

## **COUNSELLING IN SCHOOLS**

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### **1.0 EXECUTIVE SUMMARY**

- 1.1 Mental Health is a priority of the Scottish Government and all wider wellbeing professionals who work with children and young people as outlined in the Mental Health Strategy 2017-2027. Poor mental health is associated with significantly worse educational and longer-term life outcomes which are exacerbated by social inequalities such as poverty. This was recently reported to be a growing concern for Scotland (Joseph Rowntree Foundation, 2014, 2020).
- 1.2 In 2018, the Scottish Government announced an investment of over £60 million in additional school counselling services across Scotland with the aim of responding to mild and moderate emotional and mental health needs experienced by young people. This funding aimed to deliver counselling services to children and young people aged 10 and above.
- 1.3 In 2019 an agreement was reached between the Scottish Government and COSLA on the detailed allocation of £60 million over four years to build or expand high quality counselling services for children and young people.
- 1.4 Within Argyll and Bute this temporary funding has been fully utilised to develop a counselling in schools service which has now been in place since January 2021. It has recently been indicated by the Scottish Government that this funding will be baselined into the Council's financial settlement from Scottish Government.

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### 2.0 INTRODUCTION

2.1 The **Counselling in Schools Service** provides an early intervention through therapeutic counselling to children aged 10 and above. This directly supports children and young people with health and wellbeing concerns. Counselling offers young people, a safe and supportive environment to talk over difficult issues in confidence. This involves listening to their views, experiences and feelings without judgement, within the context of a safe and trusting relationship characterised by empathy and respect.

2.2 As a joint development project by NHS Highland and Argyll and Bute's Educational Psychology Service, the **Counselling in Schools Service** makes a considerable contribution towards all of the four core aims of the current Children and Young People's Service Plan 2020-2023:

- **CYPSP Priority 1** - *By ensuring strong, respectful collaborative leadership and communication through the GIRFEC approach we are getting it right for our children and young people*
- **CYPSP Priority 2** - *Our children and young people have access to early help and support.*
- **CYPSP Priority 3** – *We improve the mental health and well-being of our children and young people*
- **CYPSP Priority 4** – *We ensure our children and young people's voice is heard.*

2.3 As an accessible tier 1 service, counselling can support rising mental health needs and provide an early intervention which can reduce the escalation of these needs. Over time it is expected that this will also

reduce the pressures on other services including Child and Adolescent Mental Health Services (CAMHS) through prevention of escalation as a result of providing support at an earlier stage.

- 2.4 The service sits within Health Services under a Child Health Manager and is led by the Counselling Team Lead. The full team comprises of 9 British Association of Counselling and Psychotherapy (BACP) qualified counsellors, an administrative assistant and support from a Research Assistant and the wider Educational Psychology Service (EPS) team. The School Counsellor posts provide a full time equivalent of 8.5 FTE.
- 2.5 This papers is presented to provide an update on the delivery and impact of the first 18 months of the Counselling in Schools service.

### **3.0 RECOMMENDATIONS**

It is recommended that the Community Services Committee notes:

- 3.1 The development of the service from the planning stage to direct delivery to children and young people, in line with the *Guidance for Education Authorities Establishing Access to Counselling in Secondary Schools* and support the on-going commitment to deliver this service within all schools.
- 3.2 The need for support across the Health and Social Care Partnership and the Education Service to further embed this service within current processes, ensure a clear continuum of support and improve access for children and young people.
- 3.3 That a successful approach requires joint working between Education establishments and the Counselling in Schools Service as partners in co-facilitation including the use of school spaces for young people to access their counselling sessions.
- 3.4 The need to consider how best to ensure impact from the Counselling in Schools funding which has now been base lined in to the Council's financial settlement.

### **4.0 DETAIL**

- 4.1 *Getting it Right for Every Child (GIRFEC)* is the national policy framework aimed at supporting the wellbeing of children and young in Scotland. This framework incorporates the articles of the United Nations Convention on the Rights of the Child (*UNCRC*) into practice and promotes a rights-based approach. The Children and Young People (*Scotland*) Act (2014) reinforces the rights of children and young people.

The 8 GIRFEC wellbeing indicators provide a shared language and common understanding of wellbeing for all professionals across the HSCP, which children need to grow and develop: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included.

- 4.2 Health and wellbeing are also core components of the *Curriculum for Excellence* and *Building the Ambition*, emphasising the need to ensure that children and young people develop the knowledge and understanding, skills, capabilities and attributes which they need for mental, emotional, social and physical wellbeing.
- 4.3 In 2021 a partnership approach was implemented between HSCP and the Educational Psychology Service to develop and support the implementation and evaluation of Argyll and Bute's Counselling in Schools Service.
- 4.4 A paper detailing this innovative approach was published in the national research journal *Educational Psychology in Scotland* by Ledsom, Greig and Hampton, 2021, members of the Educational Psychology team.
- 4.5 Following interview the service was able to fill all posts including the Counselling Service Team Lead and a Research Assistant (based within the EPS) to develop the service plan for implementation and evaluation prior to referrals being accepted.
- 4.6 The service was able to attract a range of candidates for the School Counsellor posts which required eligibility for British Association for Counselling and Psychotherapy (BACP) registration. Staff came from a variety of backgrounds including Education, Social Work, CAMHS and private practice. Current staffing levels include 9 school counsellors (8.5FTE).
- 4.7 Additional funding from the Council COVID recovery funding was directed to employing a further 2 School Counsellors on fixed term contracts which are included in the calculation above.
- 4.8 Establishing the service during the second national COVID-19 lockdown required a flexible approach to delivery with the majority of counselling being delivered by remote means (including Google Meet, Near Me and MS Teams). Whilst provision has now been able to resume face-face, this approach continues to support delivery across our large authority to remote and rural communities, and is the preferred approach to accessing the service for some young people irrespective of their geographic location.
- 4.9 The impact of counselling is assessed using the Strengths and Difficulties Questionnaire (SDQ) and the Young Persons CORE 10 (YP-CORE 10) which are both assessment tools used to evaluate progress. Further detail on this is provided in section 3.15.

4.10 The service opened for referrals in February 2021 and has received 509 referrals to date with an acceptance rate of over 99%. Reasons for non-acceptance include being too young to access the service or having experienced a recent bereavement.

4.11 Of the referrals received to date:

- The most common reasons for referral include Anxiety (44%), Depression (25%), Relationships (with parents, carers and peers, 23%), Emotional or Behavioural Difficulties (21%), and Self-Harm (16%).
- 60% of young people accessing the service report they are female, 34% report they are male and less than 6% describe themselves in another way.
- 72% of referrals come from a professional (including Education, Health and Social Work). 24% come directly from young people through self-referrals.
- The average age of someone accessing counselling is 14 and the majority of referrals come from S2-S4.
- Other information provided on referral forms: 7.3% Care experienced, 19% receive free school meals, 7.3% Young Carers, 17% with recorded ASN, 41% with another agency involved (including previously).

4.12 Efficacy of counselling (Quantitative)

- Within Counselling two validated outcome measures are used: The Strengths and Difficulties Questionnaire (SDQ) and The Young Persons CORE 10 (YP CORE10).
- For young people who completed counselling there is a measured reduction in scores which represents an improvement.
- Using the SDQ we see an 18% reduction in first and final scores. Using the scoring bands this moves the average young person from the High category to the Slightly Raised category.
- Using the YP CORE we see a 27% decrease in first and final scores and this trend is evident between every session.

4.13 Efficacy of counselling (Qualitative)

- The following statements are gathered from case studies which are collected on a regular basis from Counsellors.
- “Towards the end of counselling, he hoped to make a journey involving several buses, a train and a ferry, which we talked through and planned. He made this journey and felt that he could even repeat it a few weeks later”
- “He said that he felt less anxious and more hopeful about the future”
- “After the first few sessions she managed to attend a full week”
- “Feeling happier, more confident, involved and present in more aspects of her life, both personally and at school”

- “Felt her outlook on her future had improved”
- 4.14 Children and young people can access the service through either a self-referral form or a professional referral form which has been circulated across Education, Health and Social Work.
- 4.15 Children and young people’s views are gathered and used to inform service development. Following a meeting with a group of young people in April 2022 changes have been made to the referral forms and a poster to promote the service has been developed.
- 4.16 A termly newsletter is produced by the service to update schools and stakeholders on developments and continue the promotion of access for young people.
- 4.17 Information is gathered on young people from particular vulnerable groups accessing the service including those with caring responsibility, those accessing free school meals and young people with care experience.
- 4.18 The Counselling in Schools Service reports regularly to Scottish Governments through the *Children and Young People’s Mental Health Report (Combining School Counselling and Children and Young Peoples Mental Health and Wellbeing Supports and Services Framework)* every 6 months. A summary report of all services within Scotland can be found at <https://www.gov.scot/publications/access-to-counsellors-in-secondary-schools-summary-report/>
- 4.19 Now that the funding for this service has been baselined, multiagency discussions are taking place to ensure maximum impact for our children and young people through delivery of Counselling in Schools moving forward, taking in to account the evaluation information to date including the voice of the young people accessing the service.

## **5.0 CONCLUSION**

- 5.1 The establishment of the Counselling in Schools Service has made a significant contribution towards four core aims of the current Children and Young People’s Service Plan 2020-2023 and national priorities around supporting the wellbeing and mental health of our children and young people, in line with Scottish Government requirements.
- 5.2 While the service is relatively new, over time it is hoped through secure funding this will continue to have positive impact on outcomes for children and young people as well as building capacity with staff.

## **6.0 IMPLICATIONS**

- 6.1 Policy – Policy to support service delivery is currently in place
- 6.2 Financial – funding has now been base-lined
- 6.3 Legal - None
- 6.4 HR – decisions regarding whether counsellors sit within Health or the Council to be taken
- 6.5 Fairer Scotland Duty - None
  - 6.5.1 Equalities - protected characteristics
  - 6.5.2 Socio-economic Duty
  - 6.5.3 Islands – service delivery is provided on an equitable basis across all areas of Argyll and Bute
- 6.6 Risk – recruitment and retention of appropriately qualified counsellors in the longer term
- 6.7 Customer Service

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## **APPENDICES**

Appendix 1 Information for Parents and Carers

Appendix 2 Information for Children and Young People