Llywodraeth Cymru
Welsh Government

Evaluation of the Welsh School-based Counselling Strategy:
Final Report

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

Evaluation Team

Andy Hill	Head of Research, British Association for Counselling and Psychotherapy (BACP)
Mick Cooper	Professor of Counselling, University of Strathclyde
Joanne Pybis	Research Facilitator, BACP
Karen Cromarty	Senior Lead Advisor for Children and Young People, BACP
Sue Pattison	Degree Programme Director, University of Newcastle upon Tyne
Sheila Spong	Coordinator of NCCR, Newport University
Claire Dowd	Newport University
Claire Leahy	Cardiff Educational Psychology Service
Angela Couchman	Research Office Manager, BACP
Jack Rogers	Research Officer, BACP
Kate Smith	Research Director, Ipsos MORI Social Research Institute[1]
Nick Maybanks	Research Executive, Ipsos MORI Social Research Institute

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1 Ipsos MORI collected data for the secondary head/link teacher survey and were not involved in report writing.

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Executive Summary

Overview

In 2010 the Welsh Government commissioned a research consortium led by the British Association for Counselling and Psychotherapy and the University of Strathclyde to undertake an evaluation of its school-based counselling strategy (the *Strategy*) which has been rolled out across Wales over the past three years. Using a range of research tools, including desk research, analysis of client outcomes, qualitative interviews and surveys of key stakeholders' views, the evaluation sought to describe the implementation and delivery of the Strategy, to assess levels of satisfaction with the Strategy and its school-based counselling services and to examine the impact of the Strategy on the psychological distress of its service users (*clients).* The evaluation found that implementation of the Strategy and its counselling services was generally perceived as successful by all stakeholders, including counselling clients, with evidence that all key recommendations for its development were implemented. Across six terms, 11,043 episodes of counselling were attended.[2] Participation in counselling was associated with large reductions in psychological distress; with levels of improvement that, on average, were somewhat greater than those found in previous evaluations of UK school-based counselling. Key recommendations are that permanent funding mechanisms should be established to embed counselling in the Welsh secondary school sector, with consideration given to its roll-out into primary schools. Service managers and schools should also look to ensuring equal opportunities of participation in school-based counselling from all sectors of the community, that adequate accommodation is available in schools for the delivery of counselling, and that a system of regular outcome monitoring is established.

Introduction

In the *Clywch Inquiry Report* (2004)[3] the Children's Commissioner for Wales recommended that all young people in schools should have a trusted adult to talk to about their concerns. Having accepted this recommendation, the Welsh Government commissioned a research team led by the British Association for Counselling and Psychotherapy (BACP) and the University of Newcastle to evaluate counselling in schools across the UK (Pattison et al. 2007).[4] This report made recommendations for developing

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2 An episode of counselling is defined as a complete series of sessions undertaken by a service user. A session of counselling is normally of approximately one hour's duration. These are normally held on a weekly or fortnightly basis.

3 http://wales.gov.uk/newsroom/educationandskills/2004/4024518/?lang=en

4 Full report can be obtained at http://www.bacp.co.uk/research/School_Counselling.php

school-based counselling in Wales and, in April 2008, the Welsh Government published the National Strategy for School-based Counselling Services,[5] informed by the Pattison et al. (2007) report. The Strategy aimed to ensure that counselling services were available in all Welsh secondary schools, along with the piloting of primary school services in four local authorities. Initial funding of £1m was made available in 2008-09, with additional sums of £2.5m in 2009-10 and £3m in 2010-11 to take the Strategy forward. An additional £1.5m was agreed for 2010-11 to expand services and a further £14.25 million has been committed for the years 2011-14.

In 2010 the Welsh Government commissioned a research consortium led by the British Association for Counselling and Psychotherapy and the University of Strathclyde to evaluate the Strategy over the first three years of its implementation (April 2008 to July 2011). The consortium reported to the school-based counselling steering group, in two stages, with a stage one report[6] published in July 2011, providing a preliminary evaluation of several key elements of the Strategy. This second stage and final report presents a comprehensive evaluation of the Strategy from its inception, and is a definitive document that encompasses, and supplants, the previous report.

The Nature of School-based Counselling across the UK

School-based counselling, as delivered in the Strategy, is a skilled way of helping young people with personal and developmental difficulties. It is provided by professional practitioners and aims to give young people opportunities to:

- discuss difficulties in a confidential and non-judgemental atmosphere
- explore the nature of their difficulties
- increase their self-awareness
- develop a better understanding of their difficulties
- develop the personal resources needed to manage their problems
- develop strategies to cope with change.

Young people can refer themselves to services or be referred by school staff, other agencies or parents. It is seen as a voluntary activity, and it is not expected that students would be 'sent' for counselling. Young people accessing services are offered a series of

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5 http://wales.gov.uk/topics/educationandskills/publications/guidance/counsellingservicesstrategy/?lang=en

6 http://wales.gov.uk/about/aboutresearch/social/latestresearch/schoolcounselling/;jsessionid=pkv7TfTcS1G0GVQXVynSDG1nfQTLBJcQ7fpMn5yBpxQv1PwXP75L!-1123340228?lang=en

weekly sessions within the school day, with the total number of sessions tailored to the needs of the young person, the average being around four to six. Counsellors aim to work closely with school staff and other agencies to provide a service which complements the many other interventions in school that support and promote young people's emotional health and wellbeing.

Aims of the evaluation

The Pattison et al. (2007) report made ten key recommendations for the roll-out of the Strategy. These were that school-based counselling services should:

1. have sustainable funding
2. employ professionally qualified counsellors who have experience of working with young people; who access appropriate clinical supervision with experienced supervisors; who take part in regular, relevant continuing professional development (CPD)
3. deliver accessible counselling in an appropriately private but safe setting within the school vicinity
4. be seen as non-stigmatising by the school community and a normal part of school provision which is integrated into the school community
5. be monitored and evaluated by individuals or an agency (in or out of the school) with experience in this specialised area of work
6. pay due regard to current legislation and guidance, and offer confidentiality within usual ethical and safeguarding limits
7. respond flexibly to local needs in respect of diversity (e.g. language) and practicality (e.g. available during holiday periods)
8. work with and alongside other services and agencies in a collegial manner, whilst maintaining appropriate levels of confidentiality
9. employ counsellors who are members of a professional body and as such have an established ethical framework and complaints procedure
10. employ counsellors whose personal qualities will mean that they are approachable, have good listening skills and a manner that encourages a climate for safe and trusting relationships.

These have been used in this report as benchmarks to evaluate the implementation of the Strategy.

The aims of this report are:

- To describe the implementation and delivery of the Strategy, the school-based counselling services, and the characteristics of the service users
- To assess stakeholders' overall levels of satisfaction with the Strategy and its school-based counselling services
- To evaluate the extent to which the Strategy achieved the implementation of the 10 key recommendations for its development
- To examine the impact of the Strategy and its school-based counselling services on the levels of psychological distress of its service users (*clients*)
- To make recommendations for the future of school-based counselling in Wales.

Methods

To achieve these aims, between September 2010 and August 2011, the Evaluation Team developed, and implemented, 10 strands of data collection and analysis (nine in the secondary schools and one in the primary pilots):

- *Literature review.* Review of evidence from previous studies of school-based counselling in the UK
- *Desk research.* Analysis of key reports, letters, minutes from the school-based counselling steering group meetings and proposals related to the Strategy
- *Client demographic data analysis.* Descriptive analysis of the characteristics of service users and their use of the counselling services, based on client data forms
- *Therapeutic outcomes evaluation.* Statistical analysis of data from 3,613 episodes of counselling, examining changes in psychological distress from pre-counselling (*baseline*) to post-counselling (*endpoint*)
- *Client experience questionnaire.* Descriptive analysis of quantitative and qualitative data from approximately 600 forms, completed by clients at endpoint, indicating their levels of satisfaction with the counselling service and their experience of it
- *Counsellors' survey.* Analysis of responses from 106 school counsellors to a self-completed paper-based questionnaire, identifying their views on the implementation of the Strategy and recommendations for its development
- *Link teachers' survey.* Analysis of quantitative and qualitative responses from telephone interviews conducted with 158 head or link teachers

- *Local Authority (LA) Leads' survey.* Analysis of quantitative and qualitative responses from a paper-based questionnaire completed by 25 Local Authority Leads or service managers
- *Case studies.* Extensive, in-depth case analysis of the implementation of the Strategy in four secondary schools based on individual and focus group interviews with school staff, parents, pupils, and service users
- *Primary pilots.* Analysis of data emerging from the piloting of school counselling in primary schools in four local authorities based on desk research; surveys of Local Authority Leads and head teachers; analysis of outcome data; and analysis of costs.

Key Findings

Literature review.

- Young people attending school-based counselling services in the UK are typically referred by school pastoral staff
- The most common presenting issues are family-related, followed by anger, school-related difficulties and bereavements
- The levels of young people's initial distress when attending school-based counselling services are similar to those recorded at Child and Adolescent Mental Health Services (CAMHS)
- On average, around 60% of clients of school-based counselling are female and, typically, from the middle school years
- Clients attend for an average of approximately six sessions, with attendance rates of around 80%
- School-based counselling is associated with large and significant reductions in psychological distress
- School-based counselling is consistently rated positively by a range of stakeholder groups and viewed as a non-stigmatising, easily accessible form of early intervention
- Evidence is limited on the process, or outcomes, of counselling in primary schools.

Desk research.

- Schools have been enthusiastic and cooperative in implementing counselling services associated with the Welsh Strategy
- Some difficulties in recruiting Welsh-speaking counsellors have been noted
- Self-referral has been actively encouraged by most local authorities (LAs)

- Counsellors were expected to be registered with a professional body such as BACP
- Training and Continuing Professional Development (CPD) for counsellors were actively promoted by all LAs
- There was some variability in service delivery models used across LAs and in the methods of outcome data collection
- Future developments include the expansion of services and the enhancement of quality standards through accreditation processes.

Client demographic data and costs.

- Clients who attended Welsh school-based counselling services were similar in demographic characteristics, and use of the service, to other clients of school-based counselling services in the UK:
    - clients were primarily referred through school staff
    - the average number of sessions attended per counselling episode was four
    - the ratio of male to female clients was 38.2% to 61.8% respectively
    - pupils were predominantly from the middle school years: Years 9 and 10
    - clients most commonly presented with issues regarding their families; followed by anger, behaviour-related, bullying and bereavement issues
    - the most common predominant issues were in line with presenting issues, with issues relating to family and anger being the most frequent
    - average levels of distress at baseline were similar to those that have been recorded in young people attending CAMHS services.
- Young people from Black and Ethnic Minority (BME) backgrounds, and with Special Educational Needs (SEN) or disabilities, were under-represented in those using the counselling services
- Just under 5% of episodes of counselling were delivered to Looked After Children (LAC)
- Around 3% of young people were referred onwards to specialist Child and Adolescent Mental Health Services (CAMHS), 2.5% to child protection services, and 3% to other services
- There was considerable variability in cost per session and cost per client between LAs.

Presenting and predominant issues by episode of counselling (Table 16 of main report)

	Presenting issue		Predominant issue	
	Percentage	Total	Percentage	Total
Family	38.2	4079.0	35.4	3782.0
Anger	17.6	1878.0	12.9	1379.0
Behaviour related	12.5	1334.0	7.7	824.0
Bullying	10.3	1100.0	8.0	849.0
Bereavement	10.2	1091.0	8.8	944.0
Stress	9.1	973.0	8.1	861.0
Self-worth	8.3	889.0	12.8	1364.0
Relationships with teachers	8.0	852.0	3.0	317.0
Depression	7.5	805.0	6.0	641.0
Other	6.3	674.0	5.4	572.0
Self-harm	5.3	567.0	4.8	512.0
Relationships other than family or teachers	4.3	462.0	9.6	1030.0
Academic	4.0	425.0	3.5	377.0
Abuse (including sexual)	3.7	395.0	3.9	419.0
Eating disorders	1.9	206.0	1.8	188.0
Domestic abuse	1.8	197.0	2.3	244.0
Substance misuse	1.5	163.0	1.6	167.0
Sexual (including orientation)	1.4	149.0	2.2	231.0
Suicidal thoughts	1.4	153.0	1.4	148.0
Not known	1.0	104.0	0.8	83.0
Financial concerns / poverty	0.8	87.0	1.5	156.0

Note: Total percentage is greater than 100% as young people may have presented with more than one issue

Source: Data provided from client record forms supplied to the Evaluation Team by the Welsh Government

Therapeutic outcomes evaluation.

- Counselling was associated with significant reductions in psychological distress across each of the LAs for each of the time periods examined. However an association does not necessarily indicate that counselling caused these reductions in psychological distress, other factors may have contributed to this.

- The mean reduction in psychological distress from beginning to end of counselling on the Young Person's CORE (YP-CORE) measure was 18.70 to 10.56 (lower scores indicate less distress), and 18.14 to 12.21 on the Strengths and Difficulties Questionnaire (SDQ).

- The overall mean reduction in psychological distress was large, with an effect size of 0.93 (compared to a UK-wide average effect size for school-based counselling of 0.81).

- There were significant variations in the amount of change across datasets and across LAs. Larger effect sizes were associated with:

- o The use of the YP-CORE, rather than the SDQ, measure.
  - o Lower response rates.

Changes in distress: Overall and by measure (Figure 3 of main report)
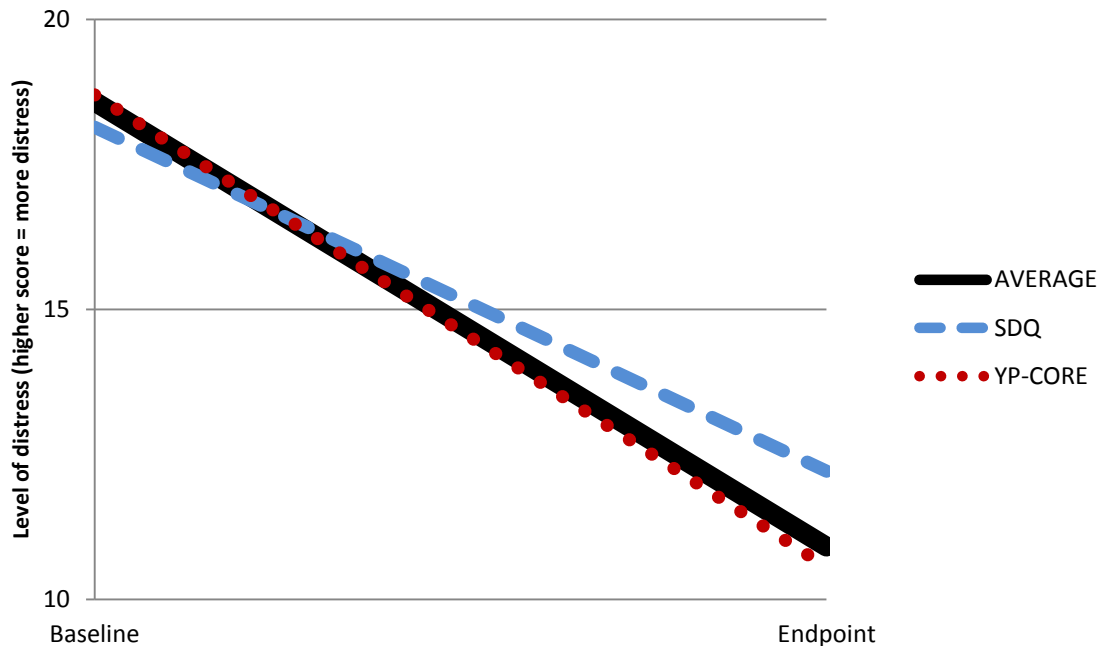
Source: Data was provided to the Evaluation Team from Local Authority Leads

Client experience questionnaire.

- Clients' ratings of the counselling service were generally very positive
- Approximately 85% of respondents felt more positive about going to school and more able to cope since going to counselling
- Approximately 95% of respondents indicated agreement with the statement that 'counselling is a good way to deal with problems'
- Around 90% of clients also said that they would ask to see the counsellor again if they needed to.

Surveys of stakeholders: Counsellors, link teachers and LA Leads.

- Overall levels of satisfaction with school-based counselling were high across all three stakeholder groups
- Link teachers reported that the implementation of the Strategy has led to significant improvements in pre-existing school-based counselling provision

- Link teachers reported counselling services had made a positive impact on the attainment, attendance and behaviour of clients

Link teachers: Perceptions of the impact of the school-based counselling service on attainment, attendance and behaviour of pupils (Figure 15 of main report).

- The Strategy was not perceived as increasing the workloads of school staff
- Perceived strengths of the Strategy were the commitment and support from the Welsh Government and the 'whole Wales approach'
- Some counsellors viewed the process of setting up counselling services as difficult and problematic, in contrast with link teachers and LA Leads
- The lack of counselling in primary schools was seen as a weakness of the Strategy.
- Stakeholders' responses indicated that, in general, the ten recommendations for school-based counselling had been implemented. However:
  - o all stakeholder groups wanted to see the future funding of the Strategy secured
  - o services were not always seen as meeting the needs of Welsh speakers
  - o there were levels of concern about resources, particularly the accommodation that services operate from.
- Key recommendations from the stakeholder groups were that:
  - o funding should be increased
  - o there should be more opportunities for both counsellors and school staff to engage in further training.

Case studies.
- Levels of satisfaction with the Strategy were generally high

- Counselling was seen as rapidly accessible, allowing teachers to concentrate on teaching; projecting an ethos of a caring, supportive school environment; and non-stigmatising
- Counselling was seen as having a positive impact on clients: increasing wellbeing, happiness and confidence; and reducing problematic, disruptive, and high risk behaviours. For example, 'it's easier to educate happier people', '… now I can control my anger …', 'I'm still in trouble but I'm getting there', 'Now I concentrate a bit more'.
- There was a perceived need for greater availability and more widespread knowledge of the counselling services.
- Concerns about the counselling included limited availability, 'there should be more hours'; limited choice of counsellor (particularly with regard to gender), for example 'it wouldn't be the same with a man'; limited availability of Welsh-speaking counsellors; problems with accommodation; and difficulties in self-referral when specific teachers were acting as gatekeepers to the service.

Primary pilots.

- Overall levels of satisfaction with the pilots amongst head teachers and LA Leads were found to be high, and the services were seen as being good value for money
- Although outcome evidence was very limited, initial indications suggested that the counselling was associated with large and significant reductions in psychological distress, with a mean effect size of 0.71 from start to end of counselling. Observers also reported that counselling was associated with improvements in pupils' behaviour, educational attainment and school attendance
- The strengths of the pilots were viewed as: the investment in children's wellbeing, the adoption of a 'whole school' approach, and the use of age-appropriate interventions
- Specific areas of low satisfaction were: limited resources, lack of integration with other initiatives, limited monitoring and evaluation, problems with meeting the needs of Welsh-speaking pupils, lack of availability of counsellor training, and limited publicising of services within the schools
- Not all of the counsellors in the primary pilots were professionally qualified
- Stakeholder recommendations included the provision of adequate resources to meet the demand for school-based counselling in the primary sector; ensuring equality of access across the sector; and an assessment of the costs of various service models before a wider roll-out of services across the sector.

Discussion

    Overall satisfaction.

Across the surveys and case studies, all stakeholders – school pupils, teachers, head teachers and counsellors – expressed high overall levels of satisfaction with the Strategy. The same was generally true for the primary pilot services. In terms of the *ease* with which the Strategy has been implemented a more mixed picture emerged, suggesting more problems had been experienced at the service-delivery end of the implementation process.

    Service users were almost always positive about the counselling that they had received, emphasising the positive personal attributes of the counsellor, the fact that the counselling was confidential, and that they had someone who would listen to them. In addition, service users appreciated the freedom and flexibility to arrange their own appointments.

    Implementation of the 10 recommendations.

The findings provided a strong indication that the Strategy has been implemented according to Pattison et al.'s (2007) 10 recommendations, with a small number of exceptions:

- *Sustainable funding:* Although funding for the Strategy has been secured until 2014, key stakeholders expressed a level of concern about the security of future funding
- *Employ professionally qualified counsellors:* Whereas all of the counsellors working as part of the Strategy in the secondary sector were professionally qualified, some of the counsellors in primary schools were not
- *Provide accessible counselling within an appropriate setting:* The accommodation for counselling was identified as a potential problem by service users and counsellors, the main issues relating to privacy and having a designated room which is regularly available
- *Be seen as a normal part of school provision:* There was some evidence that levels of knowledge of the counselling service and related emotional support services varied between schools
- *Monitoring of outcomes:* Outcome data were missing, or entirely absent, from several of the local authorities, with particularly low response rates in the first year of implementation and in the primary pilots
- *Respond to the needs of diverse communities:* Client demographic data suggested

that both BME clients and clients with SENs and disabilities were under-represented in those attending the counselling service. Similarly concerns were expressed by stakeholder groups that services may not always meet the needs of Welsh speakers. In some schools, there were also difficulties with young people directly referring themselves in to the counselling services.

Effectiveness and impact.

- The amount of change experienced by young people receiving counselling as part of the Strategy (mean effect size: 0.93) was greater than the average change experienced by young people in other school-based services across the UK (mean effect size: 0.81, Cooper 2009)
- Reductions in psychological distress were substantially greater in the young people in the current evaluation than have been found to take place in a 'control group' of equivalent young people who did not receive counselling
- Qualitative and survey data supported the findings of the quantitative outcome data that the school-based counselling had led to a wide range of improvements
- Survey data suggested the introduction of school-based counselling did not add to the workloads of school staff, and qualitative evidence indicated that the existence of such services relieved the pressure on year tutors and other teachers.

Recommendations

It is recommended that:

- The Welsh Government consider the establishment of secure streams of funding for counselling services in Welsh secondary schools
- The Welsh Government consider rolling-out the Strategy to the primary school sector in an age appropriate form
- Local authorities and schools ensure counselling services have appropriate accommodation
- Service managers, schools and counsellors ensure that school students have sufficient information about the counselling service
- Service providers should implement systematic outcome evaluation
- Service providers develop strategies for ensuring equality of access to, and promotion of, the counselling service

- Service providers extend the availability of Welsh-speaking counsellors
- Service providers and schools develop self-referral systems and ensure that all young people can self-refer
- Service providers and schools develop training opportunities for school staff and counsellors
- The Welsh Government develop further research into the aspects of school counselling that predicts improvements and factors that encourage young people to access the service.

1. Context

In 2010 the Welsh Government commissioned a research consortium led by the British Association for Counselling and Psychotherapy and the University of Strathclyde to undertake an evaluation of its school-based counselling strategy (the *Strategy*) which has been rolled out across Wales over the past three years.

1.1. The Development of School-based Counselling in Wales

Over the last two decades, counselling in UK secondary schools has grown dramatically (Jenkins and Polat, 2005). Counselling, delivered by a professionally trained workforce, is increasingly seen as an effective early intervention for young people who have emotional, behavioural or social problems. Counselling is seen as a way that young people can address their problems with a trusted adult, and as such can quite quickly get 'back on track'.

The history of school-based counselling in Wales began with a recommendation from the Children's Commissioner for Wales's *Clywch Inquiry Report.*[7] The *Clywch Report* suggested that all young people in schools should have a trusted adult to talk to about their concerns. This recommendation was accepted by the Welsh Government, and in 2007 the Welsh Government commissioned a research team led by the British Association for Counselling and Psychotherapy (BACP) and the University of Newcastle to evaluate counselling in schools across the UK (Pattison et al. 2007)[8] and to make recommendations for developing school-based counselling in Wales. Its 10 recommendations were that school-based counselling services should:

1. have sustainable funding
2. employ professionally qualified counsellors who have experience of working with young people; who access appropriate clinical supervision with experienced supervisors; who take part in regular, relevant continuing professional development (CPD)
3. deliver accessible counselling in an appropriately private but safe setting within the school vicinity
4. be seen as non-stigmatising by the school community and a normal part of school provision, which is integrated into the school community

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7 http://wales.gov.uk/newsroom/educationandskills/2004/4024518/?lang=en

8 Full report can be obtained at http://www.bacp.co.uk/research/School_Counselling.php

5. be monitored and evaluated by individuals or an agency (in or out of the school) with experience in this specialised area of work

6. pay due regard to current legislation and guidance, and offer confidentiality within usual ethical and safeguarding limits

7. respond flexibly to local needs in respect of diversity (e.g. language) and practicality (e.g. available during holiday periods)

8. work with and alongside other services and agencies in a collegial manner, whilst maintaining appropriate levels of confidentiality

9. employ counsellors who are members of a professional body and as such have an established ethical framework and complaints procedure

10. employ counsellors whose personal qualities will mean that they are approachable, have good listening skills and a manner that encourages a climate for safe and trusting relationships.

The content of the research tools used throughout the evaluation, and described in Chapter 2, have been informed by these 10 recommendations.

In April 2008, the Welsh Government published the *National Strategy for School-based Counselling Services*[9] which was informed by the Pattison et al. (2007) report. The document set out the Welsh Government's commitment that all school pupils in Wales should be able to access counselling services. It is also one of the key actions set out in the *National Service Framework for Children, Young People and Maternity Services in Wales*.[10]

The Strategy aims to ensure that counselling services are available in all Welsh secondary schools. It has also established pilot services in primary schools in four local authorities. One of the actions in the Welsh Government's *National Strategy for School-based Counselling Services in Wales* was to develop standards and guidance for counsellors and counselling services. A *Toolkit*[11] was developed as an action of the school-based counselling strategy, giving guidance to schools and local authorities on how to set up and monitor counselling services. This document advised on the collection of routine service and client data using standardised questionnaires to facilitate the evaluation of school-based counselling.

The Welsh Government made available initial funding of £1m in 2008-09, £2.5m in 2009-10 and £3m in 2010-11 to take forward the Strategy. The Welsh Government have

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9 http://wales.gov.uk/topics/educationandskills/publications/guidance/counsellingservicesstrategy/?lang=en

10 http://www.wales.nhs.uk/sites3/home.cfm?OrgID=441

11 School-based Counselling Operating Toolkit: http://wales.gov.uk/topics/educationandskills/schoolshome/wellbeing/schoolcounselling/counsellingtoolkit/?lang=en

provided an additional £1.5m for 2010-11 to expand services across all secondary schools, extend the Strategy into school year 6, special schools, pupil referral units and specifically to ensure inclusion of children and young people with Additional Learning Needs.

Currently all secondary schools in Wales provide a counselling service. There has been a national programme of child protection training and there is a further government commitment of funding of £14.25 million for school-based counselling until 2014. In addition to the school-based counselling service, three local authorities have also bought in access to an online counselling service for young people. Young people were informed about the online service through schools and recommendations from CAMHS and social workers, and GPs. Young people contacted the website directly, where they were able to access counselling and other forms of online support such as drop-in and advice work.

1.2. The Nature of School-based Counselling across the UK

School-based counselling, as developed and delivered in the Strategy, can be described as a skilled way of helping young people with personal and developmental issues and difficulties. It is provided by professional practitioners and aims to give young people opportunities to:

- discuss difficulties in a confidential and non-judgemental atmosphere
- explore the nature of their difficulties
- increase their self-awareness
- develop a better understanding of their difficulties
- develop the personal resources needed to manage their difficulties
- develop strategies to cope with change.

The Strategy has aspired to deliver universal access to qualified counsellors in all Welsh secondary schools. Depending upon the service delivery model, most Welsh secondary schools have at least one qualified counsellor working on a part-time basis available on site, in addition many LAs have outreach counselling services available for young people who are not in education or who prefer to attend counselling away from the school premises. Counsellors and schools try to provide an emotionally safe environment for young people to talk, and as such aspire to work within the school premises in private, dedicated rooms which are accessible for students.

School-based counsellors aim to work alongside school staff and other agencies to provide a service which complements the many other interventions in school that support

and promote young people's emotional health and wellbeing. Counselling is generally seen as a confidential service, but the usual safeguarding limits apply and, moreover, school counsellors generally find that they can maintain a relationship of trust and privacy with a young person whilst at the same time forging useful and effective working relationships with other colleagues – to the benefit of that young person.

Young people who access school-based counselling usually do so within the school day, missing one school lesson per week. Counsellors usually work with the young person and school staff to ensure that the same area of the curriculum is not missed regularly. Data show that most clients access counselling for an average of around four to six sessions (see Literature Review, page 32), though some young people may return for another period of counselling at a later time should they feel that would be helpful.

Qualified counsellors in schools will generally work with young people who ask directly for support (self-refer), and they will also take requests for their services (referrals) from school staff, other agencies, and parents. However, counselling is seen as a voluntary activity, and it is not expected in Welsh schools that students are 'sent' for counselling.

1.3. The Evaluation

In 2010, a research team led by BACP and the University of Strathclyde – in collaboration with colleagues from Ipsos MORI, the University of Newport, and the University of Newcastle – were commissioned to undertake a two-stage evaluation of the Strategy. Following consultation with the school-based counselling steering group, the stage one report[12] was published in July 2011, and provided a preliminary evaluation of several key elements of the Strategy. This final report presents a comprehensive evaluation of the Strategy from its inception, and is a definitive document that encompasses, and supplants, the previous report.

The report is divided into eight main sections. Following an Executive Summary and introduction to the background and context of the report, it then goes on to discuss the nine research methods used to evaluate the Strategy, as implemented in *secondary* schools across Wales:

- Literature review
- Desk research
- Client demographic data analysis

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12 http://wales.gov.uk/about/aboutresearch/social/latestresearch/schoolcounselling/;jsessionid=pkv7TfTcS1G0GVQXVynSDG1nfQTLBJcQ7fpMn5yBpxQv1PwXP75L!
-1123340228?lang=en

- Therapeutic outcomes evaluation
- Client experience questionnaire
- Counsellors' survey
- Head/link teachers' survey
- Local Authority (LA) Leads' survey
- Case studies of four LAs.

The following chapter then provides a review of previous evidence on counselling in UK secondary schools, with the subsequent chapter, the bulk of the report, presenting the findings from the desk research and field work.

Chapter 5 presents an evaluation of the *primary* pilots, drawing on data from desk research, surveys of LA Leads and head teachers, psychological outcome, and a cost analysis.

The penultimate part of the report draws together the findings, and discusses their meaning in relation to three key questions:

- Have stakeholders been satisfied with the Strategy and the counselling services that it has established or developed?
- To what extent were the 10 key recommendations for the development of school-based counselling services implemented?
- What was the effect and impact of the counselling on the young people using the service?

Finally, the report concludes with a series of recommendations for the future of school-based counselling in Wales.

1.3.1.   *Aims.*

To summarise, the aims of this evaluation report are:

- To describe the implementation and delivery of the Strategy, the school-based counselling services, and the characteristics of the service users
- To assess stakeholders' overall levels of satisfaction with the Strategy and its school-based counselling services
- To evaluate the extent to which the Strategy achieved the implementation of 10 key recommendations for its development
- To examine the impact of the Strategy and its school-based counselling services on

the levels of psychological distress of its clients

- To make recommendations for the future of school-based counselling in Wales.

2. Methods

This chapter introduces the nine methods used in this project to evaluate the Strategy, as established in the secondary school sector. A more limited number of these methods were used to evaluate the primary pilots (see Chapter 5). All procedures were granted ethical approval through Wales Research Ethics Committee Survey Approval Team.

2.1. Literature Review

To provide a context, and set of benchmarks, for the present evaluation, this chapter reviews what is known, to date, about school-based counselling in the UK. Findings for the initial sections come from a 2009 review of all available audit and evaluation data from secondary school-based counselling services in the UK (Cooper 2009). This covers data from approximately 10,830 clients from 30 audit and/or evaluation datasets.

2.2. Desk Research

The Evaluation Team thematically analysed[13] the following documentation, from the period 2008 to 2010, from each of the 22 Welsh Local Authorities[14]:

- annual reports
- grant letters
- spending proposals
- minutes of meetings from the Steering Groups, Consortia Groups and the All Wales Group for school-based counselling in Wales.

Documentation was provided to the Evaluation Team by the Coordinator for School-based Counselling in Wales.

2.3. Client demographic data analysis

Composite information on clients' demographic details, and the ways in which they used the counselling services, was available on all 11,043 episodes[15] of counselling across the six-term period, Summer 2008-09 to Spring 2010-11.

 Data were recorded by the counsellor, at the endpoint for each episode of counselling,

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13 Thematic analysis is a means of analysing qualitative (language-based, non-numerical) data, in which similarities are identified across sources and grouped together to produce a coherent account of the data.

14 All local authorities have been numerated for anonymity throughout the report.

15 An episode of counselling is defined as a complete series of sessions undertaken by a service user. A session of counselling is normally of approximately one hour's duration. These are normally held on a weekly or fortnightly basis.

using the Client Record Sheet (see Appendix 1), and submitted for compilation by the manager of the LA counselling service. This was then submitted to the Strategy coordinator, and forwarded on to the Evaluation Team for analysis.

The Client Record Sheet recorded information on clients:

- gender
- ethnicity
- school year
- form of referral
- sexual orientation
- looked after status
- SEN/disability status
- preferred language
- religion
- number of episodes attended
- number of sessions attended
- numbers of missed sessions/young people missing sessions
- presenting issue
- predominant issue
- onward referrals.

In addition, to explore the under- or over-representation of clients from particular groups, we obtained data on Welsh norms from the Schools Survey (2011) *Provisional Results for Wales*, published by the Welsh Government.[16]

2.3.1. Cost Analysis

Cost information was available for each Local Authority across three school terms (Summer 2009-10, Autumn, 2010-11, and Spring, 2010-11, Appendix 15) in relation to the cost per client and the cost per session. Cost per client and cost per session information was provided by the Welsh Government and was calculated by dividing the total grant provided to each Local Authority by the number of young people who had accessed the counselling services and by the total number of sessions provided within the relevant time periods.[17]

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16 Schools Survey (2011) Provisional Results for Wales, Welsh Government http://wales.gov.uk/topics/statistics/headlines/schools2011/110706/?lang=en

17 Note: Various factors were not taken into account when calculating 'cost per session' and 'cost per young person'; these are discussed further in section 4.2.15.

2.4. Therapeutic Outcomes Evaluation

Data for the evaluation of therapeutic outcomes was provided to the Evaluation Team by the Local Authorities for three separate time periods: 2009-10 academic year, 2010-11 Autumn term and 2010-11 Spring term. Data were provided either in raw[18] or summary form.[19] The Evaluation Team did not have access to the individual evaluation forms. Only data from episodes of counselling in which young people had attended for two or more sessions were used, in order for a comparison between baseline (i.e. at start of counselling) and endpoint (i.e. at end of counselling) to be made.

All local authorities used either the YP-CORE or SDQ measure (see 2.4.1). Data that were able to be analysed were available from 10 LAs for the 2009-10 academic year (45.5%), from 15 LAs for term one of 2010-11 (68.2%), and from 17 LAs for term two of the 2010-11 academic year (77.3%). This gave 42 individual datasets.

In total, data were available on 3,613 episodes of counselling (33.0% of all episodes across the six academic terms). In addition, outcome data were available from 23 of the young people who had used the online counselling service (0.95% of all those using this service over the lifespan of the project), with an average of seven sessions per online client – though much of this work was incomplete. Data were only collected for online users who were 14 years or older and with four or more sessions.

The response rates for the individual datasets were calculated by dividing the number of pairs of baseline and endpoint scores (i.e. episodes for which data were available) by the number of episodes of counselling for which the client had attended two or more sessions (i.e. episodes for which data *should have* been available). This figure could be calculated from 26 of the 42 datasets, and ranged from 14.6% to 100%, with a mean response rate of 76.3% and a median of 83.4%.

2.4.1. Measures.

The Toolkit identified two principal measures that LAs could use for outcome evaluation: The Young Person's CORE (YP-CORE, Appendix 2) and the Strengths and Difficulties Questionnaire (SDQ, Appendices 3a and 3b). These are the two measures most frequently used for the evaluation of counselling with young people (Cooper 2009). Of the 22 Local Authorities, 14 LAs chose to use the Young Person's CORE (YP-CORE) (33 datasets), and four chose the Strength and Difficulties Questionnaire (SDQ) (9 datasets).

Typically, young people were invited to complete a *baseline* form in the first session of

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18 Baseline and endpoint scores for each client within the LA for that time period.

19 Means, standard deviations, and numbers of participants who attended one or more sessions (i.e. for whom pairs of baseline and endpoint data should be available)

counselling, with an *endpoint* form completed at a final session. In addition, to ensure that baseline and endpoint data were available for all clients, counsellors were encouraged to invite young people to complete these evaluation forms at every session. This meant that endpoint data would be available for all young people, including those that might drop out of counselling without a planned ending.

YP-CORE.

The Young Person's CORE form (YP-CORE), is a 10-item measure of psychological difficulties for young people aged 11–16 (Twigg et al., 2009). It was adapted from the CORE-OM ('Clinical Outcomes in Routine Evaluation – Outcome Measure', Barkham et al., 2001), and is the third revision of this measure (previous versions being a 14-item 'Teen-CORE' and an 18-item 'Young People's CORE v.1', Twigg et al., 2009). The measure asks young people to rate how they have been feeling, in reference to specific items, over the past week, on a five-point scale (0 = *Not at all*, 4 = *Most or all of the time*). Examples of items on the measures are 'I've felt edgy or nervous' and 'I've felt able to cope when things go wrong' (reversed item). Ratings are averaged and then multiplied by 10, to give an overall score from 0 to 40, with higher scores indicating higher levels of psychological distress. For the purposes of the present study, YP-CORE forms were considered acceptable if eight or more items had been completed. The YP-CORE measure has been shown to be acceptable to young people, with good *inter-item reliability*[20] – consistent across gender and age groups (Twigg et al., 2009). It is the most widely used measure in school-based counselling services within the UK (Cooper, 2009).

Strengths and Difficulties Questionnaire.

The self-report Strengths and Difficulties Questionnaire (SDQ) is a widely used and well-validated brief behavioural screening instrument for children and young people (aged 11 to 16), that can also be used to evaluate the efficacy of specific interventions (Goodman, 2001). Young people are asked to rate 25 items according to how they had been feeling over the past six months (at assessment) and past month (at follow-up). For the purposes of the present evaluation, we used only the Total Difficulties scores: the principal outcome measure for the tool, calculated by combining the scores for all the SDQ distress-related items.

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20 Cronbach's α = 0.85. *Inter-item reliability* is a key characteristic of a good psychological measure, indicating that all items are assessing the same underlying variable.

2.4.2.   Design.

The current evaluation, based in a naturalistic setting, adopts a *cohort* design. This assesses change in young people attending counselling from baseline to endpoint. Compared with the 'gold standard' of evaluation research, the *randomised controlled trial* (RCT) – where changes in a treatment group are compared to changes in a similar no-treatment group over the same time span – the present design gives a lower degree of certainty that the intervention has caused the improvement. This is because the use of a no-treatment group allows researchers to compare against natural changes over time. However an RCT involves a high degree of experimental manipulation, is extremely costly, raises a wide range of complex ethical issues, and would not be feasible in the present context, where all young people are expected to receive counselling as soon as is possible. Moreover, a cohort design allows for the collection of a much larger body of outcome data, from practices that are representative of routine practice, and allows benchmarks to be established against which services can evaluate their effectiveness.

2.4.3.   Analysis.

To assess the extent to which counselling is associated with reductions in levels of psychological distress, we first compared average baseline levels of psychological distress against average levels of endpoint distress for each of the datasets. Second, we looked at overall changes in psychological distress by averaging across datasets, and for each of the measures separately. Third, we conducted a *meta-analysis* (Lipsey and Wilson, 2001). This is a more sophisticated method of statistical analysis which can combine data from a range of sources, taking into account the relative size and reliability of each dataset (*weighting*), to give an overall indication of effect (see Literature Review, p. 38). This is then described in terms of an *effect size* (Lipsey and Wilson, 2001): a statistic indicating the magnitude of change associated with a particular factor. For the present study, the effect size used is called the *standardised mean gain*, which is the amount of change from baseline to endpoint divided by the amount of 'background' variation (the pooled *standard deviation)* at both these time points.[21] Within the social science field, effect sizes of 0.2, 0.5, and 0.8 for this statistic are considered *small*, *moderate,* and *large*, respectively. The meta-analysis for this evaluation was conducted using the statistical software programme *Comprehensive*

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21 The initial meta-analysis was conducted using a fixed effects model, which assumes that the average effect of school-based counselling will be consistent across conditions, with variation due to random error factors alone.

Meta-Analysis.[22]

2.5. Client Experience Questionnaire

To explore clients' subjective experiences, and perceptions, of the counselling service, LAs were invited to utilise a *Post-Counselling Evaluation Questionnaire* (PCEQ, see Appendix 4). This was generally completed by clients in their final session of counselling, and asked them to respond to 16 scaled items (from *Strongly Agree* to *Strongly Disagree*), exploring their thoughts and feelings about the counselling service, as well as its impact on their behaviour. Example items are, 'I was able to talk about my feelings and thoughts with my counsellor', 'I would recommend counselling to my friends', 'I feel more positive since going to counselling'.

In addition, clients were asked a series of open-ended questions, such as 'What were the best things about counselling?' and 'Are there things that could have been different in your counselling?'

The Post-Counselling Evaluation Questionnaire (or an edited-down version of it, as determined by the LA) was completed by clients in three LAs for the 2009-10 academic year, and by clients in six LAs in terms one and two of the 2010-11 academic year. Numbers of episodes of counselling for which responses to the scaled items were available ranged from 631 to 520. This is between 5.9% and 4.9% of the total episodes of counselling; or 9.3% and 7.7% of the total numbers of episodes of counselling (n = 6,771) in those LAs during the time periods in which the form was used.

The principal data provided to the Evaluation Team were the numerical responses to the scaled items. However, qualitative data were also available from three LAs for each of the three time periods, and a brief thematic analysis was conducted on this material. Four LAs also developed their own client experience evaluation tools. However, because data from these tools could not be combined, it was not further evaluated.

Results for the scaled items for this and other surveys are primarily presented in terms of *net agreement*. This is the percentage of respondents either agreeing or strongly agreeing with this item, minus the percentage that disagree or strongly disagree.

In addition, the providers of the online counselling service, Kooth, submitted quotes from users of their service.

Given the low response rate for the client experience data, findings from this part of the evaluation must be treated with particular caution. In addition, it should be noted that strongly positive responses to 'satisfaction surveys' are not uncommon (McLeod, 2003);

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22 To accurately conduct these calculations, it is necessary to know the correlation between baseline and endpoint scores. For 11 of the 42 datasets (26.2%), this data were not available. As recommended in the literature (Lipsey and Wilson 2001), we therefore used estimates of the correlations from related data: baseline-endpoint correlations from the same LA if available and, if not, the overall mean baseline-endpoint correlation of 0.46.

and this may particularly be the case where response rates are low, with satisfied clients much more strongly represented than unsatisfied ones.

2.6. Counsellors' Survey

A survey of all school counsellors was conducted using a self-completed paper-based questionnaire (see Appendix 5). This aimed to measure perceptions of the implementation of the Strategy, including attitudes towards networking arrangements, coordination, training provision and CPD. School counsellors were also asked open-ended questions about the strengths and weaknesses of the school-based counselling strategy in Wales and to provide any recommendations they may have that could improve the service. These qualitative data were analysed thematically.

The survey was conducted at a meeting of all counsellors participating in the Welsh schools counselling strategy in September 2010. The instrument was piloted on members of staff working within BACP who were not connected with the evaluation but who had knowledge of counselling.

A total of 106 school counsellors (80% of all counsellors working in the Strategy) completed a paper-based questionnaire, eliciting information on the service in which they work and their attitudes to the Strategy. Information regarding gender, age, ethnicity, nationality and therapeutic orientation of participants can be seen in Table 1.

Table 1. Demographic information collected from school counsellors in Wales

	Frequency	Percentage
Gender		
Female	89	84.0
Male	15	14.1
Missing Data	2	1.9
Age		
18 – 29	10	9.4
30 – 39	30	28.3
40 – 49	45	42.5
50 – 59	15	14.1
60 – 69	4	3.8
Missing Data	2	1.9
Ethnicity		
White British	94	88.7
BME	3	2.8
Highest level of counselling qualification		
Doctorate	1	0.9
Masters	17	16.0
Postgraduate Diploma	60	56.6
Undergraduate diploma	15	14.2
Further Education Diploma	6	5.7
Other (e.g. undergraduate degree)	7	6.6
Profession and training		
Member of a professional body	91	85.8
Member of BACP	82	77.4
Prior experience of working with children and young people	99	93.4
Relevant training in working with children and young people	84	79.2
Therapeutic orientation		
Humanistic/Person-centred[23]	27	25.5
CBT[24]	6	5.7
Psychodynamic[25]	1	0.9
Integrative[26]	62	58.5
Other	9	8.5
Missing data	1	0.9

Source: School counsellor survey

Table 1 indicates that the majority of school counsellors in Wales are female, White and vary considerably in terms of the therapeutic orientation to which they adhere.

2.7. Head/Link Teachers' Survey

To capture a good overview of the strategy implementation at a school level a survey of senior school management was carried out. Link teachers in each school, who hold responsibility for school-based counselling, were contacted and asked to participate in a ten minute telephone interview using a structured protocol (see Appendix 6). In cases

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23 Relatively non-directive, with an emphasis on supporting clients to express their feelings and thoughts in an empathic and prizing environment.

24 Relatively directive, encouraging clients to change their thoughts and challenge core beliefs. Behavioural techniques such as relaxation exercises are often used.

25 Stresses the importance of the unconscious and past experience in shaping current behaviour.

26 Incorporates several distinct models of counselling and psychotherapy.

where link teachers were not available, head teachers were interviewed as an alternative (for the purposes of this report, we will use the term *link teacher* throughout to refer to participants in this survey). A telephone survey was used for this group of stakeholders as the sample was small enough to survey the whole group. Experience indicates that school leaders are unlikely to respond to postal self-completion questionnaires personally and tend to pass them on to other staff to complete on their behalf. In addition, response rates to self-completion surveys in schools can be rather low, leading to large non-response bias and limiting the scope for sub-group analysis. The telephone questionnaire was piloted on four link teachers, who were then not re-contacted to take part in the full survey.

In total, 158 link teachers took part in the survey: two-thirds of those who were contacted. The role of the respondents is presented in Table 2.

Table 2. Participant by level of seniority

Role in School	Number	Percentage (%)
Head teacher/principal	19	12.0
Deputy or assistant head teacher	83	52.5
Other senior management or leadership team	42	26.6
Classroom or subject teacher/lecturer	1	0.6
Pastoral manager/care/support	3	1.9
Other	10	6.4
Total	158	100

Source: Head/link teacher telephone survey

2.8. Local Authority Leads' Survey

Local Authority Leads and service managers for the counselling service are an important stakeholder group whose opinions on the school counselling strategy have not been captured elsewhere in the evaluation. Therefore a paper-based questionnaire was devised to capture information on Local Authority Leads' (and, where not available, service managers') opinions and perceptions of the Strategy. This could also facilitate comparisons with the other groups surveyed (see Appendix 7). The questionnaire was derived from those already used in the school counsellor and link teacher surveys, similarly consisting of five areas of enquiry: details about counselling services; views on school counselling; relationships with other services; strengths and weaknesses of the strategy; and recommendations for the future.

This questionnaire was administered face to face at a meeting of Local Authority Leads and service managers in November 2010. Those who were not in attendance at the meeting were sent electronic versions of the questionnaire. This survey was piloted on two

LA Leads; the responses of which were included in the sample as no amendments were made to the questionnaire following piloting.

A total of 25 questionnaires were completed and returned to the Evaluation Team, indicating a response rate of 83%. Of the respondents, 52% were LA Leads for the school counselling strategy, 40% indicated that their role was a service manager, and a further 8% indicated their role to be 'other'.

2.9. Case Studies

Interviews were carried out with school staff, parents, service users (i.e. students who have attended counselling) and student focus groups in four secondary schools (Table 3). Each student focus group was either the school student council or a mixed ability group,[27] and current and ex-service users were not excluded from the student focus groups. Schools were first contacted via letter and permission to undertake the interviews granted by the head teacher. All participants were provided with letters regarding the nature of the interviews and consented to participate. The content of interviews remained confidential and was protected using encrypted data storage devices. All data were anonymised and stored separately from the consent forms.

Table 3. Numbers of individual and focus group interviews by case study school

	School 1	School 2	School 3	School 4	Total
School staff	4	3	6	6	19
Parents	3	2	4	1	10
Service users	4	6	5	5	20
Students: focus groups	2 groups	1 group	2 groups	2 groups	7 groups

Source: Case studies

The schools were selected to ensure variation on some key dimensions (Table 4) but can best be regarded as individual case studies as they are not necessarily representative of Welsh secondary schools.

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27 'Mixed ability group' refers to a group of students specifically selected by school staff to be representative of a range of abilities. This group was selected in addition to the student council as the student council may not be representative of the student body.

Table 4. Characteristics of case study schools

	Geographical area	Urban/rural	Language medium	Faith/non-faith
School 1	North Wales	rural	Welsh	non-faith
School 2	North Wales	urban	English	faith
School 3	South Wales	urban/rural	English	non-faith
School 4	South Wales	semi-rural	English	non-faith

Source: Case studies

Interview questions were developed for each group to capture information on satisfaction, awareness, strengths and weaknesses, impact (on achievement and ability to learn), contribution to other policies (e.g. healthy schools), access, and referral. Interview schedules can be seen in Appendices 8 to 11.

The interview data were subject to a systematic analysis of content. Responses were categorised by question and then organised into summary tables by question and by respondent group. Themes were extracted and are presented in narrative form.

The data analysis was conducted by two analysts, working independently, to enhance validity through triangulation. The two analysts initially worked together to ensure a standard process was used when analysing interviews from each participant group. The data analysis was cross-checked between analysts at points during the analysis process, and on completion of the first-stage analysis a further triangulation was conducted on two example interviews from each participant group. No significant differences were identified between the findings of the two analysts, allowing confidence in the robustness of the analysis process.

Data are presented in three parts:

- anonymised case study summaries of each participating school
- narrative responses to the key questions addressed by the evaluation study
- a summary of key points.

The findings are illustrated by quotations from the case study participants.

3. Literature Review

What is known, so far, about school-based counselling in the UK? To provide a context, and set of benchmarks, for the present evaluation, this chapter reviews what is known, to date, about school-based counselling in the UK. Findings for the initial sections come from a 2009 review of all available audit and evaluation data from secondary school-based counselling services in the UK (Cooper, 2009). This covers data from approximately 10,830 clients from 30 audit and/or evaluation datasets.

Literature Review: Key Findings

- Young people attending school-based counselling services in the UK are typically referred by school pastoral staff
- The most common presenting issues are family-related, followed by anger, school-related difficulties and bereavements
- The levels of young people's initial distress when attending school-based counselling services are similar to those recorded at Child and Adolescent Mental Health Services (CAMHS)
- On average, around 60% of clients of school-based counselling are female and, typically, from the middle school years
- Clients attend for an average of approximately six sessions, with attendance rates of around 80%
- School-based counselling is associated with large and significant reductions in psychological distress
- School-based counselling is consistently rated positively by a range of stakeholder groups and viewed as a non-stigmatising, easily accessible form of early intervention
- Evidence is limited on the process, or outcomes of counselling in primary schools.

3.1. Client Data

3.1.1.   Session and episode data.

Based on a review of 30 audit and evaluation studies, Cooper (2009) found that clients of school-based counselling, across the UK, attended for an average of 6.35 sessions. However, the majority attended for less than this number, with the overall average pushed upwards by a small number having ten or more sessions. The mean attendance rate was 81.2%.

3.1.2.   Source of referral.

Clients were almost three times more likely to be referred by pastoral care/guidance teachers than by any other source, such as parents or by themselves. Pastoral care/guidance teachers were involved in around two-thirds of all referrals. This compares with around 30% for 'other teachers' or 'teachers' in general. In around 20% of cases, clients had come to counselling partly, or wholly, through self-referral; with parents involved in around 5% of referrals.[28]

3.1.3.   Gender.

Averaged across all 30 studies, the mean ratio of female to male clients was 56.3% to 43.7%. In 87% of the studies, more females attended the service than males.

3.1.4.   Age and school year.

The mean age of clients was 13.86. The most common[29] age for clients across these studies was 14. The most common modal school year for the UK schools (excepting Scotland, which has a different school year system) was Year 9.

3.1.5.   Ethnicity.

Data on the ethnic background of clients was available from just a small number of studies. This indicated that, on average, 3.02% of clients were from Black or Minority Ethnic (BME) backgrounds (*SD* = 1.43). One study, comparing the proportion of BME clients against percentages of BME young people across the schools as a whole, found that BME young people were under-represented in those attending counselling.

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28 Total is greater than 100% as some clients may have had more than one source of referral.

29 This is the 'modal' frequency, or 'mode'. The most common response.

3.1.6. Presenting and developing issues.

The most frequent presenting issue, by a factor of almost two, was family issues. This was followed by anger, school/academic issues, 'behaviour' (including crime), and relationships in general/non-family relational issues. Males were significantly more likely to present with anger issues and females were significantly more likely to present with self-harm. Issues that were actually discussed during counselling did not differ significantly from those initially presented.

3.1.7. Severity of problems.

On average, young people came to school-based counselling services with levels of psychological distress that were similar to those attending Child and Adolescent Mental Health Services (CAMHS).[30] Around a third of young people, at commencement of counselling, were experiencing *abnormal* levels of psychological difficulties (as defined by a score of 20 or more on the Total Difficulties scale of the SDQ), with a further third at a *borderline* level of difficulties (Total Difficulties score of 16 to 19).

3.1.8. Other demographic characteristics.

From previous audit and evaluation studies of school-based counselling (see Cooper 2009), little information is available on the following client characteristics: sexuality, religion, special educational needs, disabilities, and whether or not young people are looked after. The present evaluation, therefore, audits these characteristics for the first time. In addition, this is the first evaluation study that provides a detail auditing of onward referrals to other services; and considers costs of sessions.

3.2. Therapeutic Outcomes

In the most recent review of international studies of the effectiveness of school-based psychotherapy,[31] Baskin and colleagues (Baskin et al., 2010) found that these interventions brought about significant improvements in wellbeing, with a moderate overall effect.[32] The interventions reviewed by Baskin et al., however, were primarily of a cognitive-behavioural (CBT) nature: a family of relatively structured and directive therapeutic interventions that aim to produce change by directly influencing a client's

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30 Average SDQ Total Difficulties score for young people attending counselling was 16.87. This compares with a mean of 10.3 for a non-clinical population (SDQ, 2009); and a mean for a clinical population (from a child and adolescent mental health [CAMHS] clinic near London) of 18.6 (Goodman, Meltzer and Bailey, 1998).

31 The terms 'counselling' and 'psychotherapy' are used here interchangeably.

32 The standardised mean difference (Cohen's *d*) between interventions and control groups was 0.45 (95% confidence interval: 0.37 – 0.53). This moderate effect size (ES) is towards the lower end of the overall ESs found in meta-analyses of therapeutic interventions for children and young people, which are in the range of 0.45 to 0.7 (Kazdin 2004; Weisz, Weiss, Han, Granger and Morton, 1995).

thinking or actions. This contrasts with the more humanistic or integrative orientation of counsellors in the present evaluation (see Table 1, p. 34), where practice tends to be less directive, and more orientated towards providing a supportive environment in which clients can explore their experiences, feelings and thoughts in their own way.

More relevant findings come from Cooper's (2009) review of counselling outcomes in UK secondary schools. Across all 16 of the 30 school-based counselling datasets for which outcomes could be established (Cooper, 2009), counselling was associated with significant reductions in levels of psychological distress. The mean *effect size*[33] was 0.81,[34] indicating that clients experienced *large* reductions in psychological distress from the start to the end of counselling.

Outcomes of school-based counselling were independent of the orientation of counselling services, mean age of participants, mean number of sessions offered/attended, or percentage of male/female participants. However, two factors did influence the amount of change identified in the datasets. First, the effect size was greater for studies that used the *YP-CORE* family of measures as compared with the Strengths and Difficulties Questionnaire (SDQ) (see Methods, p. 27). Second, the effect size was greater for studies that had lower response rates – suggesting that clients who did not complete endpoint forms may have had lower levels of improvement.

Across the six studies in which data were available, SDQ clinical thresholds indicated that, from baseline to endpoint, an average of 45.7% of clients moved from abnormal or borderline levels of Total Difficulties to 'normal' levels.

While Cooper's (2009) review has established that school-based counselling is *associated* with reductions in psychological distress, it cannot be inferred from this that it *causes* these reductions. This is because other factors, over time, may have been responsible for the reductions in psychological distress: for instance, maturation or general improvements following a period of difficulties. For this reason, to fully establish that school-based counselling leads to reductions in psychological distress, it is necessary to compare changes in a group of young people who receive school-based counselling with an equivalent group of young people who do not receive school-based counselling. Such a study is termed a *randomised controlled trial* (RCT).

Little RCT evidence is currently available to support the practice of school-based

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33 An *effect size* is a family of statistics used within the social sciences to indicate the size of an effect. For the Cooper (2009) study, as with the present study, the specific effect size statistic used was the 'standardised mean gain score' (Lipsey and Wilson, 2001), similar to *Cohen's d*, which is the difference between baseline and endpoint counselling scores divided by the spread of the scores (the standard deviation). Within the social sciences, a Cohen's *d* of 0.2 is considered *small*, 0.5 is considered *medium*, and 0.8 is considered large (0.2 = small, 0.5 = medium, 0.8 = large, Cohen 1988).

34 Weighted effect size (i.e. taking the sample size and reliability of each dataset into account); 95% confidence interval: 0.76 – 0.86. Unweighted mean effect size was 1.00.

counselling, as generally practised in the UK. However, two recent small-scales studies (Cooper et al., 2010; McArthur, Cooper and Berdondini, 2011) have suggested that young people who attend counselling may achieve greater reductions in their levels of psychological distress than those who are allocated to a waiting list condition. On the YP-CORE measure, the combined effect size[35] for counselling against waiting list was 0.51 at six weeks, and 1.17 at 12 weeks. On the SDQ measure the effect size for counselling against waiting list was 0.42 at six weeks, and 0.79 at 12 weeks. Differences on both measures at 12 weeks indicated that young people in counselling had improved significantly more than those in waiting list conditions.

Data from the waiting list conditions in these studies also provide some preliminary benchmarks for the kinds of changes in psychological distress that might be expected for young people who are typical of those attending counselling, but who *do not* receive this intervention. This is presented as the dashed line in Figure 1, which indicates the average reductions in psychological distress, as measured by the YP-CORE, that young people experienced across a six-week waiting list in the two RCTs above (Cooper et al., 2010; McArthur et al., 2011). This can then be compared against the changes in psychological distress that counselling clients experience; and the solid black line in Figure 1 presents averaged baseline and endpoint YP-CORE scores from around 2,000 clients in Cooper's (2009) review. Although these two groups are not directly equivalent,[36] and waiting list conditions are not equivalent to a complete absence of counselling,[37] this figure does suggest that young people participating in counselling may experience a greater reduction in psychological distress than a similarly distressed group of young people who are not receiving it.

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35 Standardised difference in means.

36 An inclusion criteria for the RCT participants, for instance, was that they had moderately high levels of emotional symptoms or above, as measured by the SDQ.

37 For instance, the assessment interviews may have had an ameliorative effect in themselves.

Figure 1. Changes in YP-CORE scores for waiting list and counselling participants
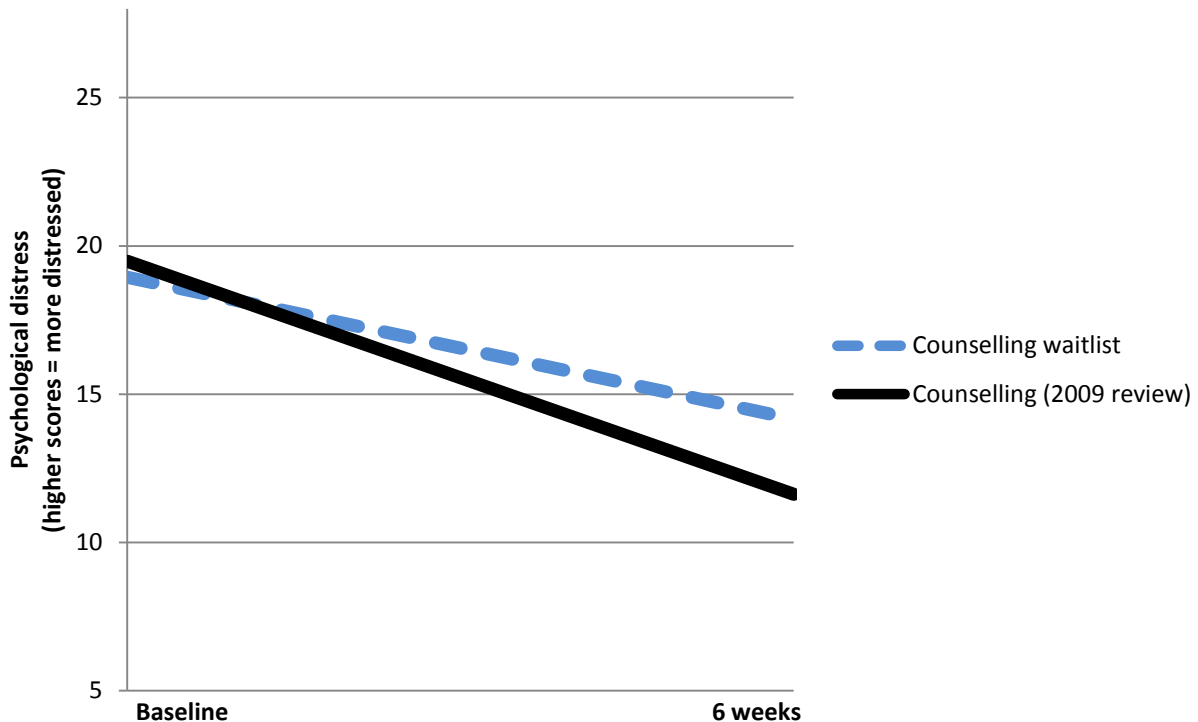
3.3. Client Experience

Across ten studies and approximately 370 clients (Cooper, 2009), eight out of ten respondents, on average, rated school-based counselling *moderately* or *very helpful*. Just under 3% of clients, on average, said that the counselling was *not at all helpful*.

Along similar lines, across eight studies for which data were available, around 50% of clients said that they were *very satisfied* with the counselling they received, and a further 40% said that they were *satisfied*. Only around 1%, on average, indicated that they were *dissatisfied* or *very dissatisfied*.

This overwhelmingly positive response was also evident in clients' qualitative descriptions of the experience of counselling. For instance: 'It really helped me. It's … it's really the best thing I've ever done'; 'Service is brilliant. I am glad I accepted the counselling. It has been a great help.'

3.3.1. Helpful processes.

In terms of what it was about school-based counselling that was experienced as helpful, data from 371 episodes of counselling (Cooper, 2009) indicated that, overall, the factor rated by clients as contributing most to the helpfulness of counselling was 'Talking to someone who would listen', with a mean rating of 2.56 on a 4-point scale (0 = *Not at all*, 1 =

A little, 2 = *Quite a lot*, 3 = *A lot*). This was followed by 'Getting things off your chest' (*M* = 2.39) and 'Confidentiality' (*M* = 2.38); with suggestion and advice also rated, on average, as quite helpful (*M* = 2.02).

Across 13 studies (Cooper, 2009), clients were given the opportunity – through post-counselling questionnaires and/or interviews – to provide open-ended responses to the question: Why do you think counselling was helpful? Again, the most frequently cited helpful factor was 'talking to someone and being listened to', with around 20% of respondents, on average, giving this response – over three times more frequent than any other helpful factor. Other helpful factors, in descending order of frequency, were: getting things off one's chest, problem-solving, guidance from the counsellor, insight, confidentiality, the independence of the counsellor, feeling understood, and feeling accepted.

3.3.2. *Unhelpful factors.*

In terms of perceived weaknesses, limitations or areas for improvement in school counselling, few issues have been identified (Cooper, 2009), with many participants indicating that there is nothing unhelpful. In a dataset from East Renfrewshire, for instance, only 3 out of 90 respondents identified particularly areas of dissatisfaction/for improvement (3.33%). However, across eight studies, five factors have emerged in more than one dataset. These were as follows, in descending order of prevalence: the counsellor should be more available, the counsellor should be more active/do more, the counselling service should be better publicised, confidentiality should not be broken, and it felt too painful to open up.

3.4. Stakeholders' Attitudes

Along with its clients, school-based counselling has a wide range of stakeholders – including teachers, parents, school pupils, head teachers, and Local Authority Leads – whose attitudes may be integral to its success. Little is known, however, about the attitudes and beliefs of many of these groups towards school-based counselling, with research primarily focusing on the views of teachers and pupils.

3.4.1. *Teachers.*

Overall helpfulness.

Previous research has indicated that school teachers are generally positive in their attitudes towards school-based counselling services (Cooper et al., 2005), though a small minority of

teachers do hold negative attitudes or strong reservations (Montgomery, 2003). Negative attitudes, however, tend to be most prevalent in schools which do not have a counselling service, suggesting that negative attitudes towards school counselling services may result from a lack of understanding of school-based counselling (Lang, 1999). When asked about their opinions, teachers from schools without counselling services raised issues around young people abusing the service in order to miss lessons, and there being a stigma attached to using school counselling services (Baginsky, 2003; Fox and Butler, 2003). In comparison, teachers from schools with counselling services scored a mean rating of 7.47 out of 10 on how important the counselling service was to the school (0 = *Not at all important,* 10 = *Essential*) (Cooper et al., 2005). When asked to provide further information on their attitudes, 13% of those in this study suggested school counselling was a much needed resource. There were, however, concerns raised about how the service would operate and the relationship between pastoral care and the counselling service.

Strengths.

When teachers have been asked what they see as the strengths of a school-based counselling service, the following factors have emerged (Cooper, 2009), in descending order of frequency:

- *Independence*: The neutrality of the counsellor – someone other than teachers or parents that a young person could talk to
- *Confidentiality*: The private nature of the counselling service
- *Accessibility*: That young people could be referred to the counselling service easily, and without long delays before being seen by the counsellor
- *Expertise*: The counsellor's specialised training in counselling (over and above that of pastoral care staff)
- *Time*: That the counsellor, in contrast to a pastoral care teacher, can spend extended amounts of time with a young person.

Weaknesses.

In terms of the perceived weaknesses, limitations or areas for development of school-based counselling services, teachers have identified the following issues, again in approximate descending order (Cooper, 2009):

- *Greater availability*: Counselling service' should be extended, with more counsellors and/or for more hours per week
- *Greater promotion*: Profile, and awareness of, counselling service in school should be raised
- *Better communication*: Counsellors should communicate more openly and effectively with pastoral care staff: for instance, more feedback on how young people are doing
- *Greater range of activities*: Counsellors should establish other therapeutic activities as well as one-to-one counselling with young people: for instance, anger management groups and counselling for parents.

3.4.2. Pupils.

Overall helpfulness.

Similarly, children and young people, from across a school population (i.e. not just those attending counselling), have been found to hold typically positive views of school-based counselling (Fox and Butler, 2007; Cooper, 2004). Fox and Butler (2007) surveyed the opinions of 415 secondary school pupils, across five schools. Despite the majority of those participating in the study having not accessed their school counselling service, high levels of awareness of the services were discerned, although this varied between schools. Additionally pupils stated that the availability of school counselling should be increased. For some pupils this was related to increasing accessibility, whereas for others it was related to having a choice of counsellor. In a survey of 457 pupils across three schools in Glasgow in which participants rated the importance of school counselling (0 = *Not at all important*, 10 = *Essential*), Cooper found a mean score of 6.08 and median score of 7, with females giving a significantly higher scoring than males (female mean = 6.59, male mean = 5.65). A more positive attitude was also associated with greater awareness of counselling ($r = 0.16$, $p < 0.01$), knowledge of counselling ($r = 0.23$, $p < 0.01$), and willingness to use the service ($r = 0.30$, $p < 0.01$). Across the 117 young people who had actually used the counselling service, the mean rating of the importance of the service increased to 8.64, with a median rating of 9.

3.5. Primary school counselling

In 2005 it was recorded that 10% of 5–16-year-old children in the UK have a diagnosable mental health disorder (Green et al., 2005), and emotional or behaviour issues in childhood have been associated with an increase in the rate of serious negative events and difficulties

two decades later (Champion, Goodall and Rutter, 1995). Much of the previous literature into school-based counselling has focused on secondary school children, however, with children as young as five experiencing emotional and behavioural difficulties, it is important to consider interventions suitable for primary school-aged children. The Place2Be reported on the effectiveness of a primary school-based therapeutic intervention (Lee, Tiley and White, 2009). The intervention consisted of individual counselling lasting for between one school term and one school year. The counsellors encouraged the child to play with toys and creative materials and to talk whenever they wished to speak about what was troubling them. Some children received the therapeutic intervention in a group format. This study reported on the results of 1864 children for which both baseline and endpoint Strengths and Difficulties Questionnaires (SDQ) were completed by either parents or teachers. Sixty-three percent of children showed improvements in teacher-rated Total Difficulties (effect size (*d*): 'individual' = 0.40, 'group' = 0.28) and 68% in parent-rated scores (effect size: 'individual' = 0.50, 'group' = 0.30). These results suggest counselling interventions targeted for primary school children can be effective in reducing distress in young children.

3.6. Summary

The current research literature on UK school-based counselling suggests that young people attending services are usually referred by school pastoral staff and the most common presenting issues are family related, followed by anger, school-related difficulties and bereavements. On average, around 60% of clients of school-based counselling are female and, typically, from the middle school years. Levels of initial distress for those attending school-based counselling services are broadly in line with those recorded at Child and Adolescent Mental Health Services (CAMHS). Clients attend for an average of approximately six sessions, with attendance rates of around 80%. Services are consistently rated positively by a range of stakeholder groups, including service users, and viewed as a non-stigmatising, easily accessible form of early intervention. The intervention is associated with large and significant reductions in psychological distress. In contrast with the literature on secondary schools, evidence on outcomes of counselling in primary schools is limited.

4. Findings

This section describes the results of the various strands of data collection, each in its own subsection. Key findings are highlighted in boxes at the beginning of each subsection to make this information easily accessible. There then follows a narrative discussion of the findings supported by relevant tables and figures. There is a brief summary at the end of each subsection.

4.1. Desk Research

Desk Research: Key Findings

- Schools have been enthusiastic and cooperative in implementing counselling services associated with the Welsh Strategy
- Some difficulties in recruiting Welsh-speaking counsellors have been noted.
- Self-referral has been actively encouraged by most local authorities (LAs)
- Counsellors were expected to be registered with a professional body such as BACP
- Training and Continuing Professional Development (CPD) for counsellors were actively promoted by all LAs
- There was some variability in service delivery models across LAs and in the methods of outcome data collection
- Future developments include the expansion of services and the enhancement of quality standards through accreditation processes.

A review and analysis of grant letters, annual reports, spending proposals and minutes of meetings in relation to the school-based counselling strategy across each of the 22 local authorities (LAs)[38] in Wales resulted in the following themes being identified.[39]

1. Problems in the implementation of the strategy
2. Examples of good practice
3. Models of service delivery.

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38 All local authorities have been numerated for anonymity throughout the report.

39 The Coordinator for School-Based Counselling (Sylvia Jones) provided the documents required. Documents were provided from the all 22 local authorities.

4.1.1. Implementation.

Generally, the set-up and implementation of services has been smoother and achieved in a shorter period of time where services were already in existence in one form or another. Local authorities setting up services from scratch, in some cases, experienced delays and difficulties in implementation due to commissioning and procurement processes.

In general, schools have been enthusiastic and cooperative in the implementation and set-up of services, with very few problems reported.

Some difficulties relating to the availability of Welsh-speaking counsellors have been noted, perhaps highlighting a training need. Although currently 21 of the 128 school counsellors are Welsh speaking this is no indication if they would be able to provide counselling in Welsh as that is dependent on their level of fluency with the Welsh language. There have also been difficulties with inter-agency and collaborative working in some of the rural areas due to distances expected to travel, but these have mostly been resolved.

Developing services which are inclusive and sensitive to the needs of diverse groups has also presented challenges. Providing services to young people in pupil referral units, special schools, and those educated out of school has raised issues relating to access. Similarly, it has been important to provide services which are culturally sensitive to young people who are lesbian, gay, bisexual, disabled and/or from ethnic minority groups. Examples of good practice include LA 9, which provides extended access to special schools, Pupil Referral Units, those educated out of school, FE colleges, city centre and community venues. LA 21 provides counselling to mainstream and special schools, including young people with challenging behaviour and emotional difficulties. Access is available for vulnerable young people up to the age of 25 years and those leaving care. There are other examples of good practice in providing out of hours and school holiday access and also transport where appropriate.

Across the LAs a range of counselling provisions have been established such as individual therapy, group therapy and online counselling through organisations such as Kooth.[40] This seems to represent well-thought-out and flexible ways of working.

4.1.2. Service delivery models.

There is some variability in service delivery models used across LAs (Table 5) although two particular models predominate. Nine services are using a *Centralised/in-house local authority provision model,* in which the counselling service employs and provides management and supervision to school-based counsellors, who then work as an integral

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40 https://www.kooth.com/index.php

part of each school's staff team. Nine services are also using a *Management-only model,* in which schools employ their own counsellor but this is supported by a management service that advises and provides consultative support. The management service (possibly based within the LA or another agency, but not the school) continues to provide specialist support including supervision, CPD, and monitoring. Individual schools may employ counsellors and the management service has a different employer.

Table 5. Information on models of service delivery used across Wales[41]

Service delivery model	LAs following this model
Centralised peripatetic local authority provision	3, 16, 20
Centralised/in-house local authority provision	2, 7, 8, 10, 11,15,19, 21, 22
In-school provision by external agency	3, 16
Cluster model	7, 11
Management-only model	1, 5, 6, 9, 12, 13, 14, 17,18

Source: Annual reports and spending proposals from each Local Authority

4.1.3. Outcome monitoring.

Significant variations exist in the approach to monitoring outcomes across different LAs, meaning that uniform outcome data is not universally available. One LA reported difficulties in identifying measurement tools which assess the effects of counselling on young people's ability to study and learn. However the measures YP-CORE and Goodman's SDQ have been quite widely used (see Methods, p. 27).

4.1.4. Self-referral.

LAs have sought to strike a balance between self-referral and referral by another party. Self-referral seems to be actively encouraged by most LAs.

4.1.5. Counsellors.

Some LAs have expressed concerns about pay structures and the retention of counsellors. It is clear that LAs have the expectation that all counsellors are registered with a professional body such as BACP, and are suitably qualified and experienced both in counselling and in working with young people. Training and Continuing Professional Development (CPD) are actively promoted by all LAs; and LAs 3 and 16, in partnership, fund BACP-accredited counselling diplomas in order to provide a suitably qualified

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41 An explanation of the different service models can be found in Pattison et al., (2007).

workforce. All LAs refer to ongoing supervision for counsellors, with some variation as to how this is implemented. Not all supervision is carried out by counselling supervisors; in some cases supervision is provided by educational psychologists, by Child and Adolescent Mental Health Services (CAMHS), or other forms of supervisory arrangements.

4.1.6.   Future developments.

The process of rolling out counselling provision beyond mainstream schooling to children and young people in special schools, pupil referral units, and in some cases elective home education or hospital provision is firmly embedded within LA strategies for the immediate future. Further integration of school-based counselling into the wider emotional health and wellbeing agenda is envisaged, supported by the work of multi-agency steering groups.

To reduce waiting lists, services are being expanded with the employment of additional counsellors (male, female and Welsh-speaking) and some LAs plan to make limited use of trainee counsellors. As a consequence, hours of availability are being expanded, in some cases to include summer holidays and the Christmas period. Referral pathways are being increased to include self-referral and drop-in facilities to be put in place. Accessibility is also being enhanced with the roll-out of online counselling.

The availability of training, both for counsellors and other schools staff, is being increased and in some LAs all counsellors are in the process of becoming accredited by BACP. There are also plans for services to be accredited by BACP and for increases to the numbers of clinical supervisors. Methods of publicising services are being enhanced to increase levels of awareness and there are also plans to extend the amount of consultation with young people over how services should be shaped. Services are also being extended to primary schools with a particular focus on Year 6 pupils about to undergo the transition to secondary school.

4.1.7.   Summary.

Desk research indicates variability in how quickly services have become established, depending on whether or not the school had a pre-existing counselling service. Schools have generally responded positively and with enthusiasm to the counselling strategy. Although some local difficulties have been encountered, LAs have on the whole taken a proactive approach to resolving issues. There are widespread examples of good practice including innovative approaches to providing services to culturally diverse and hard-to-reach groups of young people. Although most local authorities have developed systems for the monitoring of outcomes in school-based counselling services, there are

some inconsistencies in the collection of routine outcome data. Clear benchmarks have been established for the employment of counsellors and ensuring their work is of a high standard. The provision of good quality training also supports the availability of a well-qualified workforce. The wide variety of interventions which are available indicates that good attention has been given to the provision of services which are age sensitive ensuring that both primary and secondary pupils have access to appropriate therapy. Future developments include the expansion of services both within secondary schools and in other settings to increase accessibility. Quality standards are being enhanced through accreditation processes and the increased availability of appropriate training and supervision.

4.2. Client Data and Costs

Demographic data on service users and their usage of the counselling services were collected across the six-term period: Summer 2008-09 to Spring 2010-11. Data were recorded by the counsellor following each episode of counselling, and submitted to LAs for compilation. These were then submitted to the Strategy coordinator, and forwarded on to the Evaluation Team for analysis. In addition, to explore the under- or over-representation of clients from particular groups, we obtained data on Welsh norms from the Schools Survey (2011) *Provisional Results for Wales*, published by the Welsh Government.[42]

Client Data and Costs: Key Findings

- Clients who attended Welsh school-based counselling services were similar in demographic characteristics, and use of the service, to other clients of school-based counselling services in the UK:
    - Clients were primarily referred through school staff
    - The average number of sessions attended per counselling episode was four
    - The ratio of male to female clients was 38.2% to 61.8%
    - Pupils were predominantly from the middle school years: years 9 and 10
    - Clients most commonly presented with issues regarding their families; followed by anger, behaviour-related, bullying and bereavement issues
    - Average levels of distress at baseline were similar to those that have been recorded in young people attending CAMHS services
- Young people from Black and Ethnic Minority (BME) backgrounds, and with Special Educational Needs (SEN) or disabilities, were under-represented in those using the counselling services
- Just under 5% of episodes of counselling were delivered to Looked After Children (LAC)
- Around 3% of young people were referred onwards to specialist CAMHS services, 2.5% to child protection services, and 3% to other services
- There was considerable variability in cost per session and cost per client between LAs.

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42 Schools Survey (2011) Provisional Results for Wales, Welsh Government http://wales.gov.uk/topics/statistics/headlines/schools2011/110706/?lang=en

4.2.1. Session and episode data.

In total, 11,043 episodes of counselling were delivered over the six terms of the counselling programme, with over 41,000 sessions of counselling attended (Table 6). This gives an average of 3.7 sessions of counselling attended per episode.

Nearly 3,500 sessions of counselling were missed (just over 8% of all sessions offered), giving an attendance rate of 92%.

In 92% of instances, young people were attending counselling for a first episode. Young people were attending for a second episode in 4% of instances, a third episode in 1% of instances, a fourth episode in 2% of instances, and a fifth or more episode of counselling in 1% instances.

Table 6. Number of sessions attended and missed by school term

Term	Number of sessions attended	Number of sessions missed
Autumn 2009-10	5691	585
Spring 2010	5556	344
Summer 2010	10792	820
Autumn 2010-11	6925	625
Spring 2011	12174	1085
Total	**41138**	**3459**

Source: Data provided from client record forms supplied to the Evaluation Team by the Welsh Government

4.2.2. Sources of referral.

Just over a quarter of referrals were self-referrals. As with previous evaluations, however, school staff were the most common source of referral (53% in the current evaluation), with only a small proportion referred by parents or carers (7.9%).

Table 7. Form of referral for pupils attending school counselling

Form of referral	Percentage[43]	Total
Self	26.5%	2927
Parents	7.9%	873
School staff / other education	52.9%	5842
Social Services	0.9%	96
Health – GP, hospital, school nurse etc.	4.6%	507
Other	2.7%	298
Not known	4.5%	500

Source: Data provided from client record forms supplied to the Evaluation Team by the Welsh Government

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43 Figures have been rounded to one decimal place and so will not always add up to 100.

4.2.3. Gender.

Just over 60% of the episodes of counselling were delivered to females, with just under 40% delivered to males (Table 8).

Table 8. Gender by episode of counselling

Gender	Percentage	Total
Male	38.2	4220
Female	61.8	6823

Source: Data provided from client record forms supplied to the Evaluation Team by the Welsh Government

4.2.4. Ethnicity.

Just over 97% of the counselling episodes were delivered to young people from a White or White British ethnic background, just over 1% were delivered to young people from mixed-race backgrounds, with all other ethnicities represented just over 1% (Table 9). Compared against the overall percentages of young people from different ethnic backgrounds in Welsh schools, this suggests that white young people are over-represented in those attending counselling, with young people from all other ethnic backgrounds under-represented. Indeed, only around a quarter of the young people from Asian or Asian British backgrounds that would be expected to attend the service, if all ethnicities were equally represented, actually attended; while the figure for young people from Black or Black British backgrounds was 37.5%.

Table 9. Ethnicity by episode of counselling

Ethnicity	Percentage	Total	Welsh norms (%)[44]
Asian or Asian British	0.4	49	1.8
Black or Black British	0.3	32	0.8
Chinese or Chinese British	0.1	7	0.2
Mixed Race	1.3	140	1.9
White or White British	97.1	10724	93.3
Any other ethnic background	0.5	53	0.7
Not known	0.3	38	1.4

Source: Data provided from client record forms supplied to the Evaluation Team by the Welsh Government

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44 Schools Survey (2011) *Provisional Results for Wales*, Welsh Government http://wales.gov.uk/topics/statistics/headlines/schools2011/110706/?lang=en

4.2.5.   School year.

As with previous evaluations (Cooper, 2009), the young people most frequently using the counselling service came from the middle school years (Years 8, 9 and 10), with less representation from older and younger pupils (Table 10).

Table 10. Numbers of pupils per school year attending school counselling

School year	Percentage	Total
Year 6	0.8	87
Year 7	12.4	1367
Year 8	17.7	1957
Year 9	22.2	2452
Year 10	20.8	2301
Year 11	16.5	1818
Year 12	4.7	523
Year 13	3.4	378
Not known	1.4	160

Source: Data provided from client record forms supplied to the Evaluation Team by the Welsh Government

4.2.6.   Sexual orientation.

Information on sexual orientation was missing for around one-third of the episodes of counselling. For those with completed information, over 95% were identified as heterosexual, with around 2% identified as gay/lesbian and 2% as bisexual (Table 11).

Table 11. Sexual orientation of pupils attending school counselling

Sexual orientation	Percentage	Total
Bisexual	1.5	164
Gay / lesbian	1.3	144
Heterosexual / straight	62.9	6944
Not known	34.3	3791

Source: Data provided from client record forms supplied to the Evaluation Team by the Welsh Government

4.2.7.   Looked after young people.

Just under 5% of the episodes of therapy (n = 525) were delivered to young people who were looked after by an authority.

4.2.8.   Language.

The preferred language for over 90% of the young people was English, with 6.5% of the episodes delivered to young people who had a preference for Welsh (Table 12).

Table 12. Preferred language of pupils attending school counselling

Preferred language	Percentage	Total
English	92.8	10249
Welsh	6.4	707
Other	0.1	15
Not known	0.7	72

Source: Data provided from client record forms supplied to the Evaluation Team by the Welsh Government

4.2.9. Religion.

Information on religion or belief for almost half of the young people was unknown (Table 13). Of the remainder, over 40% were identified as having none, with another 20% identified as Christian.

Table 13. Religion/belief of pupils attending school counselling

Religion/belief	Percentage	Total
None	41.4	4569
Not known	35.2	3891
Christian	20	2213
Other	2.7	301
Muslim	0.4	46
Buddhist	0.1	12
Hindu	0.04	4
Bahá'i	0.03	3
Jewish	0.03	3
Jain	0.01	1
Sikh	0.0	0

Source: Data provided from client record forms supplied to the Evaluation Team by the Welsh Government

4.2.10. Onward referral.

In 91.8% of instances, young people were not referred on to other services, or it was unknown whether or not onward referral took place (Table 14). Around 3% of young people were referred onwards to specialist CAMHS services, 2.5% to child protection services, and just under 3% to other services.

Table 14. Onward referral of pupils attending school counselling

Onward referral	Percentage	Total
Specialist CAMHS	3.1	346
Other	2.7	297
Child protection	2.4	262
None	58.3	6433
Unknown	33.6	3705

Source: Data provided from client record forms supplied to the Evaluation Team by the Welsh Government

4.2.11.   Special Educational Need/disability status.

In 85.1% of instances, young people either had no special education needs/disability or this information was not known (Table 15). Around 6% of young people attending the counselling service had cognitive/learning needs, with another 6% recorded as having behavioural, emotional and social developmental needs. In just over 1% of episodes, clients had sensory or physical disabilities. These figures suggest that children with SEN and disabilities may have been under-represented in those attending the counselling service, though differences in the exact methods of categorisation make direct comparison unreliable.[45]

Table 15. SEN/disability status by episode of counselling

SEN/disability	Percentage[46]	Total	Welsh norms (%)
Cognition and learning	6.3	694	34.7
Behavioural. emotional and social development	6.0	667	8.0
Not known	3.5	381	-
Communication and interaction	1.4	158	3.1
Sensory and / or physical	1.1	123	3.3

Source: Data provided from client record forms supplied to the Evaluation Team by the Welsh Government

4.2.12.   Severity of problems at baseline.

Data from the nine datasets in which the SDQ was used indicated that average levels of distress at start of counselling (Total Difficulties mean = 18.1) were similar to those of young people attending a CAMHS services (Total Difficulties mean = 18.6) (Goodman, et al., 1998). This could indicate young people accessing school counselling services have similar levels of distress to those accessing CAMHS services.

4.2.13.   Presenting and predominant issues.

Clients' presenting and predominant issues are presented in Table 16.[47] As indicated here, the most common presenting issue was family issues, occurring more than twice as frequently as any other issue. This was also the most prevalent predominant issue. After family issues, the next most common issues, in descending order, were anger, behaviour-related issues, bullying and bereavement. Self-worth was highly rated as a predominant issue, although not a prevalent issue.

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45 Data were not directly comparable however; Welsh norm data have been grouped to coincide with data collected as part of the Strategy. 'Cognition and Learning' = Severe learning difficulties, Profound and multiple learning difficulties and specific learning difficulties; 'Behavioural, emotion and social development' = Behavioural, emotional and social difficulties; 'Communication and interaction' = Speech, language and communication difficulties; 'Sensory and/or physical' = Physical and medical difficulties, multiple sensory impairment.

46 Percentage of young people accessing school-based counselling with SEN/disability.

47 As young people may have presented with more than one issue, the overall total percentage here is greater than 100.

Table 16. Presenting and predominant issues by episode of counselling

| | Presenting issue | | Predominant issue | |
	Percentage	Total	Percentage	Total
Family	38.2	4079.0	35.4	3782.0
Anger	17.6	1878.0	12.9	1379.0
Behaviour related	12.5	1334.0	7.7	824.0
Bullying	10.3	1100.0	8.0	849.0
Bereavement	10.2	1091.0	8.8	944.0
Stress	9.1	973.0	8.1	861.0
Self-worth	8.3	889.0	12.8	1364.0
Relationships with teachers	8.0	852.0	3.0	317.0
Depression	7.5	805.0	6.0	641.0
Other	6.3	674.0	5.4	572.0
Self-harm	5.3	567.0	4.8	512.0
Relationships other than family or teachers	4.3	462.0	9.6	1030.0
Academic	4.0	425.0	3.5	377.0
Abuse (including sexual)	3.7	395.0	3.9	419.0
Eating disorders	1.9	206.0	1.8	188.0
Domestic abuse	1.8	197.0	2.3	244.0
Substance misuse	1.5	163.0	1.6	167.0
Sexual (including orientation)	1.4	149.0	2.2	231.0
Suicidal thoughts	1.4	153.0	1.4	148.0
Not known	1.0	104.0	0.8	83.0
Financial concerns / poverty	0.8	87.0	1.5	156.0

Note: Total percentage is greater than 100% as young people may have presented with more than one issue
Source: Data provided from client record forms supplied to the Evaluation Team by the Welsh Government

4.2.14. Online counselling.

Data were collected from three LAs that used the online counselling service from October 2009 to June 2011. In total, 2,414 young people contacted the service, comprising 846 young people from LA 5, 877 from LA 14, and 691 From LA 4. Of these, 1,729 (71.6%) were female, with 685 (28.4%) being male.

Data were collected on ethnicity of the young people, 2,030 (84.1%) were White or White British, 104 (4.3%) Asian or Asian British, 98 (4.1%) mixed race, 67 (2.8%) Black or Black British, 23 (1%) Chinese or Chinese British and 92 were any other race (3.8%).

The five most prevalent presenting issues were relationships other than family or teachers (278, 12.9%), family (252, 11.7%), stress (146, 6.8%), self-harm (95, 4.4%) and bullying (85, 3.9%). This data is taken from 2,153 (89.2%) of the service users.

4.2.15. The cost of counselling provision.

Cost information was available for each Local Authority across three school terms (Summer 2009-10, Autumn, 2010-11, and Spring, 2010-11, Appendix 15) in relation to the cost per

client and the cost per session (Table 17). The median cost per client across the LAs was £542.90, and the median cost per session was £140.20. However, there was considerable variability in cost per session and cost per episode between LAs, ranging from an average across three terms of £262.00 to £1511.10 per episode; and from an average across three terms of £73.40 to £289.90 per session. Similarly there was considerable variability in cost per session and cost per episode within the same LA over the three terms.

It is important to note that many factors have not been accounted for when 'cost per session' and 'cost per episode' were calculated, such as:

- group work such as bereavement programmes – 'Seasons for Growth'
- group therapy
- online counselling
- other emotional support programmes for young people linked with whole school approaches
- Personal and Social Educational programmes
- community-based counselling (out-of-school provision).

Therefore, raw cost data may not be a true reflection of the costs of individual services. In addition, the analysis incorporates the period in which the funding was allocated, and during this time some services were still recruiting counsellors and therefore were not up to full capacity. Furthermore, training for counsellors has not been included, for example where a service was building up its capacity for training Welsh-speaking counsellors. Finally, supervision of counsellors funding was not taken into consideration.

Table17. Average cost per session and per young person across the three terms

	Median	Max	Min
Cost per episode	667.10	2018.70	128.00
Cost per session	150.90	438.30	27.60

Source: Data provided from client record forms supplied to the Evaluation Team by the Welsh Government

4.2.16.   Summary.

Clients who attended school-based counselling, as delivered within the Strategy, tended to be White, English-speaking, in Years 7 to 11, without any specific SEN or disability status, and most commonly female. On average, they would attend for approximately four sessions, and were generally referred by school staff. Most commonly, they would present with issues regarding their family; and also anger, behaviour-related, bullying and bereavement issues. This profile of young people attending school-based counselling in Wales is very similar to those attending school-based counselling services in other regions

of the UK (see Section 3.1, Cooper, 2009). Cost per session and cost per episode vary considerably across the LAs.

4.3. Therapeutic Outcomes

Data on therapeutic outcomes were available for three separate time periods: 2009-10 full academic year, 2010-11 Autumn term and 2010-11 Spring term. Only data from episodes of counselling in which young people had attended for two or more sessions were used, in order for a comparison between baseline (i.e. at start of counselling) and endpoint (i.e. at end of counselling) to be made. Outcome measures used were either YP-CORE or SDQ.

Data were analysed by comparing average baseline levels of psychological distress against average levels of endpoint distress. A meta-analysis was conducted to produce an effect size for school-based counselling, indicating the overall amount of change associated with the intervention. Effect sizes[48] of 0.2, 0.5, and 0.8 for this statistic are considered *small*, *moderate,* and *large*, respectively.

Therapeutic Outcomes: Key Findings

- Counselling was associated with significant reductions in psychological distress across each of the LAs for each of the time periods examined
- The mean reduction in psychological distress from beginning to end of counselling on the Young Person's CORE (YP-CORE) measure was 18.70 to 10.56 (lower scores indicate less distress), and 18.14 to 12.21 on the Strengths and Difficulties Questionnaire (SDQ)
- The overall mean reduction in psychological distress was large, with an effect size of 0.93 (compared to a UK-wide average effect size for school-based counselling of 0.81)
- There were significant variations in the amount of change across datasets and across LAs. Larger effect sizes were associated with:
    - The use of the YP-CORE, rather than the SDQ, measure
    - Lower response rates

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48 Effect size is calculated by dividing the mean difference pre- and post- intervention on the YP-Core and SDQ by the pooled standard deviation (the spread of scores) across the sample.

Counselling was associated with significant reductions in psychological distress across each of the 42 datasets (Figure 2).[49]

Figure 2. Mean changes in distress for each of the LAs for each time period
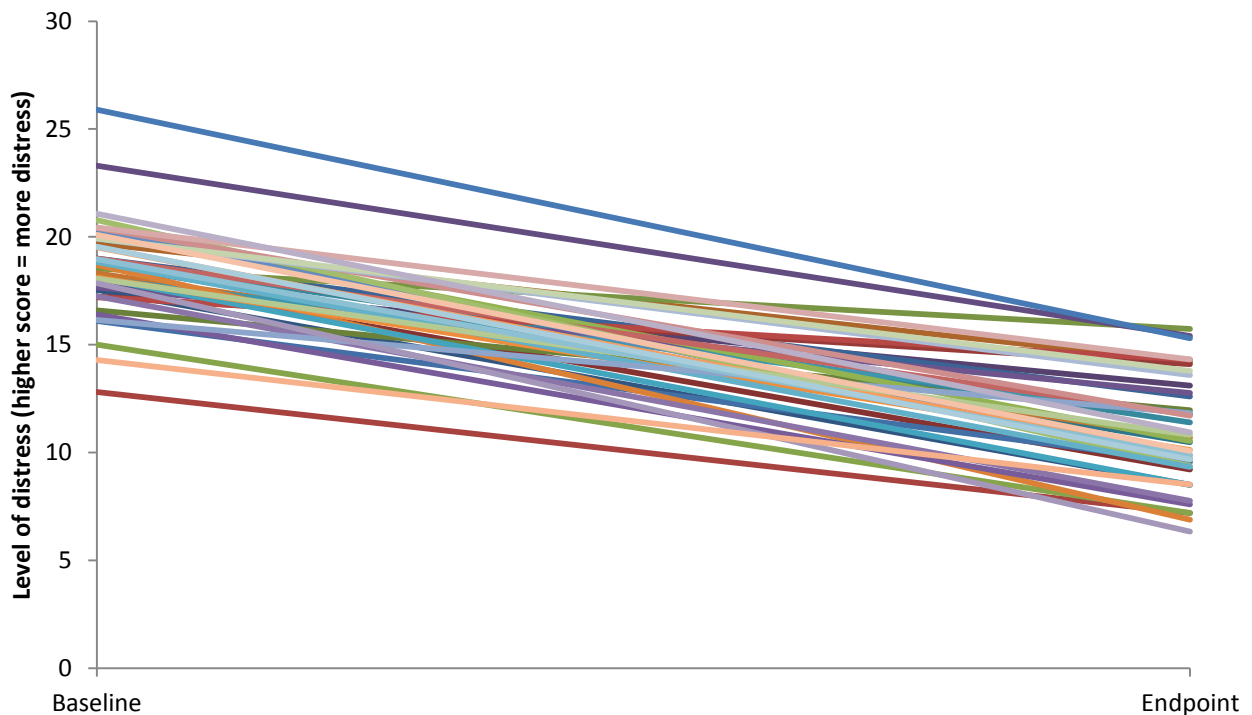
Source: Data was provided to the Evaluation Team from Local Authority Leads

Averaging across all datasets and measures, psychological distress was reduced from 18.58 points ($SD = 2.23$) to 10.91 points ($SD = 2.50$). For the 33 datasets in which the YP-CORE outcome measure was used, the mean[50] reduction in psychological distress was from 18.70 points ($SD = 2.47$) to 10.56 points ($SD = 2.44$). For the nine datasets in which the SDQ outcome measure was used, the average reduction in Total Difficulties was from 18.14 points ($SD = 0.96$) to 12.21 points ($SD = 2.42$) (Figure 3).

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49 P-value (probability of result coming about by chance alone) for no difference between baseline and endpoint means, across datasets, ranges from p = .027 to p < 0.000001.

50 Unweighted mean (i.e. baseline and endpoint means were averaged, without taking into account sample sizes of different datasets).

Figure 3. Changes in distress: Overall and by measure
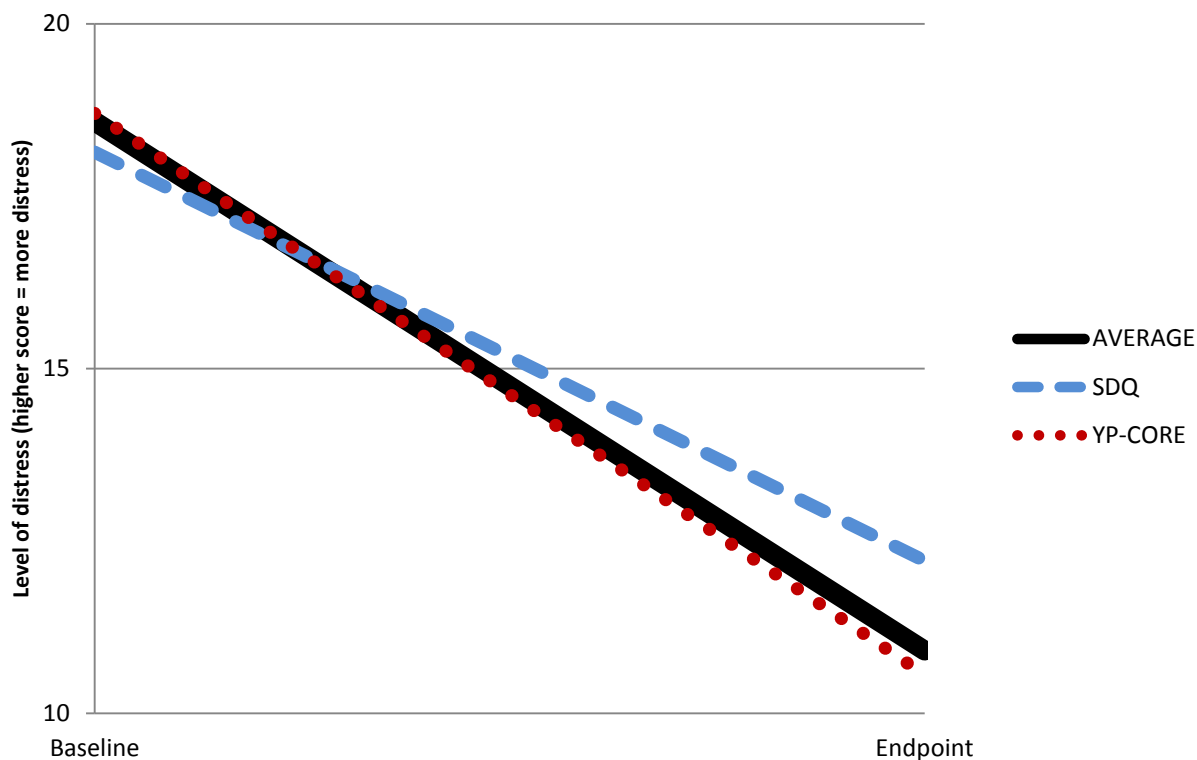
Source: Data was provided to the Evaluation Team from Local Authority Leads

The meta-analysis, which weights the datasets according to their presumed accuracy, indicated that school-based counselling was associated with *large* reductions in psychological distress, with an overall mean effect size of 0.93 (see Appendix).[51] Significant variation existed in the effect sizes across the datasets,[52,53] with 69.6% of the overall variance across LAs, and 30.4% of the overall variance occurring within different datasets from the same LA Mean effect sizes for the LAs varied from 1.76 to 0.49.

Subsequent analysis indicated that two factors were associated with effect sizes. First, as suggested by Figure 3, effect sizes were greater when the YP-CORE measure was used, as compared with the SDQ Total Difficulties score.[54] The mean effect size for studies using the YP-CORE was 1.03, compared with 0.68 for studies using the SDQ.[55]

Second, effect sizes were greater in datasets with lower response rates.[56] This can be seen in Figure 4, which plots effect sizes against response rates for the 26 datasets from

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51 If Hedges's g is used to adjust for small sample sizes, the mean effect size is very slightly reduced to 0.92. If a more complex random effects model is used, which assumes systematic differences across effect sizes due to additional variables, as was found in the present study, the mean effect sizes increase to 1.09 (d) or 1.08 (g). If, as in a range of recent studies (e.g. Elliott et al., 2004; Stiles, 2006), the standard deviation at baseline alone is used as the denominator, the effect size per dataset ranges from 2.34 to 0.45, with an unweighted mean of 1.15 and a weighted mean (weighted by sample size, Elliott et al., 2004) of 1.12.

52 Q = 324.71, p(41) < 0.001.

53 ANOVA on effect sizes: F (15,41) = 3.97, *p* = 0.001.

54 Meta-regression: b* = 0.33, p < 0.001.

55 1.13 and 0.95, respectively, when a random effects model was used.

56 Meta-regression: b* = 0.007, p < 0.001.

which it was possible to calculate the latter. This shows that studies with very low response rates tended to have large effect sizes, with effect sizes more widely distributed when data were available on all clients. The line on the graph indicates the average trend, with response rates accounting for 10.5% of the variance in effects.

The mean YP-CORE scores at baseline for the 23 young people accessing the online counselling service were 26.91 (SD = 8.58) and 25.04 (SD = 8.58) at endpoint. This change was not significant (t (22) = 1.26, p = .22), with an effect size of 0.20.

Figure 4. Effect sizes by response rate
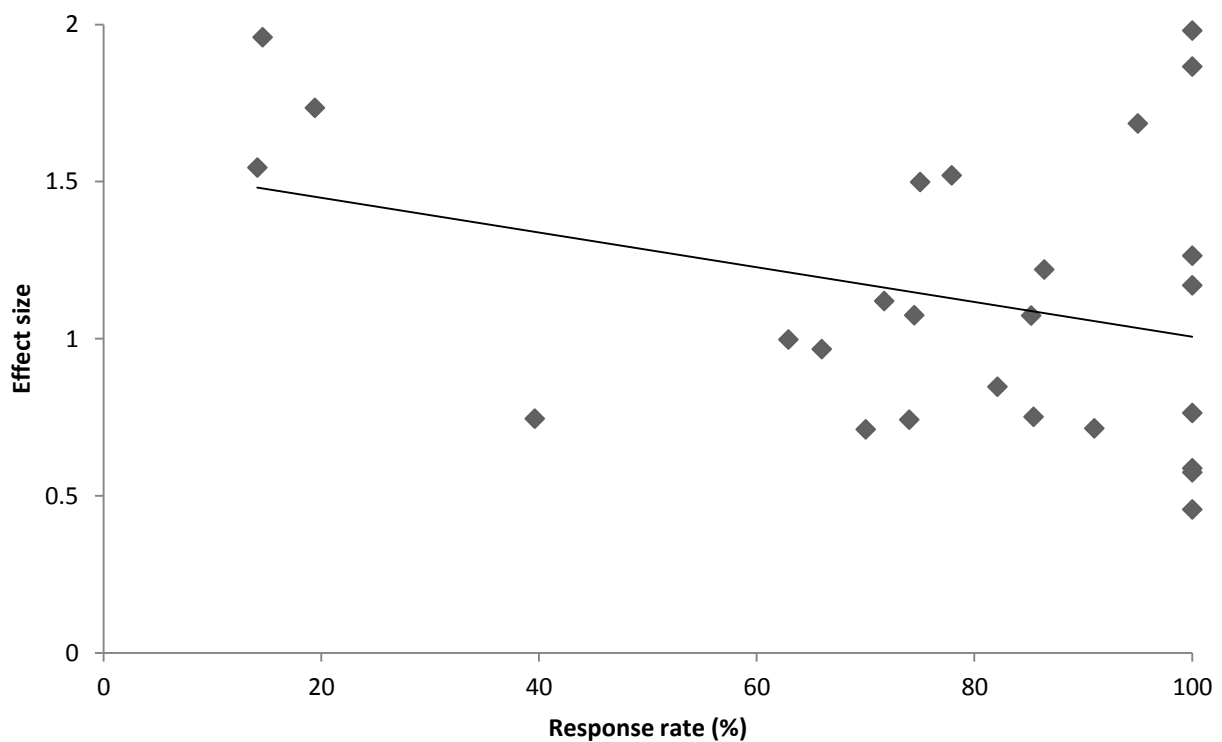
Source: Outcome YP-CORE and SDQ data provided by Local Authorities

4.3.1.   *Summary.*

Counselling was associated with significant reductions in psychological distress with a mean reduction from beginning to end of counselling on the YP-CORE measure of 18.70 to 10.56 (lower scores indicate less distress), and 18.14 to 12.21 on the SDQ. The overall mean reduction in psychological distress was large, with an effect size of 0.93 (compared to a UK-wide average effect size for school-based counselling of 0.81). There were significant variations in the amount of change across datasets and across LAs, larger effect sizes being associated with lower response rates, and the use of the YP-CORE.

4.4. Client Experience

Clients' experiences and perceptions of the counselling service were gathered with the use of a Post-Counselling Evaluation Questionnaire (PCEQ) which was normally completed by clients in their final session of counselling. The questionnaire consisted of 16 scaled items with responses from *Strongly Agree* to *Strongly Disagree*, together with a series of open-ended questions, such as 'What were the best things about counselling?' and 'Are there things that could have been different in your counselling?' Results for the scaled items are presented in terms of *net agreement*. This is the percentage of respondents either agreeing or strongly agreeing with this item, minus the percentage that disagree or strongly disagree. The open-ended responses were subjected to a brief thematic analysis.

Clients' Experiences: Key Findings

- Clients' ratings of the counselling service were generally very positive.
- Approximately 85% of respondents felt more positive about going to school and more able to cope since going to counselling
- Approximately 95% of respondents indicated agreement with the statement that 'counselling is a good way to deal with problems'
- Around 90% of clients also said that they would ask to see the counsellor again if they needed to
- Open-ended responses indicated clients valued:
    - the ease of access to services
    - being able to talk openly and honestly to someone who is trustworthy and understanding
    - confidentiality
    - gaining in self-confidence as a result of counselling
  and felt uncomfortable about:
    - talking about personal issues
    - silences within sessions
    - being stigmatised for using counselling services.

4.4.1. *Quantitative ratings.*

Clients' ratings of the counselling service were generally very positive (see Figure 5; for item-by-item responses see Appendix 16).

In terms of outcomes, approximately 85% of clients felt more positive about going to school and more able to cope since going to counselling, with around 3-5% saying that they did not. Approximately 66-70% of clients felt that they had been more able to concentrate on tasks since coming to counselling, and that their behaviour and their relationships with their family had improved; with 6-8% of clients indicating that these improvements had not taken place. A somewhat lower number, around 50%, indicated that their relationships with their teachers had improved since coming to counselling, with just over 10% indicating that this had not happened.

In terms of the process of counselling, around 95%[57] of respondents indicated that they felt able to talk through their thoughts and feelings with their counsellor, felt that their counsellor helped them to understand their situation and feelings, and understood that what they said to the counsellor would be confidential unless they were at risk. For each of these statements, only around 1% of clients felt that this was not the case. Approximately 75% of clients felt that it was easy to contact the counsellor and that they had had enough counselling sessions, while around 5% of clients disagreed with these statements.

In terms of attitude towards counselling, an overwhelming majority of participants indicated agreement with the statement that 'counselling is a good way to deal with problems' (approximately 95% endorsing this item, less than 1% disagreeing with it). Around 90% of clients also said that they would ask to see the counsellor again if they needed to, with 1% saying that they would not. A somewhat smaller number of respondents (approximately 65%), however, indicated that they would 'consider counselling in the future, even after I leave school', with approximately 8% indicating that they would not consider it. Just under 75% of clients indicated that they would recommend counselling to a friend, while 5% indicated that they would not.

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57 Percentage indicating agreement or strong agreement, see Appendix 16.

Figure 5. Net agreement percentages for post-counselling evaluation questionnaire
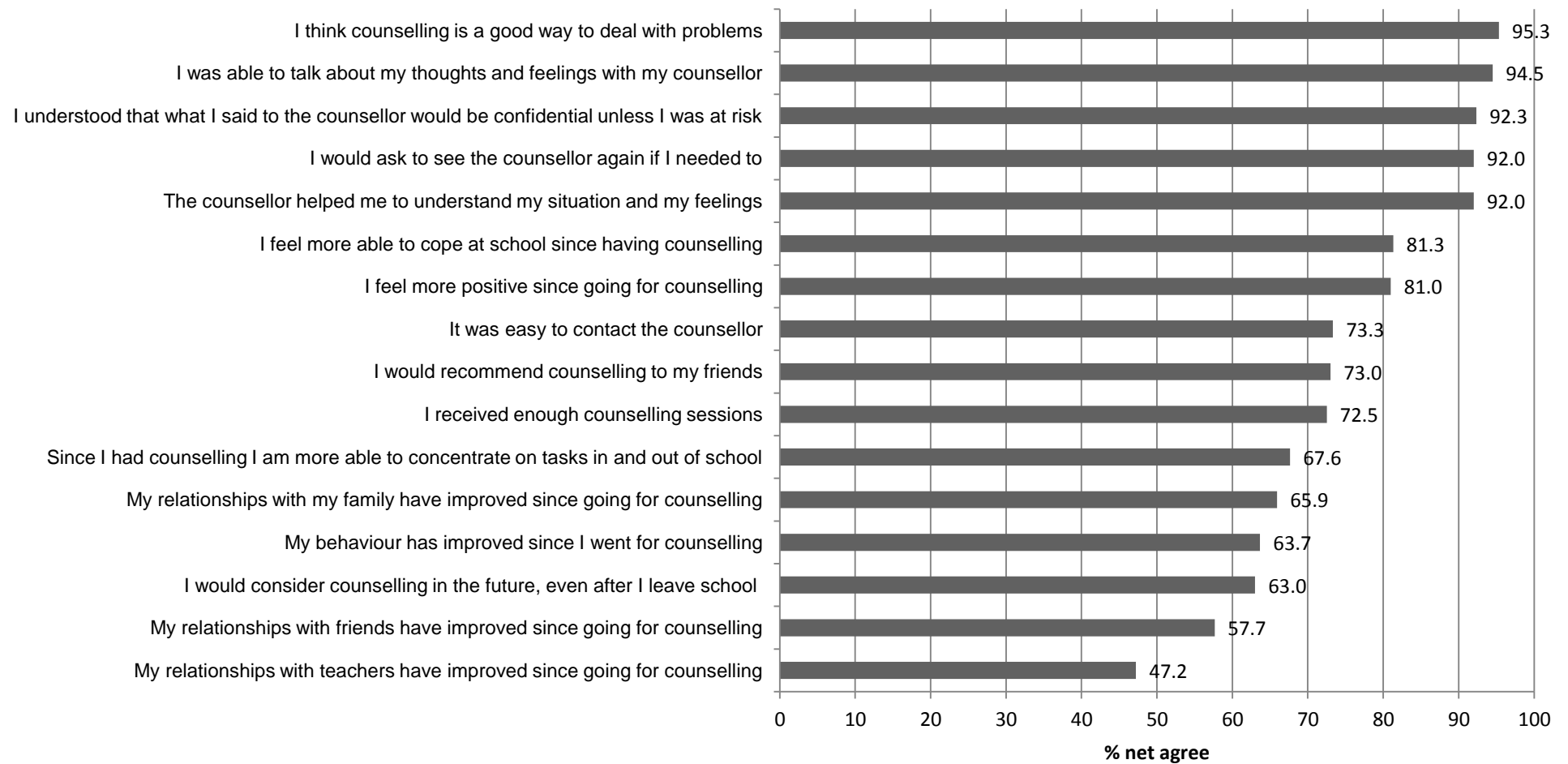
Note. Net agreement = The percentage of respondents either agreeing or strongly agreeing with an item, minus the percentage that disagree or strongly disagree
Source: Data from post-counselling evaluation forms was provided to the Evaluation Team from Local Authority Leads

Positive aspects of the counselling.

Being able to talk. Clients talked about the value of being able to speak honestly about their feelings and getting things 'out'. For instance: 'I loved the fact it was so easy to speak to someone about my feelings', 'Being able to talk to someone bluntly and honestly', 'Talking about thoughts and feelings, because then you can't deny that you are in a bad situation, particularly out of school and at home'.

Clients reported that the counselling allowed them to discuss their problems and find ways to cope with them. For example, 'Really good because there is somebody to help with your problems and someone who will listen to you', 'I could really trust someone to understand my problems and help me overcome them', 'It's really good because many pupils have problems and the counsellor is there to help'.

Clients highlighted the importance of having someone to listen. Examples of comments include, 'Because there was someone to listen while I was talking', 'Allowing me time to talk to someone that understands', 'She was able to listen and would never say anything bad about it'.

Confidentiality. Clients expressed their appreciation to be able to talk to someone confidentially. Comments included, 'I got to let things off my mind knowing it was confidential and I got close to [name of counsellor], and I learnt to trust a bit more', 'Good because I don't need to keep secrets and I can tell her anything'.

The clients indicated that they felt comfortable talking to the counsellor and could share information with them that they would not normally share with others. For instance, 'You were able to talk about things that you wouldn't tell your mates', 'I could speak freely without being corrected or judged', 'I feel relaxed about talking about my secrets in front of the counsellor'.

Increased confidence. Clients reported how counselling had helped them to feel more confident. For example, 'When she helps me and makes me more brave', 'It helps me get my confidence about meeting new friends'.

Access to counselling. Clients stated that the ease of access to the counselling service in schools was important, and felt that they could seek counselling when needed. For example, 'It's good because they can help out any pupils with any problems and easy to get hold of the school counsellor', 'Being able to talk to someone when I needed to talk'.

Feeling uncomfortable. A few clients reported that raising personal issues, which were often painful, was a negative aspect of counselling, reliving bad memories and making them feel awkward. Comments made included, 'Made me feel awkward', 'I was always nervous about what I told her', 'Answering difficult questions'.

Some clients also mentioned that they felt uncomfortable saying that something was affecting them and admitting that they needed help. For instance, 'Having to talk about my problems and hearing the truth', 'Saying what's wrong with me', 'Sometimes I felt embarrassed talking about myself'.

A few clients also stated that there was often silence in the counselling setting which could be awkward, for instance: 'Sitting in silence sometimes', 'The silence often created'.

Some clients felt that they would be more comfortable if they were allowed to bring a significant other to the counselling with them. Examples include, 'Bring parents in more often', 'If I could of brought a friend along with me', 'It would be better if I was with my sister'.

Initial negative perceptions of counselling. Some clients demonstrated an initial hesitation to attend counselling due to what other people would think. Such comments included, 'I was a bit wary at first because I thought people would laugh, but it helped me I guess, so it doesn't bother me', 'At first I was a bit worried about what people would say but I realised that I needed the help and at least I was brave enough to come to it and let things out'.

A few clients were hesitant to share their problems with the counsellor. Comments included, 'It took me a while to actually talk about my main problems because I didn't know who to trust at first'.

Qualitative data was also available from several of the young people who had accessed the online counselling service. This also indicated a very positive experience. For instance (all spelling as submitted online):

> *I used to self-harm years ago, but speaking to a councillor on Kooth helped me a lot and I got through it all.*

> *Just wannit to say that I never knew people on here were so helpful! I joined Kooth thinking that it might not work and in the space of two weeks my problems have been sorted! Tahnks guys everyone here is cool!!*

after talking to a counceller yesterday i am feeling really posotive , i felt very on edge until i realised that there is someone there for me to talk to , im so glad i found kooth

I have found this site a life-saver too and am starting councelling in college this week. I'm absolutely petrified speaking to someone face to face, but you have really inspired me to do not just the easy thing – but the right thing.

4.4.2.　　Summary.

Clients' ratings of the counselling service were generally very positive, with approximately 85% of respondents feeling more positive about going to school and more able to cope since accessing to counselling. Approximately 95% of respondents indicated agreement with the statement that 'counselling is a good way to deal with problems' and around 90% of clients also said that they would ask to see the counsellor again if they needed to. Open-ended responses indicated a number of both positive and negative perceptions of counselling. On the positive side, the ease of access to services was much appreciated. Clients valued being able to talk openly and honestly to someone who is trustworthy and understanding, within a confidential setting. As a result clients reported an increase in self-confidence. On the negative side, a few clients found talking about personal issues and silences within sessions uncomfortable. Also worrying about being stigmatised for using counselling services was an initial concern for some.

4.5. Counsellors' Survey

A survey of school counsellors aimed to measure perceptions of the implementation of the Strategy, including attitudes towards networking arrangements, coordination, training provision and CPD. School counsellors were also asked open-ended questions about the strengths and weaknesses of the Strategy and to provide any recommendations they may have for improving the service.

Counsellors' Survey: Key Findings

- 80% of school counsellors indicated they did not have to adhere to a maximum number of sessions

- Just over half of counsellors indicated the school counselling service was operated both within and outside of school premises

- More than half of counsellors reported they are employed by an external agency, as opposed to employed by the school or the local authority

- There was agreement that the service is recognised and valued by both parents and pupils

- Counsellors agreed they have appropriate opportunities for further training and suitable arrangements for clinical supervision

- Counsellors feel supported in their role and feel clear about when a pupils ought to be referred to other agencies

- Less than half of school counsellors agree that staffing levels within the counselling service are adequate

- Perceived strengths of the Strategy were:

    o The collaboration with BACP and other agencies

    o The commitment from the Welsh Government

    o The ease with which children and young people could access the service

    o The resources made available by the Welsh Government are another strength indicated by school counsellors, particularly in terms of funding and the Toolkit

- Recommendations to improve the school counselling strategy emerged in line with the weaknesses and were in relation to the requirement of future funding provision.

4.5.1. *Implementation of the 10 recommendations.*

The majority (85.8%) of counsellors surveyed were members of a professional body, particularly BACP (77.4%). A large majority (93.4%) had prior experience with working with children and young people and 79.2% had undergone relevant training in working with children and young people. The level of counselling qualification held by school counsellors varied from undergraduate diploma to doctorate level, with the majority (56.6%) holding a postgraduate diploma in counselling.

Counsellors' net agreement with key statements is presented in Table 18. There was strong net agreement amongst school counsellors who felt that they have appropriate opportunities for further training (62.9%) and suitable arrangements for clinical supervision (89.4%).

There was strong net agreement that the counselling services were located in a position which is easy for pupils to access (80%) and that counselling was delivered in an appropriately private but safe setting within the school vicinity (76%). Similarly there was strong net agreement that school counselling was an integral part of school provision (87.2%), and that the counselling service was recognised and valued by school staff (78.1%). A majority of counsellors agreed that counselling services were recognised and valued by both parents (66.7%) and pupils (94.3%).

There was net agreement that counselling services were well-publicised within school (77.1%); that the procedures for monitoring and evaluating services were satisfactory (82.1%). There was also strong net agreement (90.4%) that the services' approach to confidentiality strikes an appropriate balance between the needs of parents, children and safeguarding procedures.

There was strong net agreement that the services were sensitive to the needs of different communities and ethnic groups (80.8%) but relatively low net agreement that services were sensitive to the needs of Welsh speakers (47.4%) (see Table 18).

Counsellors were generally in net agreement that services worked closely with other initiatives to support health and wellbeing in schools (72%). The majority of counsellors felt clear about when a pupil ought to be referred to other agencies such as CAHMS (84%) and close working with CAHMS was reported, with approximately 62% of counsellors having made and/or received referrals from this service.

Table 18. Counsellor's attitudes towards the school counselling service

	% net agree
The process of setting up the counselling service has been efficient and unproblematic	25.5
The counselling service is sensitive to the needs of Welsh speakers	47.4
The accommodation for the counselling service is adequate	54.3
The counselling service in my school in adequately resourced	55.2
The counselling service has good administrative support	69.6
The counselling service works closely with other initiatives to support health and wellbeing in schools	72
Counselling is delivered in an appropriately private but safe setting within the school vicinity	76
The counselling service is well-publicised within the school	77.1
The counselling service is recognised and valued by school staff	78.1
The service is located in a position which is easy for pupils to access	80
The counselling service is sensitive to the needs of different communities and ethnic groups	80.8
The procedures for monitoring and evaluating the counselling service are satisfactory	82.1
The counselling service is an integral part of school provision	87.2
The services' approach to confidentiality strikes an appropriate balance between the needs of parents, children and safeguarding procedures	90.4

Source: School counsellor survey

4.5.2.   Specific aspects of implementation.

As regards the location of school counselling services, and who counsellors are employed by, just over half (53%) of counsellors indicated the school counselling service was available both within and outside of school premises. Similarly, more than half (57%) of counsellors reported they were employed by an external agency, as opposed to the school or the Local Authority (see Figures 6 and 7).

Figure 6. Where the school counselling service operates from
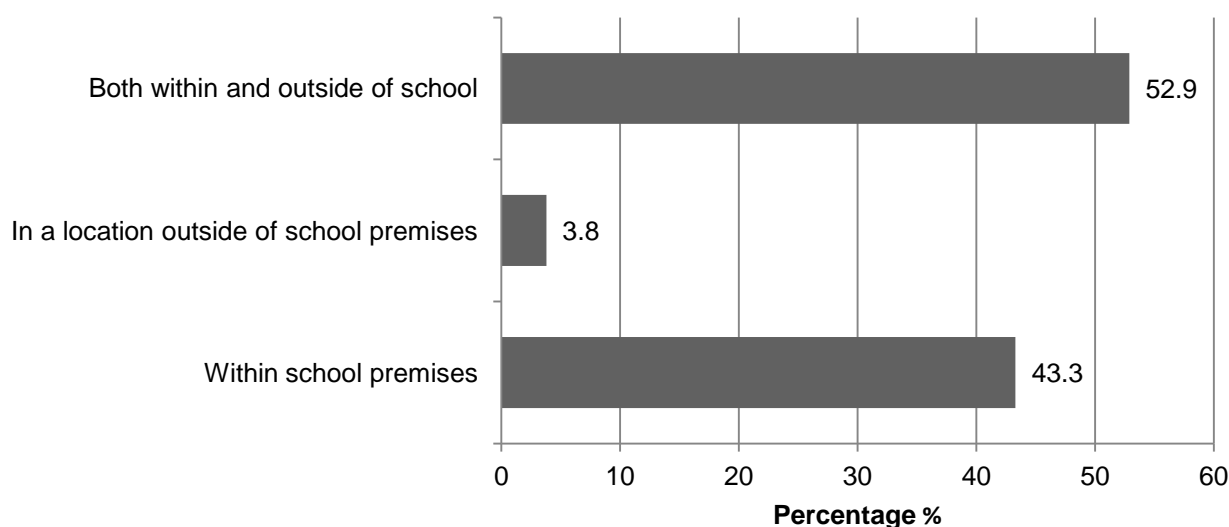
Source: School counsellor survey

Figure 7. Who the counsellor (or counsellors) are employed by
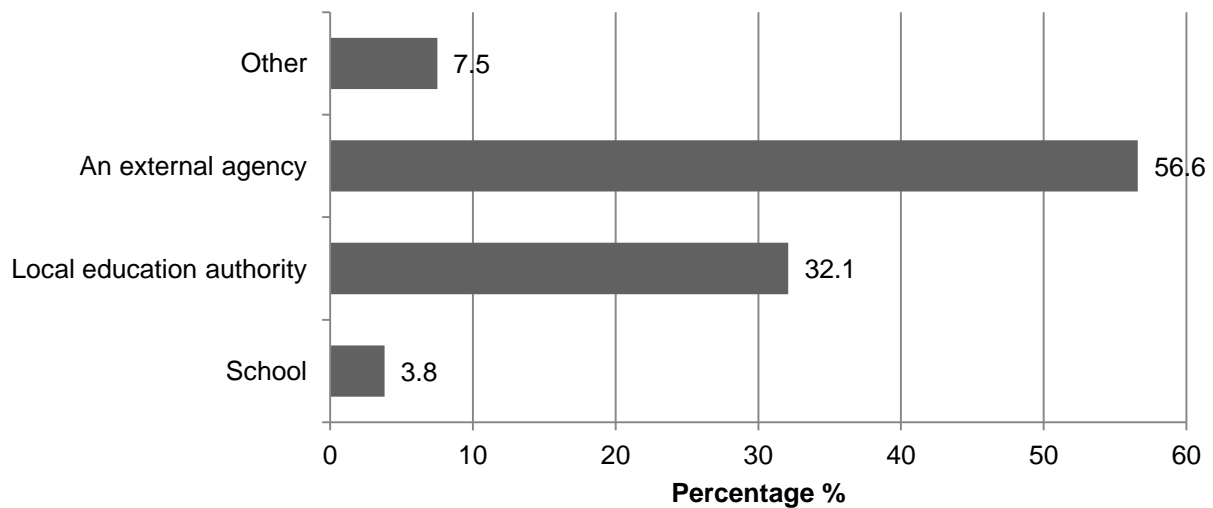
Source: School counsellor survey

There were a number of responses relating to the resourcing of services. Net agreement that counselling services were adequately resourced was 55.2% (see Table 18), with slightly lower net agreement (46.7%) that staffing levels within services were adequate (see Figure 8). There was stronger net agreement that services had good administrative support (69.6%) and a lower level of agreement that the accommodation used by counselling services was adequate (54.3%) (see Table 18).

Figure 8. Counsellor's attitudes towards the school counselling service
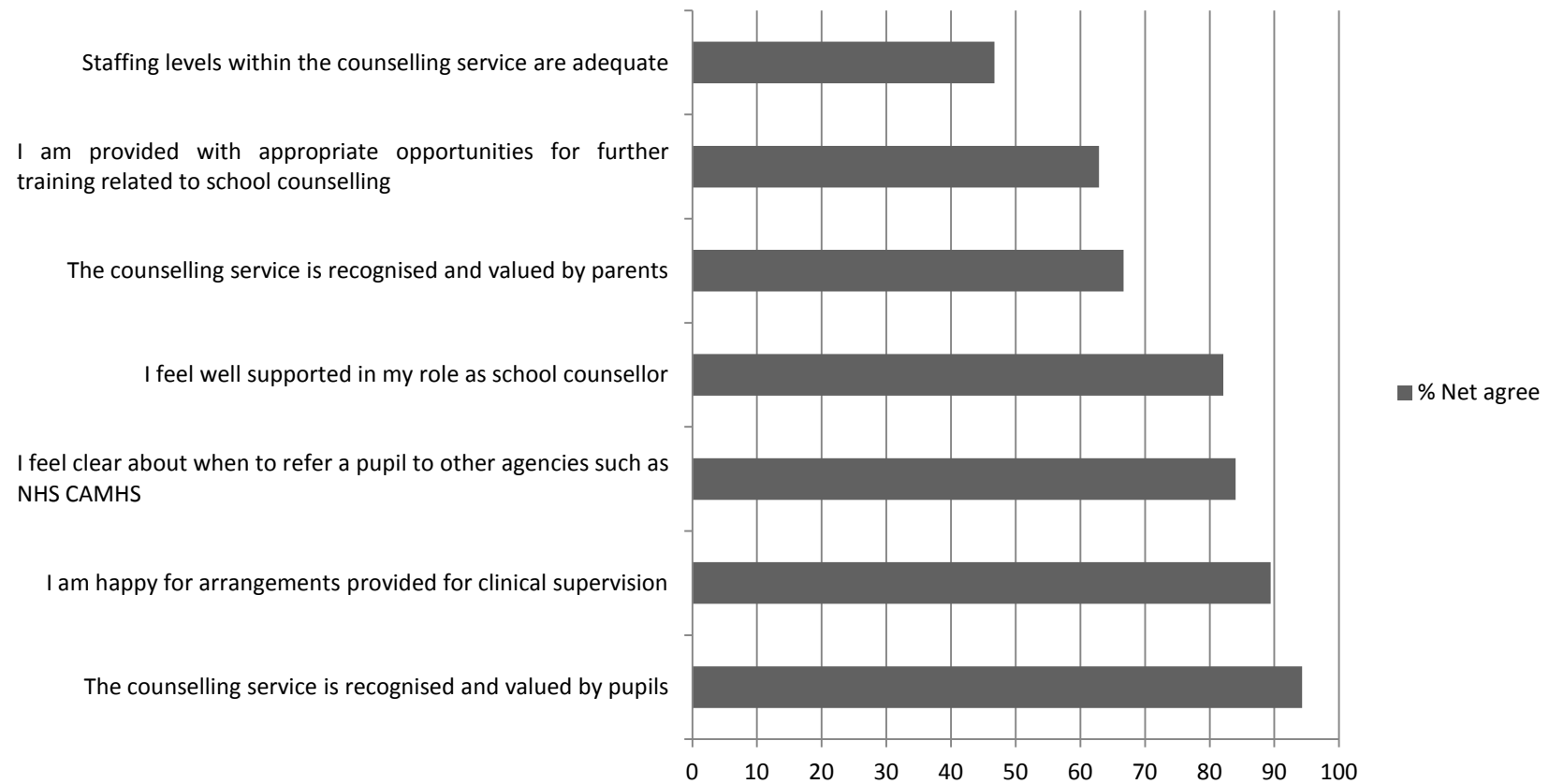
Source: School counsellor survey

The majority of counsellors (80%) indicated they did not have to adhere to a maximum number of sessions with pupils. For those who indicated they did offer a maximum number of sessions, the average maximum was six sessions.

Counsellors generally felt supported in their role (82.1% net agreement; see Figure 8) but generally did not agree that the process of setting up counselling services had been efficient and unproblematic (25.5% net agreement; see Table 18).

4.5.3.   Strengths.

When asked for their views on the strengths of the school counselling Strategy, a number of responses highlighted the collaboration with BACP and other agencies (see Table 19). These included, 'Strong links with BACP', 'Working collaboratively to ensure multi-agency working to have a whole school approach'.

The commitment from the Welsh Government was also mentioned: 'Sense of value coming from WAG's commitment'.

Table 19. Themes emerging for strengths of the school counselling strategy

Theme	Number of supporting statements
Collaboration, commitment and support	30
Accessibility	17
Resources	17
Awareness and publicity	8
Independent and integrated	6

Source: School counsellor survey

The ease with which children and young people could access the service was also deemed to be a strength of the Strategy. Comments made included, 'Allows children and young people access to a service in an environment they are familiar with and without too much disruption to their education', 'No postcode lottery', 'Providing opportunities for all young people to access counselling'.

The resources made available by the Welsh Government were also identified, particularly in terms of funding and the Toolkit. For example, 'Provision of the service across Wales', 'Sustainable funding', 'The Toolkit'.

It was seen as a strength of the Strategy that it has been widely publicised and awareness of school counselling has been raised. For instance, 'The fact it exists and its promotion to all concerned', 'That it is strongly promoted', 'Raising awareness of emotional

wellbeing within educational settings, sharing of practice and theory'.

A final strength of the Strategy was that it was able to provide counselling in an independent way but still be integrated into the school environment. For example, 'Provision of counselling independently of schools but embedded within', 'That it is a separate service not part of the school but within the school', 'Separate service within the school'.

4.5.4. Weaknesses.

When school counsellors were asked for their views on the weaknesses of the Strategy two principal themes emerged: *funding and resources* and *awareness and training* (Table 20). The main issue around funding and resources was a concern about the security of future funding. Comments relating to this included, 'Insecurity due to the funding or the lack of feedback on sustainable funding', 'Lack of full funding to implement a stronger base in schools', 'Non-sustainable funding'.

It was also felt that other school staff required training on school counselling, particularly around the role of the school counsellor. For example, 'A lot more training for teachers specifying the role and working relationship with counsellors', 'Educating school staff of the role and importance of school counsellors', 'Poor awareness of role and benefits of counselling among school staff'.

Less frequent themes were: lack of consistency of approach across local authorities; the lack of school counselling in primary schools; poor accessibility for those from rural areas; the need for collaboration with other service providers such as child protection; and the need for teachers to be made aware of the importance of confidentiality in the counselling service.

Table 20. Themes emerging for weaknesses of the school counselling strategy

Theme	Number of supporting statements
Funding and resources	33
Awareness and training	15
Consistency	4
Primary schools	4
Accessibility	4
Collaboration	3
Confidentiality	3

Source: School counsellor survey

4.5.5. Recommendations.

Recommendations to improve the school counselling Strategy were aligned with the perceived weaknesses, as described above (Table 21). Firstly, funding was emphasised:

'Funding to continue', 'Each school directly employing their own counsellors', 'Ensure that schools use their allocated funding correctly.' Improved resources were also recommended. For example, 'Provision of suitable rooms and equipment that is required to offer a full and valued counselling service', 'Improved conditions in schools to house counselling', 'A real commitment to better quality rooms which are more quiet and safer therapeutically'.

A second recommendation related to the theme of 'Training and raising awareness'. School counsellors recommended training for school staff on the role of school counselling. For instance, 'Training days for staff to build awareness of what the counselling service can offer and its boundaries of confidentiality', 'Teacher training to involve some aspect of issues that children face today'.

Table 21. Themes emerging for recommendations to improve the school counselling strategy

Theme	Number of supporting statements
Funding and Resources	38
Training and Raising Awareness	13

Source: School counsellor survey

4.5.6.   Summary.

Services were found to be generally flexible in terms of session numbers and location, with counselling services operating both within and outside of school premises in more than half of cases. Services work closely with specialist services such as CAMHS, with approximately 62% of counsellors having made and/or received referrals from CAMHS. The fact that just 3.1% of service users were referred to CAMHS (see Table 14, page 57) indicates that the vast majority of service users were treated within the school-based counselling services and the implementation of the Strategy has not led to a surge of new referrals to CAMHS.

Key issues raised by school counsellors are that there is less than 50% net agreement that services are sensitive to the needs of Welsh speakers and similarly less than 50% net agreement that staffing levels are adequate. There was just over 50% net agreement among school counsellors that accommodation for school counselling is adequate and a similar figure for the service being adequately resourced. There were strong levels of agreement that services were integral parts of school provision; that methods for monitoring and evaluating were satisfactory; that services were accessible and services were recognised and valued by school staff, pupils and parents.

The key recommendations made by school counsellors to improve the service was for more funding provision and security of future funding and more training opportunities for

school counsellors with opportunities also being made available to educate school staff on the school counselling service.

4.6. Link Teachers' Survey

To capture a good overview of the strategy implementation at a school level a survey of senior school management was carried out. Link teachers in each school, who hold responsibility for school-based counselling, were contacted and asked to participate in a ten-minute telephone interview using a structured format. In cases where link teachers were not available, head teachers were interviewed as an alternative (for the purposes of this report, we will use the term *link teacher* throughout to refer to participants in this survey). A telephone survey was used for this group of stakeholders as the sample was small enough to survey the whole group.

Link Teachers' Survey: Key Findings

- Two thirds of school head / link teachers contacted took part in this survey, which is significantly higher than expected
- Over half of schools indicated they had provided a school counselling service prior to operating as part of the national strategy
- The majority (78%) of those schools which had a counselling service prior to the national strategy indicated the counselling service had got better since the introduction of the school-based counselling strategy
- In the majority of cases (93%) it was reported that counsellors working within schools run sessions on a regular basis
- The average waiting time for a first appointment was 1-2 weeks
- There was significant net agreement (91%) among head/link teachers that the school's counselling service meets the needs of pupils
- There was 60% net agreement that the school-based counselling service had resulted in improvements in attainment and attendance
- There was 80% net agreement that behaviour had improved
- It was generally agreed that staff workload had neither increased nor decreased since implementation of the strategy.

4.6.1.   *Implementation of the 10 recommendations.*

With reference to the location of counselling services, there was 99% net agreement among link teachers that counselling was delivered in an appropriately private but safe setting within the school vicinity (see Table 22). Likewise there was strong net agreement (95%) that services were located in a position which was easy for pupils to access.

There was 89% net agreement that the counselling services were an integral part of school provision and 87% net agreement that counselling services were well-publicised within the schools. Similarly there was 95% net agreement that counselling services were recognised and valued by schools staff.

There was 78% net agreement that procedures for monitoring and evaluating the counselling service were satisfactory and 93% net agreement that counselling services' approach to confidentiality strikes an appropriate balance between the needs of parents, children and safeguarding procedures (see Table 22).

Table 22. Net agreement amongst Head/Link teachers with attitudinal statements regarding the school counselling service

	% net agree
The process of setting up the counselling service has been efficient and unproblematic	80
The counselling service is sensitive to the needs of Welsh speakers	27
The accommodation for the counselling service is adequate	86
The counselling service in my school in adequately resourced	68
The counselling service has good administrative support	73
The counselling service works closely with other initiatives to support health and wellbeing in schools	72
Counselling is delivered in an appropriately private but safe setting within the school vicinity	99
The counselling service is well-publicised within the school	87
The counselling service is recognised and valued by school staff	95
The service is located in a position which is easy for pupils to access	95
The counselling service is sensitive to the needs of different communities and ethnic groups	93
The procedures for monitoring and evaluating the counselling service are satisfactory	78
The counselling service is an integral part of school provision	89
The services' approach to confidentiality strikes an appropriate balance between the needs of parents, children and safeguarding procedures	93

Source: Link teacher survey

There was 93% net agreement that services were sensitive to the needs of different communities and ethnic groups but, in contrast, just 27% net agreement that services met the needs of Welsh speakers. There was much stronger level of agreement (72%) that counselling services worked closely with other health and wellbeing initiatives (see Table 22).

4.6.2.   Specific aspects of implementation.

Counselling services within the schools had come on stream at different times, with the majority (71.5%) operating from 2009 onwards (Table 23).

Table 23. Date the school came on stream with the school-based counselling strategy

Date school came on stream	Number of schools on stream	Percentage (%)
Pre-2007	14	8.9
2007	15	9.5
2008	16	10.1
2009	73	46.2
2010	23	14.6
Don't know	17	10.7
Total	158	100

Source: Link teacher survey

Over half of link teachers (55%) indicated their schools had provided a counselling service prior to operating as part of the Strategy (Figure 9).

Figure 9. Schools indicating they had provided a school counselling service prior to operating as part of the national strategy
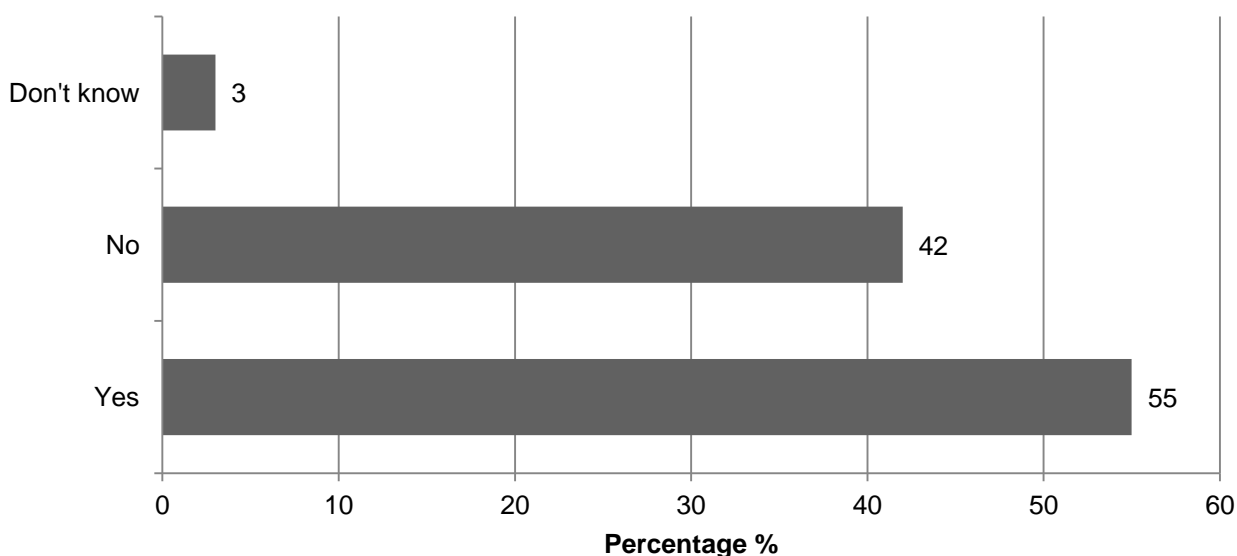
Source: Link teacher survey

In terms of where services were located the majority of link teachers viewed counselling services as operating exclusively within school premises (87%) (Figure 10), and school counsellors as employed by the Local Authority (51%) (Figure 11).

Figure 10. Where the school counselling service is operated from
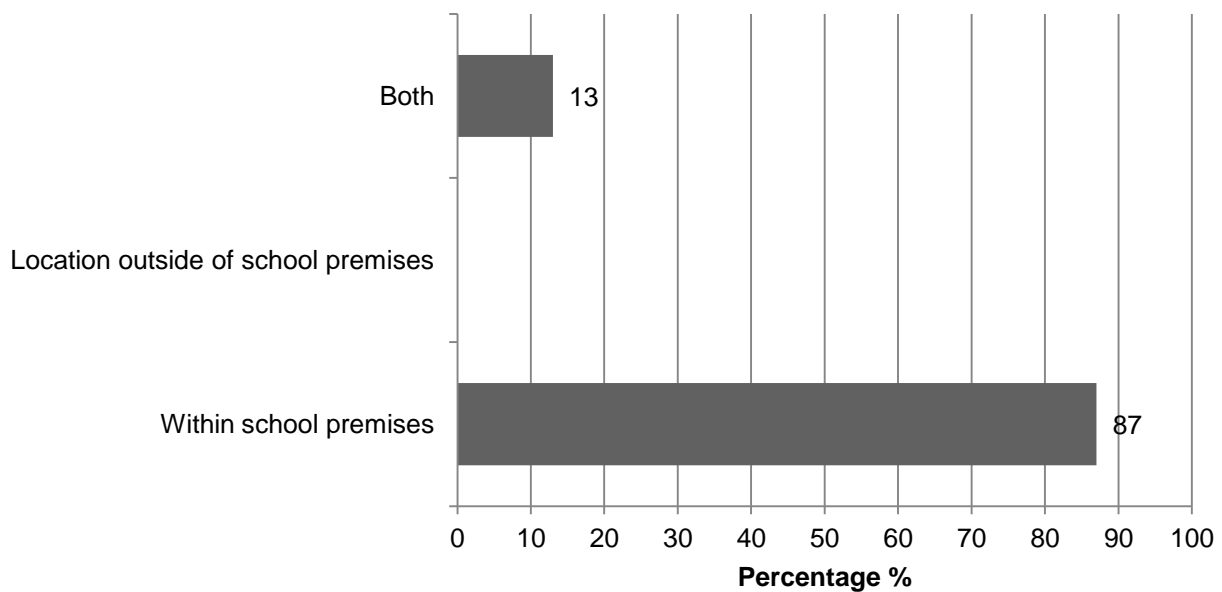
Figure 11. Who the counsellor (or counsellors) are employed by
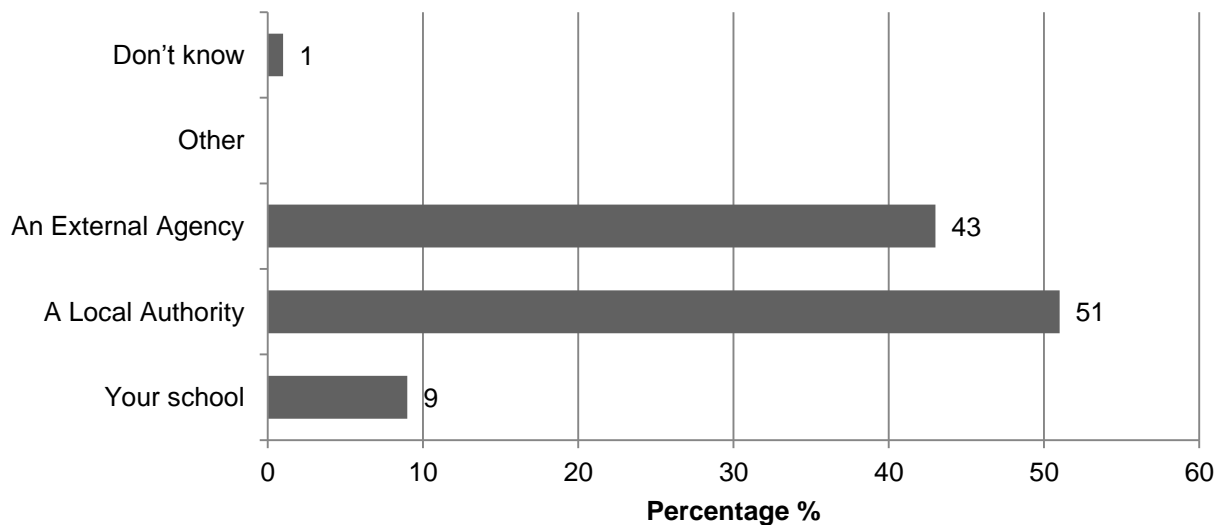
Link teachers generally viewed services as adequately resourced (68% net agreement: see Table 22) and felt they had good administrative support (73% net agreement). As regards to accommodation, there was 86% net agreement that this was adequate.

In terms of how services operate, the majority (93%) stated counselling sessions were held on a regular rather than an ad hoc basis (see Figure 12) and 34% of link teachers reported a waiting time for a first appointment of one to two weeks (see Figure 13). Waiting

times across the survey sample ranged from the same day to a wait of more than four weeks. The majority (75%) of link teachers indicated there was no maximum number of sessions offered to pupils and where an upper limit was in place, the average maximum number of sessions offered was six.

There was strong net agreement (80%) among link teachers that the process of setting up counselling services had been efficient and unproblematic (see Table 22).

Figure 12. Percentage of counsellors running regular sessions within school
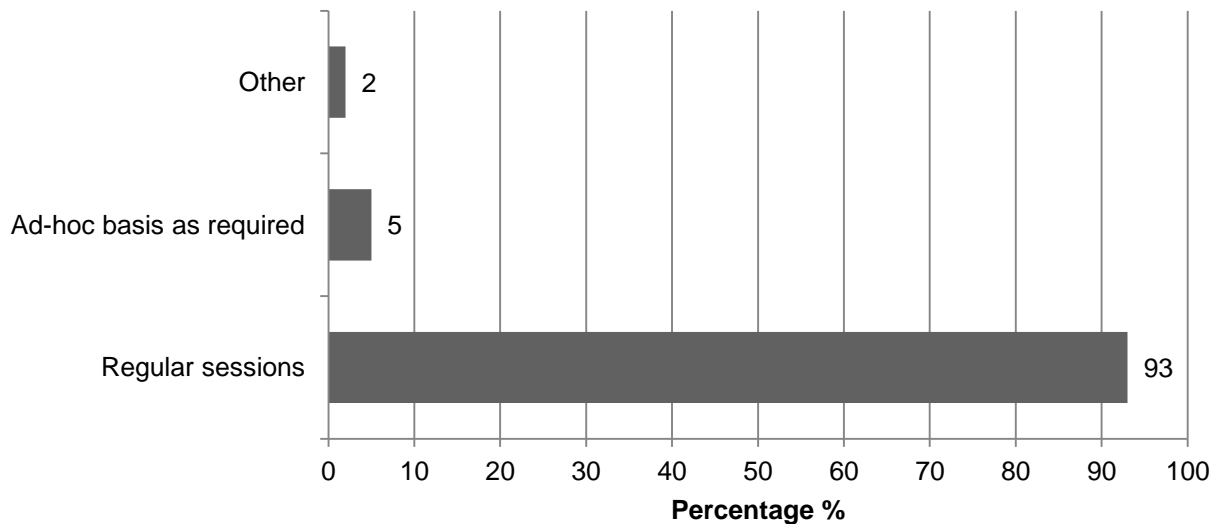
Source: Link teacher survey

Figure 13. The average waiting time for a first appointment once a pupil has been identified as needing to see a school counsellor
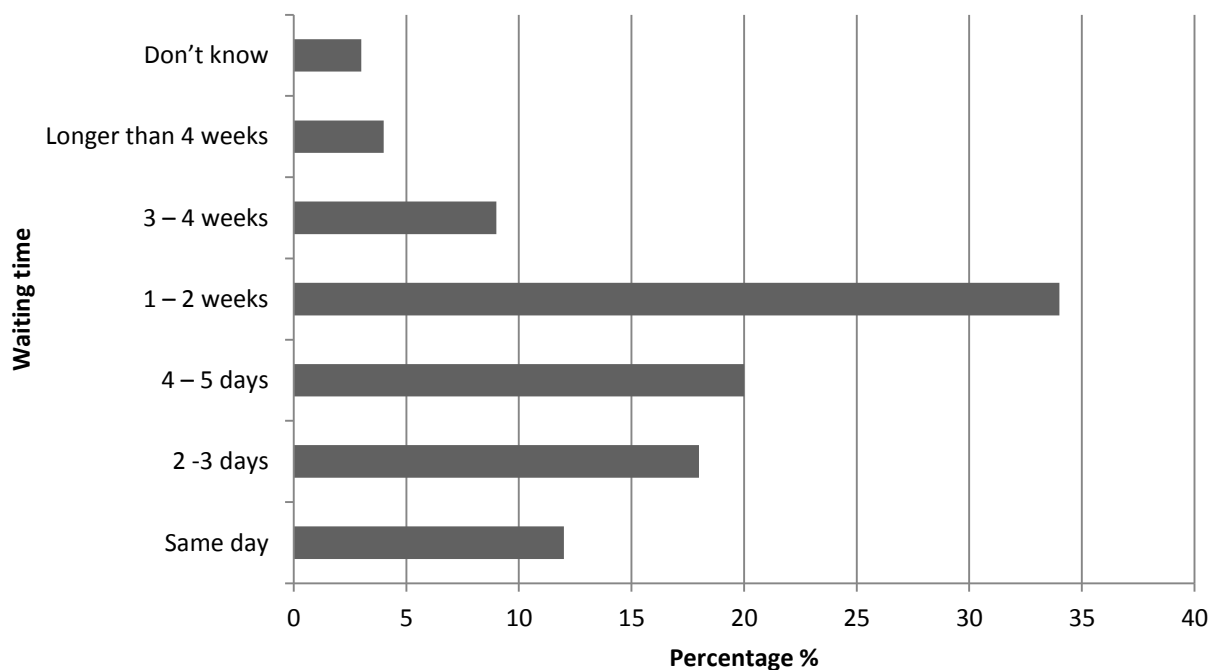
Source: Link teacher survey

4.6.3.   Impact of the Strategy.

Link teachers were asked to evaluate what impact the introduction of the Strategy had made on pre-existing school counselling services and also the impact counselling had made on different aspects of school life. The majority of link teachers whose schools had a counselling service prior to the implementation of the Strategy indicated services had subsequently improved (78%). The reasons for this varied, with the four most common responses referring to provision being available more regularly, counsellors being of a better quality, services being more easily accessible to children, and schools counselling being underpinned by a more focused and better planned approach (see Figure 14).

In evaluating the impact of counselling on school life, there was significant net agreement (91%) among link teachers that the schools' counselling services were effective in meeting the needs of pupils. In terms of the perceived impact on the attainment, attendance and behaviour of pupils who have received school counselling, responses were very positive, with 65% net agreement that pupil attainment had improved, 69% net agreement that attendance had improved and 80% net agreement that behaviour had improved (see Figure 15). According to a majority of link teachers this has been achieved without any increase in school staff workloads, with 46% reporting no increase or decrease in workloads resulting from the introduction of counselling services (Figure 16).

Figure 14. Reasons provided for why the service has improved since implementation of the school counselling strategy
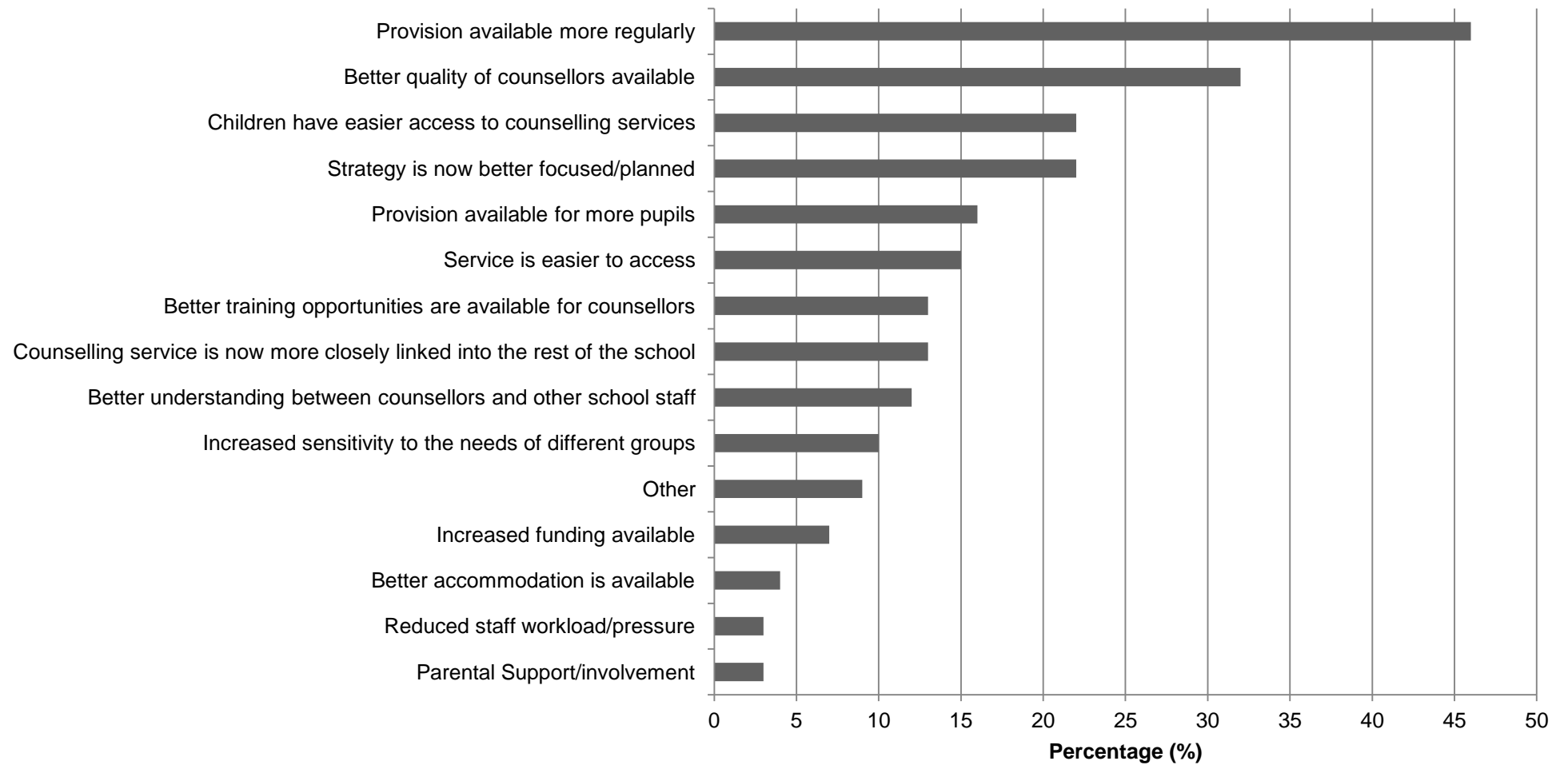
Source: Link teacher survey

Figure 15. Perceptions of the impact of the school-based counselling service on attainment, attendance and behaviour of pupils
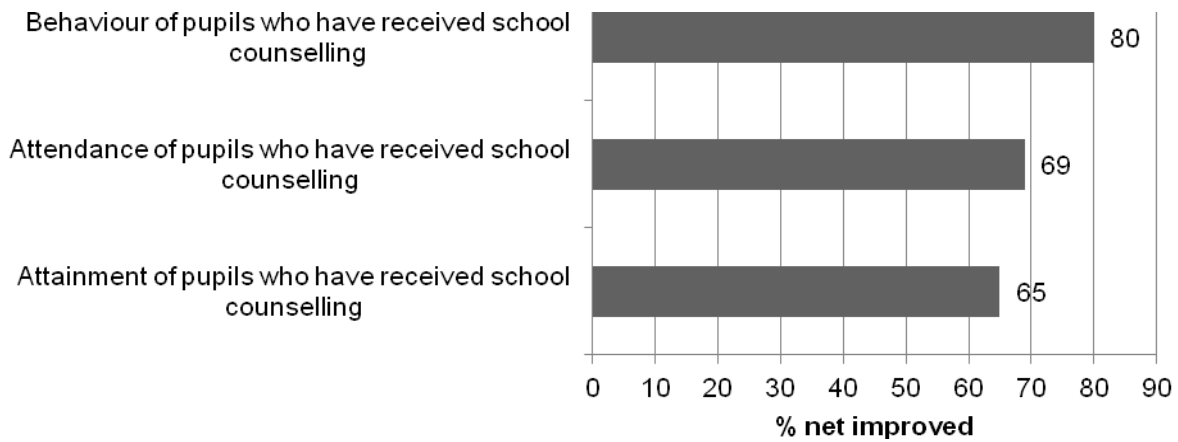
Source: Link teacher survey

Figure 16. Perceptions of the impact of the school-based counselling service on staff workload
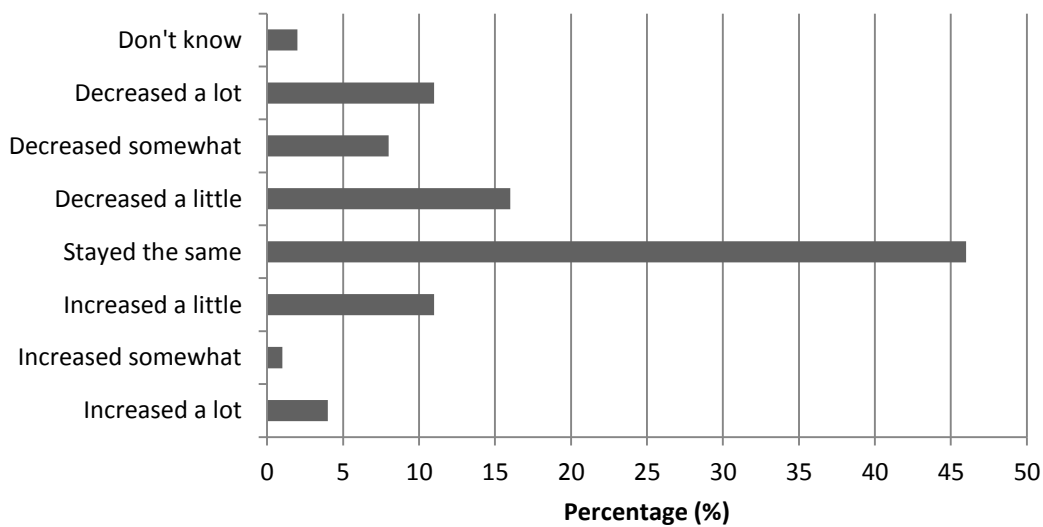
Source: Link teacher survey

4.6.4.   Recommendations.

Link teachers recommendations for the future development of schools are set out in Figure 17 with the most significant ones being that more counselling sessions should be made available for pupils, more counselling staff should be recruited, better liaison should be developed between counsellors and school staff and funding should increase.

Figure 17. Recommendations for improvements to the counselling service

Recommendation	Percentage net agree
More/longer counselling sessions	56
More counselling staff	23
Other	9
More liaison between counsellors and staff	9
More funding (ie. a higher amount)	9
Welsh speaking counselling service	8
Better facilities/room	8
Family/group counselling	4
Regular long term counsellors	3
More sustained/committed funding (ie. Over a longer period of time)	3
Working with other organisations and schools	3
More interest/understanding from pupils	3
More support/understanding from staff within the school	3
Better referral system	2
More staff training	1
Increase awareness	1
More aimed towards children with special needs	1
Better admin/more admin support	1
Don't know	1
More support from management	1

Source: Link teacher survey

4.6.5. Summary.

Over half of schools included in the survey had provided a counselling service prior to operating as part of the national strategy, 78% of which felt the service had improved since the introduction of the Strategy, mostly due to more regular provision being available. Services were reported to be run on a regular, rather than an ad hoc basis, with flexibility in terms of session numbers and the average waiting time being 1-2 weeks. Link teachers showed high levels of agreement that counselling services met the needs of pupils and were in agreement that the perceived attainment, attendance and behaviour of pupils who had received school counselling had improved, whilst in addition there had been little impact on staff workload. In concurrence with school counsellors, link teachers recommended the service could be improved with more counselling sessions and increases in staffing levels.

4.7. Local Authority Leads' Survey

A paper-based questionnaire was devised to capture information on Local Authority Leads' (and, where not available, service managers') opinions and perceptions of the Strategy. The questionnaire was derived from those already used in the school counsellor and link teacher surveys, consisting of the same five areas of enquiry: details about counselling services; views on school counselling; relationships with other services; strengths and weaknesses of the strategy; and recommendations for the future.

Local Authority Leads: Key Findings

- 96% of those who completed the questionnaire indicated they had good relations with specialist services such as CAMHS
- There was 100% net agreement that counsellors were provided with appropriate opportunities for clinical supervision. However responses were much lower for training (52%) and staffing (56%) levels.

4.7.1.   Implementation of the 10 recommendations.

There was very strong net agreement (100%) among Local Authority Leads/Service Managers (*LA Leads*) that counsellors were provided with appropriate opportunities for clinical supervision, but lower figures relating to the availability of training opportunities for counsellors (52%) (see Figure 18).

Figure 18. Attitudinal questions asked of Local Authority Leads
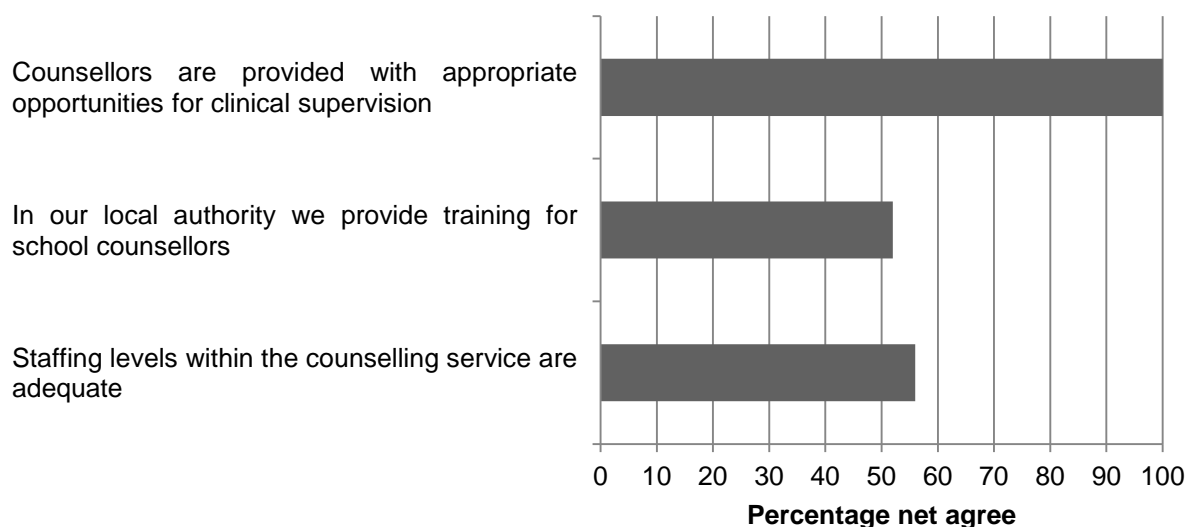
Source: LA Leads survey

As regards the location of services, there was 96% net agreement that counselling was delivered in an appropriately private but safe setting within the school vicinity. Similarly there was 92% net agreement that services were located in a position which is easy for pupils to access (see Table 24).

There was 88% net agreement that counselling services were an integral part of school provision and 72% net agreement that counselling service were well-publicised within the school. There was 88% net agreement that counselling services were recognised and valued by school staff.

High levels of net agreement (80%) were expressed that the procedures for monitoring and evaluating counselling services were satisfactory, along with a higher level (100%) that services' approach to confidentiality strikes an appropriate balance between the needs of parents, children and safeguarding procedures.

There was just 56% net agreement that counselling services were sensitive to the needs of Welsh speakers but a much higher level (100%) of counselling services were sensitive to the needs of different communities and ethnic groups.

A large majority (96%) of LA Leads indicated that services had good relations with specialist services such as CAMHS and that counselling services worked closely with other initiatives to support health and wellbeing in schools (70% net agreement).

Table 24. Local Authority Leads' net agreement with attitudinal statements regarding school-based counselling

	% net agree
The process of setting up the counselling service has been efficient and unproblematic	64
The counselling service is sensitive to the needs of Welsh speakers	56
The accommodation for the counselling service is adequate	72
The counselling service in my school in adequately resourced	75
The counselling service has good administrative support	84
The counselling service works closely with other initiatives to support health and wellbeing in schools	70
Counselling is delivered in an appropriately private but safe setting within the school vicinity	96
The counselling service is well-publicised within the school	72
The counselling service is recognised and valued by school staff	88
The service is located in a position which is easy for pupils to access	92
The counselling service is sensitive to the needs of different communities and ethnic groups	100
The procedures for monitoring and evaluating the counselling service are satisfactory	80
The counselling service is an integral part of school provision	88
The services' approach to confidentiality strikes an appropriate balance between the needs of parents, children and safeguarding procedures	100

Source: LA Leads survey

4.7.2.   Specific aspects of implementation.

LA Leads were generally satisfied (75% net agreement; see Table 24) that counselling services were adequately resourced, with slightly lower satisfaction with staffing levels (56% net agreement; see Figure 18). There was strong net agreement (84%) that counselling services had good administrative support and that accommodation for the services was adequate (72% net agreement). There was significant net agreement amongst LA Leads (76%) that the service they managed did not have a limit on the number of sessions available to pupils and there was 64% net agreement that the process of setting up the counselling service had been efficient and unproblematic.

4.7.3.   Strengths.

Qualitative statements from the LA Leads about the strengths of the Strategy included the theme of *support* (see Table 25), with comments such as, 'Good support from WAG', 'Support through consortia', 'Central support to raising profile'.

Table 25. Local Authority Leads' perceptions of strengths of the Strategy

Theme	Number of supporting statements
Support	7
Accessibility	9
Resources	7
Funding	8
Whole Wales approach	5

Source: LA Leads' survey

The ease with which children and young people could *access* the service was also cited as a strength. For instance, 'We are able to engage a young person with a professionally trained counsellor quickly when the need arises', 'Emphasis on self-referral', 'Entitlement to all', 'Universal provision accessible to all children'.

The *resources* made available by the Welsh Government were also identified by LA Leads, particularly the 'Toolkit'. For example, 'Toolkit – a useful resource' and 'Well-resourced e.g. toolkit & DVDs'.

Similarly, the *funding provision* was identified as a strength of the Strategy, with comments including, 'Well-funded', 'Ring-fenced money', 'Additional funding', 'Mainstreaming the funding'.

Finally, LA Leads identified the 'whole-Wales approach' as a strength: for instance, 'A coordinated approach across Wales'.

4.7.4. Weaknesses.

LA Leads expressed concerns about the uncertainty of *future funding* (see Table 26). For instance, 'Continuation of funding', 'Uncertainty over long-term funding'.

Table 26. Local Authority Leads' perceptions of weaknesses of the Strategy

Theme	Number of supporting statements
Future Funding Provision	8
Variability in services across schools	2
Sustainability	4

Source: LA Leads survey

A further weakness related to the *sustainability of services* and their ability to meet demand. Comments included, 'Much greater than anyone anticipated' and 'Demand likely to increase'.

Finally, *a lack of consistency across schools* was identified as a potential weakness. For instance, 'Some of the services are counting data differently' and 'The ability to deliver an equitable service in all schools'.

4.7.5. Recommendations.

Recommendations to improve the school counselling strategy tied in closely to the perceived weaknesses of the Strategy as described above. Securing future funding was emphasised (see Table 27) for instance, 'Increased or continued funding', 'More secure funding,' 'Further funding'.

Further recommendations focused on collaboration with other agencies and greater integration into school provision. Comments included, 'Ensure that it is embedded as a targeted service within both the services of education and health', 'Closer collaboration with other agencies' and 'Improve ability to share good practice'.

Increased opportunities for both counsellors and school staff to engage in training was identified, for instance, 'Joint training opportunities'.

Finally the need to continue to evaluate the effectiveness of services was highlighted, for instance, 'Thorough independent review' and 'Continued evaluation'.

Table 27. Local Authority Leads' recommendations to improve the Strategy

Theme	Number of supporting statements
Increased/continued funding	11
Collaboration with other agencies and school staff	3
Joint training opportunities	3
Continue to evaluate the service	3

Source: LA Leads survey

4.7.5.1. Summary.

LA Leads were in agreements with school counsellors and link teachers that services did not limit the number of counselling sessions for pupils. Results also supported the finding that services work closely with specialist services such as CAMHS. There was less than 60% agreement that LAs provided training for school counsellors and that staffing levels were adequate (this supports the findings of the counsellor survey). Strengths, weaknesses and recommendations corroborate those reported by school counsellors and link teachers.

4.7.6.   *Level of agreement across stakeholder groups.*

Level of Agreement across Stakeholder Groups: Key Findings

- Overall levels of satisfaction with school-based counselling were high across all three stakeholder groups

- Link teachers reported that the implementation of the Strategy has led to significant improvements in pre-existing school-based counselling provision

- Link teachers reported counselling services had made a positive impact on the attainment, attendance and behaviour of clients

- The Strategy was not perceived as increasing the workloads of school staff

- Perceived strengths of the Strategy were the commitment and support from the Welsh Government and the 'whole Wales approach'

- Some counsellors viewed the process of setting up counselling services as difficult and problematic, in contrast with link teachers and LA Leads

- The lack of counselling in primary schools was seen as a weakness of the Strategy

- Stakeholders' responses indicated that, in general, the 10 recommendations for school-based counselling had been implemented. However:
    - All stakeholder groups wanted to see the future funding of the Strategy secured
    - Services were not always seen as meeting the needs of Welsh speakers
    - There were levels of concern about resources, particularly the accommodation that services operate from

- Key recommendations from the stakeholder groups were that:
    - Funding should be increased
    - There should be more opportunities for both counsellors and school staff to engage in further training.

On 10 of the common survey items across all three stakeholder groups, levels of net agreement were 70% or above with relatively little variation between groups (see Figure 19). However, there were four items where the level of net agreement varied considerably across the three stakeholder groups and where some groups had indicated relatively low levels of agreement. First, there was net agreement of just 26% among school counsellors that the process of setting up the counselling service had been efficient and unproblematic, as compared with 64% among LA Leads and 79% within the head teachers' survey.

Second, net agreement that counselling services were sensitive to the needs of Welsh speakers was 56% among LA Leads, just 47% among school counsellors and 28% in the link teachers' survey. Third, the school counsellors' survey had 54% net agreement that the accommodation for the counselling service was adequate, compared with 89% for the link teachers and 72% for the LA Leads. Finally, net agreement among school counsellors that counselling services were adequately resourced was lower (55%) than for link teachers (69%) and LA Leads (75%).

Figure 19. Net agreement amongst school counsellors, head/link teachers and Local Authority Leads/service managers with attitudinal statements regarding the school counselling service
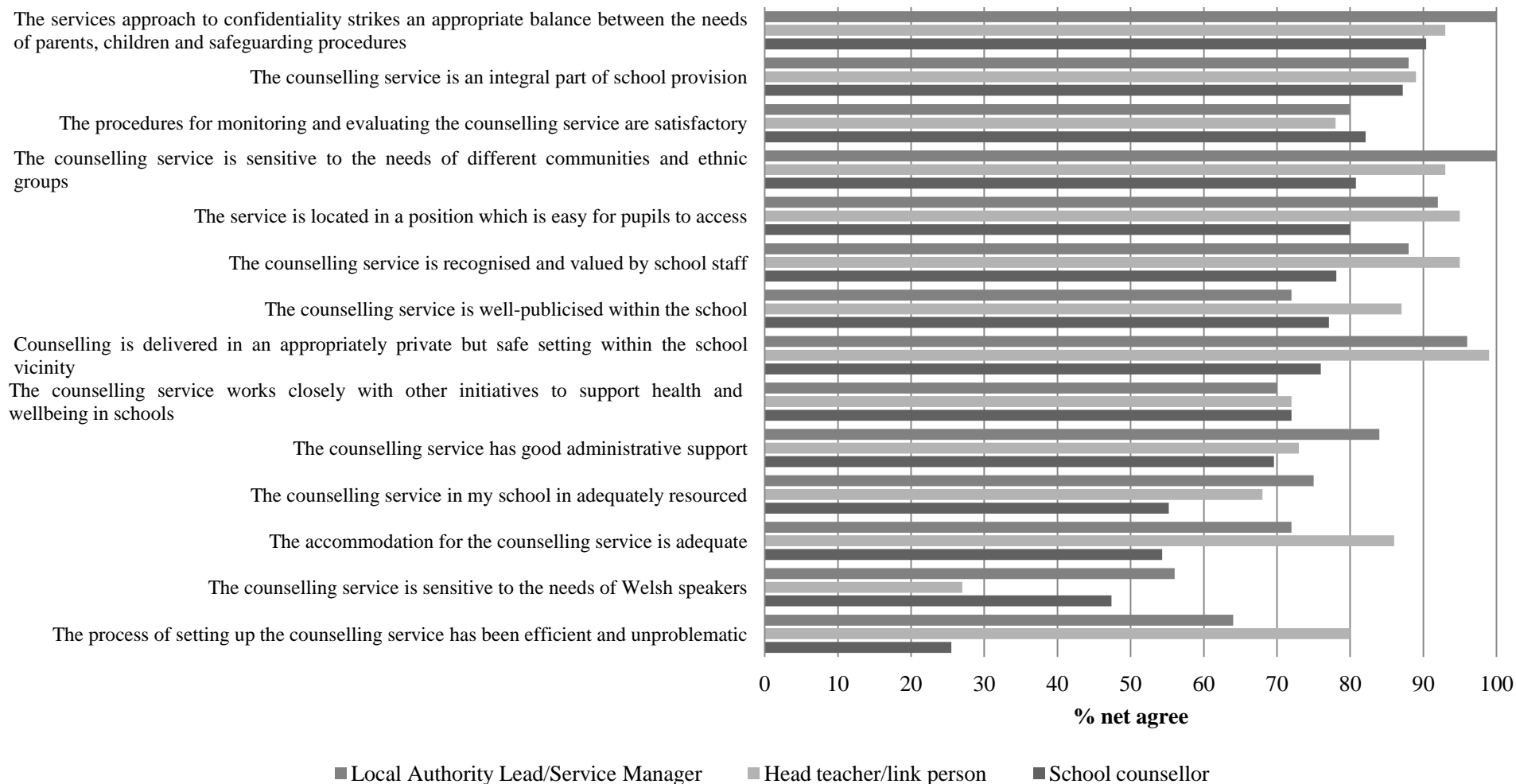
Source: Counsellor survey, Link teacher survey and Local Authority Leads survey

4.8. Case Studies

Interviews were carried out with school staff, parents, service users (i.e. students who have attended counselling) and student focus groups in four secondary schools. Each student focus group was either the school student council or a mixed ability group,[58] and current and ex-service users were not excluded from the student focus groups. Questions were asked regarding levels of satisfaction with the Strategy, accessibility of services and the perceived impact of the service within their school. In this chapter an overview of each case study school is first provided, which is then followed by a description of the findings.

Case Studies: Key Findings

- Levels of satisfaction with the Strategy were generally high
- Counselling was seen as rapidly accessible, allowing teachers to concentrate on teaching; projecting an ethos of a caring, supportive school environment; and non-stigmatising
- Counselling was seen as having a positive impact on clients: increasing wellbeing, happiness and confidence; and reducing problematic, disruptive, and high risk behaviours
- There was a perceived need for greater availability and more widespread knowledge of the counselling services
- Concerns about the counselling included limited availability, limited choice of counsellor (particularly with regard to gender), limited availability of Welsh-speaking counsellors, problems with accommodation, and difficulties in self-referral when a specific teacher was acting as gatekeeper to the service.

4.8.1.   Case study: School 1.

School 1 was a Welsh-medium comprehensive school located in a rural area of North Wales, with below-average numbers of students eligible for free school meals. It has a

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58 'Mixed ability group' refers to a group of students specifically selected by school staff to be representative of a range of abilities. This group were selected in addition to the student council as the student council may not be representative of the student body.

counsellor who visits the school once a week and an Emotional Health Coordinator who works in the school full time. The counsellor receives referrals through the emotional health coordinator and/or the link tutor. Students can self-refer to the emotional health coordinator but not directly to the counsellor: the counsellor has a low profile in the school and not all students are aware of her role or know her name. The emotional health coordinator, on the other hand, is very well known within the school and all the students interviewed were aware of her and knew something of what she does. She is commonly assumed to be the counsellor by students, and by some staff and parents. The emotional health coordinator's roles include the provision of a drop-in service, and immediate support for students experiencing emotional distress or difficulties with anger management. When asked about the counsellor, many interviewees discussed the role of the emotional health coordinator rather than the designated counsellor, making it difficult to draw conclusions specifically about the counselling. However, this overall model of provision of support is well received within the school.

The counsellor operates from a dedicated room described as quiet, pleasant and spacious. Staff identify this as a quiet location, away from busy corridors, which improves confidentiality. Students had some concerns that the location of the counselling room could be intimidating (especially to younger children) as it was in an area of the school they would not normally access unless they were 'in trouble', and that if observed entering this area, they would need to explain themselves to their peers.

4.8.2.　　Case study: School 2.

School 2 was an English-medium faith-based comprehensive school located in an urban area of North Wales with below-average numbers of students eligible for free school meals. The counsellor is employed by an external agency, and at times has had additional support from an agency colleague because of the high level of demand in the school. This school had made counselling more widely available than usual in the relatively recent past due to a traumatic event which impacted on many students, and there was a high level of awareness of this. The service was very much appreciated by those parents, staff and students who had had contact with it and the primary issues were around profile, availability and rooming.

The regular counselling service is not universally known amongst students; those

who were aware of it stated they would access it through Heads of Year, and did not know if there were alternative referral routes. Students were not clear whether they were able to choose not to attend counselling. Although students would have preferred to have more knowledge about the counselling service, they also suggested that over-accessibility could lead to the service being abused. Students discussed some advantages of the counsellor being separate from the rest of school life, as this enhanced their confidence in the confidentiality of counselling.

The lack of a dedicated and consistent counselling space is a significant issue for some students; a variety of offices were used which meant that some students met the counsellor in different rooms on different occasions, that some rooms utilised were not adequately soundproofed and that interruptions occurred. This meant that despite the best efforts of the counsellor, students were less than confident that their counselling was truly private. It is anticipated that the rooming issue will be resolved before the next school year.

4.8.3.   Case study: School 3.

School 3 was a middle-sized, English-medium school in a mixed urban/rural area of South Wales. The intake was close to the national mean in terms of free school meal provision, and almost entirely from English-speaking homes.

The school counselling service is overwhelmingly seen as a positive addition to the school. It is operated by an external agency. The counsellor was well known within the school by name and in terms of the services she offers. The counselling service is advertised widely using posters. The counsellor addresses assemblies regularly showing the counselling in schools DVDs, and has visited Year 6 groups in feeder schools prior to transition to secondary school. The service includes one-to-one counselling, a drop-in service, and 'a safe haven' in addition to an existing nurture room (outside of the counselling service). There were multiple referral routes including independent self-referral, drop-in, and referral via teaching staff. Students and staff were aware of referral processes.

There appears to have been some concern within the staff group around the issue of confidentiality of counselling though this is diminishing as more information about the operation of the service is made available such as usage levels and outcomes. Counselling is seen by staff as supporting Heads of Year in relation to

certain aspects of pastoral care for which they have neither adequate time nor the specialised experience.

Students appear to have largely accurate information about the service. They emphasised the importance of confidentiality, discretion and a non-judgemental relationship with the counsellor. A key theme was the sense of security engendered by always having someone to talk to about any type of problem.

The main area for improvement identified was a need for greater availability of the service.

4.8.4. Case study: School 4.

This was an English-medium school in a semi-rural area of South Wales. The proportion of students eligible for free school meals was somewhat above the national average. The counselling service is provided by an external agency with referral through named staff. Some students were aware of the service by name; others had not heard about it and/or were not clear about its purpose. Some had heard of it in assembly or from particular teachers. The service was seen as positive by all respondents who were aware of it, but those who had not had direct contact with the service sometimes had limited knowledge of it.

The issue of parental consent for counselling was not clear; service users stated that parental permission was not needed but other students were not aware of this and some staff thought parental consent was needed. Not all students were familiar with the referral process, though most frequently they suggested contacting teaching staff.

Those students who had had contact with the service reported very positively on it, describing it as private, confidential and helpful. Counselling was seen by all respondents as a very positive addition to the school. Key issues cited were the need for a better room, and for greater availability.

Although the low profile of the service meant that some students were not aware of it, or were not aware of referral processes and confidentiality policies, this was also described by some as having advantages in maintaining the privacy of the students who were using the service: other students were less likely to guess where their peers were going if they were unaware of the existence of a counselling service.

4.8.5. Levels of satisfaction.

There was a strong positive response to the provision of counselling in these four schools, from all parties: staff, parents and students. Satisfaction levels with the service were generally very high, especially from staff, parents and service users. Satisfaction levels from potential service users about the way the counselling services operate in practice were more difficult to assess because some students were not very familiar with the service.

In individual interviews, the majority of respondents (staff, parents and service users) expressed clear satisfaction. A small number of individuals expressed satisfaction with some reservations such as a desire for greater availability, for more knowledge about the service, and in one school for a more consistent room to be available. The remainder of the respondents were not asked this question directly, did not respond or stated they did not know enough to express an opinion.

Staff responses to questions about satisfaction with the service include:

I'd hate for us not to have a school counselling service now we've had it, … she's definitely been worthwhile having … excellent, I can't rate her high enough, I just hope we can keep her.

Very satisfied; I think she's been excellent.

Absolutely, would love her full time.

Parent showed satisfaction with the service with comments including:

This [counsellor] is amazing.

The kids I've found that have gone to her seem to benefit from her so I think she's doing her job well … the trouble is there's only one of her and that's my biggest worry, what happens to the kids who are waiting.

Definitely satisfied … they [the children] go into it because they want to.

Service users were very positive about the counselling service, emphasising the positive personal characteristics of the counsellor. Comments included,

> *The counsellor is really nice, really understanding, she's good at it, empathising.*

> *I'm really pleased, I can say anything, it's confidential, I can read her notes.*

> *When I was off school last year with [reason] I lost a lot of work and I had to go to see her and she did help a lot, to be honest, I didn't think she would, at first I thought, oh god I'm a freak but she really did help.*

> [I] *have somebody to listen to me. Not so much someone to talk to me and telling me what to do because I don't like that. More to have somebody just listen to me, to what was wrong and things.*

Other factors service users particularly appreciated were the ability to arrange appointments directly with the counsellor, having a choice of days for their appointment, privacy, availability of one to one sessions, regular and frequent appointments and the ability to openly discuss anything.

The responses of the focus groups of students (i.e. those intended to be representative of the student body as a whole rather than those who had contact with the service) were more tentative and each individual's opinion could not always be identified within these groups. Clear satisfaction was expressed in one of the eight focus groups; two groups expressed considerable satisfaction; three groups were satisfied with some reservations (for example about insufficient information about the service being available) and one did not directly comment on this issue.

No participants in the study said they were dissatisfied with the counselling service.

4.8.6. Awareness of the service and understanding of the function of school-based counselling.

The degree of knowledge of the counselling service and related emotional support services varied between schools; this variation correlated to some extent with the model of provision of counselling and emotional support adopted. In some schools there was excellent awareness of the range of emotional wellbeing services available, but the counselling service was not always distinguished from other emotional wellbeing services. In other schools knowledge of the counselling service was more limited, notably where access was funnelled through named teachers. On the whole, a broadly sound understanding of the function of counselling was demonstrated.

However, where other forms of specialist emotional support were available there can be a lack of clarity about the respective identities and roles of the counselling service and the emotional support service. This may not in any way diminish the usefulness or satisfaction with the services provided, and may in fact occur where the counselling service is thoroughly integrated with other services, but it makes it more difficult to distinguish the specific impact of the counselling service.

Awareness and knowledge of the service.

All the parents who responded were aware of the counselling service (though it should be noted that some of the parents were also employed in the schools or had children who had seen the counsellor, so this may not be representative of all parents). There was evidence in one school that it was practice to inform parents through leaflets and letters home; in two other schools, parents were told about the service if a child was identified as potentially benefitting from counselling. In the fourth school the position was not clear from this research. The amount of knowledge demonstrated by the parents was very varied, from the simple existence of the service to the detail of referral processes.

Students' knowledge of the service also varied by school: in one school, the students were generally familiar with the counselling service, in one school they knew where and how to get emotional support but did not clearly differentiate counselling from other services available. In two schools knowledge of the counselling service was patchy. Not surprisingly, all service users were aware of the counselling service and referral mechanisms.

All the members of staff interviewed were familiar with the counselling service, and

most had some degree of knowledge about its functioning and were able to cite a referral process. In one school all the staff could provide some details of the service and four of the six staff interviewed described their contact with the service. In another school, there was less familiarity and one member of staff confused the counsellor with the Educational Psychologist.

Understanding of the purpose of counselling.

There was a broad understanding of the purpose of counselling as providing a confidential space in which the young person can discuss emotional problems or problems at home or school. Parents interviewed demonstrated an understanding of counselling although 'advice giving' was included as an aspect of counselling by some parent respondents and excluded by others. Descriptions included:

> *Offload to someone who understands, who may be able to give them advice.*

> *Someone to talk to outside the family … a friend on the other side just to listen.*

Staff described counselling as a place for the children to go where they could talk freely and confidentially about issues troubling them. In School 1 where the counselling service and emotional welfare service were often not distinguished, there was some lack of clarity about the specific characteristics of the counselling service.

Respondents (across groups) in several schools saw the anger management services, nurture room and other services as part of the counselling service. Students in some schools expressed a preference for more confidence in their knowledge about of counselling, for example,

> *You'd want to know what sort of problem you can go to counselling for because I don't know how serious it has to be to go to counselling.*

Where the notion of confidentiality in counselling was understood, it was frequently acknowledged by staff and parents as a necessary characteristic of counselling, though of all the respondent groups, school staff expressed most doubts about confidentiality for counselling service clients. A small number of parents expressed reservations that they might not be informed about their child's attendance at counselling. Confidentiality was appreciated by service users as a very helpful distinguishing feature of the service.

Staff: Of those staff who commented on the issue of confidentiality, seven stated that the service is confidential and/or that they would not expect to hear any information about a child's progress in counselling. One of these staff elaborated that information would be shared by the counsellor if the child was considered to be at risk:

> *You've got to respect the child's privacy and it's easy for them to speak honestly about personal things if they know it's not going to go any further. The only reason for it to go further if there is an issue with abuse or something similar.*

A small number staff stated they would like to have information on whether or not the child is continuing to attend counselling (but not the content of the sessions), whilst one would prefer to be given information about the themes or issues the child takes to counselling. A couple of teachers recognised the benefits of confidentiality but also discussed the tension between these and the increased capacity of the teacher to help if they have more knowledge of the issues the child is discussing in counselling. For example,

> *I think she's doing a very good job. I just wish I could be included more and then it would be a link to the pastoral team.*

> *[Confidentiality] is a tricky one … some heads of year ... would like a follow up … I think that at the end of the day the child needs to feel confident that the counsellor is the only person who'll be taking on board their disclosures. So I would respect the counsellor's advice when she says I won't be feeding you unless it's anything to do with self-harm or any other abuse.*

In one school there was reference by more than one member of staff to some tensions around confidentiality having diminished as the counselling service became established and more information being made available about effectiveness. Comments included,

> Some members of staff who are very pastorally oriented, they found it very difficult not knowing … now … I think the heads of year can see the successes of what she's achieved and are saying well, whatever she's doing it's great and let's let her get on with it.

Parents. There were mixed responses from parents about both confidentiality of referral, and confidentiality of counselling content, with the majority of those commenting supporting confidentiality. Broadly speaking the parents interviewed were broadly supportive of the service being confidential, with some provisos that confidentiality is limited where the child is considered at risk or if the child discloses major problems. For instance,

> It wouldn't be a problem if my child had confidential counselling … if they put themselves at risk that would be important to say to the parents. Unless that happens I think that child should have confidentiality, privacy.

Two parents thought that parents should be informed that the child is attending counselling:

> I agree with the confidential counselling but I don't agree with them having counselling without you knowing about it, I think, um, if they are put on an intervention, the parents should know about the intervention.

Whereas another parent wanted to hear more about the content of counselling:

> If something that much is going on in my daughter's life I'd want to hear about it … maybe things could be passed on or maybe we

could pass things on to the counsellor – not everything but
sometimes, it may be relevant.

In addition, one parent wanted the opportunity to be able to influence the child to attend counselling if needed:

If someone says the child needs counselling and child doesn't want
to go the parents should have more say, to say now try it;
especially for Years 7 and 8, it shouldn't be up to the child
necessarily.

Some students in the focus groups were aware of the confidentiality of the service, particularly where the counsellor has addressed school assemblies or otherwise given information directly to the student group:

[The counsellor says] *that 'what says in here stays in here' and that's*
quite a good thing because like, sometimes you don't want … in the
school to know but you do need that little bit of help.

Some were aware of the limits of confidentiality:

Yes, she says the only time she's going to tell people is if she
thought you're in danger.

Well, it's completely confidential unless it's something that puts you
in danger.

Confidentiality was considered important in several student focus groups:

Maybe with younger kids that's part of the problem, maybe they are
not sure about the whole confidentiality thing so maybe that needs to
be reinforced. That everything is completely confidentiality. That will
help them to open up.

In one focus group at least two students were emphatic that confidentiality allowed students to talk to the counsellor about things they could not discuss with teachers, and in another school a student says:

> *Teachers talk in the staffroom about pupils so having a counsellor who is independent and doesn't really know the teachers on that level keeps it private, on a one to one.*

In addition, to the confidentiality of session content, being able to self-refer privately was a significant factor identified in the potential service user focus groups. For example,

> *She makes us know that she's here and like what days and she has a letter box so you put letters through there if we don't want anyone to know about it.*

> *You write it on a form and put in the box and only she has the key for that.*

Service users varied in the emphasis they put on no one knowing they were attending counselling. Some individuals were not concerned about others knowing where they were going; other individuals said they would rather their peers thought they were being sent to senior staff for being in trouble than that they know about the counselling, or that they would rather be 'shouted at' by the teacher than say they were leaving the class for counselling. Some students emphasised the importance of no one knowing:

> *I wouldn't want the teachers to know because they all talk. I wouldn't want anyone to know.*

> *I liked it because no one knows about it, it's just you and no one has to know, it's for you to talk about anything.*

This concern for confidentiality (and indeed secrecy) has implications for both processes releasing children from class and for the location of the counselling room. In one school there were considerable conversations around advantages of the

counsellor not being known in the school. One student view was,

> *If everyone knew who the counsellor was and you were seen with*
> *the counsellor, people might start to talk about you.*

Some parents also stated the advantages of a service that is not well known, for example,

> *Do you want counselling to be high profile? If it's going to be*
> *confidential you don't want it to be high profile.*

On the other hand, students in other schools felt more confident in working with someone they recognise as a familiar face around the school. For example,

> [The emotional wellbeing worker] *is good at that, always on the*
> *corridor. Personally I'd rather see someone like that.*

4.8.7. Perceived strengths.

1. The provision of adequate emotional support services, including counselling, was described as *allowing teachers to concentrate on teaching*, reducing disruption to lessons from teachers attending to emotional and behavioural issues. Staff, parents and students comment that the availability of a counsellor with time and specialist skills allows teachers to concentrate on their main roles. Staff views include,

> *It takes the weight off people like me … the problem in my job is time,*
> *and they are trained.*

> *More and more, there are more children coming to school with*
> *problems and it does interfere within the classroom because you*
> *have to take the children out, speak to them, so for the majority of*
> *classes, who don't have classroom assistants, the teacher has to*
> *stop the lesson to try and deal with them, so I think it's extremely*
> *important because it allows the teachers to do their job.*

A parent stated,

> *I think if it's running alongside the pastoral care service it can only*
> *have positive effects … it's very useful to have someone else there*
> *to take some of the pressures off* [heads of year] *and some children*
> *do really need one to one counselling.*

Students' comments reflected the advantages for both the management of classes and the educability of individuals. For instance,

> *If they [the teachers] think it is getting too much to handle … they get*
> *someone in and it saves the teachers having to deal with it. It is*
> *better for.*

> *It's easier to educate happier people.*

2. The counsellors are described as offering a range of services in addition to one-to-one counselling, including drop-in times, safe haven, training, and anger management groups. The extent of this varies between schools.

3. The provision of counselling and other specialist emotional support within the school is seen by some respondents as projecting an ethos of a caring, supportive school environment where the young person is, and feels, valued as a whole person. One parent stated this as,

> *I just think it creates a caring environment because there is*
> *somebody there who says, I care, come and tell me your problems.*

4. Where self-referral is possible, the service is readily accessible to children. Students in schools with self-referral to counselling or emotional welfare services appreciated the ease of access. Students in the school without self-referral processes commented on this, for example,

> *I think people should be able to refer themselves, not like the*
> *teachers referring them.*

5. *Rapid and flexible access to support* is available when needed (subject to waiting times in some of the schools):

> With the counsellor I see her every week, with the psychologist I was only seeing him every three weeks, so it wasn't doing me any good.

One parent commented that she was pleased that she could accompany her child if he wanted her to.

6. The service was seen as providing access to help with *small as well as large difficulties*, whilst outside services are seen as only accessible to more serious problems. For example, a student stated,

> *Going out of school might lead you to think you have a major problem. In school, it's a back up.*

7. Students *feel heard and valued*, and in counselling do not feel judged or criticised,

> *It's nice for someone to listen, offer advice, good that somebody is there, you don't feel judged when you are there, you can say what you feel in your head.*

8. Students in some of the schools report that using the school counselling service offers them *real choices* about attending counselling and about the work undertaken in the session. There is an implication that students experience taking responsibility within counselling as an empowering process,

> *She always tries to understand everything you say and even if she doesn't understand you can tell her off and just say no you got it wrong and she listens to everything you're saying.*

> *I know she's really nice and I've told her that before [that I did not want to have sessions] when I was in PE and she said that's fine as long as you don't take advantage of the system and just come when it's lessons I hate. I said no – that I wanted to do this. And she said that's fine.*

9. The distinct nature of the counselling service, sitting outside of the standard pastoral care system, means that the counsellor can maintain a high level of *confidentiality*. Students using the service, and, where the service has a high profile, the student group as a whole, understand and showed appreciation for the confidential nature of the counselling service. This includes an understanding of the limitations of confidentiality offered. The student group also sometimes commented on the difference between the teacher's obligations and behaviour in respect of information sharing within the wider staff group, and those of the counsellor,

> *She's nice, she's won't tell anyone else, but all the teachers tell other people.*

10. The school counselling service was seen by some respondents as *less stigmatising* than external services. One student said,

> *I thought going to a professional counsellor was like stigma and stuff and with going to the doctor your parents have to be involved and with the school counsellor they don't, it's just between you and the counsellor.*

One member of staff also mentioned this, suggesting that the school counselling service was seen as less stigmatising than accessing services via the GP or CAMHS. A parent whose child had used a range of services (both in and out of school) commented,

> *It makes counselling more acceptable, more beneficial when it is used across a peer group.*

Another parent noted,

> *You have to advertise and promote the school as having a counsellor and make it sound as if it's not a thing of failure.*

11. Provision in school means *minimal class time is lost* when attending counselling.

4.8.8. Perceived weaknesses/limitations.

1. The greatest perceived limitation was *limited availability*, leading in some cases to waiting lists (mentioned in relation to three schools). Parents in two different schools reported,

> *I think she's doing her job well … the trouble is there's only one of her and that's my biggest worry, what happens to the kids who are waiting.*

> *There should be more hours … it takes a long time to get onto it.*

A link teacher suggested substantial unmet demand,

> *I'd love her full time – I could fill her week.*

2. In one school a perceived limitation was that *limited information* was made available about the counselling service. A parent commented,

> *They've never mentioned it, it's not broadcast, it's not mentioned in documentation you get as a parent. It's worth putting in something as some parents despair.*

3. *Limited or no choice of counsellor* was identified as an issue when respondents were directly asked about this. Whilst some students had no preference regarding gender, about half of the respondents stated a preference for a counsellor of their own gender, though in some cases this depended on the type of problem discussed. This was particularly common in girls,

> *Depends on the issue, if it's a body issue you could relate if you have a woman with you, it wouldn't be the same with a man.*

A small number of boys would also prefer to speak to a woman, 'More motherly'. Approximately a third of parents who expressed a view thought it important for the child to have a choice of gender of counsellor,

So long as my daughter was happy speaking to a male counsellor I wouldn't have any issues but I think there should be a choice.

Access to a choice of language for counselling is discussed below. Respondents were not asked about other aspects of choice of counsellor, and only in one case was it raised, by a parent who suggested different counsellors for different key stages or year groups might be helpful.

4. In some instances, *space constraints* means that the physical environment was not well suited to the delivery of counselling. Three types of issue concerning rooming were reported: suitability of dedicated space, location of dedicated space and absence of dedicated space. A discreet location and adequate soundproofing were key issues for students.

School 3 had a dedicated counselling space described as 'quite cosy' by a service user and no problems were reported. School 4 used a classroom with two chairs which was noted as 'not claustrophobic' by one user and was not commented on as problematic by service users. School 1 had a 'quiet, spacious' dedicated room which was located away from the main traffic of students through the school but near the offices of the senior management team. Some children experienced this as intimidating as they would normally only go into that area if in trouble, and others said entering that area made them conspicuous. One service user expressed concern that the room was not sufficiently soundproofed,

You can tell who is in the room as you can hear the voices through the door. You can't make out what they are saying but you can hear the voices.

School 2 had been unable to offer a dedicated counselling room in the year of the study, though this problem is expected to be addressed for the next school year. Counselling took place in different offices which one service user described as 'confusing'. The rooms provided were experienced by service users as unsuitable in a number of ways. Two service users reported being interrupted repeatedly despite a notice on the door, and one found the room he had used was too small,

> *The only downside is the cruddy little room we get. A little box, we*
> *are constantly knocking our knees together.*

Another expressed concerns that the room he was in was not soundproof. Access through staff areas or classrooms also concerned students in this school.

5. Some class time is lost when attending counselling. Two service users expressed concern at the loss of lesson time, or described asking for counselling not to be arranged during certain lessons. Concern was expressed by one focus group of students that counselling might be used to avoid lessons,

> *People might use it as a way to get out of lessons, you must have a*
> *genuine problem to get out of lessons.*

6. Attendance at counselling may be *noticeable by peers and teachers*. Students expressed concern that access to the counselling room should be as discrete as possible. Neither a location regularly populated by students nor a part of the school which is unusual for students to visit was seen as wholly satisfactory. Where students were very familiar with the counselling and emotional support services, there seemed to be less anxiety about being seen attending counselling. One parent commented that the option of counselling outside the school day would be helpful,

> *Maybe an after-school facility because my daughter feels she can't*
> *go over everything in case she cries and she's got a lesson*
> *afterwards so the opportunity to do a 3.30 session would be nice.*

Some students thought that counselling in school was more discrete than attending external appointments as there was less need to explain themselves.

Being called out of lessons to attend counselling was seen by students as potentially exposing. In some schools teachers sent the students to an appointment, the nature of which was unspecified; in others the student had a letter to show the teacher, and/or was reminded of their appointment by text message. Some students were very clear that they did not want teachers to know where they were going,

> *I'd rather be shouted at than them know that I am going to*
> *counselling. Then it started 'oh do you know he's going to*
> *counselling do you know what it's about?' and then rumours start.*

7. In a small number of instances, there were tensions reported between the *confidentiality boundaries* of counselling and the expectations of other school staff that they will receive information on problems children are experiencing, particularly where a member of staff has referred the child for counselling, or where he/she has pastoral responsibility for that child.

8. *Alternatives to times and content of interventions* were suggested by several students. Service users responded differently to session lengths: one service user found an hour too long for a session, two found 20 – 30 minute sessions too short, whilst another reported being very tired after this length of session. One service user suggested alternatives to talking, 'A punch bag, physical activities – it's hard to just sit still'.

One group of students thought support in a group setting might be less intimidating than individual sessions, 'Sometimes just you and an adult can be quite intimidating.' Other students clearly appreciate the one to one time. It would appear that a school counselling service will meet the varying needs of students most effectively if it functions with considerable flexibility.

9. Some respondents expressed concerns about a stigma being attached to counselling,

> *Counselling has a stigma, it shouldn't be seen as a bad thing and if*
> *you need counselling it doesn't mean you've got problems it just*
> *means that you have to deal with some stuff by talking to someone*
> *else.*

Students in another school said,

> [The word counselling] *paints a picture, a stereotype really.*

Perhaps they should change the name, I don't know.

'Counselling' is a bit scary, isn't it?

Yes, change the image, and the stereotype of counselling ...
counselling you think of a problem that needs to be dealt with.

4.8.9.   Perceived impact.

Members of all respondent groups reported observing a positive impact of the school counselling service. A member of staff stated, 'Some people think that counselling is a bit namby-pamby but when you see the effects of it then you change your mind about it a bit.'

Parents, teachers and young people reported case study evidence of the impact of the counselling service in the following areas:

1. *Increased student wellbeing, happiness and confidence* were reported by 8 out of 17 service users. Students' responses clearly indicate increased happiness and wellbeing,

> *Yes, I'm feeling better, if I hadn't had counselling I'd still be in that*
> *upset place now.*

> *I was sad when I went in there 'cos I'd lost* [relative] … *She says it*
> *goes on, my life, and she says she knows how hard it is ... The*
> *more and more I do learn from her, the more and more I get*
> *happier.*

2. *Reduction in problematic behaviours such as aggression* was reported by 9 out of 17 service users. For example,

> *I'm not so angry in school and people were winding me up and now*
> *I can control my anger.*

> *I'm still in trouble but I'm getting there … I'm not hurting people and*
> *that; I'm just pushing them like.*

A member of staff also commented, 'I've used it for anger management and it's helped incredibly well with that.'

3. *Reduction in high-risk behaviour* such as self-harm was reported by one parent and one member of school staff,

> *School counselling helped. I don't think my son would be here if it wasn't for the school. A very, very important intervention.*

4. *Increased ability to concentrate in class* or improvements in school work were reported by 6 out of 17 service users,

> *I used to be chatty and not concentrate but then me and* [the counsellor] *got chatting about schoolwork and how important it is and it hit home and now I concentrate a bit more, it's better.*

> *I think my marks for tests went up a little because I was getting more sleep and I wanted to go to school rather than not wanting to go all the time.*

5. *Reduced classroom disruption.* This impact was largely implied by school staff, rather than explicitly stated as an outcome,

> *More and more there are more children coming to school with problems and it does interfere within the class room because you have to take the children out, speak to them, so for the majority of classes, who don't have classroom assistants, the teacher has to stop the lesson to try and deal with them, so I think it's extremely important because it allows the teachers to do their job.*

6. *Improved attendance and engagement* with the school was reported primarily by staff, for example,

> *I know that there are some children … benefit quite a lot from it*

because … they probably would just not come to school if they weren't having that service.

7. *Reduced risk of suspension and exclusion* was reported by 2 out of 17 service users,

Before I had the counselling I was getting suspended and suspended and suspended, being caught smoking, being naughty. I still do some of those things. Counselling has helped me to calm down, made me think about the things I have done and how I can stop them happening.

8*. Improved relationships at home* were reported by 10 out of 17 service users.

When mum was trying to speak to me and I was upset, I'd say things in ways that were nasty and mum would get upset. But since I've been in counselling it's changed a lot and mum and I are happy.

I've been talking to my mum more about counselling and stuff.

It's helped me with … getting along better in the house, I'm not arguing with everybody.

9. *Improved relationships with friends* were reported by 4 out of 17 service users:

I've got more friends now, people have noticed that I'm not mean.

10. *Better coping* was reported by 3 out of 17 service users,

It's made me be able to cope more. … I just didn't know what to do but when I came back I knew what to do.

11. *Reduction in fear or acute anxiety* symptoms was reported by one service user and one parent,

> *I've seen a lot of improvement and progress with my own child. I
> can't say he's cured but he can cope with situations a lot better and
> it's not having such a negative effect on him now.*

12. An observable impact on *achievement* was identified from the qualitative data in just one service user, who commented that her/his marks had gone up because of better sleep and better motivation to attend school. The *likelihood* of improved achievement was noted by several other respondents such as a parent who said,

> *I think the kids can benefit from counselling. I think it will improve
> their schooling because if you've got problems the schooling goes
> down, you know, the work.*

A student summed up:

> *It's easier to educate happy people.*

Some staff commented on difficulties in identifying the full impact of the service on an individual child as they have limited knowledge of who has been referred or is continuing to attend, and because the effect of the counselling cannot be isolated from changes in the child's life outside school. Several parents and staff noted limitations of the impact of the service, for example,

> *There are going to be a small minority of children you're not going
> to be able to help.*

4.8.10.   Contribution to other initiatives.

The counselling services provided in the case study schools are integrated to varying degrees with other aspects of the school. In all cases the counselling service engaged with the year-tutor system, and year tutors were a source of, or route for, referrals. The existence of the counselling service was experienced as relieving pressure on year tutors and form teachers, by providing an expert source of support for children with emotional or other problems. Importantly, the counsellors were seen to have adequate time available to do in-depth work with children who were experiencing problems, whilst

teachers are generally subject to tight time constraints.

The counselling services in these schools work in conjunction with other resources for the wellbeing of children (such as nurture rooms and emotional support workers), though there were a variety of ways in which the systems work together. In some cases year tutors, pastoral care, nurture support and counselling were integrated as different facets of support, all of which are equally accessible. In other schools, the counselling service acts as a less visible resource, targeted at those children identified by the pastoral care or other senior teachers as in particular need. There were advantages and disadvantages of each arrangement. Where the counselling service was part of a palette of available services, children had the opportunity to recognise their own level of need and refer themselves appropriately. Where the services were tiered, some of those students who would benefit from confidential counselling would be less likely to have the opportunity to access it if their need is not visible to referring staff, as the young people themselves may not know about the service.

There could be a potential for division by the counselling service being positioned outside of the pastoral care service, but no such division was evidenced in this study in that year tutors were key to the referral system. A degree of separation was appreciated by the students because of the added level of faith in confidentiality that this engendered, and because it highlighted the different type of relationship involved in counselling to that with teachers.

Some children with more serious problems have been involved with a variety of services both within and outside school, as well as attending the school counselling service. There were no reports of difficulties in combining access to these services, and some students appreciate the different type of support offered by the school counselling service.

4.8.11.   *Access for Welsh speakers and hard-to-reach groups.*

In the English-medium schools discussed here none of the respondents expressed a personal preference for counselling to be available in Welsh, whilst acknowledging the importance of this in Welsh-medium/bilingual schools. In none of these English-medium schools was counselling available in Welsh, as far as respondents were aware. In the Welsh-medium school, counselling was reported to be available in both Welsh and English. There was, in general, agreement across all schools and respondent groups that young people needed to be able to access counselling in their preferred language,

whether Welsh or English, and it was noted by several respondents that even where students were competent in Welsh for school purposes this may not be sufficient for them to feel comfortable exploring personal issues. One service user, in contrast suggested that English does not need to be offered for counselling as the school is Welsh medium.

One focus group of students suggested that the availability of counselling in other languages might be helpful to those whose first language was not English or Welsh.

4.8.12. Referral methods.

Referral systems were very varied, reflecting the different characteristics of the counselling service in different schools. In one school, referral was through two identified members of staff only, and the referral process was usually initiated by a member of staff as the service was not widely known about in the school. A student said, 'It's not offered openly, something has to come to light before they approach you.'

In contrast, one school had a broad range of self-referral routes including two drop boxes for referral letters, drop-in times, web-based referral, as well as referral through teachers. In most cases there is evidence that students have the choice to determine their own attendance, and the degree of self-determination associated with the counselling service was valued by students. Eleven current service users stated they were not under pressure to attend but attended because they wanted to; three responded that they were 'not really' under any pressure to attend and that it had been helpful. There was some evidence of students being 'sent' to counselling in one school,

> *I wasn't told I was going to counselling. I'm glad that happened*
> *because it helped but they didn't inform me or anything, it was just*
> *'go to the office'.*

> *When I first went I got shouted at in class – I said I need to go to*
> *counselling and they said 'why?' ... I think they should be made*
> *aware because it's unfair to get shouted at for something you*
> *haven't chosen.*

In addition one previous service user experienced pressure to attend counselling consistently,

I'd like it to be a bit more your choice, if you want to go you go, but if you are enjoying a lesson or if you want a week off then you shouldn't have to go.

One parent commented that students should not always have the choice whether or not to go to counselling.

In three schools parental consent was reported not to be required. In the remaining school students said consent was required from parents. One student commented, *'I would have preferred to see a counsellor without* [my parents] *giving permission'.*

4.8.13. Reactions to/perceptions of the Toolkit.

Three link teachers indicated awareness of the Toolkit, though they were not necessarily familiar with the detail. The Toolkit was characterised as a useful source of materials, although it is not used extensively by them. One link teacher describes using material from the Toolkit outside the counselling service.

4.8.14. Summary.

The schools and the provisions of counselling and other emotional support services varied considerably and these findings are best understood on a case study basis, not generalisable to other schools in Wales. With this proviso, the following key themes and issues can be identified:

- Satisfaction with the service in all schools was high.
- The models of provision varied substantially in relation to the degree of publicity given to the service, the level of student autonomy concerning service use and the relationship to other forms of emotional wellbeing support.
- In some schools it is suggested that it may be more difficult to maintain confidentiality if the service was well known. This was not expressed in other schools.
- Key concerns for students are confidentiality and privacy. A concern for confidentiality includes having confidence that information given to the counsellor would not reach other staff unless there was significant risk. Privacy requires provision that is sufficiently discreet that teachers and other students are not aware that an individual is attending counselling.

- From the limited data available there were some indications of an inverse relationship between the level of public awareness of the counselling and the extent of students' concern that others are not aware that they are in counselling. In schools where there is limited publicity about the counselling service, students appear more concerned that the service should be discreet. It may be that wide publicity for the counselling/emotional wellbeing services has a normalising and de-stigmatising effect on perceptions of need for emotional help.

- There are difficulties in finding a good location for counselling in schools. An ideal room for counselling is seen as being discretely located away from student traffic, but not in places where students do not usually go, and not too close to staff areas or the senior management team. A secure sense of confidentiality is reduced where the room is not fully soundproofed, where passers-by can see in, or where people intrude by mistake.

5. Primary Pilots

In addition to the school counselling service being available in secondary schools across Wales, it is a key aim of the Strategy to provide a counselling service in primary schools for those pupils who are in Year 6 and in transition to secondary schools. Hence the Strategy supports four Primary school pilot projects, in LAs 14, 15, 20 and 21. Each of the pilots has approached service delivery differently, based on identified need and available resources, including staff.

Primary Pilots: Key Findings

- Overall levels of satisfaction with the pilots amongst head teachers and LA Leads were found to be high, and the services were seen as being good value for money
- Although outcome evidence was very limited, initial indications suggested that the counselling was associated with large and significant reductions in psychological distress, with a mean effect size of 0.71 from start to end of counselling. Observers also reported that counselling was associated with improvements in pupils' behaviour, educational attainment and school attendance
- The strengths of the pilots were viewed as: the investment in children's wellbeing, the adoption of a 'whole school' approach, and the use of age-appropriate interventions
- Specific areas of low satisfaction were limited resources, lack of integration with other initiatives, limited monitoring and evaluation, problems with meeting the needs of Welsh-speaking pupils, lack of availability of counsellor training, and limited publicising of services within the schools
- Not all of the counsellors in the primary pilots were professionally qualified
- Stakeholder recommendations included the provision of adequate resources to meet the demand for school-based counselling in the primary sector; ensuring equality of access across the sector; and an assessment of the costs of various service models before a wider roll-out of services across the sector.

5.1. Method

Proposals were received from four local authorities to pilot counselling and therapeutic interventions in primary schools. Pilots were conducted between 2009 and 2011, and have since been extended to April 2012. To evaluate the first two years of these primary pilots, a variety of methods were used.

5.1.1.   Desk research.

This included a review of evaluation reports, annual reports and spending proposals (2009-10 and 2010-11), and steering group reports across the four local authorities. This resulted in a number of themes being identified.

5.1.2.   Local Authority Leads' interviews.

The Local Authority Lead or service manager (LA Lead) within each of the four local authorities involved in the primary pilots for school-based counselling were invited to participate in a telephone interview to investigate their perceptions of the pilots. An interview was conducted with an LA Lead from each of the four local authorities. Participants were asked to rate on a five-point scale the extent to which they agreed with a number of statements relating to the implementation and operation of the primary pilots. The statements invited evaluative responses relating to a number of themes (see Table 28, p. 142):

- *Resources*: Adequacy of accommodation or administrative support
- *Accessibility*: How easy it is to access the service; whether the service is sensitive to the needs of Welsh speakers and other communities
- *Organisational issues*: Adequacy of monitoring and evaluation systems; degree of collaborative working; policy on confidentiality; integration of counselling service into school life
- *Staffing*: Adequacy of staffing levels; availability of training and supervision for staff
- *Attitudes of key stakeholders:* How far services are valued by school staff and parents.

Participants were also asked about the perceived strengths and weaknesses of the

primary pilots and what recommendations they would make to improve the implementation of school-based counselling in primary schools.

5.1.3. Head teachers' survey.

Contact details for each of the head teachers of the schools involved in the primary pilot were provided by the four Local Authority Leads. An electronic survey was created and sent via email, with a hard copy available to return via post if that was indicated to be a preferred method. The survey asked about the interventions available, referral processes, qualifications and roles of counsellors, whether parental approval was required and average waiting times. In addition, a series of statements were asked as in the previous questionnaires used as part of the evaluation (Appendix 13).

A total of 19 completed questionnaires were returned (overall response rate = 29.2%). Response rates varied across the four local authorities involved in the primary pilots: 52.6% from Pilot A (42 schools in the pilot, ten returned, response rate = 23.8%); 21.1% from Pilot B (six schools in the pilot, four returned, response rate = 66.66%); 15.8% from Pilot C (27 schools in the pilot, three returned, response rate = 11.11%); 5.3% from D (four schools in the pilot, 1 returned, response rate = 25%). In the case of one questionnaire the originating pilot could not be identified. Of the respondents 73.7% were head teachers, and the majority of the others were assistant or deputy heads. Due to low response rates for this survey all results must be interpreted tentatively as they may not be representative of the whole population.

5.1.4. Outcome data.

Baseline and endpoint outcome data, using the SDQ, was provided by two LAs from the 2010-11 academic year: LA 20 and LA 21. Data from LA 20 came from teacher-completed SDQ forms, data from LA 21 came from a mixture of parent- and teacher-completed SDQ forms.

Response rates in both LAs were low. In LA 21, data came from just 14 of the 73 children (19.2%) who had had counselling that year. In LA 21, pairs of data were available for 32 of the 69 children (46.4%) who had had counselling for 2010-11. However, in 17 of these instances, the baseline and endpoint forms had been completed by different individuals and, given the potential unreliability of such data, were excluded from further analysis. Hence, 15 pairs of baseline and endpoint forms were available for analysis from LA 21 (21.7%): seven teacher-completed and the

remainder completed by a member of the child's family.

5.1.5.   Cost analysis.

Information on the funding allocation provided to each authority was provided to the Evaluation Team via the school-based counsellor coordinator in the form of annual reports and spending proposals.

5.2. Findings

5.2.1.   Desk research.

Each authority appears to have worked hard to incorporate the primary pilots within their existing strategy for school-based counselling in secondary schools. Multi-agency steering groups have been established by each authority to guide the developments and ensure that schools counselling has good links with other services and wellbeing initiatives. All authorities have submitted qualitative evaluation data in the form of comments from key stakeholders but statistical outcome data measuring the effectiveness of services is relatively scant. Although there are distinct variations in the type of service models adopted across the local authorities, there is consistency within each of the authorities. Three out of the four pilots use professionally qualified counsellors, whilst one uses a mixture of qualified therapists and trained volunteers working with the children. Parental approval is required in all schools across each authority before a child accesses counselling services. There is no maximum number of sessions for one-to-one therapy in any of the primary schools.

5.2.2.   Pilot A.

Interventions.

All schools involved in the primary pilot in this authority are implementing the same range of interventions: one-to-one counselling, play therapy, storytelling and support for parents. Therapeutic group work is also offered with a small number of schools also offering music therapy. School staff are also trained in the use of use therapeutic techniques with children during *circle time*, where a whole class discusses relationships and emotional wellbeing issues. This pilot addresses the needs of children aged 3 to 9 and 10 to 11 using talking and play-based therapies. Interventions were delivered by transitions counsellors, development and therapeutic play specialists

(DATPS) and a music therapist.

The counsellors working in primary schools met with parents/carers and school staff in the first instance before commencing the therapeutic process with a child. This was to reassure and inform parents and teachers of the nature of the therapeutic process, to discuss the nature of the referral, any presenting issues and relevant issues occurring at home or at school. Provision was concentrated on one-to-one therapeutic interventions but other types of interventions are provided.

Music Therapy: Music therapy aims to support pupils in achieving personalised goals within a therapeutic relationship. Interventions are delivered by state-registered professionals who have completed an approved music therapy programme at M-level. The Access and Inclusion Service has appointed a music therapist to work in four schools across the authority over three days a week.

Development and Therapeutic Play: The emotional and developmental needs of the 3-9 age group are addressed by therapeutic play, offering opportunities for expression and new understanding. Verbal counselling skills are used in conjunction with play activities to support therapeutic change and increase levels of resilience and wellbeing. The development and therapeutic play intervention is delivered by a team of specialists.

Group Interventions: A variety of group interventions are provided, including circle time. These groups provide an invaluable resource in allowing children to share and express concerns and to promote emotional health and wellbeing. There is, however, recognition that intensive group therapy may be over-burdensome for many children as it tends to involve the taking on board of the difficulties of other children in addition to their own concerns.

Transitions Counselling: The transition between primary and secondary school is recognised as a significant change in the lives of children and as such may raise anxieties. Hence a transitions counsellor has been employed to offer counselling to pupils aged 10-11 in the primary pilot schools.

Referral.

The service takes referrals from a number of routes. Children can self-refer, be referred via their teacher or other staff members, and parents can also refer their child into the service. Working closely with other initiatives to support health and wellbeing in schools, the service also enables referrals from social workers, GPs, and primary

mental health workers. Counsellors work closely with other services to raise awareness, check referrals are appropriate and work collaboratively. The current referral process is made through the central point of the Child and Youth Counselling Manager. The Child and Youth Counselling Manager then allocates referrals to members of the counselling team, based on the availability of individual counsellors.

Work with parents/carers.

As is the case across the four local authorities involved in the primary pilots for school-based counselling, parental consent was required prior to children accessing services. Parents were kept involved by meeting with the counsellors before their child received therapeutic support. Parents were able to attend review meetings and meet with the counsellor at the end of the counselling process.

Staffing and management structure.

Counselling services in each of the primary pilot schools were managed by the Local Authority and coordinated by the Child and Youth Counselling Manager under the lead of the Principal Youth Officer and the Head of Strategy, based within the County Borough Council Children's Directorate. The different strands of the project were managed by a number of services: Youth Counselling Service, Behaviour Support Service, Educational Psychology Service, Access and Inclusion Service (AIS). Working on a peripatetic basis, five counsellors are employed part time across the schools, providing 11.5 days per week of therapeutic provision. A counselling development worker was also appointed from January 2010. The counselling manager and counselling development worker provide ten days per week of therapeutic provision across the pilot primary schools. The whole team receive monthly group supervision through two clinical supervisors, one of whom is a qualified and practising counsellor and play therapist. The counsellors also participate in individual management supervision and regular group team meetings to discuss any administration, operational and development issues. The project manager and team of counsellors work in close co-operation with a wide range of partners, including parents, teachers and educational psychologists.

The service is available in 42 schools across the Local Authority. Accessibility has been maximised by making the service available not only during the school day but also during the summer holidays.

Service evaluation.

The SDQ is being used as the primary outcome measure. In addition children are being offered the opportunity to complete an e*valuation tree* where they can write or draw comments and pictures that can be stuck on an image of a tree. These comments were collected and synthesised to measure the child's perception of therapy and the benefits received. Staff and parent satisfaction with the service were collected through evaluation forms.

5.2.3.   Pilot B.

Interventions.

A range of interventions are offered.

Drop-in service: A self-referral, solution-focused, drop-in service operates in the lunch hour and was open to any child in the school.

One-to-one counselling: Weekly therapeutic support was available for individual children identified as having a higher level of need for support than those who may typically use the drop-in service. The counselling responds directly to the needs of the child and could be provided on both a short- and long-term basis, which could be anything up to a full school year.

Therapeutic group work: This was available in the form of small groups of up to six children, run over a school term, focusing on specific shared issues such as low self-esteem, difficulty engaging with peers and bereavement. Assistance was also offered with circle time sessions involving whole classes.

Parent partnership work: Focused support was available for parents and carers where specialist advice, guidance, therapeutic support and signposting could be provided.

Staff support: There was a dedicated consultation service for school staff to talk about individual children or groups of children who may be presenting cause for concern.

Training: Specially designed training programmes, consultation and advice were

available to help school staff build their skills for supporting children's emotional wellbeing.

Referral.

A number of referral methods were available, including self-referral for drop-in sessions, but not for one-to-one sessions. Teachers and other staff members could also make referrals, as could parents, either directly to the school project manager or via a member of the school team. Irrespective of the point of entry, the assessment process ensured that the parent, child and school were involved in all referrals.

Work with parents/carers.

Parents/carers were supported with advice, therapy, and consultation to help review their child's progress. Where appropriate, information about other support agencies was provided. Services aimed to work in partnership with parents to help support their child.

Staffing and management structure.

This service was provided by an external agency working on a cluster basis with six to12 schools in a local area to form a hub. In each school there is dedicated accommodation and a specialist on-site team, consisting of a school project manager (a fully qualified counsellor or therapist with experience of working with children) and up to six trained counsellors who volunteered their time. Each team was based on site in the school between two-and-a-half and three days a week offering a range of interventions to the children (aged 4 to 13 years). In addition to the school-based work, multi-agency workers (e.g. school nurses, educational psychologists, primary mental health workers, education welfare officers) were linked in closely with the service to ensure a joined-up package of care.

Staffing within this primary pilot consists of:

- one regional manager
- one hub manager
- six school project managers
- 34 volunteer counsellors.

The volunteer counsellors are supervised at the end of every day by the school project manager. School project managers are, in turn, supervised by the hub manager on a weekly basis either through one-to-one supervision or *shared learning,* a process where the six school project managers come together to share their clinical work and best practice. The hub manager is supervised by the regional manager on a fortnightly basis and also attends monthly management forums with the other hub managers working around the UK. Good links have been established with other children's services, including CAHMS, the Behaviour Support Team, Revolving Door, Educational Psychologists, Family Support, the Local Safeguarding Board as well as the Action For Children Counsellors in the secondary schools.

Accessibility.

Counselling services were available in six primary schools.

Service evaluation.

Services are evaluated using SDQ and TIPS (a wellbeing outcome measure for children and young people developed at the universities of Wrexham and Keele).[59]

5.2.4. Pilot C.

Interventions.

Interventions offered include one-to-one counselling, sand tray therapy, storytelling, and play therapy delivered by qualified counsellors who have undergone play therapy training.

One-to-one counselling: This intervention involves a mixture of play and talking therapy provided for children with intensive needs. Sessions are normally of 45 minutes duration, but with some flexibility. There is no limit on total number of sessions offered. An initial assessment session is offered, together with the opportunity to talk to parents to explain the counselling process and allay any anxieties. Sessions employ a wide range of play materials/equipment and children are given the time and space to establish a relationship with the counsellor. The presenting issues are often severe and complex, including histories of family violence and trauma, and parental substance misuse and mental health problems.

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59 For information on TIPS questionnaire please contact kathryn.hunt@uq.edu.au

Group work: Targeted support for groups of children is also provided.

Sessions with parents: The service has close links with parents of service users and therapeutic sessions with parents were available.

Training for school staff: Counsellors offered advice, guidance and training for school staff around emotional health issues. They had a particular role in supporting teachers and other school staff in their delivery of an emotional health module.

Referral.

Because of the limited capacity of the service and the high number of schools covered by the pilot, referrals for one-to-one counselling were via the Team Around the Child (TAC) officer and are restricted to pupils with TAC action plans. These are the most vulnerable and at risk children with the most complex issues. Following referral, school counselling was incorporated into the child's TAC action plan, ensuring a joined-up approach.

Work with parents/carers.

Parents were involved with the process from the outset as part of the Team Around the Child (TAC) action planning process. In addition, parents were part of the assessment process in assessing their child's emotional wellbeing by completing SDQs at the start of counselling and once again at the end of the counselling process. Parents were kept informed by counsellors as to the progress made and counsellors offered parents advice on how they could support the counselling process at home as well as tips regarding play techniques to use.

Staffing and management structure.

Services were managed by the Local Authority with three part-time counsellors employed on a term-time only basis, each covering a particular area of the Local Authority:

- Counsellor 1: 15 hours per week
- Counsellor 2: 15 hours per week
- Counsellor 3: 18 hours per week

The counsellors liaise closely with the recently established TAC team, along with other support agencies. One-to-one clinical supervision is made available for each counsellor on the basis of a minimum of one and a half hours per month. In addition peer group supervision was provided in-house by a supervisor experienced in primary school counselling. Managerial supervision was provided by the Children and Young People's Partnership (CYPP) Personal Support Officer who was also the operational line manager for the secondary school-based counselling service in the Local Authority. Counsellors liaised and worked closely with youth workers, school nurses and with primary mental health workers.

Accessibility.

The primary pilot covered 27 primary schools in the Local Authority but was limited to those children with a TAC action plan. Delivery had been evenly distributed across the authority.

Service evaluation.

Outcomes for pupils were being evaluated using SDQ and C-GAS (Child Global Assessment Scale.

5.2.5. Pilot D.

Interventions.

The aim of the service was to work systemically seeking to make changes in the child's network of relationships rather than stigmatising the child as being 'the problem'. The interventions available were 1:1 counselling, play therapy, therapeutic group work, storytelling, circle time. School staff were supported and provided with training, support and supervision. Interventions were based on the idea that children naturally express their conscious and unconscious thoughts and feelings through play more than words alone. A whole group approach was used using direct work with children and their families. The model was predicated on attachment theory, child development and sound safeguarding practice. Interventions fell into a number of categories.

Staff capacity-building in therapeutic play: The teacher was viewed as the primary change agent and so psycho-educational training was provided to teaching staff which included personal development and self-awareness, together with learning opportunities in play therapy, attachment theory, child development, the impact of

adverse circumstances, safeguarding, practical parenting skills and listening skills. Staff were taught to observe children at play in order to understand their emotional wellbeing. Staff were also offered mindful inquiry, a process whereby staff reflect upon their professional practice and personal wellbeing, to enhance their effectiveness in supporting the wellbeing of their pupils. Staff involved with the children, at all times of the school day, including lunchtimes, were taught play theory and practice.

Group work involving therapeutic play for identified children: For children who live in families with complex needs, therapeutic play in groups is offered helping children to tell their stories to their peers in order to enhance relationship-building and self-esteem.

Group filial training for parents and carers: Positive parent-child relationships were the basis of trust and healthy child development. The approach focused on enhancing the relationship between parent and child, rather than on the behaviour of concern.

Individual work with children identified as highly vulnerable and with complex needs: The most vulnerable children, such as those at risk of exclusion, were provided with intensive play therapy by a qualified play therapist. In such cases, where appropriate, interventions may also be offered to the family of the child.

Referral.

Children could be referred into the service via any method, including self-referral, teacher referral, via other staff, or parents.

Work with parents/carers.

Support was provided for parents. Parents of children identified for an intervention were provided with information and invited to attend meetings. Following screening, identified parents/carers were offered group work.

Staffing and management structure.

The four primary schools involved in the pilot were managed by an external provider and all offered the same interventions. There was a training and support officer, a qualified counsellor and a qualified counsellor/play therapist. The pilot worked in partnership with a local university, an NHS Trust and, in the early stages of the project, with the NSPCC. Children in the foundation phase (ages three to seven) were the focus of interventions. There were regular liaison meetings with other agencies such as

CAMHS, social work and school nursing. A multi-agency steering group also ensured integration with other services.

Accessibility.

There were four primary schools involved in the pilot.

Service evaluation.

The TIPS questionnaire was being used to evaluate the service. The results of this are not currently available. Additionally, a research team had been commissioned to evaluate the primary pilot in this particular Local Authority. Results of the evaluation, which are currently not fully available at this point, have been gathered from interviews with key stakeholders at various time points in the life of the primary pilot. Preliminary findings are very positive, including:

1. The therapist implementing the interventions is highly regarded by professionals working in education and has managed to change practice from within the schools.
2. The interventions could be implemented virtually immediately. A child would be identified as having a difficulty in the morning and could be accessing one-to-one play in the afternoon.
3. Staff had been trained, became more confident and empowered to recognise the different meanings of play and to intervene appropriately.
4. Because staff had been trained and empowered, the project is sustainable and could be extended throughout the schools in the project and to other schools who have not been involved in the project.
5. The interventions have been tailored to the individual needs of the school.

5.2.6.   Summary of desk research.

Although there were distinct variations in the type of service models adopted across the pilots, there was consistency within each of the authorities.

Interventions.

There was a striking variety of interventions offered within the primary pilots in order to address the varying developmental and emotional needs of children across the primary

age group. All pilots offered a mixture of individual counselling, group work and training for school staff. One-to-one counselling and group work was heavily influenced by play therapy, as a developmentally-appropriate intervention, particularly for the younger end of the primary age spectrum. At the other end of the spectrum, the needs of 10 and 11 year olds had been recognised with the provision of transitions counselling (Pilot A), offering psychological help with the move to secondary school. Interventions were also tailored to severity of need, with lunchtime drop-in sessions available for relatively mild concerns (Pilot B) and more targeted and intensive individual sessions for children identified as at risk or having complex needs (Pilot C). There is also variation in the focus of interventions: whether to foreground therapeutic work with individuals (Pilot A) or systemic work with schools and families (Pilot D). These variations reflected different theoretical positions on the most effective ways to promote psychological wellbeing in children. All of the pilots recognised the role of school-based counsellors in training school staff, particularly teachers, in play therapy and group work techniques in order to enhance children's wellbeing. This could lead to sustainable improvements in a school's capacity to raise levels of emotional wellbeing.

Work with parents.

All pilots worked closely with parents, not just in terms of requiring consent from a parent whose child has been referred for counselling, but also providing opportunities for consultation and therapy for parents.

Referral.

Most of the pilots (A, B & D) accepted referrals from a wide range of sources, including: teachers, other school staff, parents and pupils themselves. In contrast, Pilot C accepted referrals only via the TAC officer, targeting the most vulnerable and at risk children who were subject to TAC action plans.

Accessibility.

The range in the number of schools involved in the pilots varied significantly:
Pilot A = 42, Pilot B = 6, Pilot C = 27, Pilot D = 4. This resulted from each local authority having autonomy over how they chose to run the primary pilots and how they chose to use resources.

Staffing and management structure.

All pilots had a clear management structure and appropriate provision of clinical supervision for counsellors. There was variety in how the services were managed across the four local authorities; some were managed by the local authority (Pilots A & C) whereas others were managed by different external agencies (Pilots B & D). Staffing likewise varied, with little correlation between the number of staff employed and the number of schools covered by the pilot. For example Pilot C employed three part-time counsellors across 27 schools, whereas Pilot B employed something in the region of 40 staff across just six schools. In the case of the latter just over 30 of these were volunteer counsellors who had undergone relevant training. In the other pilots all staff were paid employees. Multi-agency steering groups had been used in all the local authorities to guide developments, which led to school-based counselling working collaboratively with other children's services.

Service evaluation

All authorities had submitted qualitative evaluation data in the form of comments from key stakeholders which were generally very positive and supportive of making school-based counselling available in the primary sector. All pilots had systems of routine outcome monitoring in place, particularly using SDQ, TIPS and Evaluation Tree, but at the time of compiling this report comprehensive outcome data from the pilots was not available.

5.3. Local Authority Leads' Perceptions of the Primary Pilots

5.3.1. *Quantitative responses.*

Analysis of the interviews indicated general levels of satisfaction across the pilots, with a number of exceptions (Table 28). The LA Lead (Pilot A) did not agree that the accommodation for the counselling service was adequate. LA Lead (Pilot B) expressed low levels of satisfaction across a number of themes; the accessibility of services generally and with particular reference to Welsh speakers and other communities; how closely the service worked with other initiatives; the monitoring and evaluation procedures; resources and the availability of training for counsellors. Additionally LA Lead (Pilot B) indicated that they did not know whether the service was recognised and valued by parents. LA Lead (Pilot C) expressed a low level of satisfaction with staffing

levels. Additionally LA Lead (Pilot C) indicated that they did not know whether services were accessible to pupils. LA Lead (Pilot D) was not satisfied that the counselling service was well-publicised within the schools. LA Lead (Pilot B) expressed a lower level of overall satisfaction than the Leads for the other pilots.

Table 28. LA Leads' individual scoring for primary pilots

	LA Leads' ratings			
	A	B	C	D
The accommodation for the counselling service is adequate	2	3	3	3
Services are easily accessible to pupils	4	2	DK	3
Counselling is delivered in an appropriately private but safe setting within the school vicinity	4	3	4	3
The procedures for monitoring and evaluating the counselling service are satisfactory	4	1	3	3
Staffing levels within the counselling service are adequate	3	3	2	3
The counselling service is adequately resourced	3	1	3	3
In our local authority we provide training for school counsellors	4	1	4	3
The counselling service works closely with other initiatives to support health and wellbeing in schools	4	2	4	4
Counsellors are provided with suitable arrangements for clinical supervision	4	3	4	4
The counselling service is an integral part of school provision	4	3	4	4
The counselling service is well publicised within schools	3	4	3	2
The counselling service is sensitive to the needs of different communities and ethnic groups	4	2	3	4
The service's approach to confidentiality strikes an appropriate balance between the needs of parents, children, and safeguarding procedures	4	3	4	4
The counselling service is sensitive to the needs of Welsh speakers	3	1	4	4
The counselling service has good administrative support	4	4	4	3
The counselling service is recognised and valued by school staff	4	4	4	4
The process of setting up the counselling service has been efficient and unproblematic	3	3	4	3
The counselling service is recognised and valued by parents	4	DK	4	3

Note. 4 = *Strongly agree*; 3 = *Agree*; 2 = *Neither agree or disagree*; 1 = *Disagree*; 0 = *Strongly disagree;* DK = *Don't know*
Source: Interviews with the four LA Leads for the Primary pilots

5.3.2. Strengths.

LA Leads viewed the strengths of school counselling in terms of recognising and acknowledging the importance of children's wellbeing and investing in this for the long term. Adopting a systemic approach which involves teachers, parents and other support systems was also seen as a strength. The use of a variety of interventions adapted to different age groups and levels of distress was also viewed very positively. Services were seen as innovative, flexible and focused on providing the best service possible.

5.3.3. Weaknesses.

There were concerns that the funding for future counselling provision in primary schools was not assured. One LA Lead (Pilot B) felt that the primary pilot was expensive and was concerned about the widespread use of volunteer counsellors and their levels of training. This Lead expressed a further concern about referral pathways being unclear.

5.3.4. Recommendations.

LA Leads commented that the perceived demand for counselling services was huge and therefore significant resources were needed to meet these demands. It was felt that equality of access to schools counselling was important across the whole of the Welsh primary sector. The cost of some models of provision should be reduced to enable a wider roll-out. Interventions should be age-appropriate and counsellors should be suitably qualified, with particular reference to working with the primary school age group.

5.3.5. Summary of the interview with LA Leads.

Responses indicated general levels of satisfaction across the pilots, with the Lead for Pilot B indicating a lower level of overall satisfaction as compared with the other respondents. Specific areas of low satisfaction across all of the pilots included: resources such as accommodation and staffing levels; the accessibility of services; how closely the service works with other initiatives; the monitoring and evaluation procedures; the availability of training for counsellors and how well the counselling service was publicised within the schools. The strengths of the pilots were viewed as: investing in children's wellbeing; adopting a systemic or 'whole school' approach and the use of a variety of age-appropriate interventions. Perceived weaknesses included: concerns about future funding; the cost effectiveness of the pilots; and the clarity of referral pathways. Respondents recommended: the provision of adequate resources to meet the demand for school-based counselling in the primary sector; ensuring there is equality of access to counselling across the primary sector; an assessment of the costs of various service models preceding a wider roll-out of counselling services across the primary sector.

5.4. Survey of Head Teachers

5.4.1. *Service delivery.*

The majority of respondents (47.7%) indicated that school counsellors in the primary pilots were employed by the Local Authority, with an additional 21.1% stating counsellors were employed by an external agency (21.1%). Just one respondent (5.3%) stated that the counsellor was employed by the school and 26.3% reported other arrangements were in place for the employment of counsellors.

As regards counsellors being qualified, 47.4% of respondents stated that all of the counsellors in their schools were qualified, 10.5% indicated that the majority of counsellors were qualified, 15.8% indicated that only some of the counsellors were qualified and 10.5% of respondents indicated that none were qualified (missing data = 15.8%).

Respondents indicated a range of interventions were offered within the primary pilots (see Figure 20). The most prevalent was one-to-one counselling (84.2%), with play therapy (57.9%) and support for parents (57.9%) also featuring strongly.

Figure 20. Interventions offered within primary schools
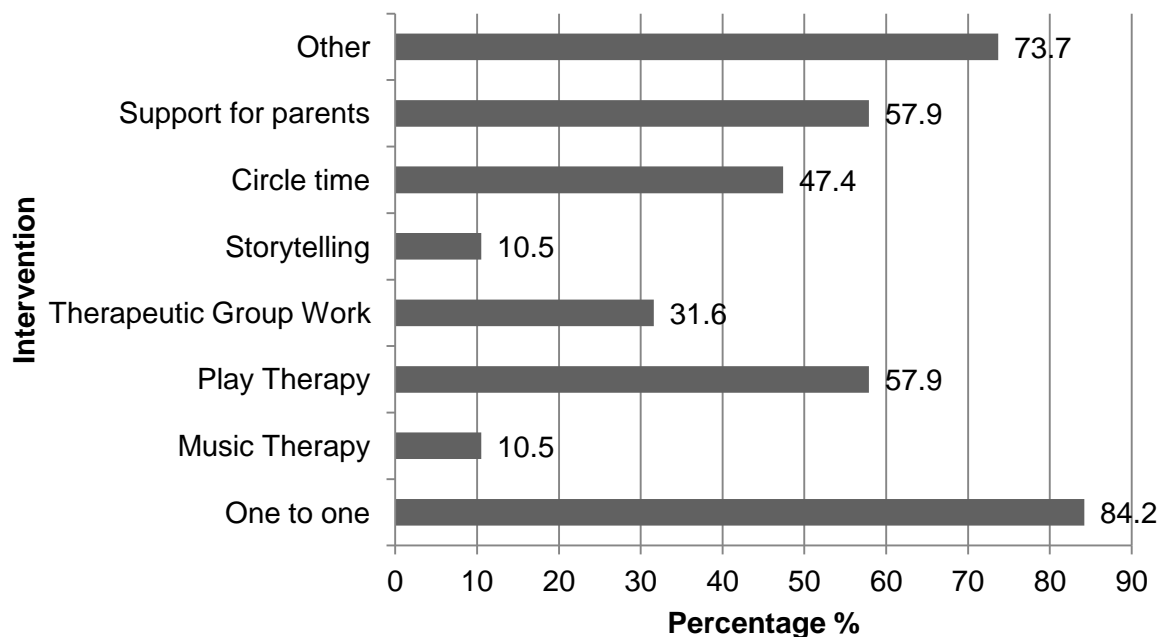
Source: Primary pilot head teacher survey

A range of referral methods was also indicated by respondents, with teacher referral (84.2%) most prevalent, followed by other staff (63.2%), parents (63.2%) and finally self-referral (31.6%).

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Figure 21. Methods of referral
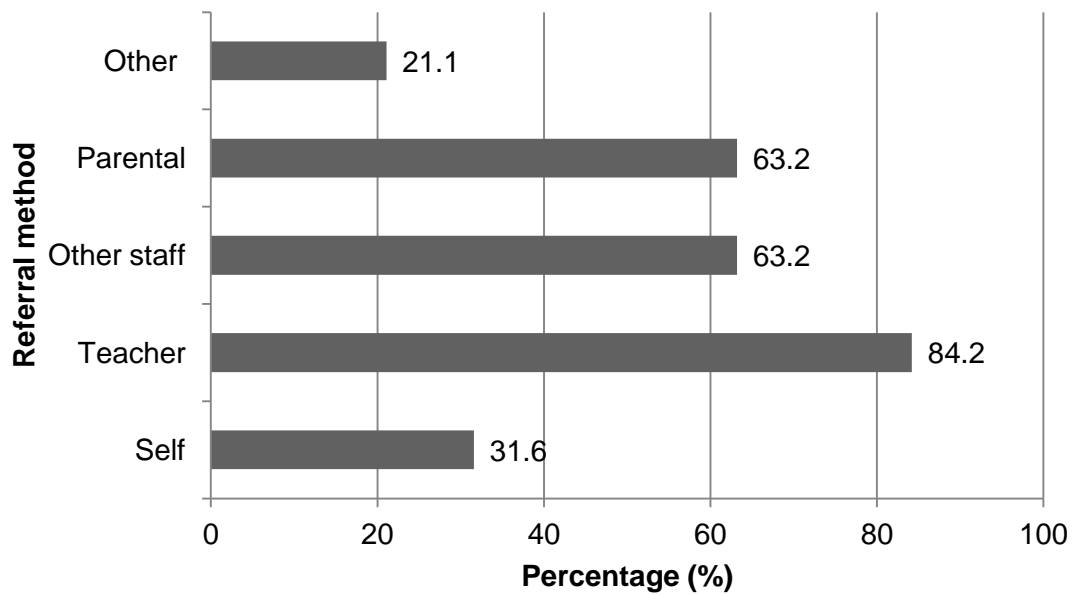
Source: Primary pilot head teacher survey

Respondents indicated generally (94.7%) that counsellors did not have additional roles within the school. They also confirmed the findings of the desk research that generally (84.2%) parental approval was required for a child to access services (5.3% said no, 10.5% missing). Just over half of respondents (52.6%) indicated there was no upper limit to the number of counselling sessions available to children.

Figure 22. Average waiting time for first appointment
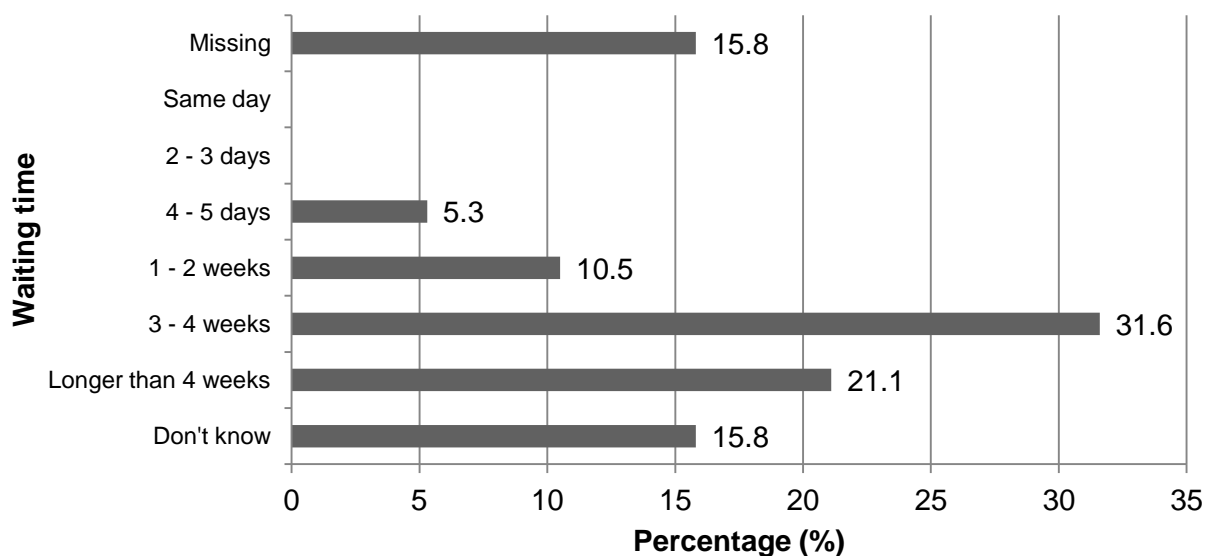
In terms of waiting times (see Figure 25) the majority of responses (52.7%) indicated that children had to wait more than three weeks before they could begin counselling. Just 15.8% indicated children would be seen by a counsellor in less than two weeks.

5.4.2. Perceived impact.

The majority of respondents (84.2%) indicated they believed that the behaviour of children had improved as a result of the introduction of school counselling services. This broke down into three categories: improved a lot (26.3%), improved somewhat (36.8%), improved a little (21.1%). In terms of the perceived impact on children's educational attainment the majority of respondents (73.7%) felt that this had improved as a result of the introduction of school counselling, breaking down into three categories: improved a lot (15.8%), improved somewhat (36.8%), improved a little (21.1%). A number of respondents (10.5%) felt that attainment had remained the same. As regards school attendance, 63.2% of respondents felt that this had improved, breaking down into three categories: improved a lot (10.5%), improved somewhat (31.6%), improved a little (21.1%). A proportion of respondents (15.8%) felt that attendance had remained the same.

5.4.3. Levels of satisfaction.

A number of items scored more than 50% net agreement indicating that more respondents were satisfied than dissatisfied on these issues (see Figure 23). In terms of how the counselling services operated there was satisfaction with the way service user confidentiality was managed; striking a balance between the needs of children, teachers and parents. There was agreement that services were sensitive to the needs of different communities and ethnic groups, and that services work closely with other health and wellbeing initiatives. It was generally felt that services operated in a private but safe setting within the school and that procedures for monitoring and evaluating services were satisfactory. Respondents tended to agree that services were recognised and valued by school staff and that staff had received adequate training to understand how to make appropriate referrals to services. Respondents also tended to agree that services represented value for money.

A number of items scored less than 50% net agreement indicating that

respondents were more dissatisfied than satisfied on these issues. There were generally lower levels of satisfaction with the resourcing of services, with particular reference to accommodation and administrative support. Respondents did not tend to agree that schools had received adequate support to develop counselling services and there was a low level of agreement that the process of setting up services had been efficient and unproblematic. Respondents generally did not agree that services were an integral part of school provision and that services were well publicised among pupils and parents/guardians. Neither were there high levels of agreement that services were easy to access and sensitive to the needs of Welsh speakers.

Figure 23. Net agreement with statements

Statement	% Net agree
The services approach to confidentiality strikes an appropriate balance between the needs of parents/guardians, children and safeguarding procedures	84.21
The counselling service is recognised and valued by school staff	78.95
The counselling service is sensitive to the needs of different communities and ethnic groups	73.68
Counselling is delivered in an appropriately private but safe setting within the school vicinity	73.68
The counselling service works closely with other initatives to support health and wellbeing in schools	68.42
Staff in my school have enough training to understand when to refer a pupil to the school counsellor	57.89
The counselling service in my school represents good value for money	52.63
The internal procedures for monitoring and evaluating the counselling service are satisfactory	52.63
The counselling service has good administrative support	42.11
The process of setting up the counselling service has been effective and unproblematic	36.84
My school has received adequate support to develop and deliver its school-based counselling service effectively	31.58
The counselling service is an integral part of school provision	31.58
The counselling service in my school is adequately resourced	31.58
The accommodation for the school's counselling service is adequate	21.05
The counselling service is sensitive to the needs of Welsh Speakers	15.79
The service is easy for pupils to access	5.26
The counselling service is well-publicised amongst pupils and their parents/guardians	-5.26

Source: Primary pilot head teacher survey

In terms of overall satisfaction with the school counselling services, 68.4% of respondents indicated they were satisfied (42.1% very satisfied and 26.3% satisfied). One respondent (5.3%) stated they were neither satisfied nor dissatisfied, with a further one dissatisfied (5.3%) and one (5.3%) very dissatisfied. There was an additional 15.8% missing data.

5.4.4.   Summary.

Results suggest that not all counsellors in the primary pilots are qualified. One-to-one counselling was the most common intervention within the pilots with referral from teachers being the most frequent pathway into services. In most of the pilots children had to wait over three weeks to be seen by a counsellor and generally there was no upper limit on the number of sessions offered. Most of the head teachers believed that the counselling services had led to improvements to pupils' behaviour, educational attainment and school attendance. There were general levels of satisfaction with the way the services operated and the way they collaborate with other health and wellbeing initiatives. Head teachers felt that services were recognised and valued by school staff and represented value for money.

Areas of dissatisfaction include the resourcing of services and the amount of support schools had received to develop services. Similarly head teachers were concerned about how well integrated services were into school life and how well publicised they were. Concerns were also apparent about how sensitive services were to the needs of Welsh speakers. However, despite these specific concerns, overall, the majority of head teachers were satisfied with the primary schools pilots.

5.5. Therapeutic Outcomes

Although very limited outcome data were available, with just 20% returns from two of the four projects, both sets of data did indicate significant improvements from baseline to endpoint, with an effect size of 0.64 for LA 20, and 0.79 for LA 21, giving a combined weighted mean effect size of 0.71. Reductions in levels of psychological distress for the two LAs are presented in Figure 24.

Figure 24. Mean reductions in levels of psychological distress for the two LAs
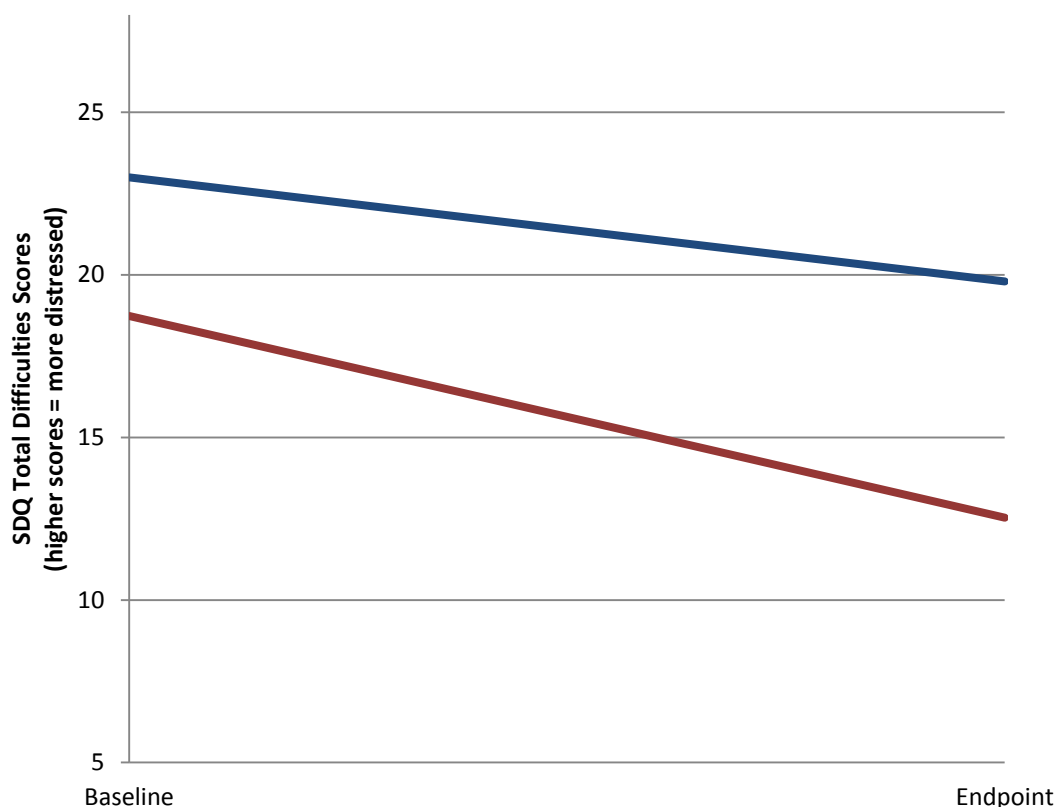
Source: Outcome data provided by LA Leads of Primary pilots

5.6. Cost Analysis

5.6.1. Level of funding.

Limited data on costs were available, mainly from the progress report and spending proposals, 2009/10 and 2010/11, submitted by the primary pilots to the Welsh Government. The level of funding provided by the Welsh Government (see Table 29) was consistent across both years of the pilot and ranged from £50,000 to £65,000. Whereas some LAs delivered services within the Welsh Government grant, others supplemented this with funding from additional sources. For example in one pilot, match funding had been obtained from the schools involved in the pilot creating a total budget over two years (2009/10, 2010/11) of £264,828, £100,000 of which was provided by the Welsh Government. Similarly over the two years of the pilot, in another pilot the counselling service provider has supplemented the Welsh Government grant of £65,000 per year with a total of £136,991 from the schools hosting the pilot and a further £47,000 from the Local Authority. In this pilot other

modest amounts of funding had been obtained to produce a relatively generously-funded and well-resourced service (combined staff and operating costs = £394,311 over the 2 year period). Hence the cost of the pilot counselling services, over the 2 year period, ranges from £100,000 to £394,311.

Table 29. Funding for the Primary Pilots provided by the Welsh Government

Year	Pilot A	Pilot B	Pilot C	Pilot D
2009/10	£50,000	£65,000	£50,000	£63,000
2010/11	£50,000	£65,000	£50,000	£63,000

Source: Cost data sourced from annual reports and spending proposals for the Primary pilots, provided by the Welsh Government

The most significant cost in establishing the counselling services is predictably staff salaries. For example, in 2009/10 for one pilot, £39,644 of the £50,000 used to fund the service was taken up with counsellors' salaries. Similarly for another pilot, in the same year, £156,834 of the total £194,629 running costs was taken up by staff salaries.

Table 30. Relationship between costs and provision

Pilot	Number of schools in pilot	Referral	Interventions
A	42	Self-referral Teacher referral Other staff Parents Social workers. GPs Primary care mental health workers	Individual counselling Group work Play therapy Transitions counselling Music therapy Staff training Work with parents/carers
B	6	Self-referral Teacher Other staff Parents	Lunchtime drop-in service Individual counselling Group work Work with parents/carers Staff training
C	27	Via the TAC officer for pupils with TAC action plans. This targets the most vulnerable and at risk children	Individual counselling Storytelling Play therapy Group work Work with parents/carers Staff training
D	4	Self-referral Teacher referral Other staff Parents	Individual counselling Play therapy Group work Storytelling Staff training Work with parents/carers

Source: Annual reports from Primary pilots

In the absence of consistent and comprehensive audit and evaluation data it was not possible to draw firm conclusions about the cost-effectiveness of the various service models. The range of interventions offered by the four pilots were similar (see Table 30) but the service costs, number of schools within the pilot and the systems of referral vary.

5.6.2.   Summary of cost data.

There was considerable variation in the costs of the primary pilots depending on whether services were provided within the limits of the Welsh Government grant or whether additional funding had been secured. Staff salaries were the most significant cost in establishing services. The absence of audit and evaluation data makes it impossible to assess the cost-effectiveness of the various service models and there seems to be no relationship between the cost of a service and its output in terms of the number of schools in the pilot and the range of interventions on offer.

6. Discussion

A summary of the key findings of the evaluation is provided here. First overall satisfaction with the Strategy and with school-based counselling is presented, this is then followed by a summary of how the 10 recommendations of the Pattison et al. (2007) report have been met through implementation of the school-based counselling strategy.

6.1. Overall Satisfaction

6.1.1. The Strategy.

Across the stakeholder surveys and case studies, school pupils, teachers, head teachers and counsellors – as with previous studies (Cooper 2009) – all expressed high overall levels of satisfaction with the school-based counselling, as established by the Strategy, and with the establishment of counselling services across secondary schools in Wales. The same was generally true for services as piloted in primary schools in four LAs. In terms of the ease with which the Strategy has been implemented, however, a more mixed picture emerged among these stakeholder groups. There was a tendency for link teachers and LA Leads to view the process of setting up services as efficient and unproblematic, but this view was not fully shared by the counsellors. This suggests more problems may have been experienced at the service-delivery end of the implementation process (i.e. at the point where sessions of therapy were conducted with service users – though the data does not make it evident what these specific problems were).

6.1.2. The counselling.

Qualitative responses from service users indicated that they were very positive about the counselling they received, emphasising the positive personal attributes of the counsellor, the fact that the counselling was confidential, and that they had someone who would listen to them. In addition, service users appreciated the freedom and flexibility to arrange their own appointments. This was very consistent with previous studies of school-based counselling, though the very low response rates on the client experience questionnaires means that we cannot be entirely confident that these responses are representative of all service users.

6.2. Implementation of the 10 Recommendations

This section explores to what extent the 10 recommendations for school-based counselling set out in Pattison et al.'s (2007) report have been met through implementation of the Strategy.

1. Have sustainable funding.

Although each of the three stakeholder groups raised concerns about ongoing funding, these surveys were undertaken prior to the Welsh Government's announcement of £14.25 million funding for the Strategy for 2011-14. Hence some of the concerns about the sustainability of funding for the Strategy were likely to have been allayed by this announcement. Although the current level of funding from the Welsh Government was seen as a strength of the Strategy, all three stakeholder groups, particularly the counsellors and the LA Leads, expressed concerns about future funding. The head teachers, in particular, called for the level of funding to be increased.

As regards resources more generally, there was strong agreement among counsellors, link teachers and LA Leads that services had good administrative support. However more of a mixed picture emerged in the case of staffing levels and accommodation with counsellors, in particular, reporting relatively low levels of satisfaction with the latter.

2. Employ professionally qualified counsellors who have experience of working with young people; who access appropriate clinical supervision with experienced supervisors; who take part in regular, relevant continuing professional development (CPD).

Surveys of the key stakeholders indicate that all counsellors working as part of the Strategy were qualified, mostly to postgraduate level. Most had prior experience in working with children and a large majority had undergone relevant training to work with this age group. The counsellors and the LA Leads in particular reported the availability of appropriate opportunities for further training and suitable arrangements for clinical supervision. Significantly, a majority of link teachers reported that the implementation of the Strategy had led to the employment of better quality counsellors. However, some of the counsellors in primary schools were not professionally qualified.

3. Deliver accessible counselling in an appropriately private but safe setting within the school vicinity.

All three stakeholder groups were in general agreement that the counselling services operated from an appropriate location; accessible for pupils but also private and safe. However, the counsellors, who were conducting the 'front line' work, were less likely to endorse this perspective than the other stakeholders. Concerns around accommodation specifically related to the counsellors' needs to ensure a confidential, welcoming, secure and accessible environment to work with their clients. This is not necessarily something that is easily provided within a typical school and it may well be the case that counsellors may be expected to work in a variety of multipurpose rooms, some of which may lack privacy and ease of access.

The accommodation for counselling was also raised as a potential problem by service users. The main issues were around the room being located in the same vicinity as the senior management team which may make them conspicuous to people seeing them go there. Others raised concerns around the need for appropriate soundproofing. In another school, a problem was that no counselling room had been designated, meaning that pupils were sometimes in a different location each week and counselling sessions were repeatedly interrupted.

With respect to accessibility, waiting times across the services (as described by link teachers) were generally within reasonable limits, ranging from the same day to a wait of more than four weeks.

4. Be seen as non-stigmatising by the school community and a normal part of school provision, which is integrated into the school community.

There was evidence from both the stakeholder surveys and the case studies that the school-based counselling services were viewed as integral to school provision. Services were seen as being recognised and valued by school staff, parents and pupils.

However, levels of knowledge of the counselling service and related emotional support services varied between schools; and this variation correlated, to some extent, with the model of provision of counselling and emotional support adopted. In some schools there was excellent awareness of the range of emotional wellbeing services available, but the counselling service was not always distinguished from

other emotional wellbeing services. In other schools, knowledge of the counselling service was more limited and access was funnelled through named teachers.

5. Be monitored and evaluated by individuals or an agency (in or out of the school) with experience in this specialised area of work.
All stakeholder groups were satisfied with procedures for monitoring and evaluating the counselling services. However, outcome data were missing, or entirely absent, from several of the local authorities, with particularly low response rates in the first year of implementation and in the primary pilots.

6. Pay due regard to current legislation and guidance, and offer confidentiality within usual ethical and safeguarding limits.
There was strong evidence from the three stakeholder groups that counselling services were managing confidentiality with due regard to the interests of pupils, parents and safeguarding issues. However, from the case studies, a number of reservations and concerns about confidentiality did emerge. School staff felt that it may be useful to have more awareness of who is attending counselling and some information on the reasons for attendance. It was suggested that teachers may be more able to help pupils if they are aware of issues concerning them. However, it was also acknowledged that once the counselling service became established many concerns around confidentiality were alleviated.

In addition, some parents felt they ought to be informed if their child was seeing the school counsellor, whereas others stated it was important for the child to be able to speak freely. In contrast, all students interviewed were in favour of school counselling being confidential.

7. Respond flexibly to local needs in respect of diversity (e.g. language) and practicality (e.g. available during holiday periods).
From the stakeholder surveys, there was evidence that services maximised accessibility by providing counselling out of hours and during school holidays. Almost half of counsellors responding to the survey indicated that services operated from locations both within and outside of schools premises, providing ease of access not only for school pupils but also for those harder-to-reach young people who may not be attending school.

There was also strong agreement across the three stakeholder groups that counselling services were sensitive to the needs of diverse communities and ethnic groups. However, these respondents may have had some investment in presenting the services, here, in a positive light. In fact, client demographic data from the face-to-face counselling suggested that both BME clients and clients with SENs and disabilities were under-represented in those attending the counselling service – as has been hinted at in previous research (Cooper, 2009). Interestingly, however, the representation of young people from BME backgrounds was much greater in young people accessing the online counselling service. Why this is the case is not clear. It may be, for instance, the manner in which the data were recorded. However, it does raise the possibility that BME young people may have a preference for accessing online, as opposed to face-to-face, counselling.

The three stakeholder groups also expressed some concerns that services may not always meet the needs of Welsh speakers; and participants in the case studies emphasised that counselling should be available in Welsh where this is the service user's preference.

In terms of flexibility, there was evidence that a wide range of different service models were being implemented, some by the local authorities and others by external agencies, and this was allowing the Strategy to be attuned to local needs. In addition, the tendency across services not to limit the number of sessions available to pupils allowed the therapeutic intervention to be tailored to the needs of service users. Referral systems were also varied and through named teachers only or through a range of self-referral routes. However, where referral was through teachers only, these were not necessarily seen by the students as consensual.

8. Work with and alongside other services and agencies in a collegial manner, whilst maintaining appropriate levels of confidentiality.
There was strong agreement across the three stakeholder groups that services worked closely with other initiatives to support health and wellbeing in schools, including close working relationships with CAHMS. It should also be noted that only a small percentage of service users were referred to CAMHS, indicating that the vast majority of pupils were treated within the school-based counselling services and the implementation of the Strategy has not led to a surge of new referrals to CAMHS.

Data from the case studies supported the survey finding that the counselling

services were seen as being integrated, to varying degrees, with other aspects of the school. In all cases, the counselling services were seen as engaging with the year tutor system, and year tutors were, or could be, involved in referrals. The existence of the counselling service was seen as relieving pressure on year tutors and other teachers.

9. Employ counsellors who are members of a professional body and as such have an established ethical framework and complaints procedure.
The counsellor survey indicates that a large proportion of counsellors were members of a professional body, particularly BACP. However, this was less evident in the primary schools.

10. Employ counsellors whose personal qualities will mean that they are approachable, have good listening skills and a manner that encourages a climate for safe and trusting relationships.
Evidence from the post-counselling questionnaires, albeit suffering from low response rates, suggested that this is not an area for concern.

6.3. Effectiveness and Impact

There is clear evidence from the outcome data that face-to-face school-based counselling, as implemented in the Welsh Strategy, is associated with significant reductions in psychological distress. The mean effect size, 0.93, indicates that this reduction in distress is a *large* one; and, translated into everyday terms, means that around 80% of young people will be experiencing less psychological distress at endpoint than the average young person at baseline (Roth and Fonagy, 2005). The average amount of change experienced by young people in the present services is also somewhat greater than the average change experienced by young people in other services across the UK (0.81, Cooper, 2009); and it is considerably greater (1.08 – 1.15) if alternative statistical methods are used to calculate the mean effect size for the Welsh services. Figure 25 presents a boxplot comparing effect sizes from the present study to those from the previous meta-analysis. As can be seen here, the majority of effect sizes for the present service are above the previous median, with a range that reaches to high levels of effect (once outliers and extreme scores are taken into account).

Figure 25. Boxplot of comparative effect sizes
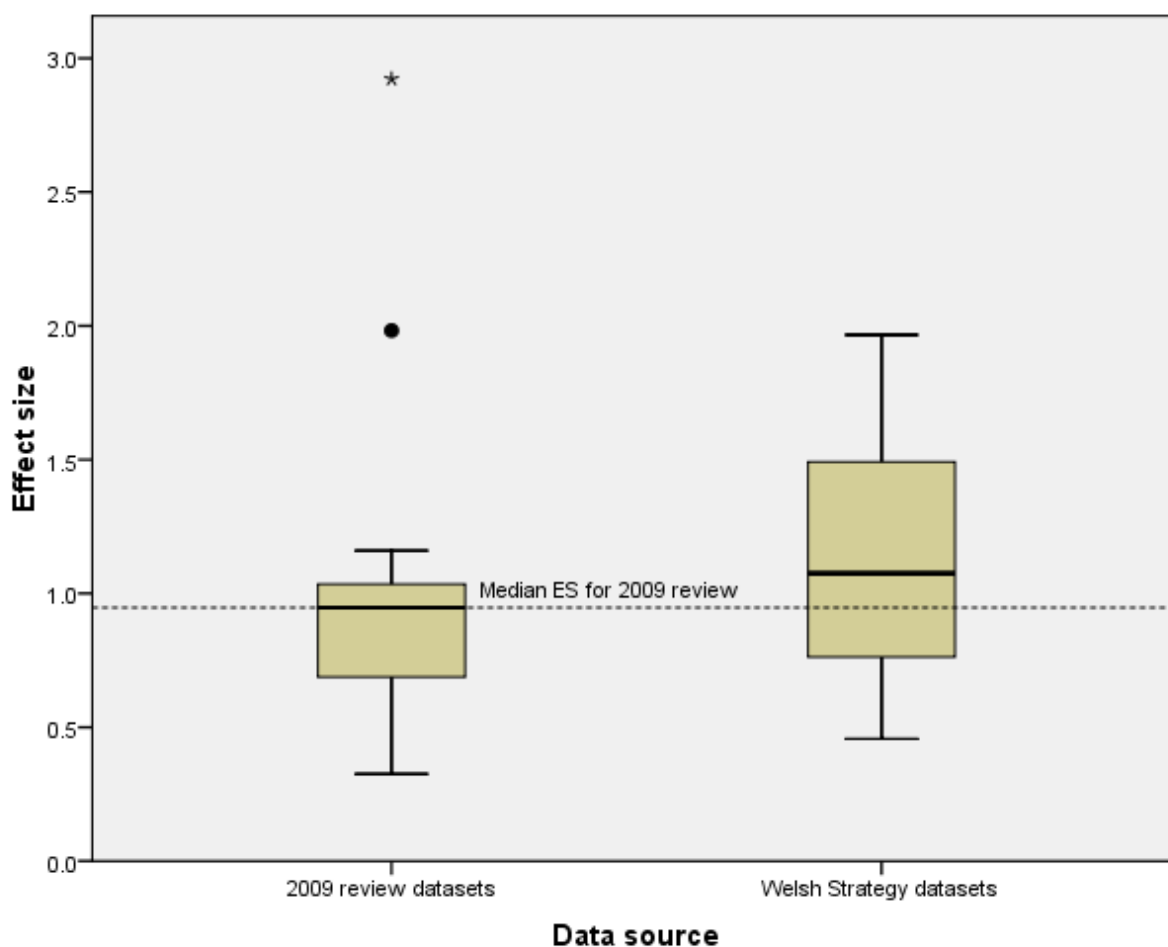
Note. Central box indicates middle 50% of scores, with thick black line showing median score. Whiskers indicate range, excluding outliers (dots) and extreme scores (asterisks)

With respect to moderators of change, as with previous studies (Cooper 2009), the YP-CORE measure would appear to be a more sensitive marker of change in young people than the SDQ. In addition, again replicating previous findings (Cooper 2009), effect sizes were significantly lower in studies with more complete datasets. This is a particularly important finding in relation to the present evaluation, suggesting that there may be some over-estimation of overall effect, as the majority of datasets had some degree of missing data (and therefore may not include outcomes for those young people who dropped out of counselling and achieved less gains). And, indeed, if data from only those eight local authorities with 100% response rates is used, the average effect size is reduced to 0.67 (YP-CORE: 0.89, SDQ: 0.54).[60]

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60 Random effects model: overall = 1.01; YP-CORE = 1.23; SDQ = 0.75.

Data from the present study is also unable to confirm whether the school-based counselling actually *caused* the reductions in psychological distress. This is because, as discussed in the literature review, pre- to post- cohort designs cannot disentangle the effect of an intervention from other changes that may take place over time. However, as indicated earlier, some data is now available on the kinds of changes experienced by young people who *would* come in to school-based counselling but who do not immediately receive this intervention (Cooper et al., 2010; McArthur et al., 2011), and this can be used as a benchmark to examine the specific impact of a counselling intervention. This is presented in Figure 26 which shows that, with respect to YP-CORE, reductions in psychological distress were substantially greater in the young people in the current evaluation than have been found to take place without it. Although this is a very inexact comparison, with no certainty that the two groups of young people are equivalent, it does support the assertion that school-based counselling is bringing about change over and above what these young people might otherwise experience.

Figure 26. Mean YP-CORE scores at baseline and endpoint for Welsh Strategy clients against waiting list controls
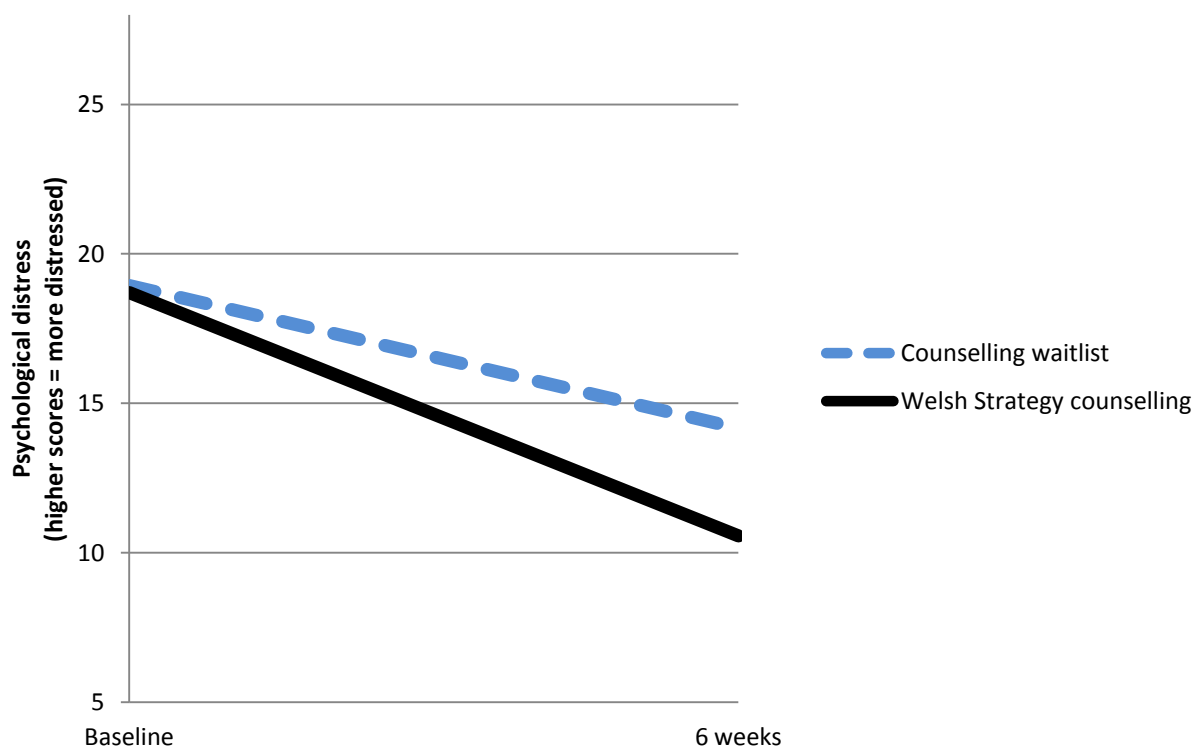
Source: Cooper et al., 2010; McArthur et al., 2011; Welsh data was provided to the Evaluation Team from Local Authority Leads

One surprising finding from the meta-analysis was the large variations in effect sizes across the LAs. Why this may be is not clear, though part of it may be explained by the variation in measures used. In addition, the finding of a significant negative correlation between costs and outcomes was highly unexpected, with no obvious explanation. Certainly, some third variable may be able to explain it: for instance, services may cost more if they are working in deprived areas, and services in deprived areas may achieve poorer results. However, further investigation in both of these areas would seem desirable.

In terms of areas of impact for the secondary school-based counselling, parents, teachers and service users – in the surveys and case studies – supported the quantitative finding that the school-based counselling had led to a wide range of improvements. Four particular domains of improvement were identified by these stakeholders. First, there were improvements in *emotional wellbeing*, such as increased happiness and confidence, and reduced anxiety. Second were improvements in *relationships*, with changes such as better relationships at home and with friends. Third were *behavioural* improvements, such as a reduction in aggressive and risk-taking behaviour. Finally, there were improvements in the *educational* domain, such as increased ability to concentrate in class and reduced exclusions.

Although data from the primary pilots was very limited, there were some initial indications that the school-based counselling was also associated with positive change. Surprisingly, however, engagement with online counselling showed no significant relationship to improvement. This latter finding, however, may be a result of the often incomplete nature of the work that was carried out: much of which was sporadic or of a drop-in nature. The particularly high baseline scores from the online counselling group may also reflect the complex work that an out-of-hours service can attract; as well as the possibility that participants are, here, completing the outcome measures in a different way: for instance, less inhibited because of the lack of face-to-face contact. Qualitative responses from the participants also suggest that, at least to some, the online counselling service was a very positive experience.

7. Recommendations

Based on the data obtained from all sources, and the extent to which the Strategy has achieved its aims and met the 10 recommendations for school-based counselling, the following recommendations for the ongoing development of school-based counselling in Wales are made.

7.1. Consider the establishment of secure streams of funding for counselling services in Welsh secondary schools

The overwhelming majority of evidence from this evaluation indicates that the implementation of school-based counselling has been a success, and is associated with significant improvements in the mental wellbeing of thousands of young people. Key stakeholder groups have all indicated that they would like to see more secure funding for the Strategy, and we would recommend that the Welsh Government give this consideration. (Responsibility: Welsh Government)

7.2. Consider rolling out the Strategy to the primary school sector using an age appropriate format

Preliminary findings from the primary pilots indicate that school-based counselling may support the wellbeing of children in primary schools, and is an area to consider for further development. (Responsibility: Welsh Government).

7.3. Ensure appropriate accommodation

Schools should work to ensure that an appropriate, consistent location is available for school-based counselling services. (Responsibility: Local Authorities and Schools)

7.4. Ensure that school students have sufficient information about the counselling service

In some schools, knowledge of the counselling service was patchy, and this was an area for dissatisfaction amongst some students. Counselling services should work to ensure that all students have an awareness of the service's existence, through appropriately sensitive, non-stigmatising promotional material and direct contact

with the student body. (Responsibility: service managers, schools, counsellors)

7.5. Implement systematic outcome evaluation

A system of regular outcome monitoring should be implemented across the school-based counselling services in Wales. Developing outcome monitoring is particularly needed in the primary sector and with respect to online counselling. Ideally, the measure used would be consistent across all LAs, to allow for a study of comparative outcomes. To ensure that data is available on *all* clients, it is recommended that levels of psychological distress be recorded on a session by session basis. Electronic evaluation systems are now available (e.g. www.coreims.co.uk) that can ensure the systematic entry and analysis of such data. Although counsellors may have concerns about the implications of such monitoring for clients' experiences of counselling, research (e.g. Cooper, 2004), to date, indicates that clients tend to experience outcome monitoring as a neutral – and often positive – element of their counselling work. (Responsibility: Service providers)

7.6. Develop strategies for ensuring equality of access to, and promotion of, the counselling service

The evaluation suggests that young people from BME backgrounds, and with SEN and disabilities, are under-represented in those using the school-based counselling services. Although desk research indicates that service providers and local authorities are proactively striving to ensure equality of access, this is an area for further work. Preliminary data from this evaluation suggests that access to online counselling services may support greater representation from BME young people (page 58). It is a recommendation that services strive to ensure all children, irrespective of their individual needs (eg. hearing impaired, language barriers), can access school-based counselling. (Responsibility: Local authorities, Service providers)

7.7. Extend the availability of Welsh-speaking counsellors

Some difficulties related to the availability of Welsh-speaking counsellors, and a lack of sensitivity to Welsh-speaking clients, was noted from a range of sources. Service providers should ensure that there is an adequate provision of Welsh-speaking

counsellors for all young people who prefer this. (Responsibility: Service providers)

7.8. Develop self-referral systems and ensure that all young people can self-refer

Although self-referrals were being encouraged by most LAs, there was some evidence that, in a few instances, young people felt that school staff were acting as gatekeepers to the counselling services. Young people should have independent access to counselling services, where required. (Responsibility: Service providers, Schools)

7.9. Develop training opportunities for school staff and counsellors

A range of stakeholder groups felt that training and CPD opportunities on counselling-related issues, particularly for school staff but also in association with school counsellors, would help to develop the interface between the schools and the counselling services. (Responsibility: Service providers, Schools)

7.10. Develop further research into the aspects of school counselling that predicts improvements

Some important variations exist in the outcomes of school-based counselling across the different LAs. Research should be funded to investigate further the factors associated with effectiveness, and to understand the relationship between costs and outcomes. (Responsibility: Welsh Government)

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Glossary, Abbreviations and Acronyms

(Glossary entries are adapted from Cooper, M. (2008) *Essential Research Findings in Counselling and Psychotherapy: The facts are friendly*. London: Sage.

BACP. British Association for Counselling and Psychotherapy.

Baseline data: Data from a first meeting between counsellor and client: either an assessment session or first session of counselling.

BME. Black and Minority Ethnic background.

CAMHS. Child and Adolescent Mental Health Services.

Cognitive-behavioural therapy (CBT). A range of techniques and therapies that try to produce change by directly influencing thinking, behaviour or both.

Control group: A group of individuals with characteristics similar to those in the 'experimental group', but who do not participate in the procedure being tested.

Correlation: The degree of association between two variables, ranging from 1 (total positive association) to -1 (total negative association), with 0 indicating no relationship between the two variables.

Counselling: An umbrella term, like psychotherapy, that covers a range of talking therapies. It is delivered by a trained practitioner who works with people over a short or long term to help them bring about effective change or enhance their wellbeing.

CPD. Continuing professional development.

Drop out: Generally defined as failure to attend a last scheduled visit, or as withdrawing from therapy before a therapist thinks the client should have.

Effectiveness: The extent to which an intervention, when used under ordinary circumstances, brings about a desired effect.

Effect size: A measure of the strength of relationship between two variables (for the purposes of this book, used synonymously with Standardised Mean Difference).

Endpoint data: Data from a last recorded session of counselling.

Episode (of counselling): A complete series of sessions of counselling undertaken by a client.

Humanistic: A family of psychological therapies that place particular emphasis on establishing a warm, understanding relationship with clients such that clients can come to uncover, and express, their true thoughts and feelings.

Integrative. Forms of therapeutic practice that draw on a range of different orientations.

Mean: The mathematic average of a set of scores, calculated by summing the scores and dividing by the number of scores

Median: The middle score if a range of scores are ordered from highest to lowest.

Meta-analysis: A statistical procedure which pools findings from different studies to estimate overall effects.

LAs. Local authorities.

Link teachers: Members of the teaching staff in a school who hold responsibility for the implementation and delivery of the school-based counselling.

Net agreement. The percentage of respondents either agreeing or strongly agreeing with an item, minus the percentage that disagree or strongly disagree.

Non-directivity: A therapeutic stance in which the practitioner tries to refrain from directing his or her client in any particular way.

p-value: The probability that a particular difference between groups has come about by chance.

PCEQ. Post-Counselling Evaluation Questionnaire.

Person-centred: A form of humanistic therapies that puts particular emphasis on allowing the client to take the lead ('non-directive'), in a relationship that is accepting, empathic and genuine.

Psychodynamic: A family of psychological therapies which aim to help clients develop a greater awareness and understanding of the unconscious forces determining their thoughts, feelings and behaviours.

Psychotherapy. See Counselling.

Randomisation: The process of assigning research participants to treatment or control conditions by chance, to minimise the likelihood of systematic differences between groups.

Randomised Controlled Trial (RCT): (Aka randomised clinical trial) An experimental study in which participants are randomly assigned to two or more groups, such that the efficacy of the different interventions can be identified.

School-based counselling: A form of counselling that is delivered in a school environment.

SDQ. The Strengths and Difficulties Questionnaire: a measure of psychological distress in young people with self-, parent- and teacher-completed versions.

SEN. Special educational need.

Session (of counselling): A specific meeting with a counsellor, normally of around one hour's duration. Generally held on a weekly or fortnightly basis.

Significant differences: A meaningful and important difference between two or more groups that is unlikely to be due to chance variations.

Standard deviation: A measure of the spread of a set of data, larger standard deviations meaning that the scores are more dispersed.

Strategy, The: The Welsh Government's School-based Counselling Strategy (the *Strategy*), implemented from April 2008 in secondary schools across Wales and a pilot selection of primary schools in four local authorities.

TAC. Team Around the Child.

Thematic analysis: A means of analysing qualitative (language-based, non-numerical) data, in which similarities are identified across sources and grouped together to produce a coherent account of the data.

YP-CORE. A widely used measure of psychological distress for 11 to 16 year olds.

Appendix

APPENDIX 1 – Client Record Sheet

School-based Counselling: Year 1
Client Record Sheet

School: ……………………………………….

Pupil ID: ……………………………………….

School year: 7 8 9 10 11 12 13 *Please circle*

Gender: Male Female *Please circle*

Ethnicity: White British Asian/Asian British Black/Black British
Chinese/other Mixed Race *Please circle*

Sexual Orientation: Bisexual Gay/lesbian Heterosexual/straight
Prefer not to say *Please circle*

Disability/SEN: Yes No Prefer not to say *Please circle*

Religion or belief: Bahá'i Buddhist Christian Hindu Jain Jewish Muslim
Sikh Other Prefer not to say *Please circle*
Preferred Language……………………………….. *Please state*

Looked-after Yes No Prefer not to say *Please circle*

Confidentiality explained *Please tick*

Competent to consent to counselling: Yes No *Please circle*
If 'no', parental consent sought. *Please tick*

Parental awareness: Yes No Don't know *Please circle*

Onward referral: ……………………………………… *Please specify*

Presenting issues: ………………………………………

Developing issues: ………………………………………

Issues: Insert one of the following categories in the sections above (maximum three)

Family   Relationships with teachers   Relationships other than parents or teachers

Stress   Depression Bereavement   Self-worth   Behaviour related   Anger

Eating disorders   Self-harm   Bullying   Academic   Other (please specify)

Sessions:

A = Attended   ABS = Absent from school   DNA = Did not attend

C/S = Cancelled by student   C/C = Cancelled by counsellor   Core = Core form completed

L = Last session

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |

APPENDIX 2 – YP CORE Questionnaire

■   ■

CLINICAL
OUTCOMES in
ROUTINE
EVALUATION

YP-CORE
Beta version

Site ID ☐☐☐☐	**Male** ☐ **Female** ☐
Client ID	
☐☐☐ ☐☐☐☐☐☐☐	**Age** ☐☐
Letters only Numbers only	
Therapist ID ☐☐☐	**Stage Completed**
	S Screening **Stage** ☐
	R Referral
Subcodes	A Assessment
Numbers only (1) Numbers only (2)	F First Therapy Session
☐☐☐ ☐☐☐	P Pre-therapy (unspecified)
	D During Therapy **Episode**
	L Last Therapy Session ☐
	X Follow up 1
	Y Follow up 2

Date form given
d d   m m   y y y y
☐☐ / ☐☐ / ☐☐☐☐

Assistance given? ☐
(If yes, please tick)

These questions are about how you have been feeling OVER THE LAST WEEK.
Please read each question carefully. Think about how often you have felt like that in
the last week and then put a cross in the box you think fits best.
Please use a dark pen (not pencil) and mark clearly within the boxes.

OVER THE LAST WEEK.....

	Not at all	Only occasionally	Sometimes	Often	Most or all of the time
1. I've felt edgy or nervous	0	1	2	3	4
2. I haven't felt like talking to anyone	0	1	2	3	4
3. I've felt able to cope when things go wrong	4	3	2	1	0
4. I've thought of hurting myself	0	1	2	3	4
5. There's been someone I felt able to ask for help	4	3	2	1	0
6. My thoughts and feelings distressed me	0	1	2	3	4
7. My problems have felt too much for me	0	1	2	3	4
8. It's been hard to go to sleep or stay asleep	0	1	2	3	4
9. I've felt unhappy	0	1	2	3	4
10. I've done all the things I wanted to	4	3	2	1	0

Thank you for answering these questions

■   ■

APPENDIX 3a - SDQ Questionnaire

Strengths and Difficulties Questionnaire

S 11-16

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

Your Name ....

Male/Female

Date of Birth...

	Not True	Somewhat True	Certanly True
I try to be nice to other people. I care about their feelings	☐	☐	☐
I am restless, I cannot stay still for long	☐	☐	☐
I get a lot of headaches, stomach-aches or sickness	☐	☐	☐
I usually share with others (food, games, pens etc.)	☐	☐	☐
I get very angry and often lose my temper	☐	☐	☐
I am usually on my own. I generally play alone or keep to myself	☐	☐	☐
I usually do as I am told	☐	☐	☐
I worry a lot	☐	☐	☐
I am helpful if someone is hurt, upset or feeling ill	☐	☐	☐
I am constantly fidgeting or squirming	☐	☐	☐
I have one good friend or more	☐	☐	☐
I fight a lot. I can make other people do what I want	☐	☐	☐
I am often unhappy, down-hearted or tearful	☐	☐	☐
Other people my age generally like me	☐	☐	☐
I am easily distracted, I find it difficult to concentrate	☐	☐	☐
I am nervous in new situations. I easily lose confidence	☐	☐	☐
I am kind to younger children	☐	☐	☐
I am often accused of lying or cheating	☐	☐	☐
Other children or young people pick on me or bully me	☐	☐	☐
I often volunteer to help others (parents, teachers, children)	☐	☐	☐
I think before I do things	☐	☐	☐
I take things that are not mine from home, school or elsewhere	☐	☐	☐
I get on better with adults than with people my own age	☐	☐	☐
I have many fears, I am easily scared	☐	☐	☐
I finish the work I'm doing. My attention is good	☐	☐	☐

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

Overall, do you think that you have difficulties in one or more of the following areas:
emotions, concentration, behaviour or being able to get on with other people?

	No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
	☐	☐	☐	☐

If you have answered "Yes", please answer the following questions about these difficulties:

● How long have these difficulties been present?

	Less than a month	1-5 months	6-12 months	Over a year
	☐	☐	☐	☐

● Do the difficulties upset or distress you?

	Not at all	Only a little	Quite a lot	A great deal
	☐	☐	☐	☐

● Do the difficulties interfere with your everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	☐	☐	☐	☐
FRIENDSHIPS	☐	☐	☐	☐
CLASSROOM LEARNING	☐	☐	☐	☐
LEISURE ACTIVITIES	☐	☐	☐	☐

● Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?

	Not at all	Only a little	Quite a lot	A great deal
	☐	☐	☐	☐

Your Signature ....

Today's Date ....

Thank you very much for your help

APPENDIX 3b – SDQ Follow-up Questionnaire

Strengths and Difficulties Questionnaire

S11-17
FOLLOW-UP

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you **over the last month**.

Your Name ....   Male/Female

Date of Birth...

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	☐	☐	☐
I am restless, I cannot stay still for long	☐	☐	☐
I get a lot of headaches, stomach-aches or sickness	☐	☐	☐
I usually share with others (food, games, pens etc.)	☐	☐	☐
I get very angry and often lose my temper	☐	☐	☐
I am usually on my own. I generally play alone or keep to myself	☐	☐	☐
I usually do as I am told	☐	☐	☐
I worry a lot	☐	☐	☐
I am helpful if someone is hurt, upset or feeling ill	☐	☐	☐
I am constantly fidgeting or squirming	☐	☐	☐
I have one good friend or more	☐	☐	☐
I fight a lot. I can make other people do what I want	☐	☐	☐
I am often unhappy, down-hearted or tearful	☐	☐	☐
Other people my age generally like me	☐	☐	☐
I am easily distracted, I find it difficult to concentrate	☐	☐	☐
I am nervous in new situations. I easily lose confidence	☐	☐	☐
I am kind to younger children	☐	☐	☐
I am often accused of lying or cheating	☐	☐	☐
Other children or young people pick on me or bully me	☐	☐	☐
I often volunteer to help others (parents, teachers, children)	☐	☐	☐
I think before I do things	☐	☐	☐
I take things that are not mine from home, school or elsewhere	☐	☐	☐
I get on better with adults than with people my own age	☐	☐	☐
I have many fears, I am easily scared	☐	☐	☐
I finish the work I'm doing. My attention is good	☐	☐	☐

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

Since coming to the clinic, are your problems:

Much worse	A bit worse	About the same	A bit better	Much better
☐	☐	☐	☐	☐

Has coming to the clinic been helpful in other ways, e.g. providing information or making the problems more bearable?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

Over the last month, have you had difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
☐	☐	☐	☐

If you have answered "Yes", please answer the following questions about these difficulties:

• Do the difficulties upset or distress you?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

• Do the difficulties interfere with your everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	☐	☐	☐	☐
FRIENDSHIPS	☐	☐	☐	☐
CLASSROOM LEARNING	☐	☐	☐	☐
LEISURE ACTIVITIES	☐	☐	☐	☐

• Do your difficulties make it harder for those around you (family, friends, teachers etc.)?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

Your signature ....

Today's date ....

Thank you very much for your help

APPENDIX 4 – Post-Counselling Evaluation Questionnaire

Post-Counselling Evaluation Questionnaire

School_____ Male/Female Year Group _____

Date_____

	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
I was able to talk about my feelings and thoughts with my counsellor	☐	☐	☐	☐	☐
The counsellor helped me to understand my situation and my feelings	☐	☐	☐	☐	☐
I understood that what I said to the counsellor would be confidential unless I was at risk	☐	☐	☐	☐	☐
I would ask to see the counsellor again if I needed to	☐	☐	☐	☐	☐
I would recommend counselling to my friends	☐	☐	☐	☐	☐
It was easy to contact the counsellor	☐	☐	☐	☐	☐
I feel more able to cope at school since having counselling	☐	☐	☐	☐	☐
My relationships with friends have improved since going for counselling	☐	☐	☐	☐	☐
My relationships with teachers have improved since going for counselling	☐	☐	☐	☐	☐
My relationships with my family have improved since going for counselling	☐	☐	☐	☐	☐
My behaviour has improved since I went for counselling	☐	☐	☐	☐	☐
I received enough counselling sessions	☐	☐	☐	☐	☐
Since I had counselling I am more able to concentrate on tasks in and out of school	☐	☐	☐	☐	☐
I feel more positive since going for counselling	☐	☐	☐	☐	☐
I think counselling is a good way to deal with problems	☐	☐	☐	☐	☐
I would consider counselling in the future, even after I leave school	☐	☐	☐	☐	☐

PTO

What were the best things about counselling?

_____

_____

_____

What were the worst things about counselling?

_____

_____

_____

Was your attendance a problem before coming to counselling?   **Yes/No**

If yes, has coming to counselling made it easier to come to school?   **Yes/No**

Are there things that could have been different in your counselling?

It would have been better if _____

_____

I didn't like _____

_____

Anything else? _____

What do you think about having a counsellor in your school?

_____

_____

How did you feel about people in school knowing that you saw your counsellor?

_____

_____

_____

Any other comments?

_____

_____

Thank you for filling out this form

APPENDIX 5 – School Counsellor Survey

Evaluation of the Implementation of the Welsh Assembly Government's National School-based Counselling Strategy

This questionnaire aims to gain information regarding your opinion of the effectiveness of the implementation of the school counselling strategy for Wales. It forms part of a wider study conducted on behalf of the Welsh Assembly Government (WAG) and aims to identify improvements to the implementation of the school counselling strategy.

Information will remain strictly confidential and will be treated with the utmost respect. Under no circumstances will individual respondents be identified in reports.

ABOUT THE SERVICE YOU WORK IN

1. How long has the school counselling service in which you work been operating as part of the Welsh Assembly Government schools counselling strategy?

   Years ☐   Months ☐

                     Don't know ☐

2. Is there a maximum number of sessions offered to each client in your service?

   Yes ☐   No ☐

   If yes, please specify _____

3. Does the service in which you work provide counselling (tick both if applicable):

   a) Within school premises ☐

   b) In a location outside of school premises ☐

4. Are you employed by:

   a) A school ☐

   b) A local education authority ☐

   c) An external agency ☐

      Please specify _____

   d) Other, please specify _____

5. Please specify which school(s) you work in as a school counsellor:

Name of school	Town	Local authority

6. Have you referred pupils onto specialist services such as NHS CAMHS?

Yes ☐   No ☐

7. Have young people been referred to you for counselling from specialist services such as NHS CAMHS?

Yes ☐   No ☐

YOUR VIEWS ON SCHOOL COUNSELLING

Please circle the appropriate response indicating the extent to which you agree or disagree with each statement in relation to the work that you are undertaking as part of the Welsh Assembly Government School Counselling Strategy. If you are working in more than one school please select the school in which you spend the most time and answer in relation to this school. Please mark this school with an asterisk in Question 5, above.

		Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	The accommodation for the counselling service in which I work is adequate	4	3	2	1	0
2	I feel clear about when to refer a pupil to other agencies such as NHS CAMHS	4	3	2	1	0
3	The service is located in a position on site which is easy for pupils to access	4	3	2	1	0
4	Counselling is delivered in an appropriately private but safe setting within the school vicinity	4	3	2	1	0
5	The procedures for monitoring and evaluating the counselling service are satisfactory	4	3	2	1	0
6	Staffing levels within the counselling service are adequate	4	3	2	1	0
7	The counselling service in which I work is adequately resourced	4	3	2	1	0

8	I am provided with appropriate opportunities for further training related to school counselling	4	3	2	1	0
9	The counselling service works closely with other initiatives to support health and wellbeing in schools	4	3	2	1	0
10	I am happy with arrangements provided for clinical supervision	4	3	2	1	0
11	The counselling service is an integral part of school provision	4	3	2	1	0
12	The counselling service is recognised and valued by pupils	4	3	2	1	0
13	The counselling service is well-publicised within the school	4	3	2	1	0
14	The counselling service is sensitive to the needs of different communities and ethnic groups	4	3	2	1	0
15	The service's approach to confidentiality strikes an appropriate balance between the needs of parents, children, and safeguarding procedures	4	3	2	1	0
17	The counselling service is sensitive to the needs of Welsh speakers	4	3	2	1	0
18	The counselling service has good administrative support	4	3	2	1	0
19	The counselling service is recognised and valued by school staff	4	3	2	1	0
20	The process of setting up the counselling service has been efficient and unproblematic	4	3	2	1	0
21	The counselling service is recognised and valued by parents	4	3	2	1	0
22	I feel well-supported in my role as school counsellor	4	3	2	1	0

Additional information

What do you feel have been the strengths of the Welsh Assembly Government School-based Counselling Strategy?

What do you feel have been the weaknesses of the Welsh Assembly Government School-based Counselling Strategy?

If any, what recommendations would you make to improve the Counselling Strategy?

ABOUT YOU

Demographic questions to be used for analysis purposes only. All information will remain anonymous.

1. Gender   Male ☐   Female ☐

2. Age
   - 18 – 29 ☐   50 – 59 ☐
   - 30 – 39 ☐   60 – 69 ☐
   - 40 – 49 ☐   70+ ☐

3. What do you consider to be your ethnicity?

White British	☐	Black or Black British Caribbean	☐
White Irish	☐	Black or Black British African	☐
Mixed White & Black Caribbean	☐	Asian or Asian British Indian	☐
Mixed White & Black African	☐	Asian or Asian British Pakistani	☐
Mixed White & Asian	☐	Asian or Asian British	☐

Any other Mixed Background ☐   Bangladeshi ☐
(please state below)

Any other Asian Background ☐

Chinese ☐

Any other Ethnic group, please specify _____
This information is sought to ascertain the number of Welsh Counsellors involved in the WAG strategy.
What do you consider to be your nationality? _____

4. Disability is defined in the Disability Discrimination Act 1995 as a physical or mental impairment that has a substantial long-term effect on ability to carry out normal day to day activities.
   Do you consider yourself to have a disability?   Yes ☐   No ☐

5. Are you a member of a professional body?   Yes ☐   No ☐
   If yes, please specify: _____
   BACP ☐   BPS ☐   UKCP ☐
   BABCP ☐
   Other, please specify _____

6. What is your highest level of counselling qualification?
   Doctorate ☐   Masters ☐   Postgraduate Diploma ☐
   FE Diploma ☐   Undergraduate Diploma ☐
   Other, please specify _____

7. Did you have experience of working with children and young people prior to taking on your current role as school counsellor?
   Yes ☐   No ☐

8. Have you undertaken specific training or qualifications related to working with children and young people?
   Yes ☐   No ☐
   If yes, please specify approximately when you undertook this training and/or qualification and whether it was related to the school counselling strategy.

   ┌─────────────────────────────────────┐
   │   │
   │   │
   │   │
   │   │
   └─────────────────────────────────────┘

9. How long have you worked as a school counsellor?
   Years ☐   Months ☐

186

10. How would you describe your principal therapeutic orientation?

Psychodynamic ☐   Integrative ☐

Humanistic / Person Centred ☐   CBT ☐

Other, please specify _____

Thank you very much for completing this questionnaire.
Please return it in the envelope provided

APPENDIX 6 – Head/Link Teacher Telephone Questionnaire

Evaluation of the Implementation of the Welsh Assembly Government's National School-based Counselling Strategy

IF NO NAMED CONTACT, ASK TO SPEAK TO THE 'LINK PERSON' OR OTHER SENIOR MANAGEMENT TEACHER WHO HAS RESPONSIBILITY FOR THE SCHOOL-BASED COUNSELLING SERVICE. IF NOT KNOWN, ASK TO SPEAK TO THE HEAD TEACHER. ONCE THROUGH TO RESPONDENT, SAY:

Good morning/afternoon. My name is … and I'm calling from Ipsos MORI, the social research company.

We are carrying out a survey of all secondary schools, and special schools with pupils aged 11 to 15 in Wales to find out opinions and experiences of the school-based counselling strategy.

This is part of a wider evaluation on behalf of the Welsh Assembly Government, which is being coordinated by a consortium of the British Association for Counselling and Psychotherapy, Ipsos MORI, The University of Strathclyde, the University of Newcastle, Cardiff Educational Psychology Service and the University of Wales Newport. The evaluation aims to identify improvements to the implementation of the strategy.

A letter was recently sent to you about this research. <INTERVIEWER PLEASE OFFER TO RESEND THE LETTER IF THE RESPONDENT HAS NOT RECEIVED IT>.
The interview will take around 10 minutes of your time.

Before we start, I would like to assure you that your answers will be treated in strict confidence by the consortium and in accordance with the Market Research Society Code of Conduct. Your answers will only be used for research purposes. Reported data will be aggregated so that It will not be possible to identify any particular individual or school/college in the data provided to the Welsh Assembly Government.

ASK ALL

S1. *Can I just check, are you the "Link Person" for the school-based counselling service in your school?* READ OUT. SINGLE CODE

Yes	CONTINUE
No	ASK TO SPEAK TO THE LINK PERSON FOR SCHOOL COUNSELLING SERVICE IN SCHOOL OR, IF THERE IS NO LINK PERSON, ASK TO SPEAK TO THE HEAD TEACHER
Don't know	

S2. *What is your current, most senior level of responsibility?* READ OUT CATEGORIES. SINGLE CODE ONLY

Head teacher/principal	CONTINUE
Deputy or assistant head teacher	
Other senior management or leadership team	
Classroom or subject teacher/ lecturer	IF YES AT Q1 CONTINUE
Other (please specify)	IF NO AT Q2, CHECK WITH SUPERVISOR

S3. *And are you happy to proceed with the interview, and for us to share your responses with the consortium mentioned above?*

Yes	CONTINUE
No	THANK AND CLOSE

IF WE HAVE A RECORD OF START DATE ON SAMPLE, ASK:
S4. According to our records, your school has been operating as part of the Welsh Government's school-based counselling strategy since [INSERT DATE ON SAMPLE]. Is this correct? SINGLE CODE ONLY

Yes
No
Don't know

IF NO OR DON'T KNOW AT S4, OR IF NO RECORD OF START DATE ON SAMPLE, ASK:
Approximately when did your school start operating as part of the Welsh Assembly Government's school-based counselling strategy? ENTER YEAR AND MONTH (or best estimate)

Year:	CONTINUE
Month:	
Don't know	

S5. Did your school provide school-based counselling for pupils prior to operating as part of the Welsh Assembly Government's National Strategy for school-based counselling? SINGLE CODE ONLY

Yes
No
Don't Know

INTERVIEWER READ OUT:
In the rest of this interview I will be asking you about your school's counselling service, by which I mean the counselling service which the school provides in line with the Welsh Assembly Government's National Strategy for School-based Counselling.

I would like to begin by asking you about provision and usage of the counselling service in your school.

Q1. Is your school counselling service operated within school premises or at a location outside of school premises? SINGLE CODE ONLY

Within school premises
Location outside of school premises
Both

Don't know

Q2A. Is the counsellor (or counsellors) working within your school's counselling service employed by…? READ OUT CODES 1-3. SINGLE CODE ONLY

Your school (GO TO Q2B)

A local education authority (GO TO Q3)
An external agency (Please specify) (GO TO Q3)

Don't know

ASK IF SCHOOL COUNSELLOR IS EMPLOYED BY SCHOOL AT Q2A
Q2B. Does the counsellor working within your school have any other role within your school, for example teacher or school nurse? SINGLE CODE ONLY

Yes
No
Don't know

ASK ALL
Q3. Does the counsellor working within your school run regular sessions, or visit on an ad-hoc basis as and when required? SINGLE CODE ONLY

Regular sessions
Ad-hoc basis as required
Other (please specify)
Don't know

Q4. In an average case, once a pupil has been identified as needing to see a school counsellor, how long does that pupil typically wait for his or her first appointment? SINGLE CODE ONLY.

Same day
2 – 3 days
4 – 5 days
1 – 2 weeks
3 – 4 weeks
Longer than four weeks
Don't know

Q5A. Is there a maximum number of sessions offered to each pupil requiring counselling in your school? SINGLE CODE

Yes (GO TO Q5B)
No (GO TO Q7)
Don't know (GO TO Q7)

IF YES AT Q5A, OTHERS TO GO TO Q7

Q5B. Usually, what is the maximum number of sessions offered to each pupil?

WRITE IN NUMBER

Don't know

Don't Know

ASK ALL

Q7-24. I am going to read out a series of statements that may or may not describe the counselling service in your school. For each statement, please tell me whether you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree. READ OUT. ROTATE STATEMENTS. REVERSE CODEFRAME FOR 50% OF RESPONDENTS. SINGLE CODE FOR EACH. ALLOW DON'T KNOW.

		Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
7	The accommodation for the school's counselling service is adequate	4	3	2	1	0
8	Staff in my school have enough training to understand when to refer a pupil to the school counsellor	4	3	2	1	0
9	The service is located in a position which is easy for pupils to access	4	3	2	1	0
10	Counselling is delivered in an appropriately private but safe setting within the school vicinity	4	3	2	1	0
11	The procedures for monitoring and evaluating the counselling service are satisfactory	4	3	2	1	0
13	The counselling service in my school is adequately resourced	4	3	2	1	0
14	The counselling service works closely with other initiatives to support health and wellbeing in	4	3	2	1	0

	schools					
15	The counselling service is an integral part of school provision	4	3	2	1	0
16	My school has received adequate support to develop and deliver its school-based counselling service effectively	4	3	2	1	0
17	The counselling service is well-publicised within the school	4	3	2	1	0
18	The counselling service is sensitive to the needs of different communities and ethnic groups	4	3	2	1	0
19	The service's approach to confidentiality strikes an appropriate balance between the needs of parents, children, and safeguarding procedures	4	3	2	1	0
20	The counselling service is sensitive to the needs of Welsh speakers	4	3	2	1	0
21	The counselling service has good administrative support	4	3	2	1	0
22	The counselling service is recognised and valued by school staff	4	3	2	1	0
23	The process of setting up the counselling service has been efficient and unproblematic	4	3	2	1	0

Q24. What impact, if any, would you say your school-based counselling service has on each of the following <u>in your school</u>? READ OUT. ROTATE STATEMENTS. REVERSE CODEFRAME FOR 50%. SINGLE CODE FOR EACH.

a. Behaviour of pupils who have received school counselling
b. Attainment of pupils who have received school counselling
c. Attendance of pupils who have received school counselling

Improved a lot
Improved somewhat
Improved a little
Stayed the same (no impact)
Deteriorated a little
Deteriorated somewhat

Deteriorated a lot

Don't know

Q25. And what impact, if any, would you say your school-based counselling service has had on STAFF WORKLOAD in your school? READ OUT. REVERSE CODEFRAME FOR 50% SINGLE CODE FOR EACH.

Increased a lot
Increased somewhat
Increased a little
Stayed the same (no impact)
Decreased a little
Decreased somewhat
Decreased a lot

Don't know

Q26. Overall, how well do you feel your school's counselling service currently meets the needs of pupils? READ OUT. REVERSE CODEFRAME FOR 50%. SINGLE CODE

Very well
Fairly well
Not very well
Not at all well

Don't know

Q27 Overall, would you say that your school's counselling service got better or worse since the introduction of the Welsh Assembly Government's school-based counselling strategy in [INSERT DATE FROM S3], or has there been no change? SINGLE CODE ONLY.

Much better (GO TO Q27A)

Slightly better (GO TO Q27A)

No change (GO TO Q29)

Slightly worse (GO TO Q27B)

Much worse (GO TO Q27B)

Don't know (GO TO Q29)

ASK IF BETTER AT Q27

Q27A Why do you say it has got better? DO NOT READ OUT. MULTICODE OK

Increased funding available

Better quality of counsellors available

Provision available more regularly

Provision available for more pupils

Strategy is now better focused/planned

Better accommodation is available

Counselling service is now more closely linked into the rest of the school

Better understanding between counsellors and other school staff

Increased sensitivity to the needs of different groups

Service is easier to access

Better training opportunities are available for counsellors

Children have easier access to counselling services

Other – SPECIFY

Don't know

GO TO Q29

ASK IF WORSE AT Q27

Q27B Why do you say it has got worse? DO NOT READ OUT. MULTICODE OK

Lower quality of counselling

Less funding available

Provision available less regularly

Provision available to fewer pupils

Strategy is now less well focussed/planned

Accommodation is now not as good

Less freedom to do as the school wants

More time being spent on administration

Counselling service now not so well linked to the rest of the school

Less understanding between counsellors and other school staff

Less sensitivity to the needs of different groups

Service is harder to access

Counsellor training is not as well provided for as before

Other – SPECIFY

Don't know

Q29. What if anything, would improve the counselling service in your school? DO NOT READ OUT. MULTICODE OK

More funding (ie. a higher amount)

More sustained/committed funding (ie. over a longer period of time)

More counselling staff

More/longer counselling sessions

Better facilities/room

More interest/understanding from pupils

More support/understanding from staff within the school

More support from management

Working with other organisations and schools

More liaison between counsellors and staff

Other – PLEASE SPECIFY

Nothing

Don't know

Q31. As part of this research the consortium will be conducting some case study visits in a small number of schools in early 2011. We would arrange a time with you to visit the school to interview a number of students and a small number of school staff. In principle, might your school be willing to take part? If so we would contact you nearer the time if your school fits the required profile.

Yes

No

Don't know

IF YES:

Thank you. Who should we contact about this nearer the time?

Check contact details and ask for school landline and e-mail address.

Thank respondent.

Evaluation of the Implementation of the Welsh Assembly Government's National School-based Counselling Strategy

This questionnaire for Local Authority Leads and Service Managers aims to gain your views on the implementation of the school counselling strategy for Wales. It forms part of a wider study conducted on behalf of the Welsh Assembly Government (WAG) and aims to identify improvements to the implementation of the school counselling strategy.

Information will remain strictly confidential and will be treated with the utmost respect. Under no circumstances will individual respondents be identified in reports.

ABOUT THE SERVICE YOU LEAD/MANAGE

1. In relation to the Welsh Assembly Government's National School-based Counselling Strategy what is your role?

   a) Local Authority Lead ☐

   b) Service Manager ☐

   c) Other (please specify) _____

2. Within which Local Authority in Wales do you lead the counselling service for schools **OR** which Service in relation to the WAG school counselling strategy do you manage?

   _____

3. How long has the school counselling service you lead/manage been operating as part of the Welsh Assembly Government school counselling strategy?

   Years ☐   Months ☐

   Don't know ☐

4. How long have you been your Local Authority's Main Lead / Service Manager for the WAG school based counselling strategy?

Years ☐   Months ☐

5. Is there a maximum number of sessions offered to each client in your service?

Yes ☐   No ☐

Don't Know ☐

If yes, please specify _____

YOUR VIEWS ON SCHOOL COUNSELLING

Please circle the appropriate response indicating the extent to which you agree or disagree with each statement in relation to the work that your service is undertaking as part of the Welsh Assembly Government School Counselling Strategy. Responses should be based on the **AVERAGE ACROSS ALL SCHOOLS WITHIN YOUR SERVICE / LOCAL AUTHORITY.**

If you do not know the answer or feel unable to respond to a question please leave the response blank.

		Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
1	The accommodation for the counselling service is adequate	4	3	2	1	0
2	Services are easily accessible to pupils	4	3	2	1	0
3	Counselling is delivered in an appropriately private but safe setting within the school vicinity	4	3	2	1	0
4	The procedures for monitoring and evaluating the counselling service are satisfactory	4	3	2	1	0
5	Staffing levels within the counselling service are adequate	4	3	2	1	0
6	The counselling service is adequately resourced	4	3	2	1	0
7	In our local authority we provide training for school counsellors	4	3	2	1	0
8	The counselling service works closely with other initiatives to support health and wellbeing in schools	4	3	2	1	0
9	Counsellors are provided with suitable arrangements for clinical supervision	4	3	2	1	0
10	The counselling service is an integral part of school provision	4	3	2	1	0

11	The counselling service is well-publicised within schools	4	3	2	1	0
12	The counselling service is sensitive to the needs of different communities and ethnic groups	4	3	2	1	0
13	The service's approach to confidentiality strikes an appropriate balance between the needs of parents, children, and safeguarding procedures	4	3	2	1	0
14	The counselling service is sensitive to the needs of Welsh speakers	4	3	2	1	0
15	The counselling service has good administrative support	4	3	2	1	0
16	The counselling service is recognised and valued by school staff	4	3	2	1	0
17	The process of setting up the counselling service has been efficient and unproblematic	4	3	2	1	0
18	The counselling service is recognised and valued by parents	4	3	2	1	0

Additional information

Do you feel the counselling service you lead/manage has good relations with specialist services such as CAMHS, social services, educational psychology etc?

Yes [ ]   No [ ]

Don't know [ ]

Please explain your response

What do you feel have been the strengths of the Welsh Assembly Government School-based Counselling Strategy?

What do you feel have been the weaknesses of the Welsh Assembly Government School-based Counselling Strategy?

If any, what recommendations would you make to improve the Counselling Strategy?

Thank you very much for completing this questionnaire.
Please return it in the envelope provided

APPENDIX 8 - Fieldwork Interviews – School Staff

WAGES FIELDWORK INTERVIEWS

EXPERIENCE; SATISFACTION; ACCESSIBILITY; IMPACT; IMPROVEMENT
SCHOOL STAFF (including school nurses whenever possible)

KNOWLEDGE AND PERCEPTIONS

1:1 Ten-minute interviews

1. Are you aware there is a school counselling service in this school?
2. What do you know about the school counselling service? (if don't show any awareness of service, can ask other questions about whether they feel it would be important to have one, why, how could it benefit pupils, staff, parents etc.)
3. How did you find out about it?
4. How do you see the counselling service's role within the school?
5. What do people in the school (staff and pupils) think of it? (the service, counselling staff, pupils who use the service)
6. Under what circumstances would you refer a pupil to the service?
7. How would you book them an appointment?
8. How much information would you expect to receive from the counsellor about a pupils' progress in counselling?
9. Do you think it is important for counselling to be available in both Welsh and English?
10. Does your schools' service offer counselling in both languages?
11. What effect, if any, has the counselling service had on the school, its staff and pupils?(quality of pastoral care/ attendance/ achievement/ ability to study/ behaviour/ staff workloads)
12. How satisfied are you with the school counselling service?
13. How do you think the counselling service in this school could be improved?

SUPPLEMENTARY QUESTION FOR SCHOOL NURSES:

What effect, if any, has the school counselling service had on the healthy schools initiative?

APPENDIX 9 – Fieldwork Interviews – Parents

WAGES FIELDWORK INTERVIEWS

EXPERIENCE; SATISFACTION; ACCESSIBILITY; IMPACT; IMPROVEMENT
<u>PARENTS</u>

Focus Groups or 1:1 (ad hoc or pre arranged). Length of interview tba dependent on number of participants

Start with a warm-up question to get general views on counselling? Is it something they talk to their children about? Where would they expect their children to go for advice & guidance e.g. school nurse/ teachers etc.

1. Do you know that there is a counselling service for pupils in your son/daughter's school?
2. If so, what do you know about it?
3. How did you find out about it?
4. What are your thoughts on whether counselling is available in both Welsh and English?
5. Does the counselling service in your son/daughter's school offer counselling in both languages?
6. If your son/daughter were to have counselling at school would it matter to you whether they saw a male or female counsellor?
7. Is there a choice of both male and female counsellors at your son/daughter's school?
8. If you felt your son/daughter could benefit from some counselling sessions, would you know how to make an appointment for them?
9. Counselling is normally a confidential activity, that is, what is said between the counsellor and the young person is kept only between them, unless the young person wants the counsellor to share the information, or someone is at risk of significant harm. Would you be happy for your son/daughter to receive confidential counselling?
10. In your opinion what effect, if any, does/could the counselling service have on the school and its pupils?
11. How satisfied are you with the counselling service at your son/daughter's school? (if little knowledge known ask what they think would make a good counselling service)

12. Can you think of any ways in which the counselling service in this school could be improved?

APPENDIX 10 – Fieldwork Interviews – Service Users

WAGES FIELDWORK INTERVIEWS

EXPERIENCE; SATISFACTION; ACCESSIBILITY; IMPACT; IMPROVEMENT

<u>SERVICE USERS</u>

1:1 interviews (pre-arranged) 2 or 3 students. Up to 30 minutes.

Introduction
I do not need to know why you saw the counsellor, or what you talked about in counselling.
I am only going to ask about your opinions of the counselling in your school. There are no wrong answers!
Your counsellor will not be told any of your answers in this interview.

1. How did you find out about the school counselling service?

2. Preferences:
    a. What language did you want to use when you had counselling (English/Welsh/other)?
    b. Did your counsellor speak the language you wanted to use?
    c. Would you rather have had counselling from a male or a female counsellor?
    d. Did you get your choice of counsellor (male or female)?

Referral:

3. How did you get an appointment to see your counsellor?
    (e.g. booked it myself/my teacher booked it for me/other)

4. Did you feel under any pressure to go for counselling when you didn't really want to?

5. How do people in your school (pupils and teachers) feel about the counselling service?"

6. Has having counselling affected you in any way?
   (**Probe quite deeply here on impact:** feelings/level of happiness/home life/school work/relationships)

7. Did you fill in any forms during your counselling sessions.

8. **If yes**: What was it like filling in the CORE/SDQ questionnaires in the counselling sessions?
   (helpful, talked about, completed every session, understand why they are completed)

9. **If no**: How would you feel about completing forms?

10. Were you satisfied with using the counselling service?
    (Administrative arrangements and therapy received, accessibility – how easy to arrange, waiting time, adequate room)

11. What did you like about using the counselling service?
    (Administrative arrangements and therapy received, would they recommend it to others)

12. What did you not like about using the counselling service?
    (Admin/therapy)

13. How do you think the counselling service could be improved?

14. Would you consider counselling in future?

APPENDIX 11 – Fieldwork Interviews - Potential Service Users

WAGES FIELDWORK INTERVIEWS

EXPERIENCE; SATISFACTION; ACCESSIBILITY; IMPACT; IMPROVEMENT
POTENTIAL SERVICE USERS

Two Focus Groups. One school lesson each. School Council and a Mixed Ability Group (about 8 students in each).

Begin by getting general perceptions on counselling – are pupils open to the thought of counselling & is it something they might use or is it something they think is only for 'other people'. Probe for what they see as sources of advice & guidance within the school e.g. school nurse etc.

1. What do you know about the counselling service in your school? (awareness, thoughts, probe for knowledge of the confidential nature of the service)

2. How did you find out about the school counselling service?
   (Is it openly discussed?)

3. If you were to use the counselling service, what language would you like the counsellor to use? (English/Welsh/other)

4. Is your choice of language available in your school counselling service?

5. Would it matter whether you saw a male or female counsellor?

6. Is a choice of male or female counsellor available in your school counselling service?

7. How satisfied are you with the counselling service in your school?

8. What do you like about having a counselling service in your school?
   (What are the perceived benefits?)

9. What do you not like about having a counselling service?

10. How do you think the counselling service can be improved?

APPENDIX 12 – Primary Pilots: LA Lead Structured Telephone Interview

Evaluation of the Implementation of the Welsh Assembly Government's
National School-based Counselling Strategy

Primary Pilots: Local Authority Lead Structured Telephone Interview

Good morning/afternoon. My name is … and I'm calling from the British Association for Counselling and Psychotherapy.

This is part of a wider evaluation on behalf of the Welsh Assembly Government, which is being carried out by BACP, The University of Strathclyde, the University of Newcastle, Cardiff Educational Psychology Service and the University of Wales Newport. The evaluation aims to identify improvements to the implementation of the strategy.

We are carrying out a survey of the local authority leads/service managers responsible for the school-based counselling primary pilot in Wales to find out opinions and experiences of the services offered.

The interview will take around 20 minutes of your time.

Before we start, I would like to assure you that the information you give will be treated in strict confidence and in accordance with the Market Research Society Code of Conduct and will only be used for the purpose of this research project.

Information will remain strictly confidential and will be treated with the utmost respect. Under no circumstances will individual respondents be identified in reports.
Local Authority – DO NOT ASK, JUST CIRCLE FOR OUR REFERENCE

Bridgend   Cardiff   Pembrokeshire   Wrexham

Role – AS ABOVE

Local Authority Lead   Service Manager

ABOUT THE SERVICE YOU LEAD/MANAGE
1. I understand there are _____ primary schools in your local authority and _____ are involved in the primary pilot for school-based counselling. Can you confirm this is correct?

YES   NO

2. Are all primary schools involved in the pilot for school-based counselling implementing the same type of service model?

   YES   NO

3. Are the counselling services managed by an external provider?
   YES   NO
   If YES please name providers:

   _____

4. What counselling intervention(s) is/are being implemented in primary schools in your local authority? (circle all that apply)

   a. One to one
   b. Music therapy
   c. Play therapy
   d. Therapeutic group work
   e. Storytelling
   f. Circle time
   g. Support for parents
   h. Other (please state)_____

5. What factors led to the choice of this service model?
   _____

6. What referral processes are in place?
   (Circle all that apply)

   a. Self-referral
   b. Via teacher
   c. Via other staff member
   d. Via parent
   e. Other _____

9. Is parental approval required for a child to see a counsellor?
   YES   NO

10. Is there a maximum number of one-to-one counselling sessions offered to children in your service?

   Yes   ☐   No   ☐

   Don't Know ☐

   If yes, please specify   _____

YOUR VIEWS ON SCHOOL COUNSELLING
I am going to read out a series of statements. For each statement, please tell me whether you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree. If you do not know the answer you can also say 'don't know'. Responses should be based on the **PARTICULAR SERVICE YOU MANAGE OR AVERAGE ACROSS ALL PRIMARY SCHOOL PILOTS WITHIN YOUR LOCAL AUTHORITY.**
ALLOW DON'T KNOW – Leave blank

		Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
1	The accommodation for the counselling service is adequate	4	3	2	1	0
2	Services are easily accessible to pupils	4	3	2	1	0
3	Counselling is delivered in an appropriately private but safe setting within the school vicinity	4	3	2	1	0
4	The procedures for monitoring and evaluating the counselling service are satisfactory	4	3	2	1	0
5	Staffing levels within the counselling service are adequate	4	3	2	1	0
6	The counselling service is adequately resourced	4	3	2	1	0
7	In our local authority we provide training for school counsellors	4	3	2	1	0
8	The counselling service works closely with other initiatives to support health and wellbeing in schools	4	3	2	1	0
9	Counsellors are provided with suitable arrangements for clinical supervision	4	3	2	1	0
10	The counselling service is an integral part of school provision	4	3	2	1	0
11	The counselling service is well-publicised within schools	4	3	2	1	0
12	The counselling service is sensitive to the needs of different communities and ethnic groups	4	3	2	1	0
13	The service's approach to confidentiality strikes an appropriate balance between the needs of parents, children, and safeguarding procedures	4	3	2	1	0
14	The counselling service is sensitive to the needs of Welsh speakers	4	3	2	1	0
15	The counselling service has good administrative support	4	3	2	1	0

16	The counselling service is recognised and valued by school staff	4	3	2	1	0
17	The process of setting up the counselling service has been efficient and unproblematic	4	3	2	1	0
18	The counselling service is recognised and valued by parents	4	3	2	1	0

Additional information

Do you feel the counselling service you lead/manage has good relations with specialist services such as CAMHS, social services, educational psychology etc?

Yes ☐   No ☐

Don't know ☐

Please explain your response

What do you feel have been the strengths of the Welsh Assembly Government School-based Counselling Strategy?

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What do you feel have been the weaknesses of the Welsh Assembly Government School-based Counselling Strategy?

If any, what recommendations would you make to improve the Counselling Strategy?

Thank you very much for ctaking part in this survey.

APPENDIX 13 - Primary Pilots: Head Teachers' Survey

Evaluation of the Implementation of the Welsh Government's National School-based Counselling Strategy: Primary Pilots

This questionnaire for School management aims to gain your views on the implementation of the school counselling strategy for Wales. It forms part of a wider study conducted on behalf of the Welsh Government and aims to identify improvements to the implementation of the school counselling strategy.

Information will remain strictly confidential and will be treated with the utmost respect. Under no circumstances will individual respondents be identified in reports.
PLEASE NOTE: WE USE THE TERM 'SCHOOL COUNSELLOR' TO REFER TO ANY THERAPEUTIC INTERVENTION OFFERED IN YOUR SCHOOL AS PART OF THE WELSH GOVERNMENT PRIMARY PILOTS FOR SCHOOL COUNSELLING.

1. Within which Local Authority in Wales does your school sit?

    _____

2. What is your current, most senior level of responsibility? (circle one option)
    Head Teacher
    Deputy Head Teacher
    Assistant Head Teacher
    Class Teacher
    Other

3. What counselling intervention(s) is/are offered in your school?
    (Tick all that apply)

    a. One-to-one talking therapy ☐
    b. Music therapy ☐
    c. Play therapy ☐
    d. Therapeutic group work ☐
    e. Storytelling ☐
    f. Circle time ☐
    g. Support for parents ☐
    h. Other (Please state)

    _____

4. What referral processes are in place?
   (Tick all that apply)

      a. Self-referral ☐

      b. Via teacher ☐

      c. Via other staff member ☐

      d. Via parent ☐

      e. Other ☐

5. Is the counsellor (or counsellors) working within your school's counselling service employed by…? (circle one option)

    A local education authority
    An external agency

6. Approximately what proportion of counselors in your school are fully-qualified (i.e. have completed a counselling/psychotherapy diploma of at least 2 years' duration)?

    a) All ○

    b) Majority ○

    c) Some ⦿

    d) None ○

7. Does the counsellor working within your school have any other role within your school, for example teacher or school nurse?

    Yes
    No

    If yes please specify

    _____

8. Is parental/guardian approval required for a child to see a counsellor?

    Yes
    No

9. On average, once a pupil has been identified as needing to see a school counsellor, how long does that pupil typically wait for his or her first appointment?

    Same day
    2-3 days

4-5 days
1-2 weeks
3-4 weeks
Longer than 4 weeks
Don't know

10. Is there a maximum number of sessions offered to each pupil requiring counselling in your school?

Yes – go to question 11
No – go to question 12
Don't know – go to question 12

11. On average, what is the maximum number of sessions offered to each pupil?

_____

Please mark the appropriate response indicating the extent to which you agree or disagree with each statement in relation to the work that the counselling service in **YOUR SCHOOL** is undertaking as part of the Welsh Government School-based Counselling Strategy.

		Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Don't know
12	The accommodation for the school's counselling service is adequate	○	○	○	○	○	○
13	Staff in my school have enough training to understand when to refer a pupil to the school counsellor	○	○	○	○	○	○
14	The service is easy for pupils to access	○	○	○	○	○	○
15	Counselling is delivered in an appropriately private but safe setting within the school vicinity	◉	○	○	○	○	○
16	The internal procedures for monitoring and evaluating the counselling service are satisfactory	○	○	○	○	○	○
17	The counselling service in my school is adequately resourced	○	○	○	○	○	○
18		○	○	○	○	○	○

#	Statement						
	The counselling service works closely with other initiatives to support health and wellbeing in school						214
19	The counselling service is an integral part of school provision	○	○	○	○	○	○
20	My school has received adequate support to develop and deliver its school-based counselling service effectively	○	○	○	○	○	○
21	The counselling service is well-publicised amongst pupils and their parents/guardians	○	○	○	○	○	○
22	The counselling service is sensitive to the needs of different communities and ethnic group	○	○	○	○	○	○
23	The service's approach to confidentiality strikes an appropriate balance between the needs of parents/guardians, children, and safeguarding procedures	○	○	○	○	○	○
24	The counselling service is sensitive to the needs of Welsh speakers	○	○	○	○	○	○
25	The counselling service has good administrative support	○	○	○	○	○	○
26	The counselling service is recognized and valued by school staff	○	○	○	○	○	○
27	The process of setting up the counselling service has been efficient and unproblematic	○	○	○	○	○	○
28	The counselling service in my school represents good value for money	○	○	○	○	○	○

29. What impact, if any, would you say your school-based counselling service has on each of the following in your school?

    a. Behaviour of pupils who have received school counselling (circle one option)

      Improved a lot
      Improved somewhat
      Improved a little

Stayed the same (no impact)
Deteriorated a little
Deteriorated a somewhat
Deteriorated a lot
Don't know

b. Attainment of pupils who have received school counselling (circle one option)

Improved a lot
Improved somewhat
Improved a little
Stayed the same (no impact)
Deteriorated a little
Deteriorated a somewhat
Deteriorated a lot
Don't know

c. Attendance of pupils who have received school counselling (circle one option)

Improved a lot
Improved somewhat
Improved a little
Stayed the same (no impact)
Deteriorated a little
Deteriorated a somewhat
Deteriorated a lot
Don't know

30. Overall how do you rate your level of satisfaction with your school counselling service? (circle one option)

Very satisfied (5)
Satisfied (4)
Neither satisfied or dissatisfied (3)
Dissatisfied (2)
Very dissatisfied (1)

31. And what impact, if any, would you say your school-based counselling service has had on STAFF WORKLOAD in your school?

32. Overall, how well do you feel your school's counselling service currently meets the needs of pupils?

33. What if anything, would improve the counselling service in your school?

Thank you for completing this survey. Please return the form in the stamped addressed envelope provided to Jo Pybis, Research Department, BACP House, St John's Business Park, Lutterworth, Leicestershire, LE17 4HB

Appendix 14 – Forest Plot of Effect Sizes by LA

Study name	Measure	Statistics for each study					response rate	Std diff in means and 95% CI
		Std diff in means	Standard error	Lower limit	Upper limit	p-Value		
LA01 2009-10	YP-CORE	-1.44	0.42	-2.25	-0.62	0.001	-	
LA01 2010-11 T1	YP-CORE	-1.18	0.26	-1.69	-0.67	0.000	-	
LA01 2010-11 T2	YP-CORE	-1.07	0.15	-1.37	-0.78	0.000	-	
LA02 2009-10	YP-CORE	-0.93	0.29	-1.49	-0.36	0.001	-	
LA02 2010-11 T1	YP-CORE	-0.71	0.16	-1.03	-0.39	0.000	70.0	
LA02 2010-11 T2	YP-CORE	-0.97	0.22	-1.40	-0.54	0.000	66.0	
LA03 2010-11 T1	YP-CORE	-0.58	0.10	-0.77	-0.38	0.000	100.0	
LA03 2010-11 T2	YP-CORE	-0.76	0.09	-0.94	-0.59	0.000	100.0	
LA04 2010-11 T2	YP-CORE	-1.76	0.37	-2.48	-1.04	0.000	-	
LA05 2010-11 T1	YP-CORE	-1.73	0.78	-3.27	-0.20	0.027	19.4	
LA05 2010-11 T2	YP-CORE	-0.56	0.21	-0.97	-0.15	0.008	-	
LA07 2009-10	YP-CORE	-1.41	0.14	-1.69	-1.13	0.000	-	
LA07 2010-11 T1	YP-CORE	-1.87	0.24	-2.33	-1.41	0.000	100.0	
LA07 2010-11 T2	YP-CORE	-1.98	0.20	-2.38	-1.59	0.000	100.0	
LA08 2010-11 T2	YP-CORE	-1.07	0.29	-1.63	-0.52	0.000	74.5	
LA09 2009-10	YP-CORE	-1.58	0.13	-1.83	-1.33	0.000	-	
LA09 2010-11 T1	YP-CORE	-0.85	0.13	-1.10	-0.60	0.000	82.1	
LA09 2010-11 T2	YP-CORE	-1.52	0.10	-1.72	-1.32	0.000	77.9	
LA10 2009-10	YP-CORE	-1.31	0.21	-1.73	-0.89	0.000	-	
LA10 2010-11 T1	YP-CORE	-1.17	0.42	-1.99	-0.35	0.005	100.0	
LA10 2010-11 T2	YP-CORE	-1.50	0.28	-2.05	-0.95	0.000	75.0	
LA11 2010-11 T1	YP-CORE	-0.75	0.24	-1.21	-0.29	0.001	85.4	
LA11 2010-11 T2	YP-CORE	-1.22	0.29	-1.78	-0.66	0.000	86.4	
LA12 2009-10	YP-CORE	-0.97	0.06	-1.08	-0.86	0.000	-	
LA12 2010-11 T1	YP-CORE	-1.69	0.14	-1.95	-1.42	0.000	95.0	
LA12 2010-11 T2	YP-CORE	-1.07	0.07	-1.22	-0.93	0.000	85.2	
LA13 2009-10	YP-CORE	-0.74	0.13	-0.99	-0.49	0.000	-	
LA14 2009-10	YP-CORE	-0.70	0.09	-0.87	-0.53	0.000	-	
LA14 2010-11 T1	YP-CORE	-0.72	0.13	-0.98	-0.45	0.000	91.0	
LA14 2010-11 T2	YP-CORE	-0.74	0.10	-0.93	-0.56	0.000	74.0	
LA17 2009-10	YP-CORE	-1.37	0.18	-1.72	-1.01	0.000	-	
LA17 2010-11 T1	YP-CORE	-1.51	0.26	-2.01	-1.00	0.000	-	
LA17 2010-11 T2	YP-CORE	-1.36	0.15	-1.67	-1.06	0.000	-	
LA13 2010-11 T1	SDQ	-1.26	0.18	-1.63	-0.90	0.000	100.0	
LA13 2010-11 T2	SDQ	-1.12	0.18	-1.47	-0.77	0.000	71.7	
LA19 2009-10	SDQ	-0.84	0.13	-1.09	-0.59	0.000	-	
LA19 2010-11 T1	SDQ	-0.75	0.12	-0.98	-0.51	0.000	39.6	
LA19 2010-11 T2	SDQ	-1.00	0.12	-1.24	-0.76	0.000	62.9	
LA20 2010-11 T1	SDQ	-1.96	0.42	-2.78	-1.14	0.000	14.6	
LA20 2010-11 T2	SDQ	-1.54	0.31	-2.16	-0.93	0.000	14.1	
LA21 2010-11 T1	SDQ	-0.59	0.09	-0.77	-0.40	0.000	100.0	
LA21 2010-11 T2	SDQ	-0.46	0.06	-0.57	-0.35	0.000	100.0	
		-0.93	0.02	-0.97	-0.89	0.000		

-2.00   -1.00   0.00   1.00   2.00

Favours A   Favours B

Note. Negative sign for *Std diff in means* and *Favours A* indicates reduction of distress from baseline to endpoint. Size of markers proportional to weight.

APPENDIX 15 – Grant Awarded to Each Local Authority per School Year

LA	2009-10	2010-11	2011-12
1	45,624	93,871	93,871
2	72,410	148,984	148,984
3	122,938	252,946	252,946
4	49,346	101,530	101,530
5	87,110	179,230	179,230
6	74,096	152,453	152,453
7	96,922	199,416	199,416
7	97,922	201,474	201,474
8	72,354	148,869	148,869
9	145,356	299,068	299,068
10	41,282	84,939	84,939
11	129,512	266,471	266,471
12	175,326	360,733	360,733
13	85,840	176,616	176,616
14	196,230	403,742	403,742
15	73,520	151,267	151,267
17	120,052	247,007	247,007
19	97,660	200,936	200,936
20	79,984	164,567	164,567
21	86,616	178,212	178,212
22	49,900	102,669	102,669

APPENDIX 16 – Post-Counselling Evaluation Questionnaire Data

	Frequency (Percentage)					
	Strongly agree	**Agree**	**Don't know**	**Disagree**	**Strongly disagree**	**Total**
I was able to talk about my thoughts and feelings with my counsellor	384 (60.9)	221 (35)	19 (3)	6 (1)	1 (0.2)	631
The counsellor helped me to understand my situation and my feelings	367 (58.3)	223 (35.5)	30 (4.8)	6 (1)	3 (0.5)	629
I understood that what I said to the counsellor would be confidential unless I was at risk	438 (69.5)	155 (24.6)	28 (4.4)	6 (1)	3 (0.5)	630
I would ask to see the counsellor again if I needed to	402 (63.8)	186 (29.5)	35 (5.6)	2 (0.3)	5 (0.8)	630
I would recommend counselling to my friends	276 (43.8)	213 (33.8)	111 (17.6)	18 (2.9)	12 (1.9)	630
It was easy to contact the counsellor	280 (44.5)	216 (34.3)	105 (16.7)	18 (2.9)	10 (1.6)	629
I feel more able to cope at school since having counselling	291 (46.2)	241 (38,3)	80 (12.7)	12 (1.9)	6 (1)	630
My relationships with friends have improved since going for counselling	227 (38.8)	165 (28.2)	147 (25.1)	35 (6)	11 (1.9)	585
My relationships with teachers have improved since going for counselling	159 (27.1)	188 (32)	179 (30.5)	46 (7.8)	15 (2.6)	587
My relationships with my family have improved since going for counselling	235 (45.2)	152 (29.2)	95 (18.3)	23 (4.4)	15 (2.9)	520
My behaviour has improved since I went for counselling	206 (36.6)	194 (34.5)	125 (22.2)	19 (3.4)	19 (3.4)	563
I received enough counselling sessions	226 (40.8)	198 (35.7)	103 (18.6)	24 (4.3)	3 (0.5)	554
Since I had counselling I am more able to concentrate on tasks in and out of school	199 (35.8)	210 (37.8)	114 (20.5)	23 (4.1)	10 (1.8)	556
I feel more positive since going for counselling	319 (50.6)	221 (35.1)	62 (9.8)	17 (2.7)	11 (1.7)	630
I think counselling is a good way to deal with problems	412 (65.5)	193 (30.7)	20 (3.2)	2 (0.3)	2 (0.3)	629
I would consider counselling in the future, even after I leave school	260 (41.3)	185 (29.4)	138 (21.9)	14 (2.2)	33 (5.2)	630

APPENDIX 17 – Counsellor Survey Data

	Frequency (Percentage)					
	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Missing
The accommodation for the counselling service in which I work is adequate	30 (28.3)	40 (37.7)	22 (20.8)	10 (9.4)	3 (2.8)	1 (0.9)
I feel clear about when to refer a pupil to other agencies such as NHS CAMHS	40 (37.7)	52 (48.1)	11 (10.4)	3 (2.8)	-	-
The service is located in a position on site which is easy for pupils to access	44 (41.5)	46 (43.4)	9 (8.5)	6 (5.7)	-	1 (0.9)
Counselling is delivered in an appropriately private but safe setting within the school vicinity	40 (37.7)	45 (42.5)	13 (12.3)	5 (4.7)	1 (0.9)	2 (1.9)
The procedures for monitoring and evaluating the counselling service are satisfactory	34 (32.1)	56 (52.8)	11 (10.4)	1 (0.9)	2 (1.9)	2 (1.9)
Staffing levels within the counselling service are adequate	27 (25.5)	40 (37.7)	20 (18.9)	14 (13.2)	4 (3.8)	1 (0.9)
The counselling service in which I work is adequately resourced	31 (29.2)	41 (38.7)	19 (17.9)	12 (11.3)	2 (1.9)	1 (0.9)
I am provided with appropriate opportunities for further training related to school counselling	44 (41.5)	34 (32.1)	15 (14.2)	10 (9.4)	2 (1.9)	1 (0.9)
The counselling service works closely with other initiatives to support health and wellbeing in schools	36 (34)	39 (36.8)	22 (20.8)	3 (2.8)	-	6 (5.7)
I am happy with arrangements provided for clinical supervision	61 (57.5)	37 (34.9)	3 (2.8)	3 (2.8)	1 (.9)	1 (0.9)
The counselling service is an integral part of school provision	42 (39.6)	49 (46.2)	9 (8.5)	1 (0.9)	1 (.9)	4 (3.8)
The counselling service is recognised and valued by pupils	57 (53.8)	42 (39.6)	6 (5.7)	-	-	1 (0.9)
The counselling service is well-publicised within the school	35 (33)	49 (46.2)	18 (17)	1 (0.9)	2 (1.9)	1 (0.9)
The counselling service is sensitive to the needs of different communities and ethnic groups	41 (38.7)	45 (42.5)	16 (15.1)	2 (1.9)	-	2 (1.9)
The service's approach to confidentiality strikes an appropriate balance between the needs of parents, children, and safeguarding procedures	48 (45.3)	49 (46.2)	4 (3.8)	3 (2.8)	-	2 (1.9)
The counselling service is sensitive to the needs of Welsh speakers	27 (25.5)	31 (29.2)	33 (31.1)	5 (4.7)	5 (4.7)	5 (4.7)
The counselling service has good administrative support	35 (33)	44 (41.5)	15 (14.2)	5 (4.7)	3 (2.8)	4 (3.8)
The counselling service is recognised and valued by school staff	43 (40.6)	42 (39.6)	17 (16)	3 (2.8)	-	1 (0.9)
The process of setting up the counselling service has been efficient and unproblematic	13 (12.3)	33 (31.1)	36 (34)	16 (15.1)	4 (3.8)	4 (3.8)
The counselling service is recognised and valued by parents	20 (18.9)	53 (50)	24 (22.6)	5 (4.7)	-	4 (3.8)
I feel well-supported in my role as school counsellor	54 (50.9)	37 (34.9)	11 (10.4)	3 (2.8)	1 (0.9)	-

APPENDIX 18 – Head Teacher Data

	Frequency (Percentage)					
	Strongly Agree	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Strongly Disagree**	**Don't know**
The accommodation for the school's counselling service is adequate	88 (55.7)	56 (35.4)	5 (3.2)	5 (3.2)	3 (1.9)	1 (0.6)
Staff in my school have enough training to understand when to refer a pupil to the school counsellor	78 (49.4)	62 (39.2)	7 (4.4)	6 (3.8)	3 (1.9)	2 (1.3)
The service is located in a position which is easy for pupils to access	109 (69)	44 (27.8)	2 (1.3)	2 (1.3)	1 (0.6)	-
Counselling is delivered in an appropriately private but safe setting within the school vicinity	134 (84.8)	23 (14.6)	1 (0.6)	-	-	-
The procedures for monitoring and evaluating the counselling service are satisfactory	65 (41.1)	67 (42.4)	10 (6.3)	5 (3.2)	3 (1.9)	8 (5.1)
The counselling service in my school is adequately resourced	63 (39.9)	63 (39.9)	10 (6.3)	12 (7.6)	6 (3.8)	4 (2.5)
The counselling service works closely with other initiatives to support health and wellbeing in schools	81 (51.3)	46 (29.1)	13 (8.2)	13 (8.2)	1 (0.6)	4 (2.5)
The counselling service is an integral part of school provision	102 (64.6)	44 (27.8)	6 (3.8)	4 (2.5)	1 (0.6)	1 (0.6)
My school has received adequate support to develop and deliver its school-based counselling service effectively	57 (36.1)	79 (50)	7 (4.4)	13 (8.2)	2 (1.3)	-
The counselling service is well-publicised within the school	75 (47.5)	70 (44.3)	5 (3.2)	6 (3.8)	1 (0.6)	1 (0.6)
The counselling service is sensitive to the needs of different communities and ethnic groups	110 (69.6)	38 (24.1)	4 (2.5)	1 (.6)	-	5 (3.2)
The service's approach to confidentiality strikes an appropriate balance between the needs of parents, children, and safeguarding procedure	117 (74.1)	34 (21.5)	1 (0.6)	4 (2.5)	-	2 (1.3)
The counselling service is sensitive to the needs of Welsh speakers	36 (22.8)	30 (18)	20 (12.7)	19 (12)	5 (3.2)	48
The counselling service has good administrative support	60 (38)	63 (39.9)	14 (8.9)	6 (3.8)	1 (0.6)	14 (8.9)
The counselling service is recognised and valued by school staff	108 (68.4)	44 (27.8)	4 (2.5)	2 (1.3)	-	-
The process of setting up the counselling service has been efficient and unproblematic	74 (46.8)	63 (39.9)	7 (4.4)	8 (5.1)	3 (1.9)	3 (1.9)

APPENDIX 19 – Local Authority Lead Data

	Frequency (Percentage)						
	Strongly Agree	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Strongly Disagree**	**Don't Know**	**Missing**
The accommodation for the counselling service is adequate	3 (12)	16 (64)	4 (16)	1 (4)	-	1 (4)	
Services are easily accessible to pupils	5 (20)	18 (72)	1 (4)	-	-	1 (4)	
Counselling is delivered in an appropriately private but safe setting within the school vicinity	6 (24)	18 (72)	-	-	-	1 (4)	
The procedures for monitoring and evaluating the counselling service are satisfactory	8 (32)	13 (52)	3 (12)	1 (4)	-	-	
Staffing levels within the counselling service are adequate	2 (8)	16 (64)	1 (4)	2 (8)	2 (8)	1 (4)	1 (4)
The counselling service is adequately resourced	4 (16)	14 (56)	6 (24)	-	-	-	1 (4)
In our local authority we provide training for school counsellors	6 (24)	11 (44)	3 (12)	3 (12)	1 (4)	1 (4)	-
The counselling service works closely with other initiatives to support health and wellbeing in schools	7 (28)	13 (52)	5 (20)	-	-	-	-
Counsellors are provided with appropriate opportunities for clinical supervision	21 (84)	4 (16)	-	-	-	-	-
The counselling service is an integral part of school provision	6 (24)	16 (64)	3 (12)	-	-	-	-
The counselling service is well-publicised within the school	4 (16)	14 (56)	6 (24)	-	-	1 (4)	-
The counselling service is sensitive to the needs of different communities and ethnic groups	5 (20)	10 (40)	-	-	-	-	10 (40)
The service's approach to confidentiality strikes an appropriate balance between the needs of parents, children, and safeguarding procedures	12 (48)	12 (48)	-	-	-	-	1 (4)
The counselling service is sensitive to the needs of Welsh speakers	10 (40)	6 (24)	6 (24)	2 (8)	-	1 (4)	-
The counselling service has good administrative support	11 (44)	11 (44)	2 (8)	1 (4)	-	-	-
The counselling service is recognised and valued by school staff	9 (36)	13 (52)	3 (12)	-	-	-	-
The process of setting up the counselling service has been efficient and unproblematic	4 (16)	14 (56)	5 (20)	2 (8)	-	-	-
The counselling service is recognised and valued by parents	6 (24)	10 (40)	6 (24)	-	-	2 (6)	1 (4)

APPENDIX 20 – Primary Head Survey Data

	Frequency (Percentage)						
	Strongly Agree	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Strongly Disagree**	**Don't know**	**Missing**
The accommodation for the school's counselling service is adequate	3 (15.8)	8 (42.1)	-	4 (21.1)	3 (15.8)		1 (5.3)
Staff in my school have enough training to understand when to refer a pupil to the school counsellor	3 (15.8)	9 (47.4)	5 (26.3)	-	1 (5.3)		1 (5.3)
The service is easy for pupils to access	5 (26.3)	3 (15.8)	2 (10.5)	3 (15.8)	4 (21.1)		2 (10.5)
Counselling is delivered in an appropriately private but safe setting within the school vicinity	11 (57.9)	5 (26.3)	-	1 95.3)	1 (5.3)		1 (5.3)
The internal procedures for monitoring and evaluating the counselling service are satisfactory	4 (21.1)	7 (36.8)	3 (15.8)	1 (5.3)	-	1 (5.3)	3 (15.8)
The counselling service in my school is adequately resourced	4 (21.1)	6 (31.6)	3 (15.8)	2 (10.5)	2 (10.5)	1 (5.3)	1 (5.3)
The counselling service works closely with other initiatives to support health and wellbeing in schools	8 (31.6)	7 (36.8)	5 (26.3)	-	-	-	1 (5.3)
The counselling service is an integral part of school provision	8 (42.1)	7 (36.8)	1 (5.3)	1(5.3)	1 (5.3)	-	1 (5.3)
My school has received adequate support to develop and deliver its school-based counselling service effectively	4 (21.1)	7 (36.8)	2 (10.5)	4 (21.1)	1 (5.3)	-	1 (5.3)
The counselling service is well-publicised amongst pupils and their parents/guardians	4 (21.1)	3 (15.8)	3 (15.8)	8 (42.1)	-	-	1 (5.3)
The counselling service is sensitive to the needs of different communities and ethnic groups	9 (47.4)	5 (26.3)	3 (15.8)	-	-	-	1 (5.3)
The services approach to confidentiality strikes an appropriate balance between the needs of parents/guardians, children and safeguarding	10 (52.6)	6 (31.6)	1 (5.3)	-	-	-	1 (5.3)
The counselling service is sensitive to the needs of Welsh Speakers	1 (5.3)	4 (21.1)	4 (21.1)	1 (5.3)	1 (5.3)	1 (5.3)	7 (36.8)
The counselling service has good administrative support	6 (31.6)	4 (21.1)	2 (10.5)	1 (5.3)	1 (5.3)	-	5 (26.3)
The counselling service is recognised and valued by school staff	10 (52.6)	5 (26.3)	3 (15.8)	-	-	-	1 (5.3)
The process of setting up the counselling service has been effective and unproblematic	2 (10.5)	8 (42.1)	3 (15.8)	-	3 (15.8)	-	3 (15.8)
The counselling service in my school represents good value for money	8 (42.1)	2 (10.5)	3 (15.8)	-	-	1 (5.3)	5 (26.3)

Llywodraeth Cymru
Welsh Government