**Trends in the delivery of ESCAYP services: 2010-2018**

**Update and further data exploration**

1. **Introduction**

Report 13 explored trend data in greater detail. Inevitably, this raised further questions, and this interim report updates the earlier figures for 2017, includes nine months of data from 2018, and examines some of the issues raised.

1. **Throughput**

Chart 1 illustrates the growth in numbers of referrals, and subsequent starts and endings. The updated 2017 figures still indicate a fall from the high numbers of referrals and starts seen in 2016; however, the addition of only 9 months’ data from 2018 shows an upturn: if referrals and starts are spread evenly throughout the year, referrals for 2018 will reach just under 600, and starts approximately 430. The trend-line for endings is misleading: the downturn reflects better recording practice and the time-lag between start and end of counselling.

\*2018 figures based on 9 months data only and will be updated in the next report

1. **Gender breakdown**

Chart 2 demonstrates how the proportion of boys and girls referred has fluctuated since 2010, and continues to do so, with 2018 figures suggesting a reversion to the more even split between girls and boys. Other gender differences will be explored further later in this report.

\*2018 figures based on 9 months data only and will be updated in the next report

1. **Age break-down**

As demonstrated by Chart 3, the largest group of referrals comes from those aged 5-10 years, with 11-16-year-olds accounting for an average of 35%, a figure which has remained stable since 2015. The oldest age-group (17+) accounts for 6%-10% referrals each year, with even fewer coming from those under 5 years. The age-split has remained similar for the last three years.it should be noted that there is a small group of 15 children, referred since 2016, for whom the date of birth is unknown.

\*2018 figures based on 9 months data only and will be updated in the next report

**Ethnicity breakdown**

The proportion of minority ethnic groups remains around 12-13%; however, the percentage of referrals for whom the ethnicity is unknown has risen to a high of 21%. The reasons for this need further exploration. The sub-group of referrals from the Asian minority is examined in greater detail later in this report.

\*2018 figures based on 9 months data only and will be updated in the next report

1. **Source of referral**

\*2018 figures based on 9 months data only and will be updated in the next report

Chart 5 illustrates the continued growth of the numbers of referrals from the family in particular, reaching 51% of all referrals so far in 2018. Nine months’ data from 2018 suggests fewer referrals from schools and colleges than in 2016, although that might well be reversed when the full year’s data is included next time.

There is a relationship between source of referrals and gender, as shown in this table for 2016 - 2018 referrals: schools referred more boys than girls.

|  |  |  |  |
| --- | --- | --- | --- |
| **Referral source** | **% girls referred** | **% boys referred** | **% of total referrals** |
| School/College | 28% | 38% | 33% |
| Parent | 43% | 37% | 40% |

1. **Local Authority**

From 2014 onwards, the number of referrals relating to those living in Kirklees increased dramatically. As illustrated by Chart 6, such referrals accounted for 54% of all referrals in 2016, 52% in 2017, and reaching 57% in 2018 (to date).

\*2018 figure based on 9 months data only and will be updated in the next report

1. **Service Provided**

The majority of clients receive a “standard” series of counselling sessions; however, two bespoke services are also available: TREE (Talk, Restore, Enable, Empower) for those affected by sexual violence, and HAVEN (Harassment And Violence Ends Now) for domestic violence victims. Whilst TREE has not had sufficient demand to run in 2018, the numbers receiving the HAVEN service has risen dramatically in 2018. The table below provides this breakdown over the nine years 2010-2018.

|  |  |  |
| --- | --- | --- |
| **Service** | **Referrals** | **Starts** |
| Standard | 2368 | 1715 |
| TREE | 43 | 43 |
| Haven | 56 | 54 |

1. **Funding arrangements**

Grants have been received from a variety of sources in order to fund the services delivered by ESCAYP. The largest source of funding, 43%, is provided under contracts with schools for services, as shown in Chart 7. Big Lottery funded 36%, and Children in Need 21%.

\*2018 figure based on 9 months data only and will be updated in the next report

1. **Withdrawals**

The numbers of referrals withdrawn before the first session has continued to fall from a high of 25% of all referrals in 2016 to only 12% in 2018. The 2018 figure will alter when full-year results are known.

1. **Presenting issues**

The data in Chart 8 has been updated. Overall, for most categories, the percentage of children presenting with that issue has reduced slightly since Report 13. Anxiety and family difficulties continue to be the most prevalent, and with exception of health and self-harm, all remain above the levels observed in 2014. The next report will look at any changes observed in 2018.

Differences in profile between boys and girls, and among Asian children, are examined later in this report.

1. **Waiting times**

The number of days spent waiting between first referral is in part dependent upon funding issues, and at times when funds have been scarce or uncertain in the short-term, waiting-times have tended to rise. The 2017 average of 38.5 days is a reduction on 2016, and the 2018 figure of 48.3 days is provisional only.

\*2018 figure based on 9 months data only and will be updated in the next report

For the first time, Chart 9 shows the average waiting times from referral to the start date first offered, as opposed to the actual start date, which, with exception of the provisional 2018 figures, is 8-10% shorter.

1. **Sessions and Attendance Rates**

Chart 10 shows the total number of sessions (both “normal” and “extra”) offered each year, together with the number delivered. These figures represent sessions offered to and attended by those starting in each of the years shown.

Chart 11 similarly shows, for normal sessions only, the average attendance rate of those starting in the year shown, which smooths out the curve; inevitably figures for the current year will be poorer at this stage. It should be noted that the number offered is fixed at the beginning of counselling, and that the number actually delivered may be lower as a result of mutual agreement during the counselling sessions: this will result in a lower attendance rate. The downwards trend is therefore not necessarily a negative service trend, but may result from a more efficient use of resources in those cases where it is clear that fewer sessions are actually required. A way of exploring this factor is still being explored.

There is considerable variation in attendance dependent upon the source of the referral. As indicated by Chart 12, those referred by school attend best, and those referred by support workers attend comparatively poorly (less than 50%).

1. **Endings**

Over the four years since a more detailed breakdown of the planned and unplanned endings recorded, on average just under 50% of all endings have been planned. Chart 13 shows the overall breakdown for these four years; that for 2018 is provisional only: less successful counselling periods tend to end earlier and therefore, at this stage in the year the figures are biased towards a higher number of unplanned endings.

\*2018 figure based on 9 months data only and will be updated in the next report

A more detailed breakdown for planned and unplanned endings has been shown for the two most recent full years (2016 and 2017), as illustrated in Charts 14 and 15. In relation to the high number of discontinued cases, 30% of unplanned endings, it is possible that some of these may in fact have been endings discontinued in a planned way by mutual agreement, and should therefore be classified as planned during therapy. As with the apparently declining attendance rate (see above), ways of more accurately recording this type of case. The largest group, however, comprises those with whom contact has been lost (62%). A majority of these originated as either parental or support worker referrals.

It is also worth noting that, over the last four years, the highest percentage of unplanned endings (68%) came from support workers, and the lowest from schools (21%). This links to the attendance rates noted in section 13.

1. **Asian children referred**

Since 2010, 123 children of Asian origin have been referred to ESCAYP. However, in order to make more accurate comparisons with the data analyses already outlined, those Asian children referred in the last three years only have been selected (n=74). Of these, 53% are boys. As with the full group of referrals, just over 50% were aged 5-10 years; however, 16% were 17 and over. The source of referral also differs, with 36% being referred by support workers, 34% by school or college, and only 26% by a family member. Comparative figures for white children over the same period are 18% support worker, 36% school/college, and 41% family member.

The profile of presenting issues is similar to that of the whole group, although in most cases the prevalence is a few percentage points lower. Because the sample of Asian children with evaluation data, even going back to 2016, is comparatively low (n=28), it is difficult to draw precise comparisons. The most prevalent issues found at start of counselling were: family (54%), anxiety (50%), behaviour and interpersonal issues (both 32%).

Average waiting time to first date offered was 29.1 days (white = 27.7 days), average waiting time to actual start was 36.4 days (white = 38.2 days).

In terms of attendance, this was lower than that of the comparable group of white children: an average of 58.2%, compared to 67.5%. This is consistent with the higher proportion referred by support workers, and 23% of referrals were withdrawn before the start, compared with the comparable figure of 20%.

1. **Gender differences**

In the last two years (2017/8), 453 girls and 414 boys have been referred to ESCAYP. The difference in source of referral has already been noted (section 6). The higher proportion of parental referrals may explain the slightly longer waiting periods observed for girls than for boys: average to first date offered was 25.7 days (girls) and 21.9 days (boys) This gap is also reflected in the waiting period to first actual session: 36.7 days (girls) and 33.3 days (boys).

The profile of presenting issues differs between girls and boys, as illustrated in Chart 16. A higher proportion of girls presented with anxiety, identity, interpersonal, self-esteem and trauma issues. Boys only presented more with anger and behaviour issues than girls.

As noted in previous reports, average attendance for boys was higher than for girls: 69.9% compared with 64%, although this gap is narrower than in previous years, when it averaged at 8-10% higher.

In terms of endings, 2% more girls did not attend the first session, and 3% more were withdrawn before the start. Conversely, 9% fewer girls than boys had a planned ending.

1. **Referral patterns**

The purpose of Chart 17 is to identity any patterns of referral over the years, which could be linked to triggers such as school exams, and could also help in planning the service.

As the chart shows, there are consistent spikes in the number of referrals in January, May, September-November.

1. **Changes observed**

Following last year’s new evaluation database installation, a total of 293 records have been entered.

Chart 18 shows the changes observed by counsellors in children receiving counselling. Percentages are of those children presenting with mild to severe issues in each category showing signs of positive or negative change as assessed by the counsellor at the end of counselling.

This indicates very few children who experienced a deterioration in an issue, and over 80% who saw an improvement in terms of anger, anxiety and behaviour. However, a significant proportion, in the case of family, school and self-esteem, for whom no change was observed by counsellors. Those for whom a particular issue was not perceived as a problem at the beginning have been excluded.

The SDQ was completed at beginning and end by children in 53 cases. 69.8% reported an improvement at the end, although a further 22.6% reported a deterioration. Comparable figures for the 50 adults completing an SDQ were 60% improvement and 32% deterioration. Only 20 teachers had completed the measure, and were evenly split between improvement and deterioration.

The results of the satisfaction measure indicate scores of 8+ given by 92% of children (n=85), and 85% of adults (n=60). These percentages, relating to cases since the introduction of the new database, are slightly lower than those of earlier years.

1. **Conclusion**
These trend data continue to raise further issues, but have been instrumental in driving improvements in data recording, and seeking explanations of apparent anomalies.

It is recommended that some keys facts are extracted for publication on the new ESCAYP website.