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# Review of statutory school and community-based counselling services: Optimisation of services for children and young people aged 11 to 18 years and extension to younger primary school aged children

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This document is also available in Welsh.

Title: Review of statutory school and community-based counselling services: Optimisation of services for children and young people aged 11 to 18 years and extension to younger primary school aged children

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## **Glossary**

<b>Acronym/Key word</b>	<b>Definition</b>
ADHD	Attention Deficit Hyperactivity Disorder
ALN	Additional Learning Needs
ALNCo	Additional Learning Needs Coordinator
BACP	British Association for Counselling and Psychotherapy
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behaviour Therapy
CORC	Child Outcomes Research Consortium
CORE	Clinical Outcomes in Routine Evaluation
CORS	Child Outcome Rating Scale
DECIPHer	The Centre for Development, Evaluation, Complexity and Implementation in Public Health Improvement at Cardiff University
EAL	English as an Additional Language
EHE	Elective Home Education
ELSA	Emotional Literacy Support Assistant
EMDR therapy	Eye Movement Desensitization And Reprocessing Therapy
EOTAS	Educated Other Than At School
ESQ	Experience of Service Questionnaire
FAS	Family Affluence Scale
FSM	Free School Meal
GBORS	Goal Based Outcome Record Sheet
GP	General Practitioner
IPC	Interpersonal Counselling
IPT-BI	Interpersonal Psychotherapy for Body Image
LA	Local Authority
MOL	Method of Levels
NEST framework	Nurturing, Empowering, Safe, and Trusted Framework
NSPCC	National Society for the Prevention of Cruelty to Children
PASS	Pupil Attitudes to Self and School
PPA	Planning, Preparation And Assessment
PRISMA Checklist	Preferred Reporting Items for Systematic Reviews and Meta-Analyses Checklist
PRU	Pupil Referral Unit

PSE	Personal and Social Education
RCADS	Revised Child Anxiety and Depression Scale
RCT	Randomised Controlled Trial
SDQ	Strengths and Difficulties Questionnaire
SEAL	Social and Emotional Aspects of Learning
SEBD	Social, Emotional, Behavioural Difficulties
SEQ	School Environment Questionnaire
SHRN	School Health Research Network
SHW Survey	Student Health and Wellbeing Survey
SLT	Senior Leadership Team
SWAN-OM	Session Wants And Needs Outcome Measure
SWEMWBS	Short Warwick-Edinburgh Mental Wellbeing Scale
TA	Teaching Assistant
TAF	Team Around the Family
TAPPAS	Team Around the Pupil, Parent And School
TEEN CORE	Teen version of Clinical Outcomes in Routine Evaluation, superseded by YP-CORE
WISERD	Wales Institute of Social and Economic Research and Data
YIACS	Youth Information, Advice and Counselling Services
YP-CORE	Young Person's Clinical Outcomes in Routine Evaluation

# **1. Background: School and Community-Based Counselling in Wales**

## **Introduction**

- 1.1 The mental health and well-being of children and young people in Wales is a priority. Almost 20 per cent of learners in Years 7-11 report high rates of symptoms that are associated with poor mental health (Page et al., 2021). These problems are more likely to be found among older age groups, females and learners from more socio-economically disadvantaged backgrounds (Page et al., 2021). Recent data states that more than a quarter of children and young people in Wales feel that there is a lack of mental health support available to them in school (Public Health Wales Observatory, 2020).
- 1.2 The COVID-19 pandemic has exacerbated poor mental health and well-being (Welsh Government, 2020a; The Children's Society, 2020). Research with 2,111 13-25 year olds with a history of mental health needs found that 83 per cent experienced increases in anxiety, sleep problems, panic attacks and the urge to repeat self-harm. A quarter of participants also stated that they no longer had access to mental health support as a consequence of the pandemic (The Children's Society, 2020). While the evidence-base is limited, there are reports of detrimental impacts being disproportionately experienced by secondary school aged learners, those from lower socio-economic backgrounds, and those with additional needs (Welsh Government, 2020a). A rapid evidence summary on the impact of mass closures, such as schools, indicates that adverse effects are often due to loneliness (Welsh Government, 2020a). There are also reported concerns about exams, qualifications, and a potential deterioration in teaching quality as a result of the transition to online (home) learning (The Children's Society, 2020).

## **Welsh Government Policy: School and Community-Based Counselling Services**

- 1.3 The School Standards and Organisation (Wales) Act (2013) made it a statutory requirement for Local Authorities (LA) to provide an independent counselling service to support the health, emotional and social needs for children and young people from Years 6-13 (National Assembly for Wales, 2013). It specified a responsibility in meeting the needs of different learner populations, including those requiring Welsh medium services and those who do not access mainstream education. The Act builds on the School and Community-based Counselling Operating Toolkit (Welsh

Government, 2020b) and Counselling Services in Wales - A National Strategy (2008). The duties and powers of LAs under the School Standards and Organisation Act (2013) regarding the provision of independent counselling services are outlined in the Statutory Guidance to Welsh Local Authorities on the Provision of Independent Counselling Services (Welsh Government, 2013).

- 1.4 While counselling provision is independently provided by LAs, Welsh Government supports service provision through a bi-annual meeting with representatives from each LA and independent school counselling providers.
- 1.5 Current services are funded as part of the Revenue Support Grant paid to LAs. Funding is un-hypothecated. The Revenue Support Grant has remained at the same level since 2013, although £626,000 of additional funding was made available for the financial year 2019-20 to address high demand and long waiting lists. In April 2020, the Minister for Education committed an additional £1.25 million to counselling services for the 2020-21 financial year to deal with an anticipated increase in demand as a result of the COVID-19 pandemic. The education and training inspectorate, Estyn (2019) has reported that schools also fund counselling provision alongside statutorily available LA services. On occasion, some primary schools fund counsellors for learners younger than Year 6, while a number of secondary schools extend services to school staff. A variety of delivery models have also been implemented in different LAs in response to the COVID-19 pandemic.
- 1.6 The School and Community-based Counselling Operating Toolkit (Welsh Government, 2020b) is aimed at counsellors, managers of counselling services, teachers and other professionals who have contact with children and young people presenting emotional health and well-being difficulties. The guidance is intended to provide an accessible reference of best practice and other support resources.
- 1.7 Welsh Government Knowledge and Analytical Services collect data from LAs on levels of school and community-based counselling provision in Wales, which are published in an annual statistical bulletin (Welsh Government, 2021a). For the 2019/2020 period, 9,666 children or young people received counselling services, which is an 18 per cent decrease on the previous year. This is largely attributed to COVID-19-related school closures between March and August 2020. Females accounted for 66 per cent (6,372) of service users, which is similar to previous years. Children and young people aged Year 6 and older accounted for 74 per cent of learners who received counselling. Meanwhile, children and young people aged

between Years 7-11 accounted for 85 per cent of learners who received counselling.

- 1.8 During 2019/2020, school-based and other education staff were the most common source of referral to counselling, accounting for just over half of all referrals made (51 per cent). Anxiety and family issues were the most frequently cited issue for those receiving counselling. Following completion of counselling sessions, 86 per cent of children and young people were reported to not require onward referral to further services.
- 1.9 An evaluation of school and community-based counselling services in Wales has been previously conducted and reported in the Evaluation of the Welsh School-based Counselling Strategy (Welsh Government, 2011a). Further details of the evaluation, including a quality appraisal, are included as part of the rapid evidence review presented in the next chapter, which reports the evidence-base for the effectiveness, implementation, and experiences of school-based counselling services in the UK.
- 1.10 The evaluation assessed pilots for school and community-based counselling in primary schools, which were conducted across four LAs. Levels of satisfaction with the pilots amongst head teachers and LA counselling service leads were high, with the service being seen as providing good value for money. Areas of low satisfaction were: limited resources; a lack of integration with other well-being initiatives; limited monitoring and evaluation; failure to meet the needs of Welsh-speaking learners; lack of availability of training for counselling; and limited publicising of services within schools. Evidence for improvements in outcomes was limited, but there was indication of reductions in learners' psychological distress, alongside improvements in learner behaviour, educational attainment and school attendance.
- 1.11 Estyn's (2019) evaluation of primary and secondary schools' support of learners' health and well-being also reports the opportunities and challenges of delivering counselling provision. Services were considered to work most effectively when schools adopted a multi-agency, wraparound approach built on trust and mutual understanding. However, it was found that not all schools were able to accommodate counselling services, and limited availability of buildings could compromise accessibility and confidentiality. Where such services were prioritised, schools adapted spaces to ensure privacy in a relaxed and attractive environment. There were also reported issues with school staff controlling who accesses the

services. Meanwhile, depending on the LA, primary schools could struggle to access counselling or other therapeutic services.

### **Welsh Government Policy: School and Community-based Mental Health and Well-being Services**

- 1.12 School and community-based counselling services operate within a wider context of mental health and well-being provision, which has been the subject of recent reform. Understanding this broader platform of policies is important in assessing if current counselling provision is fit for purpose, as these programmes and practices may work to support or inhibit the functioning of services.
- 1.13 The Welsh Government has made a commitment to integrating a whole-school approach to emotional and mental well-being in schools and their surrounding communities, as specified in the Framework on Embedding a Whole-School Approach to Emotional Health and Well-being (Welsh Government, 2021b). This is supported by the Joint Ministerial Task and Finish Group on a Whole-School Approach to Mental Health and Well-being (2018), which coordinates policy and practice, and monitors responsiveness to the National Assembly for Wales Children, Young People and Education Committee's (2018) Mind Over Matter report.
- 1.14 A whole-school approach works to address learner relationships (e.g. with staff and other children and young people), create a positive cultural environment that is conducive to positive emotional well-being, and support integration with external community services and stakeholders (e.g. Child and Adolescent Mental Health Services (CAMHS)) (Welsh Government, 2021b). In 2021/2022 the Welsh Government committed £9 million to support projects that align with the whole-school approach. They include teacher training on well-being, extending counselling services, supporting teaching well-being, and resource to support implementation of the Framework and undertake related evaluation activity (Holtam et al, 2021).
- 1.15 This foregrounding and embedding of emotional and mental well-being reflects the priorities of the Well-being of Future Generations Act (2015), the programme of curriculum reform outlined in the Curriculum and Assessment (Wales) Act 2021 (Welsh Government, 2021c), and its associated school guidance on health and well-being (Welsh Government, 2020c). The approach also responds to recommendations from the School and Community-based Counselling Operating Toolkit (Welsh Government, 2020b), which suggests that effective counselling

provision requires a whole-school approach that includes raising awareness of services and the delivery of additional therapeutic approaches that are mutually supportive.

- 1.16 A whole-school approach further resonates with the recommendations of the Promoting Emotional Health, Well-being and Resilience in Primary Schools report (Public Policy Institute for Wales, 2016), which was commissioned in response to a need to understand if children in primary schools require additional emotional support, and which interventions would have the greatest impacts. The research states that primary schools require a comprehensive platform of initiatives that are supported by the wider school system and reinforced by the broader pedagogical approaches to teaching and learning.
- 1.17 One of the central policy progressions delivered alongside school and community-based counselling, and as part of the whole-school approach to emotional and mental well-being, is the CAMHS In-Reach programme. Announced in 2017, the pilot programme was intended to address the rising demand for specialist services by increasing access and improving relationships between schools and mental health professionals. In 2021/22 the Welsh Government announced £5 million to expand the programme across Wales (Holtam et al, 2021).
- 1.18 An evaluation of the pilot, conducted across three areas in Wales, found that the model of delivery was different to meet the needs of different contexts, but that generally implementation was effective (Holtam, 2021). In Mid, South and West Wales there was a focus on integrating training for school staff on learner and staff mental health, combined with specialist advice, liaison and consultancy. In West Wales, there was more emphasis on advice and liaison through multi-agency team meetings, while in Mid and South Wales there was smaller, specialist advice provided through bi-lateral meetings with schools. Meanwhile in North Wales, the model prioritised staff mental health, alongside delivery of Youth Mental Health First Aid. There were notable barriers to implementation across these models, including challenges in recruiting specialist staff, and the long time needed to build relationships and understand educational structures and cultures.
- 1.19 An evaluability assessment of the over-arching whole-school approach has recently been conducted to support future implementation, monitoring and evaluation (Brown et al, 2022). It reports central aspects of a model that schools might implement, including: clear and effective communication with all stakeholders to ensure buy-in;

policy review; staff well-being support and training; asset mapping; needs assessment; strengthening of relationships with external services (including counsellors); and identifying a mix of universal support that is preventative and targeted support that is more focused on treatment.

### **Research Aims and Questions**

1.20 In 2020, the then Ministers for Education and Health and Social Services agreed to increase the funding for school and community-based counselling services, extending existing entitlement to all primary school aged (4–11 years) children in Wales. As stated, this is part of a wider financial commitment to increase the budget available for the Whole-School Approach to ensure learner emotional and mental well-being. To support this action, this research was commissioned to assess the fitness for purpose of current statutory counselling services for children and young people aged 11-18 years, and to understand what appropriate services for younger children should include. This formal review of existing counselling services is intended to inform policy decisions focused on meeting the needs of children and young people in Wales. It will further support the design of any potential pilot for primary school counselling services by exploring service demand and the most appropriate delivery model.

1.21 The specified aims of the study are:

- To conduct a formal review of fitness for purpose of the statutory school and community-based counselling services for children and young people aged 11–18 years provided through LAs across Wales
- To explore need and options for extending counselling to younger children
- To make recommendations about improvements to the provision, monitoring and evaluation of services, based on an evidence-based theory of change for services

1.22 The research questions that will be addressed are linked to three domains of enquiry:

#### *Effectiveness, Delivery and Acceptability of School and Community-based Counselling Services*

- What is the evidence-base (effectiveness, implementation and acceptability) for school and community-based counselling services in the UK?

- What is the reach and perceived sufficiency of provision of school and community-based counselling services in secondary schools in Wales? How does this vary by geographical region, socio-economic demographic profile, language medium of provision, protected characteristics and organisational policies for learner mental health?
- How are school and community-based counselling services currently implemented (e.g. current aspirations for services, what is perceived to be achieved, funding model, demand assessment, delivery model) in secondary schools in Wales? What are barriers and facilitators to delivery (e.g. referral systems, supply, capability and quality), particularly within the context of COVID-19?
- What is the acceptability of school and community-based counselling services in secondary schools to learners, parents, school staff and other system stakeholders?
- What is the association between school and community-based counselling service implementation, student referral to CAMHS and student well-being?

#### *Optimisation and Extension of School and Community-based Counselling Services*

- What do stakeholders understand to be an optimal model for school and community-based counselling services in secondary and primary schools in Wales?
- What stakeholders and relationships are most important in delivering a community-based counselling service (e.g. cost and quality), and how can capacity be generated within the system?

#### *Evaluability Assessment of School and Community-based Counselling Services*

- What level of service evaluation is practicable and desirable?
- What are appropriate and operational measurements for programme outcomes, including both positive and negative unintended outcomes? What is the availability of data within the current context?
- What are appropriate and operational measures for programme implementation? What is the availability of data within the current context?
- What are appropriate and operational measures for programme sustainability? What is the availability of data within the current context?

## **Report Structure**

- 1.23 The report has seven chapters. The second chapter will present the methodology and findings of a rapid evidence review of evaluations of school and community-based counselling services in the UK and Ireland, to understand what models seems to be effective and the key issues related to implementation and acceptability. The third chapter will present the methods used as part of the primary data collection for the study, outlining the approach for: secondary analysis of the School Health Research Network (SHRN) datasets; LA counselling service leads mapping of services; consultations with stakeholders; interviews with key system stakeholders; and case-studies with primary and secondary schools. Chapters four, five and six will present the study findings. These each focus on one of the three domains of enquiry. The fourth chapter will explore the perceived effectiveness, delivery, and acceptability of current school and community-based counselling in Wales. The fifth chapter will examine what an optimal counselling service might look like, considering the potential to extend services to all primary school aged children. The sixth chapter will consider how services might be evaluated and monitored. The final chapter will discuss the key study findings and recommendations. Annex Table A.1 presents a summary of the counselling service pro-forma data that is discussed in the findings chapters. A technical report that includes detailed information on the study methodology and research materials is available.

## 2. Background: Rapid Evidence Review of School and Community-Based Counselling in UK

### Introduction

2.1 This chapter presents a rapid evidence review of school and community-based counselling services in the UK. It addresses the following research question:

- (i) What is the evidence-base (effectiveness, implementation and acceptability) for school and community-based counselling services in the UK?

2.2 The chapter has five sections.

- The methods used as part of the review.
- An overview of the quality of included studies, which is important in considering which findings have more weight in the review.
- A synthesis of evidence of the impacts of school and community-based counselling services, as reported by evaluations conducted in the UK.
- A synthesis of evidence on the implementation of counselling services, considering key barriers and facilitators to effective delivery.
- A synthesis of evidence on stakeholder acceptability, which is the experiences and perceptions of counselling services among children and young people, parents/carers, school staff, counsellors and other professionals.

### Summary

This chapter reports a rapid evidence review of evaluations of school and community-based counselling services in the UK. Sixty studies were identified from 49 evaluations across primary schools, secondary schools, specialist educational settings, colleges and community services. Overall, the evidence for the impacts of counselling on the mental health and well-being of children and young people is limited. Where robust study designs are used there is no clear evidence of effectiveness. For weaker study designs there is some tentative evidence that counselling may have positive impacts across different settings. Importantly, there is no evidence of harm.

Some of the most useful evidence for informing the future optimisation and extension of counselling services comes from studies reporting on implementation

and acceptability. Implementation evaluations indicate the importance of flexible delivery, awareness raising, facilitating access, providing an appropriate space, and prioritising high quality relationships between stakeholders. Acceptability evaluations indicate high levels of satisfaction with services, especially where children and young people feel they have choice and involvement in decision-making. Provision may work to reduce stigma and ensure services are meeting the needs of different groups, such as children and young people who prefer services in different languages.

## **Research Method**

- 2.3 The research team conducted a rapid evidence review (Khangura et al., 2012, Varker et al., 2015). There is no agreed method for rapid evidence reviews, and so it modified methods from an existing study (Mann et al., 2019). A summary of the review methods is presented in this chapter. The full methodology is included in the technical report, where it is reported with reference to the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) Checklist (Liberati et al., 2009). The checklist aims to standardise the reporting of reviews to provide transparency on the processes used.
- 2.4 Eligibility criteria were used to determine which studies should be included in the review. Studies had to evaluate a counselling service, which was defined as professional therapeutic support. Part of the service had to be delivered in a school or community-based setting in the UK or Ireland. Counselling had to target children and young people aged 7-18 years. Evaluations could assess the effectiveness of counselling services; consider implementation and barriers and facilitators to service delivery; and explore stakeholders' experiences of receiving or delivering counselling.
- 2.5 Four databases were searched for relevant studies, covering health, education, social policy and psychology. Databases were searched from 1999, which marked the transfer of powers to the Welsh Assembly, until December 2020. Searches in databases were conducted in English with included publications restricted to English language only. Twenty-three national government and third sector organisational websites were searched. Websites were identified by the research team based on previous experience of related reviews. The Project Steering Group was consulted to identify additional resources, but none were identified. Websites

were also searched from 1999. Searches were conducted in English and included publications were restricted to English and Welsh language only. Where Welsh language reports were retrieved, an English language version was also sought for inclusion in the review. The strategy that was used to search the databases is included in the technical report.

- 2.6 Retrieved studies had their title and abstract screened by a member of the research team. Studies that were excluded as ineligible were checked by a second member of the team. Following this, the full texts of remaining studies were screened by one researcher and verified by a second. Discrepancies were resolved through discussion, sometimes through consultation with a third researcher. Records of study inclusion at each stage were recorded and are presented in the technical report.
- 2.7 A data extraction form was developed and piloted with a subset of included studies. The following data were extracted: study details (author, year, objective, study design, region, data collection dates); intervention and comparator (description, setting, delivery agent, comparator); participants (sample size, participants, age, gender, ethnicity, language, other); outcomes (intervention outcomes, analysis, informant, follow-up period); findings (baseline characteristics, effectiveness, implementation, acceptability, context); and strengths and limitations (author strengths and limitations, reviewer strengths and limitations, funding, conflict of interest). Data were extracted by one member of the research team and checked by a second. Each study was appraised for methodological quality using a relevant assessment tool.
- 2.8 Following the extraction of data, the findings of studies were summarized and synthesised according to intervention effectiveness, implementation and acceptability. Key themes were developed within these overarching domains of interest. The final synthesis is presented below, whilst the main study characteristics and findings are detailed in the technical report.

### **Overview of Included Studies**

- 2.9 The searches of databases identified 1,293 studies and additional searches of grey literature identified five studies. Following the removal of duplicates, the titles and abstracts of 1,133 studies were assessed. In total 933 studies were excluded through the screening of titles and abstracts due to being irrelevant. The full texts of

the remaining 206 studies were screened. Of these, 147 were excluded. Reasons for exclusion were: wrong population (nine studies); wrong intervention (32 studies); wrong outcome (11 studies); wrong research study design (46 studies); and wrong country (45 studies). Three studies could not be retrieved. On completion of screening, 60 studies were eligible for inclusion in the review. These were linked to 49 different evaluations of counselling provision, as some evaluations had multiple publications reporting findings.

### *Country*

- 2.10 Studies were included from England, Northern Ireland, Republic of Ireland, Scotland, Wales and the UK more generally. Twenty-two studies were conducted in England. Three studies were conducted in Northern Ireland, nine in Scotland, and five in Wales. One study was conducted in the Republic of Ireland. Fifteen studies specified a combination of UK countries. Five studies were vague in specifying the exact region of the UK and are defined as a UK-based study.

### *Population*

- 2.11 Studies were conducted across school and community settings, with some studies undertaken across multiple contexts. Ten studies were conducted in primary educational settings and 34 were undertaken in secondary educational settings. One study was conducted in specialist educational settings for learners with additional needs. One study was conducted in a college. Three studies were undertaken in community services, for example via youth services. Eight studies were conducted through a combination of primary, secondary, specialist and community settings. Two studies were conducted through a counselling service. One study did not specify a setting, and was a qualitative study exploring the perspectives of counsellors.

### *Study Design*

- 2.12 Studies used a variety of research designs for evaluation. In total, 29 studies conducted an evaluation on the effectiveness of counselling services to establish impacts on children and young people's outcomes. There were 24 studies that reported data on the implementation of counselling and 31 studies that addressed acceptability, which is understood as stakeholders' experiences and perceptions. Some studies reported more than one type of evaluation design and data.

### *Mental Health and Well-being Outcomes and Outcome Measurements*

- 2.13 Of the studies that measured changes in student mental health and well-being after they received counselling, two validated measures were commonly used. Eight studies employed the Young Persons Clinical Outcomes in Routine Evaluation (YP-CORE) measure. Seven studies used the [Strengths and Difficulties Questionnaire](#) (SDQ). For the SDQ, child and young person, teacher and parent versions were used.

### *Study Quality Appraisal*

- 2.14 In order to understand the weight that should be given to the findings of each study included in the review it is important to understand the strengths and limitations of the study design used. The review undertook a critical appraisal of each evaluation and the extent to which an evaluation adhered to its stated methodology. An established tool was used for each of the main study designs used: randomised controlled trials; non-randomised controlled trials; pre-post testing; cross-sectional surveys; cohort studies; case-series; and qualitative studies. The quality appraisals of each study are presented in the technical report.
- 2.15 Randomised controlled trials tend to be considered the most scientifically robust research design for evaluating if an intervention has been effective. They compare the outcomes (e.g. mental health and well-being) of a randomly allocated group of individuals who received an intervention and a randomly allocated group of individuals who continued with usual service provision (control group). Random allocation means that the intervention and control group should not have any systematic differences beyond the intervention. For studies using this research design, some issues were identified. These included: the characteristics of groups were not always similar; there was imbalance between groups when outcomes were measured after the intervention; and analysis was not always conducted according to the group individuals were randomised to. Studies were also significantly limited by small sample sizes, especially those which were pilot randomised controlled trials.
- 2.16 Non-randomised controlled trials have some similarity with randomised controlled trials. They both measure outcomes before and after the intervention has been received. They both have a comparison group, where they compare outcomes of those who receive the intervention with those who continue with usual service

provision. However, in this case, individuals are not randomised to a group and so there may be some systematic difference between groups. For example, if children and young people could choose to be in the group that receive counselling, those who are most willing and motivated to improve their well-being might do so. This might lead to an over-estimation of the impacts of counselling. For studies that used this design, the main limitations were: a lack of clarity on the outcome measured; uncertainty about whether the comparison group did not receive counselling or a similar service; and only a single measure of the outcome at a single time-point, which makes it unclear if there is a genuine trend towards improvement in mental health and well-being.

- 2.17 Pre-post evaluation designs measure outcomes before and after an individual takes part in an intervention. They are a weaker approach to evaluation as they do not compare the results of participants that take part in the intervention with those that do not take part, and so it is unclear if outcomes would have improved over time without intervention. For outcome evaluations, this was the most commonly used study design. Appraisal of evaluations using this study design was challenging as there was a lack of clear reporting on the approach used. The main limitations were: a large number of individuals eligible to receive counselling not actually receiving it; a lack of clear description of the counselling services delivered; small or unclear sample sizes; and only a single measure of the outcome at a single time-point.
- 2.18 In evaluations, cross-sectional surveys are often used to measure outcomes of effectiveness, implementation and acceptability after individuals take part in an intervention. Some used surveys to measure the impacts of counselling, but were compromised by there being no measure of outcomes before children and young people receive services and so it is unclear if there has been a change in mental health and well-being. Some studies used surveys to assess implementation and acceptability. Studies using this design were also limited by a lack of clarity on the characteristics of participants and the setting where counselling was delivered. This reflected a more general issue about a lack of reporting on the study design.
- 2.19 Case-series studies and cohort studies were the least frequently used study designs. Case-series studies follow a group of intervention participants over a period of time, so in this instance followed children and young people receiving counselling. Studies using this approach were limited by a lack of clarity on participants, the setting where counselling was delivered and the actual counselling

being received. Cohort studies follow a population (e.g. children and young people) over time to examine any associations between individuals receiving an intervention (e.g. counselling) and later outcomes (e.g. mental health and well-being). For the study using a cohort design, it was not clear if individuals had a high level of good mental health and well-being to start, which would reduce the ability of counselling to have an impact.

2.20 Qualitative studies were mainly used to explore implementation and acceptability. They drew on a range of methods such as stakeholder interviews and focus groups. There were some common limitations with studies, mainly the perspectives and background of the researcher(s) were not fully reported, and so it was unclear the extent to which data and analysis were influenced by their identity and values.

2.21 In summary, the evidence-base included in the review has a number of limitations. A central issue is the selection of study design used to evaluate the outcome of counselling services. There were a limited number of RCTs, and a large number of pre-post measurements to assess impact. Appraisal of the quality of evaluations indicated key limitations related to: small sample sizes; lack of clarity on how much counselling the intervention group had received; lack of clarity on whether the control group had actually received some counselling provision; and measurement of outcomes at one time point only. For the assessment of implementation and acceptability, evaluations often used qualitative methods. These were limited by a lack of clear reflection on the researcher(s) perspectives and values.

### **Effectiveness of School and Community-based Counselling Services**

2.22 This section reports review findings from evaluations that assessed the effectiveness of school and community-based counselling services on the mental health and well-being of children and young people. In total, 29 studies were included on this basis. The section will provide evidence from: primary school settings; secondary school settings; specialist educational settings; and community settings. Within the findings for each type of setting, data will be presented starting from the most scientifically robust evaluation method.

2.23 The evidence-base for the effectiveness of school and community-based counselling services is mixed. This means that there is no particular type of counselling in any specific setting that is clearly shown to have a positive impact on

children and young people's mental health and well-being. Equally, no studies found counselling provision to be harmful, or have any unintended impacts.

- 2.24 Nine evaluations were conducted with learners in primary schools (Cooper et al., 2013b; Daniunaite et al., 2015; Finning et al., 2021; Lee et al., 2009; McArdle et al., 2002; Pro Bono Economics, 2018; Sherr and Sterne, 1999; Sherr et al., 1999; Wilson et al., 2003).
- 2.25 One randomised controlled trial was conducted with learners primarily in this educational setting (McArdle et al., 2002). The trial also included a small number of learners from middle and secondary schools, although the mean age was 11 years old. Learners who were identified as at risk for emotional or behavioural problems were assigned to group therapy sessions or to a curriculum studies group that worked on curriculum maths and English. After 12 weeks, learners participating in both group therapy and the curriculum studies group reported reduced problem behaviours. However, group therapy was not seen to be more effective than the curriculum studies approach.
- 2.26 Two non-randomised controlled evaluations were conducted within primary school settings (Finning et al., 2021; Sherr and Sterne, 1999). Both evaluations related to school counselling provided by the organisation Place2Be. Place2Be (also referred to as "The Place to Be") is a charity that provides mental health support within schools. They offer both one-to-one and group counselling alongside other mental health and well-being interventions (Lee et al., 2009). Counselling is provided by volunteers and includes trainees, graduates of counselling or psychotherapy courses and those trained by Place2Be (Lee et al., 2009).
- 2.27 In the evaluation by Finning et al. (2021) learners received 12 – 36 weeks of one-to-one counselling and approaches included person-centred, psychodynamic and systemic therapy. Teacher and parent versions of the SDQ were used to assess mental health and a large number of learners received the intervention (740 learners were rated by teachers; 362 learners were rated by parents). Learners were compared with a nationally representative group of young people from the 2004 British Child and Adolescent Mental Health Survey. Both teachers and parents reported that learners' mental health improved after counselling and this was sustained one year after counselling ended.

- 2.28 In an earlier non-randomised controlled trial that evaluated Place2Be, 49 learners received one-to-one counselling for 6 months (Sherr and Sterne, 1999). The intervention measured emotional and educational outcomes and after counselling. Learners in the intervention group demonstrated significant positive changes in self-esteem and experienced less worry.
- 2.29 Six evaluations used pre-post study designs to assess the impact of school-based counselling in primary schools (Cooper et al., 2013b; Daniunaite et al., 2015; Lee et al., 2009; Pro Bono Economics, 2018; Sherr et al., 1999; Wilson et al., 2003). Four of these evaluations relate specifically to school counselling provided by the charity Place2Be (Daniunaite et al., 2015; Lee et al., 2009; Pro Bono Economics, 2018; Sherr et al., 1999). All four of these studies report on the impact of one-to-one counselling. Lee et al. (2009) also report on the impact of group counselling.
- 2.30 The Place2Be evaluations used the SDQ, which was completed by teachers and/or parents to assess impact (Daniunaite et al, 2015; Lee et al., 2009; Pro Bono Economics, 2018). In the evaluation by Pro Bono Economics (2018) 2,179 learners were assessed by teachers and 1,637 learners were assessed by parents. Both teachers and parents reported lower scores on the SDQ after learners received counselling, which indicates improved well-being. Daniunaite et al. (2015) reported data from 3,222 learners and the SDQ was completed by teachers. This evaluation found that school counselling had a positive impact on learners' mental health.
- 2.31 In the evaluation by Lee et al. (2009) 1,645 learners received one-to-one counselling and 215 received group counselling. Group counselling was delivered over eight sessions to groups of six to eight learners. Teachers and parents used the SDQ to report learners' mental health. The evaluation found that both learners receiving one-to-one counselling and those receiving group counselling had lower SDQ scores after the intervention, which indicates an improvement in emotional and behavioural difficulties. Those learners who had one-to-one counselling had slightly better mental health than those who had group counselling. The evaluations from Daniunaite et al. (2015) and Lee et al. (2009) reported data from learners from an ethnically diverse background and included those with Special Educational Needs (SEN) and child protection status.
- 2.32 In the evaluation of Place2Be by Sherr et al. (1999), counsellors rated the mean level of distress experienced by 540 learners who received one-to-one counselling. Learners were from an ethnically diverse sample and 14 per cent reported that

English was not their first language. The mean level of distress for primary school learners was found to be significantly reduced following counselling.

- 2.33 Two studies that used a pre-post study design to assess other approaches to counselling in primary schools (Cooper et al., 2013b; Wilson et al., 2003). Cooper et al. (2013b) evaluated school-based counselling that incorporated systematic client feedback. Feedback was provided by learners after each session by using the Child Outcome Rating Scale (CORS) and the Child Session Rating Scale. A variety of counselling approaches were used including Cognitive Behavioural Therapy (CBT), narrative, person-centred, play therapy and a strengths-based approach. The evaluation found that there were large reductions in psychological distress for learners when rated on the CORS.
- 2.34 The impact of one-to-one and group counselling sessions for primary school learners experiencing parental separation was assessed by Wilson et al. (2003). Six months after receiving counselling, learners who had one-to-one counselling had improved self-esteem, school friendships, perceived support from adults, and a reduction in difficult behaviour. For learners who had group counselling, improvements were seen at the end of therapy in social behaviour and classroom competence, but these were not sustained six months after receiving counselling.
- 2.35 Seventeen studies reported evaluations in secondary schools (Beecham et al., 2019; Churchman et al., 2019a, 2019b, 2020; Cooper et al., 2010, 2013a, 2014, 2019, 2021; Fox and Butler, 2007, 2009; Hanley et al., 2011; McArthur et al., 2013; McElearney et al., 2013; Pearce et al., 2017; Pybis et al., 2015; Stafford et al., 2018).
- 2.36 One of the most robust evaluations to date is the ETHOS trial, which assessed the impact of school-based humanistic counselling on psychological distress (Cooper et al. 2021; Stafford et al., 2018). The evaluation design was a randomised controlled trial. In this evaluation, learners from 18 secondary schools in England were allocated to either receive up to 10 weekly, individual counselling sessions or to continue with usual pastoral care. The intervention was delivered by professional counsellors, who were qualified to diploma level and had received training in school-based humanistic counselling. Within this approach counsellors use techniques such as active listening and reflection to help learners manage issues they face in a supportive environment. In total, 329 learners were allocated to either the

counselling sessions or to usual pastoral care. Learners were ethnically diverse and 13.7 per cent reported having a disability.

- 2.37 The outcome that was measured in the ETHOS trial was young people's emotional distress. The tool used to assess the outcome was YP-CORE. The intervention was found to have a small, positive effect 12 weeks after young people received the counselling provision and the impact was sustained 24 weeks after the intervention. Some improvements were also seen in measures for young people's goal attainment, self-esteem, well-being and psychological difficulties. However, a positive impact was not found for young people's anxiety and depression, externalised difficulties, engagement with school, school outcomes or educational outcomes.
- 2.38 Five studies reporting on four small pilot randomised controlled trials also assessed the effectiveness of school-based humanistic counselling in secondary schools (Beecham et al., 2019; Cooper et al., 2010; McArthur et al., 2013; Pearce et al., 2017; Pybis et al., 2015). For these evaluations, participants in the intervention groups received up to 12 weeks of school-based humanistic counselling. Outcomes for these groups were compared with young people who continued as usual, before being offered the intervention at a later date (Beecham et al., 2019; Cooper et al., 2010; McArthur et al., 2013; Pearce et al., 2017; Pybis et al., 2015).
- 2.39 Young people's mental health was measured using the YP-CORE and the SDQ. Mixed results were reported. After 12 weeks, McArthur et al. (2013) found that school-based humanistic counselling had made significant improvements on the YP-CORE compared to those who did not receive the intervention. Pearce et al. (2017) found that counselling was effective after six weeks when using the YP-CORE tool. However, the impact was not sustained at six or nine months after counselling. Similarly, Pybis et al. (2015) found that counselling was effective six weeks after randomisation on the YP-CORE, but these results were not sustained at 12 weeks. Additional data from six months after taking part in the intervention demonstrated no significant change in psychological distress. Further, Cooper et al. (2010) found no significant effect at six weeks after attending counselling when measured on the SDQ.
- 2.40 Eight evaluations of secondary school-based counselling that used a pre-post design were reported (Chuchman et al., 2019a, 2020; Cooper et al., 2013a, 2014, 2019; Fox and Butler, 2009; Hanley et al., 2011; McElearney et al., 2013). Cooper

et al. (2014) assessed school-based humanistic counselling with 256 learners from 11 secondary schools. It was found to have a large effect on the mental health and well-being of learners, as measured on the YP-CORE. In another evaluation in Wales, data from 3,613 episodes of counselling were assessed by Cooper et al. (2013) with a variety of types of counselling approaches such as integrative, humanistic, CBT and psychodynamic therapy. The data from all counselling approaches were combined and analysis demonstrated that counselling had a significant impact on psychological well-being on both the YP-CORE and SDQ.

- 2.41 While the majority of secondary school-based counselling services measured the impact of the intervention being delivered by a school-based counsellor, two evaluations assessed the effectiveness of counselling provided by a National Society for the Prevention of Cruelty to Children (NSPCC) counselling team (Fox and Butler, 2009; McElearney et al., 2013). In one study, secondary school learners received counselling from the NSPCC Schools Team (Fox & Butler, 2009). The evaluation found that psychological well-being was significantly higher after counselling as assessed by the TEEN-CORE measurement tool. This was sustained three months after counselling ended. In the second study, learners received counselling from the NSPCC Independent School Counselling service with a CBT focus, which aimed to support children with coping skills (McElearney et al., 2013). Bullying was the reason for 27.2 per cent of referrals and counselling was found to be effective for these learners as well as those who had not been bullied when measured on the SDQ. A small study, where counselling was provided by Relate, found that scores on the YP-CORE were lower at the end of counselling and results were sustained at follow-up, showing an improvement in well-being (Hanley et al., 2011).
- 2.42 Three studies evaluated the effects of novel ways of delivering two secondary school-based counselling interventions (Churchman, 2019b, 2020; Cooper et al., 2019). A cognitive therapy approach called Method of Levels (MOL) was assessed by Churchman et al. (2019b, 2020). MOL is based on Perceptual Control Theory and the principles of control, conflict and reorganisation. Learners were able to book the sessions and could decide how often to attend therapy, what to discuss and when to end therapy. Using pre-post research evaluation designs, studies reported improvements on the YP-CORE following the intervention, however small sample sizes were used.

- 2.43 An intervention using digital, avatar-based software with school-based humanistic counselling was assessed by Cooper et al. (2019) using a pre-post study design. Secondary school learners used the software to create visual representations of their experiences in sessions that lasted 50-60 minutes. A total of 54 learners from eight schools participated. Some participants reported having a disability and many were from Black, Asian or minority ethnic backgrounds. The intervention showed some impact on learners who had not previously participated in the intervention, and their scores on the YP-CORE were improved.
- 2.44 One non-randomised controlled trial was conducted in a specialist education setting, specifically with learners from two social, emotional, behavioural difficulties (SEBD) schools (Cobbett, 2016). Fifty-two learners received arts therapies coupled with person-centred counselling for at least one year. These learners were compared with 29 learners who were on a waiting list to receive therapy. Arts therapies included music, drama and art and the learners were assessed using the SDQ. There were significant differences in ratings of the SDQ between learners who received the intervention and those that did not. This evaluation suggests that arts therapy coupled with person-centred counselling is effective for learners in a specialist education setting. Whilst this study provides some evidence on the effectiveness of arts therapies, the fact that there is only a single evaluation conducted in this type of specialist educational setting, and with a small sample, means that it should be treated tentatively.
- 2.45 The final two evaluations of counselling services were conducted with young people in community settings (Duncan et al., 2020; Wilkinson et al., 2018). Both assessed the impact of counselling using a pre-post study design. Duncan et al. (2020) collected data from 2,144 young people who accessed Youth Information, Advice and Counselling Services (YIACS) in England. Young people were between 11-25 years old. Those aged 11-16 completed the YP-CORE and those aged 17 and above completed the CORE-10. Counselling was provided on an individual, one-to-one basis by professionals with a minimum of a diploma-level qualification. YP-CORE data was available for 349 young people and the results suggest that counselling had a positive impact on their mental health. CORE-10 data was available for 1,299 young people and the evaluation found that counselling moderately reduced psychological distress.

- 2.46 One small pre-post study investigated the effectiveness of Interpersonal Counselling (IPC) provided by an Early Help Team (Wilkinson et al., 2018). IPC provides a psychoeducational programme for young people experiencing depressive symptoms and has a goal-oriented approach. Counselling was delivered by five trainee youth workers and the evaluation involved 23 young people. Following the intervention, scores on the Revised Child Depression and Anxiety Scale (RCADS) were reduced for all participants.
- 2.47 In summary, taking the findings together from evaluations of counselling interventions, across a range of different settings, there is some evidence of positive impacts of counselling on children and young people's mental health and well-being. Overall however the evidence base is mixed and the limited quality of the evaluations means that it is unclear which approaches might be effective. Additionally, due to the wide variety of approaches being evaluated, it is not possible to recommend a particular evidence-base approach that could be implemented in Wales.
- 2.48 In primary schools, the one randomised controlled trial suggested that group therapy was no more effective than a curriculum-based learning approach where learners spent time on maths and English curricula, and this study was arguably limited by the lack of adherence to the process of randomising participants. There was some indication that approaches such as Place2Be have potential in supporting the mental health and well-being of children. However, these were evaluated using non-randomised trials and pre-post measurement, which are limited study designs. Further evaluation with more scientifically robust study designs would be required before they could be recommended.
- 2.49 For secondary schools, the most robust evaluation, the ETHOS trial, showed mixed effects. There were some small improvements on the YP-CORE, self-esteem, well-being and psychological difficulties, but not on anxiety, depression, externalized difficulties and school-related outcomes. Where evaluations suggest that counselling can improve learner mental health and well-being, this evidence tends to come from less scientifically robust study designs and smaller sample size designs. This is because they do not compare the outcomes of young people receiving counselling with those who have not, and so it is not clear if mental health and well-being might have improved over time without any intervention. Where evaluations do make a comparison between learners receiving counselling and

those who carry on with usual support services, they do not randomise learners to receive one of the two approaches.

- 2.50 The evidence base for community-based counselling services is also mixed and somewhat unclear. This is partly due to the lack of outcome evaluations, with only two being conducted in this setting to date. They also used weaker study designs, with both evaluations employing a pre-post study design. Taking the lack of robust evidence into account, there is some tentative indication that community-based counselling might positively impact young people's mental health and well-being, but again, more research is needed.
- 2.51 There are further challenges with assessing the effectiveness of counselling. This is because of the flexibility of services delivered, making it difficult to identify the actual therapeutic processes that are effective. For example, in primary schools, the Place2Be service includes a variety of counselling methods. More widely, approaches and techniques can include play therapy, narrative, person-centred, and psychodynamic approaches. Further evaluation research will be required to establish the particular approaches that might work in different settings. There may also be a need to compare the impacts of different types of counselling, as this has not been done sufficiently to date. Most evaluation has been conducted with school-based humanistic counselling approaches, and it would be useful to examine how this would compare to alternative and often more novel approaches, such as integrative, CBT, psychodynamic, MOL and avatar-based models.
- 2.52 Despite limited evidence to support a specific approach to counselling services, there is important learning from the evidence-base. First, while there may not be a particular evidence-based approach that can be immediately recommended, existing evaluations suggest that counselling might be effective in different settings and this could be established with more robust evaluation. Second, while the available evidence base shows no clear evidence of positive effects, no evaluations reported any harms associated with the delivery of school or community-based counselling services. This is important to know when recommending the development of a service. Third, there is some indication of potentially appropriate and operational outcome measurement tools that might be used to assess children and young people's mental health and well-being in future services and evaluations. These tools are primarily YP-CORE and the SDQ.

## **Implementation of School and Community-Based Counselling**

- 2.53 This section presents review findings on the implementation of school and community-based counselling services. It will consider important aspects of a high quality implementation strategy, with six key aspects being reported as relevant: a flexible and inclusive approach; service awareness; access; the location of counselling, including atmosphere and location; the relationship between counsellors and children and young people; and the relationship between counsellors and schools. These implementation factors were commonly reported across: primary school settings; secondary school settings; further education colleges; and community settings.
- 2.54 In total, 24 studies reported findings on the implementation of counselling in school and community-based settings. Two studies reported data from primary schools (Spratt et al., 2007; Wilson et al., 2003). Sixteen reported data from secondary schools (Churchman et al., 2019a; Duffy et al., 2021; Fox and Butler, 2007; Hamilton-Roberts, 2012; Hanley et al., 2017; Hennigan and Goss, 2016; McArthur et al., 2016; Parsons and Dubrow-Marshall, 2018, 2019; Pattison, 2009; Prior 2012a, 2012b; Pybis et al., 2012; Warr, 2010; Welsh Government, 2011a, 2011b). One reported data from further education colleges (Grogan et al., 2014). Five reported data from community settings (Lalor et al., 2006; Le Surf and Lynch, 1999; Wilkinson et al., 2018; Westergaard, 2012, 2013).
- 2.55 The first aspect of implementation was the delivery approach used, and the importance of a flexible and inclusive range of techniques. This was reported in primary school, secondary school and community settings (Pattison, 2009; Warr, 2010; Westergaard, 2012, 2013). Pattison (2009) reported results from an evaluation of the inclusivity of school counselling services for learners who have learning disabilities. Several counselling approaches were considered to be inclusive, including integrative, humanistic, person-centred, or psychodynamic.
- 2.56 One evaluation reported findings from interviews with counsellors who worked with refugee children in both schools and specialist community contexts (Warr, 2010). Counsellors considered integrative, psychodynamic and pragmatic approaches to be appropriate within this context. Counsellors also discussed the need to be aware of the particular situations refugee children may have experienced, such as migration, war and loss. Social factors, such as housing safety, would likely need to be addressed alongside counselling. In another evaluation of counsellors' practices

with young people in the community, counsellors discussed the importance of having a person-centred approach and being flexible to the needs of the individual (Westergaard, 2012, 2013).

- 2.57 The second aspect of implementation was the need to ensure high levels of service awareness among children and young people, which was addressed in evaluations in secondary school and community settings (Fox and Butler, 2007; Le Surf and Lynch, 1999). A survey of 415 secondary school aged learners found that 79 per cent were aware they could access counselling services within the school (Fox and Butler, 2007). Within the community, awareness of counselling services was considered problematic and young people suggested greater publicity of the counselling service was necessary (Le Surf and Lynch, 1999). Young people also suggested that having the option to drop-in to the service before deciding to have counselling could support their understanding and decision-making process.
- 2.58 The third aspect of implementation was access, which was reported in studies of primary schools, secondary schools and colleges (Duffy et al., 2021; Fox and Butler, 2007; Hamilton-Roberts, 2012; Hennigan and Goss, 2016; McArthur et al., 2016; Lalor et al., 2006; Le Surf and Lynch, 1999; Parsons and Dubrow-Marshall, 2018; Pattison, 2009; Prior, 2012a, 2012b; Spratt et al., 2007; Welsh Government, 2011a, 2011b). An evaluation of secondary schools in Wales found that 53 per cent of counsellors reported that children and young people had access to services both within schools and outside of school premises (Welsh Government, 2011a, 2011b). Studies found that secondary school learners considered it positive that they could access counselling during the school day (Duffy et al., 2021; McArthur et al., 2016). However, learners also felt there could be negative impacts on educational outcomes if sessions were held at the same time each week (Duffy et al., 2021).
- 2.59 Studies reported barriers and facilitators to access. Facilitators included staff signposting learners to services, accessible referral systems, and the medium used to deliver counselling (e.g. online, face-to-face). Barriers included limited resources, lack of knowledge of counselling services, negative perceptions of counselling and issues surrounding confidentiality.
- 2.60 The role of school staff in facilitating learners' access to counselling services was considered in five studies (Fox and Butler, 2007; Parsons and Dubrow-Marshall, 2018; Prior, 2012a, 2012b; Spratt et al., 2007). Where school staff valued the counselling services that the school provided, they were likely to signpost the

service to learners (Parsons and Dubrow-Marshall, 2018). It was considered important that staff communicate the benefits of counselling to learners and explain how the service operates within the school (Prior, 2012a, 2012b). Staff could also support learners' autonomy in the decision-making process by emphasising that learners could choose whether they wanted to access counselling services (Prior, 2012a, 2012b).

- 2.61 The importance of an accessible referral system was noted in an evaluation of counselling in primary schools (Spratt et al., 2007). Alongside staff referral, Spratt et al. (2007) discussed the value of learners being able to self-refer and the option of parent referral. Incorporating learner self-referral allows those who may be overlooked by school staff to access the counselling services they require. Additionally, secondary school aged learners reported that they would like the option of a self-referral system and not have to access counselling through teachers and other school staff (Fox and Butler, 2007).
- 2.62 The medium through which counselling was delivered was considered in two studies, which explored the relative advantages of online, face-to-face and telephone approaches to delivery (Hennigan and Goss, 2016; Le Surf and Lynch, 1999). The use of online approaches to communicate with secondary school learners and deliver counselling was evaluated by Hennigan and Goss (2016). Counsellors reported that engaging with clients online could improve access, particularly those who had difficulties accessing face-to-face sessions. Counsellors identified barriers to the development of online counselling services such as: lack of resources and training; issues around confidentiality; loss of quality in the therapeutic relationship; and concerns for learners in terms of the need for immediate support. Within a community setting study, young people suggested that developing telephone counselling services could improve the accessibility of services (Le Surf and Lynch, 1999).
- 2.63 Limited resource was indicated as a key barrier to accessing counselling services in eight studies (Fox & Butler, 2007; Hamilton-Roberts, 2012; Lalor et al., 2006; Le Surf and Lynch, 1999; Parsons and Dubrow-Marshall, 2018; Pattison, 2009; Welsh Government, 2011a, 2011b). Within secondary schools, teachers reported that the demand for counselling was greater than the available time, which led to waiting lists and a delay in learners accessing necessary support (Hamilton-Roberts, 2012). School staff noted issues around timetabling, which could make it difficult to

accommodate counsellors at certain times (Parsons and Dubrow-Marshall, 2018). Learners were also aware of the limited time within which counselling could be accessed within the school week and the issue of waiting lists (Fox & Butler, 2007). Further, a survey of school counsellors in Wales found that while 80 per cent did not have a maximum number of counselling sessions that they would deliver to an individual, only 47 per cent of counsellors considered that there were adequate numbers of staff for the counselling service to meet need (Welsh Government, 2011a, 2011b).

- 2.64 Similar findings were reported by Lalor et al. (2006) in an evaluation of community-based counselling services in the Republic of Ireland. It found that some professionals were discouraged from making referrals to services due to waiting lists, particularly when an immediate response was required. Young people suggested access should be flexible and available at different times (Le Surf and Lynch, 1999). Young people were also concerned about financial resources to access services and wanted them be available with no financial cost to the young person (Le Surf and Lynch, 1999).
- 2.65 A lack of knowledge about counselling acted as a barrier to learners' access, as reported in two studies (Fox and Butler, 2007; Pattinson, 2009). In secondary schools, learners reported awareness of the service but many lacked knowledge about how to uptake it, who the counsellors were and the range of issues that counsellors could help with (Fox and Butler, 2007). Raising awareness of school counselling services was suggested as one way to extend access and support the development of an inclusive counselling approach for learners with disabilities (Pattinson, 2009).
- 2.66 Negative perceptions among children and young people could be a barrier to accessing counselling within school and community settings, as reported in six studies (Le Surf and Lynch, 1999; Fox and Butler, 2007; Parsons and Dubrow-Marshall, 2018, 2019; Prior et al., 2012a, 2012b). The perceptions of other children and young people were reported as a barrier and secondary school learners were concerned about being stigmatised (Prior et al., 2012a; Fox and Butler, 2007; Parsons and Dubrow-Marshall, 2018, 2019, Le Surf and Lynch, 1999). Learners discussed concerns about being teased or exacerbating existing situations involving bullying (Fox and Butler, 2007). One evaluation that took place in a community setting reported that young people had negative perceptions of counselling and

what it would involve, which acted as a barrier to engagement (Le Surf and Lynch, 1999). Young men who accessed counselling in the community were especially concerned about how they would be perceived by their peers if they asked for help (Le Surf and Lynch, 1999). In an evaluation of dance movement psychotherapy, learners were particularly concerned about how they would look, which could lead to embarrassment and feeling self-conscious (Parsons and Dubrow-Marshall, 2018, 2019).

- 2.67 Concern about the perceptions of others meant that confidentiality was an important feature of counselling for young people (Fox and Butler, 2007; Le Surf and Lynch, 1999; McArthur et al., 2016; Prior, 2012b). Understanding how confidentiality would be approached within school counselling was an important consideration for learners deciding whether to see a counsellor (Prior, 2012b). In some cases, learners were concerned that confidentiality would not be maintained by counsellors and this was a barrier to taking up services (Fox and Butler, 2007). Learners suggested that explaining confidentiality during sessions and raising awareness of the confidential approach would be beneficial (Fox and Butler, 2007). Confidentiality was also a concern for young people accessing counselling services in the community (Le Surf and Lynch, 1999).
- 2.68 The fourth aspect of implementation was the environment where counselling sessions took place in terms of the atmosphere and location. This was discussed in relation to primary school, secondary school and community settings (Churchman et al., 2019a; Duffy et al., 2021; Fox and Butler, 2007; Le Surf and Lynch, 1999; Parsons and Dubrow-Marshall, 2018; Westergaard, 2012, 2013). Regarding the atmosphere, learners suggested a relaxed environment could improve their counselling experience (Churchman et al., 2019a). Counsellors working with young people in the community also noted the importance of a comfortable environment (Westergaard, 2012, 2013). Privacy of location was a major concern for children and young people in community settings, as they did not want others to know they attended counselling, which relates to earlier issues around confidentiality and access (Duffy et al., 2021; Fox and Butler, 2007; Le Surf and Lynch, 1999; Parsons and Dubrow-Marshall, 2018). Learners and young people receiving community-based counselling suggested that the location should be discrete but easily accessible (Duffy et al., 2021; Fox and Butler, 2007; Le Surf and Lynch, 1999). In

an evaluation of counselling in a primary school, counsellors reported agreeing that a suitable room was available before any work began (Wilson et al., 2003).

- 2.69 The fifth aspect of implementation was the relationship between counsellors and children and young people, including the identity of the counsellor delivering the service. Four evaluations reported on the counsellor-learner relationship (Fox and Butler, 2007; McArthur et al., 2016; Prior, 2012b; Westergaard, 2012, 2013). Some learners appreciated that the counsellor was an independent person they could speak to regarding their issues (McArthur et al., 2016; Prior, 2012b). Learners reported that having a choice of counsellor was an important factor in the relationship between counsellor and client (Fox and Butler, 2007). Learners were particularly aware of the gender of the counsellor and discussed how having more male counsellors might help male learners discuss any issues (Fox and Butler, 2007). Counsellors who worked with young people in the community also discussed the importance of developing trust in the client-counsellor relationship (Westergaard, 2012, 2013).
- 2.70 A related aspect was the importance of group dynamics where multiple young people participated in counselling. An evaluation conducted in a college reported learners' experiences after one group session of dance movement psychotherapy (Grogan et al., 2014). Learners made several suggestions relating to implementation about the make-up of each group; learners preferred small group sizes, single-sex groups and groups with learners they did not previously know. Learners also suggested that groups with male participants could benefit from having a male facilitator.
- 2.71 The sixth aspect of implementation was the relationship between counsellors and schools, which was considered in relation to primary schools (Pattison, 2009; Wilson et al., 2003) and secondary schools (Hamilton-Roberts, 2012; Prior, 2012b). Ensuring that counsellors were integrated within the school was an important facilitator for learners to access counselling services (Prior, 2012b). Counsellors wanted school staff to support their role and suggested that greater awareness of counselling practices could improve relationships (Hamilton-Roberts, 2012). Tensions could arise in the relationship between counsellors and school staff due to differing perceptions of issues raised by learners and understanding of appropriate outcomes from counselling (Hamilton-Roberts, 2012). In an evaluation of counselling in primary schools, counsellors reported the need to invest time into

establishing good relationships with school staff and adequately explaining the service (Wilson et al., 2003). Pattison (2009) suggested that developing relationships with school staff, parents/carers, and external organisations could help school counselling services to be inclusive of learners with disabilities.

- 2.72 Relatedly, the necessity of good relations between voluntary sector organisations that deliver counselling and primary schools was highlighted in one evaluation (Spratt et al., 2007). In this case, two models of delivery were implemented: 1) LAs and schools purchased a package of counselling from a national organisation; and 2) A counsellor was seconded from a voluntary organisation to schools. Staff in voluntary sector organisations needed to develop positive relationships with head teachers in order to establish counselling services within schools and access funding. As such, staff working for voluntary sector organisations felt a tension between catering to the needs of school and doing what was best for the individual learner.
- 2.73 In summary, the review identified a number of key aspects of implementation that were important in delivering high quality school and community-based counselling services. These were often common across different settings. Factors needed to enhance provision include an inclusive approach that meets diverse needs. There is an issue of service awareness among children and young people, and more information is generally required. Ease of access was a notable issue around implementation. To enhance access and uptake, studies noted the importance of school staff supporting learners, providing self-referral and offering online access. Barriers that need to be addressed are a lack of resources, knowledge of services, and negative perceptions amongst young people. Studies also highlighted the importance of the space where counselling is undertaken, and the need for a comfortable environment. A further factor in implementing a high quality service is stakeholder relationships. This includes trusting relationships between counsellors and learners, and wider relationships between counsellors, schools and community services.

### **Acceptability**

- 2.74 This section reports the acceptability of school and community-based counselling services. This is understood as the perspectives and experiences of those involved in receiving or delivery counselling services, notably children and young people, parents/carers, school staff, and counsellors. It will consider acceptability across:

primary school settings; secondary school settings; specialist educational settings; college settings; and community settings. Generally counselling is seen as an appropriate approach to supporting the mental health and well-being of children and young people with a range of perceived benefits including improved relationships with family and peers, greater positive emotions, developing self-confidence and improvements in school performance. The section will also consider identified issues with counselling such as children and young people feeling uncomfortable talking about emotions, discomfort within group settings and not liking particular methods of delivery.

- 2.75 In total, thirty-one studies reported on the acceptability of school and community counselling. Five studies reported on the acceptability of counselling within primary schools settings (Kernaghan and Stewart, 2016; Sharman and Jinks, 2019; Welsh Government, 2011a, 2011b; Wilson et al. 2003). Twenty-one studies reported on the acceptability of counselling within secondary school settings (Churchman et al., 2019b, 2020; Cooper et al., 2010, 2019; Duffy et al., 2021; Evans et al., 2019; Fox and Butler, 2007; Hamilton-Roberts, 2012; Hanley et al., 2017; Loynd et al., 2005; Lynass et al., 2012; McArthur et al., 2016; Parsons and Dubrow-Marshall, 2018, 2019; Prior, 2012a, 2012b; Pybis et al., 2012; van Rijn et al., 2018; Vulliamy and Webb, 2003; Welsh Government, 2011a, 2011b). Three qualitative evaluations reported on the acceptability of counselling within specialist school settings (Cobbett, 2016; Pattison, 2009; Warr, 2010). One evaluation reported on the acceptability of counselling at a college (Grogan et al., 2014). Three evaluations reported on the acceptability of counselling within community settings (Duncan et al., 2020; Lalor et al., 2006; Wilkinson et al., 2018).
- 2.76 Five studies reported on the acceptability of counselling within primary schools for learners (Kernaghan and Stewart, 2016; Sharman and Jinks, 2019; Welsh Government, 2011a, 2011b; Wilson et al. 2003). School counselling was generally perceived as acceptable to learners in primary school. However, some learners did report discomfort.
- 2.77 Kernaghan and Stewart (2016) evaluated the Time 4 Me counselling service provided by Barnardo's using data from 120 learners. Aspects of the counselling that learners liked included therapeutic play and talking to a counsellor. Learners perceived that techniques they had learnt in counselling would be useful in the future, such as how to talk about their emotions, self-relaxation and anger

management. After counselling, learners reported changes in emotions, such as feeling happier, more positive and less worried. Learners also reported improvements in their behaviour, relationships with family and school performance.

- 2.78 One evaluation included primary school learners who had experienced parental separation (Wilson et al., 2003). Learners received either group or individual counselling sessions. The majority of learners were positive about counselling and its impact; those who participated in group therapy were more positive. Learners liked accessing counselling at school, however some learners found missing lessons and going back to the classroom challenging. Additionally, some learners felt uncomfortable discussing their emotional experiences. A range of benefits were reported by parents and children such as improvements in emotional competence, better relationships with family, peers and school, and coping with parental separation.
- 2.79 Evaluations of acceptability of counselling provision for primary school learners tended to focus on the experiences of teachers, counsellors and parents. Overall, school staff viewed school counselling as an acceptable intervention to support the mental health and well-being of learners in primary school settings. In the evaluation by Wilson et al. (2003), school staff were positive about counselling and learners receiving support within the school environment. School staff noted that counselling was beneficial to the majority of learners, although some learners became unsettled.
- 2.80 In a pilot of school counselling in primary school settings, the views of head teachers, link teachers and LA counselling service leads were sought (Welsh Government, 2011a, 2011b). The counselling service was valued by school staff and seen to be sensitive to the needs of different communities. However, the evaluation suggested that the counselling services were not sensitive to the needs of learners wanting to access services in Welsh. Head teachers perceived that school counselling led to improvements in learners' behaviour, attainment and attendance. A range of therapeutic interventions were available to learners including individual counselling, music therapy, development and therapeutic play, group interventions and transitions counselling. LA counselling service leads had a positive perception of the variety of therapeutic interventions available and the ability for interventions to be adapted by age group and level of distress.

- 2.81 The experience of therapeutic services from the perspective of staff in orthodox Jewish primary schools was evaluated by Sharman and Jinks (2019). Staff commented on the importance of their role in supporting learners' mental health and well-being. However, there was a low uptake of therapeutic services amongst learners. Reasons for low uptake of support included negative attitudes of parents towards mental health services, parents disbelieving their child needed support, parents being unwilling to provide consent, and limited promotion of available mental support. The cultural implications of receiving mental health support were also discussed by staff. This included facing stigma in the community, asking for advice or permission from a rabbi, and the desire for counsellors to be compatible with the cultural and religious beliefs of the school community.
- 2.82 One evaluation considered parents' perspectives of school counselling within a primary school context (Wilson et al., 2003). In this instance 82 per cent of participants lived in single parent households. Whilst many parents were positive, some reported that their child found counselling boring, troubling or disappointing. Some parents also reported that learners were unsettled by the counselling and had negative emotional experiences such as anger or decreased self-confidence.
- 2.83 Evaluations reported that school counselling is acceptable to learners in secondary school settings (Churchman et al., 2019b, 2020; Cooper et al., 2010, 2019; Duffy et al., 2021; Evans et al., 2019; Fox and Butler, 2007; Hamilton-Roberts, 2012; Hanley et al., 2017; Loynd et al., 2005; Lynass et al., 2012; McArthur et al., 2016; Parsons and Dubrow-Marshall, 2018, 2019; Prior, 2012a, 2012b; Pybis et al., 2012; van Rijn et al., 2018; Vulliamy and Webb, 2003; Welsh Government, 2011a, 2011b).
- 2.84 In a small randomised trial of counselling, 11 learners rated the acceptability of school counselling using the Experience of Service Questionnaire (ESQ) (Cooper et al., 2010). Learners answered the questionnaire after receiving services and an average score of 22 was reported out of a possible 24. This indicates a high level of satisfaction. Learners scored questions relating to how they were treated and being listened to especially highly. Learners also participated in interviews and reported positive aspects such as talking to someone, feeling listened to, confidentiality and the independence of the counsellor from family and peers (Lynass et al., 2010). Learners perceived positive changes in their emotions, improvements within the school environment and improvements in familial and peer relationships.

- 2.85 Similar results were reported in an evaluation by McArthur et al. (2016). Learners reported that activities such as talking, reflecting and being listened to were positive parts of counselling. Learners perceived improvements in their relationships and emotions, alongside the development of coping strategies and higher self-esteem. Learners also reported improvements in school work, behaviour and sleep patterns (McArthur et al., 2016).
- 2.86 Learners' perceptions were not always positive however. In one evaluation, learners were generally positive about school counselling, but there was some negative reaction when counselling was initially suggested (Prior, 2012a). This was due to a perception that the need to see a counsellor demonstrated weakness in an individual. School staff were able to support learners in reframing counselling and through this process, help-seeking came to be viewed in a positive light. Developing trust in the client-counsellor relationship also helped learners to engage in the process and lessen anxiety (Prior, 2012b).
- 2.87 Beyond the perception of secondary school-based counselling more generally, were experiences of particular types of counselling. Two studies from one evaluation considered MOL (Churchman et al., 2019b, 2020). This approach gives learners choice about when to attend therapy, session frequency, when to end therapy and the content discussed during sessions. The theme of choice and control was discussed throughout the research interviews and learners appreciated the autonomy and being involved in decisions about their counselling. Learners rated the therapeutic relationship between the counsellor and young person highly (Churchman et al., 2019b, 2020). Qualitative evaluation data indicated that learners liked being able to book their own sessions and the non-intrusive style of questioning (Churchman et al., 2019a).
- 2.88 The acceptability of Interpersonal Psychotherapy for Body Image (IPT-BI) was evaluated by Duffy et al. (2021). The intervention involved one individual counselling session and up to 10 weeks of group sessions for six to ten learners. In total 94 per cent of learners rated counselling as 'quite helpful' or 'very helpful'. Additionally, 94 per cent reported they were likely to recommend counselling to other learners and 100 per cent of learners were either positive or neutral regarding the sessions being held at school. Qualitative data reported by the same learners suggested high levels of satisfaction with the group nature of the counselling and

that they enjoyed forming relationships with peers and counsellors. However, some learners found it difficult to share their personal experiences in a group setting.

- 2.89 The experiences of learners participating in a Dance Movement Psychotherapy group were reported in interviews (Parsons and Dubrow-Marshall, 2018, 2019). The evaluation included learners with special educational needs and those experiencing social and emotional difficulties. Learners reported positive emotions due to the therapy, which included enjoyment, self-confidence and feeling empowered. They developed autonomy, self-awareness and awareness of their bodies. These positive outcomes were also perceived by teaching staff, who noted learners looked forward to the sessions and expressing their emotions in a creative manner.
- 2.90 Studies evaluated the acceptability of having different types of counsellors and organisations deliver services. In an evaluation of school-based counselling provided by the NSPCC, 415 learners rated the usefulness of counselling (Fox and Butler, 2007). Counselling was reported as 'useful' or 'very useful' by 84 per cent of learners. Female learners rated the service as slightly more useful than male learners. One evaluation reported the acceptability of home-school support workers delivering counselling within secondary schools (Vulliamy and Webb, 2003). Support workers with a background in social work were placed in schools that had high rates of exclusion. As part of their role, support workers provided counselling for learners at risk of exclusion. Counselling was generally perceived as positive by learners, who identified improvements within the school environment relating to behaviour and relationships, alongside receiving support from support workers relating to school exclusion. However, some learners viewed counselling from the support workers as unhelpful.
- 2.91 There were evaluations of the experiences of counselling provision delivered online. The acceptability of avatar-based counselling was evaluated (Cooper et al., 2019). Learners reported high levels of satisfaction, with male learners being more satisfied than female learners. It is notable that learners rated their satisfaction more highly when counsellors had spent more time engaged in training to use the software. In a qualitative evaluation of avatar-based counselling, learners reported that counselling was helpful (van Rijn et al., 2018). Some learners felt that the avatar software helped learners to express their feelings, however others found the software acted as a barrier to talking to the counsellor. For those who found the software unhelpful, they noted that the scope was limited in terms of visual imagery

and some did not like computers. All learners who reported that the software was not helpful were female, and the majority were from Black, Asian and minority ethnic backgrounds.

- 2.92 Online counselling and the types of goals learners have for therapy was evaluated by Hanley et al. (2017). The evaluation found that learners were more likely to engage in goals relating to interpersonal relationships when involved in online therapy compared to face-to-face therapy. Learners reported goals associated with relationships with family members and intimacy more frequently in online counselling, which suggests this could be an acceptable medium for young people to receive counselling concerning personal issues. Additionally, online counselling may be an appropriate supplementary service to face-to-face counselling for learners.
- 2.93 Studies reported the experiences and perceptions of secondary school staff in regard to learners receiving counselling. Generally, services were perceived as acceptable. One evaluation survey highlighted the importance of school counselling amongst secondary school staff, which was considered by schools as a key service in addressing self-harm issues for learners (Evans et al., 2019).
- 2.94 In an evaluation of school counselling provision for learners in Wales, 91 per cent of head teachers and link teachers considered school counselling services to meet the needs of learners (Pybis et al., 2012; Welsh Government, 2011a, 2011b). Head teachers and link teachers also reported that school counselling had led to an increase in learners' attainment, attendance and behaviour. In a survey of teachers' perceptions of school counselling, Loynd et al. (2005) found teachers were positive about counselling being available within the school. However, 27 per cent of teachers reported concerns about counselling taking place within the school and thought learners might take advantage of the service in order to get out of lessons (Loynd, 2005).
- 2.95 In the evaluation of home-school support workers (Vuillamy and Webb, 2003), school staff also reported on the acceptability of services. Counselling was perceived as positive by senior management staff in secondary schools. Although the success of the intervention was partly attributed to the social work-based approach, some teachers felt that this approach conflicted with the schools' values, as it potentially compromised a disciplinary approach to managing challenging learner behaviour. The dedicated time support workers had for learners was

advantageous and relieved pressure from teachers, pastoral staff, and senior management.

- 2.96 One evaluation reported on counsellors' perceptions of the acceptability of school counselling (Hamilton-Roberts, 2012). Counsellors believed that school counselling services were valuable due to the person-centred nature of counselling and the ability to be independent from the school community.
- 2.97 One evaluation considered the perspective of parents towards the acceptability of school counselling in secondary schools (Vulliamy and Webb, 2003). Parents reported that placing home-school workers in schools was positive. Parents lacked knowledge of the specific work that home-school workers did with learners, however parents were aware of the counselling provision that home-school workers provided. Whilst parents noted some changes in learners' behaviour at home, these were not significant.
- 2.98 Three qualitative evaluations reported on the acceptability of counselling within specialist school settings (Cobbett, 2016; Pattison, 2009; Warr, 2010). Following arts therapy at an SEBD school, six learners reported their experiences (Cobbett, 2016). Learners reported that therapy was beneficial in a number of ways, which included using a pre-existing skill, regulating emotions, experiencing positive emotions, and expressing themselves through non-verbal methods of communication. Learners also reported a preference for arts therapy rather than CAHMS, which they felt could lead to stigma.
- 2.99 In an evaluation of counsellors' perspectives of working with children who are refugees, Warr (2010) found that counselling was viewed as beneficial. However, counsellors noted that differences in cultural experience meant that not all clients understood the concept of counselling and a significant amount of time needed to be given to discussing the process.
- 2.100 One evaluation reported on the acceptability of counselling at a college (Grogan et al., 2014). This evaluation reported qualitative data from learners who had taken part in a dance movement psychotherapy session. Following the session, learners were more aware of their bodies and felt more positive about their body image. Learners also felt less self-conscious after the session and were not as concerned about how others perceived their appearance.

- 2.101 Three evaluations reported on the acceptability of counselling within community settings (Duncan et al., 2020; Lalor et al., 2006; Wilkinson et al., 2018). Young people reported that counselling in community settings was acceptable. One evaluation within a community setting used a questionnaire to assess young people's experience of counselling within a YIACS (Duncan et al., 2020). The evaluation included 1,374 young people and counselling services were rated very highly. Young people reported that the main benefits of counselling were talking to someone and having their emotions validated (Lalor et al., 2006).
- 2.102 In an evaluation of interpersonal counselling, young people were positive about counselling and found a goal-setting activity useful (Wilkinson et al., 2018). Young people reported that interpersonal counselling helped them recognise their own depressive symptoms and understand what steps they could take to help themselves. It was also noted that some young people found talking about their problems difficult and the end of counselling could also present difficulties. Counsellors reported that the specific structure of interpersonal counselling, which included a psychoeducation programme for young people with depression, was beneficial (Wilkinson et al., 2018).
- 2.103 In summary, school and community-based counselling services demonstrate high levels of acceptability. For children and young people there are high levels of satisfaction, and they suggest that services can improve well-being, self-esteem and confidence, a wide variety of relationships, and school engagement. There are particular approaches and principles to counselling that are experienced positively, notably services which offer choice and encourage young people to be involved in decision-making about sessions. Online services have potential, and were considered as a useful supplement to in-person provision. There were some aspects that were not positively experienced, and which may be addressed in any future counselling service. For some, receiving counselling is stigmatising, although for certain other young people it was less stigmatising than having support from CAMHS.
- 2.104 School staff, counsellors and other stakeholders considered counselling to be largely acceptable. It was noted that provision needed to meet the needs of different groups, for example learners who would require provision in Welsh. Parents' perceptions were more mixed. While generally they felt positive about provision, they felt it could be unsettling and distressing for children.

## **Summary**

2.105 This chapter has reported a rapid evidence review of evaluations of school and community-based counselling services in the UK. The next chapter outlines the methodology for the primary research and consultations undertaken in the study.

### **3. Methodology**

#### **Introduction**

3.1 The present study is a mixed-method review of school and community-based services in Wales. A rapid review of evaluations of school and community-based counselling services in the UK was presented in the previous chapter. The following methods were used to generate primary research and consultation data:

- Secondary analysis of SHRN biennial school-level and learner datasets
- Mapping of current school and community-based counselling provision
- Consultations with children and young people, parents and carers, school staff and LA counselling service managers
- Interviews with key system stakeholders
- Case-studies with primary and secondary schools

3.2 Primary data for the study was collected between January and November 2021. The data for the SHRN datasets was collected between September 2019 and March 2020.

#### **Research Questions**

3.3 The research questions that informed the primary research and consultation data collection are:

##### *Effectiveness, Delivery and Acceptability of School and Community-based Counselling Services*

- What is the reach and perceived sufficiency of provision of school and community-based counselling services in secondary schools in Wales? How does this vary by geographical region, socio-economic demographic profile, language medium of provision, protected characteristics and organisational policies for learner mental health?
- How are school and community-based counselling services currently implemented (e.g. current aspirations for services, what is perceived to be achieved, funding model, demand assessment, delivery model) in secondary schools in Wales? What are barriers and facilitators to delivery (e.g. referral systems, supply, capability and quality), particularly within the context of COVID-19?

- What is the acceptability of school and community-based counselling services in secondary schools to learners, parents, school staff and other system stakeholders?
- What is the association between school and community-based counselling service implementation, learner referral to CAMHS services and learner well-being?

#### *Optimisation and Extension of School and Community-based Counselling Services*

- What do stakeholders understand to be an optimal model for school and community-based counselling services in secondary and primary schools in Wales?
- What stakeholders and relationships are most important in delivering a community-based counselling service (e.g. cost and quality), and how can capacity be generated within the system?

#### *Evaluability Assessment of School and Community-based Counselling Services*

- What level of service evaluation is practicable and desirable?
- What are appropriate and operational measurements for programme outcomes, including both positive and negative unintended outcomes? What is the availability of data within the current context?
- What are appropriate and operational measures for programme implementation? What is the availability of data within the current context?
- What are appropriate and operational measures for programme sustainability? What is the availability of data within the current context?

### **Research Methods**

- 3.4 The methods used to collect data are presented in turn: rapid evidence review; secondary analysis of SHRN datasets; mapping of current school and community-based counselling provision; consultations; interview with key system stakeholders; and case-studies with primary and secondary schools.

#### **Secondary Analysis of School Health Research Network Datasets**

- 3.5 Secondary data analysis was undertaken with two national datasets collected with secondary schools in Wales, and hosted by SHRN. While the analyses offered useful contextual information in understanding the extent of counselling provision in Wales, they were not central in addressing the study's research questions. As such,

only a brief overview of the methods are included presently, and the findings in Chapter 4 (Box 4.1.) A full summary of the analysis and findings are presented in the technical report.

- 3.6 SHRN member schools are invited to complete a School Environment Questionnaire (SEQ), and learners a Student Health and Wellbeing (SHW) survey, every two years. These surveys form a data infrastructure that links learner health and well-being outcomes in Wales with school-based policies and practices. Data from the 2020 SEQ survey and data from the 2019 SHW survey are included in this study.
- 3.7 The aim of the analyses were to assess the current reach and frequency of counselling provision made available across secondary schools in Wales. The data also report referrals to, and perceived relationships with, CAMHS. This latter analysis was to help understand if a lower level of CAMHS referrals may be present in schools with a comprehensive counselling service, perhaps because learners' mental health and well-being are supported within school. Alternatively, a wide-reaching counselling service may be linked with a higher level of CAMHS referral, potentially due to counselling detecting learners who require further professional support for their mental well-being.
- 3.8 Additional analysis reports associations between the frequency of school counselling provision and learner well-being. This was primarily to give a potential indication of the sufficiency of service provision, and if there were schools with poor learner well-being and a notable infrequency in service availability. Three validated measures of mental health and well-being were included: the SDQ; the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS); and the UCLA Loneliness Scale.
- 3.9 Full details of the questionnaires, measures used, response rates and the analysis undertaken are included in the technical report.
- 3.10 In summary, there were two phases of data analysis. In Phase 1, existing levels of counselling service provision within secondary schools were mapped via a descriptive analysis of data from the SEQ. Variations in provision by Local Health Board, language medium of provision, school-level socio-economic profile, and school-level organisational culture were considered. Patterns in the presence of counselling services within schools according to the nature of the school-CAMHS

relationship were also explored. The school-CAMHS relationship was assessed by the extent of communication, perceived level of support, and the number of learner referrals.

- 3.11 In Phase 2, associations between learner mental health and well-being and counselling service presence in schools were explored statistically using multilevel modelling.

### **Mapping of School and Community-based Counselling Provision in Wales**

- 3.12 To provide an overview of existing school and community-based counselling provision in Wales, the research team undertook a mapping exercise of services. LA counselling service leads in Wales were asked to complete a service mapping pro-forma detailing existing provision in their LA, including recent variation in services as a consequence of the COVID-19 pandemic. The pro-forma is included in the technical report. They were also asked about the current funding structure for services. The pro-forma was distributed and collected with the support of the Welsh Government. Counselling leads from all 21 LAs were invited to complete the pro-forma, with 20 providing the requested information.<sup>1</sup> Responses from the pro-formas were summarized in a table (see Annex A, Table A.1) and an accompanying narrative.

### **Stakeholder Consultations**

- 3.13 Consultations were undertaken with stakeholders to understand their perspectives on whether current school and community-based provision is fit for purpose, consider their needs when optimising and extending counselling services in future, and explore how services might be evaluated and monitored moving forward. The consultations supplemented qualitative data collection with key system stakeholders and case-study schools by allowing a wider range of individuals and organisations to share their experiences and perspectives.

#### *Stakeholder consultation sampling frame and sample*

- 3.14 The research team mapped the range of stakeholders who would be important to consult with as part of the study. These were: children and young people; parents and carers; school staff; and LA counselling service leads. In total, eleven consultations were planned to capture the views of these different groups. National

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<sup>1</sup> Gwynedd and Isle of Anglesey jointly operate their counselling service, so there are 21 services in Wales.

organisations and networks that represent these different stakeholders were then identified. To ensure diversity according to language, race and ethnicity, and family circumstances, the research team focused on identifying organisations that represented different socio-demographic and family characteristics.

- 3.15 In total eight organisations were identified. These were approached by the research team via a publicly-available email address. In the case of primary schools, all schools in local authorities not taking part in a pilot study of Primary SHRN<sup>2</sup> were categorised according to LA, language medium and FSM entitlement. Schools were then randomly selected from each group and invited to the consultation. In the case of secondary and middle schools, a sampling frame was created using information on each school's LA, level of FSM entitlement, language medium and seniority of its SHRN link teacher. Invitations were then sent to schools by the SHRN manager, ensuring representation across the aforementioned characteristics. In addition, Pupil Referral Units (PRU) were invited using publicly available contact details.
- 3.16 In total 12 consultations were undertaken. The participating organisations are presented in Table 3.1.
- 3.17 The organisations and networks that agreed to participate in consultations oversaw the sampling and recruitment of individuals. Study information was sent by the research team to the organisation, who circulated it to their members and registered their interest. Consultations aimed to recruit 10-12 individuals. Organisations were invited to recruit diverse attendees, particularly in terms of protected characteristics and professional roles. For example, for school consultations this would mean engaging with school governors, senior leaders, teaching staff and pastoral staff. For some of the children and young people's organisations and parent and carer groups, consultations were held with existing groups at one of their regular meetings.

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<sup>2</sup> At the time of the study, Cardiff University were undertaking a Welsh Government funded study to pilot the extension of SHRN to primary school settings in Wales.

**Table 3.1: Participants in Stakeholder Consultations**

Consultation	Attending Organisations	Number of Invited Participants	Number of Attending Participants
Children and young people	The Children's Commissioner for Wales	Open advert	12
Children and young people	National Youth Advisory Service	Open advert	5
Children and young people	National Student Advisory Group	Open advert	6
Children and young people	Race Council Cymru	Open advert	6
Children and young people	The Venture Centre	Open advert	6
Primary school staff (W)	4 primary schools	88	4
Secondary school staff (W)	3 secondary schools	21	3
Primary school staff (E)	7 primary schools	51	7
Secondary school staff (E)	10 secondary schools and 1 PRU	20	11
Parents and Carers	Parent Voices in Wales	Open advert	4
Parents and Carers	The Fostering Network in Wales	Open advert	10
Counsellors (E)	LA Counselling Service Leads	Open advert	11

Table notes: W = Welsh medium consultation; E= English medium consultation

### *Stakeholder consultation process*

3.18 Consultations were hosted via an online communication platform. They were led by one member of the research team, with a second researcher supporting the process. In the case of consultations with children and young people, a teacher or member of the organisation's staff was also in attendance and they helped to guide discussion and ensure that the technology was functioning. Discussions with adults were audio-recorded, with the recording being deleted once a written summary was complete. Hand-written notes were taken of discussions with children and young people. The consultations were guided by a flexible topic guide, based on the study

research questions. The topic guides were developed with and signed off by the funder and Project Steering Group (see Annex B for a summary of topics included and the technical report for the complete topic guide). Consultations lasted between 45 and 120 minutes. Two consultations were conducted through the medium of Welsh and ten in English. Individuals who were unable to attend a consultation were invited to send comments via email to the research team and two did so.

#### *Analysis of stakeholder consultations*

- 3.19 Following the consultations, the member of the research team who led the session drafted a summary of the discussion based on the audio-recording or handwritten notes. These summaries did not include any quotes from individuals, but provided an overview of the key discussion points. They were then organised into themes that mapped onto the study research questions.

#### *Strengths and limitations of stakeholder consultations*

- 3.20 Consultations allowed for a wide range of individuals to contribute to the study, sharing their perspectives and experiences. While the organisations and networks invited to participate in consultations were intended to maximise diversity and representation, inevitably some perspectives will not have been captured. Different organisations and networks may have presented an alternative view. Equally, it was originally intended that 10-12 individuals would attend each consultation. This recruitment target was not met for the majority of cases, partly due to the challenges of delivering the study during the COVID-19 pandemic. However, on reflection the smaller number of attendees was arguably more effective as it allowed for richer discussion, particularly given the constraints of the online format.

### **Key System Stakeholder Interviews**

- 3.21 Interviews were conducted with key system stakeholders who have responsibility for, or are involved with, school and community-based counselling services. The aim of interviews was to explore if current provision is fit for purpose, understand what an optimal future counselling service might look like, and consider how this service might be evaluated and monitored.

#### *Key system stakeholder sampling frame and sample*

- 3.22 The research team consulted with the contract manager, Welsh Government policy team and the Project Steering Group to generate a map of key system stakeholders

involved in school and community-based counselling services in Wales. In total, 19 potential stakeholders were identified for participation. The study aimed to interview ten stakeholders and the Project Steering Group were asked to prioritise the stakeholders that should be approached. This prioritisation focused on creating a sample that would represent different perspectives and experiences from across the education and health system in Wales.

- 3.23 The ten prioritised stakeholders were contacted via email by the research team to invite their participation in the study. Email addresses were identified from a public record of the individual’s contact details. Potential participants were contacted up to two times. If they did not respond or declined to participate, the next individual identified by the mapping exercise was contacted. In total, 15 individuals were contacted and invited to take part in the study. Of these, three did not respond, two declined, and one was unable to contribute at the time. The final sample of system stakeholders that participated in an interview was nine. An overview of their professional roles is provided in Table 3.2.

**Table 3.2: Sample for System Stakeholder Interviews**

Stakeholder	Professional Role
Stakeholder 1	Educational Inspector
Stakeholder 2	Local Authority Representative
Stakeholder 3	Youth Services Representative
Stakeholder 4	Children and Young Programme Representative
Stakeholder 5	Children and Young Programme Representative
Stakeholder 6	Third Sector Representative
Stakeholder 7	Third Sector Representative
Stakeholder 8	Public Health Body Representative
Stakeholder 9	Non-school Education Representative

*Key system stakeholder interview process*

- 3.24 Potential participants were sent an initial email to invite their involvement in the study. If individuals responded positively, a member of the research team emailed them further information and a consent form. On agreement to take part in the study, a date was arranged to undertake an interview. Interviews were conducted using Microsoft Teams. They were audio-recorded with a digital recording device. Consent was recorded before the interview started. A flexible topic guide was used to guide the interviews, exploring the study research questions while allowing

participants to share the experiences and perspectives that were important to them. The guides were developed with and signed off by the contract manager, Welsh Government policy team and Project Steering Group (see Annex B for a summary of topics included and the technical report for the complete topic guide). Interviews lasted between 46 minutes and 69 minutes. Participants were offered a choice of taking part in the medium of Welsh or English and all chose to participate in the medium of English.

#### *Analysis of key system stakeholder interviews*

- 3.25 On completion of each interview the audio-recording was sent to an approved transcription service. The recording was then deleted from the audio recorder. Once the interview had been transcribed the transcript was anonymised and checked for accuracy by a member of the research team. The data were analysed using thematic analysis. First, two transcripts were coded by two members of the research team to develop a coding framework. The framework included codes that mapped onto the study research questions. Once this was agreed the remaining interviews were coded by one member of the research team, with a sample being quality assessed by a second researcher. The coding framework was amended as coding progressed to include new codes to accurately capture the views of participants. On completion of coding, the research team developed key themes that addressed the study research questions.

#### *Strengths and limitations of key system stakeholder interviews*

- 3.26 The system stakeholder interviews were important in offering a system-wide range of perspectives on school and community-based counselling services. Through the interview method it was possible to explore views in considerable depth. There were limitations. Not all individuals were able to participate in an interview, and they may have offered a different perspective. Equally, while the smaller number of interviews allowed rich exploration of key issues, a larger sample could have generated different views. The process of mapping and prioritising stakeholders also meant that some key views and experiences may not have been captured.

#### **Primary and Secondary School Case-Studies**

- 3.27 Case-studies were undertaken with primary and secondary schools to explore their views of current school and community-based counselling provision, understand how provision might be optimised and extended, and consider how schools may be

involved in future evaluation and monitoring. The case-studies, which involved generating data with a number of stakeholders at each school site, allowed the study to explore similarities and differences in experiences and perspectives within an individual school. For example, it was interesting to examine if school staff and learners hold contrasting views about the same counselling service. Understanding these discrepancies is invaluable in ensuring that services meet the needs of all stakeholders.

#### *Case-study sampling frame and sample*

- 3.28 The study aimed to recruit six case-studies. This was to include three primary schools and three secondary schools. One primary and one secondary school had to deliver education through the medium of Welsh. Further, the cases needed to represent diversity in geographical location, Local Health Board, proportion of learners eligible for FSM, and school-level counselling provision. Schools were excluded from the case-study sampling if they were independent and did not receive statutory counselling provision, had contributed to the stakeholder consultations, or were currently participating in the Primary SHRN pilot or other mental well-being related research funded by Welsh Government. The latter exclusion criterion was intended to reduce the research burden on schools, recognising the challenges of delivering education during the COVID-19 pandemic.
- 3.29 Slightly different sampling criteria were used to identify primary and secondary schools for participation in the case-studies. For primary schools, there was no SHRN SEQ data. In this case the sample strata were 1) Welsh or English/Bilingual as the language medium of provision; 2) The proportion of learners eligible for FSM. Schools were classified as having low, medium or high eligibility as recorded in publicly available data; 3) The level of counselling provision provided by the LA. The level of provision was assessed from the service mapping pro-formas completed by LA counselling service leads. Provision was assessed to be low (five local authorities), medium (eight local authorities) or high (eight local authorities), with authorities being compared to the reported levels of provision in other authorities. This approach did have some limitations, as it was reliant on the level of detail provided by the counselling service lead. One counselling service did not complete the pro-forma and was not included in the sample. Schools were sampled to ensure diversity across these three strata.

3.30 For secondary schools, those who were eligible for participation were classified according to a range of strata. These were: 1) Welsh or English/Bilingual as the language medium of provision; 2) The proportion of learners eligible for FSM. Schools were classified as having low, medium or high eligibility as recorded in publicly available data; 3) The level of counselling provision provided by the Local Health Board. This was classified as low, medium or high. Data were taken from the SHRN SEQ. Schools were sampled to obtain diversity across these three strata.

3.31 Once the schools had been identified, a member of the research team contacted the school via a publicly available email address. For secondary schools, recruitment was supported by the manager of SHRN. If a school did not respond to the email within a few days, the school was replaced in the sample frame and the next school was contacted. If a school indicated interest in participating in the study, the responding contact was sent information and had an initial meeting with a member of the research team. The final sample of primary schools that participated in the study is presented in Table 3.3. One primary school withdrew from the study prior to data collection because of staff illness, so the final sample of primary schools was two schools. The sample of secondary schools is presented in Table 3.4.

**Table 3.3: Sample for Primary School Case-Studies**

School	Language medium (Welsh/English or Bilingual)	Proportion of learners eligible for FSM (%)	Level of LA counselling service provision (Low/Medium/High)
School A	Welsh	22	High
School B	English	18	Low

**Table 3.4: Sample for Secondary School Case-Studies**

School	Language medium (Welsh/English or Bilingual)	Proportion of learners eligible for FSM (%)	Level of Local Health Board counselling service provision (Low/Medium/High)	Level of school counselling service provision Low/Medium/High)
School A	English	23	High	High
School B	English	16	Medium	No data
School C	Welsh	6	Low	Low

3.32 The school contact, who took part in the initial meeting and agreed to participate in the study, generally oversaw recruitment of individual participants within the school. In some instances, another staff member was identified as being more appropriate to carry out this role. The contact was provided with information on the methods that would be used, and the range of participants the study aimed to recruit (e.g. head teachers). For learner participants, contacts were asked to recruit individuals to achieve variation in gender, FSM eligibility, and if appropriate those with experience of counselling. The research team provided the contact with information to pass on to potential participants in advance of any data collection. The number and identity of individuals who participated in focus groups and interviews in primary schools is presented in Table 3.5. The respective information for secondary schools is presented in Table 3.6. Secondary School C was experiencing significant staff absences due to COVID-19, so was only able to organise a senior leader interview.

**Table 3.5: Sample for Focus Groups and Interviews in Primary School Case-Studies**

School	Head teacher or delegate (n)	Teaching and pastoral staff (n)	Year 4 learners (n)	Year 5 learners (n)	Year 6 learners (n)
School A	1	5	0	0	5
School B	2	5	2	1	2

**Table 3.6: Sample for Focus Groups and Interviews in Secondary School Case-Studies**

School	Head teacher or delegate (n)	Teaching and pastoral staff (n)	Year 8 learners (n)	Year 10 learners (n)
School A	1	6	5	6
School B	1	4	2	2
School C	1	0	0	0

3.33 Initially, the study aimed to include school counsellors in the data collection at each school, asking them to participate in a focus group alongside other school staff. However, from the rapid evidence review and consultations, it was apparent that the relationship between counsellors and schools is complex, and they may not feel comfortable sharing openly when taking part in a group interview with school staff. As a result, counsellors from the case-study schools were invited to take part in a separate focus group and three participated. Whilst all three were from the secondary case-study schools, they each had a service management role, so had oversight of primary school counselling services.

### *Case-study focus group and interview process*

- 3.34 Prior to any data collection, participants were requested to sign a consent form, indicating that they were willing to take part in the study. For learners, parents were provided with information and signed consent forms were returned to and stored by the school. Consent forms for other participants were stored by the research team. All consent forms were destroyed at the end of the study.
- 3.35 Interviews were conducted with head teachers or a nominated member of the SLT in four schools. One focus group was undertaken with staff at each school, bar one secondary school. Participants included teachers and pastoral staff. One focus group was conducted with counsellors from the three secondary schools. Focus groups were guided by topic guides that mapped onto the study research questions. These guides were agreed by the funder and Project Steering Group. Focus groups were undertaken using Microsoft Teams by one member of the research team and audio-recorded on a Dictaphone. Focus groups and interviews in the two Welsh medium schools were conducted in Welsh, and the remainder in English. The counsellor focus group was conducted in English, with participants being given the option to take part in Welsh through an individual interview.
- 3.36 Small group interviews were conducted with learners in each of the case-study schools. Four small group interviews were intended, with the aim to include two to four young people who had a pre-existing relationship and may have been friends. From previous research, this makes learners feel more comfortable when discussing potentially sensitive topics. In primary schools four small group interviews were undertaken with learners from Year 4 through to Year 6. In each secondary school one or two small group interviews were completed with Year 8 learners and one or two with Year 10 learners. Organising interviews was challenging as a consequence of ongoing COVID-19 related disruptions in schools. As with other interviews and focus groups, topic guides, based on the study research questions, structured discussion. These guides were agreed by the contract manager, Welsh Government policy team and Project Steering Group (see Annex B for a summary of topics included and the technical report for the complete topic guide). Small group interviews were conducted via Microsoft Teams by one member of the research team, with a second researcher supporting the session. Participants were at the school site during data collection, usually in a classroom. A

teacher was present to ensure that the technology worked and to aid any learner who became distressed. Interviews were audio-recorded on a Dictaphone.

#### *Analysis of case-study focus groups and interviews*

- 3.37 Following completion of each focus group or interview the audio-recording was sent to an approved transcription service. The recording was then deleted from the audio recorder. Transcripts were anonymised and checked for accuracy by a member of the evaluation team. The data were analysed using thematic analysis. Two transcripts were coded by two members of the research team to develop a coding framework. One transcript was coded from a staff focus group and paired learner interview. Welsh language focus groups and interviews transcripts were translated into English for coding. The framework included codes that mapped onto the study research questions. Once this was agreed the remaining focus groups and interviews were coded by one member of the research team, with a selection being quality assessed by a second researcher. The coding framework was modified as coding proceeded to include new codes to reflect the views of participants. On completion of coding, the research team worked to develop key themes that addressed the study research questions.

#### *Strengths and limitations of school case-studies*

- 3.38 The school case-studies provide rich insight into the views, experiences and needs of schools in regard to school and community-based counselling provision. In particular, the case-studies allowed exploration of the differences and similarities in perspectives between different stakeholders working within the same organisation. This is important in considering how the optimisation and extension of the counselling service can meet diverse and sometimes conflicting needs. There were limitations. Only five case-studies were conducted, with one of these only conducting an SLT interview. Although the evaluation team selected case-studies using a robust sampling frame to ensure that a range of different schools participated, their perspectives may not be completely representative of the wider school experience.

#### **Project Steering Group**

- 3.39 A Project Steering Group provided governance and strategic oversight. The group met five times over the course of the study. It comprised of the contract manager, Welsh Government policy team and the research team, in addition to relevant

policy-makers, education, counselling and community services specialists. The group provided input on the study design, approved all related research materials, and provided substantive feedback during the refinement of study recommendations.

### **Ethical Approvals**

- 3.40 Ethical approval for the study was granted by Cardiff University's School of Social Sciences Research Ethics Committee [SREC/4203 and SREC/4056]. Ethical approval for the SHRN dataset was previously obtained from the Committee at the point the data were collected.

### **Summary**

- 3.41 This chapter has outlined the methodology undertaken as part of the review of school and community-based services in Wales. It presented: secondary analysis of the SHRN datasets, mapping of school and community-based counselling provision; stakeholder consultations; key stakeholder interviews; and primary and secondary school case-studies. While the study delivered the methods as intended, it is important to acknowledge the limitations. Mainly, the participant sample sizes for each method were smaller than originally planned. This was largely a consequence of COVID-19 related disruptions and the pressures on education system professionals.

## **4. Findings: The Implementation, Acceptability and Perceived Impacts of Current School and Community-Based Counselling Services in Wales**

### **Introduction**

4.1 This chapter explores participants' experiences of current school and community-based counselling services in Wales. It addresses the following research questions:

- What is the reach and perceived sufficiency of provision of school and community-based counselling services in secondary schools in Wales? How does this vary by geographical region, socio-economic demographic profile, language medium, and organisational policies for student health and well-being?
- How are school and community-based counselling services currently implemented (e.g. current aspirations for services, what is perceived to be achieved, funding model, demand assessment, delivery model) in secondary schools in Wales? What are the barriers and facilitators to delivery (e.g. referral systems, supply, capability and quality), particularly within the context of COVID-19?
- What is the association between school and community-based counselling service implementation, student referral to CAMHS and student well-being?
- What is the acceptability of school and community-based counselling services in secondary schools to students, parents, school staff and other system stakeholders?

4.2 The findings have three key sections. First, they describe the present implementation of school and community-based counselling services, considering: current models for service delivery and funding; service reach and perceived sufficiency of service availability; assessment of demand, including how children and young people access and are referred to services; and system barriers and facilitators to service delivery. Second, they explore the acceptability of services amongst different stakeholders, considering their perceptions and experiences of delivering or receiving provision. Third, they report the perceived impacts of services. Where possible, each section of findings commences with results that are common to primary, secondary and community settings, before presenting setting specific results in turn. Any findings that are related to the experiences and impacts of the COVID-19 pandemic are included at the end of each section. The sources of

data that contribute to each section of findings are indicated at the start. A summary of the findings from the secondary data analysis of the SHRN datasets is included in this chapter (Box 4.1), while detailed findings are presented in the technical report.

### *Summary of findings*

#### *Implementation of counselling services – delivery models and funding models*

The first area of implementation to be considered was delivery models and funding models. Findings identified key areas of variation across the 20 school and community-based counselling services in Wales. Some services were managed and operated by LAs themselves, whilst others commissioned an external provider to manage and operate the counselling service on their behalf. A small number of LAs employed a mixed approach with some elements of the service managed and operated by themselves and other elements, e.g. online counselling, commissioned to an external provider.

Wide variation was also present in counselling service provision for children below the statutory requirement for services of year 6. Some LAs had no provision at all, some had services in development, and some had provision for all primary school aged children. Half of all services already had a service for children below year 5.

The types of therapies offered by counselling services also varied, as did levels of in-service innovation, such as development of school staff supervision.

Counselling services' main source of funding was the Revenue Support Grant, supplemented by other sources such as Families First and Service Level Agreements with schools, which allowed schools to fund counselling hours in addition to what the service could provide under its statutory duty. The instability of some of the additional sources of funding was noted to be problematic.

#### *Implementation of counselling services – service reach and availability*

The second area of implementation to be considered was counselling service reach and availability. Key findings included that community-based services are perceived to increase service reach, particularly for children and young people who are educated other than at school (EOTAS).

Reach among children and young people with protected characteristics was not perceived to be a major issue, but it was noted that reach among these groups is not necessarily monitored. Participants raised concerns about counselling service

reach for some groups of children and young people, including younger children, children from cultures that have different perceptions of the value of services, including counselling, children and young people in need of help but who do not meet the threshold for a diagnosis, young people who are less likely to seek support for their well-being for reasons such as stigma or uncertainty about how counselling can help them, and socio-economically disadvantaged children.

Participants highlighted that it was important and preferable for counselling services to be available in both Welsh and English, so children and young people can choose the language in which they feel most comfortable expressing their emotions. Views and experiences of the availability of Welsh medium counselling were mixed.

The lack of availability of counselling for children and young people with English as an Additional Language (EAL) was noted as a key shortcoming by secondary school staff in schools with learners from migrant and refugee families with EAL.

Participants noted that the availability of choice within counselling services was limited, for example with regard to which counsellor a child or young person saw or the type of therapeutic approach used. This 'one size fits all' approach meant there was a perception that counselling could not be tailored to need.

Counselling service availability was perceived to be influenced by the degree to which services were flexible. Session number limits were identified as a key element of service flexibility.

Participants noted the strain the COVID-19 pandemic places on counselling services and how their availability declined whilst demand increased. Counselling services responded to the pandemic by offering counselling via remote methods (telephone, instant messaging, online meeting platforms), but there was a mixed response to this abrupt change. Participants noted that whilst remote methods suited some service users, they were not appropriate for all children and young people, particularly younger age groups.

#### *Implementation of counselling services – perceived sufficiency of services*

The third area of implementation to be considered was perceived sufficiency of counselling services. This was understood as whether there was adequate delivery of provision to meet the needs of children and young people.

Sufficiency of counselling services was perceived to be low by all participant groups. All participants noted that waiting times for counselling services stretched to many weeks and months and they highlighted the impact these waiting times had on different stakeholders, particularly children and young people and school staff. There were concerns that children and young people's issues could worsen and become entrenched whilst they waited and they might become disillusioned with the offer of counselling. School staff reported the uncertainty and stress they experienced whilst trying to support learners on counselling service waiting lists and dealing with parents and carers who were unhappy with the waiting time.

*Implementation of counselling services – demand assessment, access and referrals*

The fourth area of implementation to be considered was demand assessment, access and referrals. Demand assessment refers to the point at which a decision is made to refer a child or young person to the counselling service or to support them in other ways. School demand assessment processes varied in their degree of formality, with some case-study schools describing a relatively informal process whereby the decision to refer was made by a member of staff after discussion with the learner. There were some concerns among young people that school staff did not manage demand assessment well. This was because they believed that some staff equated satisfactory educational attainment with satisfactory well-being, which might lead them to miss learners who were in need.

All services had a range of referral routes available across primary, secondary and community settings. Self-referral for secondary school aged young people was largely viewed positively, because it was suggested that they might not want to confide in school staff and they appreciated the autonomy self-referral offered. It was noted by school staff, however, that if they were not aware a learner was receiving counselling, it prevented them from offering additional tailored support in school.

As with demand assessment, there was variation in how counselling services assessed the eligibility of referrals and prioritised them. One service, for example, prioritised incoming referrals by date of receipt, whilst others prioritised on the basis of information provided on the referral form. Prioritisation was a source of frustration for some schools who perceived that children and young people with particular issues were always prioritised, e.g. those at risk of exclusion.

Two key issues related to children and young people's access to counselling services in secondary schools were the importance of it being a confidential service and the presence of counselling service drop-ins for learners.

*Implementation of counselling services – barriers and facilitators to implementation*

The final area of implementation to be considered was barriers and facilitators to implementation. These occurred at different levels and with different groups of stakeholders. Support from parents and carers was identified as an important facilitator to counselling service implementation, especially in the primary school setting. It was noted that when parents and carers were fully informed and understood why the primary school was suggesting counselling they were happy with the content of the counselling sessions not being disclosed to them. Secondary school staff reported that parents and carers were largely supportive of counselling, but school staff noted that parents who may have had more negative experiences of intervention from social services could sometimes feel resistant to counselling.

A number of barriers and facilitators related to counsellors themselves were identified. This included counsellor consistency, i.e. having counsellors allocated to a particular school. This helped establish a good relationship between schools and their counsellor(s), but it was acknowledged that it reduced learner choice of counsellor.

Participants identified space for counselling sessions in school and community settings as an important barrier or facilitator. The importance of providing a consistent, suitable space to facilitate the counselling process was recognised by school staff, but they highlighted the challenges of doing this in the school setting, particularly during the COVID-19 pandemic.

The relationship between schools and their counselling service was highlighted as a barrier or facilitator to counselling service implementation. Participants reported that this relationship was facilitated by good communication, but they identified areas of tension around counselling service procedures and communication, confidentiality, counsellors' use of time, and space for counselling sessions.

At the level of counselling services, the recruitment and retention of counsellors was identified as a barrier to service implementation, as was variable and insufficient funding. At the inter-agency level, counselling services' integration with other services was perceived to be poor, as was their collaboration with CAMHS.

### *Acceptability of counselling services*

The findings next considered the acceptability of school and community-based counselling services. This was defined as participants' experiences and perceptions of delivering or receiving the services.

Awareness of counselling services was an element of acceptability that was identified as an issue. Children and young people's awareness of what counselling is, what happens in counselling sessions, and the availability of counselling services was low. Parent and carer awareness of the availability of counselling in schools was also perceived to be low. Awareness of community-based counselling services was low across all participant groups, except counselling service staff.

Stigma around mental health and seeking support was a further element of acceptability that was perceived to influence young people. Participants identified stigma at school and at home as being important, as it could be generated by peers, school staff, and parents and carers. School staff participants described how they tried to normalise mental health and help-seeking to reduce stigma.

In addition to stigma influencing young people's attitudes towards counselling, participants suggested that negative attitudes and resistance to counselling could also arise from young people's prior negative or disappointing experiences with other counsellors or CAMHS interventions. Altruism was also proposed as a reason young people might resist counselling, as some young people might feel others are more deserving of the counsellor's time than they are. Children and young people's readiness for counselling was also highlighted as important for them to engage with counselling.

The child – counsellor relationship was considered a key element of acceptability. A good relationship between the two was deemed to be essential for counselling to be effective and if children and young people had doubts about whether a good relationship could be established, it was perceived that this would make them reluctant to seek counselling. Young people said that liking and trusting the counsellor were important, as was feeling they were being taken seriously and that what they said would be kept confidential.

Experiences of counselling services during the COVID-19 pandemic were generally of low levels of contact, with variable evidence as to whether services continued to engage schools, children and young people during a challenging period.

### *Perceived impacts of counselling services*

The final section of the findings considered the perceived impacts of school and community-based counselling services. School staff noted that they found it difficult to judge what impact counselling had on their learners as they rarely shared their experiences of counselling with staff in any detail.

There was a perception that counselling services were an effective early intervention that reduced referrals to other more intensive services, such as CAMHS. However, many participants indicated that their perception was that the impact of counselling was variable and this was often attributed to the quality of the child – counsellor relationship.

Regional variation in the impact of counselling services was highlighted. Suggested reasons for this variation included pressures on LA budgets, the minimal specifications for the statutory counselling service, and the evolution of 20 separate counselling services over a long period of time.

## **Implementation of School and Community-Based Counselling Services**

4.3 This section presents findings related to the implementation of the current school and community-based counselling service in Wales. It addresses:

- current models of service delivery and funding;
- service reach, availability and perceived sufficiency of service availability;
- assessment of learner demand, including how learners access and are referred to services;
- perceived capability and quality of the service;
- system barriers and facilitators to delivering services.

4.4 The data sources that reported on the current implementation of services are: LA counselling service leads' service mapping pro-formas; stakeholder consultations; key system stakeholder interviews; and school case-studies. Summary findings from the secondary analysis of SHRN datasets are in Box 4.1 at the end of the '*Demand assessment, access and referrals*' subsection of this chapter.

### *Delivery model and funding model*

- 4.5 Findings reported on the current delivery and funding models for school and community-based counselling services. These models, including changes made in response to the COVID-19 pandemic, are outlined. Data sources that addressed delivery and funding are LA counselling service leads' service mapping pro-formas; stakeholder consultations; key system stakeholder interviews; and school case-studies.
- 4.6 LA counselling service leads mapped current counselling service provision and funding in primary schools, secondary schools, and community-based settings across 21 local authorities in Wales<sup>3</sup> (Annex A, Table A.1). This was done using the pre-specified service mapping pro-forma developed by the research team (see technical report). They highlighted the wide variety of provision delivered, particularly in services for children below the statutory age of 11 years. Ten local authorities indicated managing and operating all elements of their counselling service themselves, with one of these stating it used self-employed counsellors. Eight local authorities commissioned an external organisation to manage and operate all elements of their counselling services and two used a mixed approach, with an external provider commissioned to deliver particular elements of the service (e.g. community-based or online services).
- 4.7 As reported in Chapter 1 (*Welsh Government Policy: School and Community-Based Counselling Services* section), LAs are required to provide a counselling service to learners in year 6. From the service mapping pro-formas, it was indicated that while the majority of services accommodated year 6 learners in school, a small number only accommodated these learners in community-based venues (four local authorities) or where possible in the secondary school the learner was likely to attend in year 7 (two local authorities) (Table 4.1). Comments from the primary school staff consultations echoed data from the pro-formas, with some participants describing their learners having to go to their local secondary school to see a counsellor and others having counsellors visit the school. One participant noted that their counselling service would see learners at home if their issue was home-related.

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<sup>3</sup> Note that Isle of Anglesey and Gwynedd jointly operate a counselling service, so there are 21 services.

- 4.8 Provision for children in younger year groups was highly variable, with the service mapping pro-formas stating that some LAs had no provision at all, some had services in development, and some had provision for all age groups (Annex A, Table A.1). Thirteen services stated that they already had provision for children in year 5 and of these 11 provided a service for younger children too. In some LAs, services were only available at some primary schools.
- 4.9 The service mapping pro-formas indicated a range of therapeutic approaches that services used with primary school aged children or were considering using (Annex A, Table A.1). These included group therapy, play therapy, creative therapies, dog therapy, nature/woodland therapy, CBT, psychotherapy, eye movement desensitization and reprocessing ([EMDR](#)) therapy, and resilience-focused interventions. Several services described selecting a therapeutic approach according to need or developmental age and one service mentioned parental involvement in counselling. A counsellor from this service described this parental involvement:
- we involve the parents more, so we will do an assessment with the parent. We'll do an assessment with the child. Then we do feedback mid-session, so say the programme that we're running with that particular young person, is say eight weeks, then we'll do a feedback call probably around about session 4 to find out if anything's changed at home. You know, what the parent is experiencing with that young person. *School case-study counsellor*
- 4.10 One specialist counselling service that was mentioned by both a primary school staff consultee and a LA counselling service lead was the [TRAC service in North Wales](#). This offered counselling in the summer term to year 6 learners identified as struggling with going to secondary school and to learners aged 11 or older at risk of disengaging with education.

**Table 4.1: Location, Funding and Referral Routes of School and Community-Based Counselling Services in Wales**

	Number of Local Authorities		
	Primary school aged learners	Secondary school aged learners	Community settings
<b>Location of counselling services</b>			
On school site	13	20	2
Pupil referral unit		7	
Safe settings	1	1	1
Community	5	4	6
Neutral setting	3	2	4
Special schools		3	
Family centres		1	2
EOTAS		2	
Alternative educational setting	2	1	
Learner's upcoming secondary school	2		
Counselling service offices	1		
Appropriate referral organisation			2
<b>Funding</b>			
Revenue Support Grant	19	19	16
Welsh Government grant		1	
Service level agreements		1	
Additional school provisions	1	3	
Families First	1	1	2
Volunteer counsellors			2
<b>Referral routes</b>			

	Number of Local Authorities		
	Primary school aged learners	Secondary school aged learners	Community settings
Self referral	2	18	10
Learners	1		1
Parents	11	13	8
Community-based public and third sector staff		1	2
Family Members	1	1	1
School staff	14	16	6
Professionals	5	7	4
Multi-agency panels	5	4	4
General Practitioners (GP) / health workers	2	7	7
Social services	1	2	2
Youth workers	1	2	2
Welfare service staff	1	1	1
Council website		1	
CAMHS	1	3	1
Charity support workers			1
Workplace providers			1
Agencies	2	2	1
Service manager	1		

Source: LA counselling service lead service mapping pro-formas

- 4.11 One case-study school counsellor described how their service worked with primary school staff so learners could be supported while they waited for counselling.
- We've also gone around the schools and educated some of the school staff in our programmes so that they can run certain programmes before we get involved. So that they're not necessarily waiting on the waiting list, with nothing to do. The school staff can work with those young people as well. *School case-study counsellor*
- 4.12 LAs are required to provide on-site counselling services in all their maintained schools that provide secondary education. All the secondary school staff consultees described receiving services, with one or more counsellors visiting their schools on a specified number of days per week.
- 4.13 The service mapping pro-formas and stakeholder consultations indicated a range of therapies and services being delivered in secondary schools, in addition to one-to-one counselling. These included art therapy, group counselling, mindfulness, CBT, psychotherapy, family therapy and a whole school trauma-informed model (Annex A, table A.1). Service mapping pro-formas also described a number of other services currently being implemented. Before the COVID-19 pandemic, four services offered an online and/or telephone counselling service. Specialist service provision included support for young people experiencing or at risk of emotionally-based school avoidance and for those at risk of disengaging from education. School case-study counsellors noted that they offered critical incident support to schools.
- 4.14 One case-study school counsellor described how their service adapted their offer to schools in response to demand, for example offering group-based approaches or assembly talks when waiting lists built up. This service had also piloted a 16-week counselling ambassador programme, a resilience-based programme providing learners with well-being interventions for themselves and their peers.
- 4.15 Two services also described a school staff supervision service, whereby counsellors offer support and guidance directly to school staff to support their work with learner well-being. Secondary school case-study staff were positive about a supervision pilot they had participated in.

RES6: We did supervision once a month for six months.

INT: How did you find that?

RES6: It was good.

RES2: I used to cry most of the time... You never think you're going to and then you start welling up and crying. No, it was good. Three of us did it together [...] It was nice to have that time to talk about what we've been doing really. We talk a lot together, but sometimes you forget what kind of effect it has on you, working with these young people.

*Staff members, secondary school A, English medium*

4.16 Another element of the current counselling service delivery models is the allocation of counsellors to secondary schools. The focus group with school case-study counsellors highlighted the variation in approaches to this. Some described their service not allocating counsellors to particular schools and sending them wherever need arose. Others said their service allocated counsellors to schools, only moving them in response to higher waiting lists and if resource allowed.

we try to maintain at least one counsellor in there, so that they've got a face and they're known, but then we do move counsellors around, based on the waiting list and on the need. *School case-study counsellor*

4.17 Counselling service mapping pro-formas also outlined how provision was delivered to children and young people in non-mainstream settings (table 4.1). Whilst some authorities provided on-site counselling in alternative education settings, some used only community-based settings. Dog therapy for harder to reach children in PRUs and special schools was referred to in the consultation with LA counselling service leads.

4.18 LAs are also required to provide counselling for 11 to 18 year olds in locations other than schools. All the LA counselling service leads stated in the service mapping pro-formas that they provided a community-based service, apart from one, which collaborated with other agencies who provide community-based support. Another community-based service was limited to vulnerable and homeless young people being supported by two local charities, whilst it was available to all young people aged up to 25 years old in three other LAs (Annex A, table A.1).

4.19 A diverse range of community venues were used for counselling, including LA buildings, libraries, community centres, community and family centres, and health clinics (table 4.1).

- 4.20 Annex A, table A.1 outlines the changes counselling services made to their provision in response to the COVID-19 pandemic. Whilst the service mapping pro-formas indicated that several services tried to maintain face-to-face counselling wherever possible, all services that were not providing counselling via remote methods at the start of the pandemic introduced one or more of these methods. This included online, telephone, email and instant messaging provision. To support this change in delivery, services trained their counsellors in remote methods and introduced new service protocols. Services also described increasing their capacity by employing additional counsellors and increasing the capacity of their online services. Some services also increased their availability by offering counselling out of school hours and in the school holidays. New services were introduced in a number of local authorities, including some that were designed in response to learner feedback, e.g. weekly workshops on topics suggested by young people. Some services also initiated services offering support to school staff and parents.
- 4.21 A number of funding models for counselling services were reported across the different sources of data. The Revenue Support Grant was the core funding source for counselling services for year 6 children in secondary schools and in the community. It was noted by one key system stakeholder interviewee, however, that the proportion of this funding that directly funds counselling hours varies. In some LAs counselling service management roles are funded from other sources, whilst in others the grant must cover management of the service, as well as paying for counsellors.
- ... so money comes in, I don't have any, um, no part of that funding goes towards my post, the Youth Service pays for my post, so all the money that comes in for counselling goes on counselling hours, whereas other areas, it's, like, oh, we've got to pay for management, we've got to pay for admin. *Stakeholder 03*
- 4.22 The service mapping pro-formas indicated that for year 6 children one service used funding from Families First, in addition to the Revenue Support Grant (table 4.1). Three services also allowed primary schools to buy in additional counselling with Service Level Agreements, which allow individual schools to procure additional counsellor time from their counselling service if they want more provision than their service's statutory offer. Services that offered counselling to younger year groups in

primary schools stated that they used Welsh Government grant funding for this or Families First funding.

- 4.23 Service mapping pro-forma data indicated that Service Level Agreements were also used for secondary schools in three local authorities and one service used a Welsh Government grant to fund its online counselling service. Families First funding was used for the secondary school service in one LA and for the community-based service in two local authorities. Two services used volunteer counsellors in their community-based settings. A pilot staff supervision service for secondary schools was grant funded.
- 4.24 Grant funding was frequently cited on the service mapping pro-formas as the source of funding for services' response to the COVID-19 pandemic.
- 4.25 The consultations with LA counselling service leads and school staff highlighted a number of issues with current counselling service funding models. Whilst Service Level Agreements were seen to give schools a welcome opportunity to buy in more counsellor time, it was recognised that schools' varying budgets meant that not all could do this. Furthermore, fluctuating school budgets meant that Service Level Agreements were negotiated annually and this creates instability in the counselling system.
- 4.26 Grant funding was perceived to be another source of potential instability as it might prevent counselling services from offering secure employment contracts, thereby making counsellor recruitment more challenging. The final issue pertaining to funding models related to the school and community-based services essentially being in competition for the same resource. LA counselling service leads noted that during times of budget contraction, services might offer term-time only contracts to counsellors, thereby reducing their ability to provide a year-round service. They also noted that channelling resource into the community-based service meant taking it from the school-based service, which was difficult to justify when school counselling waiting lists were so long.
- 4.27 In summary, data from the service mapping pro-formas and stakeholder consultations indicate significant variability in counselling service delivery and funding models across Wales, particularly in the level of service provision in primary schools and in-service innovation, such as development of school staff supervision.

There are key issues with the current model, particularly with the funding approach leading to inconsistency and competition in provision.

### *Reach and availability*

- 4.28 This subsection presents findings related to the reach and availability of school and community-based counselling in Wales, considering if services are widely delivered in order to reach the children and young people they target. Data sources that reported on reach and availability are stakeholder consultations, key system stakeholder interviews and school case-studies.
- 4.29 The findings in this subsection will first outline the reach and availability of current services in different settings and among different population groups, including children and young people with protected characteristics and those with Welsh as their preferred language. They will then explore availability according to service user choice and flexibility in service provision. They then consider the impact of the COVID-19 pandemic on reach and availability. Summary findings from the secondary analysis of SHRN datasets are in Box 4.1.
- 4.30 Key system stakeholder interviewees, secondary school staff and counselling service lead consultees and secondary school case-study staff and counsellors felt that provision of community-based services served to further increase reach and availability. One key system stakeholder interviewee reflected that community provision improved reach to groups such as those in year 6, in PRUs and those in elective home education (EHE). They suggested the option to attend counselling outside of school gave children the flexibility to receive the service in a place they felt comfortable.

So those referrals in the community tend to be Year 6, PRU, EHE, or those young people who can't be seen in school for whatever reason.

### *Stakeholder 03*

- 4.31 A secondary school staff consultee and the school case-study counsellors echoed this point, noting that community-based services meant learners could see a counsellor outside of school hours if they preferred. LA counselling service lead consultees, however, highlighted the variation in reach of community-based services, noting that despite community-based services being very well used in some areas, some LAs might only offer it in one community location thereby limiting its reach. This was not perceived by LA counselling service leads to be a significant

issue, however, as they thought most young people preferred to see a counsellor in school.

- 4.32 Generally, there was a sense among the participants that counselling service reach among children and young people with protected characteristics was not a significant issue.

I've never come across any kind of casual racism or anything with the service. They see children as individuals who need support and they provide that support. So categorically no, there isn't a problem there, in my experience. *Senior leader, primary school A, Welsh medium*

- 4.33 In the consultations, however, some LA counselling service leads recognised that they undertook no routine monitoring of children and young people's protected characteristics to substantiate their perception.
- 4.34 Despite this, there were some groups of children and young people for whom counselling service reach was perceived to be low.
- 4.35 Key system stakeholder interviewees, secondary school staff consultees, a secondary school case-study senior leader and primary school case-study staff identified specific groups of children and young people that they thought were not being reached.
- 4.36 Primary school case-study staff highlighted that the service in their area did not offer provision to learners in year 5 and below and the frustration they felt about this. This lack of reach had led one school to secure provision from third sector counselling providers.
- 4.37 Key system stakeholder interviewees and a secondary school case-study senior leader thought that counselling services may not be inclusive and reaching children from cultures that have varying perceptions on the value of mental health services, including counselling.
- 4.38 Stakeholder interviewees suggested that services may also be failing to reach particular groups because their specific needs cannot be met, e.g. they have no counsellors with the skills to help children with additional learning needs (ALN) to meaningfully engage in counselling.

Yes, I think there are other accessibility issues which relate to the additional learning needs they may have and some services would have

made a better stab at trying to accommodate all learners in the way they provide their service. *Stakeholder 01*

- 4.39 Three further groups who were potentially not being reached by counselling services were identified by key system stakeholder interviewees. These were children and young people with a diagnosed mental health problem, those in need of help but who do not meet the threshold for a diagnosis, and those with a diagnosis, but who do not display needs severe enough to require specialist CAMHS intervention. One stakeholder termed these young people the 'missing middle'.

Because a lot of mental health issues are the missing middle, of children that have non-severe needs that aren't being met or don't meet the threshold for diagnosis. We know that sixty percent of neurodiverse children, are entering CAMHS, we know that seventy percent of school exclusions are ADHD [Attention deficit hyperactivity disorder]. *Stakeholder 05*

- 4.40 Key system stakeholder interviewees furthermore suggested that there are groups of young people who are less likely to seek support for their well-being for a variety of reasons, such as stigma or uncertainty about how services can help them. One interviewee, for example, identified those who self-harm as being particularly hard to reach.

we've discovered that one of the significant things in that research was that people in Wales were less likely to seek help for self-harming, than other parts of the UK, interestingly. We don't know why that is, we were wondering if it's linked to levels of disadvantage, and a suspicion of authorities, a suspicion or a not understanding of how help might be available. *Stakeholder 08*

- 4.41 The last group identified by key system stakeholder interviewees that counselling services may not be reaching was socio-economically disadvantaged children. They noted that this group is more likely to be excluded from school and their behaviour treated with disciplinary measures rather than exploring whether mental health support might be needed.

So, socio-economically disadvantaged young people are more likely to be excluded from school. And so I think when you're thinking about school

counselling services, there needs, I think, there needs to be a link between those services being available and what they can do to support a young person who's in trouble. Those things can arise from trauma, and very often do, and so I think it's a question of the gateway to counselling services, and making them really available to those who need them the most. *Stakeholder 08*

- 4.42 Finally, one secondary school staff consultee suggested that counselling services may not be reaching learners with certain anxieties, such as fears of enclosed spaces, for whom being in small room with the door closed would be problematic.
- 4.43 Key system stakeholder interviewees, in addition to school staff and LA counselling service lead consultees and case-study school staff and counsellors, discussed the availability of Welsh medium counselling and services' ability to meet children and young people's language preferences.
- 4.44 Key system stakeholder interviewees, school staff consultees and staff from the Welsh medium primary and secondary school case-studies recognised that it was important that counselling services be available in both Welsh and English. Although it was acknowledged that many children would speak both languages and would therefore access English medium provision rather than wait for Welsh medium provision, the importance of Welsh medium provision was stated, particularly in areas of the country where Welsh is more widely spoken.

of course, the pupil has to feel comfortable and sometimes they turn to English and that's fine, but the offer is there in Welsh and I think that's important. It may not be as important to the pupil, but we feel that it's instinctive in terms of the way we feel as a school. Having those opportunities through the medium of Welsh is so important, isn't it? *Senior leader, secondary school C, Welsh medium*

- 4.45 The underlying reason for this was that having counselling in English could leave children and young people whose first language was Welsh at a disadvantage. Participants felt that children need to be able to easily express themselves in the language they feel most comfortable in, especially when it comes to expressing emotional language.

Yeah, I don't know enough of the facts, but I know it's absolutely vital that it is, that your language of choice needs to be respected. And I think, you

know, obviously I'm passionate about that, about all aspects of life, but I think particularly when it comes to emotional language, which is a very instinctive, you know, you need to be able to express yourself, and not to have to think first, you know? So I think that's absolutely crucial.

*Stakeholder 04*

- 4.46 Views on the availability of Welsh speaking counsellors were mixed from the key system stakeholder interview and stakeholder consultation data. LA counselling service lead consultees did not see Welsh medium service provision as any greater issue than counsellor recruitment in general. In the key system stakeholder interviews, however, staffing of the Welsh medium service was identified as an ongoing issue, given the lack of trained counsellors able to work with children in the medium of Welsh. For some children it had meant having to go to another town to access the service.

There's a recruitment issue basically because you know if it's the same with the educational psychologists and others who work in this kind of field. CAMHS have the same problems. There are simply not enough Welsh speakers in this kind of area. You know there's no way round that.

*Stakeholder 01*

- 4.47 School staff consultees from Welsh medium and bilingual schools had not experienced any issues with Welsh medium service delivery, and a consultee from an English medium school and staff from secondary school case-study A noted that a Welsh-speaking counsellor was available if requested. Only one English medium primary school staff consultee said they were aware of learners in neighbouring Welsh medium primary schools who had had counselling in English because no Welsh speaking counsellor was available. Staff from the Welsh medium primary school case-study stated that their learners received counselling in English. Whilst they thought it would be preferable to offer learners a choice, they did not see this as problematic, because most of their learners did not speak Welsh at home.

But to be fair over 95 per cent of the children come from families who speak English at home so I feel like they would be more comfortable speaking English anyway if they had a counselling session. *Staff member, primary school A, Welsh medium*

4.48 Key system stakeholder interviewees perceived there to be possible issues as services may not always be able to meet demand in a timely manner. They reflected that it was hard to estimate demand for the service and therefore what staffing levels would be required to meet the needs of a Welsh medium service.

I think it's a bit of a chicken and egg in terms of when those in that capacity to meet the demand Welsh mediums, you don't truly know necessarily what the Welsh medium demand would be for a service, not necessarily captured because the child may just be happy to have counselling in English, they don't make any kind of issue of it. But having it available in Welsh they might have said in Welsh. *Stakeholder 01*

4.49 The availability of counselling for children and young people with EAL was identified as a key concern by secondary school case-study staff and secondary school staff consultees in schools with learners from migrant and refugee families with EAL. The latter described having pastoral support staff who spoke the same languages as the learners and who did their best to support them, and working with local authority EAL team to try to access third sector counselling, but there was no school-based provision. This was echoed by the secondary school case-study staff.

4.50 Three further aspects of counselling service availability that emerged were withdrawal of the service, school holidays and school leavers.

4.51 One primary school case-study senior staff member described how their counselling service had withdrawn provision on several occasions.

There's been numerous occasions in the past where school will receive an email saying, something very similar to "Due to the pressure on the Educational Psychology Service, at the moment, we can no longer offer Young Person's Counselling Service, to Year Six pupils, for the rest of this academic year". Done. So, our window of being able to use that service, has been really small. *Staff member, primary school B, English medium*

4.52 Reduced availability of counselling services during school holidays was raised in the consultations with LA counselling service leads and secondary school staff, with both identifying it as an issue. A LA counselling service lead consultee and a school case-study counsellor noted that community-based services helped cover holiday periods. The consultee noted, however, that school-related issues might abate during school holidays, leading to erratic attendance for counselling at community-

based venues. School staff consultees, however, were concerned that some young people were in greater need of counselling during the holidays because they had lost the supportive environment of their school.

4.53 Lack of counselling for young people leaving school at 16 was highlighted as problematic in the consultation with care experienced young people. They noted this was a time of uncertainty and to have had counselling available would have been helpful.

4.54 The availability of counselling services that offered choice to children and young people and a degree of flexibility in the way they were delivered was considered by participants. Availability of choice within counselling services was perceived to be low by parent and carer consultees, with one parent describing counselling services as having a 'one size fits all' approach. They felt that no choice was available around what counselling approach should be used for their children nor on which counsellor their children could see. Secondary school staff consultees reinforced this point, commenting that where schools had several counsellors, it gave learners a choice of who they saw and their personality could be matched to that of their counsellor's. Key system stakeholder interviewees also perceived tailored approaches to be preferential.

a more bespoke approach, as opposed to, you know, a set plan of how you're going to deliver. And that, that's rolled out to all. I think, particularly where we've got young people with high level needs, a more bespoke approach to actually first understand what their needs are, then explore what is the, what is the, the best format for that counselling to take place.

*Stakeholder 09*

4.55 Elements of service provision that had been experienced as inflexible, thereby reducing the availability of counselling to children and young people, or conversely as flexible, and thereby increasing availability included age limits, session number limits, missed sessions, accommodating learners at short notice, and limited response to critical incidents.

4.56 A foster carer consultee noted that ending sessions at 18 years old was problematic for care-experienced children who might be in the middle of a counselling episode. A primary school staff consultee praised their counselling service's flexibility around the lower age of children they would accept for counselling, whilst a primary school

case-study senior leader was critical of their service for not providing counselling to learners below year 6.

- 4.57 Fixing the maximum number of counselling sessions a child could have was criticised by foster carer and care experienced young people consultees, both of whom noted the complex issues children may bring to counselling if they have been in care or if they have only started counselling in adolescence. Some school case-study staff also saw session limits as problematic as it could take young people several weeks to build up a rapport with the counsellor. Consistent with this was a key system stakeholder interviewee's view that having open-ended counselling was valuable and prevented children being referred into the service again in the future.

Be quite keen not to stop the open-ended aspect of it, because we do find it quite useful, [...] we found that if we can continue to see young people for as long as they need to be seen, it prevents them from coming back in.

*Stakeholder 03*

- 4.58 A secondary school case-study senior leader, however, was less critical of the fixed session model and suggested that if progress could not be made in that time, alternative support should be sought.

I would hope that if you were making absolutely no progress with a child within six weeks then that would alert you to they need some outside agency support or we're talking something more, a CAMHS referral or Crisis Team or something like that. I think within that six weeks they have a body of work to do with them and then it's either you escalate it up to something else or you pass it back down to the school to support them.

*Senior leader, secondary school B, English medium*

- 4.59 Parent consultees described counselling service availability being reduced by services' lack of flexibility over missed sessions. This meant services refused to offer a replacement session if a child was late or absent from school and subsequently exacerbated the issue of session number limits. Secondary school case-study staff described a similar scenario where a learner who missed a session through no fault of their own then had to wait several weeks, which they found upsetting.

4.60 The converse of this was praise from secondary school case-study staff for counselling service flexibility around appointments, which made the service available at short notice to learners in urgent need.

They're very accommodating. If we have a young person and we say we are concerned, or if anybody says we're quite concerned about these, I just say we are concerned, can you please squeeze them in? They have, this week actually, juggled their times around just so that they could fit in two young people we were concerned about. *Staff member, secondary school A, English medium*

4.61 Finally, a secondary school case-study had experienced counselling service support following a critical incident. They had been offered group therapy only and staff commented that more flexibility around group, paired or one-to-one sessions would have led to more of their learners taking up the offer of counselling.

4.62 The COVID-19 pandemic severely impacted the reach and availability of counselling services. Key system stakeholder interviewees, school staff, parent and young people consultees and school case-study staff highlighted the strain the pandemic put on counselling services and how their availability declined whilst demand increased.

But I did feel that it seemed to be that the support wasn't there, they seemed to just withdraw a little bit from the service and the visibility of being there for pupils. *Staff member, secondary school B, English medium*

4.63 LA counselling service leads, however, described the difficulty of negotiating access to schools to deliver face-to-face counselling when school staff were fully occupied organising and implementing social distancing and learner bubbles. School case-study counsellors noted that even when in school, they could not make available their more creative therapeutic approaches involving toys, games or equipment due to infection control measures.

4.64 As outlined earlier in this chapter (see subsection *Delivery model and funding model*), counselling services sought to maintain reach and availability when access to schools was restricted by offering counselling via remote methods. School case-study counsellors described how important good school – counselling service relationships were during this time because the services needed schools to contact

learners on their behalf to secure their consent to receive counselling remotely. Without this, they could not have made their service available to learners.

4.65 The abrupt change to remote service provision had a mixed reception and a number of positive and negative impacts were identified.

4.66 Some secondary school staff consultees praised their counselling services' efforts to moving provision online. LA counselling service lead consultees noted that remote methods improved availability of provision for children who did not want face-to-face counselling. Key system stakeholder interview data was consistent with this and interviewees expressed the view that some children preferred remote methods because it gave them the flexibility and distance they needed to interact with the service.

I think there are really mixed views that we picked up when we asked questions about this during this pandemic year. It had some local authorities that fed back to us that young people actually preferred the way the service had operated during the pandemic year because they preferred that kind of slightly more distant interaction with the counsellor.

*Stakeholder 01*

4.67 LA counselling service lead consultees also highlighted that remote provision enabled services to reach young people during school holidays, so they could maintain contact and continue to work with their counsellor.

4.68 Key system stakeholder interviewees, school staff and counselling service lead consultees, and secondary school case-study staff and counsellors, however, were almost unanimous in their view that the move to remote counselling was not welcomed by all children and young people. It was seen as particularly problematic for younger children in primary school and many secondary school learners engaged with it poorly or chose to pause their counselling rather than receive it remotely. This was for a number of reasons, including some finding it too difficult to see themselves on camera due to anxiety or self-esteem issues, and their lack of access to a private space without risk of interruption. This was particularly relevant to young people whose issues might be related to their family, who may have worried that their family could overhear them.

Some young people, privacy was an issue... particularly if they'd self-referred and the issue was family, being able to talk about that properly

whilst at home with your, you know, your parents, or maybe for a referral was difficult, so they put their, their sessions on hold. *Stakeholder 03*

- 4.69 LA counselling service lead consultees had experienced different impacts on waiting lists as the result of the move to remote counselling methods. In some areas the improved availability of counselling due to not having to travel meant waiting lists had reduced, whilst in other areas, young people's preference to wait for face-to-face counselling to resume had increased waiting lists.
- 4.70 LA counselling service lead and school staff consultees also described some of the other ways services had tried to maintain their availability during the pandemic. These included improving referral pathways to community-based services, offering counselling outdoors at schools, and offering new services to parents of primary school children to address the problem of using remote methods with young children.
- 4.71 These adaptations in service provision did not, however, address all the issues created by the COVID-19 pandemic. One area of increased unmet need mentioned by a primary school staff consultee was among children who witnessed domestic abuse. Specialist counselling provision was not available to address this.
- 4.72 In summary, findings from key system stakeholder interviews and stakeholder consultations suggest issues with service reach for some population groups, including children from communities where speaking to a counsellor might not be a common or accepted thing to do, those with additional learning needs or mental health problems that did not meet CAMHS thresholds, those who were reluctant to seek support, and those from more socio-economically deprived backgrounds. At certain times there were issues of access during school holidays. They also highlight the positive impact of choice and flexible provision on service reach and availability. Finally, the COVID-19 pandemic put significant strain on counselling services whose main response to maintain their reach and availability was to offer counselling by remote methods where face-to-face counselling was not possible. This was not, however, an adaptation that met the needs of all children and young people.

#### *Perceived sufficiency*

- 4.73 This subsection presents findings related to the perceived sufficiency of school and community-based counselling services. This was understood as whether there was

adequate delivery of provision to meet the needs of children and young people. Data sources that reported on perceived sufficiency were key system stakeholder interviews, stakeholder consultations and school case-studies.

- 4.74 Perceived insufficient counselling provision, as suggested by reports of waiting lists of weeks or months, was an issue raised by all stakeholder consultee groups and in the stakeholder and school case-study interviews. The perceived consequences of lengthy waits to see a counsellor were also discussed in the stakeholder consultations and school case-study interviews, with noted impacts on children and young people, school staff, counsellors and the counselling service.
- 4.75 Participants felt that children and young people faced their problems becoming entrenched, worsening, becoming more complex, or even triggering additional issues whilst waiting. Year 6 learners faced not receiving counselling before they left primary school. Learners might also change their mind about having counselling whilst they waited or feel disillusioned at having to wait.

Well, you know, the consequence is, sometimes, that you can talk about counselling, and then [...] you've kind of got to say, "But unfortunately, you're not going to get that for three months." And it's a very deflating thing, then, for our pupils, thinking, "Well yeah, he's trying to help me but, obviously, he can't." Because the service isn't there for them, it isn't an immediately accessible thing that they can use. *Staff member, secondary school B, English medium*

- 4.76 School staff reported that waiting lists placed significant strain on them. They reported experiencing uncertainty and stress about their knowledge and skills to support the learner whilst they were on the waiting list and felt that they spent significant time trying to find alternative sources of counselling for young people. They also reported having to deal with parents' anger about service waiting lists.

RES1: It puts a strain on families and on us, because we want to give support, we want to give everything we can, but when you're in a situation where you are doing everything you can but nothing is happening, the stress is there for me. It's hard to deal with.

RES2: And from the parents' point of view too, they are at home, I'm sure they don't know where to turn. So they turn to us, so there's pressure on the school, but the support isn't immediately available.

RES3: Parents then get angry with the system. They take it out on us because we are the point of contact, but we deal with the load too. There's nothing we can do and then the relationship between the school and the home can turn.

RES4: Then problems like absenteeism can happen.

RES3: Yes, a lack of parental support.

RES1: Then it's a downward spiral, which is what we try to avoid.

RES3: So if I'm honest I try not to use referrals to counselling because they take so long and I try to find another way.

*Staff members, primary school A, Welsh medium*

4.77 LA counselling service lead consultees reported that counsellors see more learners than they should to try to reduce waiting lists, which raised concerns for them about ethical counselling practice and counsellor well-being. Finally, parent consultees believed that counselling services were not being promoted to manage the volume of referrals and prevent waiting lists getting any longer.

4.78 In summary, sufficiency of counselling services was perceived to be low by all participant groups and a range of consequences of lengthy waiting lists were identified. These included children and young people's issues worsening, strain on parents and school staff, and impact on counsellor well-being.

*Demand assessment, referrals and access*

4.79 School and community-based counselling processes for assessing demand and eligibility, in addition to how referrals are made, were explored from data generated through the service mapping pro-formas; stakeholder consultations; key system stakeholder interviews; and school case-studies.

4.80 This subsection first presents findings on demand assessment processes and perceived problems with them. It then presents findings on referral pathways into counselling in school and community-based settings and on their perceived strengths and weaknesses. It then presents findings on eligibility assessments and access to counselling, including confidential access and other barriers and facilitators to access. Summary findings from the secondary analysis of SHRN datasets are in Box 4.1.

- 4.81 Demand assessment refers to the point at which a decision is made to refer a young person to the counselling service or to support them in other ways. Demand assessment processes were discussed by primary and secondary school case-study participants.
- 4.82 Findings indicated that there is no standard approach to demand assessment in schools. Two secondary schools and a primary school described an informal approach where a member of staff would talk to the learner and make a judgement on whether a referral to counselling was needed. One of the secondary schools described their approach as 'learner led', as staff would discuss with the learner all the well-being support options available, including counselling, and make a counselling referral if the learner requested it.
- 4.83 Another secondary school case-study, had recently formalised its demand assessment process. There, members of staff would refer learners to the school well-being team who met weekly to review these internal referrals and decide on an appropriate course of action for each learner.

it's becoming more and more effective and everybody's understanding now that it's not just a case of you see one of the well-being team in the corridor, you just drop them a name, that it all has to be considered by all of us and there's a proper process and that children then don't get missed because that was my, that's my big worry always with this. So, all of the people sitting round the table know a huge amount about all of the kids in the school. So, for example, some people have raised a concern and then the Attendance Officer will say, oh, well, I know all of this back story and then we piece it all together. At the meetings we have all, everything in front of us, academic performance, attendance, positives and negatives, all of those things so we can get a real sense of how that child is really doing. *Senior leader, secondary school B, English medium*

- 4.84 A very different process was described by the second primary school case-study. They could only make a referral to their counselling service if they had first discussed the learner with the LA's educational psychologist. The psychologist then made the referral, if they agreed it was an appropriate course of action. The school was only permitted to discuss one learner per half term with the psychologist.

- 4.85 Young people, parent and carer consultees suggested access to counselling was made harder by an inadequate demand assessment by school staff, because school staff do not always recognise learner need. Some young people felt that school staff link academic attainment to good mental health and so assume that learners who are doing well in their school work must be in good mental health. Parents and carers had concerns that school staff wait for problems to become too severe before acting and are not proactive enough about trying to access counselling for children, such as those in care or those who do not have an identified need, e.g. an ALN. They noted, however, that schools following UNICEF's 'rights respecting schools' approach are better at giving learners a voice.
- 4.86 Data on referral routes into school and community-based counselling services were collected by the service mapping pro-formas (see Annex A, Table A.1). Referral routes are described, followed by findings from key system stakeholder interviews, stakeholder consultations and school case-studies on the strengths and weaknesses of different routes, including self-referral, web-based referral routes, and the influence of 'gatekeepers' on referrals.
- 4.87 Service mapping pro-forma findings indicated that most services accepted referrals for year 6 learners from school staff (the most frequently cited), parents and carers, and other health, education and social care professionals (Table 4.1). Two services said they had a self-referral route for this age group and three that they had a referral route via multi-agency panels. All of these routes except self-referral were also described in the consultations with primary school staff. In these consultations, multi-agency panels were viewed very positively by some staff. In these panels referrals are reviewed together by staff from different agencies so children are referred to the service most appropriate to their needs. Some staff, however, found them bureaucratic and would prefer to be able to refer directly to the service they thought the child needed.
- 4.88 As noted above, one primary school case-study could only make referrals to their counselling service via their LA educational psychologist.
- 4.89 Table 4.1 also shows service mapping pro-forma findings on referral routes for secondary school learners. Every service had a self-referral route and most also had routes for school staff, parents and carers, and other professionals and agencies. As with primary schools, a small number of services mentioned referrals via multi-agency panels.

- 4.90 A school case-study counsellor described how they used different forms for different referrers (professionals, parents, and young people). They described how some schools offered the learner and / or their parent the option to complete a section of the school referral form themselves. They could then send the form directly to the counselling service, so that the information they added was kept private from the school. This counsellor described a more informal referral route too, where they had used one-off group work sessions with learners to identify individuals who might need one-to-one counselling.
- 4.91 Most services had multiple referral routes into their community-based provision and service mapping pro-forma data showed the majority offered self-referral in this setting (Table 4.1).
- 4.92 Self-referral routes into counselling were highlighted as being important in key system stakeholder interviews, consultations with parents, carers and school staff and secondary school case-studies and school case-study counsellors said they were well used. Secondary school case-study staff thought they were important because some learners struggled to talk about their issue and did not want to share it with school staff or their family. One senior leader, however, described it as ‘a double-edged sword’ because it could compromise the school’s capacity to offer further support.

it's lovely the children have this, and have that facility, if they just think right, I need to do this. However, from our point of view, we are so hands on, we like to know if the children are having any private support, because we know then okay, if that hasn't worked we need to look at something else involving the family maybe. *Senior leader, secondary school A, English medium*

- 4.93 Key system stakeholder interviewees recognised a similar tension and felt that children and young people should be able to refer themselves without school staff or parents knowing, despite the fact that this could lead to friction between the service and schools, who may want to know that a learner is attending counselling and the reasons why.

children self-referring, that's a major issue in some secondary schools where adults really struggle with the fact that this service is not something they should have any control over. And the children should be able to

freely, independently and confidentially access the service without having to tell anybody who works in the school why they want to use it and what they've been talking about. *Stakeholder 01*

- 4.94 They also felt that children and young people valued the self-referral process and reported having to go through a member of staff for a referral as a barrier to accessing counselling. In some cases, they had to explain their story several times and having to repeatedly express trauma was difficult for them.

So, generally young people spoke about the difficulties they faced with the referral process from school counsellor, you know, some of the quotes that they said was you can't just go and see them, and I had to go through three people to get an appointment and that's just really hard to do. Some of the young people said that they often had to explain to three or more members of teaching staff the reason as to why you wanted to see the counsellor and that this referral system served as a barrier to getting and accessing help. *Stakeholder 06*

- 4.95 Parent and carer consultees agreed that self-referral was an important referral route. Secondary school case-study staff and counsellors and a secondary school staff consultee concurred and noted how learners appreciated the autonomy self-referral offered them, particularly those in key stage 4, and that self-referral helped learners navigate the stigma attached to counselling.
- 4.96 Only one secondary school case-study leader expressed reservations about self-referral as they felt there might be more appropriate, school-led support available that the learner would bypass.
- 4.97 Website-based referral routes were referred to by several counselling services in the service mapping pro-formas. These were seen as a positive element of the referral process by LA counselling service lead and primary school staff consultees and school case-study counsellors. LA counselling service leads and counsellors noted that web-based routes facilitated self-referral and meant that all eligible children could access counselling, whilst primary school staff noted their value to parents who might not want a referral to go via the school or who wanted to make a referral during school holidays.
- 4.98 Foster carer consultees highlighted the negative impact of 'gatekeepers' in the counselling referral process. They voiced concerns about referrals only being

allowed to be made by senior members of school staff and about the power of social workers to determine whether counselling was sought for a child in care. The senior leader at the primary school case-study that could only make referrals via their educational psychologist, also used the term gatekeeper and suggested this might be intentional.

It feels like a strategy, to stop us having access to the services, it genuinely does. They're either in crisis or it's a predetermined strategy.

*Senior leader, primary school B, English medium*

- 4.99 Processes for determining eligibility for counselling once a referral was received were described on the service mapping pro-formas (Annex A, Table A.1). These indicated that eligibility was assessed differently between services. The pro-forma, however, did not explicitly request information on assessment criteria, and hence the data is incomplete across services as it depended on whether the counselling lead sought to include it. Examples of variations included one LA where a moderation panel reviewed referrals, and another where school staff referrals were reviewed by the school's counselling link and the counsellor.
- 4.100 School case-study counsellors described their eligibility and prioritisation processes in more detail. One described how they prioritised referrals based on the young person's issue and what other support they already had in place, then an initial assessment with a counsellor was held. The counsellor acknowledged the challenge of prioritising on the basis of information on the referral form and noted that the young person's risk level was often changed at the assessment session.
- 4.101 The other two counsellors described immediately screening referrals for urgent or safeguarding issues, but then their approaches diverged. One could refer issues such as self-harm or suicidal ideation straight to CAMHS, whilst the other could not; they would inform the school and work with them to ensure appropriate action was taken. One service then reviewed referrals at a multi-agency panel, whilst the other placed all referrals on a waiting list for an assessment session in date order. Their rationale for this aligned with the challenge described in the paragraph above, but for them the information on referral forms was not a reliable basis for prioritisation.

And the way we prioritise that, is literally based on the date of referral. We don't sort of step in and say 'Well I think this one's worse than this one',

because you just don't know what's going to come out in the counselling room. *School case-study counsellor*

4.102 This counsellor also described how they had resisted using YP-CORE scores to prioritise referrals. This was because they saw them as an unreliable indicator of need if children and young people had normalised their issue.

4.103 The consultation with parents highlighted one issue of concern during the eligibility assessment process. This was children's ability to mask their feelings and the danger that counselling services prioritise children with the most visible problems when they might not be the ones with the greatest need.

4.104 Primary school senior leaders expressed some concerns about eligibility and prioritisation processes. One described no communication with the counselling service during the eligibility assessment.

Sometimes the referrals don't go anywhere. Sometimes we wouldn't hear anything. Just a letter saying 'not eligible'. And although we make the referral, there's no conversation between us and the agency, so that they can gain a better understanding before making a decision, and that is a little bit frustrating. *Senior leader, primary school A, Welsh medium*

4.105 The other expressed frustration at the way learners were prioritised, which meant that children with certain issues, such as bereavement, would rarely be prioritised.

RES1: That Year 2 child, who had a bereavement, I can't imagine would ever get to the top of the list.

INT: What sort of issues do you think do get prioritised?

RES2: Children who need to be in a different provision, or children who are being excluded, and who are at risk of permanent exclusion.

*Staff members, primary school B, English medium*

4.106 Issues around access to counselling in schools often centred on the need for confidentiality and the challenge of balancing this need with protecting children from harm. Secondary school case-study staff and key system stakeholder interviewees felt that learners should be able to go to their counselling appointment without other learners or staff knowing. Not having this could be a barrier to children accessing the service.

I've definitely heard young people say, you know, I don't want to go and see the counsellor, you get a purple card, or you know, that kind of 'released to see the counsellor' type thing. *Stakeholder 04*

4.107 This point was echoed by a secondary school staff consultee, who noted the importance of one member of staff coordinating counselling appointments, to reassure learners that their counselling was not widely known amongst staff. Key system stakeholder interviewees noted, however, that confidential access, including self-referral, raised questions about when confidentiality should be broken if a learner made a disclosure during counselling.

I recall stories of children who overdosed with paracetamol, you know, deliberately and really difficult discussions with schools and counselling services about the point at which that is something that you would share with a parent or a school for a child who is accessing a counselling service in secondary school. At what point does that become an issue that you must pass on? *Stakeholder 01*

4.108 A small number of other barriers and facilitators to accessing counselling provision were described by participants. Problematic physical access was described by a primary school staff consultee who had a year 5 learner with a 30-minute drive to get to their counselling venue. Their family had to borrow a car to get them to their appointment.

4.109 A facilitator to access in school was identified by a secondary school case-study senior leader. This was the counselling service providing drop-ins, where learners could meet the counsellor or ask about a referral if they did not want to involve school staff.

4.110 The final barrier raised around access to counselling related to young people in care. Their access to counselling could be disrupted if they were placed with a foster carer in a different LA and could therefore no longer access counselling in their home authority.

4.111 Secondary school learners' access to community-based counselling was facilitated by schools' willingness to let them attend such services during the school day. This was not, however, present in all schools (Box 4.1).

4.112 In summary, there are a range of assessment processes, referral routes and prioritisation processes currently used for children and young people to access

school and community-based counselling services. Self-referral was indicated as a vital route to ensure that no-one was missed and for young people's autonomy, although this brings complications around confidentiality and parental awareness. Prioritisation on the basis of referral forms was considered challenging and schools could be frustrated by prioritisation outcomes. Across the different data sources barriers and facilitators to access to counselling in different settings were described. These included physical access being a barrier for primary school learners whose counselling service did not come to their school, whilst drop-ins were perceived to facilitate access in secondary school settings.

**Box 4.1: Summary findings from the secondary analysis of SHRN datasets**

Summary findings from the analysis of the SEQ and SHW Survey are presented below. Findings pertain to the frequency with which counselling services were present in maintained secondary schools, the association between this and learner wellbeing, learner knowledge of and access to community-based counselling services. Findings are presented in full in the technical report.

- A school-based counselling service was present in 136 (99 per cent) secondary schools. In most (75 per cent) the service was present at least weekly, but not daily (referred to hereafter as 'weekly'). In other schools, it was present daily (12.5 per cent) or less than weekly (12.5 per cent).
- Small variations were seen in how frequently counselling services were present in secondary schools on the basis of school FSM level, school language medium and school organisational culture (presence of a written mental health policy and senior leadership for student mental health and wellbeing):
  - Services were present daily or weekly in 93 per cent of high FSM schools compared to 85 per cent of low FSM schools.
  - A slightly higher percentage of Welsh medium and bilingual schools had a counselling service present daily or weekly (93 per cent and 91 per cent respectively) compared to English medium schools (86 per cent).

- A slightly lower proportion of schools with a written mental health policy had a counselling service present on a daily or weekly basis (82 per cent) compared with schools with a policy in development (94 per cent), or schools without a written policy (88 per cent).
- Among schools that reported having an SLT lead for student health and well-being, 88 per cent had a counselling service present daily or weekly, compared with 81 per cent of schools with a lead who was not on the SLT.
- One hundred and thirty-one (96 per cent) schools reported that they informed learners of other local, confidential counselling services that they might access.
- Of the 131 schools, 113 (88 per cent) stated that learners could attend these services during school hours, whilst 13 (10 per cent) stated that learners could do so, but only in exceptional circumstances.
- There was no association between how frequently counselling services were present in secondary schools and learner mental health and well-being.
- There were some statistically significant associations between learner well-being and how frequently counselling services were present when schools were analysed by Local Health Board and level of FSM:
  - In Aneurin Bevan and Powys Local Health Boards, average SWEMWBS scores were significantly higher, indicating more positive mental well-being, among learners attending schools where counselling services were present less than weekly (Aneurin Bevan, 24.2; Powys, 23.8), compared to learners attending schools with services that were present weekly, but not daily (Aneurin Bevan, 23.5; Powys, 23.3).
  - In low FSM schools, learners attending schools where counselling services were present less than weekly were shown to be significantly less likely to score highly for emotional problems on the SDQ than their contemporaries at schools where counselling services were present weekly, but not daily (26.0 per cent vs. 27.9 per cent), indicating fewer learners with emotional problems.

The underlying causes of these differences, however, cannot be determined from the SHRN data.

### *Barriers and facilitators to delivery*

- 4.113 Findings reported on barriers and facilitators to the delivery of current school and community-based counselling services. These barriers and facilitators are outlined, including parent/carer support, counsellors and the counselling service, location and space in schools, schools use of other counselling services, the school – counselling service relationship, and multi-agency working. Data sources that addressed barriers and facilitators to delivery were stakeholder consultations; key system stakeholder interviews; and school case-studies.
- 4.114 There were key barriers and facilitators related to parents and carers. Foster carer consultees noted the importance of their relationship with their young person’s social worker and with school pastoral teams in trying to find appropriate support for them.
- 4.115 Primary school staff consultees and primary school case-study staff talked about how parents could impact on the delivery of counselling provision to primary school aged learners. Consultees noted that when parents were fully informed about the school’s efforts to support their child, they understood why the school was suggesting counselling and were happy with it being confidential. Parents of children who were receiving or had received support from social services, however, were perceived by the consultees to be more guarded about services such as counselling, as they were concerned that what their child said might lead to further intervention. Primary school case-study staff described how some parents could be defensive when the school suggested their child see a counsellor and feel it was a judgement on their parenting.

Sometimes we get a few parents who see it as some kind of mark of shame, and it's then difficult to get through to them that it's not something that people are going to look down at them for. Because the word therapy, counselling, it's a loaded term. It can affect a few. I know of one family who have refused counselling and support from Families First, saying that they don't need it, they are fine. *Senior leader, primary school A, Welsh medium*

- 4.116 Primary school staff consultees also noted that some parents feel intimidated by ‘official’ services such as counselling and the language used by such services could be inaccessible.

- 4.117 Secondary school case-study staff commented on the potential for parents and carers to be a barrier to counselling service delivery and the importance of making sure they understood what counselling is, had realistic expectations of it and felt comfortable with what was being offered. School staff's experiences, however, were that parents were largely supportive.
- 4.118 Factors also related to counsellors themselves. Four factors were identified by school staff consultees and school case-study participants: counsellor consistency; personality; skills and preferences; and flexibility. Both primary and secondary school staff consultees and secondary school case-study staff emphasised how counsellor consistency, i.e. having one counsellor deliver provision in their school, helped them to build rapport with the counsellor, which consequently enabled them to seek advice or support from the counsellor when needed. School staff consultees noted that it also meant the counsellor had a sound understanding of the school's well-being interventions and their time could be used more efficiently when learners were absent, as all learners saw the same counsellor. A secondary school case-study senior leader had received complaints from learners when the counsellor was not consistent because it meant they had to explain their issue again.

Some of the children have said in the past, that they've seen one counsellor, and then the counsellor was changed, and they had to see a different one, so they felt that they had to go through it all again. *Senior leader, secondary school A, English medium*

- 4.119 Secondary school staff consultees also thought that counsellor consistency was important for learners, as it meant the counsellor became part of the school and was seen as someone learners knew and trusted. They acknowledged, however, that only having one counsellor at the school reduced choice for their learners. A secondary school case-study counsellor held a contrasting view. They thought that counsellors not being attached to a particular school meant that learners did not see the counsellor as part of the school and this was beneficial to the counselling process.
- 4.120 This reduced choice was pertinent to the second factor related to counsellors, which was the importance of counsellors' personalities and the impact they had on their relationships with learners. Both secondary school staff consultees and key system stakeholder interviewees had experienced this and described better learner

engagement with counselling and better outcomes when learners liked the counsellor.

some of the young people who shared their experiences with us in one focus group said that they particularly valued the service when the school counsellor had a youth group background. *Stakeholder 06*

4.121 Where more than one counsellor worked in a setting, secondary school staff consultees described trying to match the learner's personality with the counsellor's to facilitate a successful counselling relationship.

4.122 The third factor related to counsellors was their skills and preferences. School case-study counsellors discussed the importance of matching counsellor skills and preferences to their caseload, particularly in regard to deciding which counsellors should work with younger year groups in primary schools.

so for example, if a counsellor said 'Well I'm really, really not comfortable with going into Year 3' and that's fine, we'll respect that. So, we've all got different strengths and preferences. *School case-study counsellor*

4.123 The fourth factor related to counsellors was their flexibility and how being flexible facilitated delivery. This was raised by primary and secondary school staff consultees and a secondary school case-study senior leader and focused on counsellors' flexibility around the space the school provided for counselling and their flexibility on timetabling, i.e. being willing to see someone else if a learner was unable to attend a counselling session or seeing a learner at school staff's request. School case-study counsellors reported being as flexible as they could be, for example, providing group sessions around exam anxiety at a school's request.

4.124 Barriers and facilitators at the school or community level were identified. Key system stakeholder interviewees recognised the difficulty in finding an appropriate setting for counselling to be delivered in. Whether that be in the community or in schools, it was difficult to find a quiet space that also had secure storage space for the materials counsellors may use with children, such as paints and toys.

that's been one of our challenges, I think, it would be fair to say, the ... our ability to access suitable accommodation for out of school counselling.  
*Stakeholder 02*

when the counsellor walks into a Primary School, they say, oh great, you can work over there today, and it'd be, like, the corner of a library.

*Stakeholder 03*

- 4.125 Primary and secondary school staff consultees and school case-study counsellors concurred with this, whilst recognising the importance of providing a consistent, suitable space to facilitate counselling. One secondary school staff consultee noted that even if their counselling service offered them another day of counsellor time, they would probably have to turn it down due to lack of office space. School case-study counsellors highlighted the potential impact on a counselling session of being offered an inappropriate room:

I mean, you know, to use the Head of Year, for example, if you use the Head of Year room, well they might have been in trouble last week, and you know, so it brings back 'Oh, I'm here' you know. Or 'I thought I was in trouble because I didn't know you were coming'. *School case-study counsellor*

- 4.126 Secondary school staff consultees and school case-study counsellors also highlighted how the COVID-19 pandemic exacerbated space constraints as schools were split into zones and staff and learners organised into bubbles.
- 4.127 A further school-level barrier raised by counselling service lead consultees was schools' use of other counselling providers. Concerns about this were related to alternative service providers' level of expertise and the risk that learners would not get appropriate, high quality counselling based on their needs. A secondary school case-study senior leader felt differently and said that if funding were available, their school would not hesitate to employ a counsellor to support learners on the counselling service waiting list and after their sessions with the counselling service had finished.
- 4.128 The quality of the relationship between schools and counselling services was perceived to be a key factor that could act as a barrier or a facilitator to counselling service delivery. Findings from the stakeholder consultations and school case-studies highlighted the importance of the relationship and indicated some of the factors that facilitated a strong relationship and some of the points of tension between schools and counselling services.

4.129 Although the term 'school' is used in the findings on the school - counselling service relationship, comments from staff at one secondary school case-study highlighted that 'school' generally referred to particular staff members.

RES2: I think as a whole, I think if you guys had passed [the counsellors] in the corridor, you wouldn't know them.

RES3: No.

RES4: No.

RES2: But then there would not really be any need for you to know them really, I guess. They go to their room and we sort the appointments out and get the kids to them and that kind of thing.

*Staff members, secondary school A, English medium*

4.130 Primary school staff consultees noted the importance of feeling listened to by their counselling service and of having a member of pastoral staff to be the key point of contact. Secondary school staff consultees and secondary school case-study staff talked more extensively about their experiences of building good relationships with their counselling service. They noted the importance of both sides putting time and effort into doing this and how it was facilitated by counsellor consistency. One key system stakeholder interviewee identified a potential issue with this in LAs that commission their counselling service to an external provider, as regular recommissioning could lead to a change in provider and the need to start building relationships afresh.

4.131 Actions that secondary school staff consultees and secondary school case-study staff and counsellors described that strengthened the relationship were largely communication related and included:

- new counselling service leads visiting schools to introduce themselves;
- termly meetings with counselling service managers to check if the school was happy with the service;
- counsellors feeding back to the school on learners' presenting issues and what they were doing with learners;
- counsellors helping schools liaise with other services such as CAMHS where learners were being let down;

- having a counsellor designated as the main point of contact in schools that had more than one counsellor; and
- new counsellors having an induction at the school to ensure they understood the school's current challenges.

4.132 Consultations with school staff and LA counselling service leads, however, also identified four main areas of tension in their relationships: procedures and communication, confidentiality, counsellors' use of time, and space.

4.133 Secondary school staff consultees had different experiences of individual counsellors' preferred procedures for counselling and found it challenging when counsellors felt learners' privacy outweighed the school's responsibility to record where learners were for safeguarding purposes. Some secondary school staff consultees also described their counselling service not informing them about which learners had been booked in for counselling until the day of the session and not being kept in the loop about the progress of referrals until learners missed a lesson to attend counselling. A secondary school case-study senior leader noted that the COVID-19 pandemic had exacerbated these communication issues as counsellors had communicated directly with learners. Another noted the impact this lack of communication had on their capacity to see the whole picture around a learner's well-being.

but it's just nice to have a handle on it, and to understand okay, so this person hasn't been seen [by the counsellor] yet, and we've seen a deterioration and her grades are dropping. We link it all in you see. *Senior leader, secondary school A, English medium*

4.134 This lack of communication left a secondary school staff consultee seeing their counselling service as an add-on, rather than being embedded in the school and not as a collaboration working together to support learner well-being. Secondary school staff consultees and primary and secondary school case-study staff also expressed frustration at counselling services' lack of communication about learners' progress in counselling and what staff could do to support the learner alongside and after their counselling.

I don't get any feedback from the counsellor, I don't know if there are any particular areas that should be worked on, or any support we can put in place. It just seems to be almost like a standalone intervention, in my

experience. That's what happens, and then it sort of ends. [...] But it doesn't seem that free-flowing, the communication, at times, I would say.

*Staff member, secondary school B, English medium*

- 4.135 Closely linked to communication was the issue of confidentiality. Secondary school staff consultees expressed frustration at the degree of confidentiality conferred on learners who were receiving counselling and felt it inhibited a 'team around the child' approach, where information is shared between professionals supporting a child. They pointed out that in the school setting most learners have been referred by staff, so they already know the nature of the learner's problem, and a less stringent degree of confidentiality would not prevent learners from engaging with counselling.
- 4.136 Secondary school staff and counselling service lead consultees and secondary school case-study staff described some tensions around counsellors' use of time in schools. School staff expressed some dissatisfaction with counsellors who were thought to use missed counselling sessions for themselves, rather than seeking another learner to fill the session. Whilst they recognised that counsellor well-being was important, they perceived a different working culture among counsellors than among school staff, for example counsellors wanting to take a lunch break. LA counselling service lead consultees, on the other hand, highlighted the time management challenges school counsellors faced and the balance they had to strike between maximising their counselling hours with learners and offering drop-ins for learners who are unsure if they want to see a counsellor and being available to signpost and guide school staff who want to discuss a distressed learner.
- 4.137 The final point of tension in the school – counselling service relationship centred around the aforementioned issue of space. Secondary school staff consultees felt counsellors' requests about the characteristics that rooms used for counselling should have were not always realistic in the school setting. They described counsellors turning down well-being rooms because they lacked natural light and losing a popular counsellor who would not work at the school because they could not provide a suitable room. School case-study counsellors, on the other hand, expressed their frustration at the way they were accommodated in some schools.

we've got different relationships with different schools, where maybe in some schools, I don't feel like they've got that respect for our service, so they just shove the counsellor in a different room, every single week, when

we quite clearly say 'No, we need continuity, it needs to be a nice space, it needs to be inviting, confidential'. And [...] when you're told, 'Oh well you can go in the Head of Year's office today' and next week you're in the Conference Room, it could be quite disruptive. *School case-study counsellor*

4.138 At the level of the counselling services, findings from key system stakeholder interviews and stakeholder consultations highlighted counsellor recruitment and retention as a barrier to service delivery, despite counselling service leads' investments in their workforce, including continuing professional development and registration with the British Association for Counselling and Psychotherapy (BACP). Key system stakeholder interviewees reported difficulties in recruiting counsellors to what is a very specialist job that requires additional training to work with children, which not all counsellors have.

retention rates in some areas are not great. Recruitment isn't easy sometimes in some areas. And I don't know how you combat that. [...] it's difficult sometimes to find a Counsellor who's done, done the course in Uni. *Stakeholder 03*

4.139 A school case-study counsellor, however, noted the different level of challenge for recruitment to their primary and secondary school services. Their primary school service employed a mix of qualified counsellors and well-being practitioners, so recruitment was easier than for their secondary school service, where all staff had to be qualified counsellors.

4.140 Foster carer consultees noted that recruitment of a counselling workforce that reflected a more diverse range of cultures and languages was an issue. They suggested that counsellors having to fund their own training meant that only people with a certain level of income could train and as a consequence the workforce was dominated by white, middle class women.

4.141 A further counselling service level barrier to service delivery was variable and insufficient service funding. This was particularly raised by foster carer consultees who saw lack of adequate funding as the core reason for insufficient counselling provision for the children in their care with complex histories of abuse or loss. Secondary school staff consultees noted that a consequence of LA counselling service provision being low due to insufficient funding was that schools then sought

to procure alternative counselling providers, potentially fuelling the concerns of counselling services leads described earlier in this subsection about the quality of alternative providers.

- 4.142 The final level where barriers and facilitators to counselling service delivery were identified was where counselling services interacted with other services, including other departments of the LA.
- 4.143 Negative and positive experiences of working across departments within LAs were described. Foster carer consultees had experienced poor collaboration between social services and counselling services, which resulted in information not reaching them. Conversely, LA counselling service lead consultees described drawing on expertise from other LA departments and one service had recently been moved into a new through-age mental well-being service which the lead thought was an appropriate place for it.
- 4.144 Young people consultees highlighted poor cohesion between privately procured counselling services and the LA funded services when young people move between them, for example the two counsellors might make different diagnoses. Primary school case-study staff felt that the various mental health and well-being support services, including counselling, were not well integrated and that they were passed back and forth between them like 'ping pong'.
- 4.145 The relationship between counselling services and CAMHS was also highlighted by several stakeholder consultee groups and school case-study participants. Most felt it was poor, although some LA counselling service leads and case-study counsellors said they had good referral pathways in place. Problems with collaborative working and communication were described by secondary school staff and parent consultees. Secondary school case-study staff, however, described how counsellors at their school would delay seeing a learner if they were receiving counselling from CAMHS as they felt that might overwhelm the learner or lead to them being given conflicting advice.
- 4.146 In summary, findings indicate that barriers and facilitators to counselling service delivery operate at a number of different levels from the individual through to counselling services' interactions with other agencies. Space was an important issue at the school level and also a point of tension in the relationship between schools and counselling services. Where these relationships were good, delivery of

the counselling service was facilitated and communication was key to this.

Recruitment of counsellors was a barrier to delivery at the counselling service level, as was limited funding. At the inter-agency level, collaboration with CAMHS was perceived to be poor.

### **Acceptability of School and Community-Based Counselling Services**

4.147 The acceptability of school and community-based counselling services was defined as participants' experiences and perceptions of delivering or receiving services. Findings come from the key system stakeholder interviews, stakeholder consultations and school case-studies. They are presented around eight main themes: understanding and awareness; experiences of counselling sessions; a confidential service; stigma and normalising counselling; attitudes; readiness; the child – counsellor relationship; and acceptability during the COVID-19 pandemic.

4.148 Consultations with children and young people indicated that awareness and understanding of school counselling services was mixed, particularly among primary school aged children. Secondary school aged young people's perceptions were that whilst most learners knew there was a counselling service, it was poorly promoted and learners did not know how it worked. Findings from the primary and secondary school case-studies were similar. Counsellors and staff reported various dissemination routes, including assemblies and posters, but acknowledged that not all learners understood what counselling was or that it was available. Staff in one secondary school case-study suggested that word of mouth between friends was how most learners heard about the service. In interviews, learners sometimes confused school counselling with careers counselling, school councils or telephone crisis support services, such as Childline, and not all secondary school learners knew their school had a counsellor. Secondary school learners at one case-study school described how they thought their peers perceived counselling:

RES1: You're stuck in a room; you're stuck with another person.

RES4: You're in that room with another person, you're lying down on one of those recliner chairs.

RES2: And they're like, how do you feel?

RES4: They're like wearing their glasses and they're like, so, how's your day?

RES2: How do you feel?

RES1: Yes, with your hands on your lap, like that.

*Learners, secondary school B, English medium*

- 4.149 Parent and carer consultees raised the impact that lack of understanding about counselling can have on children. They felt that schools do not always explain to children why some of them have counselling whilst others do not and that children can be confused and upset by this. Likewise, it can be upsetting for children to be told their need is not high enough to see a counsellor.
- 4.150 Parent and carer awareness of counselling services was described as low by parent and carer consultees themselves and was also perceived to be low by key system stakeholder interviewees. They reflected that some parents might not know the service exists or what it offers, meaning children are not signposted to the right help when they talk to an adult about their feelings.
- and the awareness of that service and I think (RES 2) you referenced this in terms of how much parents in the community really understand about what this service is. *Stakeholder 01*
- 4.151 Primary school case-study staff's experience was that parents and carers were not aware of the school counselling service unless it was promoted to them directly by the school, suggesting that parent and carer awareness was wholly dependent on school staff knowledge (see next paragraph). Secondary school case-study staff felt that whilst parents and carers knew there was a school counselling service, they knew little about it or what it offered.
- 4.152 Awareness and understanding of the counselling service among school staff was also an issue, particularly in primary schools. For example, a primary school staff consultee who was an Emotional Literacy Support Assistant (ELSA) said they passed serious well-being concerns to more senior members of staff to deal with, but knew nothing about what happened next, and another primary school staff consultee thought the statutory service was for year 7 upwards only. An Additional Learning Needs Coordinator (ALNCo) from a secondary school case-study described not fully understanding the purpose of counselling.

I'm just wondering, as we're discussing things now, what is the purpose of counselling, in terms of like, something like an ELSA intervention, you

might be helping someone perhaps about strategies. And I suppose counselling is about listening to someone. But I don't know if that, you know, just listening to them, that helps them work through issues or problems, but I just wonder what's the purpose of it? And perhaps it's not completely clear in my own mind. *Staff member, Secondary school B, English medium*

4.153 Key system stakeholder interviewees also noted that if school staff do not understand what the counselling service is or how to appropriately signpost learners to it, it can prevent the service engaging the right children.

I think it depends on the school. On their awareness of mental health and well-being, a willingness to understand trauma, trauma formed neurodiversity, and that is where the differences lie, and whether they've engaged with those services. *Stakeholder 05*

4.154 Awareness of community-based counselling services was low across the consultee groups and secondary school case-study learners said they had not been told about community-based counselling.

4.155 LA counselling service lead consultees felt that whilst raising awareness is local counselling services' responsibility, it is also a national, universal service and they questioned the lack of promotion at the national level, alongside other mental health and well-being support options. They reflected, however, on the appropriateness of promoting a service that is known to have long waiting lists.

4.156 Few case-study learners talked explicitly about their experiences of counselling sessions. A senior leader at a primary school case-study recalled one learner who reported that he really enjoyed talking to the counsellor. Learners with experience of counselling at a secondary school case-study were more equivocal.

RES2: when you got there, it felt like, it might be just me, but there's a feeling of, there's something wrong with you, there's an issue with you and like you're broken, and you're.

RES1: They want to fix you; you're a building and we need to repair you.

RES2: Yes, that kind of feeling, where you're an object, just a broken mirror and they're trying to piece you back together again.

RES3: It's very hospitably in a way, they treat you like a patient, like, you are, but at the same time, you're also like, you're a person.

RES1: They make you feel excluded from life.

RES3: Excluded yes.

*Learners, secondary school B, English medium*

4.157 Another element of learners' experiences of counselling sessions in school was when they took place. A staff member in a secondary case-study school reported a learner who said they no longer wanted to go to counselling because they were repeatedly taken out of a lesson they enjoyed and whilst that might seem trivial to staff, it was important for the learner.

But that, for that pupil, is a really valid reason why he doesn't want to go to counselling anymore, because he was taken out of, twice in two weeks, he's been taken out of a lesson that he really enjoys. And so, he doesn't want to interrupt his schooling. And that, maybe it's a small issue, it might seem to us, "Oh, just get on with it, come on, there's plenty of time in the year for the rest of these lessons." For him, it is a massive point. *Staff member, secondary school B, English medium*

4.158 Young people, secondary school staff and consultees and secondary school case-study staff, learners and counsellors highlighted the importance of counselling being a confidential service in relation to parents, i.e. that young people could attend counselling without their parents being informed and what they said would not be shared unless a safeguarding issue arose. Secondary school staff and young people consultees and secondary school case-study learners thought fewer learners would go to counselling if they thought their attendance or what they said might be shared with their parents. Primary school staff consultees noted that in their experience, parents were happy to be told only the broad topic their child was discussing in counselling. Secondary school case-study staff, however, highlighted the tension between parents and school staff counselling service confidentiality could create when parents found out their child had been receiving counselling without their knowledge.

4.159 One of the key influences on acceptability was the stigma surrounding mental health and counselling. Findings from the consultations with young people showed that embarrassment about needing counselling and what they thought their peers

might think of them would influence their decision to go to counselling. Foster carer consultees noted that this could be particularly acute for care experienced young people who already feel different and vulnerable to bullying, and don't want further attention drawn to themselves by having to leave a lesson to attend counselling.

4.160 Stigma at home was also discussed by key system stakeholder interviewees. One reflected that the language parents use around mental health can affect their children's attitudes, and stigma may prevent parents from seeking help early for their child.

maybe their parents have an issue with the stigma of their child having mental health issues, because 'I haven't got an issue with that, so my kids haven't got an issue with that'. *Stakeholder 05*

4.161 Secondary school case-study staff and counsellors thought that stigma in schools was an issue. One secondary school case-study senior leader, however, felt that stigma was less of an issue since the COVID-19 pandemic because mental health had received such close attention in wider society. Primary school case-study staff thought that stigma was less of an issue in primary schools. They reported that learners either did not notice when a child was withdrawn from a class for counselling because learners were frequently being withdrawn for various reasons, or they wanted to be withdrawn and have some individual attention too.

4.162 Key system stakeholder interviewees thought that stigma in the school context could be generated by both staff and learners who do not understand mental health and the benefits of counselling. They suggested poor messaging from the school or minimal work around mental health might lead to stigmatisation of those accessing counselling and children being 'othered' by their peers.

And, you know, sometimes it's really as much about the detail in the school about how these things are provided, what the messages are, you know? How well young people understand the benefits of receiving counselling, but also understanding why they're worried about it, you know? I think there may be an increased acceptance now, compared to what there was previously, but you know, I ... so, you know, obviously barriers are going to be stigma, that they're going to be, you know, not understanding the value that there might be in it. *Stakeholder 08*

4.163 Parent consultees agreed that schools could generate or sustain stigma around counselling by not being transparent about a counsellor being available, i.e. that any appearance of secretiveness about the counsellor would increase stigma. Secondary school staff consultees and secondary school case-study staff and counsellors, however, described how they tried to reduce stigma around mental health and counselling in schools and PRUs by being trauma-informed, normalising mental health, embedding a culture that encouraged learners to be open about how they felt, making accessing counselling easy and confidential, and having counsellors who were part of the school and familiar to learners.

when we're talking to the pupils we try to make them understand that there is nothing to be ashamed of, it's only support. We try to normalize it. [...] and I hope that all the work we do about discussing feelings, mental health and asking for help - that will be the theme for the whole week at school, asking for help and how important that is - I hope that it all leads to the children realizing that getting help or receiving counselling sessions doesn't make them different or strange or whatever, do you know what I mean? *Senior leader, secondary school C, Welsh medium*

4.164 The potential for stigma to be perpetuated by any of the adults surrounding a child when they sought help was raised in key system stakeholder interviews. One interviewee reflected that if a child reaches out for help and is met with a non-compassionate response, they are less likely to want to ask for help again or seek further help in the form of counselling. They may feel that all adults will judge what they are experiencing.

I mean, it might also be that people have sought help previously and not had a compassionate response which would be, you know, a significant deterrent. Lack of awareness as well. *Stakeholder 08*

4.165 In addition to stigma influencing young people's attitudes towards counselling, secondary school staff and young people consultees and secondary school case-study staff and learners noted that negative attitudes and resistance to counselling could also arise from the perception that counselling's a waste of time, lack of motivation, prior negative or disappointing experiences with other counsellors or CAMHS interventions, and learners feeling uncomfortable talking about feelings or feeling that they don't need help. Altruism was also proposed as a reason young people might resist counselling by secondary school case-study staff and learners.

They said that some young people feel others are more deserving of the counsellor's time than they are.

RES4: Sometimes I've known some people that have tried to go into group therapy but feel like they don't belong there, because other people may have more...

RES2: Worse situation.

RES4: ... worse situations, and they don't really feel like they're in the proper place, they don't feel like they are, they feel like their issues are here, and the other person's issues are like up here, and they need to be dealt with first.

*Learners, secondary school B, English medium*

4.166 Attitudes towards counselling could also be influenced by the service's reputation within the school. Findings from the consultations with young people who were secondary school learners suggested that negative experiences of counselling would spread among learners by word of mouth and put them off, whilst positive reports or seeing their peers change for the better after counselling would encourage them to seek counselling.

4.167 A young person's readiness for counselling was considered important by foster carer, children and young people and secondary school staff consultees and secondary school case-study staff and counsellors. All concurred that children and young people need to be ready for counselling and not feeling ready made them likely to resist attending or not engage in counselling sessions.

I had a child earlier for example where she's really struggling and she didn't want to be referred for counselling and that's fine. I said, right come in and check in with me every week and then we'll see once you've done that, if you need to talk to someone, then you can try counselling. I don't think we jump on it do we. *Staff member, secondary school A, English medium*

4.168 A primary school aged consultee also highlighted the importance of knowing when counselling sessions were going to take place. Not having any notice meant this child has been unable to think about what they wanted to say to the counsellor, which they had wanted to do.

- 4.169 Young people consultees and secondary school case-study staff and learners drew attention to the importance of the relationship between a young person and their counsellor. They suggested that a good relationship was essential for counselling to be effective and that doubts about whether a good relationship could be established would make them reluctant to seek counselling. Young people consultees said that liking and trusting the counsellor were important, as was feeling they were being taken seriously and that what they said would be kept confidential. A primary school aged consultee described feeling nervous about seeing a counsellor because they were an unknown authority figure. Parent consultees also stressed the importance of the child – counsellor relationship, noting that experiencing a poor relationship could deter young people from seeking counselling in the future.
- 4.170 Secondary school case-study staff, learners and counsellors, however, varied in their views on whether the counsellor being a stranger made it easier or harder to establish a good counsellor – learner relationship. Several participants suggested it depended on the learner. Counsellors noted that building relationships with primary school aged learners was more challenging during the COVID-19 pandemic because they were unable to use strategies such as games, e.g. Connect 4.
- 4.171 Two issues regarding acceptability of the counselling service during the COVID-19 pandemic that arose from the stakeholder consultations were awareness and contact with the service. Secondary school aged consultees thought that awareness of counselling services among year 7 learners was likely to be low because form time pastoral sessions, where sources of support would normally be discussed, were disrupted.
- 4.172 Views on how well counselling services had kept in contact with children and young people were mixed. Parent consultees reported that services' engagement with their children who had been receiving counselling before schools closed had been poor, whilst school staff consultees described both good and bad experiences, e.g. a counsellor kept in touch with a primary school family and picked up that a parent was struggling, so the child was brought in to the school hub<sup>4</sup>. A secondary school staff consultee, however, was critical of their counselling service that did not contact learners to ask if they wanted to have remote counselling or wait until it could be

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<sup>4</sup> During the COVID-19 pandemic school closures, some schools remained open as 'hubs' for children of key workers and vulnerable children to attend.

resumed face-to-face; instead they waited for the learner to miss three sessions before contacting the next learner on the waiting list.

- 4.173 Primary and secondary school case-study staff recalled receiving no contact from their counselling services when the COVID-19 pandemic started, with the exception of one secondary school case-study, whose service offered support to both staff and learners.

The counselling service phones the school every Wednesday, which was really good, all the way through the pandemic and asked us every Wednesday if we needed any support, not just the children but the staff, which I thought was really good. *Staff member, secondary school A, English medium*

- 4.174 In summary, there were a number of factors that impacted the acceptability of counselling services, with some key issues that explained children and young people's negative experiences of engaging with services. These largely relate to concerns around confidentiality and the perceived stigma associated with counselling. The need to improve awareness and ensure readiness to engage with counselling was also considered important to facilitating a positive experience. There were mixed perceptions of counselling services during the COVID-19 pandemic, with variable evidence as to whether services continued to engage schools, children and young people during a challenging period.

#### **Perceived Impacts of School and Community-Based Counselling Services**

- 4.175 The perceived impacts of current school and community-based counselling services considered the changes that participants understood to take place as a consequence of children and young people receiving counselling. Findings drew on data from key system stakeholder interviews, stakeholder consultations and school case-studies.
- 4.176 School staff consultees and primary and secondary school case-study staff noted that it could be difficult to judge what impact counselling had. Staff at a primary school case-study felt their school had not received enough of the service to judge, whilst staff at a secondary school suggested it was difficult to know what impact counselling had over and above other pastoral support learners were receiving. They also noted that learners tended not to share with staff their thoughts on how

counselling had helped them and that whilst a learner might outwardly appear no different after counselling, they might be feeling a lot better about their issue.

I think it's very hard to tell with the counselling, what impact has that had, and what impact have other things that school's offering to that young person? Or perhaps their home circumstances have changed. There may be other things which are playing into this young person's life, really, in terms of, you know, it's hard to actually pull apart the counselling to see what impact that is having on the young person. *Staff member, secondary school B, English medium*

- 4.177 Some key system stakeholder interviewees felt the current service was effective and many children had benefited from it. They also thought that services acted as an early intervention which prevented children requiring more intensive help later. Therefore, counselling could not only benefit the child but also potentially save money in the wider system and leave other services more available for others.

But you know there are many, many stories of children who've really benefited from the service as an early intervention service, you know, and probably in all likelihood prevented the need for some more intensive service further down the road, such as CAMHS intervention or whatever.

*Stakeholder 01*

- 4.178 Secondary school case-study staff were more positive about the effectiveness of the counselling service than their primary school counterparts. A secondary school case-study senior leader, for example, described how counselling had helped learners express how low their mood was, whilst another noted:

I think that it just helps their personal development and from the school's point of view, their progress in lessons, in subjects, in terms of behaviour ... it's everything isn't it? *Senior leader, secondary school C, Welsh medium*

- 4.179 In contrast, staff at one primary school case-study felt the well-being interventions delivered by the school were more effective than counselling. They thought this was because staff knew the learners well, they delivered bespoke support in terms of a member of staff and well-being activities that best suited the learner, and the learner's family could be involved. If a learner had a problem serious enough to

warrant counselling, they suggested its effectiveness would be diminished by the service's session limits.

Yes, I just, I think if there's that much of an issue that they need to explore and really need some sort of deep help with, I think, the limited time that the counsellors are able to offer, is just not... It's almost taking the lid off and then saying, I've got to stop with you now. They've started talking about things and then it's closed. *Staff member, primary school B, English medium*

- 4.180 Stakeholder interviewees also identified groups of children who particularly benefitted from the service, such as children with very high YP-CORE scores. One stakeholder interviewee felt it was particularly helpful to those with internal struggles, such as some young people in the LGBTQI+ community.

I think that's probably a really good example where counselling is very effective. So that, that young person who might have really internal struggles, and having somewhere to explore that that feels safe and accepting and, you know, all of those things are absolutely vital.

*Stakeholder 04*

- 4.181 Overall, however, key system stakeholder interviewees, consultation participants and secondary school case-study staff perceived there to be notable variation in service quality and hence effectiveness.
- 4.182 Most young people consultees who had received counselling reported that it had helped them, but parent consultees' reports of their children's experiences were more mixed. Where they described counselling being of benefit, they ascribed this to the counsellor tailoring their approach to the needs of their child.
- 4.183 Like the young people consulted, school staff consultees tended to perceive their counselling service as effective, but one described it as 'hit and miss', because not all the counsellors are good at building relationships with learners. A secondary school case-study senior leader noted that there were 'stalwarts' amongst their learners who had received counselling for many years without any improvement staff could perceive. Another described the variation in effectiveness they had experienced, which they put down to counsellors' professionalism and, again, their relationship with learners:

But it's also the way that the counsellor works. I've worked with an amazing counsellor who was just so professional and on it and time was so well spent, which changed a lot of things for a lot of pupils and then. And, I've worked with the opposite of that really and then it's just, it's. A lot of our staff members could have done better sometimes. So, it's the quality I think and how well they're able to engage with the pupils. *Senior leader, secondary school B, English medium*

4.184 Primary school staff consultees noted that parental engagement is important to sustaining positive outcomes for younger children as they had experienced parents failing to implement strategies the counsellor had given them to use with their child.

4.185 Key system stakeholder interviewees noted the variation nationally in numbers of young people accessing the service and rates of self-referral and suggested that the implication of this was that some LAs are delivering a well-run, effective service whilst others are not. One interviewee in particular questioned who was assessing service delivery, identifying improvements and implementing them. Without continuing assessment, the quality of the service could be impacted.

And when you look at the outcomes data for services in Wales, there's huge differences in terms of the number of children accessing a service per head of population, the rate in a local authority area, the portion of children who self-refer rather than being referred to a service by an adult, the number of sessions that a child has once they are in a service. Huge variation which to me strongly suggests that actually some services are more effective than others and are used in different ways possibly. But you don't see a lot of evidence of this really ever being questioned internally by local authorities themselves, or collectively. *Stakeholder 01*

4.186 Part of the variation in service delivery and effectiveness could be explained by the pressures on LA budgets and the minimal specifications for the statutory counselling service.

Big cuts in real terms to their budgets and like any service this will be one that would have been under threat to some extent. And if you lose a counsellor or two within your own service, there would have been questions about whether you replace those members of staff. I haven't actually got those figures to hand, but obviously the statutory requirement

is kind of minimal in terms of provide a service, but it wasn't saying what that should look like or there's no real questions about some of the statistics that come out of that service. *Stakeholder 01*

- 4.187 A LA counselling service lead consultee also highlighted the variation in service provision resulting from services having evolved over many years and the likely impact of that variation on services' cost-effectiveness.
- 4.188 In summary, a range of participants perceived there to be variation in counselling services' effectiveness and suggested reasons for this at a number of levels, including variation in service provision, parent engagement, counsellors being child centred in their approach, and counsellor – child relationships.

### **Summary**

- 4.189 This chapter has presented findings on the implementation, acceptability and perceived impacts of current school and community-based counselling services in Wales. Findings pertaining to implementation considered current models for service delivery and funding; service reach and perceived sufficiency of service availability; assessment of demand, including how children and young people access and are referred to services; and system barriers and facilitators to service delivery. Findings on acceptability of services included different stakeholders' perceptions of delivering or receiving provision, including understanding and awareness; experiences of counselling sessions; a confidential service; stigma and normalising counselling; attitudes; readiness; the child – counsellor relationship; and acceptability during the COVID-19 pandemic. The next chapter presents findings on the optimisation and extension of school and community-based counselling services.

## 5. Findings: The Optimisation and Extension of School and Community-Based Counselling Services

### Introduction

5.1 This chapter examines the potential to optimise current school and community-based counselling services, and to extend provision to primary school aged children below Year 6 (aged 4-10 years). It addresses the following research questions:

- What do stakeholders understand to be an optimal model for school and community-based counselling services in secondary and primary schools in Wales?
- What stakeholders and relationships are most important in delivering a community-based counselling service (e.g. cost and quality), and how can capacity be generated within the system?

5.2 The findings have two sections. First, they describe participants' views on the optimal model for a counselling service for secondary school aged young people across school and community settings. They present: a potential delivery and funding model; mechanisms to maximise reach and availability; and options for addressing demand assessment, access and referrals. They also describe the resources and contextual conditions needed to implement the optimal model, including training, skills and capability of counsellors. In particular, they consider the need to embed counselling services within a whole education system approach to mental health. Second, they present findings on the need to extend the counselling service for primary school aged children. They then describe the optimal model for this age group and the resources and contextual factors required to implement it.

### *Summary of findings*

In summary this chapter presents findings on optimisation of school and community-based counselling services for secondary school aged young people and primary school aged children, including the need for services for children younger than 11 years (aged 4-10 years). For each age group findings on the optimal delivery and funding model have been presented, followed by findings on service reach and availability, demand assessment, access and referrals, counsellor skills and training, and the situation of counselling services within a whole education system approach to mental health. Key points from the findings are summarised below.

There were many similarities in the findings from the two age groups, so they are integrated in the summary, starting with the need for services to be extended to younger children.

Whilst all participants felt it was important to support mental health and well-being from an early age, not all felt that counselling services were the best way to deliver this support to all primary school aged children, arguing that it would be better achieved by other practitioners or with family-based or parenting interventions. Most participants, however, were in favour of there being a counselling service for all primary school aged children. Reasons for this included the value of early intervention, increasing mental health need, and improved openness about mental health and help-seeking as children got older.

A key finding on counselling service delivery models was support for a through-age model that extended from early childhood into young adulthood and did not create separate services for primary school aged children and secondary school aged young people. Rather, participants recommended that counselling service delivery models be founded on a child-centred ethos that offered a wide range of therapies tailored to the age of the children and young people using the service. Views were mixed, however, on whether family and group-based approaches should be offered. Closer involvement of the adults in a child's life, principally parents and carers and school staff, was considered important for primary school aged children.

The inclusion of school staff supervision in counselling service provision, whereby counsellors offer support and guidance directly to school staff to support their work with learner well-being, was recommended across primary and secondary settings. Provision in community-based settings was considered important by secondary school aged young people, but most participants thought that provision for primary school aged children would be best sited in schools.

There was support among secondary school senior leaders for counselling service provision to be delivered by school-employed counsellors, in preference to current service delivery models, so that counsellors were more integrated into the school community.

A key finding for reach and availability of counselling services was that service capacity should be of a level sufficient to minimise waiting times. This was a

particular concern for future provision for primary school-aged children, given the high number of primary schools and anticipated demand for the service.

Increasing choice and tailoring within counselling services was an important way to operationalise a child-centred ethos. It was considered to increase service reach as it would mean provision could be more closely matched to children and young people's needs and preferences, thereby increasing the likelihood they would engage with them. Offering counselling remotely or face-to-face was identified as a way of introducing choice for secondary school aged young people. Most participants, however, did not see the use of remote counselling methods as a way to increase choice for primary school aged children, as their effectiveness with this age group was perceived to be limited.

Tailoring provision to need could further be achieved by services adopting an approach of 'the right therapy with the right counsellor at the right time' and giving children and young people, including younger children, autonomy wherever possible. Participants highlighted the importance of children and young people being able to speak to a counsellor in the language of their choice and the subsequent need for more counsellors able to work in Welsh and other languages.

Existing referral routes into counselling services for secondary school aged young people were considered sufficient by participants. These included self-referral and referral by parents, school staff and other professionals. Participants stressed, however, the importance of there being a variety of routes available, including self-referral. Self-referral for primary school aged children was considered important by some participants, but others thought it more appropriate that adults always be involved in referrals for this age group. It was recommended that referrals for primary school aged children be reviewed by multi-agency panels to ensure children received the most appropriate form of support for their needs. Participants said that good information provision was needed to facilitate access to counselling services in all settings and that siting services in schools would make access easy for most children and young people. Further suggestions to improve access to counselling services and reduce children and young people's anxieties about counselling included opportunities for them to meet the counsellor, for example by having regular drop-ins run by counsellors in secondary schools, and being able to take a companion to counselling sessions.

Most participants thought that counselling should be delivered to secondary school-aged young people by professionally trained, specialist counsellors, rather than by teachers or peers. Children and young people suggested a range of personal traits and generic skills that would help them establish a trusting relationship with a counsellor. These included being kind, empathetic and adaptable, and having good listening skills. The need for some counsellors to have additional specialist skills was acknowledged, e.g. skills to work with young people with communication difficulties, as was the need for counsellors working with primary school aged children to be trained in a range of types of counselling. Some participants raised concerns about the difficulty of recruiting suitably skilled counsellors.

The importance of counselling services being part of a whole education system approach to mental health and well-being was highlighted by participants. Perceived key advantages to adopting this approach were that it would help to normalise mental health and prevent mental health and well-being problems from escalating, thereby reducing demand on counselling services. Key stakeholders in a whole education system approach were parents, schools, counselling services and agencies external to schools that have a role in mental health and well-being, e.g. CAMHS.

A key feature of a whole education system approach was a graduated response to learner well-being need, with all school staff trained in mental health and well-being. This would mean all school staff would have the knowledge and confidence to discuss a well-being issue with a learner and recognise if further support was needed. The school would then have a variety of universal and targeted support options in place and a referral to counselling or other external services could be made if the learner needed further support. This approach was also characterised by holistic support, meaning that learners were offered support both before and after counselling, and primary – secondary school collaboration to support learners across transition.

Participants identified a range of resources needed to implement a whole education system approach. These included school staff training and support for school staff well-being, strategies for parent involvement and for multi-agency working, and the Curriculum for Wales as a framework to teach children and young people about mental health and coping strategies. A number of challenges and risks associated with a whole education system approach were identified. These included additional

burden on school staff; tension in school – family relationships, triggered, for example, if schools had to have difficult conversations about a child’s well-being with their parents or carers; and lack of capacity among external agencies in the wider system to implement strategies such as multi-agency referral panels.

### **Optimisation of school and community-based counselling services for secondary school aged young people**

- 5.3 This section presents findings related to the optimisation of school and community-based counselling services for secondary school aged young people in Wales. Optimisation will consider both the aspects of current services that should be retained and the aspects that might be improved or expanded. This section presents: a potential delivery and funding model; mechanisms to maximise reach and availability; and options for addressing demand assessment, access and referrals. It also explores the resources and contextual conditions needed to implement the optimal model, including training, skills and capabilities of counsellors, in addition to a whole education system approach to mental health. The data sources that report on the optimisation of services are: stakeholder consultations; key system stakeholder interviews; and school case-studies.

#### *Delivery model and funding model*

- 5.4 Findings reported on the optimal delivery and funding models for school and community-based counselling services for secondary school aged young people. Data sources that addressed delivery and funding models are stakeholder consultations; key system stakeholder interviews; and school case-studies.
- 5.5 As reported in Chapter 1 (*Welsh Government Policy: School and Community-Based Counselling Services* section), the current national delivery model for counselling services is one of devolvement to LAs. They are required under the School Standards and Organisation (Wales) Act (2013) to ‘secure reasonable provision for a service providing counselling in respect of health, emotional and social needs’. The Act specifies that the service must be independent, and available to 11 to 18 year olds in schools and in the community. Beyond that, the design and delivery of the counselling service is largely locally determined, although guidance is available in the Statutory Guidance to Welsh Local Authorities on the Provision of

Independent Counselling Services (Welsh Government, 2013) and Welsh Government's Operating Toolkit (Welsh Government, 2020b).

- 5.6 Key system stakeholder interviewees, and foster carer and secondary school consultees suggested that a more centralised and prescribed national delivery model would be optimal to ensure fairness. Key system stakeholder interviewees stated that whilst some flexibility should be permitted to take account of local context, there should be a national minimum standard, and more detailed statutory service requirements to facilitate this.

I think that we need uniformity, first and foremost across Wales, because it's very much a postcode lottery into access counselling services.

*Stakeholder 05*

- 5.7 Foster carer consultees perceived the advantages of a national approach to counselling service delivery to be better communication about, and improved understanding of, counselling services, better joined-up working, and better monitoring of outcomes. They identified two concerns, however, with an approach that involved counselling services being prescribed centrally. The first was that they feared stringent contract specifications to counselling service providers might prevent services from responding to individual need. For example, consultees suggested that contracts might specify a fixed number of counselling sessions per episode, rather than specifying that sessions should cease when the young person was ready. The second concern they identified was that counselling service providers who are proficient at bidding for large scale contracts would be awarded contracts, rather than those who might deliver the highest quality service.

- 5.8 To ensure a minimum standard in service delivery, key system stakeholder interviewees suggested there was a need for a national steering group to oversee the overall delivery of the counselling service across Wales. This group could also regularly evaluate the service and identify improvements required. They felt this process should be published to demonstrate transparency.

And I think that the absence of that group then raises questions over who's overseeing the delivery and further development of independent counselling provision for children and young people. Where is the strategic progress being recorded, where are views and feedback from children and young people being sought and responded to as well as schools and

providers in raising concerns and where are they being recorded and address it? And there doesn't feel like there's a lot of transparency there and the ability for them, for government to be held accountable for it.

*Stakeholder 06*

- 5.9 Findings on optimising the current delivery models included four elements. First, management and operation of the service; second, that it should have a child-centred ethos; third, additional activities counselling services should offer; and fourth, the age of young people the service should be available to.
- 5.10 The first element of the optimised delivery model is the management and operation of the counselling service. Findings from Chapter 4 (*Implementation of School and Community-Based Counselling Services* section) were that ten LAs managed and operated all elements of their counselling service themselves, eight commissioned an external provider to perform this function, and two used a mixed approach. Data from consultations with LA counselling service leads and secondary school aged young people generated mixed findings on who should manage and operate counselling services at the LA level. Some LA counselling service leads considered it preferable for the LA to manage and operate its own counselling service. This allowed for a consistent service over time, i.e. with no change of external provider, and for LA counselling service leads to develop the service in response to changing need, e.g. by introducing new types of therapy such as art therapy. A LA counselling service lead who commissioned an external provider to manage and operate services, recommended commissioning a single provider across all settings, as this would give a consistent service over key points in a child's life. It would also mean negotiating with only one provider to increase the level of contracted service if more funding became available.
- 5.11 Young people consultees had mixed opinions, with some stating the optimal model would be for the LA to manage and operate the counselling service, with young people's involvement, whilst others thought that schools should directly employ counsellors to deliver the school's counselling service, i.e. they would be part of the school staff. They suggested that young people would find counsellors more approachable if they were part of the school and the school could be more involved in running the counselling service.
- 5.12 A school-employed counsellor model was also advocated by two secondary school case-study senior leaders. They perceived the advantages of this to be that the

counsellor would know the learners, be familiar with the school, and always available. Furthermore, the school would be more aware of what counselling activity was taking place in terms of who was receiving counselling, what was being discussed and where learners were being signposted. They acknowledged, however, that the role could not be added to the workload of existing pastoral staff and significant funding would be required for such a delivery model.

... it would have to be a different person, but within our team, but who then came along to our meetings, liaised with heads of year, our Family Engagement Officer, because to me then that's far more of a holistic package [...] We'd have far more of a handle on it, on everything, if it was a school based model. *Senior leader, secondary school A, English medium*

- 5.13 A community-based commissioning and delivery model was considered preferable by one secondary school staff consultee, who thought that counselling should be delivered by NHS providers in the community, as this would address space constraints for counselling in schools and ensure provision in school holidays.
- 5.14 Secondary school case-study learners felt it was important that community-based counselling was part of counselling service delivery models because young people should have a choice of whether they saw a counsellor in school or in the community. They recommended that community-based counsellors be based near pleasant spaces like parks, that were familiar to young people.
- 5.15 The allocation of counsellors to secondary schools is an element of the management and operation of counselling services that was described in Chapter 4 (*Implementation of School and Community-Based Counselling Services* section). Case-study secondary school staff were largely of the view that they wanted one or two counsellors allocated to their school so that learners could always see the same counsellor and staff could get to know them. Some noted, however, that having different counsellors would offer learners more choice.
- 5.16 The second element of the optimised delivery model is that it should have a child-centred ethos. This ethos was characterised by provision that offered 'the right therapy with the right counsellor at the right time' and meant that service provision could adapt to meet the needs of an individual child or young person, as determined by the child as well as the adults around them. Factors that could potentially

underpin a child-centred ethos were the therapeutic approach and types of therapies that should be offered, matching a counsellor to the child or young person, offering counselling at the right time, flexible service provision, giving young people autonomy and offering longer-term counselling. Findings on therapeutic approach and types of therapies are presented here, whilst findings on the other factors are outlined in the subsection below on '*Reach and availability*'.

- 5.17 Therapeutic approach and types of therapies were addressed by key system stakeholder interviewees, young people, parent and school staff consultees and secondary school case-study staff, learners and counsellors. One key system stakeholder interviewee suggested that as a first step the type of counselling that services should be providing should be reviewed.

One of the fundamentals I suppose is, you know, is it going to be using a particular, would the counselling be using a particular methodology, so, you know, is it going to be CBT based, for example? So, I think that would be probably first principle, would be to kind of consider what sort of approach is taken, because you would like to think that it's going to be very solution focused, but I, at the moment, I don't feel I know. *Stakeholder 07*

- 5.18 Secondary school staff consultees and a case-study senior leader considered an optimal service to be one that offered a comprehensive range of therapies, including art therapy, music therapy and walk-and-talk sessions. They noted that art and music therapies would be particularly good for children with ALN or communication difficulties.
- 5.19 Secondary school case-study learners thought a number of types of therapy should be available to them. These included dog therapy, art therapy, writing-based therapy and counselling outdoors. Reasons for these were that dog therapy would encourage more young people to go to counselling, art therapy would feel less confrontational to the young person, and some young people would feel more comfortable writing about their feelings than talking about them.
- 5.20 Having counselling whilst walking outdoors was viewed positively by most because they thought it would help young people feel calm and less anxious, but some learners were concerned about being seen by others.

5.21 Two further types of therapy, family therapy and group therapy, were discussed by young people and secondary school staff consultees and by secondary school case-study participants. Young people consultees highlighted that mental health issues can affect the whole family, so young people should be offered counselling with their parents or carers. A case-study counsellor wanted to work with families of secondary school aged young people in the same they did with primary school aged children and had run some workshops with parents. They recognised that not all young people would want their parents involved, but felt counselling services should be offering more to parents and carers.

we've done some Conflict Workshops, with parents, to help them build their relationship with their young person, for example. [...] It's a little bit more tricky, because of confidentiality, and some, some clients wouldn't want parents involved. But in my experience, in [school name] especially, parents are becoming more and more involved, and the young person sometimes needs a voice, and we can provide that. *School case-study counsellor*

5.22 Secondary school staff consultees, however, were not supportive of counselling services offering such an approach. Whilst they acknowledged that parents and carers need help with supporting their children's well-being, other sources of support for families are available in the community. They felt young people would be resistant to having counselling with their family and valued being able to speak to the counsellor in confidence.

5.23 Young people consultees and secondary school case-study learners differed in their opinions on group therapy. Some felt group sessions should be available as young people could help each other if they were struggling with a similar issue and would feel that they were not alone, that a young person might be more willing to open up if trusted friends were present and because young people are used to talking in groups. Others were concerned that too many people would be off-putting, particularly for shy learners, and that confidentiality would not be maintained by their peers. In light of this they recommended that for group sessions to be successful, the participants should be selected carefully. They also recognised that some young people might need reassurance that their place in the group was legitimate, as they might perceive others' problems to be worse than their own.

Yes, privacy is definitely something, because you never know, even though those people are also getting the counselling, you never know, if they're going to still tell anyone about it; they're just there to find out who is going. *Learner, secondary school A, English medium*

5.24 Secondary school case-study staff felt counselling services should offer more group work because being in a group meant learners could share ideas and develop skills together and they would realise that there were others 'in the same boat' as them. They recognised, however, that some young people would be reticent in a group due to concerns about confidentiality. They therefore suggested that group participants needed to be carefully selected, that the purpose of the group and confidentiality be explained in advance, and the group be more focused on coping strategies and knowledge, rather than personal disclosures.

5.25 The third element of the optimised delivery model is additional activities that counselling services should offer and staff at one secondary school case-study suggested this should include supervision. They had positive experiences of supervision from their counselling service and felt it should be offered more widely. They noted the emotions school staff feel when supporting young people and the value they felt from having a counsellor to talk to and get ideas from.

you can be upset because you doubt yourself and you think oh, should I have done that, should I have handled that a bit better? Having sessions was really good. It was in our very first session, she gave some really good advice, it was very good. I think teachers would find it helpful. *Staff member, secondary school A, English medium*

5.26 The fourth element of the counselling service delivery model to be addressed was the age range it should cover. Findings on current service delivery models presented in Chapter 4 (*Implementation of School and Community-Based Counselling Services* section) indicate that many LAs already provide a service to children and young people outside of the statutory age range (11-18 years). LA counselling service lead consultees and young people consultees agreed that counselling services should extend into young adulthood. A LA counselling service lead noted that the ideal would be a service that encompassed 0–25 years that flexibly delivered provision as need arose, either in the community or in schools. They highlighted that this age range would be consistent with the duties on LAs under the ALN transformation programme.

- 5.27 Chapter 4 (*Implementation of School and Community-Based Counselling Services* section) described how school and community-based counselling services are currently funded, with the main source of funding being the Revenue Support Grant. Funding models to support an optimised counselling service were not widely discussed by the participants. Both secondary school staff and LA counselling service lead consultees, however, highlighted the value of Service Level Agreements, which allow individual schools to procure additional counsellor time from their counselling service if they want more provision than their service's statutory offer. These were welcomed as they enabled head teachers to increase service availability in their school. Disadvantages to Service Level Agreements were acknowledged though (see chapter 4 (*Implementation of School and Community-Based Counselling Services* section)). These included the potential introduction of instability as the agreements are negotiated annually. Instability of grant funding was another key issue raised about current funding of counselling services (see Chapter 4 (*Implementation of School and Community-Based Counselling Services* section)), suggesting continuity of funding would help stabilise counselling service delivery.
- 5.28 In summary, there was a range of views on how school and community-based counselling service delivery models could be optimised for secondary school aged children and young people. Some areas were identified that could enhance current provision. Secondary school staff consultees and key system stakeholder interviewees were keen to see the national variability in delivery models reduced, possibly through more detailed service specification from Welsh Government. There were divergent opinions, however, on whether counselling services should be managed and operated by the LA or run by schools themselves. Counselling services adopting a child-centred ethos by offering a range of therapies, across different delivery modes, was viewed positively. However, views varied on whether family and group therapies should be offered by counselling services. There was agreement between young people and LA counselling service lead consultees that services should be available to young people over the age of 18. Counselling service funding models were not widely discussed. The value of Service Level Agreements was noted, however, and the potential value of greater continuity of funding was suggested by participants to address the funding problems counselling services currently face.

### *Reach and availability*

- 5.29 This subsection presents findings on how to maximise the reach and availability of school and community-based counselling services for secondary school aged young people in Wales. Findings address: ensuring universal availability; increasing service capacity; and embedding a child-centred ethos by enhancing choice, tailoring and flexibility. Different aspects of choice and tailoring are described, including: remote provision; flexible service provision; giving young people autonomy; and longer-term counselling. Finally, availability of services in Welsh and other languages within an optimal service are considered. Data sources that reported on reach and availability were stakeholder consultations, interviews with key system stakeholders and case-studies.
- 5.30 Universal availability of counselling services was strongly advocated by young people consultees. They felt that all children and young people should have the right to access counselling services when they felt they needed them, and they should not need to have a specific health issue or experience to access counselling.
- 5.31 In line with this, key system stakeholder interviewees recommended that it should not be necessary for a young person to have a diagnosis before they can access help. If they are distressed or asking for help they should be able to access the most appropriate support for them.
- I think there's something about being able to access support without having a label, you know. So, I mean I don't know what the, kind of, gate keeping is for school counselling services, so I can't comment on that, but in general I would say that, you know, for a distressed person being able to have counselling shouldn't require you to be seen as having a mental health problem. Simply almost like self-identifying that you want to talk to someone, you know, in confidence outside your, you know... *Stakeholder 08*
- 5.32 Service capacity was another element of availability considered important by young people consultees. They felt that reducing waiting times to see a counsellor would be beneficial, as this would encourage young people to use the service. Concurring with this, increasing service capacity to reduce waiting times was raised by secondary school staff consultees and secondary school case-study staff, most of

whom felt that the main limitation of current services was that they needed more counsellor time in their schools.

- 5.33 To increase capacity, one participant suggested a new role within counselling services of Counselling Assistants, who could have basic qualifications in counselling and visit schools more frequently to offer support to learners. Investment in training new counsellors was also considered important to increase service capacity by secondary school staff consultees. Foster carer consultees, however, were concerned that training courses and placements would have paused during the COVID-19 pandemic, so a slowing of newly qualified entrants into the profession was likely.
- 5.34 Embedding a child-centred ethos by offering choice and tailoring provision within counselling services was considered to be a way to increase their reach and availability. This was because it would ensure provision could be matched to young people's individual needs and preferences, thereby increasing the likelihood they would engage with counselling services. Chapter 4 (*Implementation of School and Community-Based Counselling Services* section) highlighted the perceived impact of choice and tailoring in counselling service provision and participants' frustration when these were minimal or unavailable.
- 5.35 Five main strategies to increase choice and tailoring within counselling service provision were suggested. These were in addition to the fundamental need to increase the types of therapy available to young people, which was described in the previous subsection. The five strategies were offering counselling remotely, offering 'the right therapy with the right counsellor at the right time', flexible service provision, giving young people autonomy and offering longer term counselling.
- 5.36 The first strategy to increase choice and tailoring was offering counselling remotely. Key system stakeholder interviewees suggested giving young people the choice of face-to-face or remote sessions with the counsellor, and they considered this particularly important for children educated other than at school.

As we said earlier, having a more bespoke approach that's a little bit more flexible, to be better able to meet the needs of that young person unless, you know, a slightly less clinical model in that sense. In terms of the current model, which is a virtual model, it doesn't work for our young

people, so, so it's, you're never having that face-to-face option.

*Stakeholder 09*

- 5.37 Secondary school staff, LA counselling service lead, parent and young people consultees and secondary school case-study staff and learners were also supportive of increasing choice through provision of counselling face-to-face or remotely as a means to increase service reach and availability. Remote counselling methods were seen as acceptable by some secondary school case-study learners and by many young people consultees, although they highlighted that remote methods should include both telephone and video options, as some young people do not like seeing themselves on camera or making eye contact. Remote methods were considered advantageous in reducing counsellor travelling time and allowed young people who were isolating at home due to the COVID-19 pandemic to continue to receive counselling. Secondary school case-study staff felt that remote methods fitted in well with young people's lives and they were becoming happier using them. Furthermore, LA counselling service leads stated that most counsellors have embraced remote methods, so they could easily be offered in the future.
- 5.38 A number of concerns about remote counselling were raised, however. Most secondary school case-study learners and some young people consultees thought communication with the counsellor would be better face-to-face because it would be easier for young people to make a connection with the counsellor and to open up and get their point across. Young people consultees also thought that it would be better in ensuring confidentiality as there were no computer network security risks. Secondary school case-study staff thought young people would not feel comfortable talking to a counsellor on screen, especially if they did not know them, so it should only be a secondary option. Parent consultees were concerned that some vulnerable children might be judged to be refusing counselling if they struggled to interact remotely, whereas they might be comfortable having counselling face-to-face. LA counselling service leads and secondary school case-study staff and learners expressed worry that young people's home circumstances, both social and technological, would limit provision of a confidential service. This would be a particular problem if a young person was attending counselling due to family-related issues.
- 5.39 Young people and secondary school staff consultees felt that mixed delivery could help optimise the current counselling service. Young people consultees suggested

that remote methods could be used for 'check-ins', alongside face-to-face counselling sessions. A secondary school case-study learner said they would only feel comfortable talking to their counsellor remotely because they had initially had face-to-face sessions. Concurring with this, secondary school staff consultees suggested that learners could start counselling face-to-face and once a comfortable relationship between learner and counsellor had been established, sessions could continue remotely as needed. They added that schools could provide a private room for this, to avoid issues around privacy and technology in learners' homes. A secondary school case-study senior leader suggested this could work equally well the other way around, for learners that felt more comfortable with remote methods.

Well, as with everything, one size doesn't fit all, and there are some children who are going to feel more comfortable behind a screen. And perhaps the relationship can be developed - starting from behind a screen, then a meeting, and then one-to-ones. *Senior leader, secondary school C, Welsh medium*

- 5.40 Participants identified an additional advantage of building choice into counselling services by offering remote provision. This was that it would increase counselling service resilience during times of whole school closures, so long as it was properly planned for. Secondary school staff consultees highlighted that remote provision meant counsellors could access children at home. Counsellors from the case-study schools, however, stressed that for this to happen explicit consent from young people was needed to allow counsellors to contact them at home and deliver counselling to them there. Echoing the concerns about remote provision outlined above, secondary school staff consultees and case-study staff advocated that counsellors be designated as key workers and allowed into hub schools to deliver face-to-face counselling during times of school closures.
- 5.41 The second strategy to increase choice and tailoring as a means to increase service reach and availability was offering 'the right therapy with the right counsellor at the right time'.
- 5.42 Following on from the findings in the previous subsection about the types of therapy counselling services should offer, parent, carer and secondary school staff consultees highlighted the importance of counsellors and/or services being able to try different types of therapy with a young person to identify the one that was most effective.

- 5.43 The importance of the ‘right counsellor’ builds on the critical nature of the child – counsellor relationship described in chapter 4 (*Acceptability of School and Community-Based Counselling Services* section). Parent, carer and young people consultees highlighted how an optimal counselling service would endeavour to match a child to a counsellor to ensure the best fit, be that on the basis of gender, age or presenting issue. Participants felt that counsellors should then devote time to building a trusting relationship, but do this at the young person’s speed, requiring flexibility on the number of sessions in a counselling episode (see below in this subsection). Finally, parent and carer consultees also stressed the importance of counselling being available to young people at the right time: they should not have to reach a crisis before being offered counselling, but equally, young people, particularly care experienced young people, need to be ready for counselling or they will not be receptive to it.
- 5.44 Three further factors that could potentially help to embed the child-centred ethos by increasing choice and tailoring were flexible counselling service provision, giving young people autonomy and offering longer term counselling.
- 5.45 A parent consultee raised the importance of counselling service provision being flexible. They felt services should be willing to adapt their usual processes to accommodate particular child-specific issues, such as relaxing fixed session numbers for children with school refusal, who are highly likely to miss a counselling session due to being absent from school. Secondary school case-study staff also queried the imposition of session number limits and a secondary school case-study senior leader suggested there should be more flexibility around how counselling comes to an end.

the counselling sessions finish and it's a shame that there isn't any follow up in due course. There's just a feeling of, that's it then. [...] But instead of them going from one session a week to nothing, that it's one session a week, then one a fortnight, then one a month. I think you call it weaning.

*Senior leader, secondary school C, Welsh medium*

- 5.46 Secondary school case-study learners thought that service provision should offer flexibility around whether they could see a counsellor in school or in the community.

I think that's very important that they have the choice of whether they want to do it in school or out of school because I just feel it is more control over the situation. *Learner, secondary school A, English medium*

- 5.47 Young people consultees stated how important being able to make choices about counselling was to them because they welcomed the autonomy it gave them. Participants identified a number of places where young people could potentially exercise their autonomy in relation to counselling services. These were ensuring they had full information in a young person-friendly format, choice about sharing information about their counselling, and choice about counsellor characteristics.
- 5.48 To facilitate young people's autonomy, key system stakeholder interviewees considered it crucial to promote counselling services to young people and ensure they are aware of what they offer and how they can help. They stressed, however, that all mental health support options be promoted and the differences between them explained, so young people are supported by the most appropriate service and enabled to move between services as required, leading to more joined up care.
- I know it's bespoke to every child, but you also ensure that everybody knows what's available. There has to be transparency, there has to be collaboration for this to work. Otherwise, we're going to end up with a fragmented system again. *Stakeholder 05*
- 5.49 Young people consultees made suggestions about their well-being information needs that concurred with this. They maintained that information about counselling should include what counselling is and what to expect in a session, because a lot of young people do not know what they will experience. This lack of information has the potential to reduce service reach. Participants suggested that information about counselling should stress its confidential nature and also make clear that a young person does not need a diagnosed mental health problem to seek counselling and that addressing problems early is equally important.
- 5.50 Suggestions were also made about how information could be shared with young people that were aligned with a child-centred ethos. Some young people suggested avoiding using the term 'counselling' and calling the service something different to encourage young people who didn't think their problem was serious enough. Suggestions included 'free time to talk about you' or 'you time'. Key system stakeholder interviewees, young people consultees, and secondary school case-

study staff and learners recommended that anonymous testimonials from young people who were willing to share good experiences should be used to increase young people's understanding of what counselling is and how it can help. Case-study learners felt that hearing other young people's experiences would be persuasive.

So your initial point, when you're feeling there might be something, that you actually ... there's a point where you can read about it, you can hear from other people. I guess testimonial in the sense of what people have done to support themselves, before you then decide to kind of move through that process of actually speaking to people. *Stakeholder 02*

- 5.51 In addition, young people consultees suggested that counselling services should create a bespoke video for each school, featuring the counsellors that visit that school. They felt it would be helpful when a young person went to see the counsellor that they were a familiar face from the video. They did not, however, recommend that current learners be in the video, as they might get questions about counselling from peers that they could not answer.
- 5.52 Having a choice about sharing information about their counselling was important to learners from secondary school case-studies. Currently, counselling services do not inform parents if a young person is receiving counselling unless there is a safeguarding issue. Case-study learners thought this should be retained in future service provision and that they should always be asked if the counsellor wants to break their confidentiality.
- 5.53 Opinions on the importance of having a choice of counsellor were mixed among secondary school case-study staff and learners. Staff were stronger in their view that it would be good for young people to be able to choose a male or female counsellor, whilst learners were more equivocal. They thought it would be good to have a choice of counsellor, but they thought the counsellor's sex would only matter to some young people.
- 5.54 Whilst young people wanted choice, however, some were pragmatic about the potential trade off between being able to exercise choice in which counsellor they saw, but by doing so, possibly having to wait longer for their counselling to start. These young people felt their decision would depend on the individual and how urgent their issue was, whilst one noted that no counsellor should be so different to

the young person that they wouldn't want to speak to them. Others, however, felt that having a session with a counsellor the young person did not trust or feel comfortable with was a wasted session because they would not open up.

- 5.55 The final factor that could potentially help embed the child-centred ethos by offering choice and tailoring was related to the number of sessions being offered to young people. It focused on the importance of counselling services being able to offer longer term counselling, so that provision is available to young people with more complex needs and can accommodate those who progress at different speeds. Key system stakeholder interviewees suggested open-ended episodes were key. Young people consultees stressed that services should be available for longer periods than a few weeks or months. They were aware that young people's issues are often complex and they need to be able to try to work through their issues without the fear that counselling might be taken away at any time, which would add to their stress. They felt a young person's progress in mental health is often not linear, indicating the importance of long-term support when it is required.
- 5.56 The availability of counselling provision in Welsh and languages other than English was considered an important part of increasing reach by carers, young people and secondary school staff consultees, and secondary school case-study staff. Young people thought that counsellors should be fluent in the young person's language of choice and foster carers and secondary school staff highlighted the need for more Welsh speaking counsellors. Foster carers suggested there should be support for a more diverse range of people to enter the counselling profession to build up a bank of counsellors who speak additional languages. They highlighted the potential risk to confidentiality of using local interpreters in counselling sessions, who, if the local community speaking that language were small, might have mutual acquaintances with the young person.
- 5.57 In summary, factors considered important for increasing counselling service reach and availability were having a universal service available to all children and young people; increasing service capacity, which would be important in reducing waiting lists; and having sufficient counsellors who could work in Welsh and other languages. Operationalising a child-centred ethos by having choice and tailoring embedded in the service was also considered important to ensure provision could match young people's needs and therefore reach all who needed it. It was suggested that this could be done by offering counselling both remotely and face-to-

face and by services offering the right therapy with the right counsellor at the right time, being flexible and giving autonomy to young people.

*Demand assessment, access and referrals*

5.58 This subsection presents findings on how an optimal counselling service for secondary school aged young people should assess demand for counselling, what referral routes should be available, and how children and young people's access to counselling services could be enhanced. This includes factors relating to information provision, where counselling services could be most easily accessed, how access can be facilitated in schools in particular, and access for care-experienced young people. Data sources for this subsection are key system stakeholder interviews, stakeholder consultations and school case-studies.

5.59 Demand assessment refers to the point at which a decision is made to refer a young person to the counselling service or to support them in other ways. In the community, demand assessment might take place in settings such as primary care or youth services, but this was not commented on by participants. Key system stakeholder interviewees suggested, however, that there should be someone in or available to each school who could triage a young person who had asked for help in order to assess what might be the right type of support package for them. This would ensure the young person had access to the help they needed, rather than counselling being the default option for mental health or well-being referrals.

I think my ideal is that a young person goes and talks to a child in the way that they might do, and then that, sorry speak to a teacher in the way that they might do. That teacher then has access to somebody, you know, either on the phone or somebody who drops into school regularly, who's kind of familiar with the whole system, and has a conversation about 'this is what they're saying, what do you think?' So that there's a bit of a press pause, and that kind of whole system is considered. And then that counselling is one of the options, rather than 'oh it's counselling' as the first option. *Stakeholder 04*

5.60 Participants did not identify any major changes that needed to be made to referral routes into school and community-based counselling. They stressed, however, the importance of retaining self-referral to counselling services to give young people autonomy and of having a variety of referral routes to ensure that children and

young people did not get missed where they were reliant on adults making a referral. Secondary school case-study learners suggested young people should be able to make self-referrals by telephone, via the internet or by dropping a note in a box.

Yeah, I think it is important, because I think it's a very personal thing for some pupils, and they don't want to discuss it with a teacher, ultimately, and they just want to access the service without having to explain why.

*Staff member, secondary school B, English medium*

5.61 The need to monitor and prioritise young people on counselling service waiting lists was considered by secondary school case-study learners. They felt that school staff should be checking on them and moving learners up the list where necessary.

a little team of staff, not everyone, so, you don't feel like it's out in the open, but maybe a few members that check on the people regularly, and if they think that it's serious and they know who actually are depressed or have anxiety, they put you further up the list, and those people who don't need it as much, just drop. *Learner, secondary school B, English medium*

5.62 A range of factors that could enhance young people's access to counselling services was identified, including factors relating to information provision; location of counselling services in the school or the community; and facilitating access in schools and for care experienced young people.

5.63 Findings in chapter 4 (*Acceptability of School and Community-Based Counselling Services* section) highlighted that awareness and understanding of counselling services were low among young people and parents and carers. Subsequently, improving information provision about counselling services was identified as key to optimising access to them. Findings from key system stakeholder interviews and consultations with foster carers and young people included who should provide information and where and how it should be delivered.

5.64 Foster carers suggested that Welsh Government should be involved in providing information on counselling services, as this would result in a clear, single message to everyone. Young people consultees felt that local councils should do more to promote low cost counselling services. Within the school setting, they suggested that school support staff should be trained to better promote services and that

learner councillors should be involved in raising awareness. Secondary school case-study staff concurred with involving learner voice groups.

- 5.65 A secondary school case-study senior leader suggested that counselling services should provide schools with materials that would help them explain counselling to parents and carers.

When we talk to parents, that there's something that's easy for us to explain too and an easy way to present it. I don't know, a leaflet? [...] I wonder whether it would be possible to ensure better provision for parents? That they are completely clear about what it means, what is being discussed, what isn't being discussed, who is informed, and so on.

*Senior leader, secondary school C, Welsh medium*

- 5.66 Foster carer and young people consultees and secondary school case-study learners described a range of places and routes through which they thought information about counselling should be disseminated. Foster carers suggested that LAs should include information about counselling in fostering handbooks and welcome packs.

- 5.67 Young people and learners stressed that finding out about counselling should be as easy as possible and suggested that information could be disseminated in schools and colleges through internal communication systems such as Moodle, in form time, Personal and Social Education (PSE) lessons, and in posters, leaflets and assemblies. They suggested that counsellors should attend an assembly to introduce themselves to learners. Secondary school case-study staff and learners said that counselling services should be talked about more throughout the year and this would help learners to see counselling as a normal part of life and not something to be anxious about.

And maybe there should be more openness and information—passing through the year, as to what counselling is and is about, rather than maybe just once, at the start of the year, giving a presentation. [...] I think a bit more about that seems like it's a normal part of life. [...] I think pupils just don't really know about it, unless it's offered to them, and feel wary of it. So, I think taking away those boundaries and barriers is really important.

*Staff member, secondary school B, English medium*

- 5.68 Participants identified location of counselling services in schools or in the community as another factor that could enhance young people's access to them. Findings from the consultations with young people suggested that access would be easiest if services were sited in their school, rather than in the community and case-study school counsellors' perception was that the majority of young people were happy to be seen in school. Some secondary school case-study learners were of the same view because they thought young people would be busy with their families and friends after school.
- 5.69 There were, however, some other opinions. Other secondary school case-study learners thought the opposite and felt services should be in the community because young people are too busy during the school day with lessons and other activities. Relating to the findings on stigma around mental health in Chapter 4 (*Acceptability of School and Community-Based Counselling Services* section), some young people consultees thought that peers might think a learner had severe mental health problems if they were seen going to counselling, so a location off-site but near to the school would be preferable. Another participant suggested community-based venues were preferable as the learner would not have to miss lessons to attend counselling and they would be better able to express themselves away from school. As noted previously in this subsection, choice between school and community-based provision was key for some secondary school case-study learners.
- 5.70 With regard to facilitating access within schools, provision of a drop-in counselling service, where a learner could go without an appointment and spend 10 minutes with a counsellor, was perceived to be a means to improve learners' access by making it easy and comfortable. Key system stakeholder interviewees, young people, parent and secondary school staff consultees, and secondary school case-study staff and learners were all supportive of counselling service drop-ins and most thought they would work best in combination with a booked appointment system. Key system stakeholder interviewees and secondary school case-study learners considered the advantage of drop-ins to be that they offered learners an opportunity to meet the counsellor and get a flavour of counselling before deciding if they wanted counselling sessions. Parent consultees thought they could be offered after school, like a club, and this would reduce stigma. Young people consultees and secondary school case-study staff felt they were important because there would

always be times learners needed immediate help and a drop-in would alleviate the stress of having to wait for a first counselling session.

I think the only thing I'd like to see more of is that I don't think we've got enough of drop-in scenario here. I'd like to see some drop-in counselling sessions. If a child is really distressed, we could offer a service that day.

*Staff member, secondary school A, English medium*

- 5.71 Most young people consultees, however, thought that being able to book a counselling session was important and they suggested various ways in which young people should be able to contact the counselling service, noting that some would be nervous about enquiring about counselling in person. These included booking online, by email and telephone, and with appointment cards at school reception. They also noted that the option to book via a trusted member of school staff should be available as that would best suit learners who found the process difficult or upsetting. Finally, one participant stressed how important it was that young people are 'brought in' to the counselling service when they first make contact, i.e. that they receive some sort of immediate and welcoming response, as they had telephoned and been asked to call back, which they felt was poor.
- 5.72 Findings from the consultations with young people and parents suggested four further factors that would improve access to school-based counselling by making young people feel more comfortable about attending. These were the location of counselling in the school, time of counselling sessions, being able to take a companion, and confidentiality.
- 5.73 Young people consultees, secondary school case-study learners and case-study counsellors said that location of counselling services in a school was important. There were divergent views among young people, however, on the ideal location characteristics, suggesting they were expressing different needs around privacy and the concerns about stigma described in Chapter 4 (*Acceptability of School and Community-Based Counselling Services* section). Some young people said that the counselling service should be in a designated room located somewhere convenient, but discrete, in case the learner was embarrassed and did not want to tell their peers they were attending. It should be a familiar, comfortable room in the main school building, but away from the main classrooms, so it is quiet, and there should be a private waiting area. Others, however, said the best location would be isolated and away from areas of the school frequented by learners or conversely, near a

frequently used classroom so that a learner who felt uncomfortable about attending could blend in with other learners.

- 5.74 Case-study counsellors emphasised the importance of having a suitable room for counselling in schools that was consistently available to them. Ideally there would be a room allocated to counselling where they could have materials on display. They suggested that other agencies could also use such a room.
- 5.75 Time of counselling sessions was another factor that secondary school case-study learners identified that would influence how comfortable young people felt about attending counselling. Their views differed, however, on what the ideal time of day was. Some felt that before or after school was better as young people would not want to miss lessons or breaktimes and this would be more discrete. Others thought young people would not want to stay behind at the end of the day and counselling sessions should be in break times so attention was not drawn to the young person as they were taken out of a lesson.

Probably like lunch because it might be a bit uncomfortable for someone to have to leave in the middle of the lesson to go down, people might be like oh well why is that person leaving. But break and lunch they can just go and if they don't want to tell anyone, just 'oh I was in the toilet' or something. *Learner, secondary school A, English medium*

- 5.76 Parent and young people consultees and secondary school case-study learners suggested that having the option to take a friend to counselling might improve access by making young people feel more comfortable about attending, particularly those who were shy. This might also help reduce stigma about counselling.
- 5.77 The importance to young people of confidential access to current counselling services was described in chapter 4 (*Implementation of School and Community-Based Counselling Services* section). Young people consultees and secondary school case-study learners felt this principle should be retained in future counselling service provision as it would encourage them to use the service. That said, young people consultees were not necessarily averse to school staff knowing a young person was attending counselling. They recognised that school staff could give helpful feedback about the young person to the counsellor and felt this was acceptable, so long as the young person was fully aware what was being disclosed.

- 5.78 Improving access to community-based counselling services was not widely discussed by the participants. Case-study counsellors noted the importance of securing locations in the community that were accessible to young people without access to a car or who did not want to travel far.
- 5.79 There was further consideration of how access could be improved for particular groups of young people, with discussion among foster carer consultees considering the needs of individuals in care. They suggested that every care experienced young person should have a statutory right to see a counsellor and should not have to wait for approval from their social worker to access services. Care experienced young people should be offered a regular check-in with their counsellor, like they have with their social worker, and this could reduce any stigma they felt about seeing the counsellor, as the counsellor would become a person they have a regular relationship with. Foster carer consultees noted that building this trust with care experienced young people can take a long time, but it is crucial for them to be able to talk about very difficult issues like abuse whenever they feel ready.
- 5.80 In summary, participants indicated that demand assessment should include a triage system to ensure young people access the most appropriate form of support. No major changes to referral routes were considered necessary by participants, but they felt a variety of routes that include self-referral should always be available. Key findings around improving access to counselling services were firstly that better information was needed and this should be as easy as possible for young people to find. Secondly, providing drop-ins alongside booked sessions would improve access for learners and help familiarise them with counselling and the counsellor. Finally, foster carer consultees suggested that access to counselling for care experienced young people would be improved by giving them a statutory right to counselling and allocating them a counsellor, in the same way they have a designated social worker.

*Training, skills and capability of counsellors*

- 5.81 This subsection presents findings on who should deliver counselling sessions within an optimised service for secondary school aged young people and what training, skills and capabilities counsellors would need to have to deliver this optimal model. It first outlines participants' suggestions and rationales for whether specialist counsellors, school staff or peers would be best placed to deliver counselling sessions to secondary school aged young people. It then describes the personal attributes and the generic and specialist skills counsellors should have. Data

sources for this subsection are key system stakeholder interviews, stakeholder consultations and school case-studies.

- 5.82 Young people consultees differed in their opinions on who should deliver counselling sessions in secondary schools. Some thought it should be delivered by a professionally trained, specialist counsellor who was external to the school, suggesting the current model should be retained. They felt the advantages of this were that there would be no conflict of interest (i.e. the counsellor would not be compromised by any divergence between the learner's need and the school's interests), confidentiality would be easier to ensure, and talking to a stranger would be easier. Not all agreed with the last point, however, and some felt that talking to someone they knew would be more comfortable. Some felt it did not matter, so long as confidentiality was maintained.
- 5.83 Leading on from the view that receiving counselling from someone they knew would be preferable, some young people consultees thought that teachers could deliver counselling activities. In some instances, young people explicitly referenced the option of having teachers as counsellors. Reasons given for this included that it is the role of teachers to help young people; teachers can identify learners in need of help; and it is easier for young people to talk to someone they know and trust, such as a form tutor. They suggested that all teachers should be trained in delivering counselling activities as this would increase counselling capacity in schools and learners have better relationships with some teachers than others. Young people who disagreed with this felt the disadvantages of teachers delivering counselling was that they are already too busy and learners would fear they would be judged by the teacher.
- 5.84 Foster carer and secondary school staff consultees also commented on whether training teachers or other school staff to undertake counselling activities would be of benefit. Foster carer consultees felt that without professional training, it would not be ethical for pastoral staff to deliver counselling activities. Secondary school staff consultees felt that the role of the counsellor was a specialist one, offering a level of expertise they did not have. They felt that learners recognised this when they asked school staff for a referral to the counselling service. They also noted the expectation they felt is placed on them to be counsellors, social workers and experts in a variety of fields, but due to its highly specialist nature, they felt counselling should only be delivered by specialists. They felt the Whole-School Approach to Mental Health

supported this stance, as they understood its intention to be for school staff to be more approachable and more confident and comfortable in dealing with mental health related situations, without offering specialist support.

- 5.85 Some young people consultees were supportive of peer counselling as young people's friends are such an important source of support to them. A number of potential problems with peer counselling were raised, however, including that not all learners would want to have counselling from a peer because of a fear of being judged; peers would lack the experience of adults; and peers are not professionally trained in counselling.
- 5.86 Other suggestions made by young people consultees about who should deliver counselling were that counsellors, teachers and peers should all be available because all young people would feel comfortable having counselling support from at least one of those groups. Lastly, some young people consultees suggested that social workers should be available to deliver counselling to young people.
- 5.87 Findings from chapter 4 (*Acceptability of School and Community-Based Counselling Services* section) described the importance of the child-counsellor relationship and how liking and trusting the counsellor was important for young people. Building on this, desirable personal attributes and generic skills that counsellors working with secondary school aged young people should have were described by young people, secondary school staff and foster carer consultees and secondary school case-study learners. One learner noted that word of mouth about a likeable counsellor would encourage young people to seek counselling.

Also fun and bubbly as well, it's like when you've been there, and they're like opened up and really nice, if you ever like told people about him, then people would be more interested. And I think if you had a problem, they would know that he's quite nice, let's go to him. *Learner, secondary school A, English medium*

5.88 Personal attributes included:

- bubbly
- confident
- non-judgemental
- understanding
- empathetic
- open
- gentle
- genuine
- calm
- kind
- passionate
- relatable
- neither too formal nor too informal

5.89 Generic skills included:

- being an attentive listener
- not belittling young people's issues
- able to make young people feel comfortable whatever the topic
- good time management so young people don't feel rushed
- ability to give advice well
- able to adapt counselling style to suit the learner
- able to speak to the young person as an equal
- understanding of different religions and transgender issues

5.90 In addition, LA counselling service lead, foster carer and secondary school staff consultees perceived there to be a number of additional specialist skills important for an optimal counselling service. These included having counsellors within a service who had specialist training in a range of particular approaches, such as EMDR therapy. This would give options other than CAMHS to refer to. It would also be useful to have counsellors with advanced skills appropriate for care experienced young people with complex needs; and advanced communication skills for counsellors working with young people with social communication problems.

5.91 In summary, participants' opinions varied on who should deliver counselling to secondary school aged young people, but retaining the current model of it being

delivered by external, specialist counsellors was advocated by some young people. A range of personal attributes and skills that counsellors should have were described, including specialist skills to enable them to work effectively with young people with particular needs, including care experienced young people and young people with communication difficulties. Training needs of school staff was also addressed, particularly the need within the Whole-School Approach for all staff to be trained so that any learner could approach any member of staff and be compassionately signposted to appropriate support; findings pertaining to this are in the next section '*A Whole Education System Approach*'.

*A Whole Education System Approach: Stakeholder relationships and multi-agency working*

- 5.92 The Whole School Approach to Mental Health was described in chapter 1 (*Welsh Government Policy: School and Community-based Mental Health and Well-being Services* section). In this subsection, the term whole education system approach will be used as a broader term than a Whole-School Approach in order to include mainstream school settings and alternative educational provision and wider community stakeholders and resources. The approach, or elements of it, were seen as an important way to support secondary school aged young people's mental health and well-being at school and an appropriate context for counselling services to sit within. This subsection is divided into four main parts. First, the perceived benefits of a whole education system approach are outlined. Second, participants' views on what the approach should look like are described, including which stakeholders should be involved and how they should work together. Third, participants' suggestions on what would be needed to implement the approach are presented. Fourth, the perceived challenges and risks of adopting the approach are outlined. Data sources for this subsection are key system stakeholder interviews, stakeholder consultations and school case-studies.
- 5.93 Key system stakeholder interviewees and young people, parent and carer, and secondary school staff consultees described three key reasons why the whole education system approach, with counselling services embedded within it, could support young people's mental health and well-being.
- 5.94 The first reason was that the approach could help normalise mental health and help-seeking and reduce stigma. Participants thought that normalising mental health would create a school environment where learners would feel confident to talk

openly about their well-being and not experience concern about being seen to use counselling services. It would be, as a parent consultee put it, as normal to see the counsellor as it would be to go to a maths lesson.

- 5.95 The second reason was to prevent mental health and well-being problems from escalating. Parent and carer consultees thought that the graduated response to well-being support that schools would have under the Whole-School Approach, where they offered a variety of support options before making a counselling referral, would help to 'nip problems in the bud'. They suggested this would reduce counselling service waiting lists, and mean learners were supported on days the counsellor wasn't in school. A secondary school case-study senior leader concurred and suggested that if school staff were upskilled, the demand for counselling would reduce.

We've got great members of staff who are really used to being with kids and they have some really great skills. So, can't we get them to a certain level where they could almost take some of that case load? I mean that'd just, it'd just be efficient then. [...] Yeah, because otherwise you're waiting for this mysterious, golden counsellor that, if they're like gold dust and actually we've got a lot of skills here, so let's use them. *Senior leader, secondary school B, English medium*

- 5.96 The third reason, suggested by secondary school staff consultees, was that learners would be better supported when they finished an episode of counselling, as schools would provide holistic, i.e. both pre and post-counselling, support, with some form of handover of learners from the counselling service back into school pastoral care.
- 5.97 The second part of this subsection describes participants' views on what the whole education system approach should look like. It addresses which stakeholders should be involved, how they should work together and what features and processes should be implemented in schools.
- 5.98 Participants suggested that the stakeholders that should be involved in the Whole Education System Approach were children and young people, parents and carers, schools, counselling services, and other non-school based practitioners and agencies. The nature of the involvement of these stakeholders and their relationships with each other is described below.

- 5.99 Secondary school staff consultees identified learners as the most important stakeholders when asked about which stakeholders should be involved with counselling, but they were the only group to do so.
- 5.100 The relationship between parents and counselling services was addressed by key system stakeholder interviewees, parent consultees and secondary school case-study staff and learners. Key system stakeholder interviewees considered informing parents about the counselling service to be an essential way to reduce stigma:
- because it's a hearts and minds thing, in terms of helping people, winning people over that this is a good service, it's a really helpful service and being able to properly understand what the service is, both for school staff, parents and for the children themselves and the young people, and the link with other agencies. So there's quite a lot of people you've got to get on board for it to maybe a fully working service. *Stakeholder 01*
- 5.101 As noted earlier, young people were not averse to their parents being informed that they were receiving counselling, so long as they had a choice about this information being shared. Secondary school case-study staff concurred with this and thought parents should be informed where possible and with the learner's permission.
- Typically, I'll ask pupils what they think, what's their thoughts about me communicating to their parents that they've requested the counselling, or they're going to go for counselling. Because I think, sometimes, it's just good for parents to know these things. [...] So, where possible, I'm as open as I can be with everyone, parents included. And again, that's obviously with the pupils' consent because we want to offer them the confidentiality that counselling can provide. *Staff member, secondary school B, English medium*
- 5.102 Chapter 4 (*Implementation of School and Community-Based Counselling Services* section) identified the relationship between schools and their counselling service to be a key barrier or facilitator to service delivery and that different opinions on confidentiality were a potential point of tension. Confidentiality was raised again by young people and secondary school staff consultees as an important element of school – counselling service relationships in an optimal counselling service. Young people consultees felt that if a learner's school work was suffering, teachers should be told if that learner was seeing a counsellor, but cautioned that the learner should

be made aware this information was being shared. Secondary school staff consultees felt there was no harm in school staff knowing what the counsellor was working on with a learner and it was important this information was shared in an optimised service.

- 5.103 School-to-school relationships were also identified as a future facilitator to counselling service delivery by key system stakeholder interviewees. They suggested that schools could support each other by sharing good practice around their counselling service and learning from each other. Participants suggested this would enable constant assessment and improvement of service implementation as new learning emerged.

Well there might be, almost like peer working. So, it might be that a school is ahead of another school, could support a school, another school in their cluster. We could have like a buddy system if you like, we could also have a link worker. So, somebody that works with the School Improvement Service, Estyn and councils. *Stakeholder 05*

- 5.104 A secondary school case-study senior leader described their plans to do this by developing a multi-disciplinary forum with a neighbouring secondary school. The aim of this was for the two schools to work in partnership to pool resources and develop well-being provision for learners who were not progressing that they might otherwise not be able to offer.

if we work jointly and in partnership with the other school there might be other provisions we can do together. [...] But I think given the expertise in the schools, if there's enough of us around we might be able to troubleshoot for each other, support each other. *Senior leader, secondary school B, English medium*

- 5.105 The final group of stakeholders identified by participants was non school-based practitioners and agencies with roles relating to young people's mental health and well-being, that were often located in the community. Examples included CAMHS, clinical psychologists, LA Inclusion Services and Youth Services, third sector providers, school nurses and GPs. Secondary school staff consultees felt the involvement of nurses and GPs was particularly important given the rise in self-harm and suicidal ideation and that they should work closely with counselling

services on these issues. A secondary school case-study senior leader noted the value of time spent with such experts.

in the end a clinical psychologist came in. I spent like an hour with him and understood so much. He gave me so much good advice at the end of it, I thought that's all I really need. I almost need like a clinical psychologist in here once a month troubleshooting stuff. *Senior leader, secondary school B, English medium*

- 5.106 Multi-agency working was identified by key system stakeholder interviewees, and by young people, parent and carer, and secondary school staff consultees as an important element of an optimal counselling service to enable its integration with other sources of mental health and well-being support within a whole education system approach. Young people, parent and carer consultees felt services should be better integrated and able to act more fluidly, e.g. third sector providers working in schools should have a relationship with CAMHS in-reach so they can request CAMHS in-reach to refer. Key system stakeholder interviewees concurred with this and advocated for better integration of the counselling service with other NHS services.

With, with services, and, again, in some areas, the CAMHS In-Reach services are better than others, you know, it's like gold dust to try and get an access into a, a CAMHS In-Reach, whereas, in other councils or Health Boards, it's better. So we know, so you know, what do we need to do? We need to address the gaps in the Health Boards. We need to almost get the School Improvement service involved with the councils, and it needs to be, without sounding high, it needs to be mandatory. *Stakeholder 05*

- 5.107 In particular, key system stakeholder interviewees suggested that schools and counselling services could try to involve other agencies in addressing the most prominent issues children and young people were presenting with:

So, you know, particularly the local school of culture to mental health, you know, if the school and community-based counselling provision in that area is, is picking up that, you know, those five top issues are generally the ones that are coming up year on year, you know, that informs what a school can potentially, specifically look at and try to tackle with the help of others including third sector. *Stakeholder 06*

- 5.108 Participants suggested the features and processes that should be in place in schools to establish a whole education system approach with the counselling service embedded within it. These included all school staff trained in mental health and well-being; a graduated response to learner well-being needs with all mental health and well-being support options promoted to learners; counselling services embedded in schools; and post-counselling support.
- 5.109 Participants envisaged that a whole education system approach would mean that all school staff were trained in mental health and well-being, with the confidence and capability to act as a trusted adult. Key system stakeholder interviewees saw this as the school context mirroring the safe space that counselling creates, and that schools would have a 'no wrong door' approach, which would mean learners could approach any adult in the school if they needed help and the adult would know how to respond.

Well, that's very important, you know, I think the trusted adult point, and when you have that trusted adult, that trusted adult has an understanding of where to go, you know, where to point that young person at. You know, what's available, and that sort of no door is the wrong door, you know, wherever the young person ... you know, the more people that understand what's available and understand and feel confident about how they respond, you know, the more young people will be able to access the help, the support, the understanding, that they need. *Stakeholder 08*

- 5.110 Parent consultees described the graduated response they thought schools should adopt to support learner mental health and well-being, which was aligned with a whole education system approach. Firstly, school staff would be able and willing to discuss a well-being issue with a learner and recognise if further support was needed. The school would then have a variety of support options in place, recognising that learners will have different needs and preferences, and these would be fully explained to learners, as noted previously in this subsection. Then a referral to counselling could be made if the learner needed further support. This was described by a secondary school case-study senior leader:

as I say one size doesn't fit all – one pupil would be happy to go and talk to someone at lunchtime, whereas that would be the worst thing in the world for someone else. We're just trying to find the right way of supporting them. *Senior leader, secondary school C, Welsh medium*

5.111 To ensure counselling was normalised in schools, key system stakeholder interviewees suggested that counselling services should be embedded in schools, so counsellors were more visible. This would help learners become familiar with the counsellor and the service, thereby removing the mystery surrounding the service and helping learners build a trusting relationship with the counsellor. This would be particularly important for learners who were hypervigilant or had anxiety and might therefore find it difficult to speak to or trust strangers. Secondary school case-study learners thought counsellors should be more visible in schools and attending assemblies could help to achieve this. Counsellors' visibility would also be higher if they were involved in teaching and staff at one case-study secondary school thought that counsellors should deliver some lessons on topics they had expertise in.

I think if they could work with groups of young people, even perhaps going into a class and doing a lesson on say healthy relationships. They're the best people out there, they're the people who are skilled in dealing with these sorts of things and I think that would be really useful. *Staff member, secondary school A, English medium*

5.112 A secondary school case-study senior leader suggested the ideal would be for the counsellor to be part of the school community, but another noted how important it was to learners that the counsellor was external and not someone they associated with the school. Case-study counsellors concurred and cautioned against taking embeddedness too far. They thought a balance needed to be struck between embeddedness and learners recognising that counsellors are not teachers and that school rules can be suspended in counselling sessions.

it's really important to get the balance between, we're not part of the school, so the counsellors are not the teachers, they don't need to be referred to as 'Miss' or 'Mrs'. First names; using mobile phones; using whatever language they want to use, including swearing. I think that's absolutely spot on. *School case-study counsellor*

5.113 The last process that participants suggested should be in place in schools was post-counselling support. Parent consultees highlighted the importance of counselling ending well and secondary school staff consultees and secondary school case-study staff recommended some form of handover from the counselling service back

to school pastoral support. They thought this would enable them to support the learner in the most appropriate and effective way after their counselling.

a good thing would be to share any information. Even if it's just, you know, through a feedback form or some advice for what the school could offer, they think, and not necessarily demanding that school could offer, but some suggestions for the future going forward. *Staff member, secondary school B, English medium*

5.114 The third part of this subsection outlines participants' suggestions on what resources would be needed to implement a whole education system approach. These were training for school staff; supervision for school staff; dedicated well-being roles in schools; strategies for parent and carer involvement, strengthening school – counselling service relationships and multi-agency working; mental health screening for learners; and the Curriculum for Wales.

5.115 Training for school staff to equip them to deliver a Whole Education System Approach was addressed by key system stakeholder interviewees and by parent and carer and young people consultees. Key system stakeholder interviewees considered it important that trusted adults that young people can approach for help be readily available and therefore recommended that all teachers should have training on how to offer a compassionate response to young people in distress. This would equip teachers with the skills needed to feel confident talking to learners in distress and helping them to access support.

I think the training for teachers, training for all, you know, for the whole school, you know, anyone's young person might come and encounter in a compassionate response to distress, you know. *Stakeholder 08*

5.116 Secondary school case-study staff and counsellors concurred. They stressed the need for more training for all school staff because learners will have particular members of staff they feel comfortable talking to and to ensure all staff understood the value of counselling.

we do still come across those teachers who don't want to release a pupil, who don't get that if their mental well-being isn't good, then they're not going to learn. So, a bit more education, for the teachers; the link staff and the pastoral staff seem to get it, but we do come across those teachers occasionally who we battle with. *School case-study counsellor*

5.117 The need for training to help school staff support learners who were on the counselling service waiting list and to help them support the well-being of learners with lower levels of need was identified by a school case-study senior leader.

just that we are given that guidance sometimes on how... you've either got one-to-one groups or groups of eight and then we have a whole school approach which is 700 children. What do we always put in the middle? How can we bridge that gap every time? What can we offer, how can we do things that may not be specialized but bridges the support if you like.

*Senior leader, secondary school C, Welsh medium*

5.118 Young people consultees also advocated training for all teachers on how to notice signs of a young person struggling and how to deal with that situation positively. Parent consultees concurred and felt that all staff should be trained so that any young person in need of support from a safe adult could approach any member of staff and not have to wait. They did not perceive this to be an arduous training burden on staff or a role they should be scared of, because their role should be to spot signs of anxiety, poor mental health and risk of suicide and to be confident to signpost to other services within the school. Foster carer consultees highlighted the importance of training all staff, as learners will have particular members of staff they feel comfortable opening up to.

5.119 Alongside training for school staff to equip them to support learner mental health and well-being, a secondary school case-study senior leader suggested that staff supervision was needed to implement a whole education system approach. This was in recognition of the impact that dealing with distressed learners and safeguarding issues could have on school staff. They suggested that with training, this could be an element of the school-to-school support described above.

5.120 This secondary school case-study senior leader also suggested that a dedicated well-being practitioner role in schools would support a whole education system approach as they would not be drawn in to other tasks in school.

I do think appointments in school of well-being practitioners as something a school has to do and they're given funding specifically for that role would massively change things because, for example, today in this school, we, the well-being, the person in charge of overseeing well-being, does all the practice, there's no cover. So, she's had to put a sign on her door and say

I'm sorry, I'm on cover today so I can't do any of those sessions, so.

*Senior leader, secondary school B, English medium*

5.121 Strategies to involve parents and carers were identified as a necessary resource to implement a whole education system approach. Parent consultees thought counsellors might seek feedback from parents and carers of children who had disclosed that they were having counselling. In particular they could explore whether previous counsellors had tried different approaches with their child, so that they did not spend time on therapeutic approaches that have already been tried unsuccessfully and were not engaging for their child.

5.122 A secondary school case-study senior leader suggested holding monthly well-being workshops for parents and carers to help increase their understanding of what different agencies, including counselling services, could offer.

What I'd like to see, we had an idea before Covid, to do like well-being workshops, perhaps once a month, and get all our partner agencies in, to perhaps do a drug awareness. [Agency name] would do a parenting course, maybe [Counselling service provider name] could join in on that as well, and just sort of speak to parents and say this is our service, this is what we provide, and this is what the children can access. Maybe they'd feel a bit happier then. *Senior leader, secondary school A, English medium*

5.123 The last two resources needed to implement a whole school approach were strategies to improve school – counselling service relationships and multi-agency working. Strategies to improve school – counselling service relationships were suggested by a secondary school case-study senior leader and included counsellors joining school pastoral care meetings; schools being more proactive in making suggestions for counselling service improvements; and counselling services feeding back to schools the findings of any service evaluations they conduct.

5.124 Participants identified a number of strategies for multi-agency working that would support implementation of the whole education system approach. Multi-agency referral panels, as described in chapter 4 (*Implementation of School and Community-Based Counselling Services* section), were advocated by foster carer consultees and a secondary school case-study senior leader as a way to ensure young people were referred to the right service for their needs. Foster carer

consultees suggested such panels would reduce waiting lists for counselling services as some young people would be referred elsewhere.

- 5.125 Key system stakeholder interviewees noted the multiple support frameworks for young people such as the Nurturing, Empowering, Safe, and Trusted (NEST) framework and the CAMHS Service Improvement Framework. They suggested that counselling services could be a helpful part of these support frameworks. Integration would mean the young person's issue would be addressed in multiple ways, thereby avoiding the risk of them feeling the sole responsibility to 'fix themselves' in counselling.

Obviously I know counsellors are very kind of, well versed and trained and supportive in, in thinking in that holistic way. But my worry is that it risks that the responsibility for change in the child, so go and talk to your teacher, or you know, the solution to the problem comes from the child. Whereas I think the whole kind of system around the child needs to be much more engaged in finding those solutions. So that's my worry, is it's seen as a quick fix to mental health. Whereas actually it needs to be much, much bigger, and that's not to detract from its usefulness at all. But you know, I suppose just as there are many, many reasons why children present with mental health difficulties, there needs to be many, many options and solutions. *Stakeholder 04*

- 5.126 Secondary school staff consultees suggested that multi-agency support models for individual learners that included counselling services be explored further. One school noted that they used learner-centred planning for young people who were struggling in multiple areas, but the counselling service was not currently involved in this planning. Another felt that the counselling service being part of a 'team around the child' approach would strengthen the school's relationship with the service and be as valuable as increased counsellor time in the school.
- 5.127 As noted above, normalising mental health is a key element of a whole education system approach. Young people consultees suggested that normalising mental health in schools could be facilitated by having a free, basic mental health screening for every learner at the start of the year. No further sessions would be compulsory, but it would increase inclusivity from the outset.

- 5.128 Improved teaching about mental health and well-being was the final suggestion for how to implement a whole education system approach. This suggestion aligns with another key educational policy, the Curriculum for Wales. This has bearing on learner mental health and well-being and school counselling as one of its four core purposes is for learners to leave school as healthy, confident individuals.
- 5.129 Key system stakeholder interviewees, young people, parent and carer consultees and secondary school case-study staff and learners highlighted the further work schools could do to integrate teaching about mental health into the curriculum. This teaching could raise knowledge and awareness of mental health and reduce stigma, help young people identify when they needed support and teach coping strategies for some of the common issues that young people struggle with. Parent consultees noted the importance of doing this when young people are well, so that coping strategies are already embedded when they start to struggle. Young people consultees suggested that counselling could be built in to the curriculum, so that learners would not even know they were receiving it; they likened this to the mental health benefits of PE lessons.
- 5.130 The fourth part of this subsection is the challenges and risks of a whole education system approach, including school staff burden, lack of engagement from teachers, and lack of capacity in the wider system.
- 5.131 Whilst the training for teachers that would be needed to embed a successful whole education system approach was recognised, parent consultees voiced some concerns about overloading schools, as they are already facing multiple pressures, including implementing the Curriculum for Wales and the Additional Learning Needs Transformation Programme. A secondary school case-study senior leader highlighted the pressures that additional staff training brought.
- So, we now want to roll out sand tray training, empathy drawing training with our support staff, but actually finding time and things to do and roll out, those things out and given those staff members' time off timetable to work with children when there's very limited resources in terms of staffing, it's hard to do. *Senior leader, secondary school B, English medium*
- 5.132 Lack of engagement from some teachers was also raised as a potential challenge to implementing a whole education system approach by a secondary school case-study senior leader. They felt that some teachers were better suited than others to

teach about mental health and well-being and some would only pay lip service to well-being in the curriculum.

- 5.133 The final challenge identified by participants was lack of capacity in the wider system. This was raised by a secondary school case-study senior leader who felt that it could be futile to implement strategies such as multi-agency referral panels if the services that could be referred to had no capacity.
- 5.134 In summary, a whole education system approach to mental health was perceived to be an important way to support young people's mental health and well-being at school and an appropriate context for counselling services to sit within. The main perceived benefit of a whole education system approach was the normalisation of mental health in schools and the reduction of stigma. Participants identified children and young people, parents and carers, schools, counselling services and external agencies as key stakeholders. They suggested that a whole education system approach should include school staff trained in mental health and well-being, a graduated response to learner well-being issues with clear explanations for learners about the options available to them, and counselling services embedded in schools. To implement a whole education system approach participants recommended school staff training, strategies for multi-agency working, such as referral panels, and capitalising on the opportunity offered by Curriculum for Wales by increasing teaching about mental health and well-being. Overloading teachers was highlighted as a potential risk to implementing a whole education system approach.

### **Extension and optimisation of school and community-based counselling services for primary school aged children**

- 5.135 This section presents findings related to the extension and optimisation of school and community-based counselling services for primary school aged children in Wales. As reported in Chapter 1 (*Welsh Government Policy: School and Community-Based Counselling Services* section), LAs are currently required to provide a counselling service for children aged 11 and those in their final year of primary education. Findings from the counselling service pro-formas, presented in Chapter 4 (*Implementation of School and Community-Based Counselling Services* section), show that many already offer provision for children younger than the statutory age, but this varies widely between services. The findings will consider the potential value of extending services to younger children (4 -10 years). They will

also explore the aspects of current services that should be retained and those that should be improved or expanded.

- 5.136 This section presents: perceived need for a service for all primary school aged children; a potential delivery and funding model; mechanisms to maximise reach and availability; and options for addressing demand assessment, access and referrals. It also explores the resources and contextual conditions needed to implement the optimal model, including training, skills and capability of counsellors and a whole education system approach to mental health. The data sources that reported on the extension and optimisation of services for primary school aged children are: stakeholder consultations; key system stakeholder interviews; and school case-studies.

*Need for a school and community-based counselling service for primary school aged children*

- 5.137 Findings on the need for a school and community-based counselling service for primary school aged children focus first on participants' opinions on the need and rationale for mental health and well-being provision in primary schools. They describe how primary schools currently respond to this need and the issues they face when trying to respond. They then focus on participants' views on whether counselling should be part of the mental health and well-being provision in this educational setting.
- 5.138 The need for mental health and well-being provision in primary schools was advocated by young people, parent and primary school staff consultees and primary and secondary school case-study staff. They outlined a number of reasons for this. Young people consultees and secondary school case-study staff noted that primary school aged children experience trauma and stressful life events, such as bullying and bereavement, that they would likely need support for. Primary school staff consultees felt that learners' problems were intensifying over time and that this was apparent before the COVID-19 pandemic. Primary school case-study staff suggested that children's home environments might underlie this increase.

I personally think the families, the way the families are functioning, there's a lot more alcohol issues, there's a lot more domestic violence, there's a lot more issues in the home which directly impact the children obviously,

isn't there, and a lot more poverty, giving out food vouchers. *Staff member, primary school B, English medium*

- 5.139 Parent consultees highlighted the value of normalising mental health early, so that children learn from an early age how to talk about their feelings. They saw this as 'prevention is better than cure' and a way to reduce mental health and well-being issues among secondary school aged young people, as they would come to see looking after their mental health to be 'as normal as brushing their teeth'.
- 5.140 The final reason put forward for advocating mental health and well-being provision in primary schools was that the primary school environment was more conducive than that in secondary schools for children to open up. Primary school staff consultees thought children saw their primary school as a safe space and parent consultees thought primary school staff knew learners and their personalities better than secondary school staff did.
- 5.141 Primary school staff consultees and primary school case-study staff described the wide range of organisations and services they made referrals to or used in school to address learner mental health and well-being need, as well as the work they did themselves, e.g. nurture groups, employing ELSAs. They highlighted the long waiting lists they encountered for services such as CAMHS, and their subsequent concern that school staff expertise was insufficient to support learners whilst they were on a waiting list. They described how this, and the increasing need for learner well-being support more generally, was putting strain on school staff, many of whom had limited or no regular professional supervision to help them cope with their role and offer advice and support.

We find it really frustrating that with, access to anything is so limited, because everyone's so short staffed and hasn't got the funding and the resources, that we feel often that we're failing the children, because we're not able to be proactive enough and there is only so much we can do. We try our best, but we are teachers, we're not counsellors, we're not Mental Health Specialists, we're not nurses, we're not doctors, so, it does sometimes feel a bit like, that you worry about them. *Senior leader, primary school B, English medium*

- 5.142 Not all participants, however, saw counselling as the best means to address the mental health and well-being needs of primary school aged children, and some

suggested that support should be delivered predominantly by other practitioners or be directed to the child's family.

- 5.143 Some parent consultees felt that if a primary school aged child was considered to need counselling, they were likely to have a deep-seated, underlying problem that counselling would not resolve. They thought that counselling therefore risked becoming a 'sticking plaster' and the underlying problem would remain. They therefore advocated the involvement of a multidisciplinary team to try to ensure each child is seen as a complex whole and to establish the cause of their problems.
- 5.144 Other parent consultees advocated greater use of approaches such as play therapy, outdoor learning and forest schools in primary school, particularly with learners the school had identified as lacking a nurturing home environment. They suggested this might pre-empt the need for individual counselling. Some LA counselling service lead consultees concurred with this and drew attention to the range of practitioners that can deliver therapeutic play or other child and family focussed services.
- 5.145 Primary and secondary school case-study staff highlighted that the value of some of these other approaches was that they could be delivered by school staff that learners knew and felt safe with. They felt that strengthening the skills of existing school staff was therefore preferable to an extended counselling service. Data from primary school case-study learners supported this as they said they would want to talk to someone they knew and trusted if they were worried about something.
- 5.146 A secondary school case-study senior leader raised the possibility of counselling services for primary school aged children encouraging a dependency on counselling that might diminish their resilience.

I worry about putting it too early, because it's almost like the children grow up thinking that they can't deal with anything unless there's a counselling service. But then I don't want any children to struggle either; it's it a double edged sword for me, that one. *Senior leader, secondary school A, English medium*

- 5.147 Primary school staff consultees and primary school case-study staff highlighted the importance of support for parents, from the birth of their children or even before. They advocated counselling and support groups for parents to help prevent children reaching the point where they needed counselling and the term 'sticking plaster'

was again used to describe how counselling for children could not address problems that were rooted in the child's family. The Flying Start Health Programme was strongly commended for its family support and health visitors were recognised as a significant but overstretched source of support for families with babies and young children that warranted further investment.

- 5.148 A counselling service for primary school aged children was, however, advocated by many participants, who suggested a range of reasons why a service was desirable. These included the value of early intervention; substantial and increasing need for counselling provision; inadequate mental health and well-being expertise among primary school staff; variation in well-being provision in primary schools; improved openness about mental health and help-seeking as children got older; and access to support for children whose parents were reluctant to consider additional support.
- 5.149 The value of early intervention and 'nipping problems in the bud' was considered a rationale for a counselling service for primary school aged children by key system stakeholder interviewees, primary school staff, parent and carer, and LA counselling service lead consultees and primary school case-study staff. Counselling provision in primary schools was perceived by these participants to be a means to teach resilience and coping skills and prevent problems escalating and becoming entrenched before year 6 or at secondary school. Starting counselling at primary school would also instil in children that seeing a counsellor was a normal thing to do.

Obviously, we need in primary schools to do everything we can at the start... *Stakeholder 01*

- 5.150 A range of stakeholder consultation participants and school case-study counsellors, felt there were already substantial and increasing mental health problems in primary school aged children that warranted counselling service provision. Primary school staff consultees and case-study staff reported learners of all ages in their schools with problems that required specialist intervention, such as eating disorders, anxiety and depression, and bereavements. They, and secondary school staff consultees, thought that the number of children with issues that might benefit from counselling, particularly anxiety, self-harm, suicidal ideation, and gender identity, has been increasing over time.

- 5.151 Primary school staff consultees and primary school case-study staff expressed their frustration at having to wait until learners were in year 6 to refer them to counselling services and the latter described how they had ‘nowhere to go’ to get counselling for a bereaved year 2 learner. Secondary school staff consultees noted the well-being issues they saw at transition, such as severe and debilitating anxiety, and their perception that children are growing up faster and needing help earlier with issues such as dating violence. Related to this point, parent consultees noted that children are going through puberty at a young age, which created emotional issues for some. Foster carer consultees stated that care experienced children were likely to have suffered trauma from an early age and should therefore be offered counselling as early as possible and not have to wait until they were in year 6 or later.
- 5.152 The range and severity of mental health and well-being problems that primary school staff consultees saw their learners struggling with led many to highlight their perceived lack of expertise in supporting these learners and their subsequent desire for specialist counselling service provision. Several used the phrase ‘muddling through’ to describe how it felt to deliver their support and were concerned that their efforts might be doing more harm than good.
- 5.153 Primary school staff consultees thought some learners would find it easier to open up to someone they did not know and a counselling service would offer this. Young people consultees thought that counselling service provision in primary schools that was made fun would mean children would be more willing to talk about their mental health as they got older and would seek help sooner if they had a problem. Parent consultees highlighted that primary schools vary in the quality of their well-being provision and counselling services were therefore needed, but in some primary schools more than others.
- 5.154 The final reason put forward for the need for a counselling service for all primary school aged children was made by primary school staff consultees who noted that a school-based counselling service might help families who were reluctant for their child to access other types of support service or who could not afford private counselling provision.
- 5.155 In summary, participants were unanimous in their view that primary schools needed good mental health and well-being provision to support children through stressful life events and to normalise talking about mental health. Primary school staff consultees described the wide range of ways in which they supported learner well-

being, but they faced certain constraints, including long waiting lists and lack of expertise among themselves. Some participants did not see counselling as the best or only way to address these constraints and meet children's well-being needs. Most, however, were supportive of a counselling service for all ages for a number of reasons, particularly the value of early intervention and growing mental health needs among learners that needed support beyond school staff expertise and skill sets.

*Delivery model and funding model*

- 5.156 Findings reported on the optimal delivery and funding models for school and community-based counselling services for primary school aged young people. Data sources that addressed delivery and funding models are stakeholder consultations; key system stakeholder interviews; and school case-studies.
- 5.157 LA counselling service lead consultees discussed a national model for counselling services for primary school aged children and raised some concerns. As described in Chapter 4 (*Implementation of School and Community-Based Counselling Services* section), many had established services for children younger than 11 years old that they thought were working well as they had been developed to meet local need. They therefore felt that any future guidance or service specifications should build on these existing service models. They felt it would be helpful, however, to give minimum expectations of what a good counselling service for this age group should look like and be clear which interventions should be considered counselling and which should be considered general well-being interventions. They felt the legitimacy of some techniques used in counselling, particularly play therapy, was questioned by some people and would welcome clarity on this.
- 5.158 Participants suggested two key principles for a counselling service model. The first, suggested by LA counselling service lead consultees, a primary school case-study senior leader and school case-study counsellors was that services for primary and secondary school aged children should not be seen as two completely separate services. LA counselling service lead consultees acknowledged that the history of the service's development, with provision for 11 to 18 year olds being developed first, leant itself towards this, but they and the school case-study counsellors felt that provision should not be framed in this way.

I would look at blurring the two together a little bit more than we do at the moment. *School case-study counsellor*

5.159 The second principle that LA counselling service lead consultees felt it was important to address was autonomy for learners and how to embed choice for younger children who may be less able than older groups to request or refuse counselling.

5.160 There was agreement across key system stakeholder interviewees, stakeholder consultees and school case-study participants that a different approach to counselling would be needed for primary school aged children, as counselling in its traditional form of a one-to-one conversation may not suit them.

I would really be hesitant on referring a younger child to the service, as it's run now, because actually, I think young children will find that extremely difficult and I don't think it's the right thing to do for them. To put them with a stranger, for four sessions and then they're gone, I think would possibly be more damaging, than good. So, yes, I think we need much more access to counselling for children and mental health and well-being and people with a really good knowledge of how to help children, with mental health, but I don't think the service, as it's run now, would work for younger children to be honest. Maybe the odd Year Five. *Senior leader, primary school B, English medium*

5.161 A range of different types of therapy that should be part of provision for this age group were suggested. The majority of key system stakeholder interviewees suggested that more creative approaches, such as art, drama and play therapy, would be beneficial as they allow children to express themselves without the need for complex emotional vocabulary, whilst communicating in a way that is familiar to them.

it does work as well for children because especially when they are young, I mean you can't ask them questions and sometimes what they say you can't quite understand or they are not able to articulate it. But when they are playing in that environment, they are able to express themselves really, really well. *Stakeholder 01*

5.162 Group-based therapy was recommended by key system stakeholder interviewees, and by children and young people and parent consultees. A key system stakeholder

interviewee felt group therapy would be preferable as one-to-one support might be too intense for this age group. Parent and young people consultees thought group therapy would be helpful as it would encourage openness and children would realise that others felt the same way they did, which might help them to progress. Primary school case-study staff, however, noted that the requirements of the learner should determine whether group-based therapy was undertaken and a learner said it would not be their preference.

I'd want to do it on my own because I might not want everyone else to know that I was doing it. *Learner, primary school A, Welsh medium*

- 5.163 Key system stakeholder interviewees and LA counselling service lead consultees highlighted the importance of involving schools, families and other support services in counselling for primary school aged children, so the full context of the child's problem could be understood. This would facilitate making changes in the child's environment to help them with their problem and ensure support was in place when counselling ended, as children may feel less able than young people to independently apply coping skills they have learnt in counselling.

I think counselling becomes more and more useful for older children, because they are starting to individuate from their families, and make their own decisions, and um you know, counselling facilitates that. But I think the idea of a one, a year one or a year five seeing and talking about their emotional worlds without the context being absolutely at the forefront feels really worrying to me. *Stakeholder 04*

- 5.164 Family therapy or support sessions for parents were identified as potentially being particularly helpful and appropriate by key system stakeholder interviewees, primary school staff consultees and primary school case-study staff. They emphasised that children of this age are entwined with their family and not able to make independent decisions and therefore need their family's support. Furthermore parent and carer involvement was considered essential to ensure consistency for the child.

But if there's an offer for younger children, there needs to be an offer for parents. [...] For them to have training too to get some form of support because there's no point doing it with the child and then what they hear at home is the opposite of what has been said in the session. Because that's

not going to help the child, they are going to be confused more than anything else. *Staff member, primary school A, Welsh medium*

- 5.165 Primary school staff consultees highlighted the need for counselling services to offer or work alongside specialist provision for particular issues children might face, particularly witnessing domestic abuse, which they had seen increase during the COVID-19 pandemic.
- 5.166 In addition to a service delivery model for primary school aged children providing different types of therapy and working more closely with schools, other agencies and families, LA counselling service lead consultees suggested that school staff supervision could be a component of a service model. This would involve counsellors being a point of contact or mentor for primary school staff who wanted support or advice on a well-being issue, so supervision would be a 'first layer' of provision. LA counselling service leads thought this would help them address the issue of the large number of primary schools they would need to provide a service to.
- 5.167 Primary school case-study staff also felt supervision could be a valuable component to a counselling service delivery model. They saw it as beneficial as children would continue to be supported by school staff, rather than having direct contact with a counsellor that they did not know. It could further benefit school staff by reassuring them.

So that frustrates me somewhat, and when there's no help out there that we can use, even if it's just to say you are doing what you can and that's all you can do, and there's not much more you can do, it's nice to be able to go to someone to do that. *Senior leader, primary school A, Welsh medium*

- 5.168 A primary school case-study senior leader suggested an additional activity that counselling services should offer was input into the content and structure of the well-being curriculum. They likened this to the way schools are provided with a structure to teach sex and relationships education and suggested it would mean that all learners would be at a certain level in their well-being knowledge and skills by the time they reached year 7.
- 5.169 Building resilience into counselling service delivery models was addressed by primary school staff consultees, who made the same point as their secondary

school staff colleagues. They felt that ideally, service models should include continuation of face-to-face provision in school hubs in preference to switching to remote methods. If that were not possible, provision for virtual on screen 'check-ins' with children should be in place. A primary school case-study senior leader suggested the service would be strengthened by better awareness of how it operated.

I think the system needs to be robust and everyone needs to know what the system is. Without someone, it goes back to, without someone to contact in order to know what the steps are, or without a flow chart we can follow, if there was one in place, so we know exactly what needs to be done, that will then strengthen the system. *Senior leader, primary school A, Welsh medium*

- 5.170 Participants did not comment on funding models for a counselling service for primary school aged children, apart from LA counselling service lead consultees, who stressed the importance of consistency in funding.
- 5.171 In summary, LA counselling service leads suggested that future service delivery models should build on existing services for primary school aged children, consider how to maximise children's autonomy and be part of a model that encompassed combined services for children and young people. Participants recommended that delivery models include more creative therapeutic approaches and close involvement of families, schools and other agencies, to ensure the context of a child's problem was understood and they were supported during and after counselling. LA counselling service leads suggested that school staff supervision be part of service delivery models. Primary school staff consultees suggested delivery models could be made more resilient by ensuring face-to-face counselling could continue during school closures.

#### *Reach and availability*

- 5.172 This subsection presents findings on how to maximise the reach and availability of a school and community-based counselling service for primary school aged children. Findings address: increasing service capacity and enhancing choice and tailoring, including remote provision. Data sources that reported on reach and availability were stakeholder consultations, interviews with key system stakeholders and school case-studies.

5.173 Children consultees felt that children should not have to wait to see a counsellor. Meanwhile, LA counselling service lead consultees, key system stakeholder interviewees and school case-study counsellors expressed concern about the capacity to make services available to primary school aged children<sup>5</sup>. They anticipated high demand and were worried that services might be overwhelmed and long waiting lists ensue if more counsellors were not employed.

because it's going to be one play therapist for the whole of [LA name], working from one of our community buildings, they're not going to be able to see the huge amounts of young people that they're able to see in secondary schools, so i think we need to be quite mindful in the referrals that come through to it. *Stakeholder 03*

5.174 School case-study counsellors suggested greater use of community-based provision might help them reach more primary school aged children, as the children would incur the travelling time rather than the counsellor. They acknowledged, however, the issue of accessibility for children who could not travel to a community site.

5.175 Primary school staff consultees suggested that schools could help counselling services reach children who might be reluctant to see a counsellor by giving them choice in how the counselling session was delivered. They suggested allowing the learner to choose the room and who, if anyone, they wanted with them in the session were choices that could be offered. A comment from a primary school case-study learner highlighted the importance of children being able to determine when they are ready for counselling.

I think counsellors are very helpful for people that are ready to get something off their chest, if they're ... if it's hard for them to keep it in, then a counsellor is a very good idea. *Learner, primary school B, English medium*

5.176 A primary school case-study senior leader, however, cautioned against offering children too much choice and balancing choice with professional input.

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<sup>5</sup> There are approximately 1,200 primary schools in Wales compared to approximately 200 secondary and middle schools.

I am a firm believer in children's voice and a person-centred approach, but sometimes pupils don't know what is best for them either, [...] the word we use in this school is 'child negotiated' rather than 'child-led' [...] The counsellor is professional and gives therapy so they are the people who are going to know, but in discussion with the child and the family rather than just the child leading the way they want. *Senior leader, primary school A, Welsh medium*

- 5.177 Key system stakeholder interviewees thought it was important that services for primary school aged children were tailored to their developmental age so that appropriate therapeutic approaches were available. School case-study counsellors described successfully tailoring their approaches to children's individual needs, even though that sometimes led them to question how they defined counselling.

I can remember a young lady that I worked with, and we used to be in this big hall, which was fantastic, and she used to dance. And I'm thinking 'What on earth am I doing?' you know. [...] because obviously they're so young, you know, and I always remember the feedback at the end, 'She's a lot more settled, she has a routine now for bed'. Whether that was counselling or not, but there was a change, if you understand what I mean, and school had noticed. I'm thinking 'Oh, okay, so I've done ...', so what is counselling? You know, that young lady got her needs met, I suppose, isn't it? *School case-study counsellor*

- 5.178 Delivering counselling using remote methods was advocated as a way to increase reach of counselling service provision for secondary school aged young people. Key system stakeholder consultees, however, were more reserved about the appropriateness of remote methods with primary school aged children and their capacity to deliver the same benefits. LA counselling service leads reported some success with teleplay during the COVID-19 pandemic, but overall thought video or telephone counselling were difficult with this age group.
- 5.179 Primary school staff consultees and primary school case-study staff concurred because they thought eye contact was needed for counselling to be effective and this was best achieved face-to-face. They also raised the issue of access to the internet and parental knowledge of how to use online video conferencing platforms as a potential barrier for children having remote counselling at home. Some suggested, however, that remote methods might be successfully used with older

primary school aged children and given their potential to increase service availability across large counties, they should be available as an option. Most primary school case-study learners, who were in years 4 to 6, said they would be comfortable have counselling using video, but their preference would be face-to-face.

- 5.180 Welsh medium primary school case-study staff highlighted the importance of Welsh medium counselling provision being available to learners as an option. Both staff and learners, however, noted that what was critical was that the child could express themselves to the counsellor.

I would like to have the counselling in Welsh for those who want it, but we also need to remember that they may not have the words to explain in Welsh. But sometimes they don't have the words to explain in English either. So the counsellor's job there is to provide a range of words that they can choose sometimes. *Senior leader, primary school A, Welsh medium*

I'm thinking English because it would be easier to explain it, because in Welsh it can be like 'oh, I don't know how to say this'. *Learner, primary school A, Welsh medium*

- 5.181 In summary, participants were concerned about the availability of services in the face of high demand from the primary school aged children population. They thought building choice in to service delivery would help it to reach children who were reluctant to see a counsellor and advocated having a range of therapies available so counselling can be tailored to children's developmental age. The use of remote methods with primary school aged children was not seen by participants to be a key means of increasing service reach due to the difficulty of using remote methods with this age group. Provision of counselling in Welsh was considered important to enable children to express themselves.

*Demand assessment, access and referrals*

- 5.182 This subsection presents findings on what referral routes should be available and how children and young people's access to counselling services could be enhanced. This includes factors relating to information provision, where in the community counselling services could be most easily accessed, and how access can be facilitated. Data sources for this subsection are key system stakeholder interviews, stakeholder consultations and school case-studies. There were no

specific findings pertaining to demand assessment in an optimised counselling service as participants did not make any suggestions related to this.

- 5.183 Referral processes for a counselling service for primary school aged children were discussed by LA counselling service lead consultees. They thought that schools should recognise counselling as a 'tier 2' service and follow the same process that was expected of them in educational settings for secondary aged children and young people. This meant that the school should have tried to support learners that they thought needed help before making a referral to the counselling service and describe how they had offered support on the referral form.
- 5.184 LA counselling service lead consultees believed, however, that, as for secondary school aged young people, children should be able to self-refer to an independent counselling service. This aligned with their suggestion that autonomy should be a key principle in counselling service delivery models. They thought that whilst joined up approaches involving school staff and parents are important, they do not outweigh children's right to talk first to someone who is not linked to their school and children should not be told they have to try another form of school support first.
- 5.185 Key system stakeholder interviewees were mixed in their views on self-referral. Some felt that in the right school context, self-referral was appropriate so long as it was one of multiple routes, whilst others felt that due to the children's young age, adults should be included in the process.

if you've got a culture where you can openly talk about mental health and talk about services that can support mental health, you can talk about how you, you know, within the school environment, you know, how we work towards healthy lifestyles and how we work towards having a healthy mental health as well. And then children, it's part of what they understand, it's part of living healthily and their, you know their overall well-being. Then you're in a position to actually support young people to self-refer as well, because they're in a position to sort of feel, actually this isn't good, this is how I'm feeling, this is why and actually this is something that's not going to sort of support me. *Stakeholder 09*

I don't think that the very open model of self-referral would be appropriate in Years 1 to 5. I think probably some generalised, kind of, whole cohort

understanding work would be good in, kind of Years 5 and 6. *Stakeholder*  
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- 5.186 Once referrals were received, LA counselling service lead consultees suggested that multi-agency panels should be convened to review the child in their context, agree the nature of their problem, decide which support service would be best placed to help them.
- 5.187 Improved information provision was identified as a means to increase access to counselling by key system stakeholder interviewees, children and primary school staff consultees and primary school case-study staff and learners. Children consultees and case-study learners said it was important that all children knew how to access counselling and posters and assemblies were good methods to use in school. Primary school staff consultees felt information about counselling services should be shared more clearly with schools. Key system stakeholder interviewees stressed the need for clear advertising of referral routes in schools.
- 5.188 The importance of the location of counselling services for access was discussed by children and primary school staff consultees and primary school case-study staff and learners. Children consultees said services should be close to where children lived so they could go whenever they wanted, but they advised against counselling services being based in GP offices, as children would find them frightening and intimidating. They suggested that children should be able to see a counsellor at home, but primary school staff consultees and primary school case-study staff did not share this opinion. They felt counselling provision should be based in schools as children would feel safer and more confident in the familiar school environment, and that their conversation would be more confidential than if they received counselling at home. Primary school case-study learners said seeing a counsellor in school would be easiest for them, whilst staff said it should be wherever a child felt safe.
- 5.189 Primary school staff consultees suggested that siting counselling services in primary schools would facilitate access because it would be more convenient and easier for parents and carers than attending appointments in the community, particularly for those who struggled with organising family life. They also raised the issue of transport to counselling appointments and highlighted the importance of any community-based provision being on a bus route for parents and carers who do not have a car.

- 5.190 Primary school case-study staff highlighted the importance of community-based counselling so that even if learners were seeing the counsellor at school, provision could continue over the school holidays.
- 5.191 Stakeholder consultation and school case-study participants suggested ways in which access to counselling could be improved by making it easy to access and reducing anxiety about counselling.
- 5.192 LA counselling service lead consultees noted the difficulty of finding safe, appropriate spaces for counselling in primary schools. Children consultees suggested it should be held in the playground because there would be a relaxed atmosphere, the child could play at the same time and have a friendly, open conversation with the counsellor. Primary school case-study learners thought counselling in school should take place in familiar rooms that offered privacy.
- 5.193 Primary school case-study learners suggested that counselling should take place in break times because learners were busy during lessons.
- but when you're in class, you've got things to do [...] like you're in the middle of a lesson and it would kind of be interrupting. *Learner, primary school B, English medium*
- 5.194 Primary school case-study learners suggested that making children feel comfortable about being in school was an important first step to helping them feel happy about accessing counselling.
- 5.195 Primary school case-study staff felt that making going to see a counsellor a normal thing to do would help to reduce learners' anxieties and secondary school case-study staff suggested not calling it counselling might help.
- And I think the kind of approach that you're offering, it doesn't have to be called counselling, does it? It doesn't have to be like, "You're going for counselling," you know, someone going into a primary school, it's just another adult going in there. It can be a counsellor but it doesn't necessarily explain that way to a child, it's someone to talk to and someone to explain their feelings to. So, you can take away the fear a little bit. *Staff member, secondary school B, English medium*

5.196 Primary school case-study staff and learners said learners would feel more comfortable going to counselling if they knew the counsellor by sight by having seen them around the school or had an opportunity to meet them.

someone like you've met before, and someone that you trust and you've spoken to them before. And you need to make sure that you can actually speak to them without being worried or scared or anything like that.

*Learner, primary school B, English medium*

5.197 Children consultees suggested that counselling should be as relaxed and informal as possible, as those who had experience of counselling said it felt very formal and this had made them feel as if they had done something wrong.

5.198 Children and primary school staff consultees and primary school case-study staff and learners suggested anxieties could be further reduced by allowing children to take a friend or a trusted adult to their counselling sessions.

5.199 In summary, participants' views on self-referral were mixed, but some were in favour of making self-referral one of several referral routes into counselling services for primary school aged children. Once received, counselling service leads recommended that referrals be reviewed by multi-agency panels. Suggestions about how access to counselling services could be improved included clear information provision about services and referral routes; siting services in schools or in community setting with good public transport; and reducing children's anxieties by making counselling informal, ensuring they had opportunities to meet the counsellor prior to counselling and allowing them to take a companion.

*Training, skills and capability of counsellors*

5.200 Key system stakeholder interviewees and stakeholder consultation participants indicated the skills and attributes they thought counsellors working with primary school aged children should have.

5.201 To enable counselling services to offer a range of therapies, as outlined above in the findings on delivery models, key system stakeholder interviewees highlighted the need for counsellors to be trained in multiple approaches, so they have a toolkit of skills they can draw on to meet the individual needs of the child.

And I think the age, if you're looking at going down to Year 1, you're looking at 6-year-olds and their, where they are developmentally, because

there'll be a wide range, in terms of their understanding of where they are and their own, their own sort of ability to understand their needs and articulate them. So I think that the, the toolkit of the counsellor would need to be quite expansive to be able to support very young children.

*Stakeholder 09*

5.202 Key system stakeholder interviewees expressed concern that recruiting counsellors with the expertise to work with primary school aged children would be challenging. LA counselling service lead consultees, however, felt that the counselling workforce was committed to professional development and willing and able to learn new therapeutic approaches to ensure they had the different skills needed to work with younger children. They were therefore less concerned about a skills deficit, but noted that some counsellors were more enthusiastic about working with younger children than others.

5.203 Children consultees highlighted that a counsellor should be someone a child can trust and primary school case-study learners suggested counsellors should be someone children felt comfortable talking to and be kind, caring and helpful. One learner suggested it was important children knew the counsellor was qualified.

I think that, to make sure the children are okay talking to a counsellor, I think they need the counsellor to do a little test before they go to the school. Because then, the children are really sure that they can go to this person and tell them what's wrong. *Learner, primary school A, Welsh medium*

5.204 Parent consultees and primary school case-study staff highlighted the importance of counsellors having the right personality to work with children. They felt that counsellors need to be able to make children feel safe and have the ability to build trusting relationships with them.

They need to be able to build relationships, be colourful and break down those barriers. *Staff member, primary school A, Welsh medium*

5.205 In summary, participants highlighted the different skill set that counsellors require to be able to deliver a range of therapeutic approaches in their work with children. Key system stakeholder interviewees were concerned about a skills deficit, but LA counselling service lead consultees felt the counselling workforce had capacity to upskill to help address this. Children and parent consultees highlighted the need for

counsellors to be able to establish trust in their counselling relationships with children.

*A Whole Education System Approach: stakeholder involvement and multi-agency working*

5.206 This subsection presents findings on counselling services for primary school aged children and a whole education system approach to mental health. As noted earlier, the term 'whole education system approach' will be used in preference to Whole-School Approach to include not only mainstream school settings, but also alternative educational provision and wider community stakeholders and resources. The subsection outlines participants' views on the advantages of a whole education system approach; which stakeholders should be involved; the features and processes of a whole education system approach; and the resources and strategies needed to implement the approach. It then describes the risks and challenges identified by the participants. Data for this subsection come from key system stakeholder interviews, stakeholder consultations and school case-studies.

5.207 Whilst not all participants made explicit reference to a whole education system approach to mental health, many described ways of working or made observations that embodied it. For example, key system stakeholder interviewees described how primary schools should raise awareness of mental health and create a safe environment where children can approach trusted adults to talk about their problems, essentially replicating throughout the school the safe space counsellors create for children.

I think maybe it's more about the child being able to tell safe adult, that they feel uncomfortable in a certain environment, or with a certain person, or for whatever reason, that be a peer or a, or a teacher or an adult outside the house, and, and pick that, and find out what, what that, what that is, what's the cause of that emotion. *Stakeholder 05*

5.208 A primary school case-study senior leader observed how schools are part of an intertwined, holistic system.

I think the main thing I think is the whole system is holistic, it goes from funding to teacher training, to staff training, to NHS, to the connection with parents, to the inspection system, and you can't divide it all up at all.

*Senior leader, primary school B, English medium*

- 5.209 LA counselling service lead consultees made a more explicit link to the Whole-School Approach and described it as vital in the context of their primary school work. They noted that family issues were usually the commonest presenting issue for counselling services, and most children with such issues could be supported by an adult with whom they had a good relationship. LA counselling service leads felt school staff were well placed to do this.
- 5.210 Primary school case-study staff and learners suggested four advantages to a whole education system approach. These were the benefits to children's academic progress if they had good mental health, that support would be immediately available from any teacher for distressed children, that well-being and mental health issues would be identified early, and subsequently, that demand for counselling service would be reduced.
- I think it's fair to say that we know the children won't be able to progress academically, unless they're happy and settled and they've got good mental health and we understand that is absolutely crucial. *Senior leader, primary school B, English medium*
- 5.211 A whole education system approach includes the involvement of a range of stakeholders in supporting children's mental health and well-being in the school setting. Alongside schools, participants considered relevant stakeholders to be parents and carers and external agencies. None suggested children as key stakeholders. The involvement of these two groups is described below.
- 5.212 Primary school case-study staff highlighted the importance they placed on involving parents and that they were well placed to support parents with activities such as parenting courses. LA counselling service lead consultees noted that parents and carers need to be involved because they are critical to the decisions made around younger children, perhaps more so than older young people. Key system stakeholder interviewees recognised parents and carers as gatekeepers, who if they did not understand or had anxieties about counselling, might not allow their child to attend counselling. Primary school staff consultees concurred with this and noted that parents with experience of social services might feel suspicious when the school suggested counselling for their child. Both therefore stressed how important it was to have conversations with parents to increase their understanding of well-being and counselling and to get their support for their child to access counselling services.

5.213 Involvement of external agencies (multi-agency involvement) was considered to be important by key system stakeholder interviewees, LA counselling service lead, parent and primary school staff consultees and primary school case-study staff. They felt it was important for schools and agencies to communicate effectively and work together to improve children's access to the most appropriate service for their needs and to ensure different agencies working with a child were doing so in a complementary way.

Yes definitely, there needs to be that crossover between school and health as well because obviously the ALN reform should break down those barriers but it's always been notoriously difficult for education and health to speak to each other. *Stakeholder 01*

5.214 LA counselling service lead consultees highlighted how certain interventions such as play therapy can be delivered by a range of practitioners and agencies, so multi-agency involvement would open up these other sources of practitioners.

5.215 A further rationale for multi-agency working proposed by LA counselling service lead consultees arose from the closer involvement of parents and carers in younger children's lives. They felt that this made it even more important than for secondary school aged children to look at how the family is supported at the same time as the child, with approaches such as Team Around the Family (TAF).

5.216 Participants described a number of features and processes that were part of a whole education system approach to mental health. These were a mental health and well-being focused ethos, with school-led, holistic support for learners that had both universal and targeted elements; counselling services embedded in schools; support across transition; school staff trained in mental health and well-being; and support for staff mental health and well-being.

5.217 Staff in primary school case-study B described their school as having a well-being ethos and an emphasis on pastoral care. Staff at both primary school case-studies described how they delivered universal well-being activities as well as targeted activities that were tailored to individual learners.

a lot of our nurture programme is, go for a walk, walk and talk, be outside. If they like cooking, do some cooking and talking, if they like sawing, go and use some sawing and talk. So, we do follow, in terms of sort of whole school approach, we do use the SEAL [Social and Emotional Aspects of

Learning], Social and Emotional programme, and that's with sort of running whole classes, but that's very different from providing children with additional emotional support around individual issues and talking about individual, very personal things. *Senior leader, primary school B, English medium*

- 5.218 Parent consultees described some of the techniques some primary schools already use to create an environment where children feel comfortable to open up, e.g. the 'worry monster', and suggested that use of these techniques should be made standard. Key system stakeholder interviewees felt that schools should create spaces within the classroom where a learner could go if they needed a few minutes quiet time to themselves or, if the learner needed more time, there could be a room staffed by a trusted adult who they could talk to about their problem. They suggested this could help to identify children who might benefit from counselling.

I think going back to the, that kind of nurture hub type thing, I think for me the most important thing is, you know, trusted adults who have time, and who feel well supported. So that, you know, there's a place you can go and play Uno, and have a talk about how you're feeling, because things have gotten a bit too much for you. And if that conversation highlights that there's a concern, that that teacher or youth worker or whoever it happens to be, has got somebody that they can talk to and say hang on, this feels a bit bigger. *Stakeholder 04*

- 5.219 LA counselling service lead consultees felt that schools should have support mechanisms in place, such as ELSAs, that they could try before seeking counselling for a learner. They also outlined how they could work more closely with schools once they were involved: a lead described how they had adopted a system-based approach in a school with a play therapy model for very young pupils. This approach involved the whole school in understanding the intervention process and their role in it.
- 5.220 In addition to a whole education system approach strengthening support for children's well-being before and during counselling, primary school staff consultees and primary school case-study staff suggested it should also be holistic and 'wraparound' learners with processes to support them as they exited counselling. These could include the counsellor sharing important information about the child with school staff who would be supporting them going forwards, and check-in

meetings to ensure children are using the strategies the counsellor suggested and to check whether there are any other things that need to be worked on with the child.

- 5.221 A consequence of the well-being ethos at primary school case-study B was that staff from external agencies, including counsellors, were easily integrated into the school. This suggests embeddedness of counselling services as an important feature of a whole education system approach.

RES1: I think it's the type of school we are, when we've had people from the counselling service in in the past, they have just become part of school, we know who's seeing who on what day and they just, they just fit into our school.

RES2: They just seem like another member of staff, don't they?

*Staff members, primary school B, English medium*

- 5.222 Support for learners at transition was another feature of a whole education system approach that participants considered important. Secondary school staff consultees and secondary school case-study staff and counsellors noted the potential negative impact of transition on learner well-being, and the importance of the links and conversations between primary and secondary schools at this time. They recommended there be handover time in the summer term, where year 6 learners are introduced to staff who will be there to support them in secondary school. Secondary school case-study staff recommended better well-being information sharing between primary and secondary schools. They suggested this could be achieved with consistent use of software such as MyConcern within a cluster or by visits to primary schools to identify learners who received low level support at primary school that might not be recorded.

we find in high schools that primary schools send up children who have had some form of provision in them. So, it's not officially provision, it's like an unofficial, so and so struggles on the playground, so and so, so he goes to sit in the head teacher's office at lunchtime [...] And, then they come up to high school and those arrangements just don't exist and those are the children who flounder the most [...] we want to identify all the levels of need in those classes so that even before they come to us we can predict what provision we're going to need in year seven and I think

that would be really great practice. *Senior leader, secondary school B, English medium*

5.223 Primary school case-study staff highlighted that parents should be included in transition support, and the importance of secondary schools maintaining support until parents' anxieties diminish.

5.224 Primary school case-study staff considered trained staff to be a feature of a whole education system approach, so that learners could talk to any member of staff that they felt comfortable with.

because the days where you're training somebody in counselling and this child's got a difficulty in say, right, you go and see this lady or this gentleman, that's not how it works really, in reality, children take to different adults. [...] So, we're really uptraining all our staff, so, whatever type of child has got a difficulty, they can work with. *Senior leader, primary school B, English medium*

5.225 The final feature of a whole education system approach described by participants was support for school staff. Primary school case-study staff and a senior leader highlighted the importance of staff well-being and its impact on their ability to do their jobs effectively.

And like teachers don't have any supervision. So if they expect us to do all this work with children, there's no one then who's willing to supervise us, so do we overload everything or do we just get overcrowded and can't deal with that child either. *Staff member, primary school A, Welsh medium*

5.226 Several suggestions were made about how the resources and strategies needed to implement a whole education system approach. These included school leadership; school staff capacity; mental health and well-being training for school staff; strategies to involve parents and facilitate multi-agency working; and utilising the opportunities offered by Curriculum for Wales.

5.227 Primary school case-study staff identified school leadership as key to creating and sustaining a well-being focused school ethos that prioritised staff well-being as well as learner well-being.

5.228 Participants considered school staff capacity to be an important factor in creating a school environment compatible with a whole education system approach. To help to

correctly identify learners in need of counselling and those in need of school pastoral support, key system stakeholder interviewees suggested employing a youth worker or additional teacher. This would ensure that there was always a staff member available for children to be able to chat to, even when their teacher was busy with the class.

I think, and you know, like I say a youth worker or, you know, a range of people who are very kid-centred. I think it would be wonderful if a school employed an additional teacher who gave each teacher a bit of space, you know, so that they could, or the teachers who are, you know. All teachers are different, all kids are different, and some teachers really lap this stuff up and get it spot on, and some teachers really struggle with it. So it's not about you have to rota in to do the, you know, but you know, I think for me giving teachers space so that they can develop their relationship with children is the key. And whatever resource that takes in a school, then that's where I would put it. *Stakeholder 04*

- 5.229 The senior leader at primary school case-study B suggested addressing staff capacity by strategic budget planning and use of staff resource to enable key roles such as the ALNCo, head teacher and deputy head teacher to be non-teaching.

For example, the big thing I see is teachers doing PPA [planning, preparation and assessment] cover. We have our teaching assistants doing PPA cover. So that saves a massive amount of money, which enables us to be non-teaching and then enables to have more teaching assistants, because they cover PPA, which instead of paying a teacher for half a day, that half a day's pay, pays a lot of the TAs [teaching assistants] pay, to be here all week, which then allows them to be available for the children, to be able to do that mental health support. *Senior leader, primary school B, English medium*

- 5.230 Parent and primary school staff consultees recognised the need for school staff training to support implementation of a whole education system approach. Primary school staff said they felt they had not received sufficient training to support learner mental health and well-being. They, and primary school case-study staff, felt that all staff should have training, in school time, on well-being and mental development to give them the skills and confidence to identify learner well-being problems early and support learners whilst they were on counselling waiting lists.

- 5.231 Parent consultees highlighted the need for better school staff training on neurodiversity and its classroom management, to prevent teachers' approaches to behaviour management creating problems that are then perceived to need counselling to resolve.
- 5.232 Teaching assistants were identified by a primary school case-study senior leader as a key staff group to receive mental health training because they had more one-to-one time with learners.
- there's certainly not enough input into teaching assistants, which is a massive workforce [...] our teaching assistants, if they had a proper in-depth course, they would come back highly empowered. *Senior leader, primary school B, English medium*
- 5.233 Primary school staff consultees suggested several ways in which the involvement of parents and carers could be facilitated in a whole education system approach. These included inviting them to multi-agency meetings about their child, so that they could hear directly about their child's successes; stressing to parents and carers the importance of their child attending school on the day of their counselling session; and, recognising that some parents and carers might feel intimidated by 'official' organisations, using simple, but non-patronising language in communications
- 5.234 Participants suggested ways in which multi-agency working could be strengthened to facilitate implementation of a whole education system approach. Key system stakeholder interviewees stressed improved communication between health and education. LA counselling service lead and parent consultees and a primary school case-study senior leader suggested use of multidisciplinary assessments and multi-agency panels to ensure the underlying cause of children's problems were correctly identified, and referral decisions considered the context of the child's problems and were picked up by the agency or service most appropriate to the child's needs.
- 5.235 A primary school staff consultee described how they had set up roundtable termly planning meetings with TAF and social services so these agencies could report back to the school on the work they had done with particular children. This enabled the school to ensure the work they were doing with those children was complementary. The staff member thought the meetings were having positive outcomes, e.g. improved attendance, and were reducing referrals because the discussions with other agencies were helping the school determine what support

they could provide. Other primary school staff consultees stressed the value of agencies that were working with particular learners giving feedback to schools. They noted that if everyone who was working with a child was using the same strategies it would be less complex for parents and carers and they likened this approach to the Individual Development Plans created for children with ALN, where all services are integrated into one strategy for the learner.

- 5.236 The opportunities presented by the Curriculum for Wales to help embed a whole education system approach were acknowledged by parent and carer consultees. They recommended that mental well-being and healthy relationships should be part of the weekly timetable. They thought these lessons should teach coping skills from an early age and ensure children learn how to articulate their feelings and that it is normal to ask for help to understand and cope with emotions.
- 5.237 A number of challenges and risks to implementing a whole education system approach were identified. These included teacher time and workload; low staff well-being; competing priorities; school – family relationships; multi-agency panels being too bureaucratic; negotiating the boundaries of confidentiality; and communication of policy to schools.
- 5.238 Primary school staff consultees raised the issue of teachers not having time attend multi-agency meetings or undertake well-being related work. Some also noted their lack of knowledge of all the well-being services that were available to schools.
- 5.239 Another potential risk related to staffing was the potential impact of low well-being among school staff and the subsequent risk of high staff turnover. This was identified by a primary school case-study senior leader.

But I think [the way we treat staff] is not common in many primary schools, they're quite a brutal place to work, and I think you hear lots of stories of unsettled staff, who are not happy for whatever reason. *Senior leader, primary school B, English medium*

- 5.240 Competing priorities between well-being and attainment were perceived by primary school case-study staff and a senior leader to be a risk to a whole education system approach to mental health and well-being. They felt that pressure to ensure learners were progressing academically would limit school staff's capacity to nurture learner well-being.

If you say a child has to get to outcome five, Year 2, or level four, Year 6, and then you put pressures on teachers to get them there, that impinges on the teacher's ability to cope around mental well-being as the most important thing, because all of a sudden, it's academic progress. So, the system is totally intertwined. *Senior leader, primary school B, English medium*

- 5.241 Whilst participants highlighted the importance of parents as stakeholders in a whole education system approach, primary school case-study staff identified potential challenges and risks with their involvement. They noted that some families might be resistant to their child having counselling because of family-based issues. They also perceived there to be a risk to school-family relationships if schools had difficult conversations with parents and carers, which might be better undertaken by other agencies.

We might have spent five years building up a reasonable relationship with a really, a family that are having a really difficult time and whose children suffer because of it, and then that one conversation, could really put a stop to that really, and stop them bringing their children to school. I feel like we're being asked to do that more and more, because it used to be very, Social Services would have those conversations with the parents, but I think it has increased, because they're short staffed as well. *Staff member, primary school B, English medium*

- 5.242 Multi-agency panels were not universally welcomed by all primary school staff consultees who had experience of them, as some found them bureaucratic and would prefer to make direct referrals to different agencies themselves.
- 5.243 Secondary school staff consultees had concerns about the boundaries of confidentiality in a primary school counselling service and what that meant for multi-agency working and schools sharing information at transition. They felt that the approach in secondary schools, where counsellors only passed on information critical to safeguarding, would not be appropriate in primary schools. Rather, they thought that counsellors should share any information relating to the child's mental health with the child's wider support network, in a 'team around the child' approach. This should include secondary school staff for year 6 learners.

5.244 Key system stakeholder interviewees highlighted the importance of communicating policy changes to primary schools, so that policy developments led to service delivery changes at the local level.

As individuals who are, work day in and day out with that policy landscape, we'll be well aware of all those other developments, you know, a staff member in a primary school will be in a completely different head space to us. So, it's also about how we involve and communicate to them, so that in terms of delivery, it happens at a, at a local level and not just on a policy kind of making level, if that makes sense. *Stakeholder 06*

5.245 In summary, and as for secondary school aged young people, a whole education system approach to mental health was perceived to be an important way to support primary school aged children's mental health and well-being at school and an appropriate context for counselling services to sit within. The main perceived benefit of a whole education system approach its impact on academic progress and its potential to reduce demand on counselling services by facilitating early intervention. Participants identified parents and carers, schools and external agencies as key stakeholders. They suggested that a whole education system approach should include a mental health and well-being focussed school ethos, with holistic, school-led support for learners that included both universal and targeted approaches and trained and supported school staff. To implement a whole education system approach participants highlighted the need for school leadership; school staff training; strategies for multi-agency working and increased teaching about mental health and well-being. Over burdening teachers, damaging relationships with families, and competing priorities were highlighted as potential risks to implementing a whole education system approach.

### **Summary**

5.246 This chapter has presented findings on the optimisation and extension of school and community-based counselling services in Wales. It first presented participants' views on the optimal model for a counselling service for secondary school aged young people across school and community settings, including a potential delivery and funding model; mechanisms to maximise reach and availability; and options for addressing demand assessment, access and referrals. Resources and contextual conditions needed to implement the optimal model, including training, skills and capabilities of counsellors have been described. The

chapter next presented findings on the need to extend the counselling service for primary school aged children, the optimal model for this age group and the resources and contextual factors required to implement it. A key finding for the optimal models for both age groups was that counselling services should sit within a whole education system approach to mental health. The next chapter presents findings on the future evaluation and monitoring of school and community-based counselling services.

## 6. Findings: Future Evaluation and Monitoring of School and Community-Based Counselling Services

### Introduction

6.1 This chapter examines how an optimised school and community-based counselling service should be evaluated and monitored. It addresses the following research questions:

- What level of service evaluation is practicable and desirable?
- What are appropriate and operational measurements for programme outcomes, including both positive and negative unintended outcomes? What is the availability of data within the current context?
- What are appropriate and operational measures for programme implementation? What is the availability of data within the current context?
- What are appropriate and operational measures for programme sustainability? What is the availability of data within the current context?

6.2 The findings have two sections. First, they present findings on evaluation of counselling service outcomes, including participants' views on what appropriate outcome measures would be, how services are currently evaluated, suggestions for how services should be evaluated, and potential data sources. The second section presents findings on monitoring of service delivery, capacity and capability, including suggested implementation and sustainability measures, how services are currently monitored and the strengths and weaknesses of the current system, and potential data sources.

### *Summary of findings*

In summary, this chapter presents findings on how an optimised school and community-based counselling service should be evaluated and monitored. For both service evaluation and service monitoring findings on appropriate measures are described, followed by a description of current approaches and their perceived strengths and weaknesses, and suggestions for future approaches and potential data sources. Key points from the findings are summarised below.

Participants highlighted the challenges of identifying an appropriate common outcome measure for counselling given the wide variety of issues with which

children and young people presented to counselling. Despite this they stressed the value of evaluating counselling's impact. A number of outcome measures considered to be appropriate were suggested including YP-CORE, onward referrals, WEMWBS, SDQ, Pupil Attitudes to Self and School (PASS), and Norse Mental Health and Substance Use. The importance of using outcome measures related to education, such as attendance and attainment, was highlighted.

Currently, YP-CORE and onward referrals are collected by counselling services in the annual data return they make to Welsh Government. Participants, however, felt that learners might benefit from counselling in ways that are not currently captured by these measures.

General principles that should underpin service evaluation were identified. These included that evaluations should: include process evaluation, measure outcomes according to delivery mode, i.e. remote and face-to-face counselling, and counselling costs; involve a range of stakeholders, particularly children and young people; use mixed methods and pre-post evaluation designs; ensure long term outcomes are captured; ensure children and young people's consent and confidentiality are considered; and align public service evaluations through a common well-being evaluation framework.

Participants considered whether any sources of outcome data or data infrastructures already existed that could be used to evaluate school and community-based counselling services, but were currently not used for this purpose. A data infrastructure that was consistently mentioned was SHRN.

Elements of counselling service implementation and sustainability that could be measured as part of future service monitoring were suggested. Sustainability was defined as services' ability to consistently deliver high quality provision to meet the needs of children and young people on an ongoing basis. These included awareness of services; the numbers and demographic characteristics of children and young people who chose not to attend counselling when it was offered to them or who dropped out, as well as those who used the service; barriers to access; service capacity; and service innovation.

Currently a number of elements of counselling service delivery are monitored via the annual data return that counselling services make to Welsh Government. These include aggregated data on the demographic characteristics of children and young

people who use the service; how referrals are made; presenting issues; and numbers of sessions attended and missed. Services also conduct their own monitoring at the local level, collecting both qualitative and quantitative data. The annual data return to Welsh Government was perceived to have a number of weaknesses, including not capturing service innovation, namely interventions that counselling services offered beyond the statutory, one-to-one counselling provision, e.g. school staff supervision. The utility of the demographic information collected to monitor service reach, however, was valued.

Many of the general principles that were identified to underpin future evaluation of counselling services, also applied to future service monitoring, including involving stakeholders and use of mixed methods.

### **Evaluation of School and Community-based Counselling Service Outcomes**

- 6.3 This section presents findings on what participants thought would be appropriate outcome measures to evaluate school and community-based counselling services. It then describes how services are currently evaluated. Lastly, it outlines participants' views on how services should be evaluated in the future and what data sources might be available for future evaluations.

#### *Outcome measures for future counselling service evaluation*

- 6.4 This subsection presents findings on what outcome measures would be appropriate to evaluate counselling services. It starts with participants' views on identifying appropriate counselling service outcome measures and then describes the suggested measures. The data sources are stakeholder consultations; key system stakeholder interviews; and school case-studies.
- 6.5 LA counselling service lead, school staff and parent consultees and school case-study staff and learners considered identifying an appropriate common outcome measure for counselling to be challenging.

INT: Then, in terms of evaluating the counselling service, what exactly should it assess?

RES: Clearly the impact or difference it makes to the lives of these young people who are struggling. Having said that, how do you measure that? I'm not sure. It's difficult.

*Senior leader, secondary school C, Welsh medium*

- 6.6 They highlighted the wide variety of issues that children and young people presented to counselling with and recognised the challenges of having a common outcome measure for issues as varied as risk of school exclusion, bereavement and self-harm. This led one LA counselling service lead consultee to suggest that the most valuable and useful outcome measure was whether the child or young person had found counselling helpful and if it might have met their goals.
- 6.7 Two further issues with outcome measures were suggested by school staff consultees. One highlighted the daily variability of how children and young people with mental health and well-being issues feel. They felt that if measures were completed on a 'good day' a misleading outcome score could result.
- 6.8 Secondary school staff consultees questioned how outcome measures should be interpreted if the factor causing a child's issue does not change. They felt that a child might need repeated episodes of counselling to enable them to cope, but that was not an indication of the counselling service being ineffective, because the factors causing the child to need support remained.
- 6.9 Whilst they perceived there to be challenges in measuring the impact of counselling, school staff consultees thought that data on impact would be useful. One noted that everything schools do to improve learner well-being should focus on impact and they should have access to counselling service data to enable them to judge if their learners were benefiting from the service.
- 6.10 Participants discussed a number of outcome measures that could be used to evaluate school and community-based counselling services.
- 6.11 YP-CORE is currently collected by counselling services at the beginning and end of a counselling episode as part of the annual data return that LAs are required to provide to the Welsh Government (described below in section on *Monitoring of Service Delivery, Capacity and Capability*). The measure was not widely discussed among participants, other than to note it was collected. A LA counselling service lead consultee, however, was concerned about the use of YP-CORE as a key measure of effectiveness in counselling services that implemented a delivery model with a fixed number of counselling sessions. They suggested that when young people know their sessions are coming to an end, their YP-CORE score at the final

session may be affected because they are upset the counselling is ending. The effectiveness of their counselling would therefore appear to be lower.

- 6.12 LA counselling service leads described using a number of other quantitative outcome measures that they used to assess mental health and well-being, including WEMWBS, CORS, SDQ, PASS and school attendance rates.
- 6.13 Key system stakeholder interviewees, stakeholder consultee groups and school case-study participants suggested further outcome measures that they thought could be used to evaluate mental health and well-being. A LA counselling service lead consultee suggested a new measure called [Norse Mental Health and Substance Use](#), which they thought might be more responsive than YP-CORE.
- 6.14 Primary school staff consultees suggested a measure similar to [Selfie questionnaires](#) could be used. These look at how children see themselves and how they think other children see them. They also suggested that a measure of children's play skills would be an appropriate outcome measure for primary school aged children.
- 6.15 The annual data return also collects information on onward referrals, including to specialist CAMHS. Onward referral to other services was considered a useful outcome measure by key system stakeholder interviewees, and parent, secondary school staff and LA counselling service lead consultees, with fewer onward referrals considered an indicator of counselling service effectiveness.
- 6.16 Key system stakeholder interviewees thought that capturing data on the numbers being referred to primary mental health and CAMHS would be a way to measure effectiveness. They noted that one of the aims of the schools counselling service is to offer early intervention to reduce the number of children and young people being referred to these services. They therefore suggested that an evaluation framework should consider whether counselling reduces burden on these other services.

And you need to be looking at the numbers referring into Primary Mental Health and CAMHS. And that, and not, necessarily, ones that were accepted by CAMHS, so ones that were rejected as well. Because, you know, and that might be going to the GPs, and looking at that data. About how many pupils have gone through the mental health system at school, the school counselling. But still went on to go to the GP and were they or

were they not accepted by CAMHS. I think that would be really useful information. *Stakeholder 05*

- 6.17 As well as referrals to external agencies, a secondary school staff consultee suggested that data could be collected on whether learners who have received counselling need further interventions from the school, such as ELSA sessions.
- 6.18 Children and young people returning to counselling was considered as an outcome measure by LA counselling service lead and secondary school staff consultees, and a primary school case-study senior leader, but they held different views on how such a measure should be interpreted. The primary school senior leader and secondary school staff consultee suggested that a child or young person needing to return to counselling was an indication that their previous episode had 'failed'. The LA counselling service lead, however, thought that young people return to counselling, not because it did not work the first time, but because they know it helps them.
- 6.19 Key system stakeholder interviews and school case-study participants highlighted the importance of outcome measures related to education, alongside measures related to mental health and well-being.
- 6.20 Key system stakeholder interviewees and secondary school case-study staff indicated the need for improved school attendance as an outcome of counselling. Another key system stakeholder interviewee suggested that educational attainment and school connectedness should also be considered, as they were important aspects of well-being.

The whole educational attainment measure is, is a really good indicator isn't it, in terms of well-being. So, I think that would be, that would be good, but I think it, it is about looking at, so, there's that, there's the school connectiveness, there's, you know, there's the range really, there are a range of indicators and measure that could be, could be used for sure.

*Stakeholder 07*

- 6.21 Secondary school case-study staff and learners also highlighted the link between well-being and educational outcomes and indicated that a counselling service evaluation should include both. A staff member cautioned against looking at educational attainment in isolation.

RES5: Ideally it would be across the board wouldn't it, with attainment, attendance and well-being, but...

RES1: I think they go hand in hand, I think if a child's well-being isn't, if they're not comfortable, if the well-being is being affected then the attendance and attainment is going to be affected. I think it needs to be looked at, as [RES5] said, across the board.

RES4: You have to be careful about judging its benefit just on academic output, I'd rather say, well okay, it's not improved their academic output, so what's going to happen? You've got to look at the whole picture, rather than just...

RES2: just the general engagement isn't it, with the school, I think.

RES4: Yes, and the attitude towards learning.

*Staff member, secondary school A, English medium*

#### *Current evaluation of counselling services*

- 6.22 This subsection presents findings on how school and community-based counselling services are currently evaluated and the strengths and weaknesses of the approaches to evaluation, as perceived by participants. The data sources are stakeholder consultations; key system stakeholder interviews; and school case-studies. To note, participants tended to discuss evaluation and monitoring interchangeably. Data on evaluation in this subsection focuses more on evaluating the impact of counselling on children and young people's outcomes. The longer term monitoring of service capacity and quality is considered later in the section on *Monitoring of Service Delivery, Capacity and Capability*.
- 6.23 As noted above, the annual data return that LAs are required to provide to the Welsh Government includes an outcome measure taken at the start and end of each episode of counselling and all currently return YP-CORE. They also report on onward referrals to [specialist CAMHS and child protection services](#). Data are collated annually and published by Statistics for Wales.
- 6.24 Also noted above was the range of quantitative measures that LA counselling service lead consultees described using to evaluate their service at the local level. These included WEMWBS, CORS, SDQ and PASS. One also mentioned monitoring school attendance rates.

- 6.25 LA counselling service lead consultees described collecting a range of other information to provide context to the quantitative outcome measures they collect as part of service monitoring.
- 6.26 School staff participants' awareness of counselling service evaluation at both local and national level was low and they were therefore unable to comment on any perceived strengths and weaknesses of current service evaluation approaches. LA counselling service lead consultees felt that outcomes for children and young people are not sufficiently addressed in the annual data return and that children and young people's voice should be stronger within it. They were concerned that children and young people might benefit from counselling in ways that are not currently captured by the annual data return and learners' perception of benefit should be to the fore.

*Future counselling service evaluation and data sources*

- 6.27 This subsection outlines participants' views on how school and community-based counselling services should be evaluated in the future and what data sources might be available for service evaluation. The data sources are stakeholder consultations; key system stakeholder interviews; and school case-studies.
- 6.28 Many participants seemed to find it difficult to talk about specific details of future evaluation of counselling services, but were able to discuss the general principles that should underpin service evaluation. These are presented below and include what evaluation should include; stakeholder participation; methodological approach; timing of evaluation; consent and confidentiality; and service evaluation alignment.
- 6.29 Participants suggested that evaluation should include a process evaluation, outcomes according to delivery mode, i.e. remote and face-to-face counselling, and counselling costs.
- 6.30 Parent consultees and a primary school case-study senior leader highlighted the importance of including the whole counselling journey in service evaluation, i.e. service implementation or the 'process' of counselling should be included alongside service outcomes. Their suggestions on what elements of service implementation should be captured are outlined in the following section (*Monitoring of Service Delivery, Capacity and Capability*). A secondary school staff consultee saw value in evaluating the whole service, and not just its outcomes, as a route to service improvement.

6.31 Key system stakeholder interviewees considered it important that counselling service evaluation consider online provision to assess its impact in relation to face-to-face delivery.

I think the question is, will always be, does it have the same benefit and impact as a one to one, kind of, counselling piece? *Stakeholder 02*

6.32 They also felt that counselling service funding should be considered in service evaluations, possibly as part of an economic evaluation, to ensure accountability for public funding and to inform future funding decisions.

We aren't aware of any online kind of, the government application which details the concurring annual funding level allocated to independent counselling services. So, like, whilst that naturally risks a lack of public spending accountability, it also regrettably disables any form of investment analysis, with it being cross referenced with the data that's available, and I think something like that could significantly inform the government and others of future spending needs which is, seems to be missing at the moment. So, an evaluation of the service should clearly look at that as well, I think. *Stakeholder 06*

6.33 Stakeholder participation in counselling service evaluation was considered to be an important underpinning principle by many participants. A key system stakeholder interviewee thought that the opinions of a wide range of stakeholders should be sought. They highlighted that multiple stakeholders are involved in the delivery of the service and understanding their perspectives could improve service effectiveness.

Yes, that's one issue is the extent to which stakeholders themselves are involved. You know, where the pupils are asked to complete an evaluation at the end of their sessions with the service, our staff, head teachers particularly could also at secondary schools, whoever, it's normally an assistant head would be the link teacher for the service rather than the head. So you know, do they, are they asked their opinion on what the service is? Then you've got the links from social services, CAMHS, police and things – and other agencies that have interest. So there's the kind of stakeholder input into that. *Stakeholder 01*

- 6.34 Stakeholder consultation and school case-study participants identified children and young people, parents and carers and school staff as particular groups who should be involved in counselling service evaluation.
- 6.35 The principle of including children and young people's voice was advocated by consultee groups and school case-study staff and learners. LA counselling service lead consultees felt strongly about this because they felt a richer, more rounded picture of counselling would ensue. Parent consultees thought it was appropriate that young people be asked about their experiences of counselling services.
- 6.36 Two concerns, however, were raised about children and young people's voice in service evaluation. One young person consultee who had received counselling said it got repetitive answering the same questions at each counselling session. A secondary school staff consultee noted that when vulnerable children need to discuss something, they do not always want the added pressure of having to evaluate the service.
- 6.37 A wide range of methods to capture children and young people's voice were suggested. Secondary school case-study learners noted that it was important that their voice was captured by someone they trusted. Children and young people consultees and case-study learners and staff suggested approaches that were suited to children and young people, including informal chats, child-friendly questionnaires and drawing for young children. One consultee group said it was important that children and young people be offered a format they were comfortable with, be that written or verbal, and primary school case-study learners highlighted that it was important learners could provide data anonymously.
- 6.38 Parent and carer voice in counselling service evaluation was considered by parent consultees and case-study staff and learners. Parent consultees were critical that they were never asked for feedback by their children's counselling service, yet they saw their children more than anyone else. Primary school case-study staff thought it was important that parents were involved in counselling service evaluations so that the impact of counselling on the family could be captured. Secondary school case-study learners thought parents and carers would be able to detect change in them as a result of counselling.

RES2: And I also do think family though, because you know, you might be feeling better, or you might like, I don't know, you just might feel happier at home.

INT: So your family might notice a bit of a change in you?

RES2: Yeah.

*Learner, secondary school A, English medium*

- 6.39 The final group that participants thought should be involved in counselling service evaluation was school staff. This was advocated by parent and young people consultees and school case-study staff and learners. They suggested that school staff know their learners well and would be able to see changes in them related to their interactions, confidence and concentration at school. Young people consultees noted, however, that it should be made clear to learners that their teachers were going to be informed that they were receiving counselling. A secondary school case-study senior leader thought that staff views on level of counselling service provision should be sought, as well as on its impact.
- 6.40 Participants considered what methodological approach should be adopted in a counselling service evaluation framework. As noted above, qualitative methods were thought to be suitable to capture young people's voice and most case-study staff and learners, and LA counselling service lead and young people consultees thought qualitative or mixed method (qualitative and quantitative) methodologies were preferable. Pre-post evaluation designs were recommended for quantitative evaluations by young people and parent consultees and by staff and learners.
- 6.41 A perceived negative consequence of a purely quantitative approach was described by a primary school case-study senior leader, who highlighted the potential of quantitative outcome measures to distort the way a service functions.

I mean, numbers scare me, as soon as you start asking for numbers of children, it just encourages the counsellor to whip through as many children as possible. How we measure things is massively impacting on the system, isn't it? [...] it's potentially damaging to the system, because we've got the new curriculum in Wales and we're still waiting on the accountability measures, but whatever that is, that will change the system. If they say schools, how many children can juggle fifteen balls, that's what

we're doing everyday. And I guess the same with counselling, if it's numbers. *Senior leader, primary school B, English medium*

- 6.42 Participants also considered the timing of counselling service evaluation. Outcome data (YP-CORE) is currently collected for the annual data return from children and young people in the final session of their counselling episode. Stakeholder interviewees, secondary school case-study learners and a primary school case-study senior leader suggested that a principle of future service evaluation should be a longer period of follow up to assess the long term impact of counselling.

I also think it would be really important to monitor the interventions of individuals. So, for a child to be mentally health scaled, before they have an intervention, during the intervention, after the intervention, and seeing them maybe three monthly thereafter. Because I think we need to be looking at long term, what interventions are actually, according to the data, are having the biggest affect? *Stakeholder 05*

- 6.43 LA counselling service lead and children and young people consultees raised concerns about consent and confidentiality in counselling service evaluation. A LA counselling service lead consultee noted that they had been unable to participate in longitudinal research projects in the past because of issues around data collation and confidentiality. Children and young people consultees queried how a service evaluation would access vulnerable young people, obtain their informed consent and manage access to their data. They stressed the importance of ensuring that children and young people understand exactly why their data is being used and will happen to it.
- 6.44 The final principle that participants suggested should underpin counselling service evaluation was alignment with other public service evaluations. This was recommended by LA counselling service lead consultees, who highlighted the disparity between counselling service reporting requirements and those for other services, such as Families First. They suggested that a common well-being evaluation framework that could be used with different services would help local authorities compare service outcomes and save money. They noted that it would be helpful for all services that will be part of the Whole-School Approach to be able to use the common evaluation framework.

- 6.45 Participants considered whether any sources of outcome data or data infrastructures already existed that could be used to evaluate school and community-based counselling services, but were currently not used for this purpose. A LA counselling service lead consultee noted that collection of outcome data must not be onerous, highlighting the value of identifying any appropriate data sources.
- 6.46 A data infrastructure that was consistently mentioned by key system stakeholders and also mentioned by secondary school case-study staff and secondary school staff consultees was SHRN. Key system stakeholder interviewees felt that SHRN would provide data on the school context, allowing outcome measures to be understood within the context of the school.
- I think the SHRN data is interesting, because that gives you a snapshot of how well-being is across the school, you know, in a range of schools. Obviously I think, you know, evaluation of individual work with children is a contributing factor, but my point is that it needs to be kind of thought of in a bigger picture. *Stakeholder 04*
- 6.47 Case-study school staff also identified that they hold data on PASS, attendance and attainment, which could be used in counselling service monitoring and evaluation.
- 6.48 In summary, participants highlighted the challenges of identifying an appropriate outcome measure for counselling service evaluation, given the wide range of reasons children and young people attend counselling. A range of measures, however, were suggested, including YP-CORE, onward referrals, WEMWBS, CORS, SDQ, PASS, Norse Mental Health and Substance Use and education related measures (attendance and attainment). Of these outcome measures, YP-CORE and onward referrals are currently collected in the annual data return that LAs submit to Welsh Government. Participants suggested that future counselling service evaluations should include process and economic evaluation; engage children and young people, parents and carers, and school staff; use mixed methods and pre-post designs; and allow for longer term follow-up of outcomes. SHRN was suggested as a data infrastructure that could be used to collect outcome measures.

### **Monitoring of Service Delivery, Capacity and Capability**

- 6.49 This section presents findings on what participants thought would be appropriate service implementation and sustainability measures to monitor school and

community-based counselling services. It then describes how services are currently monitored. Lastly, it outlines participants' views on how services should be monitored in the future and what data sources might be available for future monitoring.

*Implementation and sustainability measures for future counselling service monitoring*

6.50 This subsection presents findings on what participants thought would be appropriate service implementation and sustainability measures to monitor school and community-based counselling services. The data sources are stakeholder consultations; key system stakeholder interviews; and school case-studies.

6.51 Participants suggested different elements of counselling service implementation that could be measured as part of future service monitoring. The first of these was awareness of the service. This was suggested by counselling service leads and staff at a case-study primary school, who highlighted that this meant collecting data not only from learners who use the counselling service.

But not just those who use the service, everyone. Do you know about the service to start with? If children don't know about the service, they're not going to use it.

*Staff member, primary school A, Welsh medium*

6.52 Key system stakeholder interviewees and secondary school staff consultees suggested it was important to understand the numbers and demographic characteristics of children and young people who chose not to attend counselling when it was offered to them or who dropped out. This, they thought, would increase understanding of who counselling services were failing to reach.

So who goes once and doesn't go back? That's really important to know. Who doesn't go, even though the teacher suggested it? That's really important to know. Who hasn't the teacher suggested it for, and what else have they suggested? You know, how can we pick up all of those things?

*Stakeholder 04*

6.53 Key system stakeholder interviewees, parent consultees and a secondary school case-study senior leader suggested further measures related to service reach, availability and capacity. These were numbers receiving counselling and their socio-

demographic characteristics, waiting list lengths and the number of counselling hours schools were provided with. The senior leader suggested waiting list lengths and counselling hours could be reviewed together to assess whether counselling services were allocating their time correctly in relation to demand. A key system stakeholder interviewee highlighted the importance of monitoring diversity among counselling service users.

I think your question around diversity is probably one which will be interesting for us to understand a bit more. I think sometimes that's an area I think we just need to, kind of, develop. *Stakeholder 02*

- 6.54 Key system stakeholder interviewees and parent consultees suggested that barriers to access should be measured and monitored to ensure that children and young people most in need of the counselling service were able to access it.

So it's, kind of, getting ... I think it's a question of getting serious about the practicalities of what the barriers would be because, you know, otherwise you get the people who, you know, the people who need the services the most access them the least. *Stakeholder 08*

- 6.55 Young people consultees suggested that frequent rescheduling of counselling appointments would be a measure of service user experience.

- 6.56 Sustainability was defined as services' ability to consistently deliver high quality provision to meet the needs of children and young people on an ongoing basis. Key system stakeholder interviewees stressed the need for the counselling service to be sustainable as the full impact of the COVID-19 pandemic on children and young people's mental health and well-being may take time to emerge. They therefore suggested that monitoring capacity within the counselling service was essential for its sustainability.

So, this isn't do it all now in six months, we're going to be picking up pieces of the trauma of the pandemic, that hasn't been identified yet, in two, five, ten years' time, we don't know yet, what kids, what's happened to children at home. And they may be presenting okay at the moment, because they've bottled it, but, at some stage, they're going to, they will come to terms with whatever issues, whatever that is, you know, trauma is relative okay. So, whatever that is, and they'll reflect and then they might have mental health issues. *Stakeholder 05*

- 6.57 Stakeholder interviewees suggested monitoring children and young people's use of other sources of mental health and well-being support, such as third sector services, would provide insight into where capacity was low in the counselling service, i.e. children and young people would seek help from other sources in the counselling service was not available to them. They noted, however, that it could also indicate that counselling services are not meeting the needs of some children and may need to adapt in order to address those needs in the future.
- 6.58 A LA counselling service lead felt that a weakness of the current counselling service monitoring system is that it does not capture service innovations, i.e. the processes services develop to improve delivery of the statutory one-to-one counselling provision and the interventions they offer in addition to the statutory provision. Examples of innovation are in Table A.1 in the Annex and include school staff supervision, group work using [Seasons for Growth](#) and self-harm and suicidal ideation workshops for school staff. Whilst this participant did not make a direct link from this observation to counselling system sustainability, service innovations could be a potential measure of sustainability as they suggest a service is adapting to local need. School staff supervision, for example, could increase school staff capacity to support learner well-being and reduce learner referrals to counselling services.

#### *Current monitoring of counselling services*

- 6.59 This subsection describes how school and community-based counselling services are currently monitored at national and local levels, how monitoring data is used, and perceived strengths and weaknesses of the current approach. The data sources are key system stakeholder interviews, stakeholder consultations and school case-studies.
- 6.60 Under the current national level monitoring system, school and community-based counselling services are required to provide aggregated data to Welsh Government on specific aspects of their service, alongside the outcomes described in the previous section (e.g. YP-CORE). The aggregated data includes demographic characteristics of children and young people who use the service; how referrals were made; presenting issues; and numbers of sessions attended and missed. The [annual data return is published by Statistics for Wales](#).

6.61 LA counselling service lead consultees described how they used the national monitoring data. One reported holding a biannual service steering group to review the data for their service. The multi-agency group includes representatives from CAMHS and corporate parenting and identifies issues in the wider system that are impacting on the counselling service. Several consultees reported that they collate the data they collect for the national monitoring system for each secondary school in their area. They then hold termly or annual meetings with school senior leaders to look at trends and issues and opportunities to improve the school counselling system. They noted that this data review was a good way to initiate conversations with the school about well-being and build system change and improvements.

6.62 Counselling services are also monitored at the local level and participants described the type of data that is collected. A LA-based stakeholder interviewee reported that their LA's counselling service collected children and young people's opinions at the end of their episode of counselling using an anonymous questionnaire.

In terms of how we evaluate it in [LA name], we use the YP-CORE to assess levels of emotional distress at the beginning and the end. We've also got a very short evaluation that counsellors should be, if the young people turn up for their last session, giving to young people, and this very, a basic seven question questionnaire where we ask about their relationship with the counsellor, how easy it was to get to sessions, what were the best things and worst things about counselling, and they're given an envelope so that they can write it completely confidentially and anonymously. *Stakeholder 03*

6.63 LA counselling service lead consultees reported similar approaches and described how some services collect feedback from children and young people, which provides rich information on whether they found counselling useful and why, what difference it made, what coping skills they learnt and how those skills have made a difference to them. The interviewee quoted above noted that the counselling service also collects case-studies of children and young people's experiences of counselling in order to provide context to the quantitative questionnaire data.

I gather case-studies from counsellors, because it's, it's quite difficult in a service that is, you know, bound by such confidentiality to get the thoughts of young people about their counselling sessions. So I ask them to write

anonymous cases, you know, at least those put in some sort of context.

*Stakeholder 03*

- 6.64 As with counselling service outcome data, awareness of service monitoring data among participants other than LA counselling service leads and counsellors was low. A number of strengths and weaknesses of the current national monitoring system were, however, made by LA counselling service lead consultees and a key system stakeholder interviewee.
- 6.65 LA counselling service lead consultees felt that the demographic information that is collected is useful to monitor whether services are reaching different groups and if they need to be developed to reach those areas of need. As noted in the previous section, however, they felt that learner voice should be stronger in the national monitoring system, so that it is not 'just a headcount', but something that provides a rich picture of counselling and its impact.
- 6.66 A further weakness was ambiguity over the meaning of 'reasonable' provision, which LAs are required to provide under the School Standards and Organisation (Wales) Act 2013. LA counselling service lead consultees noted that the current monitoring system takes no account of the wider context in the LA and what other mental health and well-being support might be available to children and young people. This other support, they suggested, would influence what might reasonably be expected of the counselling service.
- 6.67 The final weakness suggested by LA counselling service lead consultees was that some of the work counselling services undertake goes unreported because there is no way to include it in the annual data return. They thought that services do a lot of important work that generates outcomes beyond those of the one-to-one counselling sessions. A LA counselling service lead consultee gave an example of an emotionally-based school avoidance project their service ran.
- 6.68 One key system stakeholder interviewee made a related point and highlighted that the national monitoring data reflects only the service that is funded by Welsh Government. Therefore, children and young people who access an element of the counselling service funded from another source are not captured, leading to inaccurate reporting of the numbers receiving counselling.

there's always been some sort of debate around how those figures are captured by each local authority that go in to the Welsh Government data

exercise and we, I have only ever added the figures in that are attributed to monies comes into the core budget for counselling. *Stakeholder 03*

*Future counselling service monitoring and data sources*

- 6.69 This subsection outlines participants' views on how school and community-based counselling services should be monitored in the future and what data sources might be available for monitoring of service implementation and sustainability. The data sources are stakeholder consultations; key system stakeholder interviews; and school case-studies.
- 6.70 The previous section outlined participants' suggestions on the principles that should underpin evaluation of counselling services. Several of these also apply to the collection of data to monitor counselling services, including involvement of a range of stakeholders, particularly children and young people, capturing how counselling sessions are delivered (remote or face-to-face methods), use of mixed methods (qualitative and quantitative), and consideration of children and young people's consent and confidentiality.
- 6.71 Participants identified a small number of sources of implementation data. One was the data generated by counselling services for their own monitoring, as described earlier in this subsection. This included both qualitative (case-study) and quantitative (questionnaires) data.
- 6.72 Young people consultees suggested that electronic appointment booking systems could be used to monitor counselling service use.
- 6.73 No data sources for counselling service sustainability were identified by participants.
- 6.74 In summary, participants suggested different elements of counselling service implementation and sustainability that could be measured as part of future service monitoring. These included: awareness of the service; number and demographic characteristics of children and young people using the service; capacity and waiting lists; barriers to access; children and young people's use of other services; and service innovation. School and community-based counselling services are currently monitored nationally and locally. The national system of an annual data return to Welsh Government was perceived to have a number of weaknesses, including not capturing the innovation and provision beyond one-to-one counselling that services deliver. The utility of the demographic information collected to monitor service reach, however, was valued. Many of the principles that participants suggested

should underpin future evaluation of counselling services, also apply to future service monitoring, including involving stakeholders and use of mixed methods.

### **Summary**

- 6.75 This chapter has presented findings on future evaluation and monitoring of school and community-based counselling services. Findings pertained to evaluation of counselling service outcomes, including participants' views on what appropriate outcome measures would be; how services are currently evaluated; suggestions for how services should be evaluated; and potential data sources. The second section of the chapter presented findings on monitoring of counselling service delivery, capacity and capability, including suggested implementation and sustainability measures; how services are currently monitored and the strengths and weaknesses of the current system; and potential monitoring data sources. The next chapter discusses the key findings presented in Chapters 4-6 and makes recommendations arising from them.

## **7. Discussion and Recommendations: An Optimal School and Community-Based Counselling Service in Wales**

- 7.1 This chapter presents a discussion of key findings from the study and provides recommendations to support the optimisation of school and community-based counselling services in Wales, including an extension to primary school aged children aged from 4 years and above. As presented in Chapter 1, the study research questions mapped on to three domains of enquiry that explore: the current fitness for purpose of statutory counselling services for children and young people aged 11-18 years; a future model for school and community-based counselling services for all primary and secondary school aged children and young people (4-18 years); and an evaluation and monitoring framework to assess an optimised and extended service.
- 7.2 The study undertook the following:
- Rapid evidence review of evaluations of school and community-based counselling services in the UK
  - Secondary analysis of SHRN biennial school-level and student datasets
  - Mapping of current school and community-based counselling provision
  - Consultations with primary and secondary school aged children and young people, parents and carers, school staff and LA counselling service leads
  - Interviews with key system stakeholders
  - Case-studies with primary and secondary schools
- 7.3 To inform the development of recommendations from these data sources, the research team considered two key factors. First was the importance of the evidence and the extent to which the data sources commonly identified and prioritised a particular issue as significant in addressing a research question. For example, nearly every data source emphasised the importance of self-referral to the delivery of services. The consistency of a finding across data sources was considered, but this was not necessarily a criterion for forming a recommendation. In some instances, there were different perspectives on an issue and these have been acknowledged in the discussion. Second was the strength of evidence. For example, in the rapid evidence review, a number of scientifically weak evaluation designs were used. As such, recommendations that draw on the review findings in

regards to outcomes and effectiveness have prioritised studies that conducted randomised controlled trials.

- 7.4 An initial set of recommendations were presented to the Project Steering Group, which comprised Welsh Government policy-makers, educational professionals and counselling expertise. Consultation with the group supported the refinement of the final set of recommendations and helped to situate them in the wider policy context.

### **The Extension of School and Community-based Counselling Services to Primary School Aged Children**

- 7.5 The findings considered the appropriateness and need of extending counselling services to primary school aged children aged 4 years and over. Overall, there was support for extending counselling services to this younger age group. This is included as Recommendation 1.
- 7.6 However, there was consideration across the data, and from the Project Steering Group, as to whether current counselling provision was the most appropriate form of support for primary school aged children. It was acknowledged that therapeutic approaches based on talking are not always appropriate for children, and that other therapeutic techniques such as play, music and art need to form a central part of the counselling offer. As such, any extension of services needs to include a wider array of counselling approaches.
- 7.7 There was also suggestion that while some form of counselling may be relevant for some primary school aged children, demand may not be the same as with secondary school aged children and young people. It was considered whether this younger age group generally needed more emphasis on opportunities for healthy social and emotional development that included effective mental health and well-being promotion. Therefore, an extended service to younger children may have a particular focus on counselling being part of a comprehensive and holistic platform of mental health and well-being activities.
- 7.8 It is important to note that while the following recommendations for an optimal school and community-based counselling service will be considered relevant to both primary and secondary school aged children and young people, the starting point for services for these age groups is different. While services for secondary school aged children and young people are being optimised, services for primary school aged children will largely be newly developed. There will need to be further

consideration and planning on how services for primary school aged children can be rolled out and implemented at a national level, and the practical and resource challenges associated with this. This may involve a period of piloting and feasibility testing to ensure that the services are fit for purpose.

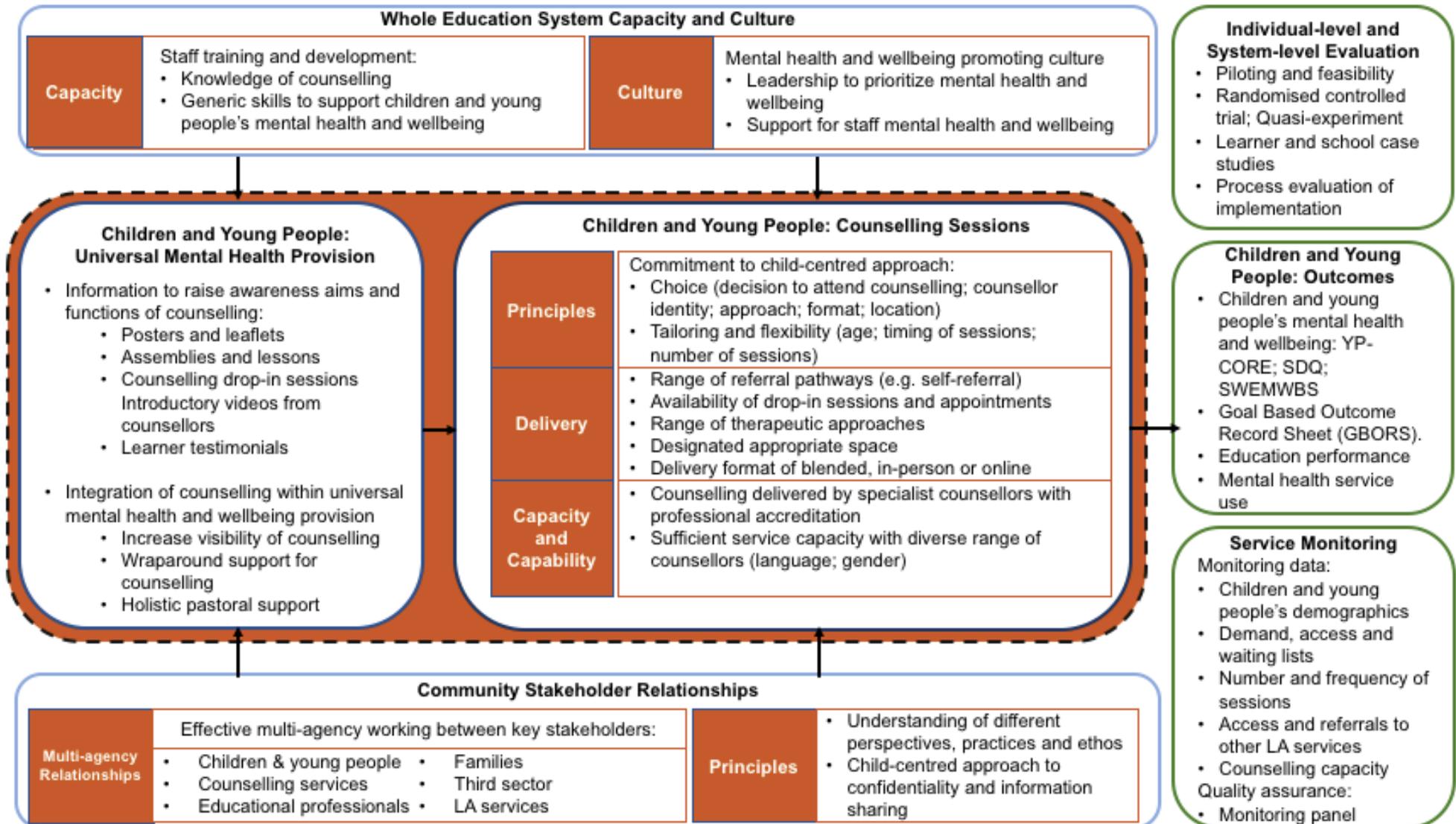
**Recommendation 1: Counselling services should be extended to primary school-aged children in Wales (aged 4 years and older). They should adopt a whole education system approach as recommended for secondary school aged children and young people. However, some tailoring of services will be necessary to meet the developmental needs of this group (e.g. type of therapeutic approach).**

### **An Optimal School and Community-based Counselling Service**

- 7.9 The current school and community-based counselling service is prescribed by the School Standards and Organisation (Wales) Act (2013), which makes it a statutory requirement for LAs to provide independent counselling to children and young people from year 6-13. The present study found that some LAs and schools are also providing services to children younger than year 6. To date there is reported variability in the delivery and funding of services.
- 7.10 The overarching recommendation from the study is to adopt a whole education system approach to counselling, which sees services fully integrated into the Whole-School Approach to emotional and mental well-being and encourages stronger links with community mental health services (e.g. CAMHS). This resonates with recommendations from the School and Community-based Counselling Operating Toolkit (Welsh Government, 2020b), which suggests the need for a 'Whole-School Approach' to counselling that includes awareness raising of services and delivery of additional therapeutic approaches that are mutually supportive. To note, in this study the term 'Whole Education System Approach' has been used rather than Whole-School Approach to reflect that counselling is delivered across a range of settings other than schools. The adoption of a whole education system approach is also consistent with the Welsh Government's Framework on Embedding a Whole-School Approach to Emotional Health and Well-being (Welsh Government, 2021b).

- 7.11 This model is recommended for primary and secondary school aged children and young people as part of an optimised and extended approach. Indeed, participants indicated that services for primary school and secondary school aged children should not be treated separately but as part of an integrated approach. The model is presented in Figure 7.1.
- 7.12 There are twelve specific recommendations that map onto the model. These are in addition to the first recommendation to extend counselling services to primary school aged children from age 4 years and above. There are three recommendations that relate to children and young people's counselling sessions: principles (Recommendation 2); delivery (Recommendation 3); and capacity and capability of counselling services (Recommendation 4). There are two recommendations that relate to children and young people's universal mental health and well-being provision: information on counselling services (Recommendation 5); and universal mental health and well-being activities (Recommendation 6). There are two recommendations that relate to a whole education system approach to mental health and well-being: system capacity (Recommendation 7); and system culture (Recommendation 8). There are two recommendations that relate to community stakeholder relationships: multi-agency working (Recommendation 9); and principles for stakeholder relationships (Recommendation 10). There are three recommendations that relate to outcomes, evaluation and monitoring: counselling services outcomes (Recommendation 11); service evaluation (Recommendation 12); and service monitoring (Recommendation 13). The model integrates these recommendations into a comprehensive approach, where different components are mutually supportive. It visually depicts how individual-level counselling sessions should be embedded in, and reinforced, by a wider system of support, with all elements of the model being evaluated and monitored.
- 7.13 Each section in this chapter will present the relevant study findings, the data sources that support the findings and then the specific recommendation. To support the ease of reading, the rapid evidence review will be referred to as such. The service mapping, secondary analysis of the SHRN datasets, stakeholder consultations, key system stakeholder interviews and school case-studies will be collectively termed consultation and research data.

**Figure 7.1: Optimised and Extended Model of School and Community-Based Counselling Services**



- 7.14 It is important to consider the degree to which this optimised and extended model should be prescribed at a national level. Participants in the consultations and research maintained that they would appreciate more national leadership and guidance to ensure a minimum quality standard for services. As such, some detailed specification on a basic threshold of service provision may be centrally provided by Welsh Government. However, this needs to be balanced with service tailoring to meet local need and accommodate local resources. This call for more national oversight does not then necessarily mean a move away from the current procurement model, although this was suggested by some study participants. National centralisation could be in the form of more detailed requirements related to service quality and comprehensiveness that local procurement should adhere to. Practically, this may be supported by offering a suite of potential options for responding to national-level recommendations, and different examples of local tailoring that are consistent with the whole education system approach.
- 7.15 Further, it should be acknowledged how prominently school-based counselling features across the data sources compared to community-based counselling. This may partly be due to the study having more participants from school settings, but there was also a lack of clarity amongst participants about what constitutes community-based services. Further work may be required to improve understanding of this context.

### **Recommendations: Principles, Delivery, Capacity and Capability of Counselling Services**

- 7.16 This section provides three recommendations that largely focus on the therapeutic relationship and the delivery of counselling sessions. These are: the principles of school and community-based counselling; the delivery of school and community-based counselling; and the capacity and capability of counselling services.

#### *Principles of School and Community-based Counselling*

- 7.17 There is a set of principles, values and ethical considerations that should underpin a counselling service. These are generally prescribed by counselling registration associations. For example, the BACP mandates that all its members work in accordance with their Ethical Framework for Counselling Professions (BACP, 2018).
- 7.18 The consultation and research data maintained that the central principle that should underpin an optimal school and community-based counselling service is ‘a child-

centred ethos'. Professional associations for counsellors often express this commitment as putting clients first (BACP, 2018). There are key mechanisms through which counselling services can ensure that a child-centred ethos is achieved. These are choice, tailoring and flexibility.

- 7.19 The need for children and young people to exercise choice was indicated in the rapid evidence review, consultations and research data. Choice was considered important in ensuring that counselling services, particularly counselling sessions, meet the needs of individuals. The rapid evidence review reported that counselling approaches that facilitated choice and control for children and young people, such as in the Methods of Levels (MOL) approach that allows young people to book counselling sessions and decide how often to attend therapy, what to discuss and when to end therapy. (Churchman et al., 2019b, 2020), had high levels of acceptability and supported a positive therapeutic relationship. This emphasis on choice is reflected in the School Standards and Organisation (Wales) Act (2013), which specifies that LAs have a responsibility to accommodate the needs and preferences of different learners.
- 7.20 There are six areas where children and young people might be able and encouraged to exercise choice. First, is the autonomy to decide if they want to attend counselling or engage with other mental health and well-being activities or services. Second, is the identity of the counsellor. Third, is the preferred language of the learner. Fourth, is the type of therapeutic approach used. Fifth, is the format through which counselling is delivered, and if it should be in person, online or blended. Sixth, is the location where counselling can be accessed, with secondary school case-study learners emphasising the importance of being able to access counselling in community settings rather than schools.
- 7.21 The need for tailoring and flexibility was considered in the rapid evidence review, consultation and research data. Flexibility entails services being responsive to the specific and evolving needs of a child and young person, notably their developmental age.
- 7.22 There were three areas where the data indicated counselling should be flexible. First, is the age range of children and young people who are eligible for counselling, with some participants suggesting an integrated life-course approach with services being universally accessible from birth to 25 years old. Currently the BACP [children and young people's competency framework](#) supports counselling for children and

young people aged 4-18 years, with specialist play therapy indicated for children aged under four years. Second, is the timing of counselling sessions. Children and young people wanted sessions to be run at different times so as not to constantly miss the same lessons, while others wanted it outside of the school day. Third, is the number of sessions that can be received, with counselling ending when the child or young person is ready. To note, a previous evaluation of counselling services in Wales reported that counselling services did not generally limit the number of sessions offered, but there was a resource issue in delivering this flexibility (Welsh Government, 2011a; 2011b). Participants also felt it was important to potentially support children and young people to be flexible in taking up other mental health and well-being support if the waiting list for counselling was prohibitively long.

- 7.23 In summary, there is a core set of principles, values and ethical considerations that need to guide school and community-based counselling services. These are already enacted in the frameworks of professional counselling organisations, and they should be fully integrated and explicitly stated in an optimised and extended service. A key principle that should be foregrounded is that of a 'child-centred ethos', where services encourage choice for children and young people, while offering tailoring and flexibility to meet their unique and changing needs.

**Recommendation 2: School and community-based counselling services should adhere to a core set of principles, values and ethical considerations. A child-centred ethos should underpin services, with children and young people being offered choice, tailoring and flexibility.**

#### *Delivery of School and Community-based Counselling*

- 7.24 The delivery model of school and community-based counselling should include a number of key features to help to maximise reach, increase access and enhance the experiences of children and young people. Across the rapid evidence review, consultation and research data, there were five aspects of delivery that were considered important to a high-quality service: a range of referral pathways; counselling drop-in sessions and appointments; a range of therapeutic approaches; a designated and appropriate space; and a range of delivery methods. These recommendations for delivery should be underpinned by a child-centred ethos that promotes choice, tailoring and flexibility (Recommendation 2).

- 7.25 A number of referral pathways to counselling should be available. The study did not identify significant issues with the current referral system, but indicated the importance of emphasising self-referral. An evaluation of school-based mental health and well-being provision by Estyn (2019) identified the issue of school staff controlling access to services. The most recent data for 2019/2020 reports that 51 per cent of counselling referrals are made by school or other education staff (Welsh Government, 2021a). However, participants expressed some concern about self-referral for primary school aged children, and queried whether an adult should be involved throughout the process to offer guidance and support. A range of mechanisms to support self-referral were identified, including email, telephone, appointment cards at school reception, or via a trusted member of staff.
- 7.26 Drop-in counselling sessions and pre-arranged appointments should be offered to children and young people. Consultation and research data reported opportunities for drop-in to be particularly important in allowing individuals to explore and 'taste' counselling before making a commitment to a series of sessions. They also have the potential to help remove the stigma and negative perceptions of counselling services. Equally, drop-in sessions might allow for children and young people to receive more immediate help where they are experiencing distress.
- 7.27 A comprehensive and bespoke range of therapeutic approaches should be offered as part of counselling to make sure that it is inclusive and responsive to the developmental needs of children and young people. The rapid evidence review found a range of counselling types to be acceptable to different stakeholders. These include but are not limited to: humanistic; integrative; psychodynamic; dog therapy; dance therapy; and art therapy. The consultation and research data outlined particular approaches that could be most appropriate for primary school aged children, notably play therapy, group therapy and family therapy. They also reported the potential value of music therapy for learners with additional needs. However, it should be noted from the rapid evidence review, that there is a lack of evaluations that compare the relative effectiveness of different therapeutic techniques.
- 7.28 An appropriate and designated space should be made available for counselling. This has been a challenge to date, with an evaluation by Estyn (2019) reporting that schools in Wales are not always able to accommodate counselling due to the limited availability of buildings, which can compromise accessibility and confidentiality. Across the rapid evidence review, consultation and research data,

participants expressed views on key features of a good counselling space, including being quiet, discrete, accessible, private and relaxed (Churchman et al., 2019a; Duffy et al., 2021; Fox and Butler, 2007; Le Surf and Lynch, 1999; Parsons and Dubrow-Marshall, 2018; Westergaard, 2012, 2013). Primary school aged participants mentioned having counselling in the playground, where they would also be able to play.

7.29 Counselling sessions may be delivered in the form of in-person, online and blended. Online and remote counselling was considered to have a number of benefits. These included increasing reach to those who had difficulty accessing face-to-face services (Henningan and Goss, 2016). Consultation and research data also indicated the increased scope for continuous provision, especially during school holidays. From the rapid evidence review, there was suggestion of high levels of satisfaction with digital avatar-based support, particularly for males (Cooper et al., 2019). There was also the potential to future-proof the service so it was resilient to issues such as the COVID-19 pandemic.

7.30 However, there were perceived limitations, and not all children and young people were supportive of online delivery. There were reported issues around ensuring confidentiality, loss of quality in the therapeutic relationship, and concerns for those who needed immediate support (Henningan and Goss, 2016). There were further concerns about online counselling being suited to primary school aged children, as it may be more difficult to build the therapeutic relationship. The Project Steering Group discussed that the BACP is developing guidance for remote counselling with younger people, and currently a blended approach is not recommended for children aged under 10 years old due to concerns about a lack of privacy where counselling is undertaken at home. Generally, there was a sense that a range of methods should be offered, and online provision might helpfully supplement in-person provision. To support issues around confidentiality with online methods, counselling contracts need to be carefully specified and professional counselling registration organisations may be able to work with schools and community organisations on their design.

7.31 In summary, there are a number of core features that should be included in a high-quality counselling service, particularly in relation to counselling sessions. These include a range of referral routes into services and emphasising the option of self-referral. A combination of drop-in sessions and appointments may help children and

young people become familiar with the service, with the potential to reduce stigma. A range of therapeutic approaches and techniques should be available to support the specific developmental needs and preferences of individuals. Where counselling is embedded in organisations (e.g. schools), effort should be made to provide an appropriate space that is safe and confidential. The availability of multiple formats, including online provision, may help to maximise access and ensure service continuity, especially in the context of events such as the COVID-19 pandemic.

**Recommendation 3: A set of core features should characterise a future high-quality school and community-based counselling service in Wales. These include: a range of referral routes; a combination of appointment and drop-in sessions; a range of therapeutic approaches; a designated and appropriate space; and a range of delivery formats.**

#### *Capability and Capacity of School and Community-based Counselling*

- 7.32 A skilled, professional and well-resourced counselling workforce is needed to deliver school and community-based counselling services. There was debate in the rapid evidence review, consultation and research data over who should deliver counselling. Some studies and participants felt educational staff or peers could deliver sessions, as they would be familiar to children and young people. However, for the large part participants maintained that counselling should be delivered by specialist, trained counsellors who are professionally registered. It was recognised that counselling requires a specific set of skills and competencies, such as those prescribed by the BACP Ethical Framework for Counselling Professions (BACP, 2018). The review also found that the independence of counsellors is important to their relationship with children and young people (McArthur et al., 2016; Prior, 2012b). Equally, children and young people recognised that an independent service would likely not have a conflict of interest and it would be easier to maintain confidentiality. The review indicated that counsellors from third sector organisations, such as the NSPCC, were acceptable to primary and secondary school learners (Fox & Butler, 2009; Lee et al., 2009; McElearney, 2013).
- 7.33 The capacity of the current counselling workforce in Wales needs to be monitored and potentially expanded to meet the needs of an optimised and extended service. There is the potential for the recommendations from the present study to overwhelm

the existing workforce. The consultation and research data identified existing concerns about the difficulty of recruiting counsellors and the lack of capacity in the service leading to long waiting lists. This resonates with findings from an earlier evaluation of counselling in Wales, where only 47 per cent of school counsellors considered there were adequate numbers of staff to meet need (Welsh Government, 2011a; 2011b). It also reflects issues raised in the evaluation of the CAMHS In-Reach programme, where there were reported challenges in recruiting specialist staff (Holtam et al, 2021). The present study also identified concerns about capacity as a consequence of the COVID-19 pandemic, although there is no current evidence to indicate a decline in registrations.

- 7.34 There should be consideration of the diversity of the counselling workforce, to ensure that choice can be offered to children and young people. This diversity should focus on the availability of different languages, as participating children and young people maintained that individuals should be able to have counselling in the language that they are most comfortable speaking. The rapid evidence review also indicated that gender is relevant, and male counsellors may feel more accessible to children and young people who identify as male (Fox and Butler, 2007).
- 7.35 While it was recommended that counselling sessions be delivered by trained counsellors, there is potential for professionals in the school setting, including teaching, support and pastoral staff, to deliver basic therapeutic techniques as part of universal mental health and well-being provision (Recommendation 6). However, the scope of this activity should be in accordance with the fact that these individuals have likely not attained a professionally recognised standard for training in counselling and psychotherapy. There will also likely be other constraints experienced by these professionals such as lack of time due to other responsibilities and commitments. Consultation and research data mentioned the potential for roles that might be supportive of counsellors. One suggested option was the introduction of counselling assistants in schools, who receive basic training in counselling techniques to provide supplementary support to learners outside of counselling sessions.
- 7.36 In summary, school and community counselling services should be delivered by trained, specialist counsellors who have obtained professional registration from a relevant organisation. As indicated, BACP supports trained and competent children and young people specialist counsellors to work within a [children and young](#)

[people's competence framework](#) for 4 to 18 year olds. While other professionals may support counselling, and even deliver some basic therapeutic techniques, these individuals will likely not have the relevant competencies to deliver services. Sustained investment in a diverse workforce is required to meet the needs of an optimised and extended service.

**Recommendation 4: School and community-based counselling should be delivered by specialist counsellors with a professional registration. Service capacity will likely need to be increased to meet the needs of an optimised and extended service. Attention should be given to the diversity of counsellor identities.**

### **Recommendations: Universal Mental Health and Well-being Provision for Children and Young People**

- 7.37 This section provides two recommendations focused on the universal provision of mental health and well-being activities for children and young people. These are: increasing awareness of counselling provision to children and young people; and integrating counselling within universal mental health and well-being provision.

#### *Awareness and Information about School and Community-based Counselling Services*

- 7.38 There is a need to provide more information about school and community-based counselling services to children and young people. This is recommended by the School and Community-based Counselling Operating Toolkit (Welsh Government, 2020b), which suggests that effective counselling provision requires a whole system approach that includes awareness raising of services. In improving awareness, increased information sharing can potentially increase the reach and uptake of services.
- 7.39 Data from the rapid evidence review, consultations and research data reported that children and young people had limited information on how to access counselling, its aims and functions, who the counsellor would be, or the range of issues that could be supported. The review identified this as a particular issue in community settings (Le surf and Lynch, 1999). The review also reported that as confidentiality was a concern, more information was required on how confidentiality would be approached (Prior, 2012b). Meanwhile, young people from the consultations and

research felt that local councils should do more to promote the availability of low cost or free provision, as perceived cost may be a barrier to access.

7.40 The consultation and research data suggested potential mechanisms through which information could be effectively shared with children and young people. To note, these suggestions were perceptions of what might work rather than evidence-informed approaches. These included posters and leaflets that could be included in internal communication systems. There were assemblies and curriculum lessons on counselling, which may be integrated into the programme of mental health and well-being activity promoted as part of the new Curriculum for Wales. The [Hwb](#) depository of free educational tools and materials, provided to support the new curriculum, could provide an infrastructure for disseminating such information. There was also consideration of drop-in sessions and brief introductory videos from counsellors. These were seen as opportunities for children and young people to become familiar with the identity of counsellors and to have a ‘taster’ of what counselling sessions might entail. Testimonials from learners who had previously received counselling were also thought to be helpful in normalising counselling. For children and young people in care, foster carers thought more information should be included in fostering handbooks. The stakeholder and consultation data suggested that the Welsh Government could disseminate more consistent and clear information to ensure a single and accessible message about counselling. Children and young people should be involved in developing this resource.

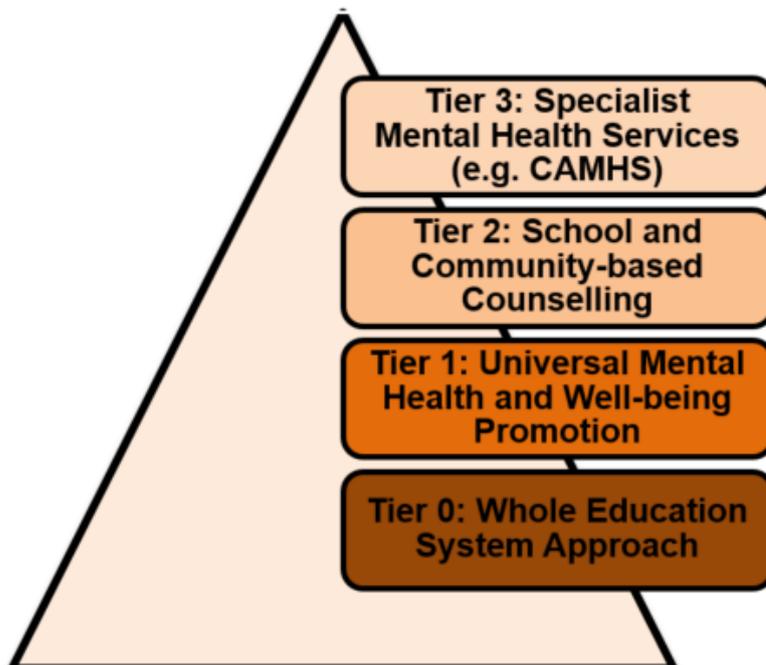
7.41 In summary, improving the availability and content of information for children and young people about school and community-based counselling is necessary. Information on the aims and function of counselling, in addition to the identity and approach of the counsellor, can help children and young people in making a choice to attend counselling. Increased information, especially when presented from other children and young people might help to de-stigmatise service uptake.

**Recommendation 5: Primary school and secondary school aged children and young people should be provided with more information about counselling services. This information should consider the aims of counselling, the identity of the counsellor, how confidentiality will be maintained, the cost of provision, and what children and young people may experience when they attend.**

*Integration of counselling within universal mental health and well-being provision*

7.42 Counselling services should not be treated as a discrete provision for targeted children and young people, but should be integrated into a wider suite of mental health and well-being promotion activities that are available to all individuals. The consultation and research data indicated that counselling should be embedded as part of a step-care, graduated response to mental health, as presented in Figure 7.2. This would include: a whole education system approach to mental health and well-being (Tier 0); universal mental health promotion activities (Tier 1); counselling for individuals assessed as having a counselling need (Tier 2); and specialist provision (e.g. CAMHS) for those requiring ongoing, potentially clinical support (Tier 3). These Tiers are largely prescribed and delivered in Wales through other policy directives and models for emotional and mental wellbeing. The Whole School Approach prescribes activities that can address the focus of Tier 0 and Tier 1 (Brown et al., 2022). Indeed, the WSA approach recommends the delivery of classroom-based, evidence-based, prevention-oriented activities that match school needs. As such, the aim is not to develop these, but to identify the opportunities to integrate them with counselling provision so that they can be mutually supportive.

**Figure 7.2: A Tiered Model of Children and Young People’s Mental Health and Well-being Provision**



- 7.43 The rapid evidence review, consultation and research data identified three key reasons why and how counselling should be integrated into a tiered system of mental health and well-being provision. These had a particular emphasis on the integration with universal mental health and well-being promotion. Integration with the wider whole education system approach is addressed in the next section. First, is to increase awareness and visibility of counselling, which relates to Recommendation 5. Participants felt there should be opportunity to allow learners to become familiar with counselling through a range of universal, school-based mental health promotion activity. They suggested counsellors might deliver curriculum lessons on topics that relate to their specific expertise. However, it was noted that there is balance to be struck in embedding counsellors in the system and counsellors retaining their independence and distance from schools, which were perceived to be important to young people's perception of counselling as confidential and separate to their school and teachers. There is also a resource issue in adding to counsellors' workload.
- 7.44 Second, universal provision may support the counselling experience. This reinforces an earlier recommendation by the School and Community-based Counselling Operating Toolkit (Welsh Government, 2020b) to deliver additional pastoral and therapeutic approaches that are mutually supportive of counselling. This might involve peer group activities and curriculum lessons to develop different dimensions of children's well-being (e.g. resilience), which can help children and young people to apply and generalise the skills and knowledge learned during counselling sessions. The new Curriculum for Wales provides opportunity to integrate pastoral care and mental health across all aspects of education, largely through the Whole School Approach to emotional and mental well-being. Participants also put a strong emphasis on the need for professional handovers from counselling to school-wide pastoral support to ensure continuity of care. However, there is a risk of universal provision not reaching children and young people who only access counselling through community-based provision and are not engaged with mainstream educational settings.
- 7.45 Third, is the potential to reduce the demand for counselling. A comprehensive platform of mental health and well-being promotion activities may help to prevent the need for some children and young people to receive more specialist services. This is important where an extension of services to all primary school aged children

will place more demand on the workforce. It also responds to the aims of the Whole-School Approach to emotional health and well-being, which emphasise the need to diffuse services and support throughout the system in order to reduce pressure on specialist provision. While not an exact parallel, there is some evidence in the Welsh context that where children and young people receive earlier support, they may not need to progress to higher tier specialist services. Data from the Welsh Government Statistical Bulletin reported that in 2019/20 86 per cent of children and young people who received counselling did not require a referral to other services once sessions had been completed (Welsh Government, 2021a).

- 7.46 In summary, while counselling should remain an independent service, it should be integrated within a universal approach to mental health promotion and well-being, where all children and young people experience development and support. A universal approach to mental health promotion and well-being may encourage increased visibility of counselling within organisations. It has the opportunity to reinforce the progress that children and young people may experience in counselling sessions. It also has potential to reduce the demand on counselling and other specialist mental health services. Recent curriculum reform has the potential to support the delivery of comprehensive universal mental health provision, but further work will likely be required to offer activities to children and young people not in educational settings.

**Recommendation 6: Universal mental health and well-being provision should be made available to primary and secondary school aged children and young people. This should include holistic, wraparound support for counselling services, which may include curriculum lessons, peer-led activities and staff-led support.**

### **A Whole Education System Approach to Mental Health and Well-being**

- 7.47 This section provides two recommendations that relate to the facilitation of a whole education system approach to counselling, with additional activity that supplements children and young people's awareness raising and universal mental health and well-being provision. First is a focus on staff development and training. Second is a mental health and well-being promoting culture, which is supported through leadership and support for staff mental health and well-being.



### *Staff Development and Training*

- 7.48 System staff (e.g. teachers) need to receive training and development opportunities so that they can support children and young people's mental health and well-being, particularly in relation to counselling. There were two key components of staff development and training that were recommended. First, is educating staff on what counselling involves, why a child or young person might attend, and what the potential impacts might be. Second, is upskilling staff in supporting universal mental health and well-being provision.
- 7.49 There were reported issues with staff awareness and understanding of counselling services, particularly in primary schools. For example, consultation data from primary schools indicated that they did not always know children in year 6 were eligible for the LA counselling service. They also commented that staff would pass well-being concerns to senior members of staff but did not know the processes or support put in place after this.
- 7.50 Participants stated that training of staff could help in the assessment and referral of children and young people to counselling, by knowing when and how to make a referral. The consultation and research data recommended that staff could help to triage individuals who asked for help to the right services, which might be counselling, but could also be a range of other mental health and well-being supports. The review indicated that where staff have more knowledge of counselling, they might be able to help children and young people in the decision to take up provision, while encouraging their autonomy and emphasising their right to choose (Prior, 2012a, 2012b). They can also help to normalise counselling. More generally, participants stated that staff should be trained to have the confidence and capability to act as a trusted adult in this context. The School and Community-based Counselling Operating Toolkit (2020b) offers a reference of best practice in counselling and other support resources for a range of professionals, and further work could be undertaken to disseminate this.
- 7.51 There was suggestion for general training for staff in regard to children and young people's mental health in order to support universal provision. In the consultation and research data, this was considered important in normalising help seeking in relation to mental health and to improve identification of signs of poor well-being. As indicated in Recommendation 6, there was also a suggestion that generic staff skills around pastoral care could potentially reduce demand for counselling services.

However, the consultation and research data recognised the risk of over-burdening staff and the potential lack of capacity in the system to deliver this additional pastoral support.

- 7.52 In summary, development and training opportunities should be provided to staff. This can help to support children and young people in making the decision to attend counselling and encourage them as they engage with the service. Training may also work as part of a whole educational system approach to mental health and well-being, particularly in relation to universal activities for all children and young people.

**Recommendation 7: Staff should have professional development and training regarding primary and secondary school aged children and young people’s mental health and well-being. This can help to support children and young people in deciding to attend counselling and encourage their well-being throughout. It is also important in the delivery of universal mental health and well-being provision.**

#### *A Mental Health and Well-being Promoting Culture*

- 7.53 To deliver a whole educational system approach to counselling services, it is important that the wider system has a culture that is supportive of mental health and well-being. This may help to encourage high quality delivery of counselling, with a positive culture supporting implementation of the study’s recommendations. For example, an evaluation of school-based mental health and well-being provision by Estyn (2019) found that when mental health services were prioritised, schools were more likely to adapt their space to ensure that counselling was delivered in a private, relaxed and attractive environment. Equally, the rapid evidence review found that when school and staff valued counselling services, they were more likely to signpost learners to it (Parsons and Dubrow-Marshall, 2018). This emphasis on system culture is evident in the Framework on Embedding a Whole-School Approach to Emotional and Mental Well-being (Welsh Government 2021b), which states that schools should promote an environment that is conducive to positive emotional well-being. The new Curriculum for Wales offers an important opportunity to realise this aim.

- 7.54 Across primary school and secondary school staff, strong leadership was recognised as important in creating and sustaining a school ethos focused on mental health. Leadership can have a role in identifying resources that are needed to support counselling and ensuring their allocation. This is important where additional activities may put pressure on organisations and will need coordinated leadership at the national, local and organisational level to prevent professionals from being overwhelmed. Leadership is also required to ensure the integration of counselling with the Whole-School Approach to mental health and well-being and the new curriculum in Wales, and overseeing workforce development to support this new approach to mental health. This is also a significant role in the evaluation and monitoring of counselling services (Recommendations 11-13), where there may need to be organisational change and capacity development to increase research literacy and understand how monitoring data can be used as part of service improvement.
- 7.55 Support for staff mental health and well-being was also identified as part of a positive organisational culture. This responds to findings from the consultation and research data, which notes teacher anxiety and stress about providing mental health and well-being support. As staff were considered vital in supporting both counselling and a whole education approach to mental health and well-being, there was concern about the burden placed on them. While there is some evidence of the effectiveness of workforce mental health and well-being interventions, a recent evaluation of an intervention to support teachers in England and Wales identified low levels of uptake and potential issues with acceptability (Kidger et al., 2021). Public Health Wales's [Healthy Working Wales](#) scheme offers a range of guidance for organisations in supporting the physical and mental health of staff.
- 7.56 There was a recommendation from the consultation and research data to provide supervision for staff, particularly in primary and secondary schools. This might have value where staff experience distress as a consequence of supporting learners, especially if they have a significant mental health and pastoral workload. In one participating case-study school, staff supervision had been provided by the counselling service, which was positively experienced. A pilot for staff supervision in sixth form and further education colleges has been tested in Manchester, providing some examples of good practice in this area (Greater Manchester Health and Social Care Partnership, 2021). However, there are potentially significant resource

implications of implementing such a model and it will require further scoping. There is also the need to consider if counsellors have the requisite skill sets to delivery this support.

- 7.57 In summary, a positive culture that promotes mental health and well-being is needed to effectively deliver a whole education system approach to counselling. There are a number of important actions that can ensure that a positive system ethos is achieved. These include strong leadership and support for staff's own mental health and well-being.

**Recommendation 8: A mental health and well-being-promoting culture should be fostered across schools in Wales to support a whole education system approach to counselling. A positive culture can be facilitated by strong leadership and support for staff mental health and well-being.**

### **Key Stakeholder Relationships and Multi-Agency Working**

- 7.58 This section provides two recommendations related to the system stakeholders and relationships that are required to support a whole educational system approach to counselling. These are a multi-agency approach to stakeholder relationships and principles for effective stakeholder relationships.

#### *Stakeholder Relationships and Multi-Agency Working*

- 7.59 There are a number of key stakeholder relationships that are important to a whole education system approach to counselling. This is a central feature of the Framework for a Whole-School Approach, which prescribes schools' integration with external community services and stakeholders (Welsh Government, 2021b). The rapid evidence review, consultation and research data identified: the key stakeholders that should be involved in services; the potential benefits of collaboration; and the mechanisms through which stakeholders should work together.
- 7.60 The key stakeholder groups that were recognised as important in relation to children and young people's counselling, and mental health and well-being services more broadly are: children and young people; parents and carers; counsellors and counselling services; educational professionals; third sector organisations that might

deliver counselling or universal mental health provisions; and LA health and social care services, e.g. CAMHS.

- 7.61 Collaboration between stakeholders can help in informing decisions about the most suitable services and activities for children and young people, as collective knowledge about their circumstances and need can lead to the most appropriate assistance being identified. It may also build capacity and skill in mental health and well-being beyond specialist services, as well as increased awareness of other organisations and services in the system.
- 7.62 The consultation and research data indicated that multi-agency working may be one of the most effective mechanisms to facilitate stakeholder relationships. Support for this approach was included in Estyn's (2019) evaluation of primary and secondary schools support of learners' health and well-being. It found that services work more effectively when schools adopt a multi-agency approach built on trust and understanding. Multi-agency panels that explore the most appropriate provision for children and young people can encourage service integration and allow for more efficient communication of information. Consultation and research participants further suggested that panels could identify opportunities to refer children and young people to other services if waiting lists for counselling were too long. However, staff from primary schools indicated that multi-agency panels could be bureaucratic and they prefer to make direct referrals to services. There may also need to be more strategy planning for multi-agency working, as most of the data discussed it practically and in relation to the case of an individual child.
- 7.63 Interviews with key system stakeholders identified a number of mental health and well-being support frameworks for children and young people that may be helpful in facilitating multi-agency working. These include the [NEST Framework](#), which is a planning tool for Regional Partnership Boards that aims to facilitate a whole system approach for developing mental health, well-being and support services for children, young people and their families. Participants suggested that counselling should form a key part of these frameworks. It would also mean that children and young people's issues would be considered and addressed in a number of ways, and this would avoid the risk of individuals feeling responsible to fix themselves through counselling.
- 7.64 Beyond multi-agency panels, participants suggested the potential of workshops for parents and carers to help increase understanding of counselling. This may include

information on what counselling involves, what changes may be expected, and what wraparound support may be useful. Consultation and research data suggested that involving parents and carers can help to normalise counselling for children, and ensure that they encourage the process.

- 7.65 Participants also identified opportunities for joint pastoral care meetings between schools and counselling services. One school mentioned that a forum with neighbouring secondary schools had provided a useful infrastructure for sharing good practice. There was consideration of collaboration between primary and secondary schools, with an emphasis on supporting learners' transition and ensuring continuity in support.
- 7.66 In summary, to ensure a high-quality counselling service, that is integrated into a whole education system approach, a range of key stakeholders need to engage and collaborate. Multi-agency working across stakeholder groups, and in consultation with children and young people, may improve decision-making about the most appropriate support to be provided and how this can best be resourced.

**Recommendation 9: Key system stakeholders need to engage in multi-agency working to ensure mental health services, including counselling, best meet the needs of primary and secondary school aged children and young people. Key system stakeholders who should be involved are: children and young people; parent and carers; counsellors and counselling services; educational professionals; third sector organisations; and Local Authority health and social care services.**

#### *Principles for Effective Stakeholder Relationships*

- 7.67 There are key principles, values and ethical considerations that should underpin the relationships between stakeholders involved in school and community-based counselling services. There are two principles that the data indicated as important. First is understanding of different perspectives, practices and organisational ethos. Second is a child-centred approach to information sharing and confidentiality.
- 7.68 Across the rapid evidence review, consultation and research data, tensions and challenges were identified between stakeholders. This reflects issues identified by the CAMHS In-Reach Evaluation, where stakeholders experienced difficulty in building relationships and understanding different educational structures and

cultures (Holtam et al, 2021). The review highlighted that some teachers felt counselling conflicted with the disciplinary approach of the school and there could be different perceptions of the issues learners raised in sessions (Vuillamy and Webb, 2003, Hamilton-Roberts, 2012). In the research data, participants observed some conflict within schools about how counsellors used their time or if there was a suitable counselling space.

- 7.69 There were also some concerns about schools' relationships with parents. Participants recognised that families could be supportive of their child if they understood why counselling had been suggested. However, if the family were receiving social services support, there could be some resistance from parents and carers.
- 7.70 Communication that respects and accommodates different perspectives and needs is important in facilitating positive stakeholder relationships, allowing collective action to support a child or young person. One study in the rapid evidence review suggested that relationships could be strengthened where stakeholders had the opportunity to learn about counselling (Wilson et al., 2003).
- 7.71 Confidentiality, and potential breaches of confidentiality, need to be considered when undertaking multi-agency working. It was seen as a central issue for counselling services in the rapid evidence review, consultation and research data. In some cases, children and young people thought it might be appropriate to share information with parents and carers, teachers and other professionals. The key issue, as noted by learners in the case-study schools, was that they be asked for permission to share information about their counselling. As such, multi-agency working should take a child-centred approach to information sharing between services. This means that the nature and boundaries of confidentiality should be transparent and accessibly explained to children and young people as part of the counselling contract, and they should be aware that confidentiality will be broken where safeguarding concerns arise. Where appropriate they should consult children and young people on the nature and extent of information shared, and to which services. Resources from counselling professional organisations such as BACP can help in the design and implementation of counselling contracts.
- 7.72 In summary, to support multi-agency working within a whole education system approach to counselling, some central principles, values and ethical considerations should be adhered to. Communication that emphasises understanding of different

perspectives, practices and organisational cultures may help different stakeholders in forming positive relationships. While it may be important to share information as part of multi-agency working, it is important that a child-centred approach is adopted that respects a child or young person's desire for confidentiality. This is imperative given the current reported stigma of counselling and concerns about the extent to which it is private.

**Recommendation 10: There are core principles that should underpin stakeholder relationships. These include: understanding of different perspectives, practices; and a child-centred approach to confidentiality and information sharing.**

### **Counselling Services Outcomes, Evaluation and Monitoring**

- 7.73 This section provides three recommendations related to the evaluation and monitoring of school and community-based counselling to ensure that a high-quality service is being delivered. These are: appropriate outcomes to measure the effectiveness of school and community-based counselling services; an evaluation framework for measuring service effectiveness; and a monitoring framework for assessing service delivery, capacity and quality.

#### *Appropriate and Operational Outcomes for Measuring the Effectiveness of School and Community-based Counselling Services*

- 7.74 Outcome measurements that assess changes for children and young people who receive school and community-based counselling services are needed to understand if provision has been effective. Establishing appropriate and operational measurements is important in ensuring that any evaluation (Recommendation 12) or monitoring (Recommendation 13) is assessing the right outcomes and only capturing the most relevant data. This data can be of use to all stakeholders. It can support the Welsh Government, Local Authorities, counselling services and organisations in understanding which approaches work and should continually be funded and delivered, and which may need disinvestment or improvements due a lack of impact. It can also be useful to children and young people in helping them understand their own progress.
- 7.75 The study data sources identified individual-level outcomes that are appropriate for assessing impacts on children and young people. The rapid evidence review

identified outcome measures used in service evaluations. The consultation and research data explored the perceived outcomes and impacts of current services. It is important to note however, that in primary school contexts, some participants felt that there had not been sufficient delivery of counselling services to clarify the outcomes that may be impacted.

7.76 Subjective mental health and well-being was identified as the most relevant outcome for assessing if counselling has been effective for children and young people. Studies in the rapid evidence review used a construct of mental health and well-being as their primary outcome measurement or as one of a battery of measurements. The most robust evaluation of counselling to date, the ETHOS trial, measured outcomes that included well-being, anxiety, depression, and externalised difficulties (Cooper et al., 2021). Consultation and research participants perceived that current counselling services had some impact on mental health and well-being related outcomes, though the data was often less specific than the review.

7.77 Validated and operational outcomes measurements for the assessment of children and young people's mental health and well-being were identified in the study. The rapid evidence review reported two main mental health outcome measurements routinely used in evaluations. These are the YP-Core and SDQ. However, to note, there was some resistance from a counsellor about using YP-CORE to prioritise service referrals as they felt it was not a reliable indicator of need. Data also had a strong focus on positive constructs of well-being, with SWEMWBS being one of a limited number of well-being measurements available at present. Further detail on these three measures are as follows:

- **[YP CORE \(Young Person's-Clinical Outcomes in Routine Evaluation\):](#)** This is a measure developed for specific use in school and youth counselling services. The 10-item tool measures: anxiety; depression; trauma; physical problems; functioning; and risk to self. It is completed at each counselling session for the individual participant. It can be used with children and young people aged 11-16 years. CORE-10 is a measurement tool for young people aged 17 and older.
- **[SDQ \(Strengths and Difficulties Questionnaire\):](#)** This is a measure of mental health, and can be used as a behavioural screening tool. The 25 item tool measures five domains: emotional symptoms; conduct problems;

hyperactivity/inattention; peer relationship problems; and prosocial behaviour. There is a short and long form version. It can be completed by different respondents, including children and young people, parents and carers, and teachers. It has been used with primary school and secondary school aged children and young people (aged 4-17 years).

- [SWEMWBS \(the Short Warwick-Edinburgh Mental Well-being Scale\)](#): This is a measure of positive psychological functioning and subjective well-being. There is a fourteen item and seven item version, with the shorter version being as reliable as the longer form. It can be completed by a young person, and can be used with individuals as young as 13 years old. It has not yet been validated for use with children, and so may not currently be suited for assessing outcomes for all primary school aged children.

- 7.78 Not all three of these outcome measurements would necessarily require assessment and monitoring, although they do measure different constructs. Rather they are provided to offer a suite of options, and further consultation should be undertaken to prioritise the most acceptable and feasible measurement tool to assess the service, potentially through a service implementation group that takes forward the recommendations from this study. It should be noted that currently the SDQ is the only tool that is appropriate for the full age range of children and young people who will be eligible for the extended counselling service.
- 7.79 While the study recommends three options for outcome measurements, there are others that may be considered as alternatives or supplements. [The Child Outcomes Research Consortium \(CORC\)](#) is a UK organisation that collects and uses evidence to improve children and young people's mental health. This includes appraisal of evidence related to the design, testing and use of outcome measurements. The Consortium provides measurement tools that might supplement the above recommended options, particularly for use with different age groups, language needs and other demographic characteristics. Furthermore, it identifies additional measures that may be used to measure mental health and well-being specifically in relation to counselling provision. For example, through work with the Kooth Children and Young People platform, they are currently validating the Session Wants And Needs Outcome Measure (SWAN-OM). The 21-item tool aims to measure important areas of change, as identified by young people, after a single session of counselling.

- 7.80 The question as to when the assessment of children and young people’s mental health and well-being should be measured was not addressed in the consultation and research data. However, the evaluations of counselling services included in the rapid evidence review offer some guidance. These evaluations tended to assess outcomes twelve weeks after pre-counselling measures were undertaken. In the ETHOS trial (Cooper et al., 2021), measurements were also undertaken at 24 weeks to assess if changes in outcomes were sustained. While in this case there continued to be a reduction in emotional distress, other evaluations of counselling reported that initial improvements in outcomes were not sustained (Pybis et al., 2015). This suggests the importance of longer-term follow-up with repeated assessments of outcome measurements that were assessed pre-counselling.
- 7.81 To support the selection of an outcome measurement to assess the effectiveness of counselling services for children and young people, it is important to consider the current availability of data for each of the three outcome measurements in Wales. Selecting an appropriate outcome measurement where data are already collected can reduce the resource burden. Counsellors providing statutory school and community-based services are already required to complete and return the YP-CORE assessment for secondary school aged children and young people. These data are returned by LAs to the Welsh Government, with authority-level outcomes published in an annual statistical bulletin.
- 7.82 For secondary school learners, SDQ and SWEMWBS are reported in the SHRN biennial survey. There is a lack of data infrastructure that currently provide data on primary school aged children, although some are in development or do not yet have full coverage of this population in Wales (e.g. Primary SHRN and the [Health and Attainment of Pupils in a Primary Evaluation Network \(HAPPEN\)](#)). Opportunities for the improvement of data availability is considered in the next subsection on evaluation, but extending coverage, even to a representative sample of children and young people, would be supportive for future evaluation and monitoring.
- 7.83 The study indicates additional educational and mental health service utilisation outcomes that might be relevant for assessing the impact of counselling. The rapid evidence review explored the perceived impacts on educational attendance, engagement, and attainment. These were reported in the ETHOS trial (Cooper et al., 2021). There was also recommendation in the consultation and research data to assess referrals to and uptake of mental health services, e.g. CAMHS.

- 7.84 Data on these educational and mental health service utilisation outcomes may not be central to measuring the effectiveness of counselling services, especially where collecting additional data may be burdensome. There is some evidence of the availability of routine educational and mental health service utilisation data, but in some cases this is only collected at the organisational rather than the individual level.
- 7.85 Welsh Government routinely publishes school-level educational attainment and attendance data across primary and secondary educational settings, and intends to only publish external examination data in future. Welsh Government collects attainment and attendance data at the individual learner level for anonymous use as part of system monitoring, diagnostics and other analysis. Local Health Boards collect service-level data on CAMHS use, which is used as part of the NHS CAMHS benchmarking. For secondary school-based learners, the SHRN SEQ survey currently includes school-level data on the number of referrals to CAMHS, as reported in the technical report. In light of data availability, and the lack of individual-level data, at present it may be prudent to focus resources on collecting data on mental health and well-being. Assessment of the impact of counselling on educational and mental health service use may be considered if data becomes available through existing data infrastructures, e.g. SHRN.
- 7.86 The rapid evidence review and consultation and research data also referenced a range of additional outcomes for children and young people that may be potentially impacted. These include but are not limited to self-esteem, improved school relationships, and improved family relationships. These outcomes were often seen to vary on a case by case basis, depending on the reason why the individual child or young person had sought counselling. One measurement tool which may be helpful in assessing these individual, tailored outcomes is the Goal Based Outcome Record Sheet (GBORS). Assessed in the ETHOS trial, GBORS measures the extent to which an individual's goals are attained (Cooper et al., 2021). This measurement may be an option for counsellors in helping children and young people as part of the therapeutic process by encouraging them to reflect on the extent to which counselling has met their needs.
- 7.87 A final consideration related to appropriate and operational outcomes for assessing the impact of counselling on children and young people is the potential for unintended consequences. The rapid evidence review found no clear evidence of

harms related to counselling service provision. However, there was some indication that parents and carers felt children and young people could experience potential distress and anxiety about taking part in sessions. Consultation and research data did not mention unintended adverse impacts and discussion on the potential effects of counselling tended to focus on positive outcomes.

7.88 In summary, the study has identified outcomes related to the impacts and of school and community-based counselling services. Outcome measurements that assess the changes for children and young people are important in evaluating effectiveness. A measurement of mental health and well-being was reported as most important in assessing if counselling services work. Tools that can operationalise these outcomes include: YP-CORE for changes in mental health across counselling sessions; SDQ for changes in mental health; and SWEMWBS for changes in well-being. Further work will be required to prioritise which outcome measurement tool or tools should be used in any future evaluation The Welsh Government should support infrastructure to extend data availability for eligible children and young people, at least on a representative sample basis.

**Recommendation 11: School and community-based counselling services should assess and record the mental health and well-being of primary and secondary school aged children and young people using services. These data should be collected before and after counselling has been received, preferably with an outcome assessment being conducted at multiple time points after a young person has engaged with services. Outcomes should be measured with use of validated outcomes measurements. The Welsh Government should make arrangements to ensure data availability, at least on a representative sample basis, which can be put to use for robust monitoring and evaluation of services.**

*An Evaluation Framework for Measuring the Effectiveness of School and Community-based Counselling Services*

7.89 There are two central phases of evaluation that could be undertaken with the optimised and extended school and community-based counselling services. These were not discussed explicitly in the data, but reflect established methodological guidance on intervention development and evaluation (Skivington et al., 2021). First

is the development, piloting and feasibility of services. Second is the assessment of service effectiveness. Both phases of evaluation should include some consideration of economic cost.

- 7.90 The first phase of evaluation is the development, piloting and feasibility testing of the optimised and extended services. This is particularly important in relation to Recommendation 1, which has identified the need to extend services to primary school aged children from aged 4 years, as this is a new provision. In the first instance there will need to be a period of translating the recommendations for a whole education system approach to counselling into actual service activities, networks and infrastructure. Co-production with a range of stakeholders, such as the groups included in the present study, could support this developmental work. Attention should be paid to how these activities align with the development of the Whole School Approach, making sure to create synergy and not to duplicate activities.
- 7.91 The developed service can then be subjected to small scale piloting and feasibility testing (Skivington et al., 2021). This would involve piloting delivery of the optimised and extended counselling service at a small number of sites (e.g. schools or community organisations) across a select number of diverse LAs to explore real world implementation and acceptability. It would also offer an opportunity to scope out the feasibility of collecting outcome measurements to ensure that the relevant data infrastructures are in place to assess children and young people's mental health and well-being, and that the collection of data is not too onerous for system stakeholders.
- 7.92 This first phase of evaluation, which includes service development and piloting, could be commissioned directly by Welsh Government, with the findings being used by the Government to support service refinement before wider roll out. It could be overseen by an implementation steering group to ensure development is aligned with the recommendations from this study and policy priorities. The time frame for evaluation would be dependent on the plan for the initiation of the present study's recommendations and the subsequent implementation of a whole education system approach to counselling.
- 7.93 The second phase of evaluation is an outcome evaluation, which can be conducted once the service is refined and moves to larger scale roll out. This can provide evidence on the effectiveness of school and community-based counselling services

in impacting the mental health and well-being of children and young people. There are two approaches that could be undertaken. The first is an evaluation that assesses the impact of individual-level, direct work that a specialist trained counsellor undertakes with a child or young person. The second is a system-level evaluation that assesses the impact of the whole education system counselling service, which is described in the counselling service logic model (Figure 7.1).

- 7.94 At the individual-level, there are a number of evaluation designs and data sources that might be used to assess the impact of counselling sessions for participating children and young people. A randomised controlled trial (RCT) is the most robust method for evaluation. As reported in the rapid evidence review, the primary reason why the evidence-base for counselling is limited is because weaker study designs have often been used. Most undertake pre-post assessments where outcomes are measured before and after counselling participation and there is no control group. An RCT may be particularly useful with primary school aged learners, where the service is newly extended to this group and there is more uncertainty about the potential impacts of counselling or any unintended consequences.
- 7.95 Despite methodological limitations, the consultation and research data reported the value of pre-post testing for individuals receiving counselling to evaluate change across the course of sessions. An evaluation team may be able to construct a control group (e.g. a group of children and young people who have not received counselling) and use the pre-post data as part of a quasi-experimental evaluation design.
- 7.96 As indicated in Recommendation 11, some data for the three recommended outcome measurements are already collected. LA counselling services complete the YP-CORE for secondary school aged children and young people and return the information to the Welsh Government on an annual basis. The YP-Core is completed at each counselling session and so could be used as a pre-post measurement tool. As counselling services are extended to younger primary school aged children, LAs would need to use an additional measure for this population as it is not used for those younger than 11 years old.
- 7.97 Routine data and larger scale data infrastructures could be used for the measurements of mental health (via SDQ) and well-being (via SWEMBS). As stated the SHRN SHW surveys already collect these data for secondary school learners. There will likely be a need to extend data infrastructure with primary school aged

children and those who are not in education and/or solely using community services. As stated, currently a primary school SHRN infrastructure is being piloted. Study participants also indicated the potential of the Pupil Attitudes to Self and School ([PASS](#)) survey, which is intended to provide insight into learners' attitudes and issues around learning. An additional infrastructure that could be explored is HAPPEN.

- 7.98 There are some challenges with the use of routinely collected data for an outcome evaluation. First, there would need to be anonymised individual-level data on the children and young people who have received counselling. These data could include reasons why children and young people had considered counselling but not taken up services, to understand if there were inequalities in reach and potential barriers to access. In the current SHRN SHW survey there is no item to identify learners who have taken up counselling, the amount of sessions attended or when it was received. Part of the piloting and feasibility evaluation should explore the opportunities with the different data infrastructures to add relevant items on counselling receipt or how they can be linked to data sources that can provide such information. Work is currently being undertaken to progress data linkage of the SHRN SHW survey with routine health service data (Morgan et al., 2020).
- 7.99 Second, it is important that school and community organisations, LAs and evaluation teams consider the data storage infrastructure facilities to collect and securely retain anonymised data on individuals attending counselling. This is vital given the extent of concern about service confidentiality.
- 7.100 In addition to using measurement tools to assess effectiveness, consultation and research data recommended that evaluation should include anonymised qualitative case-studies exploring individual children's and young people's experience of counselling. These data have the potential to understand key issues around reach, awareness and stigma, as sharing of examples may normalise counselling and encourage children and young people to consider it as an option for support.
- 7.101 At the system-level, there has been limited evaluation of counselling services as integrated into a wider, whole system approach that includes activity at the level of the organisation, the LA and the national government. Studies of this type were not found in the rapid evidence review. In the consultation and research data, participants largely considered the experience and impact of counselling sessions for the individual. However, it is important to consider evaluating the fully optimised

and extended model that includes additional recommended activities, part of which might be delivered as part of the Whole School Approach, e.g. increasing information and awareness or improving knowledge and skill among staff.

- 7.102 As already indicated in this section, an RCT would be the most robust approach for evaluating counselling services. However, if system-level activity is implemented to optimise services, an individual-level RCT that randomised children and young people will likely not be appropriate. This is because it will not be possible to create a control group that does not receive the intervention, e.g. a control group of children and young people in a school cannot be excluded from universal curriculum activity to educate learners about counselling. As a consequence, a cluster RCT would be needed where organisations, service providers or LAs rather than individuals are randomised to receive the optimised and extended service once it has been developed, refined and ready to be implemented.
- 7.103 A non-randomised approach could be used if an RCT is not considered feasible, e.g. the optimised and extended service is to be rolled out nationally at the same time and there is no option for organisations or LAs to serve as the control group.
- 7.104 Both of these approaches to evaluation could make use of data infrastructures, such as SHRN, which measure mental health and well-being. As in the case of individual-level evaluation, work will be required to improve the infrastructure to support a system-level evaluation. First, there will need to be data sources that can provide data for all settings covered by the school and community-based counselling service, particularly for primary school aged children. Secondly, there would need to be a baseline measure of mental health and well-being for children and young people before services are optimised and extended. This will allow for assessment of change.
- 7.105 It is also important to undertake a comprehensive assessment of implementation of the whole education system approach via a process evaluation. Process evaluations are key in understanding if a service is delivered as intended, and if a lack of ineffectiveness may actually be the consequence of an implementation failure. This can further help to understand how the service interacts with existing mental health and well-being provision, to help attribute outcomes to the level of service delivery. To this end, organisations and LA counselling services might collect data on system-level activities delivered in relation to counselling, such as

referral pathways, curriculum awareness raising sessions, and support for organisational staff.

- 7.106 An outcome evaluation of the counselling service could be delivered as part of a partnership approach between the service funder (e.g. Welsh Government), service delivery (e.g. counselling services) and an external evaluator. Funding from a research funder may offer an opportunity to undertake such a study. This could be part of a competitive tender issued by the Welsh Government or as part of a research grant application made to other research funders that support evaluation research. Data from this outcome evaluation can support a policy decision as to whether the optimised and extended service should be continued as it demonstrates effectiveness, needs further optimisation, or even disinvestment in favour of a different provision that has an evidence base.
- 7.107 Beyond this outcome evaluation is the ongoing assessment of service impacts, which can be integrated as part of the service monitoring (Recommendation 13). The routine collection of children and young people's mental health and well-being data, primarily through larger scale data infrastructures, can support LAs and organisations in the ongoing process of data-driven, service improvement.
- 7.108 In summary, there are two phases of evaluation required of counselling services. First is development, piloting and feasibility as part of the optimisation and extension phase. This can also provide information on what the most appropriate outcome measurements and data infrastructures should be. Second is an outcome evaluation to assess the effectiveness in improving children and young people's mental health and well-being. Evaluation can be undertaken at the individual-level to assess the outcomes for children and young people who receive counselling sessions. Further evaluation should be considered to understand how the optimised, whole-education system approach to counselling services can impact children and young people's mental health and well-being. RCTs offer a robust evaluation design, but more pragmatic non-randomised approaches may be used. Evaluation can reduce the burden on the system if existing data infrastructures are used. Assessment of service implementation is important to understanding if outcomes can be attributed to the service or other mental health and well-being activities.

**Recommendation 12: Evaluation of the optimised and extended school and community-based counselling services should be undertaken in two phases. First is development, piloting and feasibility testing with a small sample of organisations and LAs to explore delivery and acceptability in real world settings. Findings from this evaluation can support the refinement of services before wider roll-out. Second is evaluation of service effectiveness in improving children and young people’s mental health and well-being. This could be conducted at the level of the individual service user and at the level of the whole education system. Process evaluation is important in understanding the extent to which any improvements can be attributed to the service.**

*Monitoring Framework for Implementation, Capacity and Quality*

- 7.109 Longer-term implementation of counselling should be monitored to ensure a continued high-quality service, while also overseeing investment in capacity for sustainable delivery. This was not considered in detail in the rapid evidence review. Consultation and research participants tended to discuss evaluation and monitoring interchangeably, and there was a lack of data addressing sustainability. However, there were important considerations.
- 7.110 The data identified a need for national oversight for service monitoring. This could take the form of a governing board, which was suggested as one option for monitoring by the consultation and research data. The data indicated that stronger national oversight would encourage some standardisation in service delivery and ensure consistency in quality. The board could have a purview that included funding, service capacity and demand, level and quality of delivery and innovation in response to external events, e.g. the COVID-19 pandemic.
- 7.111 Currently, Welsh Government supports service provision through a bi-annual meeting with regional representatives from each LA and independent school counselling providers. To reduce some of the potential burden of establishing a new governing board, this group could be optimised to form a national steering group. It is also imperative that children and young people have a voice in service monitoring. Further consultation may be undertaken with these stakeholders’ to

explore how they may be involved, but a parallel children and young people's national steering group could be one option.

- 7.112 To support longer term monitoring of services, the consultation and research data indicated a number of markers of a high-quality service that should be routinely captured. These are: 1) service demand, waiting lists and access to counselling to monitor if children and young people are receiving services in a timely manner; 2) the socio-demographic characteristics of children and young people who use counselling to ensure that there is equity in reach and services are not excluding particular groups of individuals; 3) the number and frequency of counselling sessions that are delivered to individuals, which may include the proportion of sessions that are drop-in and appointments. This can help to understand the level of service availability required, and support future planning of capacity; 4) referrals and access to other services, notably mental health services such as CAMHS. This can help to understand if multi-agency working is operating as intended or if there are challenges in service integration that needs to be addressed; and 5) the capacity of counselling services to ensure that there is sufficient availability. Service quality could also be monitored, using satisfaction measures commonly used in evaluations of counselling, notably the ESQ (Cooper et al., 2010).
- 7.113 A number of these data items are already collected on an annual basis, with LAs required to provide anonymised information to the Welsh Government. This data is made available through StatsWales and an annual statistical bulletin. The items that are annually reported are: the number of young people receiving counselling by area, age, gender and ethnicity; the frequency of the total number of sessions that are delivered to each individual; and the frequency of the reason for a referral to attend. The additional suggested items should be considered and prioritised by the group or infrastructure that assumes oversight for implementation for the study recommendations, to decide which, if any of these additional items should also form part of the LA return. They could be revisited on a regular basis by the group or infrastructure that has national oversight for services.
- 7.114 Consultation and research data acknowledged the difficulty in collecting some monitoring data at present, and this should form part of the decision-making undertaken as to which additional monitoring items are assessed moving forward. Demand for services and service capacity was considered to be particularly challenging to monitor. It should be noted that it was within the scope of the study to

understand current demand, supply and unmet need but there was a lack of available data to support this. The service mapping pro-forma of LA counselling provision was useful in tracing regional variations in service availability, but the level of detail provided was dependent on the individual providing information. With some refinement and more detailed guidance it could provide a helpful data source in future that captures some of the information that is not systematically monitored to date as part of the data returned to Welsh Government by LAs.

- 7.115 Existing data infrastructures and data sources might also be used to support counselling service monitoring. Recommended infrastructures such as SHRN could help organisations in monitoring the socio-demographic characteristics of children and young people receiving services, and potential issues around reach and access. The consultation and research data also mentioned the scope for using the PASS survey. The data suggested that a number of schools in Wales employ PASS as part of their infrastructure to identify learner problems. As the data from these sources can be made available at the organisational level, in comparison to the LA-level data that is returned by LAs to the Welsh Government, they can be helpful in supporting schools and community organisations in assessing the quality their service.
- 7.116 As indicated earlier, there are limitations with these current infrastructures and data sources as they do not cover all settings or age groups or they may not cover all of the monitoring items suggested in the present study. Welsh Government and LAs should encourage school and community organisations to consider the infrastructures and data sources available to them to support monitoring of quality, and where none exist they might be encouraged to develop them.
- 7.117 There are a number of different audiences who might use monitoring data across the system. At the national level, it is notably important for policy-makers to have a clear overview of the capacity and capability of the counselling service, along with demand. This is required to ensure that services can meet the needs of an optimised and extended service. It is also important in ensuring that services reach and can address different needs and preferences, notably of individuals with protected characteristics or at different developmental ages. Data on service capacity, alongside data on the demographics of who uptakes the service, can help inform where there may need to be strategic investment in counselling, expanding the workforce to provide different therapeutic techniques (e.g. play therapy for

younger primary school aged children) or to have counsellors that can accommodate the preferences of all children and young people (e.g. receiving counselling in their preferred language).

- 7.118 For audiences at the LA and organisational level, where services are largely commissioned, it will be particularly important to have LA-level data on the quality of services and levels of satisfaction. While it is important to retain this data at a national level to see the quality of the service as a whole, data at the local level can support more direct action on service improvement, which can be done in collaboration with the commissioned counselling service. Audiences at this level will also benefit from data on the mental health and well-being of children and young people (Recommendation 11 and 12) so that they can monitor changes in outcomes and identify where the service may not be having positive impacts or even if potential harms are emerging
- 7.119 Of central importance to monitoring is the need to build mechanisms so that stakeholders can use data, whether it be the LA-level data that is made available annually by the Welsh Government, or organisation-level data that is generated through data sources such as the PASS survey and SHRN. There is a need to consider what support and resources these groups need, to reflect and act on the data they receive, and the assistance they will need to integrate counselling into the Whole-School Approach monitoring, which was recommended in the associated evaluability assessment (Brown et al., 2022). This links to an earlier recommendation (Recommendation 8) about the need for an organisational ethos that promotes mental health and well-being, and has a strong leadership that can identify and respond to needs in capacity and capability to support ongoing service improvement. The [School Health Research Network](#) provides a useful exemplar of an infrastructure that supports the dissemination of research and monitoring data to organisations. This could be considered by an implementation group that has a remit for implementing this study's recommendations.
- 7.120 In summary, longer-term monitoring of school and community-based counselling services is important to ensure sustainable, high quality provision. Clearer national oversight could be helpful in monitoring services. This could entail a national board or optimisation of existing groups and structures. There are a range of key indicators that the study recommends to be monitored, and the group or infrastructure that assumes responsibility for implementing the recommendations

could prioritise the data items to be collected beyond those currently returned by LAs to the Welsh Government. A range of data infrastructures and data sources could be helpful to school and community organisations in monitoring their service quality, but these may need to be developed for certain age groups, as these organisations may find data at the level of each learner age group most useful. Further work is needed to consider how monitoring information can be best used by counselling services, schools and community settings. This will need to consider the infrastructure and capability at the national, local authority, and organisational level.

**Recommendation 13: National monitoring of implementation is required to ensure a high-quality, sustainable counselling service is delivered. Data is currently returned by Local Authorities to the Welsh Government, but some additional items on demand and capacity are required. School and community organisations should be encouraged to consider data infrastructures and sources that can inform their service delivery. Investment in capacity and capability at the national, local authority, and organisational level is required to ensure that data can be interpreted and acted on as part of service delivery improvement.**

## Summary

- 7.121 The overarching aim of the present study was to review current statutory school and community-based counselling services for secondary school aged children and young people in order to optimise current provision. It also sought to establish if provision should be extended to all primary school aged children aged 4 years and above. Overall, the study recommends the extension of counselling services to primary school aged children. There will need to be an expansion in capacity and capability in order to ensure that the specific needs of this group can be met, e.g. making sure that developmentally appropriate therapeutic techniques are readily available.
- 7.122 The study recommends an optimal model of school and community-based counselling services to be made available to both primary school and secondary school aged children and young people. This model is understood as a Whole Education System Approach to counselling services, that has clear continuities with the Whole-School Approach to Emotional and Mental Well-being that is currently

being progressed by the Welsh Government (Brown et al., 2022). This proposed counselling model has five areas of delivery: 1) a comprehensive provision of counselling services by specialist, registered counsellors; 2) a universal programme for mental health and well-being activities for all children and young people; 3) a whole system approach to mental health and well-being that provides staff training and adopts a health-promoting ethos; 4) multi-agency working between key system stakeholders; and 5) evaluation and monitoring for service improvement. The recommendations presented in this chapter support the development of this model.

7.123 Following completion of this study, there are key next steps that should be undertaken, and which are included in the recommendations in this chapter. First, is the development of an implementation group and strategy to consider the implementation of recommendations and the practical development of the optimised and extended service. Second, is initial piloting and feasibility testing of the service, with built in evaluation, which can support any additional optimisation required as a result of observing the real-world implementation of the present recommendations. Third, is the evaluation of the service to assess if it can positively impact the mental health and well-being of children and young people. This evaluation can inform and support longer term monitoring to ensure that a high-quality school and community-based counselling service is implemented.

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## **Annex A: Counselling Service Mapping Pro-forma Data**

Table A.1 summarises the data collected on the counselling service mapping pro-formas between January and February 2021. Part A covers service management and operation, and referrals, location and funding across primary school (year 6), secondary school and community settings. Part B covers services' use of remote counselling methods before the COVID-19 pandemic, their response to the pandemic, services in place for children below year 6, and any other additional provision.

**Table A.1 Map of school and community-based counselling service provision. Part A: Delivery and service details for 11 to 18 year olds (pre COVID-19 pandemic)**

Local Authority	Service management and operation	Service for secondary schools (Includes only locations other than mainstream school sites)	Service for year 6 pupils	Community-based service
1	Local Authority run service with self-employed counsellors.	<b>Referrals</b> can be made by self referral, parents, school staff, other professionals or multi-agency panels. <b>Location</b> In Youth Service Buildings for those attending alternative education settings. <b>Funding</b> Revenue Support Grant.	<b>Referrals</b> can be made by learners, parents, school staff, other professionals or multi-agency panels. <b>Location</b> Youth Service buildings. <b>Funding</b> Revenue Support Grant.	<b>Referrals</b> can be made by learners, parents, school staff, other professionals or multi-agency panels. <b>Location</b> Youth Service Buildings. <b>Funding</b> Revenue Support Grant.
2	Local Authority run service.	<b>Referrals</b> can be made by school staff, parents, self referral or via other agencies (e.g. GP) or Space Wellbeing Panel.	<b>Referrals</b> can be made by school staff or parents.	<b>Referrals</b> Young people currently not attending school or with very poor school attendance can self-refer or be referred via GP, school staff, parents or the Education Welfare Service. <b>Location</b> A community setting (e.g. local library, community centre).

Local Authority	Service management and operation	Service for secondary schools (Includes only locations other than mainstream school sites)	Service for year 6 pupils	Community-based service
3	Local Authority run face-to-face service. Commissioned online service.	<b>Referrals</b> for face-to-face service can be made by self-referral, school staff, parents (via school staff), or Primary Mental Health (via Service Manager). Self-referral to online service. <b>Location</b> Pupil Referral Units. <b>Funding</b> Revenue Support Grant (face-to-face service) and Welsh Government grant (online service).	<b>Referrals</b> can be made by school staff or parents. <b>Location</b> Central setting. <b>Funding</b> Revenue Support Grant.	<b>Referrals</b> can be made by parents, self referral or Primary Mental Health. <b>Funding</b> Revenue Support Grant.

Local Authority	Service management and operation	Service for secondary schools (Includes only locations other than mainstream school sites)	Service for year 6 pupils	Community-based service
4	Commissioned service.	<p><b>Referrals</b> can be made by self referral, school staff, GPs and health workers, social services, youth workers or parents either in school or via the service’s website or phone. <b>Location</b> Pupil Referral Units and, in some circumstances, other safe settings. <b>Funding</b> Revenue Support Grant.</p>	<p><b>Referrals</b> can be made by school staff, parents, GPs and health workers, social services or youth workers. <b>Location</b> The secondary school which the learner will attend in year 7. If this is not achievable counsellor will visit the primary school or use an appropriate, safe other setting. Year 6 learners in alternative educational settings are seen there. <b>Funding</b> Revenue Support Grant.</p>	<p><b>Referrals</b> for those not in formal education are usually self referrals or made by parents. For those who are temporarily excluded or suspended, referrals can also be made by GPs and health workers, social services, youth workers and school staff. <b>Location</b> Appropriate, safe settings. <b>Funding</b> Revenue Support Grant.</p>

Local Authority	Service management and operation	Service for secondary schools (Includes only locations other than mainstream school sites)	Service for year 6 pupils	Community-based service
5	Local Authority run service.	<p><b>Referrals</b> can be made by school staff, parents, outside agencies (e.g. Team Around the Family, GPs), or by self-referral. Most are made to the school link person who works with the school's allocated counsellor to assess and manage referrals. Some referrals from outside agencies are made via the Service Manager who allocates them accordingly. <b>Location</b> Pupil Referral Unit. <b>Funding</b> Revenue Support Grant.</p>	<p><b>Referrals</b> are made to the Service Manager and allocated a counsellor according to the primary school attended. <b>Location</b> Usually the secondary school they will attend in year 7; on site in one primary school in an area of deprivation. <b>Funding</b> Revenue Support Grant.</p>	<p>No community-based provision within the service. The service collaborates with other agencies who provide community-based support.</p>
6	Local Authority run service.	<p><b>Referrals</b> A moderation panel reviews referrals. Learners can self-refer and those in Year 9 and above are automatically placed on waiting list. <b>Funding</b> Revenue Support Grant.</p>	<p><b>Referrals</b> A moderation panel reviews referrals. <b>Location</b> Learners are seen in their school. <b>Funding</b> Revenue Support Grant.</p>	<p><b>Referrals</b> A moderation panel reviews referrals. <b>Location</b> Arrangements are made for learners who do not want counselling in school, e.g. family centre. <b>Funding</b> Revenue Support Grant.</p>

Local Authority	Service management and operation	Service for secondary schools (Includes only locations other than mainstream school sites)	Service for year 6 pupils	Community-based service
7	Local Authority run service.	<p><b>Referrals</b> are made via the council website. They are mainly made by ‘Counselling Link Officers’ in each secondary school and also by self referral or by parents and professionals. <b>Location</b> If a learner prefers not to have counselling in school, it takes place in a neutral venue (e.g. library, clinic) convenient for them. <b>Funding</b> Revenue Support Grant and Service Level Agreements with schools who want additional provision.</p>	<p><b>Referrals</b> are usually made by pastoral staff or head teachers, via the website. Parents can also refer their children through this route, as can other professionals. <b>Location</b> Mainly in school, but neutral venues used if required. <b>Funding</b> Revenue Support Grant.</p>	<p><b>Referrals</b> can be made by any young person resident in Denbighshire or they can be referred via the website. <b>Location</b> Neutral venues convenient to the young person. <b>Funding</b> Revenue Support Grant.</p>

Local Authority	Service management and operation	Service for secondary schools (Includes only locations other than mainstream school sites)	Service for year 6 pupils	Community-based service
8	Local authority run service.	<p><b>Referrals</b> can be made by school staff (the majority) or by self referral, parents, council agencies, e.g. social workers, and external partners, e.g. CAMHS, school nurses. Awareness and self referral is encouraged via leaflets in schools. <b>Location</b> Pupil referral units. <b>Funding</b> Revenue Support Grant and Welsh Government grants targeted at counselling service provision.</p>	<p><b>Referrals</b> are made by school staff. <b>Location</b> In school or alternative educational setting. <b>Funding</b> Revenue Support Grant and Welsh Government grants targeted at counselling service provision.</p>	<p><b>Location</b> A range of community settings including local theatre, town council offices, health clinics and other local authority facilities. <b>Funding</b> Revenue Support Grant. Community-based counselling is offered during term time and school holidays.</p>
9	Local authority run service.	<p><b>Referrals</b> can be made by school staff (the majority), and also by ancillary staff such as welfare officers, school nurses, CAMHS, GPs, parents and self referral. <b>Funding</b> Revenue Support Grant.</p>	<p><b>Referrals</b> can be made by school staff (the majority), and also by ancillary staff such as welfare officers, school nurses, CAMHS, GPs, parents and self referral. <b>Location</b> In school. <b>Funding</b> Revenue Support Grant.</p>	<p>Counselling service is available to vulnerable and homeless young people being supported by two local charities. <b>Referrals</b> can be made by the charities' support workers or self referral. <b>Location</b> An appropriate setting, e.g. a room within a referral organisation, GP surgery. <b>Funding</b> Revenue Support Grant.</p>

Local Authority	Service management and operation	Service for secondary schools (Includes only locations other than mainstream school sites)	Service for year 6 pupils	Community-based service
10	Commissioned service.	<p><b>Referrals</b> can be made online by school staff, parents, agencies or self referral.</p> <p><b>Location</b> Community base.</p> <p><b>Funding</b> Revenue Support Grant.</p>	<p><b>Referrals</b> can be made online by school staff, parents or agencies. <b>Location</b> School and community base. <b>Funding</b> Revenue Support Grant.</p>	<p><b>Location</b> Community base.</p> <p><b>Funding</b> Revenue Support Grant.</p>
11	Local authority run service.	<p><b>Referrals</b> can be made by self referral (service text, email and phone details are posted in schools), by professionals or family members via a service referral form, or via Early Help Panels (multidisciplinary forums for professionals, families and young people to log their request for support).</p> <p><b>Location</b> Pupil referral units and community settings for home educated and EOTAS.</p> <p><b>Funding</b> Revenue Support Grant.</p>	<p><b>Referrals</b> can be made by professionals or family members via a service referral form, or via Early Help Panels.</p> <p><b>Location</b> In schools (rotating and peripatetic) and community settings. <b>Funding</b> Revenue Support Grant.</p>	<p><b>Referrals</b> can be made by self referral, requesting counselling outside of school, by professionals or family members via a service referral form, or via Early Help Panels.</p> <p><b>Location</b> Community settings in all main towns in the authority. <b>Funding</b> Revenue Support Grant.</p>

Local Authority	Service management and operation	Service for secondary schools (Includes only locations other than mainstream school sites)	Service for year 6 pupils	Community-based service
12	Local authority run school based service. Commissioned community-based services.	<b>Referrals</b> Self referral via the service website is promoted. School staff can also make referrals. <b>Location</b> Alternative provision settings. <b>Funding</b> Revenue Support Grant and agreements with schools who want additional provision.	<b>Referrals</b> can be made by school staff. <b>Location</b> In schools. <b>Funding</b> Revenue Support Grant and agreements with schools who want additional provision.	<b>Referrals</b> to two commissioned services (coping with loss and emotional and mental well-being) are received through the authority's Single Point of Contact and Early Intervention & Prevention Panel. Referrals can be made by any agency working with the child or family (with parental consent) or by the parent. <b>Location</b> Services are delivered at a mutually agreed venue. This is often at schools, but can also be at community-based facilities or at service provider's offices.
13	Commissioned service.	<b>Referrals</b> can be made by self referral, via website email or phone, schools, external organisations or a multi-agency forum (SPACE Forum). <b>Funding</b> Revenue Support Grant.	<b>Referrals</b> can be made by parents / carers, teachers, external organisations or the SPACE Forum. <b>Location</b> In school. <b>Funding</b> Revenue Support Grant.	<b>Funding</b> Families First <b>Referrals</b> can be made by self referral, via website email or phone, schools, other organisations or a multi-agency forum (SPACE Forum). <b>Location</b> Bespoke clinic site in city centre. <b>Funding</b> Revenue Support Grant.

Local Authority	Service management and operation	Service for secondary schools (Includes only locations other than mainstream school sites)	Service for year 6 pupils	Community-based service
14	Local authority run service.	<b>Referrals</b> can be made by self referral, which is encouraged and a lunch-time drop-in is available to make appointments. School staff, parents and health staff can also refer. <b>Location</b> PRU and special school. <b>Funding</b> Revenue Support Grant and agreements with schools who want additional provision.	<b>Referrals</b> made through TAPPAS (Team around the pupil, parent and school) meetings with the agreement of the appropriate Educational Psychologist. <b>Location</b> In school. <b>Funding</b> Revenue Support Grant and agreements with schools who want additional provision.	<b>Referrals</b> can be made by self referral, school staff, parents and health staff. <b>Funding</b> Revenue Support Grant.
15	Commissioned service.	<b>Referrals</b> are made from well-being centres and triage meetings in schools, through Integrated Access to services meetings (other professionals) and self referrals via telephone and online form. <b>Location</b> Family centres. <b>Funding</b> Revenue Support Grant.	<b>Referrals</b> are made by Headteachers and through Early Help and Integrated Access to services meetings (other professionals). <b>Location</b> In school. <b>Funding</b> Revenue Support Grant.	<b>Location</b> In family centres, youth centres and any other appropriate council buildings. <b>Funding</b> Revenue Support Grant.

Local Authority	Service management and operation	Service for secondary schools (Includes only locations other than mainstream school sites)	Service for year 6 pupils	Community-based service
16	Commissioned service.	<b>Referrals</b> can be made by school staff link, parents, self referral or professionals in school. <b>Location</b> PRU, additional needs, EOTAS. <b>Funding</b> Revenue Support Grant	<b>Referrals</b> can be made by parents or schools. <b>Location</b> Counselling service offices. <b>Funding</b> Revenue Support Grant	<b>Referrals</b> can be made by self referral, parents, GP, Social Services, workplace providers, the voluntary sector, and indirectly from CAMHS, police and schools. <b>Funding</b> Revenue Support Grant. All counsellors are volunteers and venues are free of charge.
17	Commissioned service.	<b>Referrals</b> can be made by school staff, parents, agencies or self referral. <b>Location</b> Community base. <b>Funding</b> Revenue Support Grant.	<b>Referrals</b> can be made by school staff, parents or agencies. <b>Location</b> In school or community base. <b>Funding</b> Revenue Support Grant.	<b>Location</b> Community base. <b>Funding</b> Revenue Support Grant.
18	Commissioned service.	<b>Referrals</b> can be made by self-referral or by any adult or professional. <b>Funding</b> Revenue Support Grant.	<b>Referrals</b> can be made by parents and school staff or any adult or professional with the parent's consent. <b>Funding</b> Revenue Support Grant.	<b>Referrals</b> can be made by self-referral or by any adult or professional. <b>Location</b> LA Centre for young people. <b>Funding</b> Revenue Support Grant.

Local Authority	Service management and operation	Service for secondary schools (Includes only locations other than mainstream school sites)	Service for year 6 pupils	Community-based service
19	Commissioned service.	<b>Referrals</b> can be made by self referral (most common) or by professionals. <b>Location</b> PRU, special schools and community settings. <b>Funding</b> Revenue Support Grant.	<b>Referrals</b> are made via the provider's main referral process. <b>Location</b> Community venue. <b>Funding</b> Revenue Support Grant.	<b>Referrals</b> are made via the provider's main referral process. <b>Location</b> Number of community settings based on need. <b>Funding</b> Revenue Support Grant.
20	Local authority run service.	<b>Referrals</b> can be made by self referral, parents/carers, school staff and other professionals, e.g. school nurses, education social workers, CAMHS practitioners, youth workers, GPs. Walk-in referrals can be made at school. <b>Funding</b> Revenue Support Grant.	<b>Funding</b> Revenue Support Grant. Schools can purchase additional service.	<b>Referrals</b> can be made by self referral, parents/carers, school staff and other professionals, e.g. school nurses, education social workers, CAMHS practitioners, youth workers, GPs. Walk-in referrals can be made at the youth community-based info shop. <b>Funding</b> Revenue Support Grant; some volunteer counsellors.

Source: Counselling service mapping pro-formas

**Map of school and community-based counselling service provision. Part B: Remote provision, provision for 4 to 10 year olds and other provision**

Local Authority	Remote provision and response to pandemic	Service for year 5 and below and response to pandemic	Other local authority provision
1	<p><b>Pre-pandemic</b> None. <b>Current</b> Counselling offered via telephone, messaging and video calls. Additional counsellors employed using Welsh Government funding. Outdoor 'welfare walk &amp; talk' counselling offered where appropriate.</p>	Play therapy service in development.	Post 18 to 25 service; funded by Youth Support Grant annual funding and the European Social Fund.
2	<p><b>Pre-pandemic</b> None. <b>Current</b> Counselling offered via online provision, telephone and instant messaging. All counsellors attended accredited online counselling training and an online counselling protocol set up in line with BACP guidance.</p>	Primary school-based counsellor provides 1-to-1 and small group face-to-face counselling for learners in years 4 and 5. Funded for two days a week through the 2020/21 Welsh Government counselling grant.	
3	<p><b>Pre-pandemic</b> Self-referral to online counselling available with external provider. <b>Current</b> Telephone support service available. Year 6 learners seen in school, not in central setting. Capacity of online service increased via adjustment of contract.</p>	No service.	

Local Authority	Remote provision and response to pandemic	Service for year 5 and below and response to pandemic	Other local authority provision
4	<p><b>Pre-pandemic</b> None. <b>Current</b> Counselling services offered via online provision, telephone and text. Face-to-face counselling provided in school where possible. Additional Whole School Approach to Emotional Well Being grant targeted at additional counselling to meet increased demand for the service and manage waiting list.</p>	<p>Service for year 5 piloted in 2019/20, funded by Welsh Government Whole School Approach to Mental Health and Well-being grant. In 2020/21 an intervention for year 5 and below is offered at identified primary school hubs and the service's counselling room in the county town and at a well known visitor attraction. This service also provides consultation with school staff and parents / carers on support strategies (designed to continue during pandemic). It allows for a full assessment and a counselling relationship with a variety of approaches suited to individual need. It is funded by the same Whole School Approach grant and is being evaluated with feedback from schools, counsellors and children.</p>	

Local Authority	Remote provision and response to pandemic	Service for year 5 and below and response to pandemic	Other local authority provision
5	<p><b>Pre-pandemic</b> Service recently transferred to Local Authority.</p> <p><b>Current</b> Counselling services held virtually. Continued face-to-face in one school whose counsellor only attended one setting.</p> <p>Additional Welsh Government funding used to commission a provider to run groups focusing on anxiety or provide additional remote counselling sessions.</p> <p>Generic email address created for referrals, which are received by the Corporate Manager of the Mental Wellbeing Team and the Counselling Service Manager and allocated to a counsellor. This pathway is advertised on school and council websites and social media platforms.</p>	<p>Counselling available to year 5 and below only in exceptional circumstances, e.g. a bereavement.</p>	
6	<p><b>Pre-pandemic</b> None. <b>Current</b> Telephone, email and online counselling offered.</p>	<p>Service for year 6 learners is also offered to younger year groups.</p>	<p><b>Group work</b> offered to secondary and primary schools, delivering Seasons for Growth, FRIENDS and managing anxiety/stress. Online group work in development.</p>

Local Authority	Remote provision and response to pandemic	Service for year 5 and below and response to pandemic	Other local authority provision
7	<p><b>Pre-pandemic</b> None. <b>Current</b> Counselling by text, web chat, email and video offered.</p> <p>All counsellors attended accredited online counselling training and lead counsellor trained in online supervision.</p> <p>Consent and other processes adapted to online working.</p> <p>Face-to-face counselling offered where possible, with plans made with young people for future school closures.</p> <p>Additional counsellors employed with Welsh Government grant.</p>	<p>Primary schools can pay for a primary Service Level Agreement, which provides counselling for Years 3 to 5.</p> <p>This currently equates to around a day and a half a week's provision throughout the county and is in its infancy. Counsellors have received training in therapeutic play to build their skills with younger children.</p>	

Local Authority	Remote provision and response to pandemic	Service for year 5 and below and response to pandemic	Other local authority provision
8	<p><b>Pre-pandemic</b> None. <b>Current</b> Counselling offered via online methods. All counsellors attended online counselling training. Systems and protocols adapted to online working.</p>	<p>Services to be offered to Year 5 and below are in development. Working with schools, a programme of individual and group work sessions that will be targeted to the needs of identified learners has been created. Delivery of additional therapeutic approaches are being explored, such as play therapy, dog therapy, EMDR and nature/woodland therapy, as alternatives for this age range and possible extension to secondary schools.</p>	<p>Counselling is also available to young people aged 11 and above who are at risk of disengagement through the council's TRAC service. This is a European Social Fund funded service with strict access criteria that are agreed with the Welsh European Funding Office. Schools work with officers to identify who would benefit from this intervention. The service is provided on the school premises and is delivered by a qualified counsellor.</p>
9	<p><b>Pre-pandemic</b> None. <b>Current</b> Counselling offered via online platforms, phone and email. All counsellors attended online counselling training. Service website contains information on other organisations that could help, e.g. Childline, YoungMinds, Mind.</p>	<p>Counselling and/or art therapy is provided in year 5. Younger children are assessed if referrals are received.</p>	

Local Authority	Remote provision and response to pandemic	Service for year 5 and below and response to pandemic	Other local authority provision
10	<p><b>Pre-pandemic</b> None. <b>Current</b> Counselling offered via online platforms, phone and video. Surveys sent to all secondary aged learners to assess their well-being and invite them to connect with the service. Thousands of responses and suggestions were received and led to the service setting up weekly workshops for young people to sign in to, focused on themes suggested by young people (anxiety, isolation, stress, mood). Capacity for online chat was increased, which was heavily used in the first lockdown. Resources were sent to young people who logged on to the chat looking for support but not necessarily needing counselling.</p>	<p>Psychological well-being support is provided to primary school children and parents by the service provider. This includes 'counselling' adapted to suit younger children through providing resilience-focused interventions using the Resource-Based Approach. Funded by Families First.</p> <p>In response to pandemic, bespoke programmes created to engage parents and younger children in creative sessions via virtual platforms. After an initial assessment with the parent/child to identify how they were under-resourced, the service then worked with them to create a therapeutic agenda that could be delivered remotely. Sessions facilitated by a therapist and involved activities to promote resilience resources.</p>	

**Pre-pandemic** None. **Current**

Counselling offered via a dedicated telehealth platform (video, audio and chat-based counselling).

Service made available in school holidays using additional Welsh Government funding.

Face-to-face service continued in schools where possible, including using an alternative venue where school restricted access.

Created individual 'creative packs' so that young people can work through creative mediums alongside speech, in a safe way during the pandemic.

Provided a drop-in support afternoon via a remote counselling platform, for young people anxious about going to school for the brief return period in June 2020. Completed remote transition groups for primary school children joining secondary school this academic year.

Offered briefer well-being contacts/check-ins with young people, and covid-related resources development and distribution.

Small primary service, funded in part by Families First.

During pandemic, primary team have provided play/drama therapy/theraplay consultations, advice, support and resources for children that have been identified through the service's covid advice line.

In the temporary re-opening of schools, service purchased individual play therapy kits for children seeing counsellors, which enabled counselling to continue virtually with these kits once lockdown resumed.

Group therapy for year 6 children offered in the community on themes such as transition.

Family therapy team work with all ages of children as part of their family systemic approach.

Service has a lead role in a cross-directorate initiative to support young people who are experiencing or at risk of emotionally-based school avoidance – an umbrella term used to describe young people who have severe difficulty in attending school due to emotional factors, often resulting in prolonged absences from school.

Developing a multi-agency mindfulness intervention that will offer young people a school and community-based opportunity to access mindfulness groups, at different times of the day/week.

Working with specialist CAMHS to develop and deliver self harm/suicidal ideation workshops to teaching staff in secondary schools, where such presentations are considered particularly prevalent and/or more

Local Authority	Remote provision and response to pandemic	Service for year 5 and below and response to pandemic	Other local authority provision
	<p>All counsellors attended / attending accredited online counselling training. Also undertaking training in an avatar based therapy software.</p> <p>Reviewed recruitment processes and begun to develop a scaffolded pathway for recruitment to increase counselling capacity through securely funded student placements.</p>		<p>difficult to support by school staff with the inconsistency in school attendance at this time.</p> <p>Developing an online survey platform to provide young people with an 'experience of service' feedback mechanism. From this to develop a young people's counselling steering group.</p>

**Pre-pandemic** None. **Current**

School-based counselling offered via phone or an online platform.

Community-based counselling provider offers telephone counselling or via platforms such as Skype.

Some face-to-face counselling offered outdoors.

In response to pandemic, a well-being and support call back **service for school staff** created. This service offers support to school staff for their own well-being and for when they are supporting learners with complex needs. A Staff Wellbeing pack created to complement the helpline and sent to staff where needed.

A child therapy service has been rolled out for children in Years 1 to 5 based on a developmentally appropriate, systemic approach that enables a child to access and explore their emotions and experiences in line with their cognitive and emotional development. Parents/carers and key education staff are included in initial consultations and reviews.

During pandemic, service was transferred to remote delivery where possible.

Two programmes (one for parents and one for parent-child) also created around the themes of emotional expression and emotional regulation. These six session programs provide an opportunity for parents to explore ways of supporting the emotional well-being of their children through a structured framework, facilitated by a qualified therapist, in a safe, contained way.

Primary School Call Back Service for Parents created to support parents in supporting the emotional well-being of their children during the pandemic.

Service for children and young people with significant mental health and emotional well-being needs who are also at risk of disengaging in school or who have become disengaged from education. The service works systemically with schools, parents and agencies across Communities First areas, whilst also providing a confidential counselling service to children and young people, with a view to supporting them to return to education. This service operated remotely where possible during the pandemic.

Parenting course, offered online during pandemic.

Piloting a Staff Supervision Pilot in three comprehensive schools. Aims to provide a reflective space for staff to explore challenging aspects of their role, e.g. supporting children with complex emotional needs and the impact this has on their own well-being. This service is currently grant funded.

Piloting a whole-school, trauma-informed model, including

Local Authority	Remote provision and response to pandemic	Service for year 5 and below and response to pandemic	Other local authority provision
		<p>Depending on their child's needs, parents are offered an initial 30 minute telephone consultation with a School Based Counsellor and a potential follow-up 30 minute telephone consultation. Developed a Wellbeing Resource Pack for Primary Parents to complement the helpline, which was sent out to parents where needed.</p>	<p>professionals from the School Counselling service, Wellbeing and Behaviour Service, Educational Psychology Service, mainstream primary and secondary schools and specialist provisions. Counselling service contribution includes involvement in delivering a menu of trauma-informed/therapeutic training to support education staff and in developing a whole-school ethos including upskilling staff and developing trauma-aware school policies and processes.</p>

**Pre-pandemic** Bespoke online platform system for online and telephone counselling. **Current** Counselling offered online or by telephone, with increased capacity of existing system.

Face-to-face counselling offered where possible.

Recruited additional lead Counsellors, including a Lead Play Therapist and student volunteer counsellors.

All counsellors and student counsellors attended online counselling training. Teleplay Training for play therapist to work remotely with learners and parents.

Increased capacity of community provision by developing partner collaboration to establish referral pathways with third sector services such as Women's Aid, Llamau and BAWSO, as well as public sector organisations to improve access for vulnerable learners and families.

Online provision available outside of school hours (March 2020 lockdown).

Children from age 3 can access services. Operates a cluster model with a Lead Counsellor covering up to three clusters with approximately three primary schools in each cluster.

Local Authority	Remote provision and response to pandemic	Service for year 5 and below and response to pandemic	Other local authority provision
14	<p>Increased promotion across networks and social media, website and leaflets.</p> <p>Parent consultations for primary aged children offered.</p> <p><b>Pre-pandemic</b> None. <b>Current</b> Counselling offered online. Counsellors attended / attending accredited online counselling training. New policy and procedures and new contracts to reflect remote delivery. Service marketed by schools during school closures with access available through a central email/telephone line. This information went out to parents and children through the schools Facebook page.</p>	<p>Primary school-based counselling is available to children in Year 5 by referral.</p> <p>CBT &amp; Psychotherapy provision is available by referral.</p> <p>Theraplay informed practice in systemic family therapy available by referral.</p> <p>Online well-being resource available to children and families.</p>	<p>CBT &amp; Psychotherapy provision is available to children and young people in Years 3 to Year 13 by referral.</p>
15	<p><b>Pre-pandemic</b> Online counselling service available (funded by Families First). <b>Current</b> Counselling offered by telephone and online service continued.</p> <p>Face-to-face counselling continued in schools where possible, including in the summer holiday.</p>	<p>Play therapy available for children in years below year 6.</p>	

Local Authority	Remote provision and response to pandemic	Service for year 5 and below and response to pandemic	Other local authority provision
16	<p><b>Pre-pandemic</b> Online counselling service available. <b>Current</b> Online service extended.</p> <p>Face-to-face counselling continued in schools where possible.</p> <p>Counsellors attended accredited online counselling training. Revised all safe-guarding procedures and contracts with young people.</p> <p>Additional supervision for counsellors.</p> <p>Online support groups for parents affected by bereavement and school staff anxious about the pandemic.</p> <p>Welsh Government grants used to offer counselling over school holidays.</p> <p>Employed a support worker to keep in touch with vulnerable young people identified by counsellors and schools.</p> <p>Supported families and young people with advice and signposting.</p>	<p>Limited service for Years 3 to 5 for trauma and loss. Delivered at provider's office during term time and holidays.</p>	<p>Community-based service includes 19-25 year olds.</p>

**Pre-pandemic None. Current**

Counselling offered by telephone, video and online.

Sent surveys to all young people to assess their well-being and invite them to connect with the service. Survey responses used to set up weekly workshops for young people to sign in to, which were focused on themes suggested by them (anxiety, isolation, stress, mood).

Increased our capacity for online chat which was heavily used through the first lockdown.

Sent out resources to young people who logged onto chat looking for support, but not necessarily needing counselling.

Psychological well-being services provided for children under 10 and their parents. Funded by Families First.

Adopted a Whole School Approach to Supporting Psychological Wellbeing in Primary Schools, which follows a tiered approach to supporting the development of resilience in children across all levels of need. A strategic and operational framework has been created and three phases implemented: whole school training, identifying need, and enhancing skill sets for supporting psychological well-being.

Created bespoke programmes to engage parents and younger children in creative sessions via virtual platforms. Initial assessment to identify how the parent/child were under-resourced, then work with parent and child to create a therapeutic agenda that could be appropriately delivered remotely. Information posted out to families regarding session content to help parents prepare for the session. Each

Local Authority	Remote provision and response to pandemic	Service for year 5 and below and response to pandemic	Other local authority provision
18	<p><b>Pre-pandemic</b> None. <b>Current</b> Counselling offered by telephone. Facebook page set up with contact information and advice and Instagram account opened for young people to privately request counselling. Counsellors trained in online counselling. Information on support available circulated to schools and young people on the waiting list contacted. Referral forms suspended to ensure quick access to service. Community-based service increased to support children not attending school. Surveyed service users about their preferred method of remote counselling.</p>	<p>session was facilitated by a therapist which involved parent and child engaging in activities selected specifically to promote resilience resources.</p> <p>Primary school service is available children in Year 1 upward and counsellors are trained in creative therapies.</p> <p>Support for parents offered during pandemic.</p>	<p>Consultative supervision offered to school staff. This takes place on a one-to-one basis and with small groups and aims to provide personal and professional support through the opportunity to reflect on different aspects of their working life, whilst finding ways to build confidence and competence in dealing with issues relating to well-being. This could be to support the member of staff in their approach with young people's well-being or helping the member of staff finding ways to strengthen their own well-being.</p>

Local Authority	Remote provision and response to pandemic	Service for year 5 and below and response to pandemic	Other local authority provision
19	<p><b>Pre-pandemic</b> None. <b>Current</b> Counselling offered by telephone and online.</p>	<p>Year 5 learners are considered for the counselling service available to year 6 learners.</p> <p>Well-being grant use to fund a part time post until the end of the year to focus on bereavement, play therapy and systemic family work.</p>	

Local Authority	Remote provision and response to pandemic	Service for year 5 and below and response to pandemic	Other local authority provision
20	<p><b>Pre-pandemic</b> None. <b>Current</b> Counselling offered by telephone, text, online and WhatsApp (over 16's only).  Employed extra staff lists and put extra provision into schools where demand has increased.  All staff have undertaken accredited training for online counselling and been provided with equipment for home working.  Advice and guidance offered to school link staff.  Increased telephone/email contact with parents to provide support and guidance and resources around certain topics. Attended zoom 'coffee mornings' for parents/carers, e.g. on the topic of anxiety.  Attended multi agency meetings with CAMHS and headteachers to help address needs around topics/trends.  Staff member trained to deliver mental health first aid courses in partnership with CAMHS.</p>	<p>Primary school based service (8 schools) is available to any learner the school feels is in need.  New primary project open to all primary schools and aims to boost emotional literacy, resilience and recognising feelings and emotions. It is open to years 5 and 6 and up to eight young people attend the group for up to 6 weeks. Two new staff employed to run project.</p>	<p>Community-based service includes to 19 to 25 year olds.</p>

Source: Counselling service mapping pro-formas

## **Annex B: Consultation and Interview Topic Guides: Summary of Topics Covered**

Summaries of the topics covered in the stakeholder consultations, key system stakeholder interviews, and school case-study interviews are included below. The full content of the topic guides is in the technical report.

### **Consultations: LA counselling service leads**

#### *Current school- and community-based counselling service provision*

- Fitness for purpose of service pre-COVID-19 pandemic: service strengths, weaknesses, challenges and successes.
- Factors impeding and facilitating service delivery.
- Impact of COVID-19 pandemic on service delivery.

#### *Features of and requirements for an optimised service for secondary school aged young people*

- Suggestions for how the current service could be optimised.
- Stakeholders required to deliver an optimised service delivery model.
- Existing and potential system capacity to implement an optimised counselling service.

#### *Features of and requirements for an optimised service for primary school aged children*

- Need for counselling services for primary school aged children.
- Characteristics of a counselling service for primary school aged children.
- Stakeholders required to deliver a counselling service for primary school aged children.
- Existing and potential system capacity to implement a counselling service for primary school aged children.

#### *Evaluating counselling service provision*

- Current local level evaluation practices.
- Perceived advantages and disadvantages of current evaluation system.
- Suggestions for future evaluation of counselling services.

## **Consultations: Parents and carers**

### *Current school- and community-based counselling service provision*

- Awareness and knowledge of current counselling service provision.
- Barriers and facilitators to accessing counselling.
- Perceived effectiveness of counselling services.
- Impact of COVID-19 pandemic on service delivery.

### *Features of and requirements for optimised services for secondary school aged young people and primary school aged children*

- Suggestions for how the current service for secondary school aged young people could be optimised.
- Need for counselling services for primary school aged children.
- Characteristics of a counselling service for primary school aged children.
- Role of parents and school staff in counselling services.
- Suggestions for how services could be designed to cope with change.

### *Evaluating counselling service provision*

- Awareness and experience of current evaluation practices.
- Appropriate measures of effectiveness.
- What feedback is useful to parents and carers.
- Contribution of parents and carers to future evaluation of counselling services.

## **Consultations: primary school staff**

### *Current school- and community-based counselling service provision*

- Fitness for purpose of service for year 6 learners pre-COVID-19 pandemic: awareness, reach, capacity, effectiveness.
- Services offered to learners in year 5 and below.
- Factors impeding and facilitating service delivery.
- Impact of COVID-19 pandemic on service delivery.

### *Features of and requirements for an optimised service for primary school aged children*

- Need for counselling services for primary school aged children.
- Characteristics of a counselling service for primary school aged children, including integration with other services and community-based provision.

- Stakeholders required to deliver a counselling service for primary school aged children.
- Existing and potential system capacity to implement a counselling service for primary school aged children.

#### *Evaluating counselling service provision*

- Awareness and experience of current evaluation practices.
- Suggestions on how counselling services for primary school aged children should be evaluated: frequency, appropriate measures of implementation, effectiveness and sustainability, schools' role in evaluations.

#### **Consultations: secondary school staff**

##### *Current school- and community-based counselling service provision*

- Fitness for purpose of service pre-COVID-19 pandemic: awareness, reach, capacity, effectiveness, community-based services.
- Factors impeding and facilitating service delivery.
- Impact of COVID-19 pandemic on service delivery.

##### *Features of and requirements for an optimised service for secondary school-aged young people*

- Suggestions for how the current service could be optimised.
- Stakeholders required to deliver an optimised service delivery model.
- Existing and potential system capacity to implement an optimised counselling service.

##### *Features of and requirements for an optimised service for primary school aged children*

- Need for counselling services for primary school aged children.
- Impact on secondary schools.

#### *Evaluating counselling service provision*

- Awareness and experience of current evaluation practices.
- Suggestions on how counselling services for should be evaluated: frequency, appropriate measures of implementation, effectiveness and sustainability, schools' role in evaluations.

## **Consultations: young people**

### *Current school- and community-based counselling service provision*

- Awareness of current services.
- Likes and dislikes of current services.

### *Features of and requirements for an optimised service for secondary school-aged young people*

- Design of an optimal school counselling service.
- Stakeholders required to deliver an optimal counselling service.
- Skills and characteristics of good counsellors.

### *Evaluating counselling service provision*

- How can we know if counselling services are successful?
- How can we measure success?

## **Consultations: children**

### *Current school- and community-based counselling service provision*

- Current sources of emotional support.

### *Features of and requirements for an optimised service for primary school aged children*

- Features of optimal counselling service for children.

### *Evaluating counselling service provision*

- How can we know if counselling services are successful?

## **Key system stakeholder interviews**

### *Professional role*

- Current role and organisation and relationship with school and community-based counselling services.

### *Current school- and community-based counselling service provision*

- Aspirations for and features of current services.
- Factors impeding and facilitating service delivery.
- Service achievements.
- Equity of access to services.
- Welsh medium service provision.

- Impact of COVID-19 pandemic on service delivery.

*Features of and requirements for an optimised service for secondary school aged young people*

- Suggestions for how the current service could be optimised, including equity for young people with protected characteristics and language preferences.

*Features of and requirements for an optimised service for primary school aged children*

- Need for counselling services for primary school aged children.
- Characteristics of a counselling service for primary school aged children.
- Barriers and facilitators to implementing a counselling service for primary school aged children.
- Stakeholders required to deliver a counselling service for primary school aged children.

*Evaluating counselling service provision*

- Current evaluation practices, including perceived advantages and disadvantages.
- Suggestions for future evaluation of counselling services.
- Availability of evaluation data.

**School case-studies: secondary school senior leaders and staff**

*School context*

- Job role(s) at school
- School approach to mental health and well-being
- Perceived effectiveness of well-being activities
- Mental health and well-being priorities

*Current school- and community-based counselling service provision*

- Counselling service received.
- Barriers and facilitators to access and delivery.
- Use of other counselling services.
- Equity of access to services.
- Welsh medium service provision.
- Parent and carer involvement.
- Perceived impact of service.
- Impact of COVID-19 pandemic on service delivery.

*Features of and requirements for an optimised service for secondary school aged young people*

- Suggestions for how the current service could be optimised.
- Stakeholders required to deliver an optimised service delivery model.
- Integration with other mental health and well-being services.

*Features of and requirements for an optimised service for primary school aged children*

- Need for counselling services for primary school aged children.
- Impact on secondary schools.

*Evaluating counselling service provision*

- Awareness and experience of current evaluation practices.
- Suggestions on how counselling services for should be evaluated: appropriate measures of implementation, effectiveness and sustainability, schools' role in evaluations, data availability in schools.

**School case-studies: secondary school learners**

*School context*

- School approach to mental health and well-being

*Current school- and community-based counselling service provision*

- Understanding of counselling.
- Awareness and knowledge of school-based counselling service.
- Barriers and facilitators to learners using the counselling service.

*Features of and requirements for an optimised service for secondary school aged young people*

- Suggestions for how the current service could be optimised.

*Evaluating counselling service provision*

- Suggestions on how counselling services for should be evaluated.

**School case-studies: primary school senior leaders and staff**

*School context*

- Job role(s) at school
- School approach to mental health and well-being
- Perceived effectiveness of well-being activities

- Mental health and well-being priorities

#### *Current school- and community-based counselling service provision*

- Use of other services.
- Counselling service received.
- Barriers and facilitators to access and delivery.
- Perceived impact of service.
- Equity of access to services.
- Welsh medium service provision.
- Impact of COVID-19 pandemic on service delivery.

#### *Features of and requirements for an optimised service for primary school aged children*

- Need for counselling services for primary school aged children.
- Characteristics of a counselling service for primary school aged children.
- Parent and carer involvement.
- Learner voice.
- Equity of access to services.
- Potential barriers and facilitators to service delivery.
- Integration with other mental health and well-being services.
- Suggestions for how services could be designed to cope with change.

#### *Evaluating counselling service provision*

- Awareness of current evaluation practices.
- Suggestions on how counselling services for should be evaluated: appropriate measures of implementation, effectiveness and sustainability, schools' role in evaluations, data availability in schools.

### **School case-studies: primary school learners**

#### *School context*

- Sources of well-being support

#### *Features of and requirements for an optimised service for primary school aged children*

- Understanding of counselling.
- Perceptions of how children would feel about talking to a counsellor.
- Counsellor traits and skills.
- Location of counselling service.

- Access to the counsellor.
- Language preferences.
- Confidentiality.
- Individual and group counselling.
- Raising awareness of counselling.

#### *Evaluating counselling service provision*

- Who should be involved in evaluation.
- What information should be collected.
- Recommended methods to use with children.

### **School case-studies: counsellors**

#### *Professional role*

- Job role in counselling service and at case study school

#### *Current school- and community-based counselling service provision*

- Key strengths and weaknesses of service.
- Collaboration with other mental health and well-being services.
- Impact of COVID-19 pandemic on service delivery.

#### *Features of and requirements for an optimised service for secondary school aged young people*

- Suggestions for how the current service could be optimised.
- Stakeholders required to deliver an optimised service delivery model.
- Integration with other mental health and well-being services.
- Improvements to community-based services.
- Suggestions for how services could be designed to cope with change.

#### *Features of and requirements for an optimised service for primary school aged children*

- Need for counselling services for primary school aged children.
- Characteristics of a counselling service for primary school aged children.
- Parent and carer involvement.
- Equity of access to services.
- Potential barriers and facilitators to service delivery.
- Integration with other mental health and well-being services.

### *Evaluating counselling service provision*

- Awareness and experience of current evaluation practices.
- Suggestions on how counselling services for should be evaluated: appropriate measures of implementation, effectiveness and sustainability, data collection, data availability.