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

Executive Summary

1.   Research aims and methodology

1.1   The mental health and well-being of children and young people in Wales is a priority. Almost 20 per cent of learners in school Years 7-11 report high rates of symptoms that are associated with poor mental health (Page et al, 2021), yet more than a quarter feel that there is a lack of mental health support available to them in school (Public Health Wales Observatory, 2020). The COVID-19 pandemic has potentially exacerbated poor mental health and well-being (Welsh Government, 2020a; The Children's Society, 2020).

1.2   Local Authorities (LA) are required to provide an independent counselling service to support the health, emotional and social needs for children and young people in school Years 6-13 (National Assembly for Wales, 2013). Services are funded as part of the Revenue Support Grant.

1.3   LA school and community-based counselling services operate within a wider context of mental health and well-being provision. This includes the Child and Adolescent Mental Health Service (CAMHS) In-Reach to Schools Programme and a commitment from Welsh Government to integrating a Whole School Approach to emotional and mental well-being in schools and their surrounding communities. The Whole School Approach works to address learner relationships, create cultural environments that are conducive to positive emotional well-being, and support integration with external community services and stakeholders (Welsh Government, 2021).

1.4   In 2020, as part of a wider financial commitment to the Whole School Approach to emotional and mental well-being, Welsh Government Minsters agreed to increase funding for school and community-based counselling services, extending entitlement to all primary school aged children (4–11 years) in Wales. This research study was commissioned by Welsh Government to support

this commitment and is one of three related studies, alongside an evaluation of the CAMHS In-Reach to Schools Pilot Programme and an evaluability assessment of the Whole School Approach (Holtam et al, 2021; Brown et al, 2022). The overall aim of this study was to establish how to optimise counselling service provision for secondary and primary school aged children and young people. It is intended to inform policy decisions focused on meeting the needs of children and young people in Wales and to support the design of any potential pilot for counselling services for primary school aged children.

1.5 The specific research aims were:

- To conduct a formal review of fitness for purpose of the statutory school and community-based counselling services for children and young people aged 11–18 years provided through Local Authorities across Wales.

- To explore need and options for extending counselling to younger children, aged 4 years and above.

- To make recommendations about improvements to the provision, monitoring and evaluation of services, based on an evidence-based theory of change for services.

1.6 The study employed a mixed-methods approach and undertook the following:

- A rapid evidence review of evaluations of school and community-based counselling services in the UK.

- Secondary analysis of School Health Research Network (SHRN) biennial secondary school-level and learner datasets[1].

- Mapping of current school and community-based counselling service provision in Wales.

- Consultations with children and young people, parents and carers, school staff and LA counselling service leads.

- Interviews with key system stakeholders.

- Case-studies with primary and secondary schools.

The study was conducted between December 2020 and December 2021.

1.7 Analysis and synthesis of all the sources of study data generated a series of 13 recommendations on the optimisation and extension of school and community-based counselling services in Wales. The recommendations were reviewed and refined by the Project Steering Group.

2. Key findings and recommendations

Evaluations of counselling services in the UK and Ireland

2.1 The rapid evidence review of evaluations of school and community-based counselling services in the UK and Ireland identified 60 studies from 49 evaluations across primary schools, secondary schools, specialist educational settings, colleges and community services. Overall, the evidence for the impacts of counselling on the mental health and well-being of children and young people is unclear. Where robust study designs are used there is limited evidence of effectiveness. For weaker study designs there is some tentative evidence that counselling may have positive impacts across different settings. Importantly, there is no evidence of harm.

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

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[1] SHRN is a network of all maintained secondary and middle schools in Wales. Schools are invited to complete a Student Health and Wellbeing Survey and a School Environment Questionnaire every two years. Survey data is made available to local, regional and national stakeholders.

evaluations indicate a number of features that are important to a high-quality service, and were considered as part of the recommendations for optimisation and extension: flexible delivery, awareness raising, facilitating access for children and young people, providing an appropriate space, and prioritising high quality relationships amongst stakeholders. Acceptability evaluations, which reported on stakeholders' experiences of delivering and receiving counselling, indicated high levels of satisfaction with services, especially where children and young people feel they have choice and involvement in decision-making. To ensure high quality provision, studies stated the need to reduce stigma and meet the needs of different groups, such as children and young people who prefer services in a language of their choice.

Fitness for purpose of statutory school and community-based counselling services for children and young people aged 11–18 years: implementation, acceptability and perceived impact

2.3   The review of the fitness for purpose of current school and community-based counselling services considered three areas: implementation, acceptability and perceived impact. Key findings across these three areas were synthesised from the consultation and research data[2] and informed the recommendations for counselling service optimisation and extension.

Implementation

2.4   Mapping of service provision identified areas of variation in delivery models across school and community-based counselling services in Wales. These included:

- Service management and operation, i.e. whether this was commissioned to an external service provider or undertaken by the LA.

- Provision for children younger than Year 6.

- Types of therapies offered.

- Levels of in-service innovation, e.g. development of school staff supervision, whereby counsellors offer support and guidance directly to school staff to support their work with learner well-being.

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

2.6   Findings related to counselling service reach and availability address whether services are widely delivered in order to reach the children and young people they target. Consultation and research participants perceived that counselling service reach was increased by community-based services, particularly for children and young people educated other than at school (EOTAS). Reach among children and young people with protected characteristics was not perceived to be a major issue, but was not necessarily monitored. Participants, including children and young people, considered it important for counselling services to offer provision in both Welsh and English, but experiences of the availability of Welsh medium counselling were mixed. Lack of availability of counselling for children and young people with English as an Additional Language (EAL) was noted as a key shortcoming.

2.7   Counselling service availability was perceived to be influenced by the degree to which services were flexible. Session number limits were identified as a key element of service flexibility and participants were critical of services that offered a predetermined maximum number of sessions in an episode of counselling. Furthermore, availability of choice within counselling services was perceived by participants to be limited, for example they reported children and young people having no choice of

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[2] The secondary analysis of the SHRN datasets, service mapping, stakeholder consultations, key system stakeholder interviews and school case-studies will be collectively termed consultation and research data.

which counsellor they saw. This 'one size fits all' approach underpinned a perception that counselling could not be tailored to need, which constrained its reach.

2.8 Participants reported that demand for counselling services increased during the COVID-19 pandemic, but service availability declined. Services responded to the pandemic by offering counselling via remote methods, but there was a mixed response to this abrupt change. Participants noted that whilst remote methods suited some children and young people, they were not appropriate for all, particularly younger age groups.

2.9 Perceived sufficiency of counselling services was understood as whether there was adequate delivery of provision to meet the needs of children and young people. Sufficiency was perceived to be low. All participants noted long waiting times for counselling services and the impact waiting had. There were concerns that children and young people's issues could worsen and become entrenched whilst they waited and they might become disillusioned with the offer of counselling. School staff reported the uncertainty and stress they experienced whilst trying to support learners on counselling service waiting lists.

2.10 Mapping of service provision identified that all services had a range of referral routes available across primary, secondary and community settings. Self-referral for secondary school aged young people was largely viewed positively due to the autonomy it offered them. Prioritisation of referrals was a source of frustration for some schools who perceived that children and young people with particular issues were always prioritised, e.g. those at risk of exclusion.

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

2.12 Consultation and research participants identified a range of barriers and facilitators to counselling service implementation. These occurred at different levels and with different groups of stakeholders:

- Support from parents and carers was an important facilitator to counselling service implementation, especially in the primary school setting.

- Counsellor consistency, i.e. having counsellors allocated to a school, which helped establish a good relationship between schools and their counsellor(s), was a facilitator. It was acknowledged, however, that it reduced learner choice of counsellor.

- The importance of providing a consistent, appropriate space to facilitate the counselling process was recognised by school staff, but they highlighted the challenges of doing this in the school setting, particularly during the COVID-19 pandemic.

- The relationship between schools and their counselling service was an important influence on counselling service implementation. This relationship was facilitated by good communication, but areas of tension included counselling service procedures and communication, confidentiality, counsellors' use of time, and space for counselling sessions.

- Counsellor recruitment and retention were barriers to implementation, particularly recruitment of counsellors qualified to work with primary school aged children.

- Variable and insufficient funding was a barrier to implementation.

- At the inter-agency level, counselling services' integration with other services, such as social services, was considered poor, as was their collaboration with CAMHS.

Acceptability

2.13 Acceptability of school and community-based counselling services was defined as participants' experiences and perceptions of delivering or receiving services.

2.14 Children and young people's awareness of what counselling is, what happens in counselling sessions, and the availability of counselling services was low. Parent and carer awareness of the availability of counselling in schools was also perceived to be low. Awareness among school staff

was variable, for example, primary school staff did not always know that children in year 6 were eligible for the LA counselling service. Awareness of community-based counselling services was low across all participant groups, except counselling service staff.

2.15   Participants identified stigma at both school and home as being an important influence on young people's attitudes towards counselling, as it could be generated by peers, school staff, and parents and carers. Children and young people's readiness for counselling was also highlighted as important for them to engage with counselling.

2.16   The child – counsellor relationship was considered critical to children and young people's experiences of counselling, as a good relationship between the two was deemed essential for counselling to be effective. Young people said that liking and trusting the counsellor were important, as was feeling they were being taken seriously and that what they said would be kept confidential.

Perceived impact

2.17   School staff found it difficult to judge impact on their learners, as learners rarely shared their experiences of counselling with staff in any detail. There was a perception among participants that counselling services were an effective early intervention that reduced referrals to other more intensive services, such as CAMHS. However, many participants perceived the impact of counselling to be variable and this was often attributed to the quality of the child – counsellor relationship. Regional variation in the impact of counselling services was highlighted and participants suggested this was due to the minimal specifications for the statutory counselling service, and the evolution of 20 separate counselling services over a long period of time.

2.18   In summary, the review of the fitness for purpose of current school and community-based counselling services identified significant variation in how services are implemented across Wales and uncertainty about the impact of services on children and young people. A number of strengths that should be retained in future services were indicated, e.g. offering a self-referral route. Several weaknesses that an optimised service should seek to address were also indicated, including lack of choice and long waiting times.

An optimal and extended school and community-based counselling service

2.19   A key finding from the consultation and research data was the importance of future counselling services being part of a whole education system approach to mental health and well-being, which sees services fully integrated into the Whole School Approach to emotional and mental well-being and encourages stronger links with community mental health services (e.g. CAMHS) (Welsh Government, 2021; Brown et al, 2022). This approach is in alignment with the Whole School Approach to emotional and mental well-being, but uses 'education system' rather than 'school' to acknowledge that counselling is delivered across a range of settings other than mainstream schools. Findings from the consultation and research data suggested a whole education system approach would involve a range of stakeholders (children and young people, parents and carers, schools, counselling services, and other non-school based practitioners and agencies), and have a number of core features and processes, including:

- A school culture focused on mental health and well-being.

- All school staff trained in mental health and well-being.

- A graduated response to learner well-being needs with all mental health and well-being support options promoted to learners.

- Counselling services embedded in schools.

- Post-counselling support.

- Support at transition.

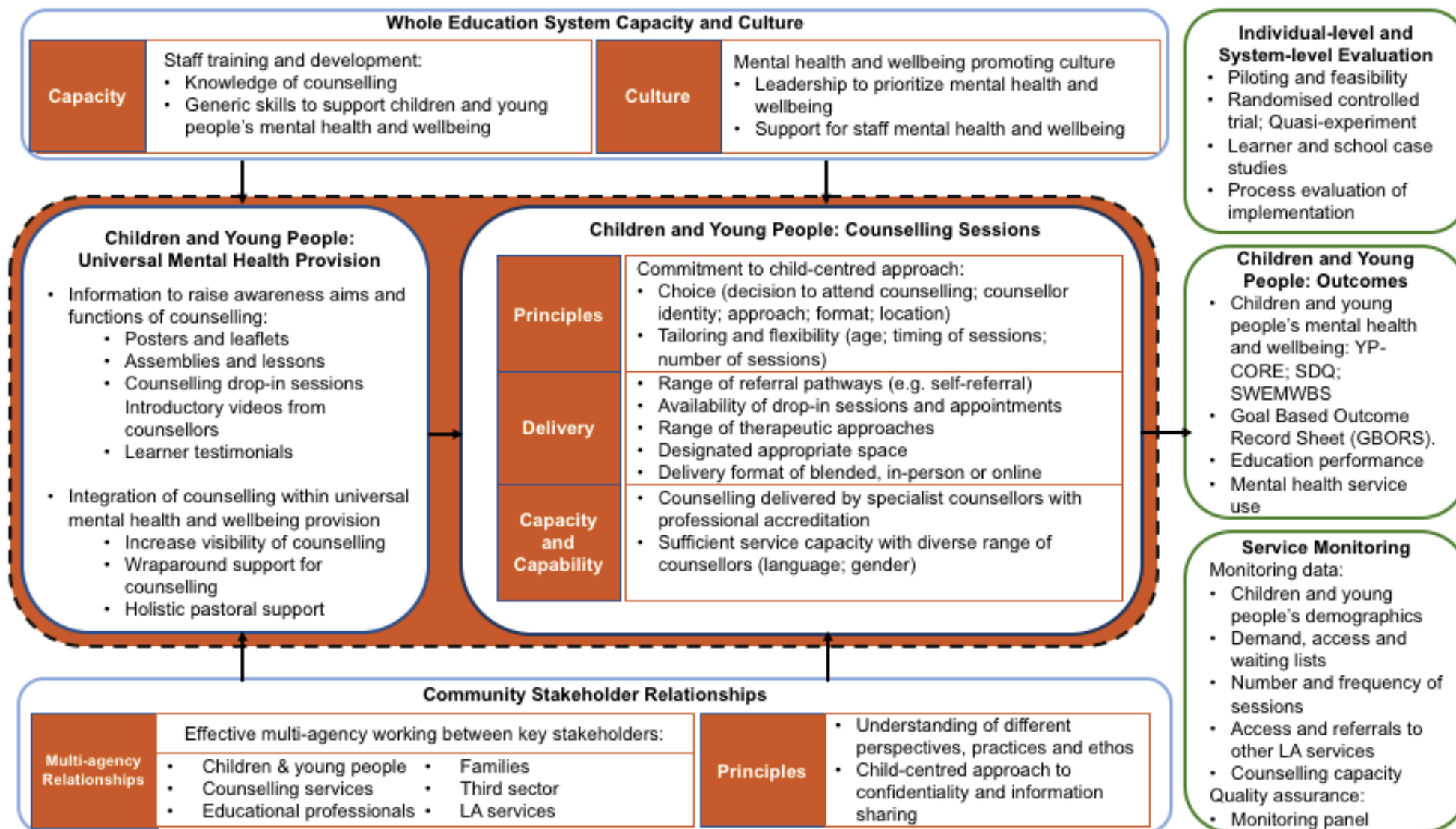- Support for staff mental health and well-being.

2.20   Participants perceived an advantage to adopting a whole education system approach to be that it would help to normalise mental health and prevent mental health and well-being problems from escalating, thereby reducing demand on counselling services.

2.21   The elements of this whole education system approach are detailed further in the key findings and specific recommendations below. They are illustrated in Figure 1, which presents the optimised and extended model of school and community-based counselling services.

2.22   The model represents a comprehensive approach, where different components are mutually supportive. It depicts how individual-level counselling sessions should be embedded in, and reinforced, by a wider system of support, with all elements of the model being evaluated and monitored.

Extension of counselling services to primary school aged children aged 4 years and over

2.23   A key finding from the review of the fitness for purpose of current counselling services was that provision for children younger than Year 6 was already in place in 50 per cent of LAs. Consultation and research data findings on the appropriateness of and need to extend counselling services to primary school aged children indicated that most participants were in favour of there being a counselling service for this age group. Reasons for this included the value of early intervention, an increasing mental health need within this age group, and to prompt openness about mental health and help-seeking as children got older.

2.24   However, whilst all participants felt it was important to support mental health and well-being from an early age, not all felt that counselling services were the best way to deliver this support to all primary school aged children. Some participants argued this would be better achieved by placing more emphasis on opportunities for healthy social and emotional development that included effective mental health and well-being promotion or with family-based or parenting interventions. Therefore, an extended service to younger children may have a particular focus on counselling being part of a holistic platform of mental health and well-being activities.

2.25   There was consideration across the consultation and research data as to whether the form of current counselling provision was appropriate for primary school aged children. It was acknowledged that therapeutic approaches based on talking one-to-one are not always appropriate for children, and that other therapeutic techniques such as play, music and art need to form a central part of the counselling offer. These were recommended as they allow children to express themselves without the need for complex emotional vocabulary, whilst communicating in a way that is familiar to them. Group based approaches were also recommended if they were appropriate to the child's requirements. As such, any extension of services needs to include a wider array of counselling approaches.

> **Recommendation 1:** Counselling services should be extended to primary school aged children in Wales (aged 4 years and older). They should adopt a whole education system approach as recommended for secondary school aged children and young people. However, some tailoring of services will be necessary to meet the developmental needs of this group (e.g. type of therapeutic approach).

Figure 1: Optimised and extended model of school and community-based counselling services

Whole Education System Capacity and Culture

Capacity	Staff training and development: • Knowledge of counselling • Generic skills to support children and young people's mental health and wellbeing	Culture	Mental health and wellbeing promoting culture • Leadership to prioritize mental health and wellbeing • Support for staff mental health and wellbeing

Children and Young People: Universal Mental Health Provision

• Information to raise awareness aims and functions of counselling:
  • Posters and leaflets
  • Assemblies and lessons
  • Counselling drop-in sessions
    Introductory videos from counsellors
  • Learner testimonials

• Integration of counselling within universal mental health and wellbeing provision
  • Increase visibility of counselling
  • Wraparound support for counselling
  • Holistic pastoral support

Children and Young People: Counselling Sessions

Principles	Commitment to child-centred approach: • Choice (decision to attend counselling; counsellor identity; approach; format; location) • Tailoring and flexibility (age; timing of sessions; number of sessions)
Delivery	• Range of referral pathways (e.g. self-referral) • Availability of drop-in sessions and appointments • Range of therapeutic approaches • Designated appropriate space • Delivery format of blended, in-person or online
Capacity and Capability	• Counselling delivered by specialist counsellors with professional accreditation • Sufficient service capacity with diverse range of counsellors (language; gender)

Community Stakeholder Relationships

Multi-agency Relationships	Effective multi-agency working between key stakeholders: • Children & young people • Families • Counselling services • Third sector • Educational professionals • LA services	Principles	• Understanding of different perspectives, practices and ethos • Child-centred approach to confidentiality and information sharing

Individual-level and System-level Evaluation
• Piloting and feasibility
• Randomised controlled trial; Quasi-experiment
• Learner and school case studies
• Process evaluation of implementation

Children and Young People: Outcomes
• Children and young people's mental health and wellbeing: YP-CORE; SDQ; SWEMWBS
• Goal Based Outcome Record Sheet (GBORS).
• Education performance
• Mental health service use

Service Monitoring
Monitoring data:
• Children and young people's demographics
• Demand, access and waiting lists
• Number and frequency of sessions
• Access and referrals to other LA services
• Counselling capacity
Quality assurance:
• Monitoring panel

Optimisation of counselling services

2.26   A key finding on counselling service delivery models was support for a model that extended from early childhood into young adulthood and did not create separate services for primary school aged children and secondary school aged young people. The model (Figure 1) is therefore of an optimised and extended approach that is recommended for primary and secondary school aged children and young people. Twelve further recommendations map directly onto the model of a whole education system approach to counselling, and relate to:

- The principles, delivery, and capacity and capability of counselling services (Recommendations 2-4).

- Children and young people's universal mental health and well-being provision (Recommendations 5 and 6).

- A whole education system approach to mental health and well-being (Recommendations 7 and 8).

- Key stakeholder relationships and multi-agency working (Recommendations 9 and 10).

- Evaluation and monitoring of counselling services (Recommendations 11-13).

2.27   It is important to consider the degree to which this optimised and extended model should be prescribed at a national level. Participants in the consultations and research stated they would appreciate more national leadership and guidance to ensure a minimum quality standard for services. As such, some detailed specification on a basic threshold of service provision could be centrally provided by Welsh Government. However, this needs to be balanced with service tailoring to meet local need and accommodate local resources.

Principles, delivery, capacity and capability of counselling services

Principles of school and community-based counselling

2.28   A key finding from the consultation and research data was that optimal school and community-based counselling services should have an underpinning principle of 'a child-centred ethos'. This ethos was characterised by provision that offered 'the right therapy with the right counsellor at the right time' and meant that service provision could adapt to meet the needs of an individual child or young person, as determined by the child as well as the adults around them. The mechanisms through which counselling services can ensure that a child-centred ethos is achieved are encouraging choice, and offering tailoring and flexibility to meet children and young people's unique and changing needs. These will address the lack of choice identified in the review of the fitness for purpose of current counselling service provision.

2.29   The need for children and young people to exercise choice was indicated in the rapid evidence review, consultations and research data, for example young people welcomed the autonomy that making choices about counselling gave them. Participants considered choice to be important in ensuring that counselling services, particularly counselling sessions, meet the needs of individuals, and they identified six areas where children and young people might be able and encouraged to exercise choice:

- The autonomy to decide if they want to attend counselling or engage with other mental health and well-being activities or services.

- The identity of the counsellor, for example whether the counsellor was male or female.

- The preferred language of the learner.

- The type of therapeutic approach used.

- The format through which counselling is delivered (in person, online or blended).

- The location where counselling can be accessed (school or community settings).

2.30   The need for tailoring and flexibility was considered in the rapid evidence review, consultation and research data. Flexibility entails services being responsive to the specific and evolving needs of a child or young person, notably their developmental age.

2.31   There were three areas where the data indicated counselling should be flexible, to address the lack of flexibility identified in the review of fitness for purpose of current services. First, is the age range of children and young people who are eligible for counselling, with some participants suggesting an integrated life-course approach with services being universally accessible from birth to 25 years old. Second, is the timing of counselling sessions. Children and young people wanted sessions to be available at different times of the school day so as not to constantly miss the same lessons, while others wanted it outside of the school day as this would make attending more discrete. Third, is the number of sessions that can be received, with counselling ending when the child or young person is ready, rather than when a pre-set number of sessions have been delivered.

2.32   Existing frameworks of professional counselling organisations already enact the principle of a child-centred ethos (see for example BACP, 2018) and these frameworks should be fully integrated and explicitly stated in an optimised and extended counselling service.

> **Recommendation 2:** School and community-based counselling services should adhere to a core set of principles, values and ethical considerations. A child-centred ethos should underpin services, with children and young people being offered choice, tailoring and flexibility.

Delivery of school and community-based counselling

2.33   Findings from the rapid evidence review, consultation and research data, indicated five aspects of delivery that were considered core features of a high-quality service and could help to maximise service reach, increase access and enhance the experiences of children and young people:

- A range of referral pathways.
- Counselling drop-in sessions and appointments.
- A range of therapeutic approaches.
- A designated and appropriate space.
- A range of delivery methods.

2.34   The key finding related to referral pathways to counselling was that a number of pathways should be available to parents, school staff and other professionals, and these should include self-referral by children and young people. This was a strength of current services identified in the review of their fitness for purpose. An evaluation of school-based mental health and well-being provision by Estyn (2019) identified school staff controlling access to services as a problem. Participants expressed some concern about self-referral for primary school aged children, and some thought an adult should be involved to offer guidance and support.

2.35   The importance of opportunities for drop-in counselling sessions for allowing individuals to explore and 'taste' counselling before making a commitment to a series of sessions was highlighted in the consultation and research data. Drop-in sessions also have the potential to help remove the stigma and negative perceptions of counselling services. Equally, they might allow for children and young people to receive more immediate help where they are experiencing distress.

2.36   The rapid evidence review found a range of counselling types to be acceptable to different stakeholders, including humanistic; integrative; psychodynamic; dog therapy; dance therapy; and art therapy. The consultation and research data outlined particular approaches that could be most appropriate for primary school aged children, notably play therapy, group therapy and family therapy. They also reported the potential value of music therapy for learners with additional needs. A comprehensive and bespoke range of therapeutic approaches should therefore be offered as part of counselling to ensure its inclusivity and responsiveness to the developmental needs of children

and young people. However, it should be noted from the rapid evidence review, that there is a lack of evaluations that compare the relative effectiveness of different therapeutic techniques.

2.37 The importance of making an appropriate and designated space available for counselling was a key finding and was identified as a point of tension between schools and counselling services in the review of the fitness for purpose of current services. This concurred with an evaluation by Estyn (2019) which reported that schools in Wales are not always able to accommodate counselling due to the limited availability of buildings, which can compromise accessibility and confidentiality. Across the rapid evidence review, consultation and research data, participants identified features of a good counselling space, including being quiet, discrete, accessible, private, relaxed and consistently available.

2.38 Counselling sessions may be delivered in the form of in-person, remote (online or telephone) and blended. Findings from the rapid evidence review and the consultation and research data identified a number of perceived benefits to online and remote counselling. These included increasing reach to those who had difficulty accessing face-to-face services, such as children and young people who were EOTAS (Henningan and Goss, 2016) and reducing counsellor travelling time. Consultation and research data also indicated the increased scope for continuous provision, especially during school holidays. There was also the potential to future-proof the service so it was resilient to issues such as the COVID-19 pandemic.

2.39 However, participants also perceived limitations, and not all children and young people were supportive of online delivery. Across the rapid evidence review, consultation and research data, there were reported issues around ensuring confidentiality, loss of quality in the therapeutic relationship, and concerns for those who needed immediate support (Henningan and Goss, 2016). There were further concerns about online counselling not being suited to primary school aged children, as it may be more difficult to build the therapeutic relationship. Generally, there was a sense that a range of methods should be offered, and online provision might helpfully supplement in-person provision.

> **Recommendation 3:** A set of core features should characterise a future high-quality school and community-based counselling service in Wales. These include: a range of referral routes; a combination of appointment and drop-in sessions; a range of therapeutic approaches; a designated and appropriate space; and a range of delivery formats.

Capability and capacity of school and community-based counselling

2.40 A key finding from the rapid evidence review, consultation and research data is that there is a lack of consensus over who should deliver counselling. Some studies and participants felt educational staff or peers could deliver sessions, as they would be familiar to children and young people. However, for the large part participants maintained that counselling should be delivered by professionally registered, specialist, trained counsellors. It was recognised that counselling requires a specific set of skills and competencies, such as those prescribed by the BACP Ethical Framework for Counselling Professions (BACP, 2018). The review also found that the independence of counsellors is important to their relationship with children and young people (McArthur et al., 2016; Prior, 2012b). Indeed, perceived advantages of an independent counsellor identified in consultation and research data from children and young people were that there would be no conflict of interest (i.e. the counsellor would not be compromised by any divergence between the learner's need and the school's interests), confidentiality would be easier to ensure, and for some, talking to a stranger would be easier.

2.41 The review of the fitness for purpose of current counselling services identified concerns about the difficulty of recruiting counsellors, and lack of capacity in the service leading to long waiting lists. This resonates with findings from an earlier evaluation of the service, where only 47 per cent of school counsellors considered there to be adequate staff to meet need (Welsh Government, 2011). It also reflects issues raised in the CAMHS In-Reach programme evaluation, which reported challenges in recruiting specialist staff (Holtam et al, 2021). The capacity of the counselling

workforce in Wales therefore needs to be monitored and potentially expanded to meet the needs of an optimised and extended service, in order to minimise any risk of overwhelming the existing workforce.

2.42   Children and young people who took part in the present study maintained that individuals should be able to have counselling in the language that they are most comfortable speaking. The rapid evidence review also indicated that counsellor gender is relevant to children and young people, and male counsellors may feel more accessible to children and young people who identify as male (Fox and Butler, 2007). Consideration should therefore be given to the diversity of the counselling workforce, to ensure that choice can be offered to children and young people (Recommendation 2).

2.43   While most participants recommended that counselling sessions be delivered by trained counsellors, consultation and research data mentioned roles that might be supportive of counsellors in the school setting, including teaching, support and pastoral staff. Individuals in these roles could potentially deliver basic therapeutic techniques as part of universal mental health and well-being provision (Recommendation 6). However, the scope of this activity should be in accordance with the fact that these individuals have likely not attained a professionally recognised standard for training in counselling and psychotherapy and will likely not have the relevant competencies to deliver services. Consultation and research data suggested there will also likely be other constraints experienced by these professionals, such as lack of time due to other responsibilities and commitments.

> **Recommendation 4:** School and community-based counselling should be delivered by specialist counsellors with a professional registration. Service capacity will likely need to be increased to meet the needs of an optimised and extended service. Attention should be given to the diversity of counsellor identities.

Universal mental health and well-being provision for children and young people

Awareness and information about school and community-based counselling services

2.44   A key finding from the rapid evidence review and the review of the fitness for purpose of current counselling services was that children and young people had limited information on how to access counselling, its aims and functions, who the counsellor would be, or the range of issues that could be supported. The review identified this as a particular issue in community settings (Le surf and Lynch, 1999). The review also reported that as confidentiality was a concern, more information was required on how confidentiality would be approached (Prior, 2012b). Meanwhile, young people from the consultations and research felt that readily available, child-friendly information would help them exercise their autonomy (Recommendation 2). Furthermore the information should:

- Include what counselling is and what to expect in a session.

- Stress the confidential nature of counselling.

- Make clear that a diagnosed mental health problem is not needed to seek counselling and that addressing problems early is equally important.

2.45   There is therefore a need to provide more information about school and community-based counselling services to children and young people. This is recommended by the School and Community-based Counselling Operating Toolkit (Welsh Government, 2020b), which suggests that effective counselling provision requires a whole system approach that includes awareness raising of services. In improving awareness, increased information sharing can potentially increase the reach and uptake of services.

2.46   The consultation and research data suggested potential mechanisms through which information could be effectively shared with children and young people. To note, these suggestions were perceptions of what might work rather than evidence-informed approaches. These included:

- Posters and leaflets that could be included in schools' internal communication systems.

- Assemblies and curriculum lessons on counselling, which may be integrated into the programme of mental health and well-being activity promoted as part of the new Curriculum for Wales.

- Drop-in sessions and brief introductory videos from counsellors. These were seen as opportunities for children and young people to become familiar with the identity of counsellors and to have a 'taster' of what counselling sessions might entail.

- Testimonials from learners who had previously received counselling, which were thought to be helpful in normalising counselling.

- For children and young people in care, foster carers thought more information should be included in fostering handbooks.

2.47 The stakeholder and consultation data suggested that the Welsh Government could disseminate more consistent and clear information to ensure a single and accessible message about counselling. Children and young people should be involved in developing information resources.

> **Recommendation 5:** Primary school and secondary school aged children and young people should be provided with more information about counselling services. This information should consider the aims of counselling, the identity of the counsellor, how confidentiality will be maintained, the cost of provision, and what children and young people may experience when they attend.

Integration of counselling within universal mental health and well-being provision

2.48 A key finding from the consultation and research data was that whilst remaining an independent service, counselling should be embedded as part of a graduated response to children and young people's mental health and well-being needs. Participants described the features of this graduated response. It would train all school staff in mental health and well-being, so that they would have the knowledge and confidence to discuss a well-being issue with a learner and recognise if further support was needed. The school would then have a variety of universal and targeted support options in place and a referral to counselling or other external services could be made if the learner needed further support. This response was also characterised by holistic support, meaning that learners were offered support both before and after counselling, and primary – secondary school collaboration to support learners across transition.

2.49 The rapid evidence review, consultation and research data identified three main reasons why and how counselling should be integrated into a graduated system of mental health and well-being provision. These had a particular emphasis on the integration with universal mental health and well-being promotion. Integration with the wider whole education system approach is addressed in the next section.

2.50 First, is to increase awareness and visibility of counselling, which relates to Recommendation 5. Participants felt there should be opportunity to allow learners to become familiar with counselling through a range of universal, school-based mental health promotion activity. They suggested counsellors might deliver curriculum lessons or assemblies on topics that relate to their expertise. However, it was noted that a balance should be struck in embedding counsellors in the system and counsellors retaining their independence and distance from schools, which were perceived to be important to young people's perception of counselling as confidential and separate to their school and teachers. There is also a resource issue in adding to counsellors' workload.

2.51 Second, universal mental health and well-being provision may support the counselling experience. This reinforces a recommendation in the School and Community-based Counselling Operating Toolkit (Welsh Government, 2020b) to deliver additional pastoral and therapeutic approaches that are mutually supportive of counselling. This might involve peer group activities and curriculum lessons to develop different dimensions of children's well-being (e.g. resilience), which can help children and young people to apply and generalise the skills and knowledge learned during counselling sessions. The new Curriculum for Wales provides opportunity to integrate pastoral care

and mental health across all aspects of education, largely through the Whole School Approach to emotional and mental well-being. Participants also put a strong emphasis on the need for professional handovers from counselling to school-wide pastoral support to ensure continuity of care post-counselling. However, there is a risk of universal provision not reaching children and young people who only access counselling through community-based provision and are not engaged with mainstream educational settings.

2.52   Third, is the potential to reduce the demand for counselling. Consultation and research participants suggested that a comprehensive platform of mental health and well-being promotion activities may help to prevent the need for some children and young people to receive more specialist services. This is important where an extension of services to all primary school aged children will place more demand on the workforce. It also responds to the aims of the Whole School Approach to emotional and mental well-being, which emphasise the need to diffuse services and support throughout the system in order to reduce pressure on specialist provision.

> **Recommendation 6:** Universal mental health and well-being provision should be made available to primary and secondary school aged children and young people. This should include holistic, wraparound support for counselling services, which may include curriculum lessons, peer-led activities and staff-led support.

A whole education system approach to mental health and well-being

Staff development and training

2.53   A key finding from the consultation and research data was that system staff (e.g. teachers) need training and development opportunities to enable them to support children and young people's mental health and well-being, particularly in relation to counselling. This relates to the finding in the review of the fitness for purpose of current counselling services that school staff experience uncertainty and stress about their knowledge and skills to support learner well-being. Two components of staff development and training were prominent in the data. First, is educating staff on what counselling involves, why a child or young person might attend, and what the potential impacts might be. Second, is upskilling staff in supporting universal mental health and well-being provision.

2.54   The review of the fitness for purpose of current counselling services identified issues with staff awareness and understanding of counselling services, particularly in primary schools. Consultation and research participants stated that training of staff could help in the assessment and referral of children and young people to counselling, by knowing when and how to make a referral. The consultation and research data recommended that staff could help to triage individuals who asked for help to the right services, which might be counselling or a range of other mental health and well-being supports. The rapid evidence review indicated that where staff have more knowledge of counselling, they might be able to help children and young people in the decision to take up provision, while encouraging their autonomy and emphasising their right to choose (Prior, 2012a, 2012b). Staff can also help to normalise counselling, and consultation and research staff participants described their efforts to do this.

2.55   More generally, participants stated that staff should be trained to have the confidence and capability to act as a trusted adult in this context. They saw this as the school context mirroring the safe space that counselling creates, and that schools would have a 'no wrong door' approach, meaning learners could approach any adult in the school if they needed help and the adult would know how to respond. The School and Community-based Counselling Operating Toolkit (2020b) offers a reference of best practice in counselling and other support resources for a range of professionals, and further work could be undertaken to disseminate this.

2.56   There was suggestion for general training for staff in regard to children and young people's mental health in order to support universal provision. In the consultation and research data this was considered important in normalising help-seeking in relation to mental health and to improve identification of signs of poor well-being. As indicated in Recommendation 6, there was also a

suggestion that generic staff skills around pastoral care could potentially reduce demand for counselling services. However, the consultation and research data recognised the risk of over-burdening staff and the potential lack of capacity in the system to deliver this additional pastoral support.

> **Recommendation 7:** Staff should have professional development and training regarding primary and secondary school aged children and young people's mental health and well-being. This can help to support children and young people in deciding to attend counselling and encourage their well-being throughout. It is also important in the delivery of universal mental health and well-being provision.

A mental health and well-being promoting culture

2.57 Consultation and research data identified a mental health and well-being focused culture as a core feature of the whole education system approach to mental health and well-being. Examples of how this culture could be embedded included having an emphasis on pastoral care, delivering universal and targeted well-being interventions, creating spaces and atmospheres where learners could 'open up', and employing support staff such as Emotional Literacy Support Assistants (ELSA).

2.58 Ensuring that the wider system has such a culture may help to encourage high quality delivery of counselling, with a positive culture supporting implementation of the study's recommendations. For example, an evaluation of school-based mental health and well-being provision by Estyn (2019) found that when mental health services were prioritised, schools were more likely to adapt their space to ensure that counselling was delivered in a private, relaxed and attractive environment. Equally, the rapid evidence review found that when school and staff valued counselling services, they were more likely to signpost learners to it (Parsons and Dubrow-Marshall, 2018). This emphasis on system culture is evident in the Framework on Embedding a Whole-School Approach to Emotional and Mental Well-being (Welsh Government 2021), which states that schools should promote an environment that is conducive to positive emotional well-being. The new Curriculum for Wales offers an important opportunity to realise this aim.

2.59 Strong leadership was recognised as important in creating and sustaining a school culture focused on mental health. School staff highlighted that school leaders can identify resources to support counselling and ensuring their allocation. This is important where additional activities may put pressure on organisations and will need coordinated leadership at national, local and organisational levels to prevent professionals from being overwhelmed.

2.60 Leadership is also required to ensure the integration of counselling with the Whole School Approach to emotional and mental well-being and the new curriculum in Wales, and overseeing workforce development to support this new approach to mental health. Leadership is also significant in the evaluation and monitoring of counselling services (Recommendations 11-13), where there may need to be organisational change and capacity development to increase research literacy and understand how monitoring data can be used for service improvement.

2.61 School staff reported feeling anxiety and stress about providing support for learner mental health and well-being and subsequently identified support for staff mental health and well-being as part of a positive organisational culture alongside leadership. As staff were considered vital in supporting both counselling and a whole education system approach to mental health and well-being, there was concern about the burden placed on them. Concerns related to concurrent implementation of multiple new initiatives, i.e. the new Curriculum for Wales, the Whole School Approach to emotional and mental well-being, and the Additional Learning Needs Transformation Programme, and competing priorities between well-being and attainment, which were perceived to be a threat to school staff's capacity to nurture learner well-being. While there is some evidence of the effectiveness of workforce mental health and well-being interventions, a recent evaluation of an intervention to support teachers in England and Wales identified low levels of uptake and potential issues with acceptability (Kidger et al., 2021). Public Health Wales's Healthy Working Wales

scheme offers a range of guidance for organisations in supporting the physical and mental health of staff.

2.62 There was support in the consultation and research data for counselling services to provide supervision for staff, particularly in primary and secondary schools. This was purported to have value where staff experience distress as a consequence of supporting learners, especially if they have a significant pastoral workload. A pilot of staff supervision in sixth form and further education colleges in Manchester provides examples of good practice in this area (Greater Manchester Health and Social Care Partnership, 2021). However, there are potentially significant resource implications of implementing such a model and it will require further scoping. There is also the need to consider if counsellors have the requisite skill sets to deliver this support.

> **Recommendation 8:** A mental health and well-being-promoting culture should be fostered across schools in Wales to support a whole education system approach to counselling. A positive culture can be facilitated by strong leadership and support for staff mental health and well-being.

Key stakeholder relationships and multi-agency working

Stakeholder relationships and multi-agency working

2.63 There were three key findings from the rapid evidence review, consultation and research data relating to stakeholder relationships and multi-agency working: the key stakeholders that should be involved in services; the potential benefits of collaboration; and the mechanisms through which stakeholders should work together.

2.64 The key stakeholder groups that were recognised as important in relation to children and young people's counselling, and mental health and well-being services more broadly are: children and young people; parents and carers; counsellors and counselling services; educational professionals; third sector organisations that might deliver counselling or universal mental health provisions; and LA health and social care services, e.g. CAMHS.

2.65 Consultation and research participants suggested that collaboration between stakeholders can help in informing decisions about the most suitable services and activities for children and young people, as collective knowledge about their circumstances and need can lead to the most appropriate assistance being identified. It may also build capacity and skill in mental health and well-being beyond specialist services, as well as increased awareness of other organisations and services in the system.

2.66 The consultation and research data indicated that multi-agency working may be one of the most effective mechanisms to facilitate stakeholder relationships and enable services to be better integrated and interact more fluidly. Support for this approach was included in Estyn's (2019) evaluation of primary and secondary schools support of learners' health and well-being. It found that services work more effectively when schools adopt a multi-agency approach built on trust and understanding.

2.67 Multi-agency panels that explore the most appropriate provision for children and young people can encourage service integration and allow for more efficient communication of information. The service mapping identified that such panels are in operation in some LAs. Consultation and research participants further suggested that panels could identify opportunities to refer children and young people to other services if waiting lists for counselling were too long. They suggested that having a counselling service representative in the 'team around the child' approach would strengthen school – counselling service relationships and be as valuable as increased counsellor time in the school. However, staff from primary schools indicated that multi-agency panels could be bureaucratic. There may also need to be more strategic planning for multi-agency working, as most of the data discussed it practically and in relation to the case of an individual child.

2.68   Interviews with key system stakeholders identified a number of mental health and well-being support frameworks for children and young people that may be helpful in facilitating multi-agency working. These include the [NEST Framework](#), a planning tool for Regional Partnership Boards that aims to facilitate a whole system approach for developing mental health, well-being and support services for children, young people and their families. Participants suggested that counselling should be integral to these frameworks.

2.69   Beyond multi-agency panels, participants suggested that workshops for parents and carers could support their involvement in a whole education system by increasing their understanding of counselling and encouraging them to support the process. Participants also suggested joint pastoral care meetings between schools and counselling services and forums between neighbouring schools to provide an infrastructure for sharing good practice. There was consideration of collaboration between primary and secondary schools, with an emphasis on supporting learners at transition and ensuring continuity in support.

> **Recommendation 9:** Key system stakeholders need to engage in multi-agency working to ensure mental health services, including counselling, best meet the needs of primary and secondary school aged children and young people. Key system stakeholders who should be involved are: children and young people; parent and carers; counsellors and counselling services; educational professionals; third sector organisations; and Local Authority health and social care services.

Principles for effective stakeholder relationships

2.70   Study data suggested that there are core principles, values and ethical considerations that should underpin the relationships between stakeholders involved in school and community-based counselling services. Two principles were indicated as important: understanding of different perspectives, practices and organisational ethos; and a child-centred approach to information sharing and confidentiality.

2.71   Across the rapid evidence review, consultation and research data, tensions and challenges were identified between stakeholders. This reflects issues identified by the CAMHS In-Reach Evaluation, where stakeholders experienced difficulty in building relationships and understanding different educational structures and cultures (Holtam et al, 2021). The rapid evidence review highlighted that some teachers felt counselling conflicted with the disciplinary approach of the school and there could be different perceptions of the issues learners raised in sessions (Vuillamy and Webb, 2003, Hamilton-Roberts, 2012). In the review of fitness for purpose of current counselling services, participants observed some conflict within schools about how counsellors used their time and if there was a suitable space in the school for counselling.

2.72   The fitness for purpose review also highlighted some concerns about schools' relationships with parents. Participants recognised that families could be supportive of their child if they understood why counselling had been suggested. However, if the family were receiving social services support, there could be some resistance from parents and carers.

2.73   A key finding from the rapid evidence review is that communication that respects and accommodates different perspectives and needs is important in facilitating positive stakeholder relationships, allowing collective action to support a child or young person. One study suggested that relationships could be strengthened where stakeholders had the opportunity to learn about counselling (Wilson et al., 2003).

2.74   Confidentiality, and potential breaches of confidentiality, were seen as a central issue for counselling services in the rapid evidence review, consultation and research data and therefore need to be considered when undertaking multi-agency working. In some cases, children and young people taking part in the consultations and research thought it might be appropriate to share information with parents and carers, teachers and other professionals. The critical issue for them was that they be asked for permission to share information about their counselling. As such, multi-

agency working should take a child-centred approach to information sharing between services. This means that the nature and boundaries of confidentiality should be transparent and clearly explained to children and young people as part of the counselling contract, and they should be aware that confidentiality will be broken where safeguarding concerns arise. Where appropriate services should consult children and young people on the nature and extent of information shared, and to which services.

> **Recommendation 10:** There are core principles that should underpin stakeholder relationships. These include: understanding of different perspectives, practices; and a child-centred approach to confidentiality and information sharing.

2.75 While recommendations 2 to 10 for an optimal school and community-based counselling service will be considered relevant to both primary and secondary school aged children and young people, the starting point for services for these age groups is different. While services for secondary school aged children and young people are being optimised, services for primary school aged children will largely be newly developed. There will need to be further consideration and planning on how services for primary school aged children can be rolled out and implemented at a national level, and the practical and resource challenges associated with this. This may involve a period of piloting and feasibility testing to ensure new services are fit for purpose.

Evaluation and monitoring of counselling services

Appropriate and operational outcomes for measuring the of school and community-based counselling services

2.76 Outcome measurements that assess changes for children and young people who receive school and community-based counselling services are needed to understand if provision has been effective. Establishing appropriate and operational measurements is important in ensuring that any evaluation (Recommendation 12) or monitoring (Recommendation 13) is assessing the right outcomes and only capturing the most relevant data. This data can support the Welsh Government, LAs, counselling services and organisations in understanding which approaches work and should be funded, and which may need disinvestment or improvements. It can also be useful to children and young people in helping them understand their own progress.

2.77 Participants highlighted the challenges of identifying an appropriate common outcome measure given the wide variety of issues with which children and young people present to counselling. Despite this they stressed the value of evaluating counselling's impact and suggested a number of outcome measures. The importance of using outcome measures related to education, such as attendance and attainment, was highlighted.

2.78 Subjective mental health and well-being was identified as the most relevant outcome for assessing the effectiveness of counselling. Studies in the rapid evidence review used a construct of mental health and well-being as their primary outcome measurement or as one of a battery of measurements.

2.79 The rapid evidence review reported two main mental health outcome measurements routinely used in evaluations:

- The [Young Person's Clinical Outcomes in Routine Evaluation](#) (YP-CORE), a 10-item tool which measures anxiety, depression, trauma, physical problems, functioning, and risk to self.

- The [Strengths and Difficulties Questionnaire](#) (SDQ), a 25-item tool which measures five domains: emotional symptoms; conduct problems; hyperactivity/inattention; peer relationship problems; and prosocial behaviour.

2.80 Review data also had a strong focus on positive constructs of well-being, with the [Short Warwick-Edinburgh Mental Wellbeing Scale](#) (SWEMWBS), a 7-item tool which measures positive psychological functioning and subjective well-being.

2.81 Not all three of these outcome measurements would necessarily require assessment and monitoring, although they do measure different constructs. Further consultation should be undertaken to prioritise the most acceptable and feasible measurement tool to assess the service. Currently the SDQ is the only tool that is appropriate for the full age range of children and young people who will be eligible for the extended counselling service.

2.82 Evaluations included in the rapid evidence review tended to assess outcomes 12 weeks after pre-counselling measures were undertaken. In the ETHOS trial (Cooper et al., 2021), measurements were also undertaken at 24 weeks to assess if changes in outcomes were sustained. While in this case there continued to be a reduction in emotional distress, other evaluations of counselling reported that initial improvements in outcomes were not sustained (Pybis et al., 2015). This suggests the importance of longer-term follow-up.

2.83 Current availability of YP-CORE, SDQ and SWEMWBS data in Wales is important to consider, because using data that are already collected can reduce the resource burden. LA school and community-based services are already required to return the YP-CORE for secondary school aged children and young people.

2.84 For secondary school learners, SDQ and SWEMWBS are reported in the SHRN biennial survey. However, there is currently no national data infrastructure that can provide data on primary school aged children, although some are in development or are operating sub-nationally (e.g. Primary SHRN and the Health and Attainment of Pupils in a Primary Evaluation Network (HAPPEN)). Extending data infrastructure coverage, even to a representative sample of children and young people, would be supportive for future evaluation and monitoring.

2.85 Findings from the rapid evidence review and the consultation and research data indicate the importance of measuring the impact of counselling services on educational outcomes, particularly attendance, engagement, and attainment. There was also recommendation in the consultation and research data to assess referrals to and uptake of mental health services, e.g. CAMHS.

2.86 A final consideration related to assessing the impact of counselling is the potential for unintended consequences. The rapid evidence review found no clear evidence of harms related to counselling service provision. However, there was some indication that parents and carers felt children and young people could experience potential distress and anxiety about taking part in sessions.

> **Recommendation 11:** School and community-based counselling services should assess and record the mental health and well-being of primary and secondary school aged children and young people using services. These data should be collected before and after counselling has been received, preferably with an outcome assessment being conducted at multiple time points after a young person has engaged with services. Outcomes should be measured with use of validated outcomes measurements. The Welsh Government should make arrangements to ensure data availability, at least on a representative sample basis, which can be put to use for robust monitoring and evaluation of services.

An evaluation framework for measuring the effectiveness of school and community-based counselling services

2.87 Consultation and research participants discussed the general principles that should underpin service evaluation. These included that evaluations should:

- Include process evaluation.
- Measure outcomes according to delivery mode, i.e. remote and face-to-face counselling, and counselling costs.
- Involve a range of stakeholders, particularly children and young people
- Use mixed methods and pre-post evaluation designs.
- Ensure long term outcomes are captured.

- Ensure children and young people's consent and confidentiality are considered

- Align public service evaluations through a common well-being evaluation framework.

2.88 There are two central phases of evaluation that could be undertaken with the optimised and extended school and community-based counselling service. These were not discussed explicitly in the data, but reflect established methodological guidance on intervention development and evaluation (Skivington et al., 2021). First is the development, piloting and feasibility of services. Second is the assessment of service effectiveness (an outcome evaluation). Both phases of evaluation should include some consideration of economic cost.

2.89 Development, piloting and feasibility testing of the optimised and extended service is particularly important in relation to Recommendation 1, which has identified the need to extend services to primary school aged children, as this is a new provision. In the first instance there will need to be a period of translating the recommendations into actual service activities, networks and infrastructure.

2.90 The developed service can then be subjected to small scale piloting and feasibility testing (Skivington et al., 2021). This would involve piloting delivery of the counselling service at a small number of school and community sites across a select number of diverse LAs to explore real world implementation and acceptability. It would also offer an opportunity to scope out the feasibility of collecting outcome measurements to ensure that the relevant data infrastructures are in place, and that the collection of data is not too onerous for system stakeholders.

2.91 The second phase of evaluation is an outcome evaluation, which can be conducted once the service is refined and rolled out. This can provide evidence on the effectiveness of school and community-based counselling services in impacting the mental health and well-being of children and young people. There are two approaches that could be undertaken. The first is an evaluation that assesses the impact of individual-level, direct work that a specialist trained counsellor undertakes with a child or young person. The second is a system-level evaluation that assesses the impact of the whole education system counselling service, as described in Figure 1.

2.92 For impact at the individual level, the consultation and research data reported the value of pre-post test designs to evaluate change. However, there are a number of evaluation designs that might be used to assess the impact of counselling sessions. A randomised controlled trial (RCT) is the most robust method for evaluation and may be particularly useful with the newly extended service for primary school aged children, as there is more uncertainty about the potential impacts and unintended consequences of counselling.

2.93 A key finding from the consultation and research data was that evaluation should include anonymised qualitative case-studies exploring individual children's and young people's experience of counselling. These data have the potential to understand important issues around reach, awareness and stigma, as sharing of examples may normalise counselling and encourage children and young people to consider it as an option for support.

2.94 At the system-level, there has been limited evaluation of counselling services as integrated parts of a wider, whole system approach that includes activity at the level of the organisation, the LA and the national government. Studies of this type were not found in the rapid evidence review. In the consultation and research data, participants largely considered the experience and impact of counselling sessions for the individual. However, it is important to consider evaluating the fully optimised and extended model, part of which might be delivered as part of the Whole School Approach, e.g. increasing information and awareness or improving knowledge and skill among staff.

2.95 Where system-level activity is implemented to optimise services, a cluster RCT would be the most appropriate and robust design, where organisations, service providers or LAs are randomised to receive the optimised and extended service once it has been developed and refined.

2.96 Consultation and research participants highlighted the importance of including a process evaluation in any evaluation of counselling service effectiveness. Process evaluations are essential to understand if a service is delivered as intended, and if a lack of ineffectiveness may actually be the consequence of an implementation failure. This can further help to understand how the service

interacts with existing mental health and well-being provision, to help attribute outcomes to the level of service delivery. To this end, organisations and LA counselling services might collect data on system-level activities delivered in relation to counselling, such as referral pathways, curriculum awareness raising sessions, and support for organisational staff.

> **Recommendation 12:** Evaluation of the optimised and extended school and community-based counselling services should be undertaken in two phases. First is development, piloting and feasibility testing with a small sample of organisations and LAs to explore delivery and acceptability in real world settings. Findings from this evaluation can support the refinement of services before wider roll-out. Second is evaluation of service effectiveness in improving children and young people's mental health and well-being. This could be conducted at the level of the individual service user and at the level of the whole education system. Process evaluation is important in understanding the extent to which any improvements can be attributed to the service.

Monitoring framework for the implementation, capacity and quality of school and community-based counselling services

2.97 Longer-term implementation of counselling should be monitored to ensure a continued high-quality service, whilst also overseeing investment in capacity for sustainable delivery. This was not considered in detail in the rapid evidence review. Consultation and research participants tended to discuss evaluation and monitoring interchangeably, and there was a lack of data addressing sustainability. However, there were important considerations.

2.98 The data identified a need for national oversight of service monitoring. Consultation and research data suggested this could take the form of a governing board. Participants indicated that stronger national oversight would encourage standardisation in service delivery and ensure consistency in quality. The board could have a scope that included funding, service capacity and demand, level and quality of delivery and innovation in response to external events, e.g. the COVID-19 pandemic. It is also imperative that children and young people have a voice in service monitoring.

2.99 To support longer term monitoring of services, the consultation and research data indicated a number of markers of a high-quality service that should be routinely captured:

- Service demand, waiting lists and access to counselling to monitor if children and young people are receiving services in a timely manner.

- The socio-demographic characteristics of children and young people who use counselling to ensure there is equity in reach and that services are not excluding particular groups of individuals.

- The number and frequency of counselling sessions that are delivered to individuals, which may include the proportion of sessions that are drop-in and appointments. This can help to understand the level of service availability required, and support future planning of capacity.

- Referrals and access to other services, notably mental health services, such as CAMHS. This can help to understand if multi-agency working is operating as intended or if there are challenges in service integration that needs to be addressed.

- The capacity of counselling services to ensure that there is sufficient availability.

2.100 Service quality could also be monitored, using satisfaction measures commonly used in evaluations of counselling, notably the [Experience of Service Questionnaire](#) (ESQ) (Cooper et al., 2010).

2.101 A number of these data items are already collected on an annual basis, with LAs required to provide anonymised information to the Welsh Government. Items that are annually reported are: the number of young people receiving counselling by area, age, gender and ethnicity; the frequency of the total number of sessions that are delivered to each individual; and the frequency of the reason for a referral to attend.

2.102 Existing data infrastructures and data sources might be used to support counselling service monitoring. Infrastructures such as SHRN could help organisations in monitoring the socio-demographic characteristics of children and young people receiving services, and potential issues around reach and access. The consultation and research data also mentioned the scope for using the [Pupil Attitudes to Self and School](#) (PASS) survey, which is already used by a number of schools in Wales to identify learner problems. As the data from these sources can be made available at the organisational level, they can be helpful in supporting schools and community organisations in assessing the quality their service.

2.103 These current infrastructures and data sources do not cover all settings, age groups or suggested monitoring items. Welsh Government and LAs should encourage school and community organisations to consider the infrastructures and data sources available to them to support monitoring of quality, and encourage their development where none exist.

2.104 It is important to build mechanisms that enable stakeholders to make effective use of monitoring data. There is a need to consider what support and resources different stakeholder groups need to reflect and act on the data they receive, and the assistance they will need to integrate counselling into monitoring for the Whole School Approach to emotional and mental well-being, as recommended in the associated evaluability assessment (Brown et al., 2022). This links to Recommendation 8 about the need for an organisational culture that promotes mental health and well-being, and has a strong leadership that can identify and respond to needs in capacity and capability to support ongoing service improvement.

> **Recommendation 13:** National monitoring of implementation is required to ensure a high-quality, sustainable counselling service is delivered. Data is currently returned by Local Authorities to the Welsh Government, but some additional items on demand and capacity are required. School and community organisations should be encouraged to consider data infrastructures and sources that can inform their service delivery. Investment in capacity and capability at the national, local authority, and organisational level is required to ensure that data can be interpreted and acted on as part of service delivery improvement.

References

BACP. (2018). *Ethical framework for the counselling professions*.

Brown, R., van Godwin, J., Edwards, A. *et al.* (2022). Development of a theory of change and evaluability assessment for the Whole School Approach to Mental Health and Emotional Wellbeing.

Cooper, M., Stafford, M. R., Saxon, D., *et al*. (2021). Humanistic counselling plus pastoral care as usual versus pastoral care as usual for the treatment of psychological distress in adolescents in UK state schools (ETHOS): a randomised controlled trial. The Lancet Child and Adolescent Health, 5(3), 178-189.

Estyn. (2019). *Healthy and Happy – school impact on pupils' health and well-being*.

Fox, C. L. & Butler, I. (2007). 'If you don't want to tell anyone else you can tell her': young people's views on school counselling. British Journal of Guidance and Counselling, 35(1), 97-114.

Greater Manchester Health And Social Care Partnership. (2021). *Greater Mental Health in Colleges: supervision pilot project. Interim Report*.

Hamilton-Roberts, A. (2012). Teacher and counsellor perceptions of a school-based counselling service in South Wales. British Journal of Guidance and Counselling, 40(5), 465-483.

Hennigan, J. & Goss, S. P. (2016). UK secondary school therapists' online communication with their clients and future intentions. Counselling and Psychotherapy Research, 16(3), 149-160.

Holtam, D., Lloyd-Jones, S. & Bowen, R. (2021). *Evaluation of the Child and Adolescent Mental Health Service (CAMHS) In-Reach to Schools Pilot Programme: Final Report*.

Kidger, J., Evans, R., Bell, S., *et al*. (2021). Mental health support and training to improve secondary school teachers' well-being: the WISE cluster RCT.

Le Surf, A. & Lynch, G. (1999). Exploring young people's perceptions relevant to counselling: a qualitative study. British Journal of Guidance and Counselling, 27(2), 231-243.

McArthur, K., Cooper, M. & Berdondini, L. (2016). Change processes in school-based humanistic counselling. Counselling and Psychotherapy Research, 16(2), 88-99.

National Assembly For Wales. (2013). *School Standards and Organisation (Wales) Act*.

Page, N., Hewitt, G., Young, H., *et al*. (2021). *Student Health and Wellbeing in Wales: Report of the 2019/20 School Health Research Network Student Health and Wellbeing Survey*.

Parsons, A. S. & Dubrow-Marshall, L. (2018). 'Putting themselves out there' into the unknown: dance movement psychotherapy as perceived by five educators and three pupils. Body, Movement and Dance in Psychotherapy, 13(4), 251-267.

Prior, S. (2012a). Overcoming stigma: how young people position themselves as counselling service users. Sociology of Health and Illness, 34(5), 697-713.

Prior, S. (2012b). Young people's process of engagement in school counselling. Counselling and Psychotherapy Research, 12(3), 233-240.

Public Health Wales Observatory. (2020). *Mental Well-being in Schools 2020*.

Pybis, J., Cooper, M., Hill, A., *et al*. (2015). Pilot randomised controlled trial of school-based humanistic counselling for psychological distress in young people: outcomes and methodological reflections. Counselling & Psychotherapy Research, 15(4), 241-250.

Skivington, K., Matthews, L., Simpson, S.A. *et al.* (2021). A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance. *BMJ* 374:n2061 doi: 10.1136/bmj.n2061

The Children's Society. (2020). *Life on Hold: children's well-being and COVID-19*.

Vulliamy, G. & Webb, R. (2003). Supporting disaffected pupils: perspectives from the pupils, their parents and their teachers. Educational Research, 45(3), 275-286.

Welsh Government. (2011). *Evaluation of the Welsh School-based Counselling Strategy: Final Report*.

Welsh Government. (2020a). *Review of the impact of mass disruption on the well-being and mental health of children and young people, and possible therapeutic interventions*.

Welsh Government. (2020b). *School and Community-based Counselling Operating Toolkit (Revised 2020)*.

Welsh Government. (2021). *Framework on embedding a whole-school approach to emotional and mental well-being*.

Wilson, A., Edwards, J., Allen, S. & Dasgupta, C. (2003). Schools and family change: school-based support for children experiencing divorce and separation. Joseph Rowntree Foundation, York.

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