**Counselling in schools**

**An approach to support effective implementation**

**Fife Council Educational Psychology Service**

**May 2019**

**1. Introduction**

The promotion of positive emotional wellbeing for all children and young people is a key function of children’s services. In practice, this involves the promotion of the principles of Getting It Right for Every Child across all educational provisions in Scotland. This should involve the Named Person, in partnership with families and other agencies, using the GIRFEC national practice model to identify, assess and put support in place for children and young people with a wide range of wellbeing concerns and additional support needs. It will include those who experience emotional wellbeing difficulties and mental health issues.

**2. Purpose**

This paper is intended to support local authority education services, educational psychology services and schools in the effective implementation of counselling services in schools.

It aims to set out the national framework for supporting young people’s emotional wellbeing, through GIRFEC; to outline the key messages from research about how best to support young people, develop their resilience and minimise the need to medicalise normal emotional reactions, while also signposting how to support young people whose difficulties have a prolonged negative impact on their lives.

The paper describes how the role of counselling should fit into a wider continuum of support for young people. It identifies a range of issues which need to be systematically taken into account at both a school leadership and practical level, to effectively integrate counselling into school support systems, and to safeguard pupils and staff. Checklists for these purposes are provided which can be used by school staff directly or used in collaboration with the educational psychology service or quality improvement staff within the local authority.

**3. Getting it Right for young people’s emotional wellbeing – universal level provision**

In keeping with the principles of *Getting it Right for Every Child* and the Children and Young People (Scotland) Act 2014, access to services and supportshould be part of a staged approach which is based on assessment of need - in particular the child/young person’s wellbeing. Educational psychologists can work with, support and advise school staff regarding staged intervention within the continuum of support available locally to identify and meet the young person’s wellbeing needs. This will support decision making about strengthening universal provision to meet a child/young person’s needs wherever possible, before seeking assistance and input from partner agencies – which may include Social Work, third sector and Health partners where significant and specialist support is required.

In order to assess how best to support the young person, including the consideration of counselling, it will be important for the Named Person to establish a clear understanding of:

* the emotional wellbeing issues the young person is experiencing
* their individual risk and protective factors
* the settings in which the issues arise
* the support network already available to the young person
* the support strategies which have been successful
* a rationale for the identified intervention, whether counselling or another support

This information can be gathered by school staff through discussion with the young person, through information from teachers who have regular contact with them, and ideally through discussion with the young person and their family, unless there are clear reasons why their family should not be involved in this process. There are a range of tools which can support this assessment, including the five GIRFEC questions, the Wellbeing Indicators, Resilience Matrix, and My World Triangle. The educational psychology service can advise on these and other relevant tools and measures.

Research findings consistently indicate that children and young people experiencing emotional well-being or mental health issues will, in most cases, be best supported by adults who know them well and with whom they feel familiar, comfortable and safe to talk e.g. parents or carers, other family members, peers and/or school staff (Bowlby, 2005; Hattie & Yates, 2013). Education Scotland’s Corporate Plan (2013-16) recommended that ‘the most appropriate way to build a picture about young people’s progress in HWB [health and wellbeing] is primarily through children and young people self-reporting and secondly through observations and one-to-one dialogue between the learner and their key adult or the adult in the school or centre who knows that young person well.’

Resilience in schools is fostered by supportive relationships, including:

* bonding with pro-social individuals
* high expectations with clear and consistent boundaries
* opportunities to participate and contribute
* learning social and emotional skills such as co-operation
* communication skills and problem-solving
* giving pupils a sense of control over their lives
* working collaboratively with families (Roffey, 2016).

School staff therefore have key skills and roles to play in both protecting and promoting children and young people’s emotional wellbeing and resilience, and also in identifying, supporting and preventing young people’s mental health difficulties. Many staff already do this extremely well. Regular, planned contact with a trusted member of school staff is likely to be successful in supporting many young people to find their own solutions to overcoming their emotional wellbeing difficulties and developing their resilience to cope with adversity in the future (Noble &McGrath, 2012).

It is important for school staff to note that strong emotions such as sadness, worry, anger and fear are normal. Recognising them as a normal part of the ups and downs of life, rather than medicalising them into clinical conditions, is critical to building resilience in young people and understanding the mental health continuum. Anxiety, for example, is a normal response to everyday challenging experiences. Through their relationships, knowledge and skills, school staff are well placed to identify young people who may be experiencing difficulties with this type of emotion and provide them with advice and support. However, when these strong emotions begin to have a prolonged negative impact on a young person’s life then it may be necessary to seek support in addition to that available from those closest to them.

The value of having a significant, familiar and trusted adult cannot be overestimated. This may be reassuring to school staff who feel they do not have the expertise or time to help young people when they show emotional distress. Hattie and Yates (2013) report that “even short amounts of one to one attention can have significant impact”.

School staff should have access to relevant professional learning and development opportunities as appropriate and also, importantly, access to supports for their own wellbeing within their organisations.

**4. The role of the educational psychology service**

The promotion of positive emotional wellbeing for all children and young people is a key function of the support provided by educational psychology services, in collaboration with school staff, partner agencies, young people and their families.

Educational psychology services provide a link educational psychologist (EP) to every local authority educational provision in Scotland, either through a named educational psychologist or a link to a team.  The EP provides advice and support to school staff, pupils and parents on a wide range of additional support needs, including young people’s emotional wellbeing and mental health issues.  Where staff in schools have concerns about a young person’s mental health, they should consult with their educational psychologist.

It is important that school staff feel able to contribute to an assessment of when a child or young person may need additional support with emotional wellbeing or mental health issues, and to put appropriate support in place where necessary. The educational psychology service can support with this in a number of different ways, including:

* through consultation and advice to staff
* contributing to the assessment process through direct input from the educational psychologist
* direct work with children and young people where there is capacity for this within the EP service e.g. solution focused work, person centred work
* by supporting decision-making about the involvement of other agencies
* through the provision of training and support for school staff e.g. increasing their knowledge base, developing their own skills - for example in coaching conversations - and enhancingtheir confidence in assessing and supporting emotional wellbeing issues

The EP Service can also support schools and local authorities in setting up an evaluative structure to measure the impact of interventions - including counselling services - at an individual and whole school level. They can also offer advice and support on the development of organisational structures and support for staff wellbeing.

Further information on the role of educational psychology services in relation to mental health can be accessed through the *Mental health and wellbeing: Fife Council Educational Psychology Service support to schools paper.*

**5. Counselling – part of the continuum of support for emotional wellbeing**

Counselling is only one of a range of supports which may be available within school to support children and young people’s emotional wellbeing needs. The range of support may include regular time with a trusted adult, coaching, access to a mentor, group work, peer support, and/or access to School Nursing or local community based support. The educational psychologist can support decision making around this.

There is some evidence that counselling can have a positive effect; however, other approaches such as programmes to reduce anxiety, social skills teaching and approaches to improving a school’s emotional climate can have a greater effect (Hattie, 2017).

It is therefore vital that when considering whether counselling in school is to be offered, that the range of alternative interventions which may have a more positive effect on pupil wellbeing are also considered. Counselling in school may not always be the most effective approach.

Where counselling is agreed as an individual support, referrals should be prioritised and agreed through appropriate school level planning groups, in order that there is an overview of who is accessing counselling, for what purpose and over what timescale. This will enable prioritisation of the counsellor for the most appropriate situations. Specific goals should be set, and measures agreed to monitor progress. These should take into account both the confidential nature of the counselling relationship, and also the need to feed back to the Named Person progress on agreed areas of focus. Agreed planned outcomes should be noted in the young person’s plan. The evaluation of impact should be carried out by the Team around the Child.

Where the young person and/or their family require support in addressing difficulties that are impacting on them through their life at home or in the community, it is important that these home and community issues are specifically identified and addressed alongside individual support for the young person. All supports should be clearly identified in the young person’s individual planning documentation.

If it is decided that counselling is not appropriate for any reason - including the young person declining the offer of counselling support - other emotional support including regular contact with the Named Person or another identified supportive adult should be planned.

**6. The role of counselling – as a targeted/additional level support**

What is counselling?

Counselling is generally a two-person conversation between the person who identifies that they have a problem (or set of problems) to be addressed, and a qualified counsellor. The counsellor will encourage the person to discuss and reflect on these problems. It is a highly skilled role and training is necessary to ensure that the counsellor is able to assist.

The British Association for Counselling and Psychotherapy (BACP)define school based counselling as*: ‘a professional activity delivered by qualified practitioners in schools. Counsellors offer troubled and/or distressed children and young people an opportunity to talk about their difficulties, within a relationship of agreed confidentiality.’*

The Department for Education (2015) defines counselling in the following terms:

‘*Counselling is a mental health intervention that children or young people can voluntarily enter into if they want to explore, understand and overcome issues in their lives which may be causing them difficulty, distress and/or confusion. A counselling relationship has identified boundaries and an explicit contract agreed between the young person, counsellor and, where appropriate, parent or carer.*‘

Counselling can take a range of approaches, including Person Centred Therapy, Cognitive Behavioural Therapy, Humanistic Counselling and other talking therapies. It can be focused on a person’s past, and on supporting them to understand difficult emotions they experience, with an emphasis on helping them finding their own ways of dealing with these emotions. It can also be more forward looking, identifying problematic patterns of thought or behaviour and planning how to rehearse and apply different thought processes or behaviours in the future.

**7. School-based counselling services**

The evidence for school-based counselling services is in development, in parallel with the growth of services. Two large scale reviews of the outcomes of over 5000 young people attending school-based counselling in Wales (Cooper, Pybis, Hill, Jones, & Cromarty, 2013; Hill et al., 2011) and the wider UK (Cooper, 2009) have shown that school-based counselling is associated with perceptions of reduction in psychological distress for young people.

School staff and children/young people usually evaluate school-based counselling positively, viewing it as an effective way of bringing about improvements in mental health and wellbeing, and helping children and young people to engage with studying and learning. Early evaluation data from North Ayrshire illustrates positive ratings from service users.

As Cooper (2013) states, the most frequent research methodology is to gather pre and post data, without control groups. There is a need for more robust research, as most studies are able to show an association, but cannot show that the intervention caused the reduction in distress. However, four pilot randomised control trials (RCTs) have now been conducted (Cooper et al., 2010; McArthur, Cooper, & Berdondini, 2012; Pearce, Sewell, & Osman, 2013; Pearce et al., 2017). Overall, these suggest that school-based counselling can be effective, with clients participating in counselling experiencing significantly greater improvements in wellbeing than young people who are allocated to a waiting list condition (see Cooper 2013). However, these studies have been quite small scale, with approximately 30 participants and have focused primarily on humanistic counselling, drawing from person centred and experiential principles.

A further developmental area identified by Fox and Butler (2009), is to do further research to identify when and for whom counselling is most effective, whilst Pearce et al. (2017) also state that more evidence is required about long term effectiveness.

Overall, as counselling services develop in Scotland, there is a need for further research to inform service design, and to fully identify “W*hat works for whom and when?”*

**7.1 How do we decide if counselling is the right approach for a child or young person?**

All talking therapies make the assumption that a person can change, and assume that the person can be changed by therapeutic intervention (Perry, 2006).

Counselling may be effective when four pre-requisites are satisfied:

* the child/young person recognises that there is a problem or issue
* the child/young person wants to do something about this problem or issue
* of the range of things that could be done about the problem or issue, they are willing to try counselling
* the child/young person has sufficient verbal language ability to undertake a talking approach

Information gathered through local contextual assessment processes and use of the criteria above, should help to identify whether a young person is likely to benefit from counselling at a particular point in time.

If counselling is considered to be a potential support, the Named Person or other trusted adult should lead a discussion with the young person, their family and the Team around the Child. This will need to be done sensitively, and the circumstances of this discussion will need to be carefully planned, taking into account that the young person may find these issues difficult to discuss.

Consultation with the young person which supports them to make an informed choice about participation is of paramount importance, given that the relationship between the young person and the counsellor is arguably the most important factor in the potential success of the intervention. Also, it will make it more likely that the young person feels engaged in the process from the outset.

**7.2 Issues for school leaders to consider before engaging counselling services in schools**

**Key questions**

To support school leaders in making decisions about whether engaging or using a Counselling service will enhance their school’s ability to provide support for young people’s wellbeing, a number of key questions require to be addressed.

* What is the nature of the proposed intervention?
* What evidence and/or data has been used to identify a specific need for this type of intervention? For example, what are the identified gaps in the current support provided within school? How have you identified what is needed to fill these gaps?
* What are the selection/identification criteria for the young people who will be referred – i.e. counsellors for whom? To address which specific issues?
* How will the counsellors’ input/impact be linked in to the Wellbeing Pathway process, and the wider support plan around the young person?
* In relation to wider planning, how will informed consent to share information appropriately, confidentiality and child protection procedures be handled?
* What is the plan for evaluation - how will you know the intervention is making a difference? What evidence of impact will you gather?

**Appendix 1: Questions to support schools in making decisions about counselling services** should be helpful in supporting schools to address these issues.

**Key issues**

There are a number of key issues regarding counselling in schools which must be planned for in order to ensure that the services offered are of high quality, improve outcomes for children and young people, and also deliver value for money. These include:

**Safeguarding** – it is vital that as well as counsellors being appropriately qualified and supervised, that they are accountable to a professional body with a clearly articulated complaints procedure. They must also be made aware of Child Protection policies and protocols, and their responsibilities within this. This must include the requirement to link with the Child Protection Co-ordinator in school if any issues arise within counselling which raise concerns about the young person’s safety.

**Clinical supervision** – this is a requirement for counsellors, above and beyond line management. The arrangements for this will be dependent on the model of delivery. For example, if the school has contracted an organisation to deliver the counselling, supervision should be part of the overall contract. Directly contracted counsellors should work with their line manager to select and contract a clinical supervisor. It is important that the school ensures the accountability of the supervisor to the school, specifically to alert the school to any concerns that the supervisor may have about the counsellor.

**Quality assurance** – the school is responsible for ensuring that there are effective quality assurance frameworks in place to have an overview of the number of referrals, the issues identified for referral and their prevalence, and the impact of counselling on young people’s outcomes – both for individuals and to evidence the effectiveness of the counselling service as a whole, as part of the continuum of support within the school.

**Models of delivery** – there are a wide range of delivery options, including contracting individual counsellors directly, engaging with local authority commissioned services, contracting with the third sector or paying for time from specialist mental health services counsellors (CAMHS).

**Line management** – a promoted member of school staff should be identified to manage the counsellor/counselling service within school. They will be responsible for overseeing the work, and agreeing and monitoring objectives for the delivery of the service. They should also be responsible for ensuring understanding of and compliance with wider local authority and school policies, for example on GIRFEC, including assessment of wellbeing, integration of counselling with wider school support systems and liaison mechanisms, and that the co-ordination of individual support remains the responsibility of the Named Person.

**Funding** – financial implications are inevitably a factor in schools making decisions about whether to develop counselling provision. Costs will differ depending on the model of delivery and also the quality and accessibility of provision. A significant issue for schools is the commitment to funding over the long term, and/or planning for how appropriate support will be provided for young people who have been involved with a counselling service in the event that the provision is no longer available.

**Identified development areas -** evidence gathered by the Department for Education in 2016 (Counselling in schools: a blueprint for the future, 2016) identified that there are broad areas for development for counselling services, which schools must ensure that they address:

* better integration with other emotional wellbeing support, within the school and beyond, in order to improve ongoing multi-agency assessment and intervention planning
* greater use of outcome monitoring, within existing planning systems such as the Child’s Plan
* increasing the extent to which practice is evidence based

The **Using counselling services in schools – school leaders’ checklist** in Appendix 2 could be used by schools to ensure that they have taken these issues into account.

**Appendix 1: Questions to support schools in making decisions about engaging a counselling service**

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| 1. What is the nature of the proposed intervention? |
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| 2. What evidence and/or data has been used to identify a specific need for this type of intervention? For example, what are the identified gaps in the current support provided within school? How have you identified what is needed to fill these gaps? |
|  |
| 3. What are the selection/identification criteria for the young people who will be referred – i.e. counsellors for whom? To address which specific issues? |
|  |
| 4. How will the counsellor’s input/impact be linked in to local assessment processes, and the wider support plan around the young person? |
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| 5. In relation to wider planning, how will informed consent to share information appropriately, confidentiality and child protection procedures be handled? |
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| 6. What is the plan for evaluation - how will you know the intervention is making a difference? What evidence of impact will you gather – both at a whole school level, and for different groups of children and young people in your own context? |
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| 7. How will our counselling service contribute to developing a continuum of support that offers a range of resilience-building opportunities with key adults? |
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**Appendix 2: Using counselling services in schools – school leaders’ checklist**

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| **How Good is our School Counselling Service?** | **Done ✓** |
| The school has a clearly set out approach to supporting young people’s emotional wellbeing |  |
| School documentation makes clear how counselling fits in to existing support systems within the school - e.g. Guidance staff, school nursing, educational psychology - and is part of a whole-school approach to health and wellbeing |  |
| The counsellor is suitably qualified and is recognised on an Accredited Voluntary Register and is working within an ethical framework such as the British Association for Counselling and Psychotherapy (BCAP) , the Health and Care Professions Council for Counselling Psychologists, or the National Register of Psychotherapists and Counsellors UK |  |
| Appropriate clinical supervision arrangements are in place |  |
| The counsellor is familiar with relevant legislation and procedures, including informed consent about information sharing, confidentiality and Child Protection |  |
| The counsellor has an identified model of counselling, a knowledge of the evidence base for effective approaches to treatment, and appropriate plans for continuing professional development in place |  |
| Pupils have been involved in the development of the service, including gathering information on their expectations of a counselling service |  |
| All staff, parents/carers, pupils and school partners have been made aware that a school based counselling service is being offered |  |
| Information about the school counselling service is understood by all staff, with training in place for staff as appropriate |  |
| Information and publicity materials have been developed and made available for a wide range of different audiences - staff, parents and carers, pupils - and makes reference to the Equalities policy in terms of disability, gender, race and sexual orientation |  |
| The counselling service is independent and separate from support provided by school staff, while at the same time being integrated into existing school systems, to ensure a coherent pathway of support  |  |
| A member of school staff has been identified to line manage the counselling service, including agreeing and monitoring objectives, compliance with wider school policies, and overseeing the work – please refer to Appendix 3 – Practical issues checklist for line managers |  |
| There are clear referral processes in place, including for self-referral |  |
| There are protocols in place for working with and referring on to other agencies |  |
| The complaints procedure is clearly outlined and accessible to all |  |
| Monitoring, evaluation and reporting procedures are in place, including collation of data to be reported to the local authority for the purposes of reporting to the Scottish Government |  |
| Arrangements for the financial monitoring of the counselling contract are in place |  |

**Appendix 3: Practical arrangements for using counselling services in schools – a checklist for line managers**

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| **How good are our practical arrangements for our School Counselling Service?** | **Done ✓** |
| The counsellor has had an induction to the school so that they have met key members of staff and understand the context of the continuum of support |  |
| An appropriate space has been identified for counselling, which:* is unlikely to be disturbed
* has a phone installed
* is comfortable and appropriately decorated
* has blinds at the window for privacy
* has lockable cabinets for storage of records
 |  |
| There is a waiting area available to support pupils’ privacy if they do not wish to be visibly extracted from class, or do not feel able to return to class immediately after the counselling session |  |
| There has been discussion and agreement with the counsellor about:* the maximum length of any individual counselling session
* the frequency of counselling
* the maximum duration of counselling i.e. how many sessions
* what should be done when there are not enough appointments for the pupils referred
* how any waiting list is managed and who does this
* the procedure for the counsellor to follow if and when a pupil does not attend a planned counselling session
* the procedure that the counsellor follows if and when a pupil wishes to withdraw from counselling
* what arrangements are in place for a pupil if the counsellor is absent
* what arrangements are in place if the counsellor stops working with the school or if the contract with the counselling service ends
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| Referral processes and paperwork have been developed and agreed including:* name
* year
* existing assessment information including known child protection issues, additional support needs
* other agencies already or previously involved
* reason referred for counselling
* what is hoped will be achieved through counselling
* note of pupil’s view
* note of parent/carer’s view
* note of consent to share this information with the counselling service
 |  |
| There are agreed processes in place for ensuring that the pupil’s voice is included in any consideration of referral to the counselling service, including:* checking their understanding about why this is being suggested
* discussion with them about what it is hoped the counselling intervention will achieve
* checking their understanding of their right to participate and/or to withdraw at any time
 |  |
| Record-keeping has been discussed and agreed with the counsellor, in line with GDPR, including:* what physical or digital records will be stored
* where these will be kept
* when and how are they included in the PPR
* once included, who has access to these records
 |  |
| Information sharing has been discussed and agreed with the counsellor including regular feedback on progress against the agreed aims, without any expectation of breaching confidentiality |  |
| Confidentiality and the limits of this has been explained to the pupil, taking into account that: * there is a confidential relationship between counsellor and client, to a point
* any child protection concerns that arise will need to be communicated to the Child Protection Co-ordinator and action taken, if necessary
* feedback on progress (but not detail of discussions) needs to be shared with the Named Person
 |  |
| Self-referral processes have been discussed and agreed, including:* how does a pupil self-refer?
* who knows it is happening? e.g. how does the counsellor agree with the young person what information they pass on to the Named Person?
* how is it monitored? e.g. how does the pupil and counsellor agree what the purpose or aim is, and how is progress against this aim communicated to the Named Person?
 |  |
| Consideration has been given to the timing of counselling, to ensure that the pupil is not missing the same classes all the time, and that plans are made for the pupil to catch up with work missed |  |

**Appendix 4: An Exemplar- North Ayrshire Council’s Secondary Counselling Service- a Collaborative Approach to Implementation**

North Ayrshire received substantial funding for the primary and secondary sectors via the Scottish Attainment Challenge from the Scottish Government. This supported a range of varied work-streams, with a significant focus on emotional wellbeing.

Within North Ayrshire, counselling in secondary schools was agreed as part of an overall approach to supporting emotional wellbeing and mental health. This included investing in nurture bases across almost all secondary schools, an additional educational psychologist to support the delivery of the nurture and learning and teaching workstreams, and an enhanced Emotional Wellbeing team to support the development of school based interventions.

Various options for the models of delivery were considered. In discussion with the Directorate, it was agreed to develop a bespoke North Ayrshire service employing staff directly. Reasons for this included:

* The educational psychology service could support the implementation, evaluation and quality assurance of the service
* The service would be better integrated into systems already existing, for example in relation to assessment, referral and/or training
* The service would be an integrated part of a whole systems approach that included a range of supports for emotional wellbeing

In addition, it would address some of the points identified by the DfE in 2015 as areas for development for counselling services:

* better integration with other emotional wellbeing support, within the school and beyond, in order to improve ongoing multi-agency assessment and intervention planning
* greater use of outcome monitoring
* Increasing children and young people’s development of the service

There was funding available for 9 counsellors across the 9 secondary schools in North Ayrshire through the Scottish Attainment Challenge. The model of practice followed guidelines which were drawn up collaboratively, (available on request), as led by the Educational Psychology Service to cover roles of the counsellor, requirements from schools, and school responsibilities, referral systems and criteria, record keeping, quality assurance and details of the research framework and guidelines.

This was informed by the Welsh National Framework, adapted for the North Ayrshire context. Following appointment, each counsellor was allocated a school and supported by the Principal Educational Psychologist in terms of an initial visit to school and collaborative meeting to agree how the service would operate. The role of the educational psychology service here was to orientate the counselling service to key school structures and systems and help assess readiness for delivering the service in each school, as informed by the principles of implementation science and service.

The service has regular meetings with the Principal Educational Psychologist and liaison meetings with the wider educational psychology service as well as school based meetings.

In North Ayrshire, for the initial period of the counselling service, the Principal Educational Psychologist line-managed the service. This is not felt to be a desirable or workable model longer term and plans are in place to recruit a team leader to assume some of these duties, while longer term these duties may revert to school based senior management. However the close working with the educational psychology service and involvement of this service has brought benefits, and contributed to the effective delivery of the counselling service during this time.

These benefits include:

* Clarity about where the counsellors fit in terms of the overall approach to supporting wellbeing in North Ayrshire schools- our whole school approach
* Supporting counsellor career long professional development (CLPL) by linking them to authority work on SMFHA [Scottish Mental Health First Aid -EP delivered), Safe Talk and Assist
* Joint planning and delivery of school based capacity building work
* Delivery of highly robust research and quality assurance frameworks
* Implementation Science informed approach to the delivery of the service

The counselling service is well regarded and has been effective overall. It has made a welcome contribution to supporting the mental health of secondary aged pupils. The evaluation to date (available on request) has indicated high impact through the use of CORE, Young Person SDQ, teacher ratings of the service and young person end of counselling questionnaire. Work to better triangulate the evaluation continues and provide evidence of long term, sustainable impact.

The evaluation has also identified some areas which require further investigation. For example, 70-75% of young people involved with the service are girls, at a time where there have been a number of suicides in the authority of secondary aged pupils, who all identified as male.

Overall, the service has operated through a very difficult period in North Ayrshire in terms of meeting the wellbeing needs of secondary aged pupils, which has highlighted the ongoing need for the whole school, whole systems approaches to supporting mental health effectively, including approaches to support suicide prevention. This main thrust of this argument has been noted within the English system, where school based counselling is well developed:

*“School based counselling is likely to be most effective where it is delivered as part of a whole school commitment to improving mental health and wellbeing. Emotional health is everyone’s business and schools will want to consider the following areas of school practice and how they can work together to best support pupils.*”

(Counselling in Schools: A blueprint for the future. DfE, 2016)

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