

Audit of Counselling and Other Therapeutic Interventions in Primary and Special Schools in the North of Ireland

by PricewaterhouseCoopers

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RESEARCH REPORT

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Glossary

ASCET	Additional Support for Children in Education Team
BACP	British Association for Counselling and Psychotherapy
BEAM	Bardic Educational Arts and Media
BELB	Belfast Education and Library Board
CAMHS	Child and Adolescent Mental Health Services
CIDS	(Belfast Health and Social Care Trust's) Children's Inter-disciplinary Schools' Team
CYPFP	Children and Young People Funding Package
DCSF	Department for Children, Schools and Families
DHSS&PS	Department of Health, Social Services and Public Safety
EAL	English as an Additional Language
EHWB	Emotional Health and Wellbeing
ELB	Education and Library Board
ETI	Education & Training Inspectorate
FSM	Free School Meals
NEELB	North Eastern Education and Library Board
NIFFCIE	The Northern Ireland Forum for Counselling in Education
NSPCC	National Society for the Prevention of Cruelty to Children
OFMDFM	Office of First Minister and Deputy First Minister
PDMU	Personal Development and Mutual Understanding
PPDS	Pupil and Personal Development Service (SELB)
PwC	PricewaterhouseCoopers LLP
SEELB	South Eastern Education and Library Board
SELB	Southern Education and Library Board
SEN	Special Educational Needs
SENCO	Special Educational Needs Coordinator
WELB	Western Education and Library Board
WHO	World Health Organisation

Executive summary

Introduction

1. PricewaterhouseCoopers LLP (PwC) was commissioned in November 2008 by the Department of Education to carry out an audit of counselling services and other therapeutic interventions in primary and special schools in the North of Ireland.
2. The main purpose of the study is to inform policy direction by determining the nature and level of need in relation to the emotional health and well-being of pupils in primary and special schools and to identify any related services or initiatives currently being implemented in these settings. The terms of reference for this review are presented in Table 1.

Table 1: Terms of reference

Terms of Reference
<ul style="list-style-type: none">• To identify the range of problems which can be addressed by counselling services and therapeutic interventions in primary and special schools in the North of Ireland.• To identify the level of need in terms of emotional health and well-being initiatives in NI primary and special schools.• To identify and describe any models of counselling, wider therapeutic interventions or discrete activities which are additional to the standard curriculum and aim to improve the emotional health and well-being of primary and special school children, currently operating in the North of Ireland.• To determine reasons for the implementation of such interventions and conversely to ascertain barriers to or reasons for not providing these services.• To briefly outline the key advantages and disadvantages of any initiatives in operation in audited schools.

Our approach

3. This study comprised of two main phases: a scoping exercise which included a brief overview of the existing literature on counselling and other interventions and in-depth interviews with counselling providers and other relevant organisations; and fieldwork, consisting of a survey of all primary and special schools in the North of Ireland and site visits to five schools identified as having innovative approaches to counselling and other interventions.
4. The aim of the quantitative fieldwork phase was to collect data from all the primary and special schools to ascertain the level of need for counselling services and other therapeutic interventions in schools and to identify models of good practice currently being implemented within schools. The questionnaires were sent to all primary and special school principals with a request that these should be completed by the person with pastoral care responsibilities within the school. The response rates for each of the school types are highlighted in Table 2.

Table 2: Primary and special school sample

School type	Sample size	Number received	Response rate
Primary	873	260	30%
Special	42	19	45%

5. As the table above illustrates, responses were received from 19 of the 42 special schools in the North of Ireland. While this represents a response rate of over 40%, care should be taken in considering the findings from this sector given the low number of actual responses. For this reason, all charts and tables included in this and the following sections relate to the primary sector unless otherwise stated. The remainder of this Executive Summary is structured as follows:

- The level of need in primary and special schools;
- Counselling and wider therapeutic interventions employed in schools;
- Reasons for introducing interventions and barriers to implementation;
- Characteristics of effective interventions;
- The future development of interventions; and
- Next steps.

The level of need in primary and special schools

6. It appears, from the stakeholder consultation and from the findings from our survey, that there is a high level of need for counselling and wider therapeutic interventions in primary and special schools in the North of Ireland. The majority of schools reported a need for interventions (85% of primary and 95% of special schools) yet, in the case of primary, only a third of participants in this research stated that such interventions are in place in their school.
7. Schools also suggested that they had pupils with additional SEN or EAL needs who require further help in regard to emotional well-being. It also appears that the perceived level of need may be greater in special schools. Larger primary schools and those in urban areas were more likely to state that there was a need for intervention in their school.

Table 3: Issues that need to be addressed by counselling services and other therapeutic interventions

Issue	Primary schools (%)
Anger management	71
Friendship/peer issues	62
Bereavement	59
Bullying	44
Violence in the home	34
Transition issues (between schools)	30
Parental substance misuse	25
Anxiety over academic performance	24
Transition issues (between countries/cultures)	14
Sexual abuse	13
Community tensions	12
Eating disorders	12
Parental separation/divorce	9
Other	9
Other family issues	4
There are no issues	8
Not answered	5

*Source: PwC Survey of primary schools, 2009

8. The counselling providers and other relevant organisations that participated in this research, including (of those active in the North of Ireland) ASCET, Barnardo's, Contact Youth, Family Works, New Life, NSPCC, Playboard, and the Northern Ireland Forum for Counselling, provide a range of counselling and other therapeutic interventions as well as additional family and community support measures. It appears that many of the interventions that are required by primary schools are already available in the North of Ireland. However, there is some concern as to whether there is sufficient capacity with the current provision to meet the needs of primary

and special schools. Some participants suggested that the implementation of counselling across all post-primary schools has impacted on the ability of providers to respond to primary and special school requests.

9. There is also some evidence in the literature that there may be a higher level of need for emotional health and well-being initiatives for children in the North of Ireland than elsewhere in the UK. In addition, given the link in the literature between child poverty and emotional well-being, it may be that the current economic downturn will increase the level of need for interventions amongst children and young people in the North of Ireland

Some attribute the higher levels of stress to the legacy of the conflict in Northern Ireland, which impacted most severely on poorer areas. One health professional explains: "in some of the most deprived and fragmented sections of our society, rising levels of emotional and psychological stress among children and young people, manifesting as anxiety, depression, deliberate self-harm and escalating suicide rates are collateral damage following years of civil strife." Save the Children (2007)

Counselling and wider therapeutic interventions employed in schools

10. The providers that we spoke to offer a wide range of interventions, from art and craft therapy, through story-telling, relaxation therapy and play therapy (see Table 4).

Table 4: Models of intervention offered by providers

Counselling services	Wider therapeutic interventions	Other support services
• One-to-one	• Art and craft therapy	• Emotional development work
• Small groups	• Story-telling	• Parent support
• Group work	• Relaxation therapy	• Teacher training and awareness raising
• Whole class circle time	• Coping skills	• Family support
• Telephone counselling	• Promoting self confidence	• Community development
	• Cognitive behavioural therapy	• Family centre
	• Psychodynamic therapy	• Lobbying government and other agencies
	• Creative therapy	• Peer support programme
	• Drama therapy	• Drop-in services
	• Play therapy	• Advice on and delivery of aspects of school curriculum
	• Music therapy	• Clinical supervision of school counsellors
	• Filial therapy	• Psycho-education
	• Therapeutic story writing	• Advice on school policy writing e.g. on bereavement
	• Role play	

11. Overall, approximately a third of respondents to our survey reported that some form of intervention had been implemented in their school. Primary schools in urban areas and larger schools are more likely to offer such services. Those schools in our survey that had implemented interventions offer counselling, behaviour management, emotional education, anger management, social skills support and art and play therapy amongst other services.

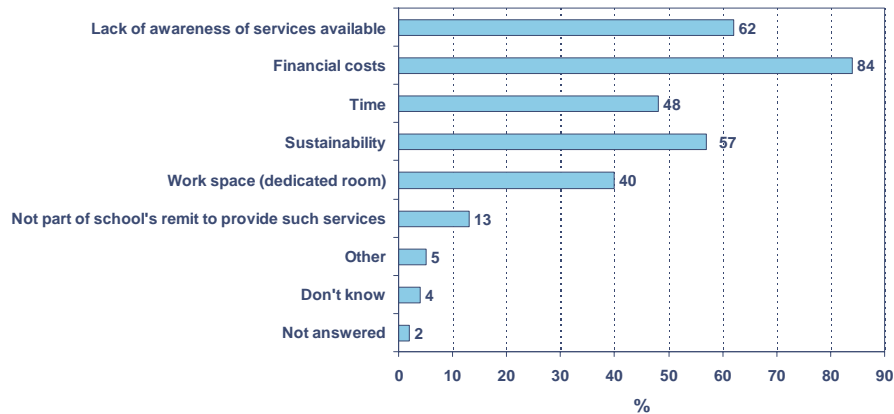
12. The main form of intervention in the primary schools participating in this research was counselling, with three quarters of schools that had introduced some form of intervention stating that this was a service offered. Behaviour modification or management services have been introduced in two thirds of schools with interventions. Linked to this, 45% of primary schools reported anger management interventions, the most common intervention need identified in our survey. A full range of services and providers identified by respondents as on offer in their schools is presented in Appendix 1. It should be noted, however, that this list represents a 'snapshot in time' of provision during our fieldwork period.
13. The majority of schools offer one-to-one sessions with counsellors for pupils, but also some group and whole-class work. In two thirds of schools, up to 5% of pupils avail of these services. They had varying levels of contact with statutory and voluntary agencies, with over a third stating that they had a high level of contact with the Education Welfare Service and two fifths with a high level of contact with Educational Psychology services. On the voluntary sector side, almost a fifth of schools with interventions (17%) reported a high level of contact with Barnardo's and one in ten (11%) reported a similar level of contact with the NSPCC.
14. The main form of dissemination of information about the intervention is through personal contact, such as staff training days or, for pupils, through assemblies, lessons and one-to-one sessions. Letters and leaflets are often sent home to parents and individual needs are discussed with families on a case-by-case basis. In the main, staff were responsible for referrals, however, a third of participating primaries suggested that they facilitated self-referral by pupils.
15. The main sources of funding for interventions were the relevant Education and Library Boards and schools' budgets, often drawing on additional monies made available through the Extended Schools programme

Reasons for introducing interventions and barriers to implementation

16. According to the stakeholder organisations that participated in this research, many of whom are providers, service implementation is often demand-led, with most often schools, but on occasion, parents, pupils, GPs and other agencies, requesting counselling and therapeutic interventions. In other instances, the Department of Education or the relevant Education and Library Boards instigated the offer of services. In some cases, this need for additional assistance was attributed to a lack of capacity within the school, given the other demands on teachers' time. This raises the issue of whether there is a need for clearer pathways and protocols to help respond to the needs of individual pupils.
17. Responses to our survey of primary schools suggest that interventions are, indeed, primarily prompted by demand, but also, in response to a greater awareness on the part of schools of need for a holistic approach to all aspects of a child's well-being and a desire to introduce good practice in this regard within the school setting. Almost a third (29%) of schools stated that they had been contacted in the first instance by a provider, which underlines our finding that a lack of awareness of services available acts as a barrier to schools requiring support (see Figure 1).
18. Overall, funding was identified as the main barrier to implementing interventions across both primary and special schools and for schools that had implemented interventions and those that had not. A majority of respondents stated that "financial costs" as an obstacle to developing or improving interventions (85% of primary and 90% of special schools). Other barriers identified also related to resources in terms of the sustainability of interventions, time and the provision of dedicated counselling space. Not surprisingly, "lack of awareness of services" was more of an issue for primary than special schools (62% compared to 53%), suggesting that there is a need for a training or communications exercise for school staff to raise awareness of the availability of interventions.

Figure 1: Barriers to developing or improving counselling services and other therapeutic interventions

In your view, what are the barriers preventing schools from developing or improving counselling service(s)/other therapeutic intervention(s)?



N= 260 (Primary schools)

19. There was also a rather substantial minority (14%) of respondents who suggested that it was not within the school's remit to provide such interventions, raising issues about responsibility and accountability for interventions, given other pressures on schools. Several respondents also noted that there may be specific issues around confidentiality and a perceived 'stigma' in introducing counselling in small rural schools.

Characteristics of effective interventions

20. While it is beyond the scope of this research to evaluate the effectiveness of individual types of intervention (our focus has been, rather, on describing the landscape of counselling and therapeutic interventions), the research has identified some characteristics of effective interventions and the critical success factors in their implementation.
21. Our brief review of the literature has presented a number of different models of intervention in schools, including single practitioner models; teaching staff, peer support; school-based healthcare staff and centralised 'peripatetic' provision. Despite this variety in provision, several principles have emerged from the literature which underpin effective interventions. These include:
- Flexibility in relation to the needs of the pupil and of the school;
 - Early intervention is important and may help prevent problems from exacerbating in later life;
 - School ethos and culture is vital, particularly in terms of staff commitment and support;
 - Children and young people should be able to access the services quickly and discreetly;
 - Independence and confidentiality, particularly in terms of sharing information within the school, are key concerns; and
 - The preparatory stage in advance of the implementation of any intervention should not be neglected.
22. Overall, the top five characteristics of an effective intervention, as identified by primary schools are:
- Confidentiality;
 - Quality;
 - Professionalism of counsellors;
 - The relationship between the counsellor and the pupil; and
 - Opportunities for the child to express themselves.

23. In general, schools were very positive in relation to the effectiveness of interventions on their site, with 84% stating that these were very or quite successful. Many schools also suggested that the interventions had had a positive impact on a number of dimensions, including the emotional well-being of pupils (84%), pupil behaviour (84%), and pupil participation in school life (81%). Approximately two thirds of respondents also thought that the interventions have had a positive impact on pupil performance.

The future development of counselling and other therapeutic interventions

24. One of the key concerns of those that participated in this research is the level of demand for interventions, with 85% of schools stating that there is a need for counselling and other services on their sites and a third reporting that they had implemented such services. There was a clear view that counselling and therapeutic interventions should be a priority in primary schools as early intervention is likely prove more cost-effective in the long-term and that special schools are in particular need of additional interventions. In addition, waiting times for support from the Education and Library Boards were the cause of some concern.
25. The ways in which the existence of, and access to, interventions are communicated were also viewed as particularly important, to overcome perceptions, particularly on the part of parents, that pupils may become labelled or stigmatised if they receive such help. Our case studies, based on visits to five schools, demonstrate the importance of the school ethos and that buy-in from all school staff can assist in counteracting these fears.
26. The relationship between providers and other external agencies and the school is also an important consideration for the development of future intervention models. This is not only due to the difficulties that some schools experience in sourcing appropriate provision, but also to the practicalities of collaborating 'on the ground'. Some participants advocated joint training with internal and external staff while others suggested that children should have an input into service design and delivery. There was also a view, however, that schools are already overburdened and that care should be taken to ensure that the responsibility of managing these services does not fall wholly to the school. Despite this, other participants noted the need for flexibility in the provision of such assistance, rejecting the 'imposition of some national solution'.
27. Stakeholders and schools alike were concerned about the supply of sufficient and suitably qualified professionals, with several schools revealing issues with the identification of appropriate practitioners for their setting. Sustainable funding was also important to respondents, with many schools emphasising the need to provide continuity of service in order to meet children's needs in the long-term and to develop appropriate working relationships with external agencies. Schools participating in this research also wanted: additional time for teachers; access to centrally managed interventions; more information and advice; and ring-fenced funding.
28. Funding was identified as one of the main obstacles encountered when schools attempted to introduce counselling and other services, both in terms of meeting demand and of the sustainability of provision. Indeed, it was suggested by some stakeholders that short-term initiatives (restricted by a lack of funding) may do more harm than good by raising expectations while only providing a short burst of support. Other potential issues included:
- The relationship between school staff and counsellors;
 - The ethos of the school;
 - Establishing confidentiality and building trust between staff, pupils and parents; and
 - Ensuring a dedicated space for the interventions to take place.

Next steps

29. The findings from this research suggest a number of areas which will require further consideration by the Department and other stakeholders in the future development of counselling and other therapeutic interventions in primary and special schools.

30. Providers and school staff expressed concerns regarding the capacity of the counselling sector to respond to an expansion of services to all primary and special schools, particularly in regard to the supply of suitably qualified counsellors following the roll out of such interventions to post-primary schools. Potential next steps could therefore include:
- An analysis of the current numbers of suitably trained counsellors and other therapists operating in the North of Ireland: including an audit of their qualifications for working with young children. This analysis should inform an assessment of whether the supply of counsellors is sufficient to meet future demand and, if not, the measures which need to be introduced to ensure the sustainability of provision;
 - Appropriate linkages to be developed with training providers, professional bodies and other Government departments and agencies to facilitate a 'joined up' approach to counselling and other therapeutic interventions; and
 - Consideration to be given to the extent to which the current training of counsellors and other therapists equips them to address the specific needs of children with special educational needs, disabilities and English as an Additional Language.
31. It is clear from our research that, while schools are becoming increasingly aware of the emotional needs of their pupils, many are unaware of sources of advice and provision. Furthermore, many respondents suggested that researching the advantages and disadvantages of each intervention is relatively time-consuming. Potential next steps could therefore include:
- Consideration to be given to raising the awareness of both the benefits of intervention and of the availability of provision amongst school leaders. Brief information on the benefits of provision should be provided to all primary and special schools;
 - Principals and heads of pastoral care to be provided with guidance in relation to the selection of providers, types and models of provision of intervention and the relevant, accredited qualifications required for counselling and other interventions;
 - Promoting the importance of creating a supportive and inclusive school ethos and culture to improve pupils' emotional well-being in general and to support the introduction of new initiatives;
 - Schools could be signposted towards examples of good practice in terms of the actual intervention and of models of provision, through, for example, a dedicated on-line resource. Consideration should be given to collating and documenting additional good practice in the provision of counselling and other interventions in primary and special schools in the form of case studies; and
 - While all policies and procedures should seek to minimise the burden on teaching staff, guidance and training should be made available to teachers and other adults in the school on the optimum ways of referring a child to provision whilst maintaining confidentiality and the trust of the child.
32. Schools and providers expressed concerns about the sustainability and availability of funding, suggesting that short-term funding creates difficulties in raising expectations of assistance whilst constraining effective interventions over time. Further consideration could therefore be given to:
- Ensuring that new initiatives are underpinned by medium- to long-term funding; and
 - Providing ring-fenced funding for the provision of interventions.

33. Many participants in this research raised issues around the challenges of multi-agency working and of balancing flexibility with minimising the burden on schools. In order to facilitate the implementation of new initiatives, consideration should be given to:

- Allowing sufficient lead-in time so that providers and schools can plan the implementation process together and develop appropriate working relationships and protocols between counsellors and school staff;
- Optimum ways of providing interventions whilst minimising the burden on teachers;
- Enabling schools to access centrally managed and provided interventions, while at the same time, allowing them to tailor the 'menu' of interventions to their school circumstances;
- Encouraging schools to provide a dedicated and discreet space for interventions. The need for such a space should be reflected in the Schools Building Handbook for the establishment of new schools;
- Communicating the benefits of the intervention to staff, parents and pupils in a sensitive manner to avoid concerns regarding the potential labelling of the child;
- Sessions of counselling or other interventions should be, where possible, of sufficient duration to meet the needs of the school and could be reinforced through additional support, i.e. via telephone, as required; and
- Further consideration should be given to the most effective models of intervention, including, for example, the clustering of schools to share counsellors to maximise continuity both within schools and between phases.

34. The quality of interventions is also key to improving the emotional well-being of children and young people and, indeed, there is some evidence to suggest that lower quality interventions may create more problems for pupils than they solve. It will therefore be important to ensure that consistent quality standards are applied across all interventions and that the quality of interventions is regularly monitored.

- Interventions should be monitored and evaluated regularly at both the school and regional level to provide an indication of the effectiveness of specific interventions and to monitor any implementation issues that may arise;
- Consideration should be given to involving pupils in the evaluation of the interventions; and
- A mechanism could be created to enable schools and the Department to inform the initial training and the continuous professional development of counsellors to help meet the changing needs of pupils.

1. Introduction

The emotional well-being of children and young people

- 1.1. The World Health Organisation (WHO) has stated that promoting emotional well-being is as an essential role for national governments, and across the United Kingdom, Government strategy has focused on driving forward new initiatives to improve educational outcomes and life opportunities for children, through, for example, the *Every Child Matters* agenda in England.
- 1.2. The Department of Education commissioned Contact Youth to provide an Independent Counselling Service in Schools (ICSS) in October 2006. As a result, pupils at post-primary schools across the North of Ireland have had access to trained counsellors since March 2008. The remaining funding of £1.7m is to be used for identifying the nature and the level of need for emotional well-being initiatives in primary and special schools, and, following on from this, providing funding for initiatives designed to address young people's emotional health and well-being.
- 1.3. The early identification of child difficulties and providing necessary support will help avoid escalation into complex behavioural management cases. Indeed, early therapeutic intervention can prevent the need for more intensive intervention from for example, Child and Adolescent Mental Health Services (Bamford Review, 2006), for which there is significant demand and limited resource across the UK (DfES, 2003).
- 1.4. Counselling and other therapeutic interventions are skilled ways of helping children and young people with personal issues and difficulties. It is a process that can help individuals to focus on their concerns and developmental issues, while at the same time exploring specific problems, making choices, coping with crises, working through feelings of conflict and improving relationships with others. Counselling and other therapeutic interventions can help children and young people gain a better understanding of themselves and situations as well as developing strategies to cope with life changes (Baginsky, 2004).

“Counselling can also address an array of issues and pressures which children and young people may experience including relationship problems, domestic violence, bereavement, family conflict or breakdown, sleeplessness, stress, anxiety, life choices, bullying or having difficulty at school. Some young people may be self-harming or using drugs. Sometimes there may seem to be no obvious reason for the feelings a young person is experiencing. Counselling may help a young person to understand what they think, feel and do, weigh up their alternatives and options or make their own decisions and act upon them.” (BACP, 2006)

- 1.5. Research evidence demonstrates that counselling is one of a range of services that help to support the health, emotional and social needs of pupils and lead to a healthy school culture. Other elements could include:
 - Emotional literacy programmes;
 - Seeking pupils' views through school councils and other means;
 - Effective pastoral care;
 - School nurses;
 - Education welfare services;
 - Advocacy;
 - Anti-bullying policies; and
 - Support for pupils with additional learning needs.
- 1.6. It is also widely accepted that schools which promote the health and well-being of pupils are also more likely to create an effective learning environment.

Terms of reference

- 1.7. In this context, PricewaterhouseCoopers was commissioned in November 2008 by the Department of Education to carry out an audit of counselling services and other therapeutic interventions in primary and special schools in the North of Ireland.

- 1.8. The main purpose of the study is to determine the nature and level of need in relation to the emotional health and well-being of pupils in primary and special schools and to identify any related services or initiatives currently being implemented in primary and special schools. The terms of reference for this review are presented in Table 1.1.

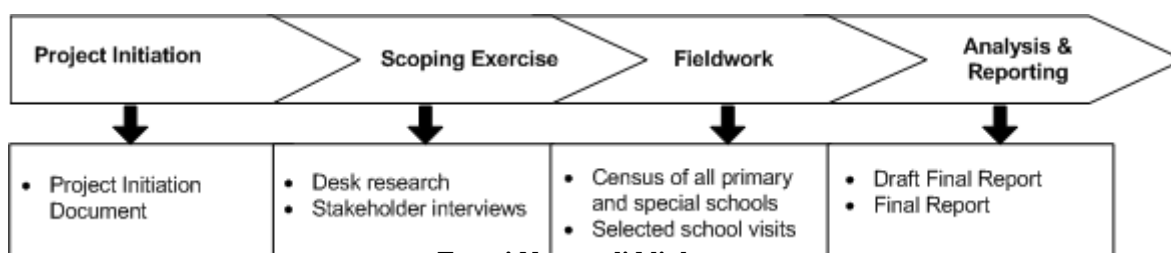
Table 1.1: Terms of reference

Terms of Reference
<ul style="list-style-type: none"> • To identify the range of problems which can be addressed by counselling services and therapeutic interventions in primary and special schools in the North of Ireland. • To identify the level of need in terms of emotional health and well-being initiatives in NI primary and special schools. • To identify and describe any models of counselling, wider therapeutic interventions or discrete activities which are additional to the standard curriculum and aim to improve the emotional health and well-being of primary and special school children, currently operating in the North of Ireland. • To determine reasons for the implementation of such interventions and conversely to ascertain barriers to or reasons for not providing these services. • To briefly outline the key advantages and disadvantages of any initiatives in operation in audited schools.

Overview of our approach

- 1.9. This study comprised of two main phases: a scoping exercise which included a brief overview of the existing literature on counselling and other therapeutic interventions; and fieldwork, consisting of a survey of all primary and special schools in the North of Ireland and site visits to five schools identified, in conjunction with the Steering Group for this project and the Inspectorate, as having innovative approaches to counselling and other interventions.

Figure 1.1: Overview of our approach



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Desk research

- 1.10. This stage of the project involved a review of existing counselling services and other therapeutic interventions currently in place in schools in the North of Ireland and across the UK and beyond and an examination of good practice of counselling and other therapeutic interventions which could be applied here. The overall aim of the review was to provide a brief contextual background to the study and to inform the qualitative and quantitative phases for this research.

Stakeholder interviews

- 1.11. The stakeholder consultation phase of the research comprised of depth interviews with providers of counselling and other relevant organisations. Table 1.2 outlines the organisations we consulted with during the research.

Table 1.2: Stakeholder organisations

Stakeholder Organisations	
ASCET (Additional Support for Children in Education Team)	<ul style="list-style-type: none"> ASCET is a multidisciplinary service working in partnership with schools and parents to help support the needs of children. The programme provides group support to children to help promote social, emotional and behavioural well-being.
Barnardo's	<ul style="list-style-type: none"> Barnardo's works with over 100,000 children, young people and their families every year in the UK. It runs almost 400 projects across the UK, including counselling for children.
British Association for Counselling and Psychotherapy	<ul style="list-style-type: none"> BACP is an industry body for counsellors and psychotherapists. It works with large and small organisations within the sector, ranging from advising schools on how to set up a counselling service, assisting the NHS on service provision, working with voluntary agencies and supporting independent practitioners.
Cabrini Schools Counselling	<ul style="list-style-type: none"> Cabrini provides a wide range of services to children, young people, families and adults with learning disabilities in England.
Contact Youth	<ul style="list-style-type: none"> Contact Youth is the North of Ireland's regional Headquarter Voluntary Organisation for the provision of counselling services for young people. It provides face-to-face counselling to young people in the 11-25 age range, in community and post-primary school settings.
Family Works	<ul style="list-style-type: none"> Family Works is a small voluntary organisation. It works with primary schools and special schools in the North Down, Ards and East Belfast areas..
New Life Counselling	<ul style="list-style-type: none"> New Life Counselling Service is a voluntary counselling service, based in Belfast that is committed to meeting the emotional and psychological needs of children, young people, adults and families.
NSPCC	<ul style="list-style-type: none"> The NSPCC runs 180 community-based projects and the NSPCC Helpline and ChildLine in the UK and the Channel Islands. Most of its work is with children, young people and their families.
Playboard	<ul style="list-style-type: none"> PlayBoard is an agency for the development and promotion of children and young people's play in the North of Ireland. It provides a range of services designed to strengthen service delivery through advice, support, training and tailored provision.
The Place2be	<ul style="list-style-type: none"> The Place2Be is a charity that works inside schools to improve the emotional wellbeing of children, their families and the whole school community. It offers school-based counselling services to children and their parents or carers, accredited training to school staff members, and professional qualifications for those who wish to become child counsellors.
The Northern Ireland Forum for Counselling	<ul style="list-style-type: none"> NIFFCIE is a private organisation that employs counsellors to work in ten schools in the North of Ireland. It provides counselling and a range of therapies in primary, post-primary and special schools.

School visits

- 1.12. We conducted a series of five site visits to schools which were identified by the Steering Group and the Inspectorate as implementing innovative models of counselling and other therapeutic interventions in their school. Topic guides were constructed around the terms of reference, the literature and consultations with the key stakeholders. The site visits involved depth interviews with school principals, vice principals and heads of pastoral care, dependent on availability. The profiles of the schools that we visited are illustrated in Table 1.3.

Table 1.3: School visits

Location	School Type	Participant	Number of participants
Belfast	Special	Vice principals	2
Belfast	Primary	Principal and SENCO	2
Armagh	Primary	Principal	1
Omagh	Primary	Principal	1
Ballymena	Special	Director of Pastoral Care	1

Survey of primary and special schools

- 1.13. The aim of the quantitative fieldwork phase was to collect data from all the primary and special schools to ascertain the level of need for counselling services and other therapeutic interventions in schools and to identify models of good practice currently being implemented within schools. The questionnaires were sent to all principals in primary and special schools to be completed by the person with pastoral care responsibilities within the school. The response rates for each of the school types are highlighted in Table 1.4. The significance level for the primary school findings is +/- 4.6%.

Table 1.4: Primary and special school sample

School type	Sample size	Number received	Response rate
Primary	873	260	30%
Special	42	19	45%

- 1.14. As the table above illustrates, responses were received from 19 of the 42 special schools in the North of Ireland. While this represents an excellent response rate of over 40%, care should be taken in considering the findings from this sector given the low number of actual responses.¹ For this reason, all charts and tables included in this and the following sections relate to the primary sector unless otherwise stated. The findings from this research have also been matched to the Department of Education's schools database to permit further analysis by school size (enrolment), level of entitlement to Free School Meals (FSM), Education and Library Board area and whether the school is located in a rural or urban area.² Percentages may not sum to 100 due to rounding.
- 1.15. Table 1.5 compares the profile of our achieved sample to that of the population of primary schools in the North of Ireland. As can be seen, the primary schools that participated in this research are highly representative of the wider population of primary schools on these characteristics.

¹ Reminder calls were made to all special schools in order to enhance this response rate.

² Please note that 15 questionnaires were returned anonymously. Given the relatively low overall population of primary and special schools, the decision was taken to include these returns, where possible in the data set. Further analysis enabled 14 of these returns to be allocated to either the primary or the special sectors as appropriate. The results from these questionnaires have therefore been included in the overall results for primary and special schools but not in the matching exercise with existing DE data.

Table 1.5: Representativeness of our sample

Primary schools	Population (N)	Sample (n)	Population (%)	Sample (%)
Board Area				
Belfast	94	28	11	11
North Eastern	211	54	24	21
South Eastern	157	52	18	20
Southern	225	62	26	24
Western	185	50	21	19
Not known	1	14	0	5
Total	873	260	100	100
Location				
Urban	378	123	43	47
Rural	491	122	56	47
Not known	4	15	0	6
Total	873	260	100	100
Enrolment				
1 to 75	206	44	24	17
76 to 150	244	59	28	23
151 to 225	170	55	19	21
226 to 300	82	26	9	10
301 plus	170	61	19	23
Not known	1	15	0	6
Total	873	260	100	100
FSM entitlement				
0	0	34	0	13
0.1 to 10.0	212	66	24	25
10.1 to 20.0	249	61	29	23
20.1 to 30.0	119	39	14	15
30.1 to 40.0	62	17	7	7
40.1 to 50.0	37	14	4	5
50.1 to 60.0	22	9	3	3
60.1 to 100.0	15	5	2	2
Not known	157	15	18	6
Total	873	260	100	100

1.16. The remainder of this report is structured as follows:

- An overview of current policy and practice;
- The demand for interventions in primary and special schools;
- Current provision of counselling and wider therapeutic interventions;
- The future development of counselling and other interventions; and
- Conclusions.

1.17. A full list of interventions and providers identified by schools in the quantitative phase of this research is provided in Appendix A. Membership of the Steering Group for this research is presented in Appendix B and a bibliography is provided in Appendix C.

2. An overview of current policy and practice on emotional well-being in children

Introduction

2.1. This section of our report examines some of the current literature on counselling and wider therapeutic interventions. The focus of this overview is on services or initiatives which provide for emotional health and well-being in primary and special schools rather than mental health issues, and on specific interventions rather than intrinsic school-level activities which are considered to contribute positively to the emotional health and well-being of pupils, such as pastoral care and on-going SEN and CAMHS provision. This section of our report is therefore structured as follows:

- The importance of emotional well-being in children;
- Common emotional problems experienced by children;
- Interventions to enhance emotional well-being;
- The characteristics of effective interventions; and
- Conclusions.

The importance of emotional well-being in children

- 2.2. It is widely accepted that education plays a key role in enhancing life opportunities for children (United Nations Convention on Rights of the Child, 1991) and that children are less likely to fulfil their educational potential when they are experiencing significant levels of disruption in their family life and in their community.
- 2.3. The well-being and quality of life of children is of increasing importance to policymakers in the UK and beyond, particularly in light of the 2007 Unicef 'Report Card' on child well-being, which placed the UK at the bottom of a league table of 21 developed countries, based on six dimensions of children's well-being. In 2005, a Mental Health Declaration for Europe, signed by all health ministers in the member states, advocated the promotion of emotional well-being in education and addressing the specific needs of children and young people.
- 2.4. The early identification of a child with difficulties and providing necessary support may help avoid escalation into complex behavioural management cases. Early therapeutic intervention can prevent the need for more intensive intervention from for example, Child and Adolescent Mental Health Services (Bamford Review, 2006), for which there is significant demand and limited resource (DfES, 2003).
- 2.5. There is a consensus in the literature that emotional wellbeing in childhood is related to educational attainment, social development and behavioural issues in later life.

"It is now recognised that good mental and emotional health is a fundamental and underpinning component of positive health and well-being. There are strong links between the emotional well-being of children and young people and their personal, social development and academic performance." LtScotland website³

"Children's social and emotional wellbeing is important in its own right but also because it affects their physical health (both as a child and as an adult) and can determine how well they do at school. Good social, emotional and psychological health helps protect children against emotional and behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and alcohol." NICE (2008)

"Too many children and young people are unable to achieve their potential in life because of emotional and psychological problems. Furthermore, research now shows that children are forced to cope with a range of complex life issues including domestic violence, substance misuse and bullying. If these children are not supported and resources devoted to their emotional and social development, their intellectual development can

³ www.ltscotland.org.uk/healthpromotingschools/practitioners/topics/emotionalwellbeing/index.asp

also fall behind. If these problems remain unresolved, children may become de-motivated and disaffected, which could lead to their behaviour deteriorating in school.” NSPCC Position Paper (2008)

- 2.6. The prevalence of mental health problems and disorders in children and young people is greater in the North of Ireland than any other part of the United Kingdom (Bamford Review, 2006). Historically, in the North of Ireland, there has been limited “joined-up” support for vulnerable children in primary and special schools who present with a range of complex physical, social, educational, emotional and health needs.
- 2.7. However, recent Government policy and strategy has focused on driving forward new initiatives to improve educational outcomes and life opportunities for children. The Children’s Pledge Ten Year Strategy 2006-16 (OFM&DFM, 2006) sets out the Northern Ireland Executive’s targeted outcomes for children to be healthy, enjoy learning and achieving, living in safety with stability, experiencing economic and environmental well-being, contributing positively to community and living in a society which respects their rights. In effect, public authorities have a responsibility to shape services that will best deliver these outcomes for children over the next ten years. On a UK-wide basis, the Children Act 2004 is at the heart of the Government’s strategy to improve services to vulnerable children.

Common emotional problems experienced by children

- 2.8. In today’s society, children experience a number of issues that differ from those that their parents may have experienced whilst growing up. Weare & Gray (2003) highlight that contemporary children face an accelerated pace of social change where they are forced to grow up quickly, are exposed to adult ways of thinking through the media, and not always being equipped to deal with this. Moreover, children have significantly different values and attitudes, their peer groups are more powerful, there is a certain degree of social fragmentation across generations and children have little voice in the community or wider society. Weare & Gray also outline the consequent impact on teachers in the classroom, noting that these pressures on children and young people often make them more difficult to teach.
- 2.9. Stressful life events, for example, bereavement, divorce, separation, family breakdown, domestic violence, physical, emotional or sexual abuse, serious illness, alcohol and substance abuse, bullying, intimidation and sectarian violence can contribute to the development of emotional problems for children. Children who face three or more stressful life events, e.g. bereavement, divorce, serious illness, are three times more likely than other children to develop emotional and behavioural disorders. (DCSF, 2008).

“Young people talk to counsellors for a variety of reasons. Some examples include; relationship problems, domestic violence, bereavement, family conflict or breakdown, unable to sleep, stress, anxiety, bullying or having difficulty at school/work. Some young people may be self-harming or using drugs. Sometimes there may seem to be no obvious reason for the feelings a young person is experiencing.” (Burnison, 2003)

- 2.10. Counselling providers list common problems that are presented to them as:

- Bullying;
- Loss or bereavement;
- Parental illness;
- Separation and divorce;
- Low self-esteem;
- Truancy;
- Alcoholism and/or drug abuse;
- Family and peer relationships;
- Academic pressures;

- Teenage pregnancy; and
- Sexual and physical abuse.⁴

2.11. There is also evidence that there are particular problems facing some young people in the North of Ireland as a legacy of 'the Troubles', which are compounded by a perceived reluctance (particularly amongst males) to access services and a lack of accessible services. This was thought to contribute to poor engagement and academic achievement.

"Research carried out in recent years confirms that children and young people living in Northern Ireland are struggling to cope with a range of complex issues that include domestic violence, bereavement, sexual abuse, family breakdown, suicide, alcohol and illegal substance abuse and sectarian violence and intimidation. Their struggle to cope is further compounded by their reported reluctance (particularly for young males) to access professional support and the relative dearth of accessible support services that provide a pragmatic response to children and young people." Adamson et al (2006)

2.12. Research has also linked child poverty to poor emotional well-being and disengagement. Given the current economic downturn, there may well be a risk that existing issues deriving from the impact of the Troubles and social and family problems are exacerbated by the prevailing economic climate.

"Poverty is known to affect children's self-confidence and their relationships with other children. Young people living in low-income households report a stigma attached their circumstances, which impacts on school and community involvement. Children growing up in poverty are more likely to suffer from low self-esteem. In the longer-term, longitudinal datasets show a clear association between having been poor in childhood and reporting low levels of satisfaction with adult life. The stigma identified by individuals can also be an issue for entire neighbourhoods. This is problematic because community relationships have an impact on the quality of people's everyday experiences and extend beyond those living in disadvantaged communities to impact on wider society." Griggs & Walker (2008)

2.13. In its 2007 Annual Report into child poverty in the North of Ireland, Save the Children explicitly links the impact of deprivation and the recent history to emotional problems experienced by children and young people.

"A Health Promotion Agency study into the mental health and wellbeing of young people found that those in lower economic classes are more likely to worry about having enough money and about crime - particularly violence - compared to their counterparts in higher economic classes. They also tend to worry more about getting a job and about their future prospects and were less likely to be optimistic about the future. Tellingly, the suicide rate for young males living in deprived areas of Northern Ireland is nearly twice that for those living in wealthier communities. Some attribute the higher levels of stress to the legacy of the conflict in Northern Ireland, which impacted most severely on poorer areas. One health professional explains: "In some of the most deprived and fragmented sections of our society, rising levels of emotional and psychological stress among children and young people, manifesting as anxiety, depression, deliberate self-harm and escalating suicide rates are collateral damage following years of civil strife." Save the Children (2007)

Interventions to enhance emotional well-being

2.14. There are a wide range of projects, programmes and interventions underway and being developed, nationally and locally, in support of emotional well-being in schools.

⁴ www.cathchild.org.uk/family_services/counselling_school.php

Table 2.1: Recent policy to address the emotional well-being of young children across the British Isles

England	<p>The UK government launched the Every Child Matters agenda in 2003 as a new, joined-up approach to the well-being of children and young people. The Government's aim is for every child from birth to age 19, whatever their background or their circumstances, to have the support they need to:</p> <ul style="list-style-type: none"> • Be healthy. • Stay safe. • Enjoy and achieve. • Make a positive contribution. • Achieve economic well-being. <p>This means that the organisations involved with providing services to children, from hospitals and schools, to police and voluntary groups, share information and work together, to protect children and young people from harm and help them achieve what they want in life. Through ECM, children and young people will have more say about issues that affect them as individuals and collectively. As part of the ECM agenda, Targeted Mental Health in Schools (TaMHS) is a three-year pathfinder programme aimed at supporting the development of innovative models of therapeutic and holistic mental health support in schools for children and young people aged 5 to 13 at risk of, and/or experiencing, mental health problems; and their families. The programme began in April 2008 when 25 local authorities (LAs) and their corresponding Primary Care Trusts (PCTs) commenced pathfinder work. Other relevant initiatives in England include:</p> <ul style="list-style-type: none"> • Behaviour and Education Support Teams (see below). • Healthy Schools.
Scotland	<p>The Schools (Health Promotion and Nutrition) (Scotland) Act 2007 places a duty on local authorities to ensure that all of their schools are health promoting environments. A national accreditation framework with values and aims consistent with the <i>Being Well - Doing Well</i> agenda is used to support the development of health promoting schools in Scotland. For many schools the introduction of, and participation in, local accreditation/quality assurance processes has helped them to articulate the work they are already doing, to raise the profile and importance of mental and emotional well-being and to identify where action needs to be taken. The HandsOnScotland Toolkit is an online resource for anybody working with children and young people. The website is designed to help the viewer make a difference to children and young people's lives, by giving them tools to respond helpfully when the young person is troubled. The website was developed by Playfield Institute (NHS Fife) in partnership with Barnardo's and the University of Dundee. It was commissioned by HeadsUpScotland, the national project for children and young people's mental health.</p>
Wales	<p>The Welsh Assembly Government's strategy document on Childhood and Adolescent Mental Health Services (CAMHS), <i>Everybody's Business</i> (2001), set out the role that all those working with children and young people have to play in this area. It introduced a four-tier system of intervention. The term CAMHS in Wales therefore refers to everybody working with children and young people at varying levels of expertise and not only to specific specialist services or only those provided by the NHS. The majority of school staff supports the emotional health and well-being of pupils at Tier 1. The Welsh Assembly Government has published a strategy for developing school-based counselling services across Wales, supported by funding of £6.5m over three years from 2008 to 2011. The strategy produced was a response to a recommendation contained within the Children's Commissioner for Wales' Ciywch Inquiry Report and to implement one of the key actions set out in the National Service Framework for Children, Young People and Maternity Services in Wales. <i>The National Curriculum</i> and Estyn's <i>Framework for Inspecting Schools</i> place clear requirements on schools to take account of</p>

	and promote emotional health and well-being.
Republic of Ireland	The 2002 National Children's Strategy, <i>Our children - their lives</i> , established three goals – to give children a voice in matters affecting them; to better understand the lives of children; and to provide the supports and services to promote all aspects of their development. The government's Family Support Agency distributes grants in excess of €10m pa to voluntary organisations delivering counselling services to children and families.

2.15. The ten year strategy for children and young people 2006-2016 (OFMDFM, 2006) presents eight themes which should underpin actions to deliver improved outcomes for children and young people. These themes provide a useful framework for actions to improve the emotional well-being of children:

- The need to adopt a 'whole-child' approach, which gives recognition to the complex nature of children's and young people's lives;
- Working in partnership with those who provide and commission children's services, taking account of the future arrangements following the Review of Public Administration;
- Securing and harnessing the support of parents, carers and the communities in which children and young people live;
- Responding appropriately to the challenges the North of Ireland will face as a society emerging from conflict and recognising that children and young people are key to securing a more stable and peaceful future for all;
- Making a gradual shift to preventative and early intervention approaches without compromising those children and young people who currently need services most;
- Developing a culture where the views of children and young people are routinely sought in matters which impact on their lives;
- Ensuring the needs of children are fully assessed using agreed frameworks and common language and that the services they receive are based on identified needs and evidence about what works; and
- Driving towards a culture which respects and progresses the rights of the child (OFMDFM, 2006).

2.16. Pastoral care policy and practice is essential in all schools and counselling can complement this provision. The emotional health and well-being of the child or young person is at the centre of counselling services.

"Counselling as an effective intervention for children and young people in the educational context has been given more attention recently as achievement, attendance and behaviour are increasingly linked to mental health."
Pattison & Harris (2006)

2.17. DCSF (2008) considers psychological well-being not to be about "being happy all the time" but about "having resilience, self awareness, social skills and empathy required to form relationships, enjoy one's own company and deal constructively with setback.". Other sources emphasise the need to provide young people with the opportunity and space to identify and discuss the problems they face and to develop with them ways of addressing these problems.

"Counsellors do not give advice. They seek to view the problems brought to them by young people from the young person's perspectives. By providing time, confidentiality and a safe place they can help young people talk about their worries and any problems that are affecting them and to identify ways to cope." (School-based Counselling Services in Wales, 2008)

2.18. In the experience of Contact Youth, "counselling may help a young person to understand what they think, feel and do, weigh up their alternatives and options or make their own decisions and act upon them." It emphasises that "successful counselling is based on trust, self-motivation and commitment. It must therefore be a voluntary activity and is not part of the disciplinary procedure in school."⁵

⁵ www.contactyouth.org

- 2.19. Burnison (2003) describes programmes such as circle time, group bereavement counselling, anti-bullying, personal safety and anger management programmes, transition from primary to post-primary schools, friendship activities and creating a safe playground as types of interventions that are commonly deployed in schools. Table 2.2 summarises some of the different types of interventions described in the local and national literature.

Table 2.2: Summary of emotional well-being interventions in schools from the literature

Intervention	Description
Counselling	The British Association for Counselling and Psychotherapy (BACP) defines counselling as “taking place when a counsellor sees a client in a private and confidential setting to explore a difficulty the client is having” at the request of the client. Counselling is “a way of enabling choice or reducing confusion. It does not involve giving advice or directing a client to take a particular course of action”. ⁶
Curriculum-based programmes	Curriculum-based programmes in addition to PDMU (Personal Development and Mutual Understanding), particularly around emotional literacy and self esteem and often employing circle time techniques.
Peer support schemes	Peer support schemes, buddying schemes, anti-bullying schemes, peer mentoring/ peer mediation/ peer education are all at the “ <i>simplest level about making pupils feel safe and supported by other pupils within their school</i> ” and about becoming more responsible for their learning and behaviour. (Childline, 2008)
School councils	Effective school councils that meet regularly, have trained participants, consult and communicate well and evaluate annually can give elected pupils a voice to represent all pupils and improve their school.
Transition programmes	Transition programmes can be adapted to suit diverse educational settings, they can incorporate knowledge from a previous setting, track developmental progress and scaffold children supportively.
Anti-discrimination programmes	Anti-discrimination work, some stemming from legislation, can promote diversity and help schools create environments free from harassment and discrimination, informing anti-bullying and suicide prevention strategies.
Creative therapies	Art, music and play therapies have in common helping children find healthier ways of communicating, particularly those who struggle to articulate their feelings or who perhaps have English as an Additional Language. Providing a supportive environment and a relationship for promoting change and growth are crucial elements.
Nurture groups	Nurture groups, organised in small supportive classes, are a short-term intervention focusing on emotional and social development as well as progress in learning.
Awareness raising	Awareness raising through talks, presentations, assembly visits from outside agencies and support services for children.
Training	Training and development for school staff and also for parents and carers
Health promotion	Health promotion programmes

⁶ www.bacp.co.uk

- 2.20. The example below, derived from an evaluation of Behaviour and Education Support Teams (BESTs), undertaken by NfER on behalf of DfES (now DCSF) in England in 2005, illustrates the range of techniques that may be employed within one initiative.

Behaviour and Education Support Teams (BESTs)

BESTs are multi-agency teams, which bring together a range of professionals, working to support schools, families and children (aged 5 to 18) who present or are at risk of developing emotional, behavioural and/or attendance problems in England. Teams include professionals from the fields of education, social care, health and other. The focus of BEST work is identification, prevention and early intervention, to promote emotional well-being, positive behaviour and school attendance the interventions offered by BESTs ranged from individual pupil and family case work and group work with families and pupils, to whole-school interventions. Circle time sessions and parent support groups were amongst the most common forms of group work offered. Whole-school approaches focused mostly on behaviour management including guidance in devising behaviour policies and classroom management techniques. Other distinctive approaches included: outdoor pursuits activities, relaxation techniques, crime reduction sessions and a 'psychology for young people' course (a whole class lesson focusing on identifying and labelling feelings). In addition, several teams offered consultation or 'surgery' sessions to schools (and in one case to parents) during which team members were available to offer support and guidance on a range of issues including health problems and social, emotional and behavioural difficulties. (Halsey et al, 2005)

- 2.21. The NSPCC has been providing a counselling service in schools in the North of Ireland since 2000. The box below details the principles underpinning this service, the models of intervention deployed and the funding mechanisms accessed. The counselling service also links into wider support services provided by the NSPCC and other organisations in the public and voluntary sectors.

The NSPCC's Independent Schools Counselling Service

In 2000, the NSPCC established an Independent Schools Counselling Service with a view to developing and demonstrating best practice: the strategic aim was to generate evidence of effectiveness with which to influence the Government to make this service accessible to all children and young people at school in the North of Ireland. The NSPCC service is currently delivered in 49 schools across the post-primary, primary and special school sectors within the Western, South Eastern and Belfast Education and Library Board areas. The service was designed to complement existing pastoral care provision within the school by providing an independent listening ear and someone to turn to for children and young people in school, and is premised on the core principles of accessibility, confidentiality and independence. Independent schools counsellors are primarily engaged in providing one-to-one counselling support to children and young people. A number of models of service delivery exist: these include a sessional model, a referral-based cluster model and a crisis response model. The service is currently funded by a tripartite arrangement between the NSPCC, Education and Library Boards and individual schools, with funding being provided on occasion by the local Health and Social Services Trust and the Youth Justice Agency. The service operates in conjunction with other appropriate NSPCC services

including Family Support and There4me.com, an internet-based listening service, as well as a range of other services supporting children and young people within the school: these include social services, child and adolescent mental health services, education psychology, behaviour support, education welfare, special education, health promotion and others provided by the community and voluntary sector. (Adamson et al, 2006)

- 2.22. While there is a clear view that schools are important sites for intervention, given the amount of time that children spend there, it is also apparent from the literature that interventions should be adopted on a school by school basis and that schools should retain flexibility to respond to the specific needs of their pupils.

"A programme that solves one school's problems will not solve another's." (Childline, 2008)

- 2.23. While counselling is provided as an additional, specialist service, it should link closely to existing pastoral care systems within the school. Skills can be developed through counselling which are transferable to academic life and enable pupils to make personal transitions more manageable. Counsellors are also in a position to recognise at an early stage those children who are at risk, in need, vulnerable or for whom there are potential serious mental health risks.

"Counselling in schools is a specialist activity and a rapidly developing part of the schools pastoral care network. The successful completion of school life can add to a smooth transition from school to adult life. School not only allows for the acquisition of general skills that can be applied to new learning but for raising self esteem, self efficacy, social maturity and competency. This is in keeping with the emphasis on the learning for life curriculum being taught in our schools." (BACP, 2006)

- 2.24. The Bamford Review (2006), while focused on mental health and learning difficulties, recommends a multi-agency approach to tackling problems in childhood: *"partnership with other agencies will enhance the effectiveness of school-based interventions and are to be encouraged."* A number of multi-agency models are emerging in the North of Ireland, and particularly in urban areas such as Belfast and Londonderry, underpinned, in many cases, by the Department of Education's Extended Schools programme.

Children's Inter-disciplinary Schools Team (CIDS)

In 2007, school-based interventions involving multidisciplinary teams (ASCET and CIDS) were introduced to support young children in primary schools in the Belfast and South Eastern Education and Library Boards. These strategies are intended to give children and families greater access to services that will promote potential and well-being, building greater community capacity for lifelong learning opportunities. This service was launched by Belfast Health and Social Care Trust using CYPFP funding. CIDS adopts a trans-disciplinary approach. The CIDS team includes a range of specialists, including for example, speech and language therapists, occupational therapists, behaviour specialists, clinical psychologists and social workers, all of whom will work closely with nursery, primary and special schools. The Team promotes early intervention, focusing on preventative training and targets children in the 3 - 8 age group. The CIDS team works will work with children that meet the following four criteria:

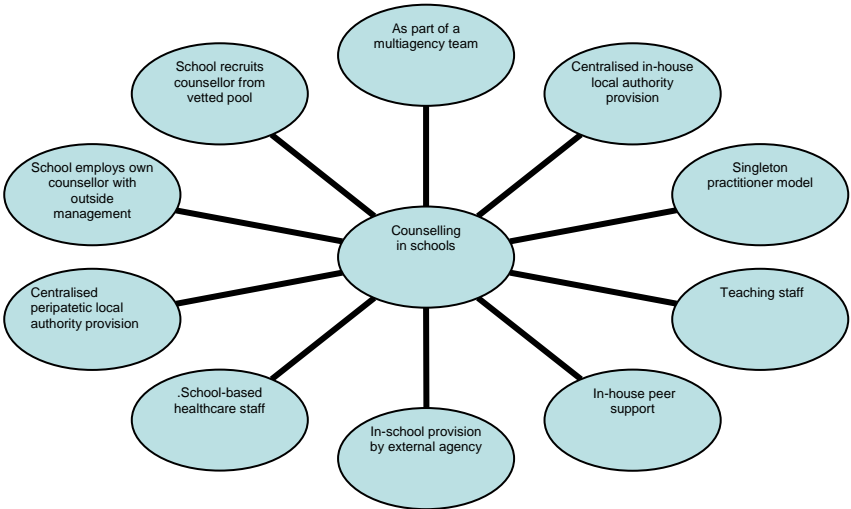
- Difficulty accessing the Curriculum;
- The child would benefit from school based intervention;
- Difficulty in at least two of the following key areas: Speech, Language and Communication Social/Emotional/Behaviour Sensory/Visual Perceptual Skills/Motor Skills; and
- The child would benefit from a time limited approach.

Possible CIDS team interventions include providing class room based support, school staff/parent training or direct therapy and advice. Following any required interventions, the team continues to monitor the outcomes for the child and school involved.

- 2.25. This initiative is primarily a DHSSPS programme and while the Trusts have engaged with the Education and Library Boards, to date, there has been little involvement of the Department of Education at a strategic level.

2.26. Research conducted by the British Association for Counselling and Psychotherapy (BACP, 2007) for the Welsh Assembly Government, aimed to evaluate UK counselling services to assess whether they are robust and flexible enough to apply throughout Wales. This research identified 12 models of intervention currently in operation across the UK, the majority of which were also established in Wales. These models are illustrated in the diagram below.

Figure 2.1: Models of counselling provision



Source: Counselling in schools: a research study into services for children and young people commissioned by the Welsh Assembly Government (BACP, 2007).

2.27. The example below provides an illustration of not only multi-agency working at the heart of a primary school but also of the importance of the immediate environment in which the intervention takes place. The University of Liverpool evaluation of the project found that A Quiet Place interventions have a significant impact on the short-term behaviour of children with emotional and behavioural difficulties.

‘A Quiet Place’ project: an evaluation of early therapeutic intervention within mainstream schools

A Quiet Place grew out of the work of the Liverpool Early Years Behaviour team, a city wide service whose brief was to support the families of children identified as having emotional and/or behavioural difficulties – usually within the context of the home environment. A Quiet Place was a natural extension of this concept, but designed to support the children and families by the provision of a room within the school or community, which provides not only holistic therapeutic support, but also an environment specifically designed to generate feelings of calm and well being. It was hoped that this would help overcome the difficulty encountered when parents do not wish to co-operate or accept the support of the team. A Quiet Place is a room within 17 primary schools on Merseyside and Croydon. It provides the base for a programme of short-term therapeutic support for children within mainstream provision experiencing behavioural and /or emotional difficulties. Based on the concept of ‘holism’, the programme works to build on existing strengths and to discover inner resources to support the individual within the context of the social, familial and educational environment. A Quiet Place has developed a system called “Educational Therapeutics” which acknowledges and works with the educational aims of the school, and offers therapeutic support from an extensive skill base in an integrated manner. It works to support the whole child (body, emotions, mind & spirit) within the context of their whole life (self, home and school). Renwick & Spalding (2002)

The characteristics of effective interventions

- 2.28. While there is a growing recognition of the need for counselling and other interventions for children and young people, particularly in the school setting, there is some evidence that the research base for the effectiveness of different forms of intervention is less developed.

"The results of this systematic review have shown counselling to be a positive, useful and effective intervention for children and young people across the full range of issues. The greater body of evidence for CBT has indicated that this form of counselling may be more effective for older children and adolescents. However, this result needs to be interpreted with some caution due to the lack of high quality research evidence published in support of other counselling approaches. Gaps in the outcome research evidence base were also identified for school related issues and research for the effectiveness of counselling for self-harming practices and self-injury such as cutting, drug and alcohol abuse, eating disorders and attempted suicide was minimal." Pattison & Harris (2006)

- 2.29. The evaluation of the counselling services provided by NSPCC in the North of Ireland (Adamson et al, 2006), found that, overall, the one-to-one independent schools counselling service is effective in improving the emotional health and wellbeing of children and young people who access the service at school. It was also found that the service is particularly effective for some groups of children and young people such as those who accessed the service identifying bullying or family separation as their primary issue. There were also a number of factors relating to service delivery which impact on effectiveness including the duration of the counselling intervention, the number of sessions missed and model of delivery.

- 2.30. The BACP research for the Welsh Assembly found that there was a general agreement that "one model won't fit all", concluding that "*current initiatives that support emotional health should complement rather than be a substitute for counselling and that a range of services are of use to young people.*" Furthermore, the CAMHS Review Final Report (DCSF, 2008) noted that:

- An accurate assessment of a child may depend more on local provision and attitudes rather than underlying needs;
- The way that a school is structured and run, and the resources that it has at its disposal have a significant impact on its capacity to promote mental health and psychological well-being; and
- There is a need for effective planning across all sectors, with an understanding of roles and responsibilities as well as resource constraints.

- 2.31. There is also an agreement that important characteristics of a school-based counselling service are an emphasis on preventative/early intervention work, easy access for young people, and independence. The counselling service in schools is a complementary service to the schools pastoral system.

"Although physically located in schools, such counselling services should be independent of schools, thus ensuring that the child's emotional and psychological problems and difficulties are dealt with separately from their educational development. Of key importance is the independence of the service whereby the independent schools counsellor is an independent advocate for the child: this is particularly important in the event of a child protection concern on which the school is not willing to take action and pass on to the relevant authority. The opportunity to use such services must be available to all children and specific communication needs, including signing and communication techniques for children with learning disabilities should be available. School counselling services must work within a multi-agency framework. They should operate alongside the school health service and the statutory and voluntary services that offer treatment and intervention, such as the child protection service, child and adolescent mental health services, sexual health clinics and family support services." (NSPCC, 2008)

2.32. The NSPCC Position Paper (2008) emphasises that ‘important initial groundwork’ is crucial for the successful implementation of a counselling or other therapeutic intervention, not least in securing the support of staff, governors, pupils and parents. Table 2.3 presents the critical success factors for a ‘whole-school approach’ to interventions according to the NSPCC.

Table 2.3: NSPCC Position paper (2008): whole-school approaches to effective school counselling and peer support schemes

Whole-school approach	Description
School ethos	The school ethos should promote listening and mutual respect.
Pastoral and curricular support	Schools counselling services and peer support schemes need to be fully integrated into pastoral support systems, and also have reference to curricular and classroom activities and other programmes of work where applicable.
Staff support	It is important that the majority of staff, including voluntary members and senior management, actively supports the scheme and service.
Clarity	Clarity is essential, about what needs the scheme and service will answer, what specific groups of pupils will be targeted, and what the scheme can and can't do.
Resources	The school needs to be aware of what resources the service and scheme will require in order to be successful.
Publicity	Both staff and pupils should be aware of the existence of the service and scheme, its scope and limits, and how to access it.
Training	Consideration needs to be given to who does the training and what it will contain.
Recruitment and selection	Consideration needs to be given to this as it is important that the peer supporters chosen are ones that the pupils would genuinely turn to. Pupils must also feel that they have ownership of the process or the scheme may not be used.
Support for the peer supporters	The peer supporters will need regular supervision with a member of staff to discuss how things are going and any problems that might arise and to pass on any concerns raised by pupils that are outside their remit. Relates to all of our work with schools not just peer support.

2.33. NICE (2008) also emphasises the importance of a whole-school approach and underlines the importance of staff commitment. These guidelines also stress the importance of staff training for internal school personnel and the use of appropriately qualified external personnel. Likewise, Mentality (2003) highlights the importance of integrated, whole school approaches that combine changes to school culture, staff morale, pupil, family and community involvement. Methods such as peer education, input on problem-solving skills, the development of social skills and the school environment are identified as being more effective than taking single topic-based approaches to improving emotional well-being.

2.34. In an assessment of the structural changes to counselling provision in schools in England and Wales, Jenkins & Polat (2006) identify a number of new challenges.

“This restructuring of services will present a number of major challenges to the position of counselling within the new structures. These challenges, which include pressure on therapeutic confidentiality via information-sharing protocols, a marked shift towards working in multi-agency teams and a consequent redefinition of professional role boundaries.” Jenkins & Polat (2006)

2.35. While their research identified a number of clear benefits for both pupils and schools, including the enhancement of the school as a community, a number of issues were raised in relation to:

- A potential conflict with the primarily educational ethos of the school;
- Effective resourcing in terms of both finance and staffing;
- Issues relating to the management of the service; and
- The communication and co-ordination of confidential information.

Conclusions

- 2.36. This section of the report has presented a brief overview of current policy and practice in relation to emotional well-being amongst children and young people. It has highlighted the growing importance of well-being in Government policy in the UK and beyond, based on a recognition of the importance of children's positive mental health for personal and social development and academic performance. Early intervention is also viewed as important in order to avoid deeper problems later in life.
- 2.37. The literature identifies a number of issues which may face children and young people at various points in their life, including bullying; bereavement; family break up; low self-esteem; academic pressures and abuse. There is also some evidence that some children in the North of Ireland may experience particular issues due to the legacy of 'The Troubles'.
- 2.38. Recent policy initiatives across the UK and the Republic of Ireland have moved towards an holistic view of a child's needs, deploying multi-agency teams in many cases to meet these needs. It is frequently recognised in the literature and policy documents that the school is the ideal location for such interventions, given its familiarity to pupils and the significant proportion of their lives that they spend there.
- 2.39. It is clear, however, that counselling or other interventions, while closely linked to pastoral care programmes in schools, are primarily voluntary activities undertaken in a safe and confidential space. A wide range of such interventions are identified in the literature and there is evidently some degree of overlap between these interventions and 'pure' counselling. Initiatives include: group bereavement counselling; anger management programmes; friendship activities; school councils; creative therapies; and nurture groups.
- 2.40. Research has identified a number of different models of intervention in schools, including single practitioner models; teaching staff, peer support; school-based healthcare staff and centralised 'peripatetic' provision. Despite this variety in provision, several principles have emerged from the literature which underpin effective interventions. These include:
- Flexibility in relation to the needs of the pupil and of the school;
 - Early intervention may help prevent problems from exacerbating in later life;
 - School ethos and culture is vital, particularly in terms of staff commitment and support;
 - Children and young people should be able to access the services quickly and discreetly;
 - Independence and confidentiality are key concerns; and
 - The preparatory stage in advance of the implementation of any intervention should not be neglected.

3. The demand for interventions in primary and special schools

Introduction

3.1. This section of the report examines the perceived level of demand for counselling and wider therapeutic interventions in primary and special schools in the North of Ireland, based on the findings from the stakeholder consultation and from our survey of primary and special schools. It is structured as follows:

- Perceived level of need;
- Variations in level of need across schools;
- Specific issues encountered by schools;
- Barriers to meeting these needs; and
- Conclusions.

3.2. As noted previously, responses were received from 19 of the 42 special schools in the North of Ireland. While this represents an excellent response rate of over 40%, care should be taken in considering the findings from this sector given the low number of actual responses. For this reason, all charts and tables included in this and the following sections relate to the primary sector unless otherwise stated.

Perceived level of need

3.3. There was consensus among stakeholders that there is a substantial level of need for counselling services and therapeutic interventions in special and primary schools in the North of Ireland, and this need is growing. Providers and other relevant organisations attributed the increasing level of demand to a number of factors, including changes in the environment in which young people grow up, perceived higher levels of certain forms of special educational needs, and, not least, a growing awareness of the importance of a holistic approach to children’s well-being and of the linkages between well-being and attainment on the part of schools.

Figure 3.1: Stakeholders’ perceptions of factors leading to increased demand for counselling and therapeutic services



Source: PwC stakeholder interviews

3.4. Other stakeholders highlighted that the emotional needs of young people with disabilities, including those in special schools are often overlooked.

“There is a huge need particularly for young people who are struggling with the issue of disability, not just growing up and being adolescent but also having some kind of label around being disabled, means that they could have huge emotional issues - that requires support.” Stakeholder (Contact Youth)

3.5. In some cases, this was related to a growing awareness on the part of schools of the importance of emotional well-being. There was a common view that demand is currently outstripping supply and that those organisations providing counselling and other interventions sometimes lacked the capacity to respond to these needs. The roll-out of counselling services to all post-primary schools was also thought to have impacted on the capacity of providers to respond to demand in primary and special schools.

“The more emotionally literate schools become, the more aware they are that it is useful to have a professional who is independent and who is available for the children... Wherever we go we find there is still a greater need for the service than children are able to access.” Stakeholder (Cabrini Schools Counselling)

“In our experience there is a high level of need in primary and special schools. We frequently are contacted by both primary and special schools requesting our service but because of our limited capacity obviously we can’t always say ‘yes’. You find yourself saying ‘no’, and sometimes that is very difficult because you know there are children who need support yet aren’t getting it.” Stakeholder (NSPCC)

3.6. There was also widespread agreement amongst the schools that responded to our survey that there is a demand for counselling and other therapeutic interventions on their sites. However, only a third overall (35%) of schools that participated in our research reported that such interventions were already in place.

Table 3.1: Perceived need for intervention and current provision

School Type	Need for intervention (%)	Intervention in place (%)
Primary schools	85	34
Special schools	95	63

Source: PwC Survey of primary and special schools, 2009.
Please note that, for special schools, n=19 and that caution should therefore be taken in interpreting these results.

3.7. Overall, the level of need identified by schools varied, although two thirds (66%) of the primary schools which participated in this research reported that up to 10% of their pupils required some form of intervention and one in ten (9%) estimating that more than a fifth of their pupils have a need for further assistance. This would suggest that across the North of Ireland, there is a relatively high level of demand for additional intervention. One in ten (9%) primary schools stated that there was no such need. The mean value recorded is 11%.

Table 3.2: Percentage of pupils requiring counselling services or other therapeutic interventions

Percentage	Primary (%)
More than 30	5
26-30	2
21-25	2
16-20	5
11-15	6
6-10	20
1-5	46
0	9
Not answered	7
Total	100%

*Source: PwC Survey of primary schools, 2009

- 3.8. Seven out of ten participating primary schools also reported that they had pupils experiencing issues relating to their emotional well-being who also had additional special educational needs, and a fifth had pupils in this group with English as an Additional Language (EAL).
- 3.9. Special schools tended to state that a higher proportion of their enrolment requires counselling or other intervention, with just over half suggesting that a fifth or more of their pupils needed additional assistance in relation to emotional well-being. A third of participating special schools reported that they had pupils with EAL in this group. Care should be taken in interpreting these figures, however, given the low base for this population.

Variations in level of need across schools

3.10. There is also some evidence of variations in the level of need reported by participating schools. Primary schools in urban areas were more likely to state that there was a need for intervention than schools in rural areas, as were larger schools. Primary schools in the North Eastern Education and Library Board area were less likely to state that there was a need for intervention than those in other Board areas (75% compared to 85% of schools overall). Surprisingly, there was no real difference in schools by levels of entitlement to Free School Meals (FSM) with the exception of those primary schools with no pupils entitled to FSM (69%) though this may be due to the low bases in each FSM banding and the fact that two thirds of the participating schools had FSM entitlement levels of 10% or less. The table below illustrates the variations in reported need by location and enrolment numbers.

Table 3.3: Reported level of demand in primary schools by location and size

Location	Urban (%)		Rural (%)			Total (%)
Need for counselling/other therapeutic interventions	94		75			85
Enrolment	1-75 (%)	76-150 (%)	151-225 (%)	226-300 (%)	301+ (%)	Total (%)
Need for counselling/other therapeutic interventions	66	76	93	89	98	85

*Source: PwC Survey of primary schools, 2009

** Please note that 15 questionnaires were returned anonymously and therefore could not be matched to school size.

- 3.11. The following case study, derived from one of the schools that we visited, illustrates some of the challenges experienced by a primary school in a deprived urban area.

Case Study 1: Edenbrooke Primary School: provision in an urban primary school with experience of community unrest

School Context

With an enrolment of 182, 56% of Edenbrooke Primary School's pupils are eligible for Free School Meals and almost 60% are on the Special Needs register. In the last 15 years the school has educated children against a backdrop of community traumas such as the Shankill bombing of 1993 and the loyalist feuds of 2000 and 2002. These feuds in particular impacted pupil behaviour and prompted the school to seek the provision of a counselling service, from Barnardo's in the first instance.

"In September 2000, it was as if you'd transplanted total chaos into the school. Basically, as teachers, we were unable to deal with the complexities of the issues that were faced. Staff spent many, many days... being a social worker, housing officer, linking with politicians and people in the community... There were over 300 families that were misplaced or had to go out... at that point that we could get absolutely no help... On a day-to-day basis, we did not know how to deal with these violent outbursts by children, very withdrawn children, the aggressive incidents, I mean the violence was horrendous, and it was in the classrooms... this was endemic. It just so happened that in those classes were the children of the leaders of both sets of paramilitaries and in those classes were children whose parents had been killed. We ended up getting help from Barnardo's and the Community Foundation."

Future development of counselling services and wider therapeutic interventions

The school's continuous use of the NSPCC's counselling service for the last eight years has been funded at different times by the Belfast Education and Library Board, the Department for Social Development and more recently as part of the school's Extended Schools Programme. Whilst New Life Counselling has also assisted, at times in the past providing play, drama, art and music therapies; the ongoing NSPCC provision primarily takes the form of one-to-one counselling, delivering four sessions in the half day available each week. The counsellor has also worked with parents and with groups of pupils and has discussed friendship and transition issues with a whole class. The school's SENCO maintains links with outside agencies and communicates with the counsellor every week. The issues addressed include bereavement (following parent and pupil deaths), parental misuse of drugs and alcohol, friendship, transition and domestic violence. School staff have identified clear benefits from counselling on a range of measures.

"We found the [counselling] service so valuable that when the funding ceased, we kept it on ourselves and have continued to... we want the service extended, not decreased... We did notice our school's attendance has improved and violent incidents have reduced, along with parent complaints as well... counselling has resulted in a much more settled school, good peer relationships, good parent/teacher relationships and improved results."

Future development of counselling services and wider therapeutic interventions

The school's principal strongly believes that funding to schools should be increased in accordance with the assessed level of need in an area, and principals should be given the freedom to spend this core budget as they see fit. It was also stated that the provision of regulated counselling in schools would help reduce the risk to parents and children of poorly qualified individuals who establish themselves as counsellors in the community.

"It is only the people who work within the school that actually have both the knowledge and expertise to know what is needed... we have had to spend our money on special needs provision, on counselling funding because that was what this school needed... you can't fund schools all the same... in an area like this there should be a huge increase in budget, as there is in England, for a school sitting in a socially deprived area."

Emotional well-being issues encountered by schools

- 3.12. The stakeholder organisations interviewed in the course of this research included representatives from the statutory, voluntary and community sectors. Their services range from offering advice on policy and legislation to the delivery of counselling services and therapeutic interventions to children and young people in all school phases and sectors. The range of issues addressed by these organisations includes those presented in Table 3.4.

Table 3.4: Issues addressed by providers

Issues addressed by providers	
• Drug and alcohol issues	• Trans-generational trauma
• Withdrawal	• School work/achievement
• Behaviour	• Family
• Relationships	• Anger
• Bereavement	• Self esteem
• Abuse e.g. physical and sexual	• Relationships (peers)
• Bullying	• Eating disorders
• Self-harming	• Suicidal thoughts
• Obsessive-Compulsive Disorder	• Asperger's syndrome
• Emotional well-being	• Community tensions
• Domestic violence	• Developmental problems e.g. social, communication and motor problems
• Family illness	

- 3.13. When asked about the specific issues requiring intervention, primary school respondents suggested that the main well-being issues were: anger management, friendship and peer relationships; bereavement and bullying. These specific issues were more likely to be cited by schools in urban contexts. Table 3.5 illustrates the issues provided by respondents. It is clear that, in the eyes of respondents, family issues such as substance misuse by parents; violence in the home; and parental separation or divorce are the source of a large proportion of problems for primary school children. However, almost one in ten (8%) respondents stated that there were no issues affecting pupils in their schools.
- 3.14. Special schools tended to report more issues that needed to be addressed by counselling than primary schools, particularly in regard to anger management, violence in the home, sexual abuse and bullying. Care should be taken in interpreting the results for special schools, however, given the low base for this population.

Table 3.5: Issues that need to be addressed by counselling services and other therapeutic interventions

Issue	Primary (%)
Anger management	71
Anxiety over academic performance	24
Bereavement	59
Bullying	44
Community tensions	12
Eating disorders	12
Friendship/peer issues	62
Parental substance misuse	25
Sexual abuse	13
Transition issues (between schools)	30
Transition issues (between countries/cultures)	14
Violence in the home	34
Parental separation/divorce	9
Other family issues	4
Other	9
There are no issues	8
Not answered	5

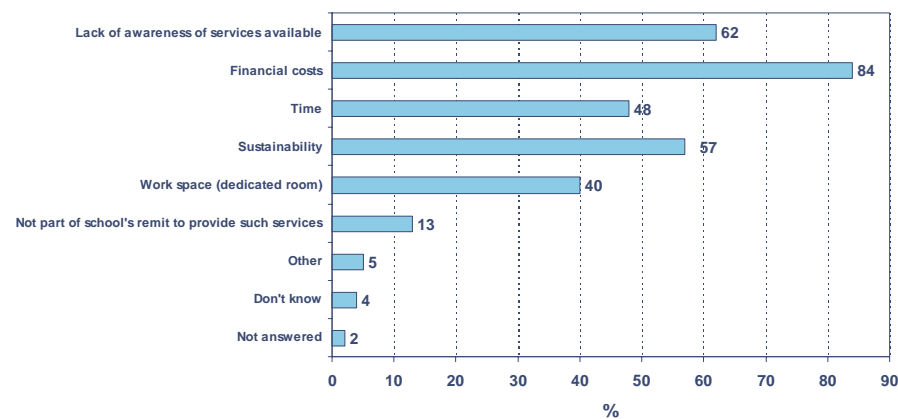
*Source: PwC Survey of primary schools, 2009

Barriers to meeting these needs

3.15. Overall, funding was identified as the main barrier to implementing interventions across both primary and special schools. This was also true for schools that had implemented interventions and those that had not (the specific implementation obstacles encountered by schools are considered in more detail in the section which follows). A majority of respondents stated that “financial costs” as an obstacle to developing or improving interventions (84% of primary and 90% of special schools). Other barriers identified also related to resources in terms of the sustainability of interventions, time and the provision of dedicated counselling space.

Figure: 3.2: Barriers to developing or improving counselling services and other therapeutic interventions (primary schools)

In your view, what are the barriers preventing schools from developing or improving counselling service(s)/other therapeutic intervention(s)?



N= 260 (Primary schools)

3.16. Not surprisingly, “lack of awareness of services” was more of an issue for primary than special schools (62% compared to 53%).

3.17. There was also a rather substantial minority (13%) of respondents that suggested that it was not within the school's remit to provide such interventions. Several respondents noted that there may be specific issues in introducing counselling in small rural schools:

“There is a fear of losing children in small rural school depending on every child for survival. For many families, privacy is impossible to guarantee, confidentiality is virtually non-existent; and anonymity is not practical. Parental fears of identification of difference or “failings” are real and tangible.” (Survey respondent)

Case Study 2: Provision in a small rural primary school - The Cope Primary School, SELB

School Context

The Cope is a rural primary school with an enrolment of 135 pupils. The school has no SEN pupils but does have a small number of EAL pupils. The emotional needs of EAL pupils are deemed to be well catered for as, by and large, they come from close knit, family-oriented communities. The school is not perceived to have a high degree of need for external interventions. The experienced staff work together and feel confident dealing with the everyday needs that arise, given their understanding of the small local community. However, the school is aware of the need for additional support on the occurrence of specific, infrequent incidents such as bereavement.

“At the moment the level of need is not too high, thankfully we have been able to address it in-house. When we were experiencing [issues that required intervention the Board’s behavioural team was almost like a quick injection of support to the child.”

Models of counselling services and wider therapeutic interventions in schools

The main form of intervention is class teacher interaction with pupils on a day-to-day basis. The principal monitors pupils’ academic progress and emotional well-being on a weekly basis via an assessment procedure stored by class teachers on the school’s computer network. Twice in recent years the principal has referred children to the Southern Education and Library Board’s Pupil Personal Development Team. These children received counselling and were provided with a helpline number to access subsequent support if required. Whilst very effective in some instances, it was thought that there are limits to the support the Board can offer.

“The Board did say they weren’t in a position to access information to me because they didn’t feel they were trained [in that specific area] at that time... I definitely would have needed somebody specially trained and qualified to help me.”

“We also have a ‘come and tell’ box where children are encouraged to leave a note in the box if they feel they can’t tell a teacher. Early intervention is vital... it gives pupils confidence and the environment necessary to support their learning.”

Future development of counselling services and wider therapeutic interventions

It is considered unlikely that an external provider would be routinely utilised in the school as:

- Those external to the school may be unaware of the school’s context;
- The effectiveness is dependant upon the personality of the individual counsellor; and
- The school is not faced with the same range or degree of emotional problems that may beset some larger urban schools in areas of greater social deprivation.

The school would however appreciate a flexible service with a great depth and breadth of knowledge which could potentially be accessed, via the school, by pupils in a timely manner to provide early intervention. Any such service could provide specific expertise and reassurance to support principals willing and able to deliver the pupil intervention themselves.

“I think personality is very important because certain children will open up to certain personalities (and staff as well) so I wouldn’t buy in to something from outside without getting to know the counsellor first, to know whether I would trust them in the school with the children, to know whether the children would open up to (the counsellor).”

“It’s understanding our school setup – although we’re covering the same curriculum as the bigger towns’ primary schools, we do not have the same problems as they might do. I don’t think all schools have the same problems... somebody who is coming with experience of a different setup may not fit into our setup, they would have to get to know where we’re coming from.”

Conclusions

- 3.18. It appears, from the stakeholder consultation and from the findings from our survey, that there is a high level of need for counselling and wider therapeutic interventions in primary and special schools in the North of Ireland. The majority of schools reported a need for interventions (85% of primary and 95% of special schools) yet, in the case of primary schools, only a third of participants in this research stated that they receive additional assistance.

Schools also suggested that they had pupils with additional SEN or EAL needs who required further help in regard to emotional well-being. It also appears that the perceived level of need may be greater in special schools.

- 3.19. Larger primary schools and those in urban areas were more likely to state that there was a need for intervention in their school. Whilst the impact of the Troubles is evidently not restricted to urban areas, the case study of an inner city primary school illustrates some of the challenges experienced by schools in deprived urban areas. While rural, smaller schools are, in all likelihood, better placed to deliver more targeted pastoral care, there may be a risk that additional help is not sought in close-knit communities due to the fear of 'labelling'. Confidentiality issues and other potential obstacles to the implementation of counselling initiatives from the perspective of schools with such services are discussed in further detail in the section which follows.
- 3.20. Emotional needs identified related to, in the main, anger management; peer issues; bereavement and bullying. However, taken together, family- or home background-related problems account for a substantial proportion of the problems described. Respondents from special schools were more likely to identify a wider range of issues, with bullying, violence in the home and sexual abuse cited more frequently than in primary schools. As already noted, however, while almost half of all special schools in the North of Ireland participated in this research, this equates to a relatively low base of 19.
- 3.21. For all schools, regardless of whether any initiatives had been introduced, direct financial costs and related resource issues such as staff time and dedicated counselling space, presented barriers to implementation. Almost two-thirds, however, of primary schools cited a lack of awareness of available services as an obstacle to introducing additional help for pupils.

4. Current provision of counselling and wider therapeutic interventions

Introduction

4.1. This section of the report examines the existing models of counselling and wider therapeutic interventions in primary and special schools in the North of Ireland, based on the findings from the stakeholder consultation and from our survey of primary and special schools. The quantitative findings in this section are based on the responses from the 87 primary schools that responded to our survey that have implemented some form of intervention in their organisation, equating to approximately a third of all participating primary and special schools (35%). It is structured as follows:

- Current forms of counselling and wider therapeutic interventions;
- Managing interventions in primary and special schools;
- The effectiveness of interventions; and
- Conclusions.

Current forms of counselling and wider therapeutic interventions

Characteristics of schools with interventions

4.2. As noted in the preceding section, schools in urban areas were more likely to report a demand for counselling and therapeutic interventions than schools in rural areas. It is also the case that primary schools in urban locations were more likely to report that such interventions had been implemented within their establishments. There is also a variation in levels of intervention by Board area, with 57% of schools in the Belfast Education and Library Board Area reporting that they had introduced additional assistance for pupils. These results should be considered with some degree of caution, however, given that there were 28 responses to our survey from the BELB area.

Table 4.1: Implementation of interventions in primary schools by location

Location (Urban/rural)	Urban (%)		Rural (%)		Total (%)	
Yes, there are counselling/other therapeutic interventions in my school	47		16		34	
n=	123		122		245	
Location (ELB)	BELB (%)	NEELB (%)	SEELB (%)	SELB (%)	WELB (%)	Total (%)
Yes, there are counselling/other therapeutic interventions in my school	57	26	33	21	36	34
n=	28	54	52	62	50	246

*Source: PwC Survey of primary and special schools, 2009

Rationale for implementing interventions

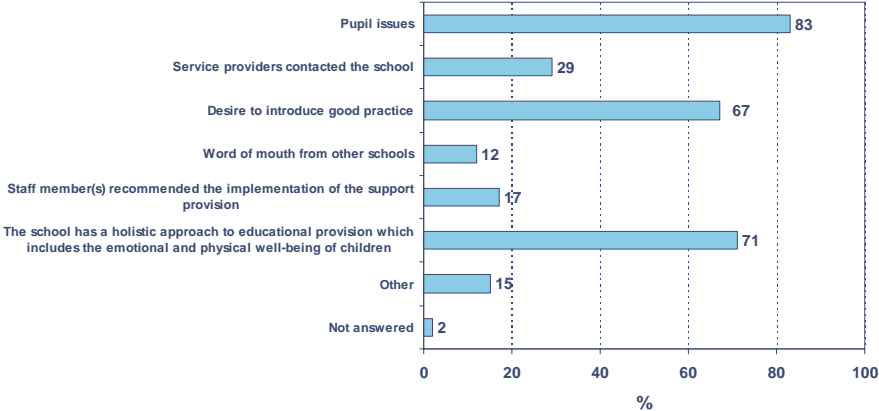
4.3. According to the stakeholder organisations that participated in this research, many of whom are providers, service implementation is frequently demand-led, with most often schools, but on occasion, parents, pupils, GPs and other agencies, requesting counselling and therapeutic interventions. In other instances, the Department of Education or the relevant Education and Library Boards instigated the offer of services. In some cases, this was attributed to a lack of capacity within the school.

"The schools feel that they are not equipped to deal with this, in terms of skills but also in terms of time, because obviously their primary focus has to be education and they are under pressure to meet educational targets. Schools feel they could spend a lot of their time on these issues which detach them from their teaching role."
Stakeholder (Barnardo's)

4.4. Responses to our survey of primary schools suggest that interventions are, indeed, primarily prompted by demand, but also, in response to a greater awareness on the part of schools of the need for a holistic approach to all aspects of a child's well-being and a desire to introduce good practice in this regard within a school setting. Almost a third (29%) of schools stated that they had been contacted in the first instance by a provider, which underlines our previous finding that a lack of awareness of services available acts as a barrier to schools requiring support.

Figure 4.1: Reasons for introducing counselling or other therapeutic services

What prompted the introduction of counselling services/other therapeutic intervention initiatives within your school?



N= 87 (Primary schools)

Range and type of services

4.5. The stakeholder organisations that participated in this research provide a variety of counselling and other services, ranging from art and craft therapy, through coping skills to filial therapy. Counselling services are available in a number of modes, from one-to-one work to whole class interventions. Many of the providers offer a range of support services outside the school setting, such as family and drop-in centres.

Table 4.2: Services provided by stakeholders

Counselling services	Wider therapeutic interventions	Other support services
• One-to-one	• Art and craft therapy	• Emotional development work
• Small groups	• Story-telling	• Parent support
• Group work	• Relaxation therapy	• Teacher training and awareness raising
• Whole class circle time	• Coping skills	• Family support
• Telephone counselling	• Promoting self confidence	• Community development
	• Cognitive behavioural therapy	• Family centre
	• Psychodynamic therapy	• Lobbying government and other agencies
	• Creative therapy	• Peer support programme
	• Drama therapy	• Drop-in services
	• Play therapy	• Advice on and delivery of aspects of school curriculum
	• Music therapy	• Clinical supervision of school counsellors
	• Filial therapy	• Psycho-education
	• Therapeutic story writing	• Advice on school policy writing e.g. on bereavement
	• Role play	

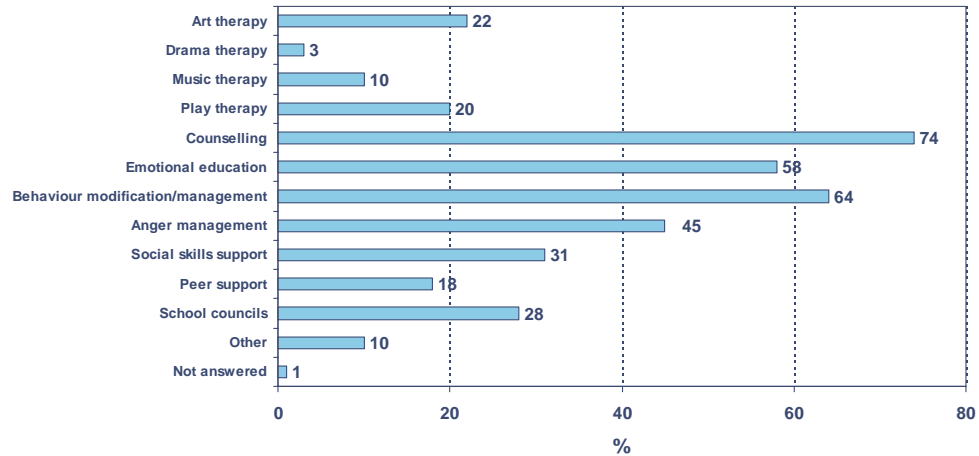
4.6. Providers and other stakeholders emphasised, however, that the main intervention for all of the stakeholders remains one-to-one counselling. Other, more innovative, models welcomed by stakeholders included teacher consultation which involves helping children access support through their classroom teacher through appropriate classroom management and problem-solving strategies. Other interventions which were highlighted as beneficial by stakeholders include:

- Positive Parenting;
- Fit for Play;
- Positive Playground
- Playquest; and
- The Place2Be.

4.7. The main form of intervention in the primary schools participating in this research was counselling, with three quarters of schools that had introduced some form of intervention stating that this was a service offered. Behaviour modification or management services have been introduced in two thirds of schools with interventions. Linked to this, 45% of primary schools reported anger management interventions, the key intervention need identified in the previous section of this report. A full list of these interventions, alongside the relevant providers of each, is provided in Appendix A of this report.

Figure 4.2: Services provided in primary schools

What type(s) of services are provided by the counselling services/other therapeutic interventions within the school?



N= 87 (Primary schools)

- 4.8. One respondent to our survey described in detail their school's response to peer-related issues and children's uncertainties around the transition at age 11. Much of the success of the initiatives in place in this school are attributed to the ethos of the school.

"At the moment this school does not avail of any external counselling or other therapeutic interventions apart from Pyramid Plus Clubs (Barnardo's), which work with our eight and nine year old pupils on issues of self-esteem, friendships and bullying. Pupils in their final year also attend Pyramid Plus Transition Clubs dealing with issues around the move to post-primary schools and the concerns that most pupils feel at this time. Clearly there are times when all pupils need a little extra support and we aim to provide such assistance through established programmes operating in the school. Circle Time, Golden Child and Golden Time all contribute to the support offered to the children. A warm, supportive and inclusive atmosphere within the school will provide significant levels of support to the children. There can be times when individual children may need specific levels of support beyond those which the school is able to provide but to date I do not feel that such occasions have arisen. When and if they do, I would have every confidence that the Board's Educational Psychology Service and Educational Welfare Service would be able to provide the school with the necessary guidance and signpost appropriate agencies." (Survey respondent)

- 4.9. The table below illustrates the range of needs targeted by the five most common type of intervention in primary schools participating in our survey. It demonstrates that one intervention type may be used to address a number of issues and pupil needs.

Table 4.3: Interventions by type of need in primary schools

Need	Intervention type				
	Counselling	Emotional education about e.g. feelings	Behaviour modification/management	Anger management	Social skills support
Anger management	✓✓✓✓	✓✓	✓✓✓✓	✓✓✓✓	✓✓✓✓
Anxiety over academic performance	✓✓	✓	✓✓	✓✓	✓✓
Bereavement	✓✓✓✓	✓✓✓	✓✓✓✓	✓✓✓✓	✓✓✓✓
Bullying	✓✓✓	✓✓	✓✓✓	✓✓✓	✓✓✓
Community tensions	✓	✓	✓	✓✓	✓✓
Eating disorders	✓✓	✓✓	✓✓	✓✓	✓✓
Friendship/peer relationships	✓✓✓	✓✓✓✓	✓✓✓✓	✓✓✓✓	✓✓✓✓
Parental substance misuse	✓✓	✓✓	✓✓	✓✓✓	✓✓
Sexual abuse	✓✓	✓✓	✓✓	✓✓	✓
Transition issues (between schools)	✓✓	✓✓	✓✓	✓✓	✓✓✓
Transition issues (between countries/cultures)	✓	✓	✓	✓✓	✓
Violence in the home	✓✓✓	✓✓✓	✓✓✓	✓✓✓	✓✓✓
Parental separation / divorce	✓	✓	✓	✓	✓
Other family issues	✓	✓	✓	✓	✓
Other	✓	✓	✓	✓	✓
Base	72	54	65	44	32

✓ = 24% or less of schools with this intervention type, ✓✓ = 49% or less, ✓✓✓ = 74% or less, ✓✓✓✓ = more than 75% of schools with this intervention type

Nature of interventions

- 4.10. Currently organisations offering counselling and therapeutic interventions utilise a range of models and resources. Almost all providers participating in this research provide one-to-one interventions in addition to group work according to the child's circumstances. The stakeholders interviewed employ between three and 19 counsellors in providing services for two to 21 primary and special schools (this figure rises to 225 schools if the Independent Counselling Service for Schools' provision to the post-primary sector is included). The minimum number of sessions offered to special and primary schools by stakeholders is three per week whilst other organisations can deliver 15 sessions per week to a school where they work for two days per week.
- 4.11. In the vast majority of cases, schools do make a dedicated room available for the purpose of counselling or other intervention albeit that the room is often a multi-purpose space shared with other agencies. The service provider will often demand such a space as part of their contract with the school. The case study below describes some of the interventions deployed in a large special school visited by the study team.

Case Study 3: Provision in a large special school: Castle Tower School, NEELB

School Context

Castle Tower was formed in September 2007 by the amalgamation of three special schools in Ballymena. It educates children aged between three and 19. Pupils' learning difficulties range from moderate to profound, with some having physical disabilities. All the school's pupils have a statement of educational needs and what is perceived to be a relatively high proportion are looked after children (12%). The principal has identified a high level of need for attention to pupils' emotional health and well-being. This has been addressed with input from social services and referrals to CAMHS doctors and psychologists and the Health Trust's Challenging Behaviour Service. The school's in-house counselling service brings a more detached, objective view of pupils' needs than might be afforded by teachers who work closely with pupils in small classes. Specific circumstances giving rise to a need for counselling include bereavement, family relationships and there is an increasing number of children on the autistic spectrum, identified as requiring specific help. There have additionally been rare occasions of self-harm and attempted suicide. The school counsellor has recently seen a small number of primary aged pupils but the majority of referrals are adolescents.

"Children who are bereaved will deal with it in many ways. Children with learning difficulties who are bereaved are maybe not in a position to talk to anybody else therefore they bottle it up and it can manifest itself in maybe a deterioration in their work, maybe a lethargy, maybe non-attendance and occasionally, sadly as well, childish behaviour and a cry for help."

Models of counselling services and wider therapeutic interventions in schools

Aromatherapy has proved to be a successful intervention for very troubled and difficult young people but, along with counselling, art and music therapies, can only be funded for one day each week. For all these services there is a shortfall in provision and there are always waiting lists when staff refer pupils. In discussions with larger counselling providers, difficulties, restrictions and financial issues led the school to wait until separate funding became available to appoint a suitably qualified independent counsellor. Only pupils with appropriate intellectual capacity and communication skills are referred to the counsellor who conducts eight half hour sessions each day; on average meeting with each pupil for eight weekly sessions. The counsellor has raised awareness of the service by contributing to staff development days. Teachers also explain the service to pupils in class and through leaflets for parents and pupils. Whilst there have been some parent referrals, it is thought less likely that pupils will self refer although this is a stated objective. The confidential counselling service takes the form of one-to-one discussions and the counsellor meets with the pastoral care director on a weekly basis. Teachers perceive their pupils to be working better and to be less agitated, particularly immediately after a counselling session and for the rest of that day and the next day. With aromatherapy, the difference in demeanour is often instantaneous and dramatic, but not necessarily very long-lasting.

Future development of counselling services and wider therapeutic interventions

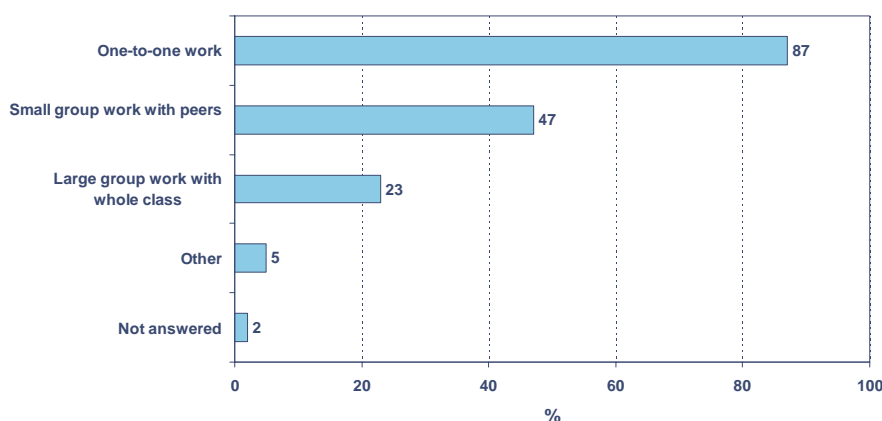
The long-term funding of the counselling service is seen as crucial since the short term provision that has been available on a year by year basis has resulted in uncertainty for the pupils and the counsellor. When planning referrals and waiting lists, this uncertainty has affected the service provided as the school is unsure whether there would be a continuity of provision.

"Really we could do with a counsellor five days a week. Anything that benefits the pupils, that makes them feel calmer, more secure, more content, and safer, has a 'knock-on' effect, which without a doubt supports the staff... When a child has just been really upset and nobody who works with them on a regular basis is able to get through, the counsellor undoubtedly has helped them."

- 4.12. The findings of the stakeholder consultation phase are corroborated by the responses to the primary school survey, with the vast majority of participants (87%) reporting that services are provided on a one-to-one basis. There is a significant level, however, of small group work, and almost a quarter of schools suggested that the interventions were undertaken on a whole class basis.

Figure 4.3: Nature of services provided in primary schools

What is the nature of the counselling service(s)/other therapeutic intervention(s) provided in your school?



N= 87 (Primary schools)

- 4.13. The average number of sessions provided in primary schools is 2.7 per week. The table below illustrates how these sessions are delivered by personnel and by session type. It is apparent that learning support assistants currently play a key role in delivering both one-to-one and group sessions in schools.

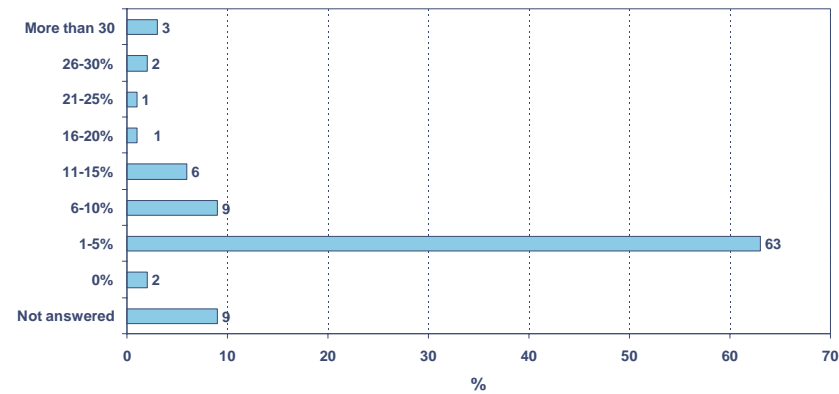
Table 4.4: Staff dealing with emotional well-being issues in primary schools (mean values)

	Staff numbers	Number of one-to-one sessions	Number of group sessions
Dedicated external counsellors/therapists	1.52	3.60	1.68
Dedicated learning support assistants	1.76	4.88	4.08
Dedicated teaching staff available to pupils for counselling or other therapeutic interventions	1.21	2.24	2.27

- 4.14. In approximately two thirds of participating primary schools, up to 5% of pupils receive some form of additional support. In the majority of schools, interventions are offered to all year groups.

Figure 4.4: Proportion of pupils receiving counselling or other intervention

Approximately what percentage of pupils in your school currently receive counselling services/other therapeutic interventions?



4.15. The table below illustrates the level of contact between primary schools and selected statutory and voluntary bodies. Primary schools reported the highest level of contact with NSPCC and Barnardo's as voluntary organisations.

Table 4.5: Scale of contact with selected external organisations

	Low (%)	Medium (%)	High (%)	n=
Statutory				
Health services e.g. GP	87	10	2	63
School Health Service	44	45	10	71
Social Services	29	48	21	77
Education Welfare Service	35	31	31	77
Educational psychology	21	34	42	83
Youth Service	96	-	4	23
Voluntary				
NSPCC	58	27	11	45
Barnardo's	53	22	17	36
Contact Youth	96	-	4	26
New Life	83	13	4	24

4.16. Other voluntary organisations cited included the Northern Ireland Music Therapy Trust, Action for Children and Chance for Change.

Managing interventions in primary and special schools

Communicating the intervention to pupils, parents and staff

4.17. Stakeholders reported that awareness of their services is raised amongst pupils through posters and leaflets being on display in the schools, or in some instances through information given at a school assembly, class work or letters sent to parents.

4.18. In our survey, respondents raised awareness of the availability of interventions in a range of ways, but primarily through personal contact and face-to-face meetings. For school staff, the communication is often led by the SENCO but could involve presentations from the providers. Details of the provision are also often circulated in staff bulletins or memos. For pupils, the existence and nature of interventions is often raised in one-to-one conversations but also in assembly or in lessons. Schools inform parents through letters and leaflets to the home but also through direct contact.

Table 4:6: Methods of raising awareness of interventions

How is the provision of counselling and other therapeutic inventions in primary schools communicated to staff, pupils and parents?	Staff (%)	Pupils (%)	Parents (%)
Advertising (i.e. posters, leaflets)	17	32	28
Correspondence (i.e. letters)	3	7	28
Personal contact/meetings	59	58	44
Staff training/development	17	-	-
Newsletters/notice boards	-	-	28
Other	8	9	15

Referral

4.19. Some special school and primary school pupils can currently access services via self-referral (by post box or at a drop-in service); however, in many schools, access is gained through parents, teachers or the headmaster.

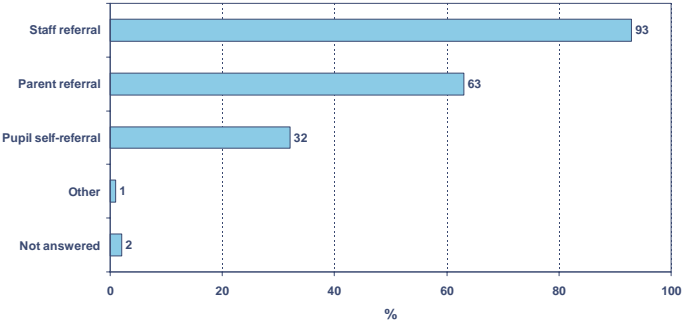
“The school wants to prioritise and that is a sore point. We have a link teacher in every school who is designated as the counsellor’s link person to talk to every week, and that person is the one who screens the referrals, either from teachers or parents, children can’t self-refer unfortunately.” Stakeholder (Cabrini Schools Counselling)

“There is a post box for self-referral. Pupils can also phone through to the helpline if they don’t want to be identified in school and they can phone the helpline, and decide if they want to see the school counsellor or be seen outside school.” Stakeholder (Contact Youth)

4.20. Participating primary schools suggested that staff referral was the main means of accessing these services, with almost all (93%) stating that individual cases were addressed in this way. Pupil self-referral was reported by a third of primaries.

Figure 4.5: Access to counselling services

How do pupils access the counselling service(s)/other therapeutic intervention(s) in your school?



N= 87 (Primary schools)

- 4.21. The case study opposite illustrates a number of approaches to referral within a special school in the Belfast Education and Library Board area.

Case Study 4: Provision in a special school: Cedar Lodge School, BELB

School Context

Cedar Lodge is a special school that educates children aged between four and 16 who have medical disabilities. Emotional and behavioural issues constitute the greatest part of the volume of issues demanding counselling, with the specific issue of bereavement presenting the most acutely felt deficit in counselling provision. For the last four years, the school has accessed funds that allow them to engage the NSPCC counselling service for one day per week. Children attending special school are perceived to have additional needs for counselling, for example, to address social isolation as a result of being taken out of their community in the 'yellow bus' to be educated elsewhere. Non-compliance with regard to taking medication was also identified as an important issue.

"We felt there were growing emotional problems - not educational problems. Teachers are here to teach... but we are sometimes the only place that can offer the child support on a regular basis. The age of pupils accessing counselling is getting lower and lower."

Models of counselling services and wider therapeutic interventions in schools

The counselling service has been available to all pupils in the school for four years. A post-box is available for pupils to request counselling though, in practice most referrals are made by the vice principal following discussions with teachers, pupils and parents. Good communication and relationships between the counsellor, teachers, parents and the pupil are viewed as vital for the success of the counselling service to date. The school is very pleased with the results the counsellor has achieved and the processes employed. In addition to positive feedback communicated by pupils and parents, the effectiveness of the services provided by the school has been evidenced by an increase in the proportion of classes that individual pupils have been able to attend. The counsellor's interventions with some pupils whose behaviour previously had necessitated separation from the rest of the class, has resulted in those pupils being able to access a greater proportion of the curriculum.

"When a child has behavioural problems they can have time out with a teacher. The interventions (from the counsellor, classroom assistant, occupational therapist) have meant the school is a lot calmer – a child who was out of the room for most of last year, now is in the class practically all of the time. This allows the teacher to teach."

On average, pupils avail of the service for six to ten weekly sessions and the counsellor maintains strict confidentiality (though clearly would deal with child protection issues in accordance with the school's policies). The degree of independence has been important to pupils who often are more willing to address issues relevant to them when engaging with an adult who is perceived to be one step removed from the school's core staff. Pupils at Cedar Lodge can access the services of a wide range of (health-related) professionals and thus staff do not perceive that there is any issue of stigma or 'labelling' acting as a disincentive to pupils contemplating accessing the service. The main problem, therefore, in delivering the service is simply in managing the demand for counselling with the limited funding that is available to the school.

Future development of counselling services and wider therapeutic interventions

Cedar Lodge would like to expand the counselling and other therapeutic services they offer. The increasing incidence of younger children presenting with mental health and other issues increases the demand for services provided by the co-ordination of several interventions.

"We should be able to choose [which counselling service] we want to go with rather than being told ... we want to feel we are valued as a school. It's also important that counsellors know what it is like to deal with our pupils. The problems are starting a lot younger, we maybe do need more ... we are seeing an awful lot more mental health issues which we as teachers are not able to deal with."

4.22. Approximately half of the organisations interviewed also refer children to specialist services such as CAHMS, mental health providers, or, more commonly to GPs. Others stated that the school, family or GP will make any referrals to specialist services where necessary.

“In certain areas we would have very good relationships with CAMHS, and we could phone them up and talk through a case anonymously, and they may accept an emergency referral from us but mostly we would have to work through the GPs like all other services do, to get a referral through to CAMHS.” Stakeholder (Contact Youth)

“We work in partnership with the parent and the school; at this point, the parent or the school will usually make the referral.” Stakeholder (ASCET)

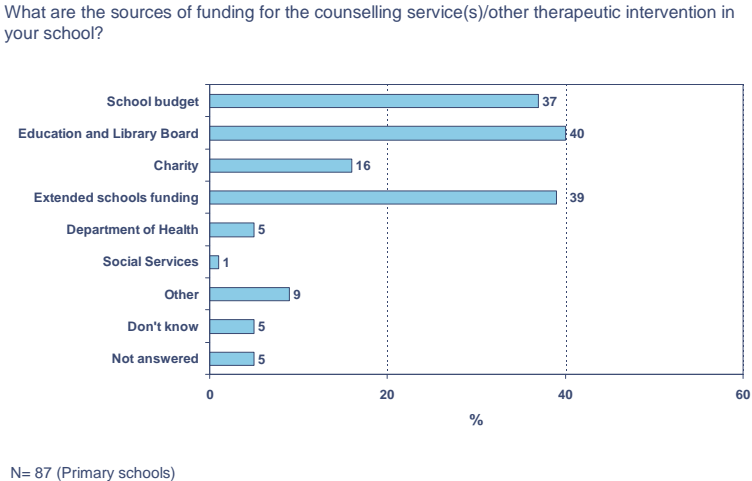
4.23. With regard to the disclosure of information divulged by pupils to those providing counselling or therapeutic interventions, stakeholders adhere to the schools’ existing policies by communicating any issues pertinent to child protection.

“Our policy would adhere to the normal child protection safeguarding issues of the school; that would be the expectation of BACP and our members. One of the pieces of research I’m currently involved with is looking at how counsellors work with other professionals. It is becoming apparent from this project that counsellors are increasingly working with other colleagues in schools and sharing appropriate information, of course, only with the consent of the young people concerned. They are no longer holding their case list firmly to their chest; instead they are conferring with school nurses, teaching staff and colleagues from other agencies. This is done without breaking the confidentiality of the content of what is discussed in counselling, and hence maintains the relationship of trust they have with their clients.” Stakeholder (BACP)

Funding

4.24. Two fifths of respondents to our survey reporting interventions stated that funding for their interventions was provided through their Education and Library Board. Similar proportions cited the school budget and Extended Schools funding as sources (37% and 39% of respondents respectively).

Figure 4.6: Sources of funding



4.25. Several participants in the stakeholder phase of the research emphasised the need for sustainable, long-term funding, suggesting that short-term interventions may be even be detrimental to pupils. This was echoed by many respondents to our survey.

"It is very difficult delivering a counselling service with limited and short-term funding. When a service is getting near to the end of the financial year, it needs, ethically, to be warning clients that the service may be ending - the case load needs to wind-down. This can be very difficult and often this can do more harm than good, because you have raised the school's expectations, children's expectations, staff' expectations, and parents' expectations." Stakeholder (BACP)

"We were fortunate to have been involved in the Early Intervention in Schools program along with five other North/West Belfast Schools. This allowed for time to access resources and therapies, funding for training and to bring the therapies into school. This lasted two years and just as the scheme was up and running with counselling training, staff training, complimentary Art, Play and Music Therapies and day release for the coordinator etc, the funding was withdrawn and the project finished. This was a very effective use of resources in the schools that managed it well. It encouraged an amalgamation of resources - Health Action Zone, Psychologists, Psychoanalysts, H&SS Trust and local schools. We found it to have had a huge impact in our school, with the result that the Play Therapy, counselling, Social Skills/Anger Management/behaviour groups, School Council, Barnardo's Club are all ongoing and we actively seek out alternative approaches to promoting pupil health and well-being. Lack of support through limited and unsustainable funding and appropriate resourcing is our main concern. On the whole, we have found parents and pupils keen for this support to continue. It would be extremely beneficial to have ring-marked funding for these interventions." (Survey respondent)

- 4.26. Place2Be also highlighted the way in which multi-agency funding operates in many areas in England and Wales, noting the involvement of other statutory agencies such as family services and the police.

[In England and Wales where The Place2Be operate on a large scale], "The schools pay 50% of the cost, the cost [of at least 2½ days per week] is £28,000 a year, so the schools pay 50% of that and then we form a steering group locally, and we will look at other statutory funding that is available, so health, education, children and family services and police will make up the remaining 50%, and they are a very vital part in so many ways". Stakeholder (The Place2Be)

Issues with implementing interventions

- 4.27. There was a consensus among stakeholders that the primary constraints upon schools in the development of counselling and therapeutic services relate to resources available, in terms of available finance, time and designated rooms. These issues generate capacity problems and may result in waiting lists.

"Very often what we can provide doesn't meet the need that's there. Often there are waiting lists in some schools where children may be waiting longer than we would like them to be, i.e. children may be waiting for a term before they can see somebody. Statutory funding would be the major constraint. I know that from discussions with principals, they would say to us that they would love us to be in there three days in the week, not one." Stakeholder (NSPCC)

- 4.28. There is a growing understanding of emotional health and increasingly schools are aware of the benefits of counselling and therapeutic interventions. There are however still occasions where communication between school staff and counsellors could be improved, in particular where the service provider is contracted only for a small number of sessions. A small number of stakeholders identified other areas of potential difficulty being relationships between the stakeholder's staff and those of the school. This may be the case where issues of confidentiality arise or where the school's staff does not see the service provided as a priority due to their focus on academic achievement or the implementation of numerous initiatives within the curriculum. Some schools noted issues with multi-agency working.

"Ensuring that the proper procedures were introduced according to the service level agreement from the providers emphasising the fact that this is a total professional and confidential service." (Survey respondent)

"Difficulties experienced around issues of inter-agency liaison with the school. We are sometimes "left in the dark", although this situation is improving." (Survey respondent)

- 4.29. It has been suggested that these issues could be reduced with training for school staff to increase awareness of the services available and how they work. There is also a perception that the success of the services delivered is impacted by the degree of flexibility and control given to individual schools in determining the nature of the service that is appropriate for their context.

"I think schools are not sufficiently involved in the decisions that local authorities and central government make, people often say, 'This is what we need to provide for schools', and I think schools are the experts of what is best for their school. Once they have decided that this is the service they need, then they should be supported by local authorities and statutory agencies, and given the funds to actually have that service delivered in their school, they really are the experts on their children and their parents, and community." Stakeholder (The Place2Be)

"There are probably some principals who don't see the benefit; they wouldn't embrace it because they don't have that kind of ethos. In my experience they are becoming less and less." Stakeholder (NSPCC)

- 4.30. Service providers were also aware of some pupils being self-conscious about using the service as they fear being stigmatised by other pupils. It was suggested that the branding and/or logo attached to the counselling or therapeutic service provided can have an impact on the acceptability of the service amongst pupils and parents.

"I think there needs to be real training for staff about what a counsellor is and what a counsellor isn't and I think it needs to be delivered appropriately. I think that that can be a barrier as well for the use of the service; some people can be very suspicious. I think there needs to be an educational programme for staff and an educational programme for parents in relation to this and I think it needs to be clearly thought out, and there needs to be good materials produced in relation to it." Stakeholder (Family Works)

"The only thing that the school would say is that it takes children away from whatever their education time would be, and the other thing is, some young people do feel a bit like they get labelled in school because they are seeing a school counsellor, so they would be very concerned about confidentiality and some would choose not to see a counsellor in school for that reason." Stakeholder (Contact Youth)

- 4.31. Participating schools stated that the availability of funding was the main issue encountered when implementing an intervention in their establishment. Many primary schools (39%) utilised Extended Schools funding to provide counselling or other services, noting that, without this additional money, it would be difficult to introduce these services.

"Financial support is the biggest issue. Extended Schools money was great but sometime in 2008 we lost that resource. To maintain the service we will have to use our budget." (Survey respondent)

"Our counselling service only began a few months ago. One of the greatest difficulties is identifying funding for the service. Without Extended Schools we could not have run the service." (Survey respondent)

"Accessing specialist help has been difficult. Funding has also been a major issue. We are also not in a position to monitor the provision as confidentiality is a big issue. Other than observable behaviours from the children, we really don't know if it's working or if it's value for money." (Survey respondent)

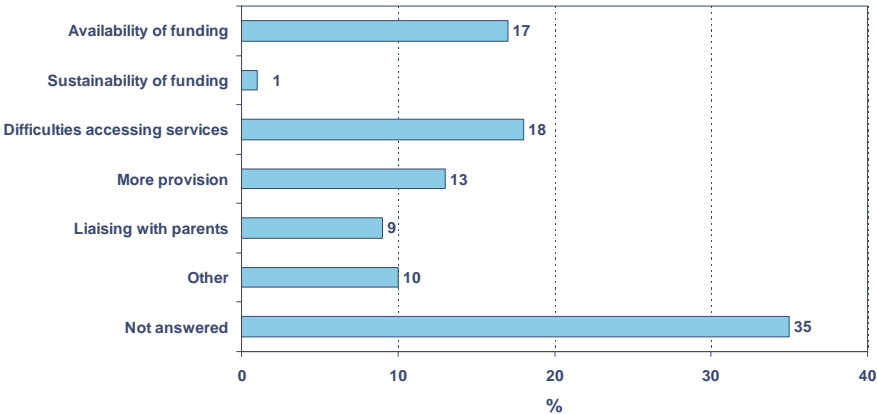
"For Extended Schools, it is difficult to change the action plan or funding as needs arise and progress." (Survey respondent)

4.32. Primary schools also reported difficulties in accessing appropriate services and introducing sufficient levels of provision to meet demand. Some respondents stated that it took considerable time to research the range of interventions available to gauge their suitability.

“Requests for counselling services exceeded what we could supply - there is a huge demand for this type of intervention in this locality.” (Survey respondent)

Figure 4.7: Implementation issues

Could you please describe specific issues, if any, that you experienced when implementing this/these services/interventions in your school?



N= 87 (Primary)

4.33. Maintaining confidentiality and gaining the trust of both pupils and parents was also cited by many schools in the ‘other’ category. It was also suggested by several respondents that some teachers do not appreciate pupils being withdrawn from the classroom.

“Staff are wary about referring children in case of comeback from parents. It takes a lot of my personal time discussing issues with parents.” (Survey respondent)

“Getting teachers and parents enthused is a big issue. Teachers will talk about intervention but when having to refer- that’s a different matter. It’s difficult to find time for feedback.” (Survey respondent)

“Securing appropriate high quality counselling services. Convincing parents that this is a support mechanism offered by the school for the benefit of the child and family.” (Survey respondent)

“Initial reluctance of pupils to use the services.” (Survey respondent)

“Time, space, and some teachers’ resentment at having specific children out of the classroom.” (Survey respondent)

4.34. Several schools suggested that capacity was a significant obstacle, given the level of demand, particularly in regard to the difficulties in providing services for children with other special educational needs or disabilities.

"The number of children who requested the service via parents greatly exceeded the number of spaces available. Due to service issues, we could not provide the service to all children. There is a wide range of issues - bereavement, parental separation and unrest at home being the main causes of emotional distress amongst children. There is a lack of educational psychology time to address these." (Survey respondent)

"Time, funding, high degree of expertise required for pupils with severe learning difficulties not available outside the school context." (Survey respondent)

- 4.35. Adequate space is an issue for some schools though most special and primary schools currently participating in facilitating counselling and therapeutic services were described as offering valuable support since they have already made a commitment to the provision in terms of their buying in the service.

"Whilst there is not always the ideal accommodation, all schools are quite prepared to negotiate around that to kind of accommodate us in whatever way they can. That is a very fundamental requirement; we have a room that is set aside from the work. In terms of arrangements for pupil access, allocating time, I really haven't encountered any difficulty in that area. Schools understand that children need a discreet way of accessing the service." Stakeholder (Barnardo's)

"What I would say to every primary school is they must have a separate room, it cannot be in a classroom, it can't be in the backroom store, it must also be child protection friendly, there must be a window in it but I would be asking every single school, "make this lovely", because those children who are going to come into this room are going to have issues, they really are." Stakeholder (NIFFCIE)

- 4.36. Our research demonstrated that there was no standard qualification whilst all practitioners had some relevant qualification. The minimum qualification demanded by some organisations is a diploma in counselling whilst other service providers require a Masters level qualification and up to 150 hours of supervised clinical practice. The practitioners come from a variety of professional backgrounds, a number have experience and training from a related profession.

"A school project manager, who is a paid employee in a school, needs to be qualified as a therapist and counsellor with extensive experience in engaging and working with children. Our counsellors who volunteer need to be at least in their second year of training, or they have come through our own foundation course. 30% however are qualified and value the structure and work with children." Stakeholder (The Place2Be)⁷

"It is crucial that they do have that experience of direct work and to date we don't actually have a dedicated children's counselling training in Northern Ireland, we don't have child psychotherapy or child or adolescent counselling training, they need to have a diploma in counselling because that is all that is available to us at the moment, but they also need significant experience in direct therapeutic work with children, and maybe with adults too, certainly with children directly. It is a complicated area because it is not that there is a direct training that links into child counselling." Stakeholder (Barnardo's)

"We require a minimum of a diploma in counselling but then on top of that, we require some further training in work with children. In some cases people have trained either as a child psychotherapist or as an art therapist. I have got people who are qualified teachers, paediatric nurses, social workers, and then they have gone on and done the therapeutic training in addition, so we ask for fairly high qualifications." Stakeholder (Cabrini Schools Counselling)

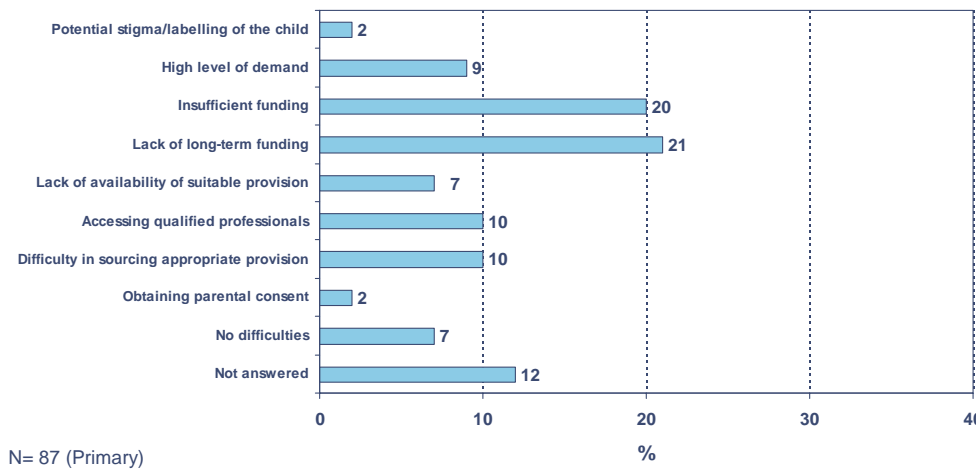
- 4.37. Overall, the main difficulties in implementing counselling or other interventions, relate to funding issues (see Figure 4.8), both in terms of accessing long-term funding and in relation to actual levels of funding. Schools also cited difficulties in accessing appropriate provision and suitably qualified practitioners. Figure 4.8 illustrates the

⁷ Please note that Place2Be and the Cabrini Schools Counselling operate in England.

top ranked difficulties in implementation. When the three rankings are combined, the three factors most commonly cited were: a lack of long-term funding; insufficient funding; and a high level of demand.

Figure 4.8: Difficulties encountered in providing the intervention

From your experience, could you please rank the top three difficulties (with 1 being the main difficulty) associated with providing a counselling service/other therapeutic intervention for pupils in your school? RANK: 1



- 4.38. Our research shows that the majority of providers routinely carry out formal evaluations of the service they provide. This may be in the form of gathering feedback from pupils, parents and (school) staff, sometimes via a Strengths and Difficulties Questionnaire or a child outcome rating scale.

"We have very clear expectations around good practice for working with vulnerable children including recording, so our practitioners all adhere to those in terms of the information that they are expected to hold on file regarding the child in addition they also have monthly supervision with their manager who has oversight of their files.. In relation to reviewing on a six weekly basis a practitioner is required to review with the service user to ensure they remain involved in the decisions regarding the focus of the work." Stakeholder (NSPCC)

- 4.39. The following paragraphs present the perceptions of the providers and schools that participated in this research in regard to the effectiveness of counselling and other interventions.

The effectiveness of interventions

- 4.40. Stakeholders reported increasing demand for their services, positive feedback from pupils and principals in schools and a continued and growing commitment of schools to buy in the services.

"The principals are seeing benefits and attaching their feedback comments to specific children who at point of referral were behaving in this way or responding in this way, but after the counselling they notice all the changes, the positive changes to the child; schools are seeing the benefit on the ground." Stakeholder (Barnardo's)

"It is quite extraordinary how successful it is... we do send out a questionnaire every year to teachers so that they can feedback to us. We really get the most extraordinary, positive feedback from everyone and I think the fact that they continue to prioritise, even when they're having so many other demands... suggests to me that it is very successful." Stakeholder (Cabrini Schools Counselling)

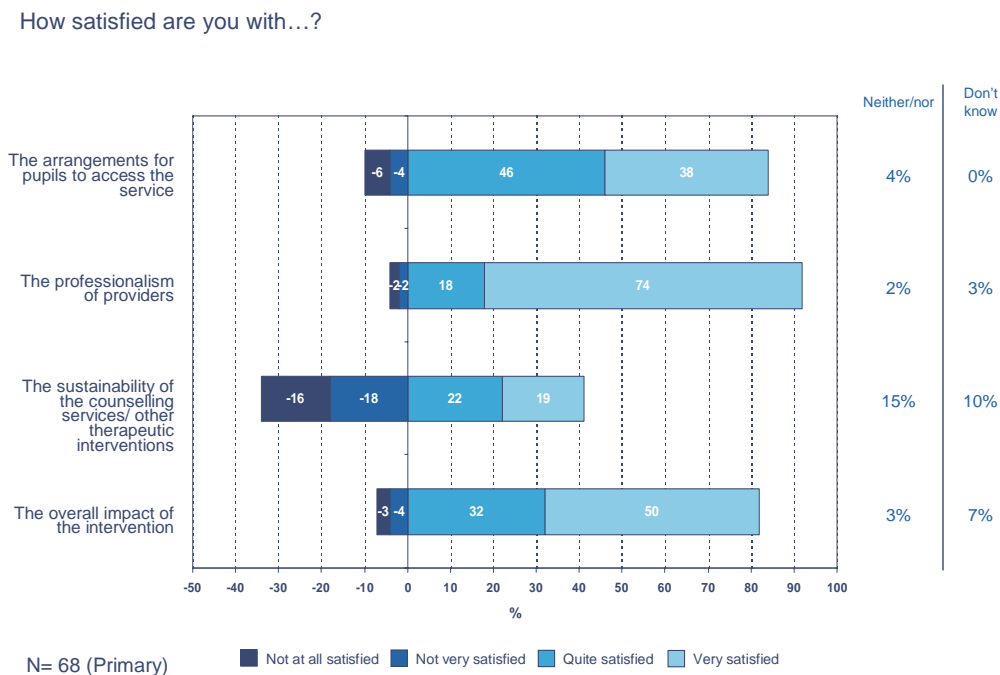
“Schools are becoming increasingly accepting of having counsellors in them, now they have been able to see the benefits and the quick positive turnaround when supporting children and young people. We know schools view [it] as a cost-effective service.” Stakeholder (BACP)

4.41. According to stakeholders, whilst the service is designed to benefit the child, there are also potential advantages for school staff, particularly in relation to behavioural problems and disruption in the classroom, and, indeed, society in general. These benefits included:

- For pupils: improved attitudes, performance, attendance, social skills and self-control;
- For teachers: reduced stress, decreased level of disruption in the classroom, and access to specialist knowledge of counsellors; and
- For society: reduction in longer-term costs of disruptive and challenging behaviour through early intervention.

4.42. Overall, participating schools stated that they were satisfied with the outcomes of the interventions in their schools. Figure 4.10 below demonstrates that four fifths are satisfied with the impact of the programme while almost all were satisfied with the professionalism of the individual providers. In most cases, these responses related to generic counselling services, with some relating to specific forms of intervention such as bereavement or anger management.

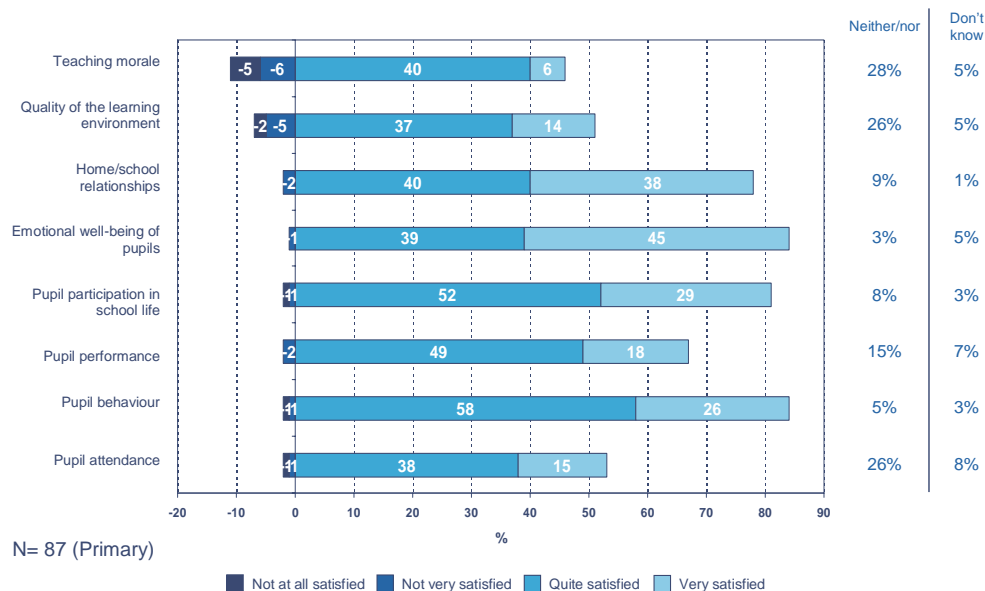
Figure 4.9: Satisfaction with aspects of counselling and wider therapeutic services



4.43. A third, however, expressed concerns with the sustainability of the interventions in their school. In terms of specific outcomes, many schools stated that the interventions had had a positive impact on a number of dimensions, including the emotional well-being of pupils (84%), pupil behaviour (84%), and pupil participation in school life (81%). Approximately two thirds of respondents also thought that the interventions have had a positive impact on pupil performance.

Figure 4.10: Effectiveness of counselling and wider therapeutic services

In your view, how effective have the interventions in your school been in raising the level of...?



4.44. Overall, two fifths (38%) of respondents stated that the intervention was 'very successful' in their school and, further, almost a half (46%) stated that it had been 'quite successful'. Verbatim responses from survey respondents also emphasise the positive benefits of counselling and other interventions.

"Although we have only had this service for a relatively short time, it has made a huge impact on our school. So many of our children are struggling in school because of issues relative to outside school. These counselling sessions have given pupils another source of support and assistance which they so badly need." (Survey respondent)

"All research supports the value of early intervention. Both primary schools and all levels within special sector would benefit significantly from the support available not only from counselling but also from the significant impact therapies such as Music Therapy have on the emotional well-being of children and young people. It has to be seen to be believed." (Survey respondent)

4.45. It is beyond the scope of this research to evaluate the effectiveness of individual types of intervention, as our focus has been on describing the landscape of counselling and therapeutic interventions in primary and special schools here. Indeed, an analysis of the effectiveness of specific interventions is problematic for a number of reasons:

- **This research is a one-off 'snap shot in time' of interventions** – an analysis of the impact of individual interventions would require a longitudinal approach and pupil tracking over time. Indeed, participants repeatedly stressed the need for long-term, sustainable interventions to help meet pupils' needs;
- **It is clear that there are variations in the level and type of need across schools in the North of Ireland** and that, in many cases, effective interventions were thought to be those that met the specific needs of the school and pupil context. What works in one school may not therefore be appropriate in another and both schools and providers noted the importance of flexibility in implementation;

- **There is a spectrum of initiatives encompassed by each intervention** from the informal to the formal and with varying levels of accreditation, making direct comparisons difficult. In some cases, schools may provide more than one intervention, or combine different types of intervention in one session;
- Our research has demonstrated that **different types of interventions are used to address a range of pupil needs** - counselling, anger management, emotional education, and social skills, for example, are all employed to address bereavement and/or friendship and peer relationship issues;
- **The depth and breadth of provision**, for example the number of sessions available, varies across schools; and
- Given **the number of primary and special schools** in the North of Ireland, the sample sizes are necessarily small. While our response rate of 30% for primary schools is very encouraging for a postal survey, only a third of participating schools had implemented interventions – making robust analysis at the intervention level problematic.

4.46. It is however possible to assess the effectiveness of interventions on a range of pupil factors or measures based on the available evidence. The table below demonstrates that counselling, for example, is perceived to be more effective in terms of the emotional well-being of pupils and on pupil behaviour than teaching morale and the quality of the learning environment – though these factors, should, in the long-term be interlinked. It is important, however, and particularly in light of the base sizes and the other reasons noted in paragraph 4.46, that comparisons are **not** drawn between the different types of interventions in Table 4.7. Indeed, overall, when respondents rated whether the interventions were successful or not, there was no significant difference by intervention type.

Table 4.7: Effectiveness of interventions on a range of measures

	Counselling (%)	Emotional education (%)	Behaviour modification/ Management (%)	Anger management (%)	Social skills support (%)	Overall (%)
Teaching morale	46	56	51	52	44	46
Quality of the learning environment	47	52	55	52	50	51
Home/school relationships	78	83	82	82	75	78
Emotional well-being of pupils	83	89	88	84	78	84
Pupil participation in school life	79	85	88	84	81	81
Pupil performance	68	70	72	73	69	67
Pupil behaviour	82	89	88	89	81	84
Pupil attendance	51	56	49	57	47	53
<i>Base</i>	72	54	65	44	32	98

Conclusions

- 4.47. This section of the report has explored the current provision of counselling and other therapeutic interventions in primary and special schools in the North of Ireland. Overall, approximately a third of respondents to our survey reported that some form of intervention had been implemented in their school. Primary schools in urban areas and larger schools are more likely to offer such services.
- 4.48. The main motivating factor for schools to provide additional assistance is, not surprisingly, the level of pupil-related issues in the school, however, many schools also stated that they were driven by a desire to implement good practice on their sites – in line with the stakeholder view that schools are becoming increasingly aware of the importance of emotional literacy and well-being. A substantial proportion suggested that they had been contacted by providers in the first instance, which links to our earlier finding that a lack of awareness of the services and of the help available forms a barrier to schools wishing to offer counselling and other services.

- 4.49. The providers that we spoke to offered a wide range of interventions, from art and craft therapy, through story-telling, relaxation therapy and play therapy. The schools in our survey that had implemented interventions offer counselling (74%), behaviour management (64%), emotional education (58%), anger management (45%), social skills support (31%) and art and play therapy (22% and 20% respectively) amongst other services. A full range of services and providers is presented in Appendix 1.
- 4.50. The majority of schools offer one-to-one sessions, but also some group and whole-class work. In two thirds of schools, up to 5% of pupils avail of these services. They had varying levels of contact with statutory and voluntary agencies, with over a third stating that they had a high level of contact with the Education Welfare Service and two fifths with a high level of contact with Educational Psychology services. On the voluntary sector side, almost a fifth of schools with interventions (17%) reported a high level of contact with Barnardo's and one in ten (11%) reported a similar level of contact with the NSPCC.
- 4.51. The main form of dissemination of information about the intervention is through personal contact, such as staff training days or, for pupils, through assemblies, lessons and one-to-one sessions. Letters and leaflets are often sent home to parents and individual needs are discussed with families on a case-by-case basis. In the main, staff were responsible for referrals, however, a third of participating primaries suggested that they facilitated self-referral by pupils.
- 4.52. The main sources of funding for interventions were the relevant Education and Library Boards and schools' budgets, often drawing on additional monies made available through the Extended Schools programme. Funding was identified as one of the main obstacles encountered when schools attempted to introduce counselling and other services, both in terms of meeting demand and of the sustainability of provision. Indeed, it was suggested by some stakeholders that short-term initiatives (restricted by a lack of funding) may do more harm than good by raising expectations while only providing a short burst of support. Other potential issues included:
- The relationship between school staff and counsellors;
 - The ethos of the school;
 - Establishing confidentiality and building trust between staff, pupils and parents; and
 - Ensuring a dedicated space for the interventions to take place.
- 4.53. Overall, schools were very positive in relation to the effectiveness of interventions on their site, with 84% stating that these were very or quite successful. Many schools also suggested that the interventions had had a positive impact on a number of dimensions, including the emotional well-being of pupils (84%), pupil behaviour (84%), and pupil participation in school life (81%). Approximately two thirds of respondents also thought that the interventions have had a positive impact on pupil performance.

5. The future development of interventions in primary and special schools in the North of Ireland

Introduction

5.1. This section of the report examines the ways in which stakeholders and the schools participating in the survey would like to see counselling and wider therapeutic interventions in primary and special schools in the North of Ireland develop in the future. It is structured as follows:

- Meeting the growing demand for intervention;
- Developing the relationship between schools and other agencies;
- Ensuring the supply of suitably qualified practitioners;
- Focusing on the financial sustainability of interventions; and
- Conclusions.

Meeting the growing demand for intervention

5.2. In Section 3 of this report, we considered the level of demand for counselling and other therapeutic interventions as reported by providers and schools participating in this research. The quantitative phase of this research demonstrated, for example, that while 85% of primary schools which responded to our survey stated that there was a need for intervention amongst their pupils, only 34% of schools had implemented such programmes. There was also a clear view, as discussed in the previous section, that even those schools that have introduced counselling and other services struggle to meet demand. Stakeholders reiterated the need to provide greater assistance in special schools and to ensure that there is some flexibility in implementations, emphasising that schools should be able to select and tailor interventions to their specific requirements.

5.3. Evidence from our research suggests stakeholders view priorities for future development as including the offering of a self-referral system for one-to-one counselling being available to all children and that every school should have professional therapeutic support from properly qualified staff. There was a perception amongst some providers that services should be developed in an organic way to allow greater flexibility to tailor support to the needs of children. Other key priorities included a flexible approach to counselling in specific circumstances of bereavement and suicide.

“With the special school a therapeutic service should be tailored to young people’s disabilities and I think creative work could work very effectively with many of those young people, especially with Attention Deficit Disorder. Creative work and group work would be useful, I think there should also be one-to-one work, we have found one-to-one work and counselling to be exceptionally beneficial for young people with disabilities.” Stakeholder (Contact Youth)

“I would love to see access to therapy available to every child and for every child to be able to self-refer, what I do feel however is that if the government is too prescriptive (saying) ‘you have got to use this method’, for example, ... if the Government is too prescriptive about methodology then it is going to leave out a lot of extremely qualified practitioners, so I would hope that that won’t happen.” Stakeholder (Cabrini Schools Counselling)

5.4. Participating schools also stressed the importance of early intervention, arguing that primary schools should have parity in terms of provision with post-primary schools, and that initiatives targeted at younger children may prove more cost-effective in the long-term.

“Early intervention with dedicated funding is the most effective way to address need. The longer intervention is delayed, the greater the impact on the child and the family. This then results in a more expensive form of intervention being required at a later date.” (Survey respondent)

“Far too inadequate, yet worth every penny spent in terms of prevention and resolution.” (Survey respondent)

“In today's world these services are increasingly necessary for the early intervention of the many problems children are presenting with in their early primary years. If these were addressed early in a child's school career, their future years may be a bit easier for them to cope with. i.e. adolescence and all that these years bring to the fast-developing child.” (Survey respondent)

“Primary schools have very little access to services. We believe that early intervention is the key but we have no funding for counselling. Equality is at the top of everyone's agenda. Primary school children need to be treated equally! Funding requirements to be equal! Give us the same and primary schools will buy in the services!!!” (Survey respondent)

- 5.5. Survey respondents also concurred with the provider view that specific groups of pupils do not receive adequate assistance and that provision in special schools is particularly problematic. Again, the funding of interventions was identified as a major issue, with several schools reporting that interventions are funded from existing school budgets or through ad hoc fundraising activities.

“Increasingly our SEN register reflects, as do teachers' concerns, a growing awareness of emotional and mental health issues among our pupils. Currently it is extremely difficult to access support even for pupils who are distressed or threatening suicide.” (Survey respondent)

“I regret that the primary and special schools sectors in N. Ireland have been somewhat left behind. Specifically in the special schools, where the ability of many of the pupils to deal appropriately with emotional issues can be significantly impaired, the need is if anything, even greater. Obviously this requires training to deal with the very specific needs of this group of children and young people.” (Survey respondent)

“Our school is a special school for Key Stage 2 pupils with social, emotional and behavioural difficulties. These children have diagnosed mental health issues, some attend child psychiatry, family centres, diagnoses of ADHD, ADD, ASD, history of behaviour of self-harming, extreme violence and aggression. Staff have asked the Education Board repeatedly for counselling services in the school to be funded. Our requests were denied. Staff raised money by abseiling down the Europa Hotel in order to provide NSPCC counselling in the school for one year. It has been very beneficial, however it is a mere drop in the ocean. We have yet to secure funding to continue this service next year.” (Survey respondent)

“Special schools were not included in the funding for counselling provisions across the schools. We have to partially fund a counsellor which seems unfair. We would ideally like a counsellor for at least two days per week particularly to do group work with our young people who are displaying social and emotional difficulties and mental health problems. Early intervention would address many of the issues.” (Survey respondent)

- 5.6. However, one of the obstacles to meeting this demand is the reluctance of many pupils and their parents to avail of the services available, through a fear of stigmatisation or labelling. This suggests that the ways in which the services are communicated to staff, pupils and parents are critical – as are the means of managing the interventions in terms of confidentiality and privacy, through, where possible, dedicated spaces for intervention.

“Parents have confided in us sometimes that they need extra help but when we put courses on for parents they will not attend as they feel stigmatised. We need more money to have one to one sessions with parents and proper facilities. Both children and parents are entitled to confidentiality.” (Survey respondent)

- 5.7. The case study below demonstrates, however, that concerns over labelling and confidentiality can be overcome, primarily through the establishment of good working relationships and a positive and supportive school culture.

Case Study 5: Provision in an early initiator of interventions in a socially disadvantaged area: Christ the King Primary School, WELB

School Context

Christ the King Nursery and Primary School has an enrolment of 160 pupils. Approximately 60% of the school's pupils qualify for FSM, 25% have EAL and 15% are members of the travelling community. The school's location yields additional funding opportunities that have enabled it to access the NSPCC counselling service for seven years. Recent budget constraints have forced it to reduce provision to half a day per week which has resulted in a much less effective drop-in service for pupil self-referral (previously offered at lunch) since it can only be offered over break time. At the same time, the level of need has stayed constant.

"Without a shadow of a doubt there is a need for our children to have somebody to talk to, because of the situation they find themselves in at home... some children find themselves not able to cope emotionally because of the lives they have at home. Because we [can only afford to pay for a small amount of time] we have to prioritise according to need."

Models of counselling services and wider therapeutic interventions in schools

The service provided by the NSPCC focuses on children in Years 4 to 7, supporting pupils with an average of six 45 minute weekly sessions (though sessions will continue for as long as is necessary). The NSPCC offers the reassurance that staff vetting and monitoring procedures are adequately stringent to ensure a quality service for children confronting complex emotional problems. The counsellor employs, in the main, one-to-one discussion but also relevant computer software, and group work with vulnerable children and with whole classes.

Teachers are aware of pupils' needs and have observed greater focus and concentration amongst those who have completed a series of counselling sessions. The success of the counselling service is evidenced in the counsellor's understanding of the school context and pupils; the good working relationship with teachers; pupils' willingness to access the counsellor, and; the openness and lack of stigma pupils attach to these visits. Pupils have been observed by teachers to be visibly less withdrawn, better behaved and more focused on their lessons as a result of early interventions. Referrals come from parents, pupils and teachers and social services have provided specific therapies (e.g. art therapy) to take place within the school setting. Early intervention is seen to be vital since behaviour and emotional well-being can improve dramatically as a result of early intervention, circumventing the growth and development of children's emotional problems. Referrals to more specialised providers of mental health services for the most part take place through GPs, so if a need is perceived the school will contact the parents to ask them to pursue this course. The school refers pupils to the WELB's educational psychologist however this can prove a very lengthy process, and mitigates against early intervention.

Future development of counselling services and wider therapeutic interventions

If funding allowed, the school would prefer to offer pupils the assurance that the counsellor would be available for the whole day at a specific location each week, with the potential for staff to access additional support by telephone on an ad hoc basis as the need arises. It would also seek additional training for all teaching staff to raise awareness of the counselling services and therapeutic services provided in addition to any strategies that teachers may incorporate into the classroom. The principal emphasised that the key aspects of successful counselling/therapeutic services were accessibility, early intervention and rigorous vetting and monitoring by the service provider.

"I think for the future of not only the children, but our own future, these children who do have the emotional needs at this (early) stage need addressed, because if they don't, they just become bigger... if you can give them strategies to cope in life when they are very young, they will have them for life without floundering through it."

Developing the relationship between schools and other agencies

- 5.8. We have noted previously that one of the barriers to implementing counselling and other interventions is a lack of awareness of the services available (reported by 62% of primary schools) and that even schools that had introduced programmes on-site suggest that they encountered difficulties in sourcing appropriate services.

- 5.9. Communication of available services and closer, multi-agency working will therefore assist schools in accessing the interventions that they require. In some cases, however, schools appear to take on the lead responsibility for developing these linkages.

"We have attempted to build our own knowledge of services available through Health Boards, Education Boards and voluntary organisations. When children have had difficulties and needed specialist support, we have contacted the outside agencies and made referrals when possible. I feel that there is a definitive need for services to be more widely available in a co-ordinated way, as is the case in post-primary schools." (Survey respondent)

- 5.10. Stakeholders judged the most important features of the future development of intervention services to include delivery by professionals with external clinical supervision, the ability to provide children with confidentiality (as far as is appropriate), continuity and links with specialist services, for example via CAHMS. The ongoing development of the partnership of the relationship with the school was also acknowledged as key.

"Interventions should be school-based as opposed to counselling provided sporadically, I don't think that going into a school for an hour session, then coming out, is giving the schools and the child the sort of support they need, so my future vision is that it is school-based and consistent, it should become an integral part of what the school provides." Stakeholder (The Place2Be)

- 5.11. Some stakeholders proposed the development of networks with other agencies in the community, and through the counselling and therapeutic services in schools to offer support to parents. There was also a perception that the views of children and young people should be sought given that they are the end service-users.

"We need to incorporate children's perspectives and ideas into research and service delivery, so adults can have an understanding of children and young people's issues. We can do this by involving children in decision-making in meaningful ways about issues that affect their lives. This will help to ensure that policies and services are in tune with children and young people's needs." Stakeholder (Playboard)

- 5.12. Some stakeholders would welcome greater collaboration with school staff and were enthusiastic about the opportunity to have an input into training school staff. Several survey respondents noted the need for additional training for teachers.

"One of the core aims of the ASCET service is to foster collaboration with schools, and since starting to deliver our service in September 2008, collaborative practice has become much stronger. The experience of all staff in the ASCET service is that teachers have been very receptive to training." Stakeholder (ASCET)

- 5.13. However, in line with our survey finding that 14% of participants thought that interventions did not fall within the remit of the school, some respondents were wary of placing any additional burdens on principals and teachers. There was also a view that more resources should be focused on supporting families and that parents should be encouraged to take greater responsibility for the needs of their children.

"I feel that currently staff are having to take responsibility for a great deal of issues both arising in school and out of school. Whilst staff are professional and wish to do everything in their capability to help the children in their care, I feel that the role of a counsellor is one which is a career in itself and requires a great deal of training. I do not feel that training existing staff (who have many other demands and responsibilities, especially in a small school) is the answer. I feel that the support of the Education Board (e.g. bereavement) is very good but much too short in terms of actual contact with pupils." (Survey respondent)

"Counselling services need to be available in school and carried out by trained counsellors or therapists. We see more need for this every week with the principal in contact with a number of outside agencies. Children need immediate support, not put on the end of a waiting list. Teachers have enough to do - this needs experts to carry it out. As families are put under greater pressure we see children become more anxious. Work needs to be done with parents in how to prepare your child for school." (Survey respondent)

"More effort and resources should be put into 'the family' - parents should be encouraged to talk to their children and work together to resolve issues. It seems that schools are being asked to take on a role that would be better catered for by the parents in many cases. Obviously there are still children who will need external help but this should not be the norm. There is so much concern over literacy and numeracy standards yet schools are not allowed to concentrate on these areas but should be offering counselling instead. This dilutes teaching and learning time. This is not to say that pupils' emotional well-being is not important as obviously it is the basis of learning but parents need to take responsibility for their children's emotional health - not solely schools." (Survey respondent)

- 5.14. Many of the participating schools suggested that they had worked closely with Education and Library Boards and other agencies in the past, but that, often, waiting lists were too long and assistance was therefore difficult to obtain.

"We do not have any services in school but some of our children have received help from the SELB Personal Development Team. However it is difficult to receive this because there is a big demand for this type of help." (Survey respondent)

"Our own Board provides support and has done in the past. Staff need time to liaise with counsellors and knowledge how to help in classroom. The service provided is stretched and limited, so only extreme cases are referred. Children in P6 to P7, especially girls, can have relationship problems - outside mentors would be beneficial at this difficult age." (Survey respondent)

"I firmly believe that counselling services must be an integral part of teaching in schools in inner Belfast, in areas of high social deprivation and that funding should be provided by the N.I Assembly for this service. A multi-agency approach or holistic approach is essential." (Survey respondent)

- 5.15. One respondent provided a list of some of the additional burdens on schools and suggested that a number of schools should be supported by a group of counsellors, with support from the Education and Library Boards.

"We have only recently started intervention services therefore it is too soon to comment. Although I do find it necessary, there is no doubt that it is an additional burden on schools, such as liaising with agencies, time for meetings, more paperwork and evaluations etc. Also it takes time to get to know the outside agency and for them to get to know the ethos of the school. I feel it would be more beneficial if a core group of trained counsellors worked with a cluster of schools. It would also be helpful if they were trained and supported by ELBs as there is the potential for this area to be a minefield." (Survey respondent)

- 5.16. Several respondents emphasised that schools should retain the freedom to select the model of intervention that best suits their circumstances and that programmes should not be imposed on a regional basis.

“Over time we have developed a strong and trusting relationship with our counselling service. I would like to have this level of control, not the imposition of some national group on the schools as a board service i.e. the NSPCC. We can only provide a limited service due to the funding. This is a massive area and we would like to open it to 6-7% of our children moving into family therapy where necessary. A school of our size 550+ should, I believe, have a full time nurse /counsellor working with parents and liaising with the appropriate services. The quality would be less than the ultimate cost of the children’s lives in the future and society.” (Survey respondent)

Ensuring the supply of suitably qualified practitioners

- 5.17. Accessing sufficient numbers of appropriately qualified professionals was a key issue identified by stakeholders and schools alike. Stakeholders emphasised the need for high professional standards and qualifications.

“Financial sustainability is very important, as is maintaining the highest possible professional standards and working to an ethical code. We want properly qualified staff particularly when working with children and young people, because the difficulties are far greater when you consider the whole child protection arena and with the additional element of parental permission.” Stakeholder (BACP)

- 5.18. When asked about the specific issues encountered when establishing the service, several schools noted the difficulties they faced in identifying appropriate interventions and recruiting high quality counsellors. It was argued that counsellors should receive training in the specific needs of children.

“When this service was being established in the school we experienced considerable difficulty in sourcing a counsellor/ therapist who had undertaken specialised training in working therapeutically with children. Many counsellors have participated in adult-orientated training programmes and I feel this is inadequate preparation to meet the often very complex needs of some children.” (Survey respondent)

“There are not enough professional counsellors available to primary schools.” (Survey respondent)

“I need a full-time trained counsellor on-site to respond to individual pupil need. The on-site counsellor must have an intensive home-school role to ensure that continuity exists. The full-time counsellor must be trained specifically for working with pupils with learning disability.” (Survey respondent)

Focusing on the financial sustainability of interventions

- 5.19. Whilst all stakeholders were keenly aware of the challenges schools face in respect of funding services, it was highlighted that services could be enhanced, if schools were in a position to take a more strategic approach to provision. Schools, however, noted the difficulties of maintaining and deepening relationships with providers in the absence of long-term funding, and stated that children would benefit from regular and consistent intervention.

"If for the next year I could say, "What are we going to offer", instead of the school ringing to say, "We have some surplus money at the end of the year" and you are kind of squeezing a bit of group work in, we could actually be working alongside the school more, we could plan it out. I like that schools have the choice of an organisation that is more suitable to their needs. I think it's good to have choice... Often people contact us when there is very quick intervention work... preventative work is something I would like to develop more. It would be nice for people to have a better understanding of counselling in general, and how that can fit in with the school... I would hope to have more long-term commitment from schools in terms of being able to plan, for the schools to have a sense as well that there is going to be a counsellor or a therapist who is going to be available to the pupils, being able to give that information out to parents and pupils." Stakeholder (New Life Counselling Services)

"Early intervention caters for the needs of the child and gives an opportunity for self-expression, healing of emotional scars before there is long term psychological and educational damage. In order to provide quality service long-term sustainable funding is essential to maintain continuity and effective long term work. Sustained counselling and therapeutic interventions can only be offered when there are good quality relationships with the counsellor and agencies providing the services therefore it is key that long-term secured funding is in place so that planning and services can be integrated into the overall plan for the school curriculum and academic years." (Survey respondent)

"A full range of counselling services should be available to schools and should not be dependent upon financial resource. Counselling should not become yet another thing that teachers and schools are expected to do on top of all their other vast array of services they already are expected to deliver." (Survey respondent)

"We have availed of a variety of on- off programmes over the years and I definitely feel that children would benefit from access to a more regular service of counselling and therapeutic interventions. Unless we have had the opportunity or access to programmes ourselves, nothing has been provided centrally to schools and it should be as we are dealing with children from a very varied social background now and that brings many issues into the school." (Survey respondent)

- 5.20. Overall, when schools were asked to rank the top five characteristics of an effective intervention, confidentiality was cited as the most important factor, closely followed by the quality of the service and qualified professionals.

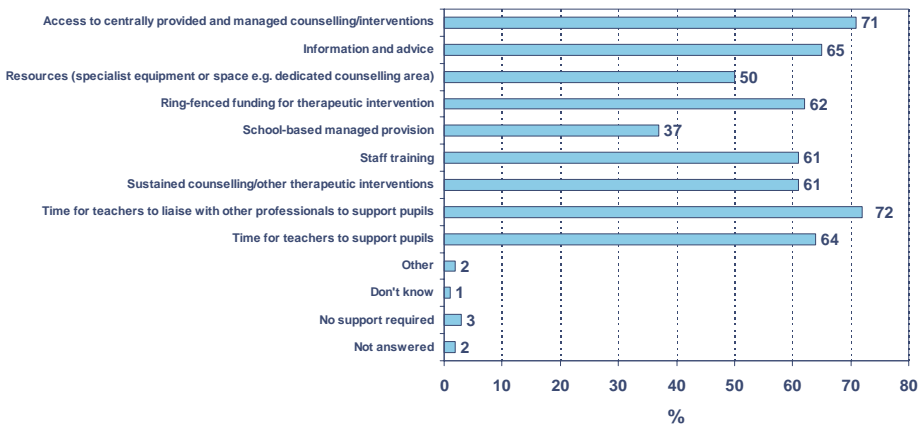
Table 5.1: The most important characteristics of an effective counselling or other intervention

	Mean	N
Confidentiality	3.58	99
Quality of the service	3.49	144
Qualified/professional counsellors	3.20	114
Counsellor/therapist relationship with the pupil	3.19	139
Opportunities for the child to express themselves	3.17	89
Tailored service to meet the needs of the pupil	3.13	144
Continuity of the service	2.76	123
Sustainability of funding	2.76	117
Preliminary work with the provider	2.40	15
Range/type of service/intervention	2.31	39
Relationship between the school and the provider	2.02	54
Time allocated for sessions	2.00	42

5.21. In terms of the additional support required by schools, almost three-quarters of respondents stated that teachers require additional time to liaise with other professionals to meet the needs of their pupils. Access to centrally provided and managed counselling interventions was cited by seven in ten respondents (71%), yet a substantial minority (37%) considered that provision should be school-based and managed.

Figure 5.1 Additional support required by schools

What support, if any, do you feel your school needs to address the emotional health and well-being of pupils?



N= 260 (Primary)

Conclusions

- 5.22. This section of this report has explored the views of stakeholders and schools on the future development of counselling and other interventions in primary schools in the North of Ireland.
- 5.23. One of the key concerns of those that participated in this research is the level of demand for interventions, with 85% of schools stating that there is a need for counselling and other services on their sites and a third reporting that they had implemented such services. There was a view that counselling and therapeutic interventions should be a priority in primary schools as early intervention could prove more cost-effective in the long-term. Some respondents suggested that special schools are in particular need of additional interventions to ensure the emotional well-being of their pupils. Overall, waiting lists for support from the Education and Library Boards were the cause of some concern.
- 5.24. The ways in which the existence of, and access to, interventions are communicated were also viewed as particularly important, to overcome perceptions, particularly on the part of parents, that pupils may become labelled or stigmatised if they receive such help. Our case study demonstrates the importance of the school ethos and buy-in from all school staff can assist in counteracting these fears.
- 5.25. The relationship between providers and other external agencies and the school is also an important consideration for the development of future services. This is not only due to the difficulties that some schools experience in sourcing appropriate provision, but also to the practicalities of collaborating 'on the ground'. Some participants advocated joint training with internal and external staff while others suggested that children should have an input into service design and delivery. There was also a view, however, that schools are already overburdened and that care should be taken to ensure that the responsibility of managing these services does not fall wholly to the school. Despite this, other participants warned that 'one-size doesn't fit all' and noted the need for flexibility in the provision of such assistance, rejecting the 'imposition of some national' solution.

5.26. Stakeholders and schools alike were concerned about the supply of sufficient and suitably qualified professionals, with several schools revealing issues with the identification of appropriate practitioners for their setting. Sustainable funding was also important to respondents, with many schools emphasising the need to provide continuity of service in order to meet children's needs in the long-term and to develop appropriate working relationships with external agencies. Overall, the top five characteristics of an effective intervention, as identified by primary schools are:

- Confidentiality;
- Quality;
- Professionalism of counsellors;
- The relationship between the counsellor and the pupil; and
- Opportunities for the child to express themselves.

5.27. In terms of additional support required by schools, the main forms requested were: additional time for teachers; access to centrally managed interventions; information and advice; and ring-fenced funding.

6. Areas for further consideration and potential next steps

Introduction

6.1. The findings from this research suggest a number of areas which will require further consideration by the Department and other stakeholders in the future development of counselling and other therapeutic interventions in primary and special schools. These potential 'next steps' are outlined below under the following headings:

- Capacity building;
- Awareness raising and dissemination of best practice;
- Funding;
- Implementation issues; and
- Monitoring quality.

Capacity building

6.2. Providers and school staff expressed concerns regarding the capacity of the counselling sector to respond to an expansion of services to all primary and special schools, particularly in regard to the supply of suitably qualified counsellors following the roll out of such interventions to post-primary schools. Potential next steps could therefore include:

- An analysis of the current numbers of suitably trained counsellors and other therapists operating in the North of Ireland: including an audit of their qualifications for working with young children. This analysis should inform an assessment of whether the supply of counsellors is sufficient to meet future demand and, if not, the measures which need to be introduced to ensure the sustainability of provision;
- Appropriate linkages to be developed with training providers, professional bodies and other Government departments and agencies to facilitate a 'joined up' approach to counselling and other therapeutic interventions; and
- Consideration to be given to the extent to which the current training of counsellors and other therapists equips them to address the specific needs of children with special educational needs, disabilities and English as an Additional Language.

Awareness-raising and dissemination of best practice

6.3. It is clear from our research that, while schools are becoming increasingly aware of the emotional needs of their pupils, many are unaware of sources of advice and provision. Furthermore, many respondents suggested researching the advantages and disadvantages of each intervention is relatively time-consuming. Potential next steps could therefore include:

- Consideration to be given to raising the awareness of both the benefits of intervention and of the availability of provision amongst school leaders. Brief guidance on the benefits of provision should be provided to all primary and special schools;
- Principals and heads of pastoral care to be provided with guidance in relation to the selection of providers, types and models of provision of intervention and the relevant, accredited qualifications required for counselling and other interventions;
- Promoting the importance of creating a supportive and inclusive school ethos and culture to improve pupils' emotional well-being in general and to support the introduction of new initiatives;
- Schools could be signposted towards examples of good practice in terms of the actual intervention and of models of provision, through, for example, a dedicated on-line resource. Consideration should be given to

collating and documenting additional good practice in the provision of counselling and other interventions in primary and special schools in the form of case studies; and

- While all policies and procedures should seek to minimise the burden on teaching staff, guidance and training should be made available to teachers and other adults in the school on the optimum ways of referring a child to provision whilst maintaining confidentiality and the trust of the child.

Funding

6.4. Schools and providers expressed concerns about the sustainability and availability of funding, suggesting that short-term funding creates difficulties in raising expectations of assistance whilst constraining effective interventions over time. Further consideration could therefore be given to:

- Ensuring that new initiatives are underpinned by medium- to long-term funding; and
- Providing ring-fenced funding for the provision of interventions.

Implementation issues

6.5. Many participants in this research raised issues around the challenges of multi-agency working and of balancing flexibility with minimising the burden on schools. In order to facilitate the implementation of new initiatives, consideration should be given to:

- Allowing sufficient lead-in time so that providers and schools can plan the implementation process together and develop appropriate working relationships and protocols between counsellors and school staff;
- Optimum ways of providing interventions whilst minimising the burden on teachers;
- Enabling schools to access centrally managed and provided interventions, while at the same time, allowing them to tailor the 'menu' of interventions to their school circumstances;
- Encouraging schools to provide a dedicated and discreet space for interventions. The need for such a space should be reflected in the Schools Building Handbook for the establishment of new schools;
- Communicating the benefits of the intervention to staff, parents and pupils in a sensitive manner to avoid concerns regarding the potential labelling of the child;
- Sessions of counselling or other interventions should be, where possible, of sufficient duration to meet the needs of the school and could be reinforced through additional support, i.e. via telephone, as required; and
- Further consideration should be given to the most effective models of intervention, including, for example, the clustering of schools to share counsellors to maximise continuity both within schools and between phases.

Monitoring quality

6.6. The quality of interventions is also key to improving the emotional well-being of children and young people and, indeed, there is some evidence to suggest that lower quality interventions may create more problems for pupils than they solve. It will therefore be important to ensure that consistent quality standards are applied across all interventions and that the quality of interventions is regularly monitored.

- Interventions should be monitored and evaluated regularly at both the school and regional level to provide an indication of the effectiveness of specific interventions and to monitor any implementation issues that may arise;
- Consideration should be given to involving pupils in the evaluation of the interventions; and
- A mechanism could be created to enable schools and the Department to inform the initial training and the continuous professional development of counsellors to help meet the changing needs of pupils.

Appendix A: Interventions in primary and special schools in NI

Please note that this table presents the interventions and providers by respondents to our survey of primary and special schools in January and February 2009. It therefore represents a 'snapshot' of the interventions reported to us at that moment in time.

Intervention	Provider
Art therapy	<ul style="list-style-type: none"> Barnardo's Chance for change Contact Youth EIS project Helping Hands Kidscape Make your mark North West counselling Private individuals Queen's University School staff SELB Pupil and Personal Development Service
Drama therapy	<ul style="list-style-type: none"> School staff
Music therapy	<ul style="list-style-type: none"> Arioso project CASS Codas project Drake Newry groups EIS project Music Therapy Ireland New Life NI Music Therapy Trust Private individuals School staff
Play therapy	<ul style="list-style-type: none"> Chance for change Fun 4 All Grace Counselling Service New Life North West Counselling NSPCC Play for change Private individuals School staff
Counselling	<ul style="list-style-type: none"> ASD Support Barnardo's BEAM Behaviour Support CAMHS Trauma Advisory Panel Chance for Change DANEO counselling service DPS UK Educational Welfare Officer Grace Counselling service Learning Support Services MAST New Life Counselling North West Counselling NSPCC Opportunity Youth PPDS Private individuals School staff Seasons for growth SEELB SELB Pupil and Personal Development Service Upper Springfield & Lenadoon Family Centre Whiterock Family Centre Women's Aid
Emotional education	<ul style="list-style-type: none"> ASCET Barnardo's Behaviour Management Team BELB Chance for Change Cookstown District Council DANEO counselling service Educational Psychology EWO Grace counselling service New Life Counselling North West Counselling Opportunity Youth PPDS Private individuals Sallywag puppets School staff Seasons for Growth SEELB SELB PDMU team SELB Pupil and Personal Development Service SELB support team Time 4 You Upper Springfield & Lenadoon Family Centre WELB Whiterock Family Centre
Behaviour modification	<ul style="list-style-type: none"> ASD support Barnardo's BEAM Behaviour support BELB Behaviour management team Chance for Change MASTS New Life counselling North West counselling NSPCC Opportunity Youth Private individuals PSNI

Intervention	Provider
	<ul style="list-style-type: none"> • DANEO counselling service • EWO • Fun 4 All • Grace counselling service • Harberton and Clarawood Behaviour Support Team • Hope Northwest • Leaving Disability Foyle Trust • Little Oaks Behaviour Unit • Longstone School outreach team
	<ul style="list-style-type: none"> • School staff • SEELB • SELB behaviour management team • SELB Pupil and Personal Development Service • Time 4 You • Upper Springfield & Lenadoon Family Centre • WELB • Whiterock Family Centre • WHSCT
Anger management	<ul style="list-style-type: none"> • ASD support • Barnardo's • BEAM • Chance for Change • DANEO counselling service • EWO • Grace Counselling service • Harberton and Clarawood Behaviour Support Team • New Life counselling • North West Counselling • NSPCC
	<ul style="list-style-type: none"> • Opportunity Youth • Private individuals • PSNI • School staff • SEELB • SELB Behaviour management team • SELB Pupil and Personal Development Service • Time 4 You • Upper Springfield & Lenadoon Family Centre • WELB • Whiterock Family Centre
Social skills support	<ul style="list-style-type: none"> • Barnardo's • Chance for Change • CIDS team • DANEO counselling service • EWO • NEELB outreach services • New Life counselling
	<ul style="list-style-type: none"> • North West Counselling • NSPCC • Opportunity Youth • School staff • SELB Pupil and Personal Development Service • Upper Springfield & Lenadoon Family Centre • Whiterock Family Centre
Peer support	<ul style="list-style-type: none"> • Barnardo's • North West Counselling • NSPCC
	<ul style="list-style-type: none"> • School staff • SELB Pupil and Personal Development Service
School councils	<ul style="list-style-type: none"> • BEAM • Chance for Change • NEELB • North West Counselling
	<ul style="list-style-type: none"> • School staff • SELB • Sure Start • WELB advisor
Other	<ul style="list-style-type: none"> • Lifeways • MAST
	<ul style="list-style-type: none"> • Sure Start • Yoga Buddies

Appendix B: Membership of the Project Steering Group

Kathy Bell	Independent Counselling Service for Schools
Dorina Edgar	Pupil Support Unit, Department of Education
Karen Turner	Pupil Support Unit, Department of Education
Helen McClure	Statistics and Research Branch, Department of Education
Oonagh Cunning	Statistics and Research Branch, Department of Education
Stephen Orr	Principal, Fane Street Primary School
Dorothy Byrne	Senior Education Welfare Officer
Hazel Edwards	Ballycraigy Primary School
David McCann	Castle Tower Special School

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