

Research bulletin: the impact of statutory school and community-based counselling services for children and young people

1. Background and aims

- 1.1 This bulletin summarises evidence about the effectiveness and impact of statutory school and community-based counselling services for children and young people.
- 1.2 The mental health and well-being of children and young people in Wales is a priority. Prior to the pandemic, there was [evidence](#) indicating worsening mental health and wellbeing among UK children and young people¹. The pandemic and its associated infection control measures have further exacerbated poor mental health and wellbeing problems in children and young people.
- 1.3 Whilst there is limited data on the prevalence of mental health problems in children and young people in Wales, [UK-wide NHS data](#)² in 2021 indicates that one in six (17 per cent) 6–16-year-olds in England have a probable mental health disorder, which has increased from one in nine (12 per cent) in 2017. In addition, around two in five (39 per cent) children and young people reported worsening mental health over this period. [A similar decline](#) in young people’s mental health and wellbeing has been observed in Wales³.
- 1.4 The [School Standards and Organisation \(Wales\) Act 2013](#)⁴ made it a statutory requirement for local authorities to make reasonable provision of independent counselling services for children and young people aged between 11 and 18 on the site of each secondary school that it maintains and for pupils in Year 6 of primary school. A local authority may in addition offer counselling services at other locations (e.g., at independent schools, further education colleges or at other community facilities). In addition, the Welsh Government has provided funding in recent years, including an additional £3.1m in 2024-25, to enable age-appropriate counselling to be extended to younger children below Year 6.
- 1.5 The Welsh Government commissioned Cardiff University to review the statutory school and community-based counselling services for secondary-aged children to optimise provision (Hewitt et al., 2022)⁵. As part of this review, Hewitt et al (2022) explored the effectiveness of counselling services. This review built on earlier research where a research consortium led by the British Association for Counselling and Psychotherapy and the University of Strathclyde were commissioned by Welsh Government to conduct an evaluation of its school-based counselling strategy (Hill et al., 2011)⁶, which included a focus on the impact of school-based counselling services.

1.6 This bulletin summarises evidence examining the effectiveness and impact of statutory school and community-based counselling services in the UK and specifically Wales, focusing primarily on research commissioned by the Welsh Government. This includes a summary of findings from Hewitt et al., (2022) and Hill et al. (2011), complemented by an updated review of evidence and data analysis conducted in the Welsh Government. Across these sources, this bulletin will therefore provide a summary of findings from the following research and statistical activities:

- *A rapid evidence review* that explored of the impact of school and community-based counselling services in the UK on young people’s mental health and wellbeing and/or relationships,
- *Stakeholders’ experiences and perceptions of effectiveness of services* in Wales based on a range of methods including consultations, interviews, survey data, and case-studies with stakeholders including children and young people, parents and carers, school staff and local authority counselling service managers,
- *Statistical analysis of outcome data* in Wales, including data analysis conducted by analysts in the Welsh Government on aggregated monitoring information provided by local authorities on the provision of independent counselling services for children and young people. The bulletin also summarises previous statistical analysis of outcome data that has explored the impact of counselling services.

2. Evidence

Rapid evidence review

- 2.1 A rapid evidence review conducted as part of Hewitt et al., (2022), included a synthesis of evidence of the impacts of school and community-based counselling services amongst secondary and primary-aged children, as reported by evaluations conducted in the UK between January 1999 to December 2020. Twenty-nine studies were identified examining the effectiveness of school and community-based counselling services. Each study was appraised to establish its quality and to understand the weight that should be given to its findings.
- 2.2 The review indicated that there was tentative evidence for the positive impacts of counselling on children and young people’s mental health and well-being across a range of settings.
- 2.3 The authors qualified this overall positive finding by indicating that the small number of studies that used a stronger study design reported a smaller positive impact or no impact of counselling services on children and young people’s mental health and well-being. Weaker study designs largely reported positive impacts of counselling services across a range of settings.
- 2.4 Importantly, no study indicated that counselling had a negative or harmful impact on children or young people’s mental health and well-being.
- 2.5 There was limited evidence to support a specific counselling approach, given the wide variety of approaches included across the research.
- 2.6 For secondary schools, most studies (16 of the 17 identified) reported positive impacts of counselling on learner well-being. Studies identified as having less scientifically robust study designs and smaller sample size reported more positive evidence that counselling improves learner mental health and well-being. The studies identified as the most robust evaluations^{7,8} showed that counselling led to small improvements in young people’s emotional well-being, and other smaller studies with robust designs also generally showed counselling to have a positive effect (apart from one study), although this positive impact was not consistently maintained when later followed-up.
- 2.7 For primary schools, all nine studies identified reported that counselling had a positive impact, with most examining the effect on learners’ well-being and mental health. However, most of these studies had more limited study designs. Despite this, the most robust evaluation reported learners who attended 12 hour-long group therapy sessions showed improvements in their emotional difficulties, according to their teachers, that were larger than children who received the same level of intervention but where learners spent time working on national curriculum maths and English or no

intervention (McArdle et al., 2002)⁹. While the group therapy also led to improvements for children's behavioural problems, the group therapy was no more effective than the curriculum-based learning approach.

Updated rapid evidence review

- 2.8 An updated rapid evidence review was conducted for this bulletin by analysts in the Welsh Government where evidence was synthesised from December 2020 until February 2024, using the search and eligibility criteria outlined in Hewitt et al., (2022).
- 2.9 To identify sources for this updated rapid evidence review, an initial search conducted by officials in Information, Library and Archive Services in the Welsh Government identified 105 sources. These sources were further screened by analysts in the Welsh Government based on the eligibility criteria. Of these, 94 studies were excluded for: wrong research study design (43 studies); wrong outcome measured (33 studies); wrong intervention (seven studies); wrong country (one study); and wrong population (one study). Four studies could not be retrieved, and five studies were already cited in Hewitt et al., (2022) so were omitted.
- 2.10 On completion of screening, 11 studies were eligible for inclusion in the updated rapid evidence review: seven were conducted with children and young people in primary schools^{10,11,12,13,14,15,16}, one in a secondary school¹⁷ and one in both primary and secondary schools¹⁸. The remaining two studies involved children and young people in a special school¹⁹ and in a community-based setting²⁰. Using the appraisal guidelines outlined in Hewitt et al., (2022), each study was assessed to determine its quality and the weight that should be given to its findings.
- 2.11 This recent evidence, similarly to Hewitt et al., (2022), provided tentative evidence for the positive impacts of counselling on children and young people's mental health and well-being across a range of settings. Again, stronger study designs with more scientifically robust study designs tended to report smaller positive impacts or no impact of counselling, and the evidence did not support a specific counselling approach.

Stakeholders' experiences and perceptions of effectiveness of services

- 2.12 A combination of key system stakeholder interviews, stakeholder consultations and school case-studies with staff, parents, and young people conducted as part of Hewitt et al., (2022) reported the perceived impact of school and community-based counselling services in Wales. Overall, there was perceived to be notable variation in service effectiveness.
- 2.13 While school staff noted that it could be difficult to judge the exact impact of counselling as learners rarely shared their experiences, there was a perception that counselling services were an effective early intervention that reduced the need for referral to other more intensive services, such as Child and Adolescent Mental Health Services (CAMHS). Stakeholders identified that counselling could particularly benefit certain groups of children, such as those who are demonstrating high levels of psychological distress. School staff perceived that there was variation in counselling services' effectiveness and identified reasons at different levels including variation in service provision, parental engagement and counsellor - child relationships.
- 2.14 Secondary school staff were more positive about the effectiveness of the counselling services than their primary school counterparts.
- 2.15 Most young people interviewees who had received counselling reported that it had helped them.
- 2.16 Parents' perception of their children's experiences were more varied. Where parents indicated that counselling has been beneficial, they ascribed this to the counsellor tailoring their approach to the needs of their child.
- 2.17 In addition, in an earlier evaluation of school-based counselling strategy in Wales, Hill et al. (2011) conducted qualitative interviews, case studies, and used survey data from a combination of stakeholders (counsellors, school staff, local authority leads) and young people to examine the impact of the provision in Wales.

- 2.18 According to Hill et al. (2011), overall levels of satisfaction with school-based counselling in Wales were high across all groups. Counselling was seen as having a positive impact on the well-being, happiness and confidence, attainment, attendance and behaviour of young people accessing the provision. Young people also reported feeling more positive about going to school and were more able to cope since attending counselling. We however note that the nature and effectiveness of counselling provision may have changed since data collection as part of Hill et al. (2011).

Statistical analysis of outcome data

Previous analysis of outcome data

- 2.19 As part of Hewitt et al., (2022), analysis was conducted to explore how presence of school-level counselling services were associated with learner well-being using School Health Research Network (SHRN) datasets in Wales. No association was found between learner mental health and well-being and the frequency with which counselling services were present in secondary schools. However, it was highlighted that this finding should be interpreted with caution as the presence of a service does not reflect its utilisation and the analysis only considered average learner well-being for the school which might not be influenced by the frequency with which a counselling service is present.
- 2.20 In addition, previous statistical analysis was conducted by Hill et al, (2011), where data was examined across 3,613 episodes of counselling from 2009-2011 to explore changes in psychological distress from pre- to post-counselling in Wales. Children and young people who receiving counselling completed the Young Person's Clinical Outcomes in Routine Evaluation²¹ (YP-CORE, a measure of psychological distress) and/or the Strengths and Difficulties Questionnaire (SDQ, a behavioural and emotional difficulties screening questionnaire) in the first session and in the final session; counsellors were encouraged to invite young people to complete these measures at every session to ensure that endpoint data was available for all young people, including those that drop out. Data was available for between 10 and 17 local authorities across the course of the analysis time-window.
- 2.21 Counselling was associated with significant reductions in psychological distress scores across each of the local authorities for the time periods examined. It should be recognised that an association does not necessarily indicate that counselling caused these reductions in psychological distress, as other factors may have contributed to this.
- 2.22 The overall mean size of the reduction in psychological distress was large, although there was variation in the amount of change depending on the local authority and the dataset available. Datasets with more complete data demonstrated lower positive impacts, suggesting that there may be some over-estimation of overall effect, as most datasets included some degree of missing data (and therefore may not include outcomes for those young people who dropped out of counselling and achieved less gains).

Analysis of aggregated monitoring data from local authorities

- 2.23 Descriptive analysis was conducted by analysts in Welsh Government to explore the aggregated monitoring information provided annually by local authorities in Wales annually on the provision of independent counselling services for children and young people aged between 11 and 18 and pupils in Year 6 of primary school. More information is available on this data in 'the [latest data report](#)²².
- 2.24 Data for each year from 2013/14 (the first year of collection) to 2022/23 were examined. This analysis therefore covers the coronavirus (COVID-19) pandemic. The data reported in 2019/20 and 2020/21 were impacted by the widespread and frequent closure of schools between March 2020 and February 2021 because of the COVID-19 pandemic. A phased return of all pupils was not completed until April 2021. The latest data for 2021/22 and 2022/23 is therefore compared to data prior to the COVID-19 pandemic in 2018/19. The statistics prior to March 2020 include face-to-face counselling only. Since March 2020 counselling carried out via online and face-to-face sessions has been included to reflect changes to counselling provision during the pandemic.

- 2.25 To explore the impact of counselling services, we examined scores from the YP-CORE administered amongst children and young people both before and after counselling, as well as the average improvement. The YP-CORE is one of the most commonly used outcome measures for young people within counselling settings and has good psychometric properties; the measure has good internal and test–retest reliability, and is sensitive to group mean change²³. Data was examined for the YP-CORE from 2017/18 onwards, when data was available for all local authorities, this permitting calculation of national scores^a. Mean average YP-CORE scores were calculated at a national level for the start and end of counselling episodes, and the average improvement across episodes^b. The analysis identified that there may be errors with the precise numbers for the overall YP-CORE scores, but provisional numbers are set out in this bulletin as it is anticipated that this will not affect the general pattern of findings. An updated version of this bulletin will be provided with the corrected YP-CORE scores when available.
- 2.26 To explore the extent of counselling provision and further support, we examined the number of children and young people receiving counselling, multiple episodes (two or more) of counselling^c, and the number of referrals to specialist CAMHS for those receiving counselling. We also calculated the proportion of children and young people receiving counselling, who received multiple (two or more) counselling episodes and those who were referred to specialist CAMHS. The main presenting issue (the reason that a client self-refers or is referred to a counsellor) was also explored.
- 2.27 All data was explored across gender, based on how children identified; no data was available for children or young people who did not identify as male or female or preferred not to say their gender. It was not possible to explore data variables across any other demographic characteristic due to the aggregated nature of the data.
- 2.28 Data is presented in Tables 1.1 to 1.4.

Findings

- 2.29 **Counselling services are linked with improved well-being scores:** In every year, average YP-Core scores improved at the end of counselling episodes compared to the start (with an average YP-Core score increase of between 6.1 in the year of least increase to 7.4 in the year of the highest increase) indicating an overall improvement in psychological well-being following counselling episodes. Similar to the analysis conducted by Hill et al, (2011), we note however that an association does not necessarily indicate that counselling caused these reductions in psychological distress, as other factors may have contributed to this. In addition, we cannot be certain whether all children participating in counselling sessions provided scores both prior to and after counselling sessions, particularly for children who did not complete counselling episodes who may also demonstrate poorer outcomes. There may also be differences in the way that local authorities use and collect YP-CORE scores that could affect the reliability of the data.
- 2.30 Also, while our analysis identified an overall average improvement in pre- and post-counselling YP-CORE scores, we cannot be confident that this improvement was large enough to be considered clinically real and meaningful. Twigg et al. (2016)²⁴ recommended that an improvement in a pre- and post-counselling YP-CORE score would need to be at least 7.9 to be considered as a reliable change that is not due to measurement error or chance. The authors also advise that the reliable change threshold for the YP-CORE varies according to the age and gender of children and young people and therefore thresholds for each age and gender should be used (rather than a single overall threshold). They also advise that these reliable changes thresholds should be used in

^a The YP-Core score is a 10-item outcome measure designed to assess the psychological well-being and functioning of children and adolescents. YP-CORE scores range from 0 – 40 with higher scores indicating poorer well-being.

^b Mean average YP-CORE scores for Wales were calculated using a weighted average of local authorities' YP-CORE scores considering the number of young people attending counselling in that local authority.

^c In 2021/22, the average number of counselling sessions attended by children and young people who received counselling in Wales was 6.1, up from 5.6 in 2020/21.

combination with clinical cut-off points (a threshold where scores above it indicate a level of psychological distress that may require clinical support) to assess whether improvements in emotional and mental well-being are clinically real and meaningful. However, the Welsh Government does not currently collect the detailed information required to allow us to assess whether improvements could be considered as clinically real and meaningful. For this, individual-level pre- and post-counselling outcome measures data (i.e., scores for each child and young person receiving counselling) would need to be collected, which would also enable analysis to identify the proportion of children and young people who experienced real and meaningful improvements.

- 2.31 **Counselling services are being utilised more following the COVID-19 pandemic:** The number of children and young people receiving counselling services was relatively stable from 2014/15 to 2018/19. There was a decrease in the numbers receiving counselling services in 2019/20 and 2020/21, due to school closures during this period because of the COVID-19 pandemic. There was then an increase in the number of children and young people accessing counselling services in 2021/22 from 2018/19 with the highest number of children receiving counselling recorded during the period of analysis. This was followed by a slight decrease in the numbers receiving counselling services in 2022/23, although the numbers remained higher than in 2018/19. This pattern across years was largely consistent for both females and males.
- 2.32 In an online survey conducted by analysts in the Welsh Government in summer 2023 with school leaders and well-being leads (more information about this survey are available in this bulletin²⁵) 69.7 per cent of respondents indicated that the counselling services available to their school's learners were not sufficient to meet demand^d.
- 2.33 **More females receive counselling than males:** A greater number of females (around two-thirds) received counselling services than males each year (around a third). Despite a slight decrease in the number of females receiving counselling in 2022/23 compared to 2021/22, the gap between the groups has widened in the last two years with the number of females receiving counselling mostly driving the overall increased recent use of provision.
- 2.34 **Anxiety has become the most common presenting issue for referral:** The most common presenting issue identified for referral was anxiety in 2022/23, accounting for slightly under a half of all referrals (46.1 per cent), which has increased since 2015/16 (when the rate was 12.4 per cent). Anxiety was the most common issue for both females (49.8 per cent) and males (38.1 per cent) in 2022/23, and its prevalence has increased markedly over the years for both groups. It is noted that respondents could select up to three presenting issues for referral, so it is not known whether anxiety was the primary reason on referral.
- 2.35 **More children and young people are receiving multiple episodes of counselling:** The number of children who received multiple episodes of counselling has generally been increasing each year from 2015/16 to 2022/23. Of children and young people receiving counselling, the proportion who received multiple episodes (two or more) of counselling has increased from 3.5 per cent in 2013/14 to 10.4 per cent in 2022/23.
- 2.36 **More females receive multiple episodes of counselling than males** in every year and the gap between the groups is increasing (although numbers have increased for both groups over the years). This means that females now account for over two-thirds of children and young people who receive multiple episodes of counselling, and males account for slightly under one-third. The proportion of females receiving multiple episodes of counselling (from those receiving counselling) has been generally slightly higher than that of males, although both groups showed an increase from 2021/22 to 2022/23 (females: 8.6 to 10.4 per cent; males: 7.1 to 9.3 per cent).

^d 122 responses were received from school leaders and well-being leads on behalf of their maintained schools to the question 'Are the counselling services available to your school's learners sufficient to meet demand?'; 44.3 per cent of respondents indicated 'No, demand is much larger than the services available', 25.4 per cent 'No, demand is a bit larger than the services available', 14.8 per cent indicated 'Yes', and 15.6 per cent indicated 'Don't know'. A further fourteen respondents provided no response and were omitted from the analysis.

- 2.37 **There has been a recent decrease in referrals to specialist CAMHS:** The number of referrals to specialist CAMHS has been relatively stable each year from 2013/14 to 2018/19 apart from an increase in 2014/15. Following a small decrease in numbers in 2019/20 and 2020/21 during the COVID-19 pandemic period, the number of referrals increased in 2021/22 compared to 2018/19, before decreasing in 2022/23. A small proportion of children and young people receiving counselling are referred to specialist CAMHS (2.9 per cent in 2022/23), which decreased from 3.5 per cent in 2021/22. Prior to this, this proportion had been largely stable since 2015/16, following a decrease compared to 2014/15.
- 2.38 **More females are referred to specialist CAMHS:** More females were referred to specialist CAMHS than males each year. These numbers have been relatively stable for both groups from 2013/14 to 2018/19, although following a decrease in numbers for both groups in 2019/20 and 2020/21 during the COVID-19 pandemic, the number of referrals increased for females in 2021/22 before decreasing in 2022/23 but remained low for males across these years. This means that females now account for nearly three-quarters of children and young people referred to specialist CAMHS, and males for slightly over one-quarter.
- 2.39 A greater proportion of females receiving counselling were referred to specialist CAMHS each year compared to males.

3. Conclusions

- 3.1 This bulletin aims to bring together a range of existing research and provide updated analysis to explore the effectiveness and impact of statutory school and community-based counselling services for children and young people.
- 3.2 The research evidence generally suggests that school and community-based counselling services have a positive impact on the mental health and well-being of children and young people. This conclusion is tentative given that studies in the research literature with stronger research designs reported smaller positive impacts or no impact of counselling services, positive impacts were not consistently maintained when followed-up, and there are limitations to the statistical analysis of outcome data conducted for this briefing that preclude the conclusion that counselling caused improvements in mental health and well-being.
- 3.3 However, the evidence examined mostly indicates a positive impact of counselling services for children and young people.
- 3.4 Notably no evidence emerged that indicated harmful impacts.
- 3.5 Importantly, stakeholder experiences, including interviews with school staff, parents, and young people, were positive on the impact of counselling services despite recognition of the variation in service quality and hence effectiveness.
- 3.6 There was limited evidence to support a specific counselling approach or to understand the impact of counselling services for children and young people's outcomes beyond mental health and wellbeing.
- 3.7 There is an increasing demand being placed on counselling services for children and young people and there are concerns from school leaders and practitioners about the sufficiency of available counselling provisions to support this level of demand. Prior to the COVID-19 pandemic, while the use of counselling provision and onward referral rates to specialist CAMHS had remained relatively stable, a greater proportion of children and young people were engaging with counselling services for longer. However, since the pandemic there has been a marked increase in overall use of counselling services by children and young people, as well as those receiving multiple episodes of counselling.
- 3.8 Females have consistently used counselling services more than males, with a growing gender gap in recent years. A slightly higher percentage of females receive multiple counselling sessions and are referred to specialist CAMHS compared to males. This suggests a greater demand for counselling support among females.

- 3.9 It was also notable that anxiety was by far the most common presenting issue for children and young people and its prevalence has increased most years.
- 3.10 Further robust research is required to address these evidence gaps and to understand the complex factors influencing the association between counselling services and children and young people's outcomes. As recommended in Hewitt et al. (2022), opportunities for gathering individual-level data for children and young people who have received counselling should be explored to provide detailed and precise long-term evaluation and monitoring of the effectiveness of counselling provision. We could also better understand the impact of counselling services considering the variability of provision if local authorities were able to provide more detailed pre- and post-counselling outcome scores in their annual monitoring information return to the Welsh Government. This could include scores for different groups of children and young people, such as primary and secondary-aged learners, and for different counselling approaches, delivery format, and providers of counselling. Evaluation and monitoring should take account of the context in which counselling is provided, including wider whole-school approaches.

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Annex A: Annually collected aggregated monitoring data from local authorities in Wales

Table 1.1 National data on provision of independent counselling services for children and young people.

Some shorthand is used in this table, [p] = provisional, [x] = unavailable. More information is provided underneath the table in the Notes.

School year	YP-CORE scores [p]			Individuals receiving counselling	Individuals receiving multiple episodes (two or more) of counselling		Referrals to specialist CAMHS for those receiving counselling	
	Start of episode	End of episode	Average Improvement		Number of individuals	Proportion (of those receiving counselling)	Number of individuals	Proportion (of those receiving counselling)
2013/14	[x]	[x]	[x]	10,533	372	3.5%	435	4.1%
2014/15	[x]	[x]	[x]	11,568	495	4.3%	513	4.4%
2015/16	[x]	[x]	[x]	11,337	462	4.1%	402	3.5%
2016/17	[x]	[x]	[x]	11,559	750	6.5%	411	3.6%
2017/18	19.4	12.2	7.3	11,364	795	7.0%	396	3.5%
2018/19	19.7	12.5	7.1	11,754	912	7.8%	393	3.3%
2019/20	20.1	12.7	7.4	9,633	663	6.9%	324	3.4%
2020/21	19.8	12.7	7.1	10,545	777	7.4%	363	3.4%
2021/22	19.6	12.9	6.7	12,411	1,011	8.1%	438	3.5%
2022/23	18.6	12.5	6.1	12,342	1,242	10.1%	354	2.9%

Source: [StatsWales](#): Annual monitoring information provided by local authorities on provision of independent counselling services for children and young people aged between 11 and 18 and pupils in Year 6 of primary school.

Notes: YP-CORE data was not available for all local authorities prior to 2017/18.

Table 1.2 (Females) National data on provision of independent counselling services for females.

Some shorthand is used in this table, [x] = unavailable. More information is provided underneath the table in the Notes.

School year	YP-CORE scores			Individuals receiving counselling	Individuals receiving multiple episodes (two or more) of counselling		Referrals to specialist CAMHS for those receiving counselling	
	Start of episode	End of episode	Average Improvement		Number of individuals	Proportion (of those receiving counselling)	Number of individuals	Proportion (of those receiving counselling)
2013/14	[x]	[x]	[x]	6,750	264	3.9%	330	4.9%
2014/15	[x]	[x]	[x]	7,365	318	4.3%	375	5.1%
2015/16	[x]	[x]	[x]	7,116	294	4.1%	279	3.9%
2016/17	[x]	[x]	[x]	7,251	489	6.7%	291	4.0%
2017/18	[x]	[x]	[x]	7,119	522	7.3%	273	3.8%
2018/19	[x]	[x]	[x]	7,431	585	7.9%	252	3.4%
2019/20	[x]	[x]	[x]	6,351	432	6.8%	228	3.6%
2020/21	[x]	[x]	[x]	7,113	552	7.8%	276	3.9%
2021/22	[x]	[x]	[x]	8,547	738	8.6%	351	4.1%
2022/23	[x]	[x]	[x]	8,343	867	10.4%	261	3.1%

Source: [StatsWales](#): Annual monitoring information provided by local authorities on provision of independent counselling services for children and young people aged between 11 and 18 and pupils in Year 6 of primary school.

Notes: Errors were identified during analysis for YP-CORE scores for females and males and so have been omitted from this bulletin.

Table 1.3 (Males) National data on provision of independent counselling services for males.

Some shorthand is used in this table, [x] = unavailable. More information is provided underneath the table in the Notes.

School year	YP-CORE scores ³			Individuals receiving counselling	Individuals receiving multiple episodes (two or more) of counselling		Referrals to specialist CAMHS for those receiving counselling	
	Start of episode	End of episode	Average Improvement		Number of individuals	Proportion (of those receiving counselling)	Number of individuals	Proportion (of those receiving counselling)
2013/14	[x]	[x]	[x]	3,783	108	2.9%	105	2.8%
2014/15	[x]	[x]	[x]	4,203	177	4.2%	138	3.3%
2015/16	[x]	[x]	[x]	4,221	168	4.0%	123	2.9%
2016/17	[x]	[x]	[x]	4,308	264	6.1%	120	2.8%
2017/18	[x]	[x]	[x]	4,248	276	6.5%	123	2.9%
2018/19	[x]	[x]	[x]	4,323	327	7.6%	141	3.3%
2019/20	[x]	[x]	[x]	3,282	231	7.0%	99	3.0%
2020/21	[x]	[x]	[x]	3,432	225	6.6%	84	2.4%
2021/22	[x]	[x]	[x]	3,864	276	7.1%	87	2.3%
2022/23	[x]	[x]	[x]	3,999	372	9.3%	93	2.3%

Source: [StatsWales](#): Annual monitoring information provided by local authorities on provision of independent counselling services for children and young people aged between 11 and 18 and pupils in Year 6 of primary school.

Notes: Errors were identified during analysis for YP-CORE scores for females and males and so have been omitted from this bulletin.

Table 4 Main presenting issue on referral for independent counselling services for children and young people.

Some shorthand is used in this table, [x] = unavailable.

School year	Anger	Anger	Anxiety	Anxiety	Family	Family	Self-worth	Self-worth	Stress	Stress
	Number of individuals	Proportion (of those receiving counselling)	Number of individuals	Proportion (of those receiving counselling)	Number of individuals	Proportion (of those receiving counselling)	Number of individuals	Proportion (of those receiving counselling)	Number of individuals	Proportion (of those receiving counselling)
2013/14	1,818	17.3%	[x]	[x]	4,422	42.0%	1,317	12.5%	1,602	15.2%
2014/15	1,740	15.0%	[x]	[x]	4,389	37.9%	1,512	13.1%	2,043	17.7%
2015/16	1,872	16.5%	1,407	12.4%	3,948	34.8%	1,392	12.3%	1,812	16.0%
2016/17	1,836	15.9%	2,652	22.9%	4,113	35.6%	1,593	13.8%	1,599	13.8%
2017/18	1,746	15.4%	2,784	24.5%	4,044	35.6%	1,479	13.0%	1,839	16.2%
2018/19	1,821	15.5%	3,429	29.2%	3,630	30.9%	1,203	10.2%	1,413	12.0%
2019/20	1,434	14.9%	3,495	36.3%	3,195	33.2%	1,158	12.0%	1,188	12.3%
2020/21	1,128	10.7%	4,446	42.2%	2,832	26.9%	1,290	12.2%	1,098	10.4%
2021/22	1,923	15.5%	5,730	46.2%	3,663	29.5%	1,728	13.9%	1,527	12.3%
2022/23	2,037	16.5%	5,685	46.1%	3,942	31.9%	1,551	12.6%	1,224	9.9%

Source: [StatsWales](#): Annual monitoring information provided by local authorities on provision of independent counselling services for children and young people.

Notes: The five most common main presenting issues from 2021/22 are presented in this table. Percentages are based on the total number of children and young people.