

Review of Blue Smile Services 2025-6

Blue Smile is a charity working to improve the wellbeing and life chances of disadvantaged children across Cambridgeshire and surrounding areas. We provide specialist, arts-based mental health support to children aged 3-13, helping them enjoy happier childhoods and build brighter futures.

Our services are free to families and delivered in schools to make them easy to access. Schools usually make a contribution towards the cost but services are subsidised thanks to generous support from a wide range of organisations and individuals, so we can reach those who most need our help.

This report gives a summary of the services we delivered in the 2025-6 school year and the impact they had for children.

Summary

During 2025-6, Blue Smile provided expert mental health support to 417 children. Our services were delivered in 31 schools across Cambridge, Peterborough, East Cambridgeshire, Fenland, South Cambridgeshire and Huntingdonshire.

237 children

received 1-1 therapy

to help overcome
emotional and behavioural
difficulties

180 children

had small-group support

to help with emerging
mental health issues or
challenging transitions

81% children

reported progress

towards their goals
after support

8.5 years

average age

at start of intervention

50% children

eligible for Pupil Premium

indicating socio-economic
disadvantage

50% children

**had Special Educational
Needs**

identified by their school

We continued to see high demand for our support, with anger/lack of self-regulation, low self-esteem, poor relationships, low mood and anxiety the most commonly reported reasons for referral. However, our ability to respond was limited by financial constraints – rising costs combined with pressures on fundraising and school budgets. This led to a slight drop in our overall reach this year, from 427 to 417 children.

**"It helped me understand my
anger and a lot of other stuff.
I am happier now...I've got
more friends."- child feedback**

**"He's happier, sleeping
better, more patient, more
vocal. Got my son back."
- parent feedback**

**"It helps with feelings
and stress you're
scared to tell."
- child feedback**

Our Services

One-to-one therapy

Our therapists delivered 3193 one-to-one therapy sessions to 237 children (2024-5: 289), providing weekly support to help them overcome emotional and behavioural difficulties.

Children who completed therapy within the year received an average of 18 weekly sessions. This is significantly longer than most services and reflects our commitment to long-term support.

We saw a noticeable drop in our one-to-one reach compared with 2024-5. This was due to fewer schools using our Partner School Service – a holistic package of services delivered throughout the school year, with a focus on one-to-one therapy for up to 16 children per week. Instead, we saw more schools opting for a flexible combination of one-to-one and group support.

Psycho-educational groupwork

180 children took part in 26 early-intervention groupwork programmes (2024-5: 138 children), equipping them with skills and knowledge to cope with emerging mental health problems.

Each group was led by two therapists for 6 weekly sessions, on one of three themes:

- **Moving on Up** – 67 children took part in 9 groups to help prepare for a successful transition to secondary school and manage anxiety around this significant change;
- **Managing Big Feelings** – 64 children took part in 10 groups to help them understand and manage emotions like anger or fear;
- **Worry Warriors** – 49 children took part in 7 groups to help equip them with knowledge and positive coping strategies to manage anxiety.

Supporting parents and teachers

Blue Smile therapists provided mentoring and advice to parents and school staff to help them better support children's emotional wellbeing. This included at least two individual sessions with parents and teachers of each child receiving 1-1 therapy.

Who we helped

Of the children we supported in 2025-6:

- 44% were girls and 56% were boys;
- 50% were eligible for Pupil Premium indicating high socio-economic need (national average: 24.6%);
- 50% were on their school's Special Educational Needs register (national average: 19.4%);
- 25% were both eligible for Pupil Premium and had Special Educational Needs.

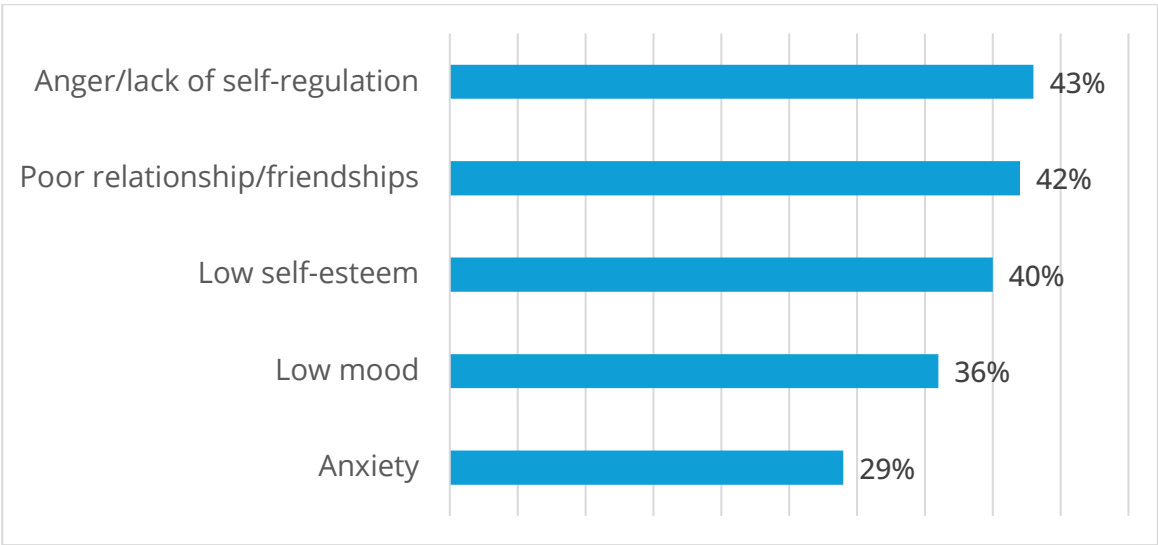
While mental health difficulties can affect anyone, children who have faced poverty or other adversity in their young lives are at greater risk. 76% of those we supported

with 1-1 therapy had experienced 1 or more **adverse childhood experience (ACE)**, while 25% faced 3 or more.

Commonly reported ACEs were family breakdown/parental separation (54%), bereavement/loss (23%), domestic abuse (16%) and parent/family member mental illness (15%).

Symptoms and difficulties

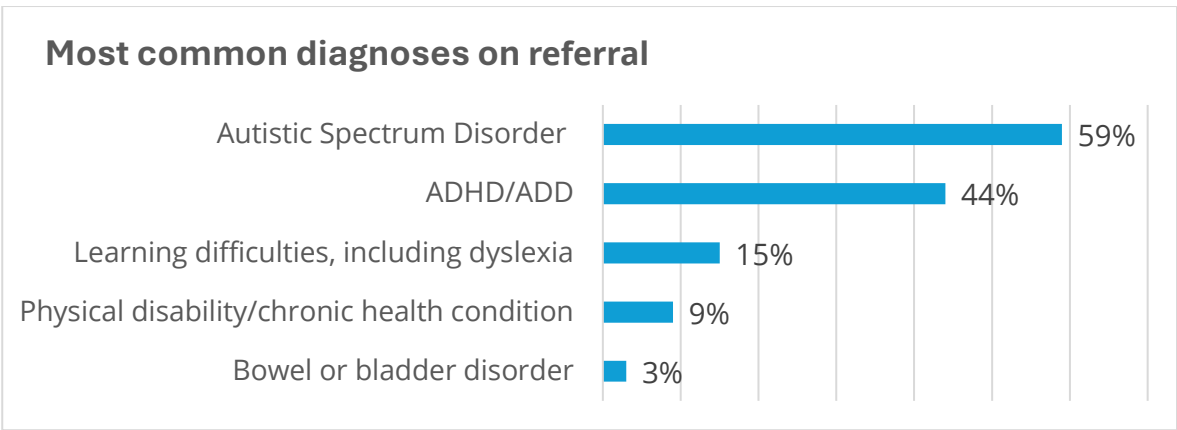
Based on information gathered from parents and teachers, we record the symptoms that children are experiencing when they are referred for 1-1 therapy. The average number of symptoms reported per child was 3.7.



The top 5 symptoms in 2025-6 were the same as in 2024-5. The proportion of children experiencing anger/lack of self-regulation fell slightly from 48% to 43% - but this remained the most commonly reported symptom. Poor relationship/friendships were reported for 42% children, up from 35% last year. 29% children were experiencing anxiety, compared with 36% last year.

68% children had a mental health problem in the “clinically diagnosable range”, ie severely affecting functioning and requiring treatment, measured using the Strengths and Difficulties Questionnaire completed by parents (2024-5: 68%).

14% of children had at least one diagnosis at start of therapy, up from 13% last year.



Outcomes and Impact

Clinical data and feedback from children, teachers and parents showed that our support continues to have a transformative impact on children's wellbeing and ability to engage in education.

Of all children supported by Blue Smile in 2025-6:

- 81% reported that they had made progress towards their goals
- 88% made progress, according to their teacher;
- 61% were more willing to engage at school after intervention (rising to 81% for those who started with low engagement).

One-to-one therapy

Of children who completed 1-1 therapy during the year:

- 82% reported that they had made progress towards their goals
- 87% made progress according to their parents;
- 91% made progress according to their teachers;
- 59% children were more engaged in school after therapy (rising to 82% for children who showed low engagement before intervention);
- 47% improved their school attendance after therapy.

Of children who started therapy with difficulties in the "clinically diagnosable range", 69% made noticeable progress, with 27% moving into the non-clinical range (according to Strengths and Difficulties Questionnaires completed by parents).

Quotes from feedback forms after 1-1 therapy:

"It's helped having a space to talk about how I'm feeling. It's helped calm me down in school and has made me more willing to go into school." - child

"It's a fun creative place where you can share and learn. Helped me be more happy." - child

"It gave me peace of mind that my child had a safe space in school and someone to help him understand himself." - parent

Groupwork

Of children who completed groupwork programmes:

- 80% reported that they had made progress towards the goal of the group
- 85% had made progress towards the group's goal, according to their teachers;
- 64% were more engaged in school after groupwork (rising to 81% for children who showed low engagement before intervention).

Quotes from child feedback forms after groupwork:

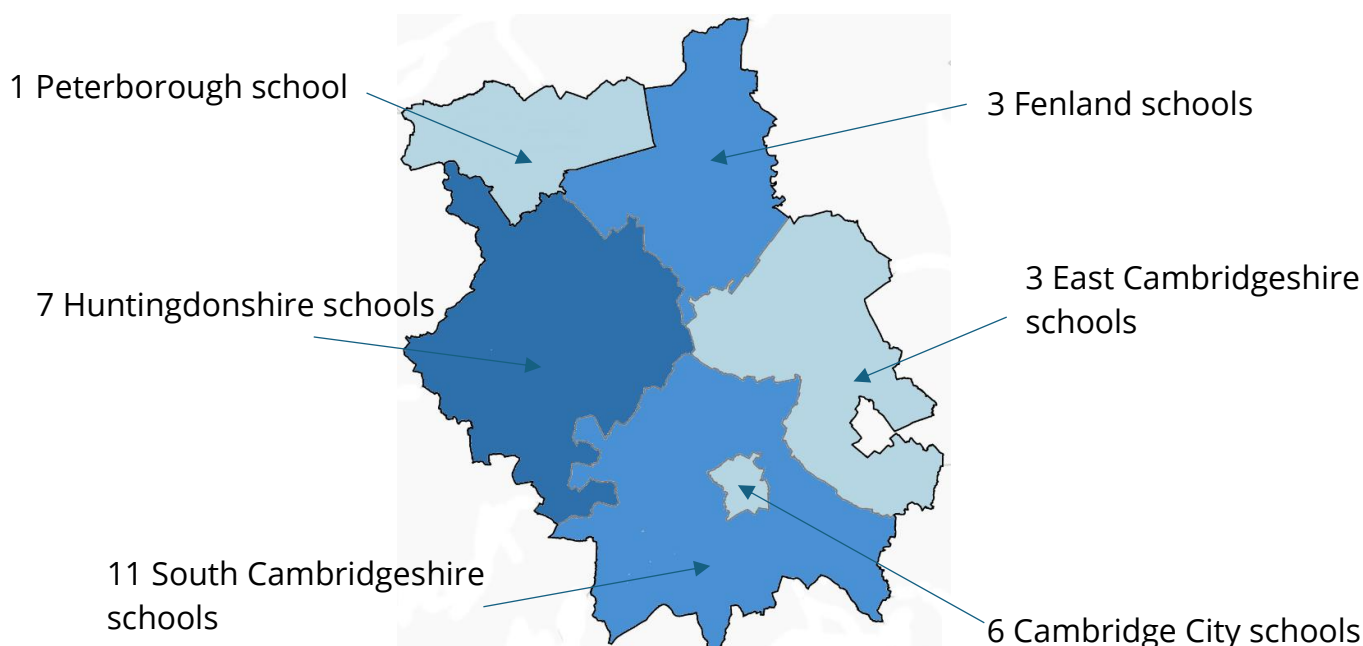
"It relaxed me and let me know that other children feel the same. It helped me to know that anxiety is normal." - child

"It's fun. Helpful if you are worried." - child

"Breathing strategies and squishies [were helpful]... I am taking away the memory of making shake bottles and worry dolls." - child

Where we worked

We worked with children in 31 Cambridgeshire schools this year, in Cambridge, Peterborough and all districts of the county.



Appointing a Service Coordinator for north Cambridgeshire in 2025-6 enabled us to expand our reach in Peterborough and Fenland this year. It also set the groundwork for further growth in these areas, where there is significant unmet need for support.

Of the schools we worked with:

- 30 were primary schools and 1 was a secondary school.
- In 6 schools, we delivered our **Partner School service**, with a small team of qualified and trainee therapists in school one day per week throughout the year.
- In 25 schools, we provided our flexible **Outreach service** – a combination of 1-1 therapy, groupwork and/or staff mentoring, depending on school needs.

"It is definitely worth it, it brings a lot of benefits to child and the class as a whole." - teacher

[Child] is able to communicate what is causing her a problem and what will help...I am also better able to deal with her which reduces how long incidents last. Lovely to see her personality come out." - teacher

Our therapists

Our clinical services were delivered by 44 child therapists. This included 2 Service Coordinators, 6 School Clinical Leads, 27 sessional therapists and 9 trainee therapists on clinical placement, under supervision of an experienced School Clinical Lead.

To help ensure continued high quality of our service and promote good practice, we provided 5 training sessions in the year – on safeguarding, using Minecraft to support therapy, breathwork, mask making and working with trauma. Sessions were delivered by experts in the relevant areas and were free to Blue Smile practitioners.

In total, 142 participants joined our training sessions. 98% reported that the training enhanced their skills or experience.

Harry's story

Harry* didn't trust anyone at school. In his first Blue Smile session, the therapist joined him under the table in his classroom, as Harry didn't want to go to the Blue Smile room.



The 9 year-old had moved a lot and hadn't settled well in his current school. He was struggling academically and found it hard to build relationships with children or adults. Then, out of the blue, his father died and things got much worse. Harry was often angry, sometimes destructive and violent. He would regularly run away from the classroom or refuse to come to school.

The therapist started by building Harry's trust, responding calmly to destructive play or small acts of aggression and focusing on activities that Harry enjoyed, so he could feel positive about himself and have fun. Gradually, Harry began to open up about his experiences, and feeling sad, vulnerable and afraid, often through art and play.

The therapist helped Harry to find words for his emotions. Harry learned he could ask for help when starting to feel overwhelmed. He started to make friends and trust adults in school. His behaviour was still challenging at times but he would now engage in support with his learning. His teacher was delighted to celebrate Harry's successes as his work started to improve.

Finishing therapy was hard for Harry after the multiple losses in his life. He was sad not to see his therapist each week, but was also able to recognize that the positive changes wouldn't end – describing himself as “100% happier”. His mum was relieved that Harry was doing better at school and now went willingly each morning – but most of all, she could see him start to feel happiness again after the terrible loss of his dad.

**Name has been changed to protect child's privacy*

About our data

The clinical data used in this report comes from a range of qualitative and quantitative outcome measures that we use to evaluate the impact of our work, including:

- Referral Forms: completed for each child before intervention, covering symptoms; problems; academic levels; attendance; Pupil Premium and SEND;
- Blue Smile Aims Questionnaires (BSAM): a bespoke measure completed by parents, teachers and children receiving 1-1 support, and by teachers and children for groupwork, measuring goal-based outcomes, including goals identified by children themselves.
- Strengths and Difficulties Questionnaires (SDQ): a standard, widely used tool to capture emotional, behavioural and learning issues and assess whether a child is 'clinically diagnosable' completed by parents, teachers, and children at the beginning and end of therapy.
- Feedback Forms: qualitative data about personal impact from parents, teachers and children.

For more information about Blue Smile or any data in this report, please get in touch.