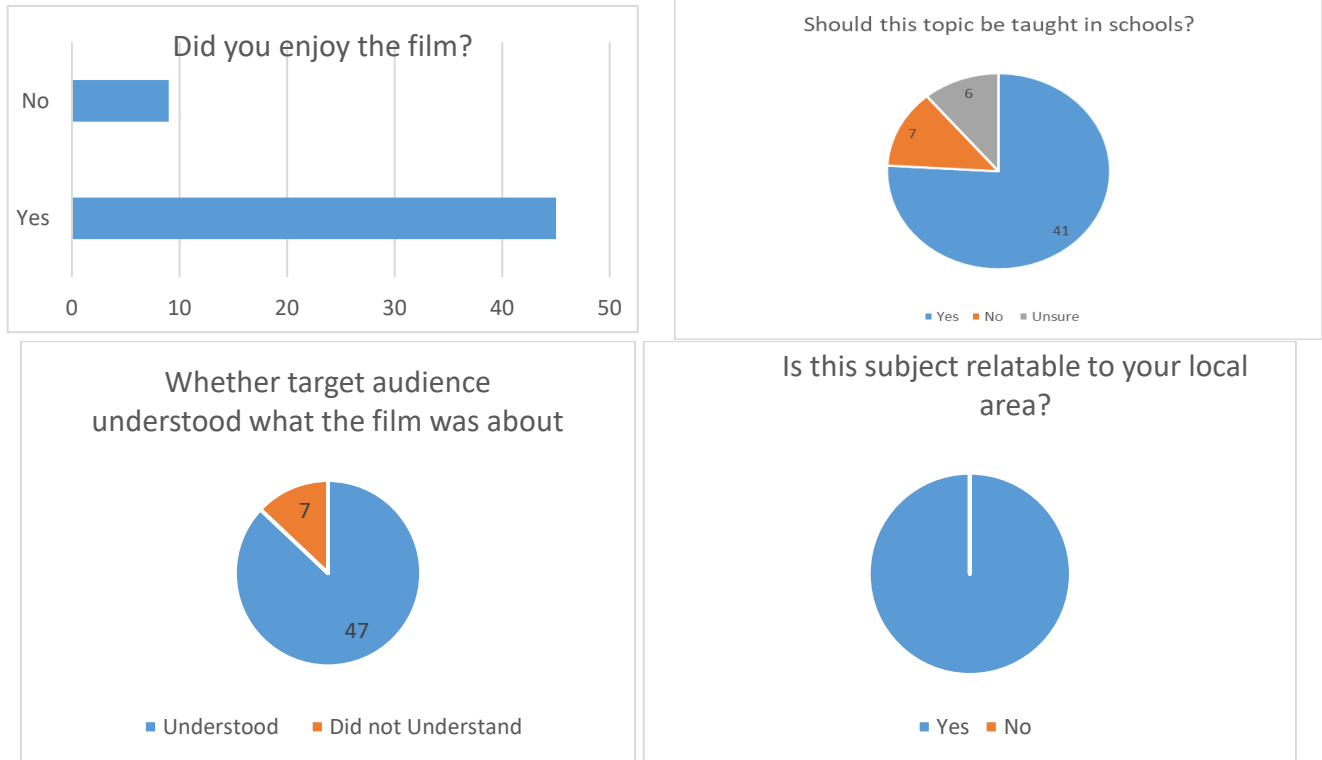


A Cronx Tale

'A Cronx Tale' is an unapologetically, hard-hitting 18-minute animated film advising young people to look at their options and choose a different path to getting involved with gangs and crime.

This film has been created by a group of young Croydon residents in response to their lived experience and the world they see around them. This film is suitable for showing to Year 6 and above as there are two versions of the film available for 13 year-olds and under as well as for 14+.

Following its worldwide premiere at the David Lean Cinema before Xmas we have been piloting it in Primary schools and this is the initial response:



The options for settings to present the film are:

- One 45-minute workshop in a setting to a group of young people where we show the film and have a discussion afterwards facilitated by one of our Outreach workers
- A set of 6 x weekly 45-minute workshops to the same group of young people each week facilitated by an Outreach worker who shows the film and runs the sessions to a lesson plan
- Settings buy the film, the lesson plan and a 1.5hr Train the Trainer session with the film-maker for inhouse facilitators to prepare to deliver their own workshops

"I really enjoyed the film because I learnt a lot of things that will help me in the future with decisions I make." Year 6 Croydon Primary School pupil (January 2024)

"I got to know about knife crime and how easily you can get into terrible situations."
Year 6 Croydon Primary School pupil (January 2024)

"The animation was beautifully simple and told the story without complications. Introducing this to schools can't happen soon enough." The Croydonites Film Festival review (November 2023)

For enquiries contact: Outreach Manager Clinton Waller clintonwaller@croydondropin.org.uk

Go Further Go Higher

Go Further Go Higher (GFGH) is an initiative supported by One Croydon Local Voluntary Partnership Mental Health. 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	FY 23-24
Number of referrals	8	9	11	7	35
Assessments completed for 1to1 work	8	8	9	7	32
YP started GFGH 1to1 sessions	5	9	5	3	22yp
YP seen in GFGH 1to1 sessions	10	14	15	5	30 (unique yp.)
YP ended GFGH 1to1 sessions	5	5	6	5	21yp
YP in GFGH 1to1 sessions end of quarter	5	10	9	8	Avg. 8yp
Sessions offered	46	78	72	65	261
Sessions attended	37	68	64	58	227
Cancellations	17%	9%	3%	3%	11%
DNAs	0%	4%	9%	7%	7%
Highest presenting issues	Anxiety, Self-esteem & Depression	Depression Anxiety & Loneliness	Depression, Anxiety, Peer relationships, Self-Esteem	Depression Anxiety & Loneliness	Depression, Anxiety, Sleep & Self-esteem

Update from GFGH 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 but we have a waiting list now due to the complex cases we have been working with.

The main issues young people need help with have changed slightly, anxiety, low mood and low confidence/self-esteem are still high but we have seen an increase in issues with travel, Education and finding employment. Personal relationships has been high this Quarter and there is a need for space to talk about personal issues and family life but the referrals we receive don't want counselling they want mentoring.

We continue to receive referrals through education because young people are struggling to maintain their placement and are wanting support to find other opportunities, GFGH meets this need. The GFGH programme continues to receive good feedback from young people and we aim to continue working effectively whilst bringing creativity and resourcefulness to everything we do.

One Croydon have confirmed that our funding will cease at the end of October so we are currently on the search for new funding to sustain this project beyond then.

Assessments for GFGH:

- **Referral sources:** Self-Referral, CAMHS, School & College:
- **Gender:** Female: 70% Male: 30%
- **Age:** 16-19yrs
- **Ethnicity:** Black African x1, Black British x1, Mixed Other x1, Other x2, White British x3
- **Ward localities:** Bensham Manor, Broad Green, New Addington North, New Addington South, Shirley South, Waddon and Woodside

Average time YP spent in GFGH:

4 weeks – 3 months: all YP

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: 3
 - o Avg. Pre Score: 1.5
 - o Avg. Last Score: 7.5
- Session Rating Scale (SRS) (13+ years old)
 - o YP finishing GFGH with a paired outcome: 4
 - o SRS Avg. Pre Score: 8
 - o SRS Avg. Last Score: 9.5

Feedback from a young person receiving support during Q4...

“During my time on the GFGH programme I learnt to believe in myself and not to be afraid of making mistakes or getting things wrong. At the beginning I was suffering with anxiety, depression and low self-esteem, I had been unsuccessful at college and couldn’t find a job I liked. After completing sessions with my GFGH worker and focusing on my confidence I was able to explore my passions and interests and find what would make me happy.

I volunteer on a Saturday at xxxx xxx Farm and I work 4 days a week at a pet store, I feel my life is back on track. I’m not afraid of trying new things now and this experience has made me much more confident and able to move forward.

Thank you so much for helping me build my self-esteem and confidence, and for all the advice and guidance - it has changed my life!”

Case Study

A young female age 18 was referred to me for a 12 week programme, she was suffering from depression, anxiety and was self-harming. She appeared to be very vulnerable and was struggling to get a job.

Our first couple of weeks together, I let the young person talk and I actively listened, doing some activities around building her self-esteem and confidence. We then went on to complete her CV and send this off to agencies. She had more confidence after this and in no time she got a part-time job.

However, her depression was still sometimes getting hold of her, so with support she made a doctor's appointment which I attended with her.

We carried on with our sessions, weekly, doing confidence boosting activities, along with self-image activities. Also acting out any scenarios she felt uncomfortable in, this increased her self-esteem.

The young person then managed to get a full-time job, and started so she felt so much better in herself, no self-harming in 8 weeks which was a big improvement and she also meet a new partner so her social life improved too.

Case Study

A young male aged 17 was having difficulties with travelling alone after being assaulted while returning home from college. This impacted on his ability to complete his course as he was unable to leave the house.

Our initial meetings were with his Mum present because he didn't feel safe, we set a plan in place that after 3 sessions we would meet 121 and see how it goes, he was happy with that. We met outside his house after a few weeks and spent time walking and talking around his area to build his confidence again. He responded well and then felt able to do longer journeys so we made goals for him to take one trip a week on his own to somewhere he wanted to visit.

It was great to see his progress and I'm happy to report that now he is working at a local market 3 days a week and now feels confident to walk his dog, go out alone and has a girlfriend. Success!

Mental Health Support Team

The Mental Health Support Team (MHST) Wave 6 have been working with the following schools:

All Saints Primary, Archbishop Tenison's CofE High School, Beulah Nursery & Infant School, Cypress Primary School, Forest Academy Primary School, Harris Academy South Norwood, Harris Invictus Academy, John Wood Nursery & Infant School, Norbury Manor Primary, Oasis Academy Arena, Robert Fitzroy Secondary School, Rockmount Primary, The Minster Junior School, The Minster Nursery & Infant School.

Update from CDI MHST Service Manager, Tim Richards

This quarter we have been able to offer a significant number of interventions to the fifteen schools in the CDI Wave 6 of the MHST in Croydon. This is due to the new members of staff who we recruited and who started to work in January 2024; we have a new Children's Wellbeing Practitioner (CWP) trainee, two Emotional Mental Health Practitioners and one EMHP trainee.

We have also welcomed Siobhan Lowe as our new interim Cluster Lead. She has met with representatives from our schools and will be furthering our work with them to ensure their involvement with meetings focused on enhancing the whole school approach in each of their settings. She will also act as interim Cluster Lead for Wave 12 which we are delivering in partnership with Off The Record from January 2025.

Referrals to MHST	Q1	Q2	Q3	Q4	FY 23-24
Number of W6 referrals received	74	67	85	118	344
Number of W6 referrals accepted	50	50	53	107	260
YP supported by W6 with an open referral	249	225	173	107	230 unique yp)
No. of sessions offered	517	416	766	403	2102

Reason for referral	% of Referrals
Anxiety	56%
Behavioral Issues	30%
Low Mood/Depression	12%
Self Harm	2%
Not stated by referrer	0%

Gender:	%	Ethnicity:	
Female	53%	Black British	30%
Male	47%	Asian	6%
Non-Binary	0%	White British	31%
Not Stated	0%	Not stated	3%
Age:		Other	10%
0-4	8%	Dual Heritage	20%
5-7	19%		
8-10	26%		
11-13	30%		
14-16	17%		
17-19	0%		

MHST session activity:

Activity	% of sessions	Activity	% of sessions
Adolescent anxiety	16%	Counselling	42%
Adolescent low mood	6%	Guided self-help	0%
Art and play	20%	Group Therapy	0%
Behavioural activation	0%	Workshops/Groups	0%
Behavioural challenges	10%	Other	1%
Child anxiety	3%	No. of sessions delivered	392

Routine Outcome Measures (ROM's):

Number of Closed referrals with two or more contacts that had a paired outcome score of same type recorded: 0

Number of Closed referrals with two or more contacts that had an intervention recorded: 42

Whole School Approach to Mental Health: Parent & Carer Webinars (run in partnership with Off The Record):

Webinar Workshop	Signed Up	Attended	Feedback
Helping your Child's Behaviour (Primary)	100	32	"Thank you. This has been really useful."
Helping your Child with Anxiety and Worries	100	22	"Thank you so much, super informative - feeling motivated to go and talk through some worries!"
Looking After Yourself (for Parents & Carers)	52	22	"Thank you for that. Me as an MHFA I know how important is to have someone to share thoughts and worries. Sometimes is enough to have that someone to listen."
Introduction to Autism	81	26	"Really interesting and insightful."
Introduction to ADHD	100	32	"Thank you Angel and Katie. I am a volunteer with young people and suspect one or two in my care are ADHD. Also one of my brother's children is ADHD and so understanding a bit more is helpful."

On site Parent/Carer Workshops:

Date	Time	Practitioner	Attendees	Topic	Comments	Actions
28.2.24	9.00-9.30am	EWP	1	Introduction to the MHST	Info sent to all parent/carers. Attendee said others would benefit.	EWP to send press release & picture to school for inclusion in newsletters
13.3.24	9.00-10am	EWP	6 (Nursery, Reception and Yr 6 parent/carers)	Managing Big Emotions	Feedback was that this was a helpful opportunity for parents/carers to meet and troubleshoot together.	Build on feedback and run it again with greater publicity

Family Support (Systemic Family Practice)

This quarter 1 x MHST family was supported over the course of 12 sessions. The family feedback told us that they were closer to achieving their family goals than at the beginning of sessions.

“We now have a lot more understanding and emotional support for each other. I think Mum is more understanding than before.”

Case Study (Post Covid impact):

O (8 years old) was struggling to attend school following continuous bouts of vomiting both at home and school. This had worsened since the COVID lockdown.

The counselling sessions gave O a non-judgemental space for him to feel heard and understood, where he communicated both verbally, through drawing and sharing his toys. This supported O with understanding causes of his vomiting, which linked to a build-up of anxiety around others perception of him at school, as well as the impact of sensory feedback (loud noises, crowded rooms) due to his ASD within school.

We explored how O see’s both staff and pupils relationships with him and the impact of their actions, whilst gently challenging OO’s worries of being disliked or told off, through reframing and discussing alternative perspectives of events.

Additionally, we explored managing O’s anxiety through breathing and mindfulness-based techniques, tailored to his favourite superhero Spider-Man. These allowed O to understand and feel more aware of his internal emotional responses, allowing him to let go of worries or find ways to manage his worries.

O’s vomiting had lessened by the end of our sessions. He had been able to relieve his anxiety through his breathing and grounding techniques.

His attendance had improved, where he returned to full school days. With continued support from his mum and school, he had safe spaces to go and staff check-ins when feeling overstimulated.

O’s sessions identified the significant impact of lockdown on school-related anxiety and the physiological impact anxiety can cause.

Case Study (Prevention of youth violence):

L is a Year 11 student, who lives with his Mother and younger sibling. L had difficulties with his behaviour in school since a young age and was arrested last year.

L was referred to us as he approached a staff member and asked to get a therapist. He was offered 8 sessions initially, which was extended to 12, as he expressed his need to have more and it felt appropriate to provide further support for him.

During our sessions, L shared openly about his life and past difficulties and was receptive to finding connections between what happened in his past and how it might impacted his behaviour and feelings about himself. L explored how other people might viewed him in the past and his hurtful experiences with racism. He often asked for my insight and was keen to find out how I saw him. He was seeking reassurance and a different point of view and expressed in his last session how receiving this supported him not to return to former behaviours that got him in trouble.

L did not want to fill any outcome measures as it reminded him of school but our work together felt deep and important and his strength inspired me greatly. I chose to present his case as some important interventions leave no measurable mark regardless of how they might impact someone’s life. L is still supported by his social worker and the youth club he regularly visits and he is currently sitting his exams.

Parent and Infant Relationship Service

	Q1	Q2	Q3	Q4	FY 23-24
Number of consultations with Operational Lead prior to referral *	11	4	7	9	31
Number of referrals to Keyworkers	1	5	8	6	20
Number of referrals to Therapists	2	2	1	6	11
Number of referrals to Operational Lead	0	0	0	2	2
Total number of PAIRS referrals	3	7	9	14	33
Number of cases open within the quarter	16	20	30	22	Avg. 22
Number of cases closed within the quarter	7	5	3	10	Avg. 6
Average time (days) engaged with PAIRS service (cases closed in Q)	259 days	272 days	242 days	307 days	Avg. 270 days

*Consultations with Operational Lead were from: Croydon Perinatal Unit x 2, Midwifery services x1, Social Services x2, GP Surgery x1, Self-referral x1 and Family Support coordinator x 2

Update from PAIRS Service Manager, Juliet Lecointe

During this quarter much of the attention focused on the PAIRS team starting Video Interaction Guidance (VIG) Training as part of the SFL Family Hubs offer, Mellow Parenting co-facilitation and Systemic Training, and planned induction for New Therapist that involved the team apart from mandatory training requirements, with shadowing, home visit introductions, and local community service events. There is also a rise in referrals with complex mental health concerns.

Referrals to PAIRS

CRS/Child Protection/Child in Need cases:

- **Referral source:**
CSC x1, Health Services x7, SLAM x2, Midwifery x2, Police – PDD x2
- **Presenting concerns**
Domestic violence x2, Financial x1, Mental Health x5, PIR x6 (Attachment and Bonding).

Data on children

Gender		Ethnicity	No.	Age	No.
Female	7	Any other mix background	1	Unborn	3
Male	5	White & Black African	1	2-6	3
Unborn	2	Any other ethnic background	1	9-12	5
		Caribbean & African	2	14-16	3
		Any other Black background	1		
		White British	3		
		Information not available	5		

Data on primary carer

Gender		Ethnicity	No.	Age range	No.
Female	100%	Caribbean	1	21- 30	6
Male	0%	Any other Asian background	1	31-40	6
		Any other ethnic background	1	41-50	2
		African	1		
		Any other Black background	2		

	White British	2		
	Information not available	6		

Postcodes:

- CR0 Central, New Addington and CR7 Thornton Heath

Ward localities:

- Addiscombe West, Fairfield, Parkhill & Whitgift, Sanderstead, South Croydon
- **Croydon Localities** – Central East: , North West:, South West:, South East:

Reason for case closure:

Moved to another locality	2
Outcomes met/NFA	5
Step up to CSC	2
Consent Withdrawn	1
Total	10

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

- *“I was worried and had anxiety before but now I feel ok. After I met you, you help us a lot, you took us to places, I feel too much ok, thanks a lot, thanks to you. Before we didn’t know about things, we didn’t know and now we do know about things, thanks to our keyworker e.g. benefits, children’s centres etc. Thankful to you and your team, you help us a lot.”*
- *“I feel more knowledgeable about child development, I knew a bit already but this was more about my kid, not just children in general. I’m more confident in myself as a mother, I feel happy with my parenting.”*
- *“I managed to get out the house and didn’t think I would, seeing X happy and doing things she loves.”*
- *“I don’t think I needed help with the relationship we have always been close, it was us against the world. But the fear has gone I know I’m not going to lose them out”*
- *“More confidence and better understanding of my child’s needs (and mine!) I’m more self-aware which is helping me to sense what’s going on for X when she’s clingy or frustrated. She is a lot more relaxed in different settings and isn’t clingy in the way she used to be, only when you’d expect her to be. She’s less worried I’ll disappear behind a laptop or be too busy to be with her. We’re more ‘in the moment’ with each other able to communicate calmly and playfully. Life is more fun together and less of a battle.”*
- *Dad: “I would say our living condition has changed with your help, we have had our voices heard by the Council now, we are now bidding. We have also been to the nursery, Winterbourne, library, parks etc. Of course you definitely help the children and the mum was not aware of the places we have been. I wish I had you before, thanks for the things you have taught us. We learnt a lot from you.”*

Case Study

The referral was made by the Lewisham Perinatal Mental Health team as mother (S) and toddler (M) had been moved to Croydon. It stated that S was suffering from post-natal depression and has learning and communication needs. The concerns were related to S's ability to manage a household and parent baby M, due to her never living independently and now being isolated in a new borough. A family wellbeing assessment was completed to understand the family's strengths and needs, and a plan of support was created with S.

We explored if S was eligible for any financial assistance programmes, ensured she was receiving all of the relevant benefits, and completed a budgeting exercise.

There were some concerns about M's development therefore I requested he be assessed by a Child Development Adviser. This concluded that there was some developmental delay so M was referred to the community paediatrician.

Whilst awaiting this appointment, I carried out play activity sessions with M and S at home, to give her ideas how she could support his social and emotional development through play. We also attended a session at a local Children's Centre and applied for 2-year funding for M to give him opportunities to socialise with his peers.

S fell pregnant again during our time working together; I ensured she was referred back to the Perinatal team to get mental health support in place quickly.

S received a grant from the Household Support Fund and donated resources for both children. She also reports managing her finances well.

S has been told that M is likely on the autistic spectrum and is now awaiting an appointment for a formal diagnosis. S has been referred onto a social communication difficulties course to help her better understand M's needs. M is also now attending nursery using his 2 year funding which is further supporting his development.

S is receiving additional weekly support from a Psychologist and Occupational Therapist. Additionally, the family have been referred to Home Start in preparation for PAIRS ending.

It has also been an instructive experience for me to learn more about facilitating the parent-infant relationship where both the parent and the child have additional needs so I will use this learning in the future.

Counselling in Schools & Academies

The data collected represents the counselling services delivered at:

- Elmwood Junior School, CR0 2PL
- Harris Croydon Primary, CR0 3JT
- Harris Academy South Norwood, SE25 6AE
- Harris Academy Beulah Hill, SE19 3UG
- St Nicolas Infant School, CR8 4DS
- Oasis Academy Shirley Park, CR9 7AL
- Forest Academy, CR0 8HQ

	Q1	Q2	Q3	Q4	FY 23-24
Number of referrals	24	22	6	21	73
% of referrals in Primary School	8%	39%	83%	29%	40%
% of referrals in Secondary School	92%	61%	17%	71%	60%
YP started counselling	31	21	11	11	74
YP seen in counselling	114	103	68	63	210 (unique yp)
Young people ended	33	46	19	19	117
YP in counselling end of quarter	81	57	49	49	Avg.59yp
Sessions offered	691	317	338	171	1517
Sessions attended	534	237	263	124	1158
Cancellations	9%	11%	4%	8%	8%
DNAs	11%	14%	19%	19%	16%
YP waiting for counselling at end of quarter	6	0	1	0	Avg. 2yp
Highest presenting issues	Depression, Anxiety & Self-esteem	Anxiety, Family, Depressio n	Anxiety, Anger & Bullyin g	Anxiety , Family Issues & Self- Esteem	Anxiety, Family & Depressio n

Update from Counselling in Schools Manager, Laura Clark

In quarter 4 we have increased the counselling offer across Croydon through the recruitment drive in the previous quarter. This has resulted in a new counsellor being placed at St Nicholas school in Purley after a contract was renewed in this quarter. The other school is Harris Academy Beulah in Upper Norwood, which has two newly recruited counsellors.

We have seen some change regarding presenting issues with family issues and self-esteem featuring more highly amongst young people. Systemic practice is widely considered within Croydon Drop In with this quarter seeing the introduction of two more CYP-MH Systemic Family Practitioners in training. Whilst these practitioners are not on site within schools, the understanding of family based work is an area of growth for all counsellors within CDI and is more confidently spoken about within individual counselling. This is also evidenced within clinical supervision discussions. It is also notable that some students are in longer term counselling in school and this is due to some young people being referred for counselling with trauma. Counsellors are experienced in supporting more complex concerns and schools are active in discussions with counsellors to offer extended work within school rather than refer to external agencies. As this quarter comes to a close, discussions have begun with schools for renewal of contracts in the next academic year and confirmed in the next quarter.

Referrals for Counselling in Schools

- Gender: Female – 36, Male – 26 and Gender Neutral - 1
- Ethnicity: BAME 65%
- Waiting time for counselling in schools:
 - o Less than 4 weeks: 3
 - o 4-18 weeks: 9
 - o More than 18 weeks: 1
- Average time YP spent in counselling in schools:
 - o 0-4 weeks: 3
 - o 4 weeks - 3 months: 6
 - o 3-6 months: 3
 - o 6-12 months: 9
 - o 12 months +: 16
- Issues presented by YP ending counselling in schools: Anxiety, family issues and self-esteem are the top 3.

Feedback from YP receiving support during Q4...

*“I am happier with myself, I have changed from out-spoken in a rude manner to someone who is now or still an out spoken person but respectfully. I have gain my anxiety are “ok” why because they are mine and I am “ok”. I have learnt through counselling is that I don’t need to assume what other people are thinking, why, because I am not their brain, I am me. My counsellor was very nice from the very start of our counselling session, she made me felt comfortable and relaxed. **Secondary School pupil***

*“I try my best now to not to get upset so easy and I am less moody. I have also learned that I can be in control of my emotions.” **Primary School pupil***

“It helped me to understand my feelings and why I was always so angry, it helped me to find new ways to talk to my mum who I felt blamed me for my grandmother falling ill. Lots of things had changed, I can speak to my Mum with getting angry, I feel different about the things my grandmother use to say to me, I am no longer allowing it to make me feel sad. I have learned that I am a nice person and I have got feelings, I can listen to what others might say to be and about me but I don’t need to accept it, but to believe that I am a better person.

*At the beginning talking about my Nan, because I was scared of how I might react (cry) and not knowing how to keep it in, but I realised I don’t need to keep my tears in but to show my emotions and not feel bad. Counselling has truly made things a lot easier and understandable for me thank you.” **Secondary School pupil***



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