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COUNSELLING

in

SCHOOLS PROJECT PHASE II

EVALUATION REPORT

**Funded by
NHS Glasgow and Clyde Health Board**

Mick Cooper
Professor of Counselling, University of Strathclyde

**Contributors: Elizabeth S Freire, Lisa Cunningham, Emma Lidstone,
Susan McGinnis and Nathalie Ogden**

Foreword: Stephen McLeod

October 2006



Counselling in Schools Project Phase II: Evaluation Report

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Foreword
Stephen McLeod

October 2006

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EXECUTIVE SUMMARY

- An evaluation of the second phase of the Glasgow Counselling in Schools Project, funded by Glasgow and Clyde NHS Board and supported by Glasgow Education Services, was conducted between September 2005 and June 2006, using a multi-method design.
- A counselling service that was *in*, but not *of*, the school was established in ten secondary schools in Glasgow for one and a half days per week by the Counselling Unit of the University of Strathclyde. The service was funded by the Greater Glasgow and Clyde NHS Board, the Healthy Cities Partnership and the respective schools.
- In total, just over 1886 sessions of counselling were offered to 308 pupils across the ten schools. The median number of sessions attended by each pupil was four and each counsellor delivered therapy to approximately 13 young people per school per term.
- As with previous counselling in schools evaluation reports, data from a range of sources indicates that the counselling brought about positive changes in the clients' mental health and wellbeing:
 - Outcome data indicated that clients were significantly less distressed following counselling
 - Approximately eight out of ten clients said the counselling helped them 'a lot' or 'quite a lot'
 - Pastoral care teachers from all of the schools said that, overall, the counselling had been helpful to their pupils and gave it a mean rating of eight on a one to ten scale from 'extremely unhelpful' to 'extremely helpful'.
- Between 60 and 80 percent of the young people said that the counselling had facilitated their ability to study and learn and around 80 percent of the pastoral care teachers expressed a similar belief.
- In terms of how it helped pupils to study and learn, the most frequent effect that the counselling had was to give clients an opportunity to talk through, and overcome, the issues that were making it difficult for them to concentrate in class.
- Pastoral care teachers and professionals from external agencies said that the added value of a counselling service to a school's pastoral care provision was that it provided pupils with an opportunity to talk to a qualified, independent professional for an extended period of time in an accessible, confidential and non-directive environment. It was also seen as providing therapeutic support for 'troubled' young people – those experiencing emotional or interpersonal difficulties – that might not otherwise have been catered for.
- In terms of developing the counselling in schools service, the main issues that emerged were:
 - The need to ensure that agreed protocols are established for the kinds of information that the counsellor will disclose and the situations in which confidentiality may be breached
 - The need to ensure greater contact and communication between counsellors and other professionals working in the school, in particular psychologists, social workers and nurses
- The principal recommendation of this report is that the counselling service should be maintained in the current ten secondary schools and consideration should be given to expanding the service across all secondary schools in Glasgow.

KEY RECOMMENDATIONS

1. A school-based counselling service, delivering a non-judgmental, non-directive form of therapy should be maintained at the ten schools involved in the second phase of the Glasgow Counselling in Schools Project.
2. Consideration should be given to extending the counselling service to all secondary schools in Glasgow.
3. Consideration should be given to extending the amount of time each counsellor spends in their respective school, with two days per week as a potential norm.
4. In improving the current counselling provision:
 - i. Service providers and school staff should strive to ensure that clear and agreed protocols are in place regarding the degree and type of information that the counsellor will disclose to other professionals and the limits to his or her confidentiality
 - ii. The service providers should strive to ensure that the school-based counsellors have greater contact and communication with professionals from external agencies, in particular nurses, psychologists and social workers
 - iii. Schools and service providers should look at ways of ensuring that young people from all ethnic backgrounds feel equally able to access counselling
 - iv. Service providers should begin to monitor the use of the counselling service by young people with disabilities
 - v. Those involved in the strategic development and management of the counselling service should re-examine the function and structure of the Operational Group meetings.
5. Researchers in the field of schools' counselling and related funding bodies should:
 - i. Look towards designing and running controlled studies to examine the impact of counselling in schools on young people's mental health and their capacity to study and learn
 - ii. Look towards undertaking more in-depth, qualitative investigations to develop a greater understanding of the link between counselling and young people's levels of educational engagement
 - iii. Undertake qualitative and quantitative investigations to develop a greater understanding of the kinds of young people who may benefit most from counselling.
6. Service providers and educationalists should consider using the Social and Emotional Learning Frame (SELF) assessment as a standard pre- and post-counselling measure.

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FOREWORD

Stephen McLeod

Planning Manager, Children & Young People's Specialist Services

NHS Greater Glasgow and Clyde

Young people consistently tell policy makers about the kinds of support they value when they are distressed or troubled: confidential listening, support, advice from a qualified, competent and sensitive adult who can give respect, and ideally provided in a safe and neutral location close to their everyday lives. In the main, this support is provided by significant adults in a young person's life: parent; family friend or teacher but sometimes young people either don't have access to this support or they want to step outside the circle of people closest to them.

For these reasons in particular, the development of Counselling in Schools in Glasgow is an important response to young people's views. It is a pleasure to write the Foreword to an evaluation report that is almost universally positive about the experiences of those involved. Not only do young people and professionals value the counselling service and the support that it offers but the evaluation has identified tangible benefits of counselling in the lives of young people. And importantly, this has been achieved by a real partnership approach between education, health, schools and young people themselves.

It's also important to note that the Counselling in Schools development in Glasgow is part of a significant redesign and improvement of children's services in Glasgow, and that the next steps are to take these recommendations from the evaluation report into this review process with the aim of making counselling support in school available wherever you live in Glasgow.

Finally, it must be acknowledged that this report is a reflection of 5 years' commitment and hard work from a group of people who are passionately committed to supporting young people through difficult periods in their lives. NHS Greater Glasgow and Clyde have recognised the impact on young people's lives by supporting this passion and commitment and are committed to continued support for a service that is both effective and highly valued by young people.

22nd September, 2006

PREFACE

This report presents an evaluation of the second phase of the Glasgow Counselling in Schools Project, delivered by the Counselling Unit at the University of Strathclyde in ten Glasgow Secondary Schools over the 2005-2006 academic year.

The report has two main functions. First, it is to provide a clear and accessible assessment of the Glasgow school-based counselling service. In this respect, we hope it will be of interest to all those who funded and participated in the project and to everyone else interested in the development of counselling services for young people in Glasgow. More widely, however, this report also aims to provide the most comprehensive and in-depth analyses of counselling in schools yet undertaken in the United Kingdom. Research in this field is sparse, and the proliferation of the Glasgow project provides a unique opportunity to develop a rich and detailed understanding of how school-based counselling services are experienced by pupils, teachers and multi-agency providers. For this reason, this report not only provides evidence on the Glasgow counselling in schools service, but also begins with a review – the first in the field – of findings from similar evaluation and research projects, and discusses the present findings in the light of this data. Our hope, then, is that this report will be of interest to everyone in the UK who is involved, researching, or interested in, the development of counselling in schools, and can use it as a resource to develop, promote and evaluate their own work.

Because of the depth and breadth of analysis presented in this report, certain sections may be of greater interest to readers than others. For readers who are primarily interested in the outcomes of the Glasgow project, it is sufficient to read the Executive Summary and Key Recommendations, the Key Findings at the end of each chapter, and the Discussion and Conclusion. Readers who have less of an interest in the wider national picture may also find it unnecessary to read the review chapter. Finally, while the interview studies present some of the richest and most interesting data, for those readers with limited time, the summary tables at the beginning of each section should prove sufficient. A Glossary is provided at the back of this report for readers who would like definitions of some of the more technical language. Various statistical terms have been used throughout this report to make the methods of analysis transparent for other researchers (and these are described in the Glossary). We hope, however, that it is possible to understand the meaning of the findings presented without having knowledge of the particular tests used.

The completion of this report would not have been possible without the tremendous effort of Beth Freire, research assistant for the evaluation. Special thanks also go to the members of the Steering Group of the Second Phase of the Counselling in Schools Project, chaired and hosted by Glasgow Education Services, whose guidance and support in the design and implementation of this research was invaluable: Ian Alexander, John Butcher, Lorna Carrick, Frank Corrigan, Rita Clark, Susan McGinnis, Stephen McLeod, Jim Mooney, Dorothy Ritchie and Loretta Scott. We are greatly indebted to the many people who participated in this research: the school counsellors, the pastoral care teachers, the members of the Integrated and Joint Support Teams and, of course, the many young people who gave their time and effort to help us evaluate the service. Finally, thanks to Léonie Docherty and Tom Malone for their help with the design and publication of the report; to Elaine Beck, Elaine Katy Brady, Jan Templeton, and Rachel Owen for transcribing the interviews, Kathryn Cooper, Norma Craig, Heather Robertson and Rachel Owen for their secretarial support; and to Robert Elliott, Helen Cruthers, Suzanne Keys, Dave Mearns and Brian Rodgers for their feedback on a draft of the report.

INTRODUCTION TO THE COUNSELLING SERVICE¹

HISTORICAL, SOCIAL AND POLICY CONTEXT

School counselling in Britain is not a new phenomenon. It emerged in the 1970s as a distinct activity that was most often undertaken by specially trained teachers, primarily in England. The trend continued into the 1980s but with a shift of emphasis towards encouraging all teachers to use counselling skills in their relationships with pupils, recognising the value of the emotional domain in schools. With the introduction of the National Curriculum in England and Wales in 1988, however, came a renewed focus on cognitive learning and school counselling fell out of favour although a few services, such as the one provided by the Dudley Education Authority (Sherry, 1999), survived. The pendulum has recently swung again in favour of the view that the emotional health of pupils is integral to education and, as a result, counselling in schools is enjoying a widespread resurgence in England and Wales. Approximately three-quarters of secondary schools in England and Wales now report that they provide 'therapeutic individual counselling' for their pupils (Jenkins & Polat, 2005). Counselling in schools has also become a growing phenomenon in Scotland. School-based counsellors are expected to be fully trained and accredited professionals and school counselling services, especially those funded by local authorities and NHS trusts, are sophisticated, managed and fully evaluated additions to the school's pastoral care provision.

The context for these developments is a recent body of legislation and government guidance that recognises the importance of young people's mental health. Several of these look increasingly to schools as providers of both preventative measures and remedial support for the pupils under their duty of care. The Education (Additional Support for Learning) (Scotland) Act 2004 states that education authorities must make provision for children and young people's additional support needs; the assessment for additional support includes psychological needs. This coincides with the aims of *Being Well – Doing Well: A Framework for Health Promoting Schools in Scotland*² which sets the target for all schools to '[promote] the physical, social, spiritual, mental and emotional wellbeing of all pupils and staff' by 2007 (Learning and Teaching Scotland, 2004, p.10). In addition, the establishment of New Learning Communities with the involvement of other agencies such as social work and the National Health Service (NHS) means that schools are now seen as a hub of provision for a full range of support for children and young people. Along similar lines, the Scottish Needs Assessment Programme's (SNAP) *Needs Assessment Report on Child and Adolescent Mental Health*³ has emphasised the importance of 'mainstreaming' mental health provisions, stating that, 'The main focus of mental health work with children and young people should be in their communities, schools and families' (Public Health Institute of Scotland, 2003, p.5) and indicate that help should be offered 'in a way that "connects" with the context of that child or young person's life' (Public Health Institute of Scotland, 2003, p.14).

The development of school-based counselling services in Scotland is also aligned to other recent government guidelines and legislation. First, there is an increasing recognition of the importance of early intervention in addressing mental health problems (Public Health Institute of Scotland, 2003).

¹ Co-authored by Susan McGinnis and Mick Cooper, based on a text for the Phase I evaluation by Dave Mearns and Mike Hough.

² www.healthpromotingschools.co.uk

³ www.phis.org.uk

This is the kind of response for which a school-based counselling service, located within a young person's immediate environment and open to young people with 'mild' to 'moderate' mental health problems, is ideally suited. Second, the emphasis within counselling on encouraging clients to find their own answers to their problems – as opposed to giving them advice, judgment or criticism – is very much in line with the Scottish Executive's directive that mental health agencies should value and respect young people, acknowledge 'the important role they play in their own health and wellbeing' (Public Health Institute of Scotland, 2003, p.14) as well as working with them in ways that are determined by that young person's own needs. As with counselling, the SNAP report also emphasises the importance of 'beginning with the child or young person, not the problem' (Public Health Institute of Scotland, 2003, p.65).

Perhaps the most relevant and specific government guidance with regard to school-based counselling services comes from *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care* in the section 'School Years' (Healthier Scotland, 2005, p.36)⁴. This identifies as a key service element the 'provision of confidential, accessible and non-stigmatising counselling support for staff and pupils both within and outwith schools' and indicates that it expects this to be in place by 2015. This document demonstrates that the Scottish Executive has made a commitment to the development of counselling provisions in all Scottish secondary schools within the next ten years, though how this will be taken forward is the responsibility of each local area's integrated children's services planning groups.

While it is important not to be overly influenced by sensationalist statistics and media interest in the more emotive issues such as self harm, eating disorders and the suicide rate of young men, the fact remains that a significant number of young people are experiencing emotional distress as a result of the breakdown and reconfiguration of families, bereavements and other losses, domestic violence, trauma and abuse, relationship difficulties with parents and peers and the pressure to achieve. According to a 2000 study by the Office for National Statistics, just under ten percent of five to 15 year olds in Scotland have a problem of sufficient severity and persistence to have a significant impact on their functioning or relationships and there is some evidence that this figure is rising (Public Health Institute of Scotland, 2003). Recent initiatives like *Choose Life*⁵, the national strategy and action plan to prevent suicide in Scotland and *See Me*⁶, the national campaign to challenge stigma surrounding mental health, are attempting to address this problem – as is the establishment of HeadsUpScotland⁷, the national project for children and young people's mental health – but it is evident that the issue of young people's mental health is likely to remain on the government's agenda for some time.

BACKGROUND

The Counselling Unit's interest in this project was initially inspired in 2001 by Susan McGinnis, then a member of the Executive Committee of Counselling Children and Young People (CCYP), a division of the British Association of Counselling and Psychotherapy (BACP)⁸, editor of the journal *Counselling in Education* and a long-time advocate of counselling for young people in Scotland. She drew the attention of the Unit Director, Professor Dave Mearns, to the Glasgow Council publication, *Children's*

⁴ www.scotland.gov.uk/Resource/Doc/77843/0018686.pdf

⁵ www.chooselife.net

⁶ www.seemescotland.org.uk

⁷ www.headsupscotland.com

⁸ www.bacp.co.uk

Services Plan 1998-2001. This document cited three separate research studies which indicated that up to 25 percent of children and young people in greater Glasgow were experiencing some degree of emotional distress, with approximately 10 percent of this group suffering from diagnosable mental illness.

With NHS Child and Adolescent Mental Health Services (CAMHS) almost fully utilised in helping those who were clinically ill, the Counselling Unit felt that there was scope for offering counselling support to the remaining young people in need. Several possible contexts were considered for the placement of such a service, including GP practices and community and social work resources like drop-ins. However, with the majority of young people in school, it was decided that this was the best way to offer a counselling service that would reach most of them, along with the added benefit of a sophisticated referral system already in place in the form of pastoral care teachers (then referred to primarily as 'guidance teachers'). With the valuable encouragement of Loretta Scott, Adviser in Pastoral Care for the Education Department, the Unit developed a concept of a counselling service for young people that would be placed in a school but retained some independence from the school; not a 'school counselling service' as such, but a service that would be *in* the school but not *of* the school.

Greater Glasgow NHS Board funded the first phase of the pilot Counselling in Schools Project for an initial period of two years from September 2002. In consultation with the Education Departments of two local authorities, Glasgow and East Dunbartonshire, three schools were identified – two in Glasgow and one in East Dunbartonshire – to take part in the pilot project. All three schools had expressed an interest in having a counsellor on site. A Project Manager was identified from within the existing team of academic staff of the University of Strathclyde's Counselling Unit and two counsellors, one of whom would cover two schools, were to work for an initial period of a day a week for the first year in each school, rising to a day and a half per week for the second year. The counsellors, together with the Project Manager, undertook preliminary contact with the three schools in September 2002 and the first clients were seen in October 2002.

The enthusiastic response of both pupils and school staff, supported by an award-winning evaluation written by Mick Cooper at the Counselling Unit, led to an extension of the pilot and an increase in the number of schools in the Glasgow project to ten.

STRUCTURE

While many school-based counselling projects exist across the UK, there are a number of unique aspects of the Glasgow project. First, the counselling service is provided and managed by a major counselling training institution with the full resources of a university. Second, as stated above, while the counselling service is located in the schools, there is an emphasis on ensuring that it retains a degree of independence from the schools, such that the young people see it as a relatively separate and distinct agency. Third, funding for the project is provided by both Health and Educational authorities, with a three-way split between Glasgow and Clyde NHS, Glasgow Healthy City Partnership (funded by Glasgow and Clyde NHS and Glasgow City Council) and the respective schools.

The Project is designed to allow a flow of communication between all levels. The Steering Group, comprised of representatives from NHS Glasgow and Clyde, the Education Department, CAMHS, the Counselling Unit and the schools, has the overall view of the service and decides issues of policy and funding. The Operational Group, chaired by the Adviser in Pastoral Care for the Glasgow Education Department, is made up of those who act as liaisons for the counsellors in school; these may be the

principal teachers for pastoral care or a designated member of the pastoral care team. The purpose of the Operational Group is to provide a forum for the schools to talk about the service, sharing information and experiences and raising concerns. The counsellors meet as a team at least once a term for a management meeting where they receive and share information and can raise anything they would like brought to either the Steering Group or the Operational Group. The Project Manager is the person who links all of these groups and enables communication between them.

PERSONNEL

The Counselling Unit

Those involved with the Counselling in Schools Project include the Chief Investigator for the Project, who has overall responsibility for the service; the Unit Finance Manager, who liaises with funding bodies and looks after the Project budget; a designated member of the secretarial staff; the Chief Investigator for the evaluation; a research assistant and the Project Manager. The Project Manager manages the counsellors, maintains regular contact with the schools, has a strategic role within the Operational Group and Steering Group and acts as an ambassador for the project by giving presentations about the service and responding to enquiries.

The counsellors

Seven counsellors are in place across the ten schools, with three counsellors covering two schools each. All counsellors in the project are qualified at Diploma level and BACP accredited or eligible for accreditation, and have previous experience of working with young people. Most will also have attended the Strathclyde Counselling Unit's Counselling Young People in Schools course. They are trained in, and predominantly practice, a person-centred approach to therapy (see below and Glossary), though other elements of therapeutic practice may be brought into their work, such as the teaching of relaxation methods and the use of art and play materials.

SUPERVISION

Two types of supervision for counsellors are used in the Counselling Project. In line with BACP requirements, the counsellors have clinical supervision that involves regular (at least monthly) one-to-one meetings with an experienced colleague in which the counsellor is invited to bring and explore issues that are impacting on their capacity to work effectively with clients. This both supports the counsellors and protects the client. This form of supervision is distinct from line management supervision.

Still concerned with the functioning of the counsellors and the service, line management supervision addresses the day-to-day working of the service and any practical issues that arise. Provided both individually to the counsellors and through team meetings, it also acts a forum for developmental issues relating to the service to be aired, explored and action agreed, and promotes a sense of teamwork among the counsellors.

COUNSELLING

The person-centred approach to counselling, also referred to as 'client-centred counselling,' 'non-directive counselling,' and sometimes just as 'counselling,' is based on the work of the American psychologist Carl Rogers (see, in particular Mearns & Cooper, 2005; Mearns & Thorne, 1999; Rogers, 1951, 1957; Rogers, 1959, 1961). In this approach, the counsellor aims to create a particular kind of relationship with his or her clients within which the client is enabled to discover his or her own resources for moving towards a more satisfying way of being. The counsellor attempts to offer a relationship which, by its quality of respect, understanding and openness, makes possible for the client a new appraisal of self and an opportunity for change and development. Central to the therapeutic activity is the practitioner's capacity and willingness to identify and relinquish prejudice and responses that impede the growth of others through the abuse, however subtle, of power. Person-centred counselling has been shown to be effective with adults across a range of mental health problems (see recent meta-analysis by Elliott, Greenberg, & Lietaer, 2004) though little research has been undertaken into its efficacy and effectiveness with children and young people (see review chapter).

This approach to counselling fits comfortably with the Scottish Executive's definition of counselling as: 'A process whereby one person helps another using a style of listening which is non-judgmental, non-directive, of a reflective nature, and which encourages clients to work through their issues' (Healthier Scotland, 2005, p.67). For this reason, we will use the more generic term 'counselling' throughout the report.

THE SCHOOLS

Of the ten schools in the project:

- Six are non-denominational
- Four are of a Roman Catholic denomination
- Five can be described as 'truly comprehensive', with four of these having a high proportion of working class pupils
- Three can be described as having an ethnic mix, while seven are predominantly white.

Enrollment figures range from 684 to 1353 pupils.

THE SERVICE

Secondary schools in Scotland have a team of promoted staff charged with the pastoral care of pupils. In some schools they will have a full time pastoral care role while in others it will be in addition to their teaching duties. This 'guidance,' 'pupil support,' or 'pastoral care' team, including its coordinator (often the Deputy Head Teacher (DHT) Pastoral Care or the DHT in Charge of Social Inclusion), is the primary referring agency within the school, and comprises the staff with whom the counsellor works most closely.

The working arrangements of the counselling services are, to some extent, locally determined; counsellors work with the Pastoral Care Coordinator or designated counselling service liaison to find the best way for the service to fit with each school's pastoral care system, also taking into account the views of pupils through focus groups.

THE REFERRAL PROCESS

The referral process varies slightly with each school. However, in each instance, the school's Pastoral Care Coordinator receives from pastoral care teachers, senior managers, year heads and any other staff the names of pupils who these colleagues feel would benefit from counselling. In some instances, as will be discussed later in this document, pupils may also be referred to the counselling service through a multi-agency Integrated, or Joint, Support Team. Should a waiting list arise, the Pastoral Care Coordinator prioritises pupils – generally in consultation with the referring individual and/or the counsellor – and, when a slot becomes available, the young person is asked by the referring Pastoral Care Coordinator whether they wish to attend counselling.

In addition to this process, pupils have the opportunity to refer themselves directly to the counselling service. In these instances, the counsellor informs only the service coordinator that the pupil is attending counselling in order to account for their whereabouts during their meeting with the counsellor. Where possible and appropriate, the counsellor also encourages the pupil to use the existing support mechanisms that are available at the school.

Pupils who attend counselling use whatever system is already in place for giving permission to be absent from class to attend pastoral care interviews. To maintain confidentiality, these pastoral care slips do not specifically mention that the pastoral care interview is for counselling.

Ongoing appointments made by the counsellors with pupils are generally confirmed with the Pastoral Care Coordinator at the end of each day so that a pastoral care slip can be issued for subsequent sessions. In some cases, the counsellor issues slips directly to pupils. Timing of sessions varies over a period of weeks so as not to disadvantage the pupil by being regularly absent from one particular class.

PARENTAL AWARENESS, CONFIDENTIALITY AND CHILD PROTECTION

During the period of setting up the counselling service within the school, the schools inform parents and carers, at a general level, that a counselling service is being introduced in their school. In line with Scottish law on confidentiality for young people, counsellors do not routinely require parental permission before proceeding with counselling, though they would do so should they have doubts about the young person's capacity to understand the nature of the counselling relationship. In the early stages of counselling the counsellor would generally encourage the pupil to explore the issue of whether or not they want to talk to their parents or carers about their attendance at counselling, or any of the concerns that brought them to counselling. Young people are informed about the limits to confidentiality by the counsellors at their initial meeting, and any child protection issues are managed through the usual school procedures.

COMMUNICATION BETWEEN COUNSELLORS AND PASTORAL CARE STAFF

Regular contact between the counsellors and members of the pastoral care staff is an essential part of the service, though its form and frequency varies. In some instances, the counsellor meets with the Pastoral Care Coordinator at a set time to discuss referrals and any other issues that have arisen. Counsellors may also attend pastoral care team meetings at regular intervals. Where the contact

between counsellor and Pastoral Care Coordinator is difficult to arrange, communication often takes place through written messages or secure internal emails.

Feedback to the pastoral care staff about pupils referred to counselling is negotiated by counsellors and pastoral care teams according to the system and needs of each school. Where pastoral care staff are full time it is relatively easy to manage regular communication. In schools where pastoral care staff also have a teaching remit, feedback may be given in brief and confidential written form or the counsellor may arrange a time specifically to meet with the relevant staff member.

The nature of the feedback is general and covers such things as attendance at a first session, completion of counselling, perhaps whether the counselling seemed to have been of value to the young person and any onward referrals made. Beyond this, however, confidentiality consistent with the BACP's (2002) ethical framework is maintained by the counsellors. In cases where the counsellor has significant concerns about the wellbeing and safety of a client, this is disclosed to the school's Pastoral Care Coordinator or the designated Child Protection Coordinator while ensuring that the young person involved is included and informed.

SESSIONS

Counselling sessions are generally timetabled according to the school's periods, which are between 50 and 55 minutes, although some counsellors may see pupils during lunch periods or after school as well. Counsellors are contracted to have a maximum of five client contact hours per working day with additional time for supporting work, although this remains flexible in order to accommodate any emergencies that arise.

ACCOMMODATION

Each school has designated a room for the counsellor's use; in most cases this is an existing interview room although schools often have to be creative about finding rooms where space is limited. In general, with some exceptions, the counselling rooms are close to the pastoral care base but discrete and away from the main school corridors.

ONWARD REFERRAL

New Learning Communities have Integrated Support Teams and many individual secondary schools retain Joint Support Teams whose function is to decide the best range of supports for any pupil brought to their attention. These groups are made up of senior management, pastoral care staff, psychological services, social work and CAMHS. Normally this would be the primary route for the counsellor to refer a client to another agency. However, counsellors are also encouraged to establish working relationships with resources such as their local CAMHS outpatient clinic and social services should any emergency referral need to be made or to seek advice about onward referral.

RECORD KEEPING

Counsellors maintain individual, anonymous and confidential records of pupils' attendance at counselling, which are used to monitor and record the uptake of the service over time. Record sheets are completed for each client referred for counselling (see Appendix 1). These record:

- The sex of the client
- His or her school year
- The source of referral
- Any onward referrals
- Whether or not the young person is considered competent to consent to counselling
- That the confidentiality of the counselling relationship has been explained
- Parents'/carers' awareness that the young person is attending the counselling
- The client's presenting issue(s)
- The client's developing issue(s)
- The number of sessions offered to the client
- The dates of sessions offered to the client, and whether or not these sessions had been attended, not attended, cancelled by the client, cancelled by the counsellor, or for which the client had been absent from school
- Whether or not the client is willing to take part in the evaluation
- Whether or not the client is willing to take part in the interviews.

PROMOTION OF THE COUNSELLING SERVICE

Promotion of the service is most often arranged between the counsellor and the school. Counsellors will usually speak at all of the year group assemblies at the start of the academic year when the service is introduced into the schools and an item about the counselling service appears in the school newsletter. There is a service leaflet that is customised for each school and its counsellor describing what counselling is, the confidentiality offered and how to make an appointment (see Appendix 2). These leaflets are used both as general publicity at strategic places around the school such as the guidance base and the library and are also given to pupils when a pastoral care teacher suggests that they might want to speak to the counsellor. Due to a fine balance between the numbers of sessions the service is able to offer and the demand for counselling, promotion has been fairly low key in order not to raise expectations that cannot be met. Counsellors and schools do, however, ensure that all pupils are informed that a counselling service is available to them.

SUMMARY

The Glasgow Counselling in Schools Project encompasses the participation of The Counselling Unit of the University of Strathclyde, NHS Greater Glasgow and Clyde, the Education Department, counsellors, school staff and the young people who use the service. It provides counselling to pupils for a wide range of problems and endeavours to be a service that is managed externally but is an integral part of the schools' pastoral care system.

AIMS OF THE EVALUATION

The aims of the evaluation of the second phase of the Glasgow Counselling in Schools Project were to both assess the reliability of the findings from the first phase of the pilot project (Cooper, 2004, see review chapter) and to attempt to address some new questions. In particular, with the greater involvement of Glasgow City Council's Education Services in the strategic development of the project and the schools, themselves, in the funding of the project, the research team were asked to consider the impact that the counselling may have on the clients' capacities to study and learn. In addition, colleagues from education were interested in examining the degree of integration and collaboration between the counselling service and the Integrated and Joint Support Teams that operated in the New Learning Communities and schools. A third interest that arose from educational colleagues was that of the potential integration between counselling and the Social and Emotional Learning Frame (SELF), an assessment tool being developed by Principal Psychologist Alan McLean with funding from the Scottish Executive Education Department (SEED) and piloted in eight of Glasgow's New Learning Communities (three of which were involved in the phase II counselling project) with Primary 6 pupils (approximately nine to 11 years old), now in S1 (the first year of Scottish Secondary schools, approximately 11 to 13 years old). A final question that arose for the researchers, as something that had been frequently put to the commissioners of the service, was that of the 'added value' of a school-based counselling service. In other words, what did a counselling service add to a school's pastoral care provisions above and beyond those which were already existent?

The five primary aims of the present evaluation were thus set as follows:

1. To evaluate the general successfulness of the counselling service:
 - i. Its impact on clients' mental health
 - ii. Clients' and pastoral care teachers' satisfaction with the service
 - iii. Perceived areas for improvement.
2. To evaluate the impact of the counselling on clients' capacities to study and learn.
3. To explore the added value that a school-based counselling service might have to a school's pastoral care provisions.
4. To explore the relationship between counselling and wider support services, especially the Integrated and Joint Support Teams.
5. To explore the potential integration of counselling with the SELF assessment system.

COUNSELLING IN SECONDARY SCHOOLS: A REVIEW OF THE EVIDENCE

In recent years, several studies have been conducted which evaluate the effectiveness of counselling (as defined in the Introduction) in British secondary schools, including our own evaluation of the first phase of the Glasgow Counselling in Schools Project (Cooper, 2004). In addition, a number of other studies and trials have been conducted in the United Kingdom and the United States which have examined the effect of counselling and psychotherapy on young people's mental health and educational attainment. Such evidence, then, would seem useful to review, both as a means of providing some initial indications as to what the effects of the present counselling service might be, and also as a means of developing a more generalisable understanding of the impact that a schools-based counselling service is likely to have.

In order to identify evaluations that would be appropriate to review, a number of criteria were set as to the main studies to be analysed. These were as follows:

- The evaluation should have been conducted within the past ten years (i.e. post-1996)
- The counselling service should be primarily based within secondary schools
- The practice of the counsellors should meet the definition of 'counselling' provided in the Introduction: i.e., primarily consisting of non-judgmental, non-directive listening
- The service should be based within the United Kingdom (this is because the practice of 'counseling' within the American and European secondary school systems tends to be of a much more structured and 'guidance'-orientated nature)
- The counselling work should primarily be one-to-one
- The data is collected and analysed in a relatively rigorous way (e.g. thematic analysis of qualitative data rather than 'cherry-picking' of quotes) with quantitative, as well as qualitative, analysis.

On the basis of these criteria, five evaluation studies were identified (Cooper, 2004, 2006; Fox & Butler, 2003; Loynd, 2002; Sherry, 1999). Background data on each of these studies is presented in Table 1. Where available, audit data from *all* pupils attending the services are presented; where not available, data from only those completing a post-counselling questionnaire or other evaluation form has been used (i.e., from a smaller and more selective sample of the population).

Across the five services, the mean number of sessions offered to pupils ranged from 5.62 to 9.88 (see Table 2). However, this figure is skewed by the fact that a small number of pupils were offered up to 40 sessions, such that the median averages reported in two of the studies – three sessions (Cooper, 2004) and nine sessions (Cooper, 2006) – may give a better indication of the typical number of sessions offered to a client in these services.

Attendance rates (i.e. rates of sessions attended as compared to those offered) were reported in just two of the studies, and were both around the 85 percent mark. This compares quite favourably with attendance rates at comparable adult counselling services, such as the Lanarkshire Primary Care Counselling service, which has an 83 percent attendance rate (Mearns, 2006, personal communication).

Table 1. Background data for evaluation studies

	Dudley (Sherry 1999) (Newton, 2006)	Aberdeen (Loynd 2003)	NSPCC (Fox 2003)	Glasgow Phase I (Cooper 2004)	East Renfrewshire (Cooper 2006)
Period of evaluation	1998-1999	2000-2002	2001-2003	2002-2004	2003-2005
Location of service	School	School	School	School	School and some community
School level	Secondary	Secondary (67% of pupils) and primary	Secondary (approx. 50% of schools) and primary	Secondary	Secondary
Number of schools	16	One secondary, two primary	Approx. 20	3	7
Number of counsellors	Approx. 10	1	Approx. 19	2	4
Pupils seen	459	446	N/A	197	115
Length of sessions	40 mins.	40 mins. (30 mins. primary)	Approx. 30 mins.	Length of school period (approx. 45 mins. to 1 hr.)	50 mins.
Therapeutic modality	Broadly humanistic	Humanistic (‘Transactional Analysis’)	Primarily Person- centred	Person-centred	<i>Primarily Person- centred (93% of cases)</i>
Forms of referral	<i>Mainly teacher- referral</i>	Mainly self-, some teacher- referral	<i>Mainly self- and some teacher- referral</i>	Mainly pastoral care teachers (72%), few self-referrals (4%)	<i>Mainly teacher and other school staff, some self-referral (13%)</i>

Note. Figures in italics come from evaluation data rather than full service audit data

In terms of sex of clients attending the service, this ranged from 51 percent female to 63 percent female, with a median across the five studies of 56 percent female attendees.

Ethnic origins of clients were presented in only one study, which reported that 94 percent of service users were of a British or European background.

No data was available on the use of counselling services by pupils with disabilities.

Substantial commonality existed across the studies with respect to the school years of pupils attending counselling. Young people in the school years S2 to S3 (approximately 12 to 14 years old) tended to be most likely to attend, with a significant dropping off for both younger and older pupils.

There were also substantial commonalities in terms of the primary presenting problems that the young people tended to bring to counselling. Across the five studies, ‘family’ was by far the most common presenting problem, with ‘school’, ‘relationships’, ‘anxiety and stress’ and ‘anger’ also featuring prominently in a number of the reports. Interestingly, the Glasgow phase I study (Cooper, 2004), the

Table 2. Client characteristics in evaluation studies

	Sherry, 1999	Loynd, 2003	Fox, 2003	Cooper, 2004	Cooper, 2006
Mean number of sessions per pupil	Approx. 9	N/A	7.63	5.62	<i>9.88</i>
Attendance rates	N/A	N/A	N/A	82%	<i>Approx. 86%</i>
Gender (% female)	<i>56%</i>	51%	<i>57%</i>	55%	<i>63%</i>
Ethnic origin	N/A	N/A	N/A	N/A	<i>94% White (British/European)</i>
School year/age (most frequent, in descending order)	12 years old 13 years old 14 years old	S2 S1 S3	N/A	S3 S4 S2	<i>S4 S3 S2</i>
Presenting problems (most frequent, in descending order)	<i>School Family Feeling 'low' Relationships Physical abuse</i>	Family Relationships Peers/friends Anxiety Anger/Self-control	<i>Family School Personal Relationships Health</i>	Family Behaviour Anger Anxiety and stress Academic-related	<i>Family Anxiety and stress Anger Relationships School issues</i>

Note. Figures in italics come from evaluation data rather than full service audit data

East Renfrewshire study (Cooper, 2006), the NSPCC study (Fox & Butler, 2003) and the Aberdeen study (Loynd, 2002) all found significant gender differences in the types of issues presented to the counsellor, with females tending to present more frequently with family, relationship and anxiety issues, and males tending to present more frequently with issues related to behaviour, anger and school.

MENTAL HEALTH

Outcome measurements

In three of the studies reviewed (Cooper, 2004, 2006; Fox & Butler, 2003), clients' levels of mental health and wellbeing were measured pre- and post-counselling using demonstrably reliable outcome measures. In the Glasgow phase I (Cooper, 2004) and NSPCC (Fox & Butler, 2003) evaluations, the measure used was a 14-item questionnaire called Teen-CORE⁹ (completed by 73 and 114 clients, respectively); and in the East Renfrewshire evaluation (Cooper, 2006), a 25-item inventory called the Strengths and Difficulties Questionnaire (SDQ)¹⁰ (Goodman, 2001) was adopted (completed by 88 clients). Both questionnaires asked clients to rate, over a specified period of time (one month for the SDQ and one week for Teen-CORE), how they had been feeling with respect to certain items: for instance, 'I have felt a bit nervous and scared' (Teen-CORE) and 'I get very angry and often lose my temper' (SDQ). Higher scores indicate higher levels of psychological distress.

⁹ www.coreims.co.uk

¹⁰ www.sdqinfo.com

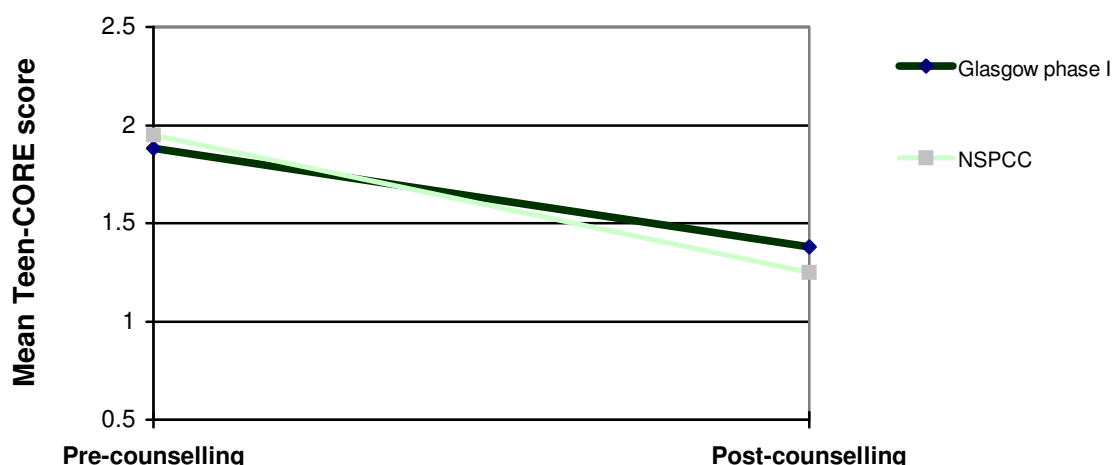


Figure 1. Changes in mental health following counselling

Data from all three studies suggest that clients were significantly less distressed at the end of counselling as compared with the beginning of counselling, with effect sizes (ES, a measure of the degree of change, see Glossary) for the three studies of 0.73 (Cooper, 2004), 0.88 (Fox & Butler, 2003), and 0.33 (Cooper, 2006). This gives an average effect size of 0.65, which can be considered in the medium to large range. A graphic representation of this reduction in levels of psychological distress on the Teen-CORE measure can be seen in Figure 1.

In a three month follow-up with thirty clients of the counselling service, Fox and Butler (2003) found that these gains were maintained at a level similar to the post-counselling scores.

All three studies found that the effects of counselling were consistent across sex and age.

As well as being able to calculate whether changes are significant from pre- to post-counselling (i.e., unlikely to be due to random fluctuations), outcome measures can also allow for the calculation of the percentage of clients that show 'reliable' change (i.e., change that is probably not due to the unreliability of the outcome measure) and the percentage of clients that show 'clinical' change (i.e., movement from one clinical category – 'normal', 'borderline', 'abnormal' – to another). With respect to reliable change, the NSPCC evaluation (Fox & Butler, 2003) reported that 38 percent of clients showed reliable improvement; while the Glasgow phase I evaluation (Cooper, 2004) reported that 28.8 percent of all clients showed reliable improvement, 69.9 percent showed no reliable change, and 1.4 percent showed a reliable deterioration. With respect to clinical change, the East Renfrewshire study (Cooper, 2006) found that 25 percent of clients had improved (i.e., moved from 'abnormal' to 'borderline', 'borderline' to 'normal', or 'abnormal' to 'normal'), 58 percent remained in the same range, and ten percent had deteriorated (i.e., moved from 'normal' to 'borderline', 'borderline' to 'abnormal', or 'normal' to 'abnormal').

In terms of outcome measurements, the SDQ – as used in the East Renfrewshire (Cooper, 2006) evaluation – also includes an 'impact supplement' which asks clients to directly rate how much their problems have changed since coming to counselling. Here, fifty-two clients (58%) said that their problems were 'much better' since coming to the clinic, 27 (30%) said their problems were 'a bit

better', and nine clients (10%) said that their problems were 'about the same'. No participants said that their problems were 'a bit worse' or 'much worse'.

Clients' ratings

In four of the five studies, clients were asked to indicate on a post-counselling questionnaire how helpful they had found the counselling. Seventy-four percent of the participants in the Glasgow phase I study (Cooper, 2004) said that it had helped them 'A lot' or 'Quite a lot' (as opposed to 'A little' or 'Not at all'); 97 percent of the clients in the Aberdeen (Loynd, 2002) study rated it as 'Very helpful' or 'Helpful' (as opposed to 'Not very helpful' or 'Not at all helpful'); 54 percent of clients in the Dudley study (Sherry, 1999) said that the counselling had helped them 'A lot' or 'Quite a lot' (as opposed to 'Moderate', 'A little' or 'Not at all'); and 67 percent of clients in the East Renfrewshire evaluation (Cooper, 2006) gave it a rating of '6' or '7' on a 1 ('not at all helpful') to 7 ('very helpful') rating scale. As with scores from the outcome measures, no significant differences in levels of reported helpfulness were found across sex or school year of participants.

Similar results were obtained from in-depth interviews with clients attending two of the counselling services. The NSPCC evaluation (Fox & Butler, 2003) reported that 'most' of the 16 clients that they interviewed said that the counselling 'had helped' with only one saying that it 'had not helped'; while the Glasgow phase I evaluation (Cooper, 2004) reported that fifteen of the nineteen clients interviewed described their experience of counselling in predominantly – or entirely – positive terms, with the other four describing it as being of limited help.

Because of the different methods and scales used in these studies, it is difficult to amalgamate these findings. However, it would seem that approximately two-thirds of clients attending schools-based counselling services are finding the counselling moderately to very helpful, with only a very small minority finding it of no help at all.

Teachers' ratings

Alongside these self-report evaluations of helpfulness, two of the five evaluations (Cooper, 2004; Loynd, 2002) asked teachers to assess how helpful they felt the counselling service had been to their pupils. In the Glasgow phase I study (Cooper, 2004), pastoral care teachers across the three schools were asked the question, 'Based on any changes that you have witnessed in...pupils [who have attended counselling], Overall, how helpful or unhelpful do you think the counselling service has been (1 = Extremely unhelpful, 5 - 6 = Neither helpful or unhelpful, 10 = Extremely helpful)?' Mean responses, from 25 teachers in 2002-3 and 15 teachers in 2003-4 (a one hundred percent response rate in both instances) were 7.34 and 8.47, respectively.

In the Aberdeen (Loynd, 2002) evaluation, all teachers from across the three schools in which the counselling service was in place were asked to rate a number of statements on a six-point scale from 'strongly disagree' to 'strongly agree'. The response rate was just under fifty percent. Statements which the teachers, on average, strongly agreed with included: 'The counselling service can make a difference in the lives of the students,' 'Counselling can help students learn strategies and coping skills for use in difficult situations' and 'The counsellor can help students think about their problems in a more positive way.'

Willingness to see the counsellor again

Another standard evaluation question used across three of the five studies was that of how willing the clients would be to use the counselling service again. Here, both the Glasgow phase I (Cooper, 2004) and Aberdeen (Loynd, 2002) evaluations found that 91 percent of clients would 'definitely' or 'probably' be willing to re-use it; while the Dudley evaluation reports a figure of 84 percent (Sherry, 1999).

Forms of change

What kinds of changes did the school-based counselling bring about? The clearest indicator of this comes from the SDQ items used in the East Renfrewshire evaluation (Cooper, 2006) which are divisible into five subscales. Here, counselling was associated with significant improvements in levels of emotional and peer problems, but not with conduct problems, hyperactivity or levels of prosocialness. Along somewhat similar lines, the greatest pre- to post-counselling reductions on the Teen-CORE items used in the Glasgow phase I evaluation (Cooper, 2004) tended to be on the emotion-related items: for instance, 'I have felt unhappy', 'I have liked myself', 'I have felt nervous'; as compared with those more behaviourally- and conduct-related items: for instance, 'I have been told off', 'I have done my work.'

Domains of change

As well as providing some indications of the kinds of changes that school-based counselling might bring about, data from three of the five evaluations can provide some initial indicators as to the area of everyday life in which these changes may be most manifest. Again, the most valuable data comes from the SDQ used in the East Renfrewshire evaluation (Cooper, 2006), whose impact supplement specifically asks clients to rate how much their difficulties interfere with their daily lives in a range of areas. Here, the largest – and only significant – reduction in levels of interference from pre- to post-counselling was in the area of 'classroom learning', while 'friendships' and 'home life' showed smaller, and non-significant, decreases. Interestingly, then, while the predominant issues brought to counselling tend to be about home life and family relationships, it seems that the greatest positive impact of the counselling is in the classroom. However, these findings need to be replicated, and data from both the Glasgow (Cooper, 2004) and the Dudley (Sherry, 1999) evaluations suggests that the counselling impacted on clients' school lives only marginally more than their home lives, followed by how they felt about themselves and their relationships.

Helpful aspects of counselling

What was it about counselling that the young people found helpful? In four of the studies (Cooper, 2004, 2006; Fox & Butler, 2003; Sherry, 1999) the young people reported on the aspects of counselling that they had found particularly facilitative, with the Glasgow study generating both questionnaire and interview responses to this question. The findings from these studies are presented in Table 3 with percentages of responses, though these vary considerably according to the method of inquiry used. What is clear from this table, however, is that for many of the clients, the most helpful aspect of counselling was having an opportunity to talk and to be listened to. After this, the three other aspects of counselling that were more frequently cited as helpful across the four studies were confidentiality, getting things off one's chest and experiencing guidance and advice from the counsellor. This particular valuing of having an opportunity to talk and be listened to has been found in other studies with young people. The Report of the national inquiry into self-harm among young people (Mental Health Foundation, 2006, p.3), for instance, states that 'Young people told the Inquiry

Table 3. Helpful aspects of counselling

Glasgow – questionnaires (n = 117) (Cooper, 2006)	Glasgow – interviews (n = 19) (Cooper, 2004)	East Renfrewshire (n = 66) (Cooper, 2006)	NSPCC (n = 16) (Fox & Butler, 2003)	Dudley (n = 174) (Sherry, 1999)
Talking and being listened to (28%)	Opportunity to talk (95%)	Talking and being listened to (59%)	Getting things off chest ('some')	Talking more openly (6%)
Specific improvements (24%)	Confidentiality (63%)	Guidance and advice (14%)	Empathy (13%)	Being understood (3%)
Getting things off one's chest (16%)	Suggestions or advice (58%)	Miscellaneous (9%)	Problem-solving (some')	Specific improvements (3%)
Self-esteem (8%)	Reflection on feelings (47%)	Confidentiality (8%)	*	Confidentiality (2%)
Guidance and advice (8%)	Being asked questions (53%)	Everything (6%)	*	*
Confidentiality (8%)	Getting things off chest (42%)	Specific improvements (6%)	*	*

that often all they want is to be able to talk to someone who will listen and respect them, not specifically about self-harm but about problems and issues in their daily lives. Many said had this been available to them they may never have started to self-harm.' Similarly, studies with adult counselling and psychotherapy clients have found that feeling listened to is one of the most important and helpful aspects of the therapeutic experience (e.g. Paulson, Everall, & Janice, 2001).

Unhelpful aspects of the counselling

What aspects of the counselling did the clients experience as unhelpful? This question was asked across each of the five studies but responses here were generally low. While 34 of the 90 participants to the East Renfrewshire post-counselling questionnaire (Cooper, 2006), for instance, gave a response to this question, 31 of these responses (91%) were coded under 'nothing was unhelpful' (for instance, 'It was all good') leaving just three (3% of the total participants) providing genuine criticisms. There were also few commonalities across the aspects identified as unhelpful. However, in the Glasgow phase I interviews (Cooper, 2004), 16 percent of the participants said that they felt the counselling lacked sufficient input or direction, as did two percent of the questionnaire participants. Two percent of the questionnaire participants in the Glasgow phase I study also said that they felt the service was insufficiently confidential, as did a number of participants in the Dudley (Sherry, 1999) and NSPCC (Fox & Butler, 2003) evaluations.

Contributions from the wider field of counselling and psychotherapy research

While the findings presented above provide some valuable indicators as to the effectiveness of a school-based counselling service, they have some significant limitations. Most importantly, in none of the studies were the changes in levels of mental health and wellbeing from pre- to post-counselling compared against changes within a control group, in which some other form of intervention, or treatment as usual, was undertaken with a similar sample. Hence, it is difficult to ascertain from these studies whether the reductions in levels of mental distress were specifically brought about by the

counselling, or by some other factor, such as general improvements over time. In this respect, it is useful to briefly consider findings from the wider counselling and psychotherapy research field in which numerous randomised controlled trials – the so-called ‘gold standard’ of psychotherapy research – have been conducted with young people.

With respect to the impact of counselling and psychotherapy with young people and children as a whole, meta-analyses (i.e. summaries of multiple studies, see Glossary) suggest that it is moderately efficacious, with an average effect size (Cohen’s *d*) of around 0.7, as compared with control subjects (Fonagy, Target, Cottrell, Phillips, & Kurtz, 2002; Kazdin, 2004). This closely parallels the magnitude obtained with adults. As Kazdin concludes: ‘Psychotherapy appears to be better than no treatment’ (2004, p.551) and he reports that these treatment gains tend to be maintained at follow-up. A similar finding tends to emerge from meta-analyses of counselling and psychotherapy *in schools* (Prout & Prout, 1998) – though not in all instances (e.g. Catron, Harris, & Weiss, 1998) – that the treatments are moderately efficacious, with an effect size (Cohen’s *d*) of 0.97 emerging from a pooled analysis of 17 studies. However, it should be noted that in the overwhelming majority of these studies, a cognitive or cognitive behavioural approach to treatment was used. Indeed, Fonagy et al. report that, in a recent meta-analysis, only two percent of the studies included involved a person-centred approach to therapy and, in many instances, what is described as a ‘non-directive’, ‘supportive’ or ‘person-centred’ consists, in fact, of the delivery of an inert, non-focused intervention, as opposed to the provision of an in-depth person-centred relationship by a practitioner skilled and experienced in this approach.

Despite this, some studies do suggest that a non-directive, supportive approach to therapy may be efficacious in the treatment of certain forms of mental distress, in particular depression. Vostanis et al. (1996a; 1996b), for instance, found that a non-focused intervention was as effective as cognitive behavioural therapy in treating children with depression, and they suggest that ‘Non-specific psychotherapy elements, such as empathy, sympathetic listening, reassurance, reinforcement and indirect ways of achieving self-understanding and problem-solving may be involved in the recovery’ (1996b, p.199). Similarly, Birmaher et al. (2000) found that non-directive, supportive therapy was as efficacious as cognitive behavioural therapy and systemic behavioural therapy in treating depression in the long term, though cognitive behavioural therapy showed superior results at the end of treatment (Brent et al., 1997). In a third study, Fine et al. (1991) found that a person-centred-like therapeutic group was more efficacious than a social skills group in treating adolescent depressive disorder. On the basis of findings such as these, National Institute for Health and Clinical Evidence (NICE) guidelines for the identification and management of depression in children and young people suggest that, ‘After up to 4 weeks of watchful waiting, children and young people with continuing mild depression should be offered a course of non-directive supportive therapy, group cognitive behavioural therapy or guided self-help’ (National Institute for Health and Clinical Excellence, 2005, p.25). Similarly, in their summary of the data, Fonagy et al. (2002, p.104) write that, for children and young people with depression, ‘it may be wise to offer brief supportive therapy as the first-line of treatment’. Along similar lines, there is evidence to suggest that, when a child or young person is exposed to a single recent undesirable life event, such as bereavement, parental divorce or separation or a severely disappointing experience, a brief supportive therapeutic approach is an appropriate first line of treatment, providing that there are no other risk factors for depression (Fonagy et al., 2002, p.391; National Institute for Health and Clinical Excellence, 2005). However, for moderate to severe depression, these guidelines recommend cognitive behavioural therapy, interpersonal therapy or shorter-term family therapy.

Data from randomly controlled trials also suggests that non-directive counselling may not be a particularly efficacious form of treatment for young people with behavioural problems, disturbances of conduct or 'juvenile delinquency' (Fonagy et al., 2002; Lipsey, 1995; McGuire & Priestley, 1995). Here, multimodal, highly structured and skills-orientated programs, using methods mainly drawn from cognitive and behavioural sources, have been shown to bring about the greatest degree of behavioural change.

As with the findings from the counselling evaluations studies, then, there are some indications that a non-directive, person-centred approach is effective at bringing about change at the emotional – and possibly interpersonal – level, but there is less evidence that it is effective at bringing about change in relation to conduct and behavioural problems.

LEVELS OF SATISFACTION

How satisfied are clients, teachers and other interested parties with a school-based counselling service? Such a question is important to ask independently of the question of how helpful such a service is, as research suggests that degrees of satisfaction and degrees of symptom change can be quite separate dimensions (i.e., someone can feel that a service was very satisfactory even though, personally, they do not feel it helped them much; and vice versa) (Lambert, Salzer, & Bickman, 1998).

Clients' ratings

Eighty-eight percent of participants in the Glasgow phase I evaluation said that they were 'satisfied' or 'very satisfied' with the counselling service and 91 percent of the clients in the East Renfrewshire evaluation gave it a score of '6' or '7' on a one-to-seven scale from 'not at all satisfied' to 'very satisfied' (Cooper, 2006). Across both studies, only two clients indicated that they were dissatisfied or very dissatisfied with the counselling service, and in both instances this was because participants felt that the confidentiality of the counselling had been breached.

Teachers' ratings

Teachers' expressed satisfaction with the counselling service has also tended to be high. In the Aberdeen evaluation (Loynd, 2002), teachers strongly agreed with the statement that 'The introduction of a counselling service was an important development in this school' and the NSPCC evaluation reported that most teachers were satisfied with the service (Fox & Butler, 2003) with 64 percent stating that there was 'a lot of need' for such a provision. With specific respect to pastoral care staff, the Aberdeen study reports that, while initially doubtful about the service, comments one year on included: 'it's been great, excellent, superb', and 'I think it has been wonderful, super, very, very useful.' Similarly, in the Glasgow phase I study (Cooper, 2004), all three coordinators of pastoral care were positive about the service: 'It's been absolutely excellent,' 'I think, generally speaking, it's going well,' 'I think it's an excellent thing.'

Location

How satisfied are pupils with having a counselling service based in their school, as opposed to a non-school environment, such as a community centre or GP practice? In the Glasgow phase I evaluation (Cooper, 2004), 58 percent of the clients interviewed said that they preferred that they had seen their counsellor in the school, with 37 percent expressing no overall preference, and none of the clients expressing an overall preference for seeing a counsellor in a non-school environment. In terms of why

they have this preference, the most common response was the 'convenience' of this location, with the familiarity of the setting and the quickness of referral also mentioned by a few clients. In addition to this, 73.4 percent of the participants to a school-wide survey of pupils (Cooper, 2004, in press) said that, if they were to see a counsellor, they would rather see them at the school, as opposed to outside.

Further support for the hypothesis that children and young people tend to prefer attending a school-based counselling service comes from the findings of two rigorously controlled studies, which suggest that young people are as much as ten times more likely to access a school-based mental health service as compared with a community-based one (Catron et al., 1998; Kaplan, Calonge, Guernsey, & Hanrahan, 1998). Again, the main reasons given for this are ease of access of the service and its familiarity; and a recent pilot study also reports that such a service may be less expensive than a community-based one (American Academy of Pediatrics, 2004). Alan Kazdin, one of the leading researchers in the field of child and adolescent psychotherapy, suggests that mental health services in schools should be increased. 'In fact,' as Prout and Prout (1998, p.122) report, 'he notes that the potential for treatment in the schools may be greater than in clinic settings.'

Format

Another question is how satisfied clients are with a one-to-one counselling format, as opposed to a group therapy structure. Interviews with clients in the first phase of the Glasgow project found that 63 percent expressed a preference for this format (Cooper, 2004), with the remainder highlighting advantages and disadvantages of both individual and group structures, and none expressing an outright preference for group therapy. In terms of reasons for this preference, concerns about feeling nervous and uncomfortable in a group were raised by several participants, as were fears that a group format would be less confidential. Again, these findings were supported by data from the school-wide survey, which found that 86 percent of pupils expressed a preference for individual, as opposed to small group, counselling. Interestingly, this preference was significantly more marked in older students (Cooper, in press), with younger students somewhat more open to a group format, though still expressing a strong overall preference for one-to-one therapy.

AREAS FOR IMPROVEMENT

In terms of areas of dissatisfaction or suggestions for improvement regarding their school-based counselling service, a number of commonalities also emerged across the three studies (Cooper, 2004; Fox & Butler, 2003; Loynd, 2002). First, a desire to see improved communication and liaison between counsellors and pastoral care staff was expressed by over half of the pastoral care staff surveyed in the Glasgow phase I evaluation and two of the three guidance coordinators, by five percent of the teachers in the NSPCC survey, and by some of the teachers in the Aberdeen evaluation. In particular, many of these teachers wanted more feedback from the counsellors on the progress that their pupils were making in counselling, and on anything that they could be doing to facilitate their pupils' development. A second concern that was raised by teachers in both the Aberdeen and NSPCC studies (16% in the latter) is that pupils might use the counselling as an excuse to miss lessons or to get out of class. A need for greater promotion and a higher profile to the counselling service was also raised by two percent of the teachers in the NSPCC evaluation and by twelve percent in the Glasgow phase I study. Again, a review of related studies (Cooper, Hough, & Loynd, 2005) suggests that these concerns about counsellor-teacher relationships and of pupils abusing the system are relatively widespread, along with a concern that pupils might feel stigmatised by attending counselling.

However, it should be noted that in both the NSPCC and Aberdeen studies, the most frequent response to the question of 'What are the problems of having a counselling service?' was 'There aren't any', and a substantial number of teachers across both these and the Glasgow phase I studies said that the main problem was that the counsellor was not in the school for a sufficient amount of time. A survey of teachers' attitudes towards counselling prior to the establishment of the counselling service in the three Glasgow schools found that they gave it a mean rating of 7.47 on a one to ten scale from 'not at all' important to 'essential' (Cooper et al., 2005). As other studies in this area have suggested, then, teachers generally seem to hold positive views towards counselling and see it as a much needed resource (Cooper et al., 2005).

IMPACT ON CAPACITY TO STUDY AND LEARN

According to Lewis Macdonald and Robert Brown, Deputy Ministers in the Scottish Parliament for Health and Community Care and Education and Young People respectively, mental wellbeing affects young people's abilities to learn and achieve (Healthier Scotland, 2005). A service which improves young people's mental health, then, should also have a positive impact on the educational aspects of their lives. Currently, however, there is little evidence to support this hypothesis, either from the five evaluation studies discussed above or from the wider literature. As discussed earlier, however, the East Renfrewshire evaluation (Cooper, 2006) did find that the largest improvements from pre- to post-counselling were in the area of 'classroom learning', a finding which received partial support from the Glasgow phase I (Cooper, 2004) and Dudley (Sherry, 1999) evaluations.

A randomly controlled study by Gerler and colleagues in the United States (Gerler Jr., 1985) also found that counselling brought about significant improvements in under-achieving elementary students' mathematics and language arts grades. Gerler (Gerler Jr., Kinney, & Anderson, 1985) reviews a number of further studies which suggest that school counselling can improve the academic performance of elementary school students as well as their 'classroom behaviour'. More recently, Sink and Stroh (2003) found that pupils enrolled for several years in elementary schools with comprehensive school counselling programmes showed greater improvements in their achievement test scores than those pupils enrolled in schools without a counselling service. Reviewing the many variables that have been shown to influence academic achievement – behavioural, affective, sensory, imagery, interpersonal and physical – Gerler writes that 'educators and others should not be surprised by counselors' contributions to children's academic success' (Gerler Jr. et al., 1985, p.156). However, the counselling approach used in many of these studies was of a highly structured, skills-based nature. Moreover, not all studies into the effects of school-based counselling have found such positive results. Catron et al. (1998), for instance, found that school-based counselling, as compared with academic tutoring, had no effect on grades, though it did bring about a significantly greater reduction in levels of absenteeism. Similarly, Sherr and Sterne (1999) found that counselling interventions within a primary school setting had only a limited effect on discreet educational indicators, as compared with a non-counselling control. As Prout and Prout (1998) state, then, one of the most important priorities for further research in the area of school counselling should be to look at its impact on educationally-relevant measures.

ADDED VALUE

In terms of what pastoral and other teachers saw as the particular strengths of a school-based counselling service, a number of points emerged across three of the evaluation reports (Cooper, 2004;

Fox & Butler, 2003; Loynd, 2002). First, in each of the reports, teachers pointed to the fact that the counsellor was someone 'independent' and 'neutral': 'someone else' other than teachers or parents to turn to (24% of participants in the NSPCC survey). Second, in each of the reports, teachers highlighted the fact that the counselling service was confidential (10% of participants in the NSPCC study). Third, the counsellor was seen as an additional resource or support for the school: something that could enhance the quality and diversity of pastoral care services available for pupils (Cooper, 2004; Loynd, 2002). Fourth, the expertise and specialist knowledge of the counsellor was acknowledged by teachers in the Aberdeen and NSPCC studies (13% of participants in the latter). Three of these points – confidentiality, independence and the counsellors' expertise – were also identified in a recent review of the literature (Cooper et al., 2005) as the main reasons why teachers valued a school-based counselling service, as well as the fact that counsellors could generally afford pupils far more time than pastoral care staff had available to them.

Key findings

- In general, pupils attending secondary school-based counselling services within the U.K
- attend for approximately seven sessions
 - display good attendance rates
 - are slightly more likely to be female
 - are more likely to be in years two to four
 - are most likely to present with family, relationship and anxiety issues (particularly if female), as well as school and anger issues (particularly if male).
- School-based counselling is associated with significant improvements in mental health and wellbeing, with an effect size in the medium to large range.
- School-based counselling brings about reliable and/or clinical improvement in around 25 – 40 percent of clients.
- Approximately two-thirds of clients attending school-based counselling services rate them as moderately to very helpful, with only a very small minority rating it as unhelpful.
- A large majority of teachers believe that school-based counselling services are of help to their pupils using the service.
- Around nine out of ten pupils who have used a school-based counselling service would be willing to use it again.
- Findings from both evaluation and controlled studies suggest that counselling may be most likely to bring about change at the emotional and interpersonal level, as compared with change at the level of conduct or behaviour.
- There are some indications that the greatest impact of school-based counselling is in the classroom, as compared with the home or peer environment.
- For many clients, the most helpful aspect of school-based counselling is having an opportunity to talk and to be listened to. This is followed by confidentiality, getting things off one's chest and experiencing guidance and advice from the counsellor.
- Criticisms of school-based counselling services by clients are rare, though a lack of sufficient input from the counsellor and concerns about confidentiality have been raised by a small minority of clients.
- Around nine out of ten clients express satisfaction with a school-based counselling service, and only a very small minority express dissatisfaction.
- The majority of teachers – both pastoral care and otherwise – express positive attitudes towards school-based counselling services.
- Many teachers see a school-based counselling service as unproblematic, but some would like to see greater communications between the counsellor and the school staff, and have some concerns about pupils using the service to evade class.
- A majority of pupils would prefer to see a counsellor in their school, as opposed to a non-school, environment, primarily because of the convenience of such an arrangement.
- A majority of pupils would rather see a schools-based counsellor on a one-to-one basis, as opposed to in a group format, primarily because of the increased security and confidentiality they believe they will experience with such an arrangement.
- Findings concerning the impact of counselling on pupils' capacities to study and learn are mixed and require further examination.
- School staff particularly value the independence, expertise and confidentiality that a counsellor brings to their pastoral care provision.

METHOD

As with the research on the first phase of the pilot project (Cooper, 2004), the basic design for this evaluation was a pluralistic one (see, for instance, Goss & Mearns, 1997): combining qualitative and quantitative methodologies as well as obtaining multiple perspectives on the key research questions. In-depth description of the methodological protocols adopted for the evaluation process can be found in Appendix 3. To achieve the five aims identified earlier, eight main research strategies were adopted. A summary of the research strategies to address each of the evaluation questions is presented below in Table 4.

All research procedures undertaken by the Counselling Unit at the University of Strathclyde were developed in accordance with the BACP's *Ethical Guidelines for Monitoring, Evaluation and Research in Counselling* and the University of Strathclyde's (2005) *Code of Practice on Investigations on Human Beings* (3rd ed.), and received ethical approval from the University of Strathclyde's University Ethics Committee.

Table 4. Overview of evaluation strategies

Evaluation questions	Evaluation strategies
1a. What was the impact of the counselling on the clients' mental health?	<i>Young-Person's CORE</i> Post counselling questionnaires Key pastoral care staff interviews Pastoral care staff questionnaires
1b. How satisfied were clients and pastoral care staff with the counselling service?	<i>Post-counselling questionnaires</i> <i>Key pastoral care staff interviews</i> <i>Pastoral care staff questionnaires</i>
1c. How might the counselling service be improved for current and future implementations?	<i>Post-counselling questionnaires</i> <i>Key pastoral care staff interviews</i> <i>Integrated and Joint Support Team interviews</i> Pastoral care staff questionnaires
2. What was the impact of the counselling on pupils' capacities to study and learn?	<i>Post-counselling questionnaires</i> <i>Client interviews</i> <i>Key pastoral care staff interviews</i> <i>Pupil records analysis</i> <i>Pastoral care staff questionnaires</i>
3. What is the relationship between counselling and the wider support services?	<i>Integrated and Joint Support Team interviews</i> <i>Key pastoral care staff interviews</i>
4. What is the 'added value' of a school-based counselling service?	<i>Key pastoral care staff interviews</i> Pastoral care staff questionnaires Post-counselling questionnaires Integrated and Joint Support Team interviews
5. What is the potential for integrating counselling with the SELF assessment scheme?	<i>Key pastoral care staff interviews</i> <i>Alan McLean interview</i>

Note. Strategies in italics are principal research methods for each question

YOUNG PERSON'S CORE (YP-CORE)

At the beginning of their first session of counselling, all pupils were informed that an evaluation of the service was currently being undertaken and they were asked if they would be willing to participate in it. If they were, they were invited to sign an informed consent form (see Appendix 5a and 5b). Those who did were then asked to complete a measure of mental health and wellbeing – Young Person's CORE v.1 (YP-CORE) (see Appendix 4) – at the beginning of their first and last counselling sessions (unless they only had one session: i.e. the last session *was* their first session). All clients were also asked to complete the YP-CORE measure at the end of each term so that end-point data would still be available on clients who subsequently dropped out of counselling and did not complete an end of counselling form.

YP-CORE is an 18-item questionnaire which is intended to assess young people's mental health and wellbeing. The questions ask them to rate how much they have felt a range of mental health-related experiences over the previous week: for instance, 'I've felt edgy or nervous' and 'My problems have felt too much for me.' Fixed responses range from 'Not at all' to 'Most or all of the time', and are allocated a score from zero to four, with higher scores indicating higher levels of mental distress. A mean score can then be calculated to evaluate a young person's overall level of mental health. The 18-items can also be divided up into four subscales measuring 'functioning,' 'wellbeing,' 'risk' and 'physical symptoms.'

YP-CORE was developed as a successor to Teen-CORE (the measure used in the first phase of the Glasgow Project) by the Psychological Therapies Research Centre at the University of Leeds: the organisation behind the development of CORE (Clinical Outcomes in Routine Evaluation), one of the most widely used mental health evaluation tools in the UK¹¹. Building on the development of Teen-CORE, academics and specialists in counselling work with young people across the UK were asked by the Leeds Centre to comment on the 14 original Teen-CORE items and to suggest any further items that they thought might be valuable to use in such a measure. This data, alongside data from completed Teen-CORE forms, was then analysed, and a new measure – YP-CORE – was designed that was intended to be of increased internal and external reliability and validity. The Counselling Unit at the University of Strathclyde has been closely involved in the development and piloting of this measure and it is hoped that data from a range of sites – including Glasgow – will be compiled in late 2006 so that the reliability and validity of the measure can be further evaluated. Initial data from the present study, however, suggests that the reliability of the measure is high and a more sensitive indicator of mental health than its predecessor.

POST-COUNSELLING QUESTIONNAIRES

All pupils who completed counselling and had consented to take part in the evaluation were asked to fill in a post-counselling questionnaire (see Appendix 6). As with the YP-CORE forms, to ensure the highest possible response rates, clients were asked to complete these forms at the end of each term as well as at the end of counselling so that drop-out rates would be minimised. Where a client completed a questionnaire at the end of a term and then a subsequent one at the end of counselling,

¹¹ www.coreims.co.uk

only data from the latter questionnaire was used so that only one questionnaire per client was analysed (unless the client returned for more than one episode¹² of counselling).

The questionnaire contained both scaled quantitative items and open-ended qualitative items, and was intended primarily to ascertain the pupils' levels of satisfaction with the counselling service, the extent to which they felt it had helped them and the extent to which they felt it had impacted upon their capacity to study and learn. The questionnaire also gave participants an opportunity to describe *how* they felt the counselling service had helped them and any ways in which it could be improved. Qualitative items on the questionnaire were first thematically analysed by the research assistant and then audited and revised by the evaluation's Chief Investigator, before being returned to the research assistant for a final reliability check.

CLIENT INTERVIEWS

To develop an in-depth understanding of the impact that the counselling had on the young people's capacities to study and learn, in-depth interviews were conducted with clients who had completed counselling. This study was developed and conducted by Nathalie Ogden, a qualified and experienced school- and college-based counsellor, in collaboration with the research staff at the University of Strathclyde's Counselling Unit.

To identify clients who might be willing to take part in these interviews, all pupils were asked, at the commencement of their counselling, whether or not they would be willing to talk to a researcher about the impact that the counselling had had on their studies. This was noted on their record form, and the names of the young people willing to be interviewed were then passed on to the Pastoral Care Coordinator at each of the schools. In early 2006, the researcher then contacted the Pastoral Care Coordinators at the schools and asked them to send out a letter to the pupils who had agreed to be interviewed, asking them if they were still willing to take part in this study (see Appendix 7a for information sheet). All pupils who assented were then assigned an interview time.

All of the interviews were conducted by the researcher at the young person's school, and followed the principles of an in-depth, qualitative inquiry (Kvale, 1996), although a relatively structured interview schedule was used as part of the research protocol (see appendix 7b). At the commencement of the interview, the aims and nature of the research were explained to the interviewee and he or she was given a further opportunity to withdraw from the study. If the young person agreed to continue, he or she was then invited to discuss a series of questions, of which the key ones were:

- When you first came to counselling, were the things that brought you to counselling having an impact on school and your schoolwork?
- In what way were the things that were bothering you affecting school and your schoolwork?
- Did counselling make a difference to your schoolwork or how you were at school? In what way?
- Do you have anything further that you would like to say about the effect of your situation on school or your schoolwork or about the impact of the counselling on school?

The length of the interviews varied from between fifteen and thirty minutes.

¹² For the purposes of this evaluation, an 'episode' of counselling is defined as a series of one or more counselling sessions with a pupil with a break of no more than one month, excluding holidays.

The interviews were recorded, transcribed by the researcher, and then analysed with the aid of NVivo, a qualitative analysis software package (see Glossary). The procedure used for this analysis was as follows. First, the researcher read through each of the interviews and identified some common themes. These were then entered into the NVivo program as categories and sub-categories (or, in NVivo terms, 'nodes'), and each of the interviews were coded according to these categories, with substantial revision, refinement, re-reading, deletion, and addition of categories throughout this process. The researcher then went through each of the categories, checking the correspondence between category and data: a process which, again, entailed substantial re-coding of interview data and rearrangement of categories and sub-categories. The next stage was for the researcher to go back through each of the interviews, and re-code any additional material on the basis of the revised categories. Category by category, the responses were then written up in the form of a narrative (generally excluding nodes where only one participant had given that response): a process which, again, involved some re-coding of material and rearrangement of categories. These results were then read through by the Chief Investigator for the evaluation, who made some alterations to the coding and returned them to the researcher for checking. To maximise the coherence and readability of the narrative, a system of converting frequencies of responses into everyday language (Rodgers & Cooper, 2006) was adopted (see Appendix 8).

KEY PASTORAL CARE STAFF INTERVIEWS

To answer the five main research questions, interviews were also carried out with key members of each of the school's pastoral care staff: usually the Pastoral Care Coordinator and one or two other Principal Teachers in Pastoral Care. Pastoral Care Coordinators were approached to take part in the interviews in early 2006 (see Appendix 9a and 9b) and also invited to nominate one or two other members of their team that they thought it would be helpful for the researchers to talk to.

Interviews were conducted by the Chief Investigator for the evaluation on a face-to-face basis at each of the schools and took the form of in-depth qualitative interviews (Kvale, 1996). The interviews lasted from between 25 and 65 minutes and the protocols for the interviews are presented in Appendix 9c. The interviews were unstructured but revolved around the five main research questions. Hence, the principal interview questions were:

- How helpful or unhelpful do you think the counselling service has been to your pupils?
- How satisfied or dissatisfied are you with the counselling service in your school?
- What do you see as the main ways in which the service might be improved?
- What impact do you think the counselling has, if any, on your pupils' abilities to study and learn?
- What do you see as the added value of having a counsellor in your school, if any?
- How do you think the counselling service is working in relation to the Integrated and Joint Support Teams?
- Are you part of the SELF pilot and, if so, what do you perceive as the possible relationship between it and the counselling service?

The interview was analysed by the Chief Investigator using NVivo, adopting a similar procedure to that used in the client interviews.

PASTORAL CARE STAFF QUESTIONNAIRES

In June 2006, all pastoral care staff from the ten schools were invited to complete a questionnaire (see Appendix 10) via their Pastoral Care Coordinator. The key question on this form asked pastoral care staff to rate, on a one to ten scale, how helpful or unhelpful they felt the counselling service had been to their pupils who had attended it. The questionnaire also asked pastoral care staff to rate the impact they thought the counselling service had had on their pupils' abilities to study and learn; the relationship they perceived between the counselling service and wider support services; what they perceived as the 'added value' of counselling, if any; their views on how the counselling service might be improved; and any other comments that they had on the counselling service. The questionnaire combined quantitative rating scales with open-ended spaces for qualitative answers and the latter were thematically coded and analysed by the Chief Investigator.

INTEGRATED AND JOINT SUPPORT TEAM INTERVIEWS

In order to explore the relationship between the counselling service and the Integrated and Joint Support Teams, brief telephone interviews were conducted in June 2006 with a sample of Team members from across the schools. Pastoral Care Coordinators were asked to suggest names of Team members who they thought would be appropriate to interview (excluding themselves or members of their pastoral care staff) and all potential participants were contacted (see Appendix 11a) and invited to participate in the interviews.

All interviews were conducted over the phone and lasted for between seven and eighteen minutes. The interviews had a semi-structured nature (see Appendix 11b) and revolved around the following questions:

- To what extent do you feel able to refer people in to the counselling from your Team?
- To what extent are you confident that the counsellor will refer people on to you and the IST/JST, as appropriate?
- How integrated do you think the counselling service is with the wider pupil support services?

The interviews were coded and analysed by the Chief Investigator following a similar procedure to the analysis of the client interviews.

PUPIL RECORDS ANALYSIS

To determine whether the school-based counselling had a measurable impact on pupils' capacities to study and learn and their educational attainments, it was decided to compare pupils' attendance and exclusion rates two months prior to attending counselling and two months after counselling was completed. The hypothesis here was that attendance at counselling might lead to a significant reduction in days off school as well as exclusions. This part of the evaluation project was undertaken by Lisa Cunningham and Emma Lidstone, research assistants for Glasgow City Council Psychological Services.

In order to undertake this analysis, pastoral care coordinators at the schools were asked over the summer of 2006 to provide SEEMIS ID numbers for pupils who attended counselling during terms two and three of the academic session 2005-6. These were then used to obtain details of pupils'

attendance rates and exclusion rates for 2 months (40 school days) prior to commencing counselling and 2 months (40 school days) after completing counselling¹³. Attendance rates were measured by counting the number of half day absences for each pupil during the 2 month periods (not including exclusions), while exclusion rates were measured by counting the number of exclusions that each pupil had been given. In addition, total numbers of half days missed was calculated by summing half days missed through non-attendance with half days missed through exclusion. SEEMIS ID numbers were also used to access each pupils' attainment details on National Curriculum Levels D and E in English Reading, English Writing and Mathematics, such that the attainment profile of pupils attending counselling could be compared with the averages of pupils attending their schools (note, in the majority of instances, these details are taken from a period prior to the pupil's attendance at counselling, such that they give an indication of the profile of the pupils coming into the counselling service but not the impact of the counselling itself).

ALAN MCLEAN INTERVIEW

To develop a deeper understanding of the possibilities for integration between the counselling service and the Social and Emotional Learning Frame (SELF), a 90 minute interview was conducted with Alan McLean, lead developer on the SELF assessment system, on the 30th June 2005. The SELF emerged from McLean's interest in how young people – particularly those with emotional and behavioural difficulties (EBD) – can be motivated to study and learn (see McLean's *The Motivated School* (SAGE, 2003)) and is based around Ryan and Deci's (see Ryan & Deci, 2000) 'Self-Determination Theory': a psychological framework which posits that human beings need a sense of competency (what McLean calls 'agency'), autonomy and closeness with others (what McLean calls 'affiliation') to actualise their innate capacity for self-motivation. In this respect, the primary component of the SELF is a questionnaire in which pastoral care teachers, other adults, or the young person themselves are asked to rate the young person on 16 10-point scales – as well as to provide qualitative answers – each of which represent different dimensions of these three primary needs¹⁴. Such a profile, for McLean, can then help pastoral care teachers and other professionals identify the aspects of the young person's lives that are most in need of support and development and thereby the kinds of services that may be most appropriate to refer them on to. In this respect, the over-arching aim of the SELF is to 'bring order' (McLean, 2006, personal communication) to the EBD world: creating a unified 'vocabulary' and the basis for a universal set of criteria through which referrals can be made. For McLean, the opportunity to 'SELF' a young person also gives the pastoral care teacher or other assessor an opportunity to focus in on the young person and to spend some quality structured time thinking about them, their needs, issues and challenges.

During the period of the present evaluation, the SELF assessment system was being piloted in eight New Learning Communities (three of which were involved in the Glasgow Phase II Project) on all Primary 6 pupils. However, McLean (2006, personal communication) states that 'Eventually, every child in Glasgow who requires a specialist placement or who requires a specialist intervention, for example counselling, will expect to have a SELF profile completed on them;' adding that, ideally, this would be undertaken by a range of professionals in collaboration with each other and, ideally, with the young person themselves and their parents.

¹³ Only data from clients who had begun counselling more than two months after the beginning of term one, and completed counselling more than two months before the end of term three, was used.

¹⁴ The competency/agency dimension, for example, is represented by such items as 'Poor belief in yourself' – 'Good self belief'; the affiliation dimension by such items as 'Poor people skills' – 'Good people skills'; and the autonomy dimension by such items as 'Resistant' – 'Enjoys learning'.

CHARACTERISTICS OF CLIENTS USING THE SERVICE

EPISODES OF COUNSELLING

Three hundred and thirty-one 'episodes' of counselling (i.e., a series of one or more counselling sessions with a pupil with a break of no more than one month, excluding holidays) were delivered by the counselling service across the ten schools. This averages out at 13.2 episodes of counselling per school per term. In 23 of these 331 instances, this was recorded as the second episode of counselling offered to a pupil, meaning that, in total, 308 pupils attended the counselling service across the ten schools: an average of approximately 31 pupils per school.

SCHOOL YEAR AND AGE

As can be seen in Figure 2, the largest numbers of pupils attending the counselling service came from S3 (30.2% of all clients) and S2 (26.0%), with the smallest numbers coming from S6 (2.4%). Mean age of clients was 13.65, with a median and modal average of 14. Chi-squared tests found no significant differences in the proportion of male and female clients across the six school years.

SEX

One hundred and fifty-four episodes of counselling were with male clients (47%) and 175 with female clients (53%), with data unavailable on two clients.

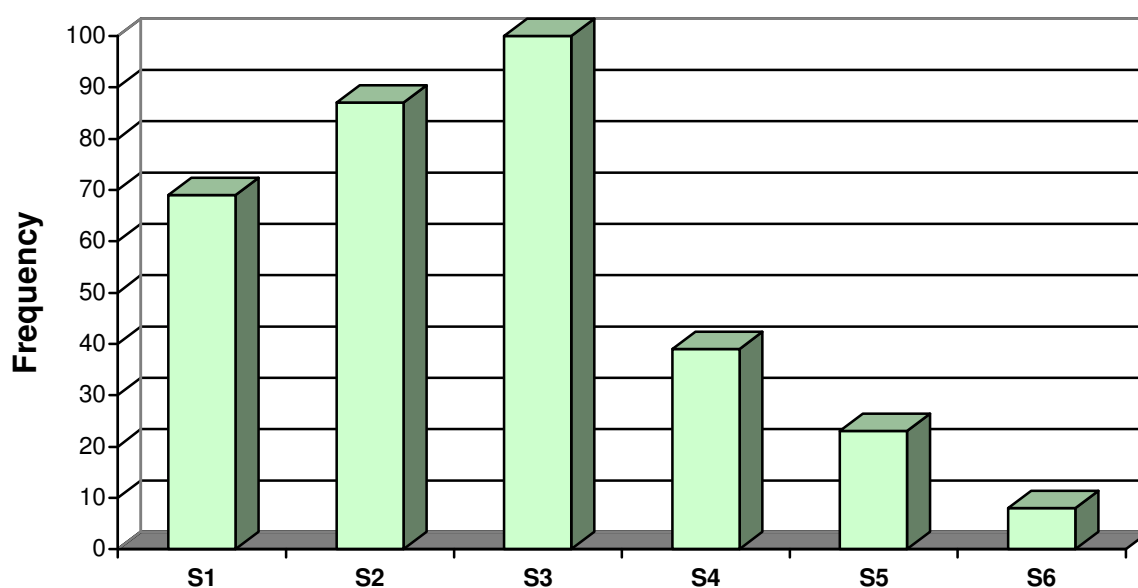


Figure 2. Clients by school year

Table 5. Ethnic origin of participants in descending order of representativeness

	Frequency (n)	% attending counselling service	% across schools	% over-/under- representation
Scottish	228	86.4	}	84.8
British other	8	3.0		
Mixed background	6	2.3		+1.8
White other	12	2.6		+1.1
Black other	1	0.4		+0.2
African	2	0.8		-0.3
Asian other	2	0.8		-1.9
Pakistani	4	1.5		-3.3
Other	2	0.8	*	*
Missing/spoilt	3	1.1	*	*

ETHNIC ORIGIN

Data on the ethnic origin of clients was not routinely requested, or recorded, by the counsellors. However, the post-counselling questionnaires did ask clients to report their ethnic origin. This is presented in Table 5 alongside the ethnic origins of all pupils in the ten schools, as recorded on the SEEMIS ID system. The final column in this table reports the degree to which the ethnic group is over- or under-represented in the pupils coming to the counselling service, with a positive number indicating that there is a higher percentage of these clients coming to the counselling service than exists in the schools as a whole and a negative number indicating that this ethnic group is under-represented in terms of those coming in to the counselling service. The Table shows, then, that there is a general over-representation of pupils from white and British ethnic backgrounds, and a general under-representation of pupils from black and Asian ethnic minorities.

NUMBER OF SESSIONS

Just over 1886 sessions of counselling were offered to pupils across the ten schools¹⁵. This averages out at 189 sessions of counselling per school, or 75.6 sessions per school per term. Clients were offered between one and 31 sessions (see Figure 3), with a mean average of 5.75 sessions per episode of counselling, a median average of four sessions per episode and a modal average of three sessions per episode.

T-tests (see Glossary) found no significant differences in the number of sessions offered to male and female clients, but a significant correlation (see Glossary) between school year and number of sessions offered ($r = .14$, $p = .01$, a small effect size), with older clients being offered more sessions (mean number of sessions offered to S1 pupils = 5.01, mean number of sessions offered to S6 pupils = 9.50). A one-way analysis of variance (see Glossary) also found significant differences in the number of sessions offered to clients across schools, with mean number of sessions offered ranging from 9.21 to 3.41 ($F(9, 318) = 3.71$, $p < 0.001$, ES (Eta-squared) = .095, a medium effect size).

¹⁵ 1886 sessions were recorded, but the actual total is slightly higher because data was unavailable for three of the pupils.

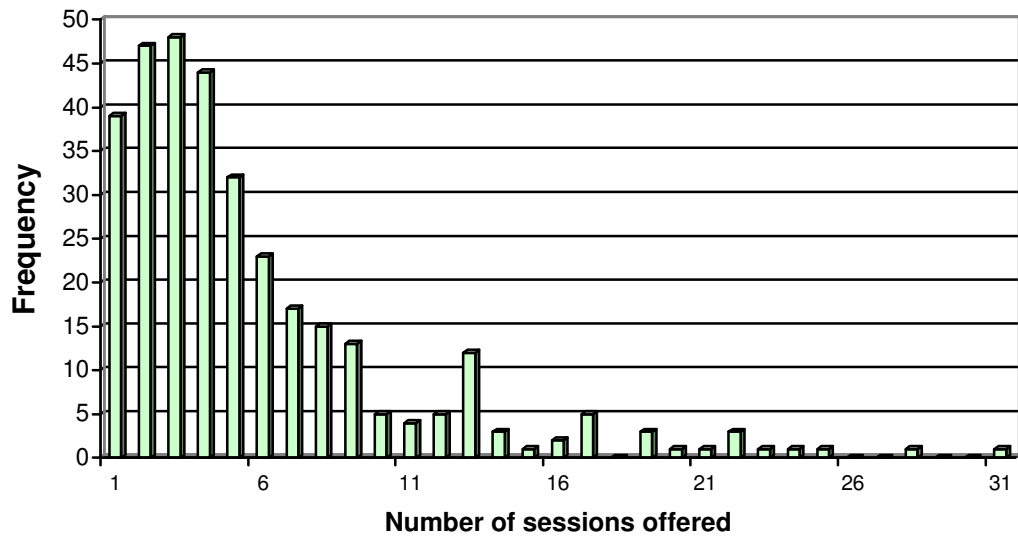


Figure 3. Numbers of sessions offered to pupils

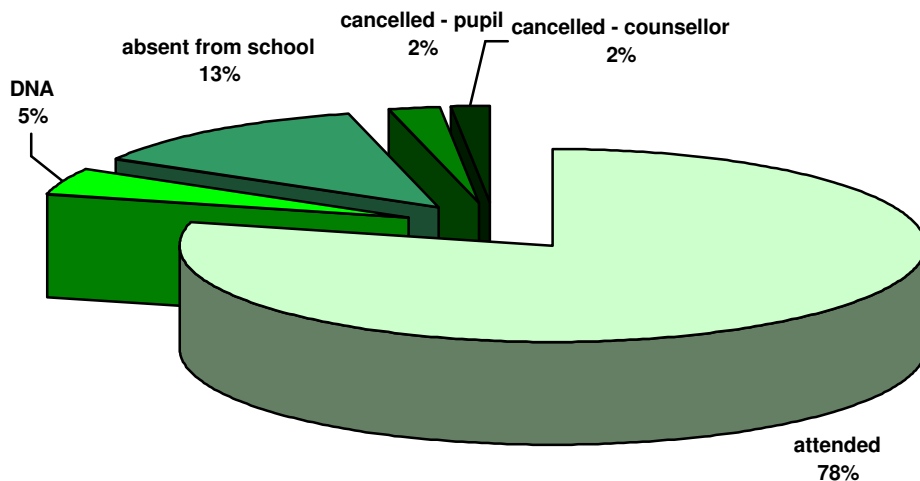


Figure 4. Counselling sessions attended and missed

Of the 1886 sessions offered, 1486 were attended by clients, a total attendance rate of 78.8 percent. Percentages of attendance and forms of non-attendance can be seen in Figure 4. Attendance rates did not vary significantly by sex or school year, but a one way analysis of variance did find significant differences across schools, ranging from 70% attendance in one school to 89% attendance in another school ($F(9, 317) = 2.56$, $p = 0.007$, ES (Eta-squared) = .068, a medium effect size).

SOURCES OF REFERRAL

Sources of referral can be seen in Figure 5, which shows that pastoral care teachers were the most common point of entry into the counselling service: involved in 67 percent of all recorded referrals.

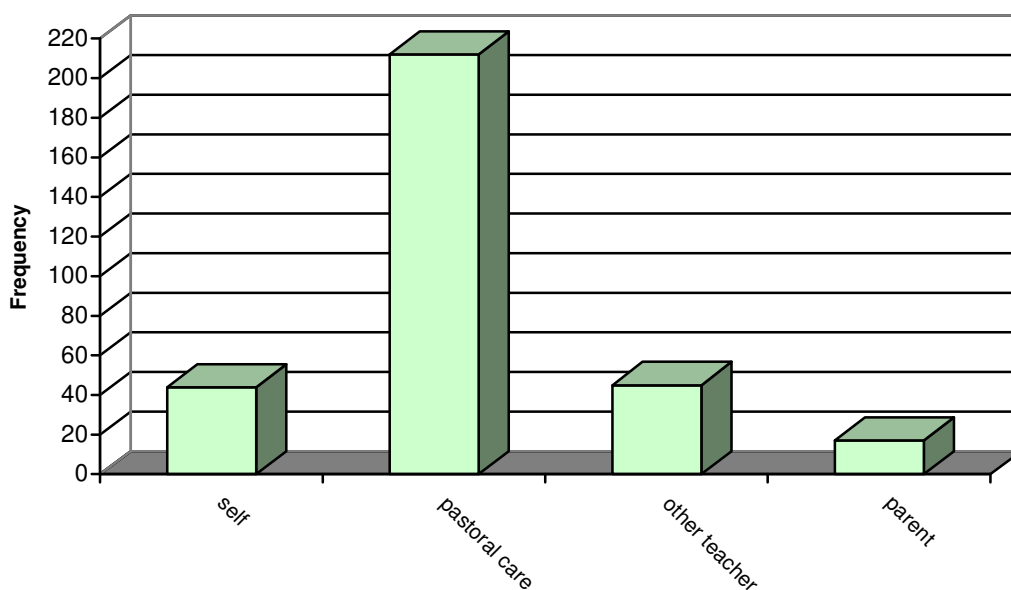


Figure 5. Sources of referral

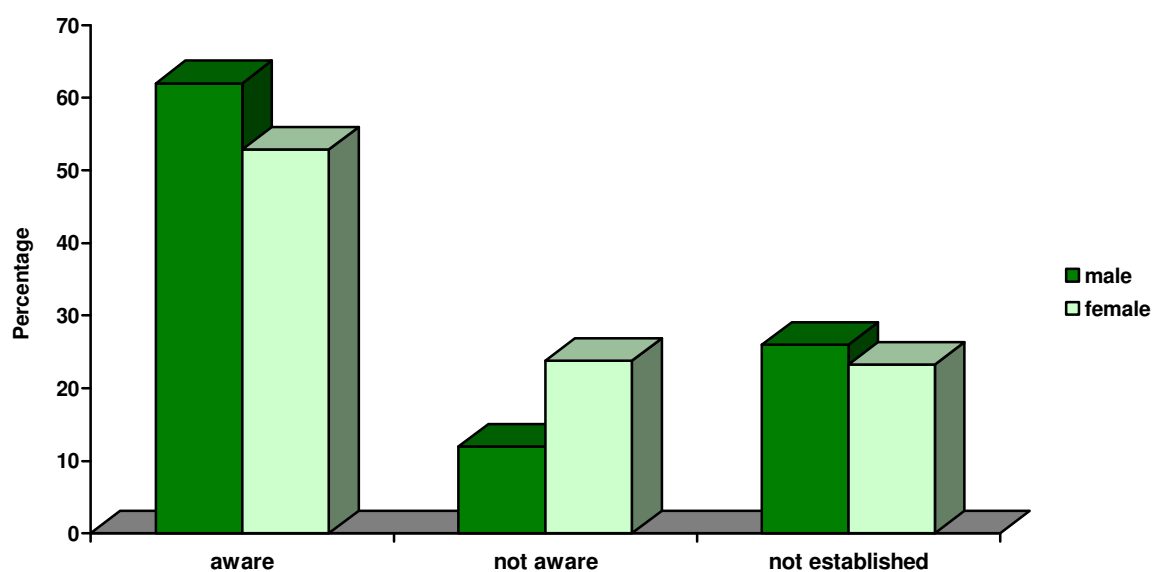


Figure 6. Parental awareness by sex

Self-referrals were recorded in 13 percent of referrals. Chi-squared tests found no significant variations in sources of referral across sex or school year.

PARENTAL AWARENESS

Figure 6 presents the data on whether parents or carer were aware that their young people were attending the counselling service, broken down by sex (as recorded by the counsellor). Across both the sexes, 57 percent of clients' parents/carers were aware that they were attending the counselling service, 18 percent were not aware, and in 25 percent of episodes, parental awareness was not established. However, as Figure 6 suggests, there is a significant difference across the sexes ($\chi^2(3) =$

7.53, $p = .02$), with the parents/carers of female pupils significantly less likely to be aware that their children are attending counselling than the parents/carers of male pupils.

ONWARD REFERRALS

Thirteen of the clients across the ten schools (4% of the total number of clients) were recorded as being referred on to another agency, either after or during the counselling. Five of these were referred on to social work, four to specialised psychiatric services, one to their GP, one to a local youth service, one to the school psychologist and one to a specialist black and ethnic minorities counselling service (the 'Youth Counselling Services Agency').

PRESENTING AND DEVELOPING ISSUES

Figure 7 shows the presenting issues that clients brought to counselling (as recorded by the counsellor) broken down by sex. Across the sexes, the most common presenting issues were family (21% of all clients); anger (16%); behaviour-related issues (14%); bereavement (10%), stress (10%) and bullying (8%). However, as figure 7 demonstrates, while the top three presenting issues for females, in descending order, were family (22.8% of all females), stress (12%) and anger (11.4%); the top three presenting issues for males, in descending order, were anger (21.4%), behaviour-related issues (17.5%), and family (11.7%).

Figure 8 shows the developing issues that emerged in counselling, broken down by sex (again, as recorded by the counsellor). Across the sexes, the most common developing issues were: family (19% of all clients); relationships with parents (8%); relationships – other (8%); anger (8%) and self-worth (8%). For females, the top three developing issues, in descending order, were family (21.1%), 'other' (12%) and relationship with parents (9.7%). Along somewhat similar lines, the top three developing issues for males, in descending order, were family (16.8%), anger (9.1%), and relationships – other (7.8%).

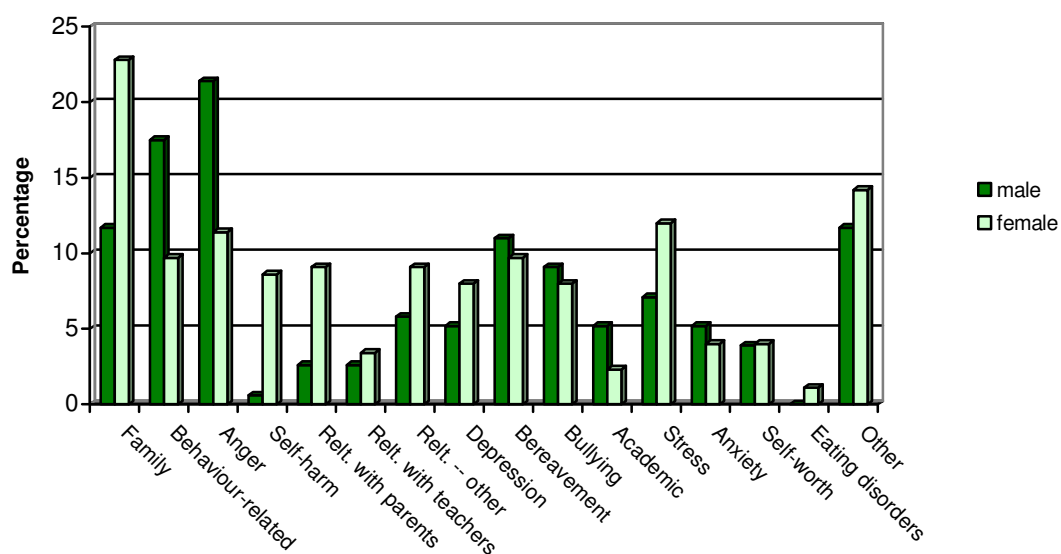


Figure 7. Presenting issues by sex

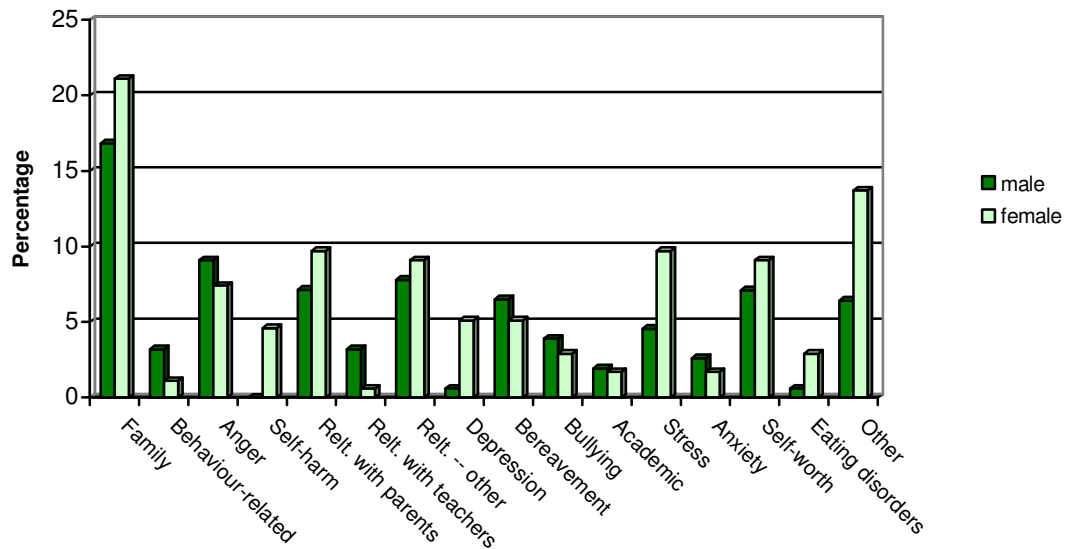


Figure 8. Developing issues by sex

In comparing the initial issues that were presented in counselling with those that later developed, it is interesting to note that, for males, behaviour-related issues, anger, depression and bullying became noticeably less prevalent as the counselling progressed, while issues of self-worth and relationships with parents became more prevalent. Along somewhat similar lines, for females, there was a noticeable reduction in the prevalence of behaviour-related issues and bullying, and a greater prevalence of issues of self-worth.

Table 6 presents an overall ranking of the issues that emerged in counselling, whether in initial presentations or subsequent sessions. Here, family issues were by far the most prevalent topic raised, followed by issues of anger, stress, behaviour and bereavement.

Table 6. Overall ranking of issues: presenting and/or developing

Rank	Issue	n
1	Family	118
2	Anger	66
3	Stress	49
4	Behaviour-related	48
5	Bereavement	47
6	Relationship – other	42
7	Relationship with parents	40
8	Self-worth	38
9	Bullying	37
10	Depression	28
11	Self-harm	22
12=	Academic	16
12=	Anxiety	16
14	Relationship with teachers	15
15	Eating disorders	7

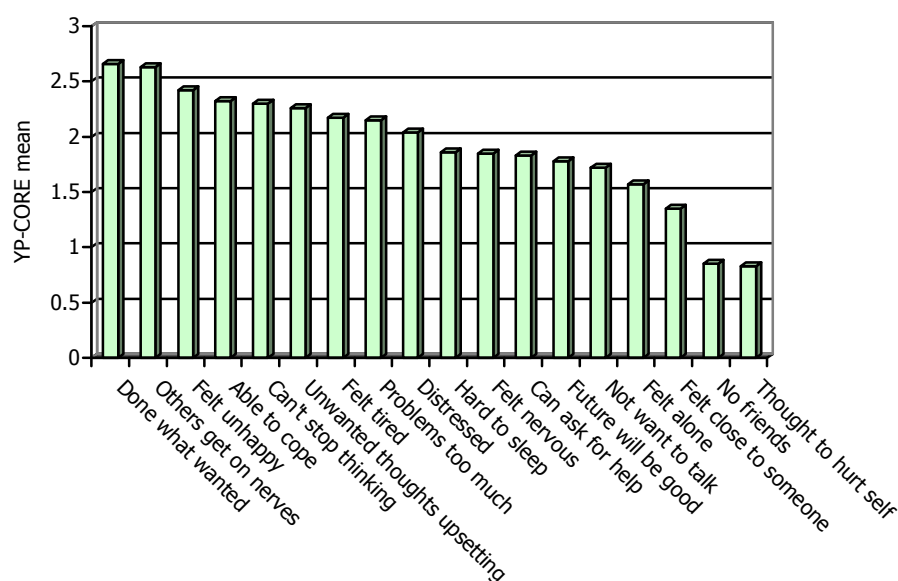


Figure 9. Mean pre-counselling scores on YP-CORE items

Note. Higher scores indicate higher levels of psychological distress on items

An alternative means of identifying the difficulties that the young people are coming to counselling with is by looking at the pre-counselling means on the YP-CORE measure (see Figure 9). This suggests that the most prevalent issues that the young people are bringing to counselling are to do with not getting things done, feeling irritable with others, feeling unhappy and feeling unable to cope. By contrast, interpersonal issues such as feeling alone and without people to talk to, as well as self-harming, are rated as the least prevalent.

WAITING LISTS

Although no formal records of waiting lists were kept by the evaluators, approximate figures were requested from the schools during the key pastoral care staff interviews. This found that, in six of the ten schools, young people could generally see the counsellor within a week or two, with only one or two pupils, at most, on a waiting list. In the four other schools, the average waiting period varied from approximately two weeks to approximately two months, with the numbers of pupils on the waiting list ranging from approximately three to approximately 20.

Key findings

- Three hundred and thirty-one episodes of counselling were delivered by the counselling service across the ten schools.
- The greatest numbers of pupils attending the service came from S3 and S2, with a mean age of 13.65.
- Fifty-three percent of the clients using the service were female and forty-seven percent were male.
- Young people from black and ethnic minorities were under-represented within those using the counselling service.
- Just over 1886 sessions of counselling were delivered in total, with a median of four sessions per client.
- Older clients were offered significantly more sessions, and there were significant differences in the number of sessions offered across schools.
- Around eight out of ten sessions offered were attended, with significant differences in attendance rates across the schools.
- Pastoral care staff were involved in around two-thirds of all referrals.
- In fifty-seven percent of cases, parents or carers were aware that their young person was attending counselling.
- Parents or carers of female clients were significantly *less* likely to be aware that their young person was attending counselling than parents or carers of male clients.
- Four percent of clients were referred on to other agencies.
- Family concerns were the most common issues brought to, and discussed in, counselling followed by issues of anger, stress, behaviour and bereavement.

RESULTS

YOUNG PERSON'S CORE

Pairs of pre- and post-counselling YP-CORE data were available from 206 of the 265 episodes of counselling in which clients attended two or more sessions¹⁶: a response rate of 78 percent (just one client who had attended for two or more sessions declined to participate in the evaluation). In 81 percent of these cases, the post-counselling form was completed in the client's last session; in three percent of cases, at a follow-up session a few weeks after the end of counselling; and in 16 percent of cases, at the end of term with the client still intending to continue counselling. In general, the profile of the respondents to this YP-CORE form was similar to the characteristics of the overall population, with approximately 46 percent male participants and 54 percent female participants; a predominance of S3, S2 and S1 pupils; a median number of sessions offered of four and a predominance of family, anger, relationship and behaviour issues.

In terms of reliability, scores on the pre- and post-counselling YP-CORE measure showed an internal consistency (Cronbach's α) of .90, suggesting satisfactory levels of inter-item reliability (i.e., all the items on the test were measuring the same dimension, see Glossary). This is consistent with findings from the nation-wide data set (CORE, 2006, personal communication).

T-tests found a significant reduction in levels of psychological distress following counselling ($t(205) = 13.3$, $p < 0.001$), with a pre-counselling mean on the YP-CORE items of 1.93 (standard deviation (SD) = 0.69) and a post-counselling mean of 1.22 (SD = 0.73) (see Figure 10).

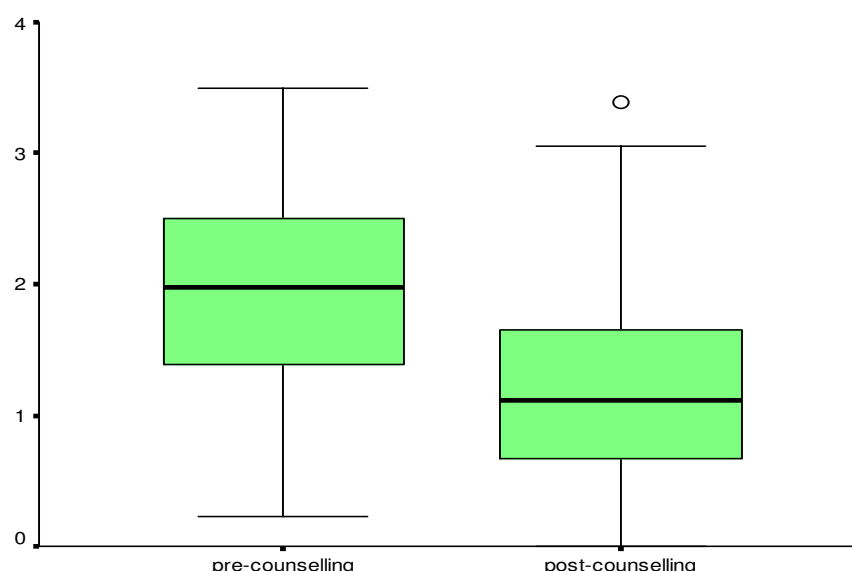


Figure 10. Boxplot of pre- and post-counselling YP-CORE scores

Note. In these diagrams, the 'box' contains the middle 50 percent of the scores, the thick horizontal line in the middle of the box indicates the median value and the 'whiskers' indicate the maximum and minimum data values (excluding outliers and extreme values, which are represented by circles and stars respectively).

¹⁶ All findings presented in this section of the report come from these 206 episodes alone.

The mean reduction in YP-CORE scores from pre- to post-counselling of 0.71 translates into an effect size (Cohen's d) of 1.00, which can be considered large (Cohen, 1988). Converted into percentages, this means that the average client in their final counselling session is experiencing better mental health than 84 percent of clients at their first counselling session (see Roth & Fonagy, 2005 for translating effect sizes into percentages).

T-tests found that reductions in levels of psychological distress from pre- to post-counselling were significant on all four of the YP-CORE subscales: 'physical', 'functioning', 'wellbeing' and 'risk' ($p < .001$), with effect sizes (Cohen's d) of 0.84, 0.96, 0.77 and 0.43 respectively.

Estimations of reliable change (i.e., change in levels of mental health which are unlikely to be due to measurement error) cannot yet be undertaken accurately with the YP-CORE because there is no data on the test-retest reliability of the measure or on standard deviations for a normative population (data which is necessary for this calculation). However, if a minimal estimation of test-retest reliability is used (the pre- to post-counselling correlation), the minimum reliable change index at a 0.2 level of certainty (i.e. one in five chance of claiming reliable change where there isn't) is 0.75. This figure indicates the minimum amount of change that a client would need to undergo on the YP-CORE for that change to be considered reliable. Using this figure, around 51 percent of those clients in the clinical range¹⁷ showed reliable improvement and one client in the non-clinical range showed reliable deterioration. On the other hand, if a maximal estimation of test-retest reliability is used (the inter-item correlation) along with a more stringent probability value ($p < 0.05$, or 1 in 20 chance of error), the minimal reliable change index is calculated at 0.47. Using this, around 60 percent of clients in the clinical range show reliable improvement and two clients in the non-clinical range show reliable deterioration. The numbers of clients in an estimated clinical range showing reliable improvement on the YP-CORE, therefore, can be estimated at around 50 to 60 percent, with one or two clients in the non-clinical group showing reliable deterioration.

Exploratory statistical tests (correlations, ANOVAs, t-tests, see Glossary) found no significant relationships between pupils' improvements in mental health from pre- to post-counselling on the YP-CORE and sex, school, school year, age, episode of counselling (i.e. first or second), parental awareness, stage at which the post-counselling form was completed (i.e. final session, during or follow-up) and whether or not assistance was given in completing the YP-CORE. There was also no significant relationship between pupils' improvements in mental health and numbers of sessions offered, attended, cancelled, or missed due to absenteeism. However, reductions in levels of psychological distress did correlate positively with attendance rates ($r = .14$, $p = .04$, a small effect size) and negatively with numbers of DNAs ($r = -.14$, $p = .05$, a small effect size), with more frequent attenders showing a slightly greater degree of psychological improvement. There was also a significant relationship between reductions in levels of psychological distress and referral source ($F(3, 195) = 4.03$, $p = 0.008$, ES (Eta-squared) = .058, a medium effect size), with young people whose *parents* were involved in the referral showing the greatest level of psychological improvement, and significantly more than those who were referred by non-pastoral care teachers or other adults (respective reductions on the YP-CORE measure were 1.21 and 0.36). (Mean reductions for young people whose 'self' was recorded as being involved in the referral and those in which pastoral care were recorded as being involved in the referral were 0.75 and 0.71 respectively.)

¹⁷ I.e., clients whose mean pre-counselling YP-CORE scores are above a certain cut-off point, and in the present study we have estimate this using the clinical cut-off point for the adult CORE of 1.25.

Table 7. Ranked reductions in levels of psychological distress by clients' issues

Rank	Issue	n	Pre-couns. mean	Post-couns. mean	Pooled SD	Effect size (<i>d</i>)
1	Self-harm	13	2.51	1.25	0.59	2.12
2	Depression	21	2.28	1.27	0.60	1.68
3	Anxiety	14	1.76	0.83	0.65	1.43
4	Stress	31	2.10	1.14	0.68	1.42
5	Relationships – other	28	2.18	1.32	0.68	1.25
6	Relationships with parents	29	2.13	1.26	0.69	1.24
7	Family	74	2.06	1.23	0.70	1.19
8	Bullying	30	1.98	1.21	0.73	1.05
9=	Self-worth	29	1.98	1.36	0.69	0.90
9=	Bereavement	31	1.78	1.16	0.69	0.90
11	Anger	37	1.68	1.16	0.64	0.81
14	Behaviour	30	1.75	1.28	0.62	0.75
12	Academic	8	2.21	1.63	0.85	0.68
13	Relationship with teachers	9	1.53	1.05	0.74	0.64
15	Eating disorders	5	2.03	1.47	0.99	0.57

Table 7 shows the relationship between the issues that clients presented to, and/or discussed in, counselling, and reductions in levels of psychological distress on the YP-CORE, ranked by effect sizes. As can be seen from this table, clients who showed the greatest improvement in their YP-CORE scores tended to be those that presented with, or discussed, emotional issues: such as depression, anxiety and stress. Clients presenting with, or discussing, interpersonal issues – such as relationships and family – showed a moderate degree of change; while those presenting with behavioural and school issues tended to show the lowest level of change.

Table 8 presents the pre- and post-counselling YP-Core scores for the individual YP-Core items, in descending order of degree of pre- to post-counselling change. As can be seen, the greatest changes

Table 8. Ranked reductions in levels of psychological distress on YP-CORE items

Rank	Item	n	Pre-couns. mean	Post-couns. mean	Pooled SD	Effect size (<i>d</i>)
1	Felt unhappy	204	2.43	1.40	1.17	0.88
2	Problems felt too much	205	2.15	1.08	1.26	0.85
3=	Able to cope	203	2.32	1.44	1.18	0.75
3=	Distressed	204	2.03	1.06	1.29	0.75
5	Can't stop thinking	203	2.31	1.35	1.32	0.73
6	Felt alone	204	1.57	0.76	1.11	0.72
7	Haven't felt like talking	200	1.72	0.93	1.17	0.68
8	Unwanted thoughts	204	2.26	1.39	1.37	0.63
9	Felt tired	202	2.17	1.44	1.29	0.57
10	Felt nervous	203	1.86	1.25	1.17	0.51
11	Others got on nerves	202	2.62	2.01	1.23	0.50
12	Felt can ask for help	203	1.83	1.19	1.35	0.47
13	Have done all wanted	204	2.66	2.08	1.30	0.45
14=	Self-harm	205	0.83	0.34	1.13	0.44
14=	Hard to sleep	203	1.85	1.34	1.46	0.35
16	Thought future good	204	1.78	1.33	1.28	0.35
17	No friends	203	0.85	0.51	1.16	0.29
18	Felt close to someone	204	1.35	1.15	1.34	0.15

tended to be on items assessing mood states, unwanted thoughts, and feelings of being overwhelmed by one's problems; while the smallest changes tended to be on items measuring closeness with others. On the item 'I've felt unhappy,' for instance, the pre-counselling mean of 2.43 reduced to a post-counselling mean of 1.40. Qualitatively, this represents a reduction from a mean rating of 'Sometimes'/'Often' feeling unhappy over the last week to a mean rating of 'Sometimes'/'Only occasionally' feeling unhappy over the past week.

Key findings

- Counselling was related to significant reductions in levels of psychological distress, with a large overall effect size.
- Approximately fifty to sixty percent of clients in an estimated clinical range demonstrated reliable improvements in their mental health following counselling.
- Young people who attended counselling sessions more regularly, and whose parents were involved in the referral, showed the greatest improvements in their mental health.
- Clients who came to counselling with, or discussed in counselling, emotional issues tended to show the greatest degree of psychological improvement, while those who presented with or discussed behavioural or school-based issues tended to show the least degree of improvement.
- Overall, the greatest improvements in mental health and wellbeing took place in the emotional domain, while feelings of closeness with others showed the least improvement following counselling.

POST-COUNSELLING QUESTIONNAIRES

Post-counselling questionnaire data was available from 264 of the 331 episodes of counselling, a total response rate of 80 percent. In 206 instances (78%), this form was marked as having been completed at the end of the young person's episode of counselling and in 58 instances (22%), it was marked as being completed at the end of a term. In general, the profile of the participants to this post-counselling questionnaire was similar to the characteristics of the overall population, with approximately 47 percent male participants and 53 percent female participants; a predominance of S3, S2 and then S1 pupils; and a median number of sessions of 'between two and five.' In terms of ethnic origin, 86.4 percent of the participants described themselves as being 'Scottish' (see Table 4).

Satisfaction

Two hundred and sixty-two responses were given to the post-counselling questionnaire item, 'Overall, how satisfied or dissatisfied were you with the counselling service?' (see Figure 11). Here, the modal response was 'very satisfied', with 236 of the participants (89% of the total participants) saying that they were either 'satisfied' or 'very satisfied' with the counselling they received.

Exploratory statistical analyses (t-tests, ANOVAs, correlations) found no significant relationship between levels of satisfaction and sex of client, school year, school, number of visits the counsellor or whether the form was completed at the end of term or at the end of counselling. However, if levels of satisfaction of the nine clients from black and ethnic minorities (BEM) are compared with the levels of satisfaction from the 250 clients that can be classified as white, a significant difference does emerge, with the BEM clients significantly *more* satisfied with the counselling than the white clients, with respective means of 1.89 and 1.36 ($t(257) = 2.24$, $p = 0.026$, ES (Eta-squared) = 0.02, a small effect size). Here, eight of the BEM clients said they were 'Very satisfied' with the counselling that they had received and the other one said that they were 'Satisfied.' Exploratory analyses of variance also found a significant sex by school year interaction ($F(5, 241) = 2.81$, $p = 0.017$), with female pupils in S1 and S2 more satisfied with the counselling service than S1 and S2 male pupils, but S3 to S6 male pupils more satisfied with the counselling service than female pupils in the equivalent years (see Figure 12).

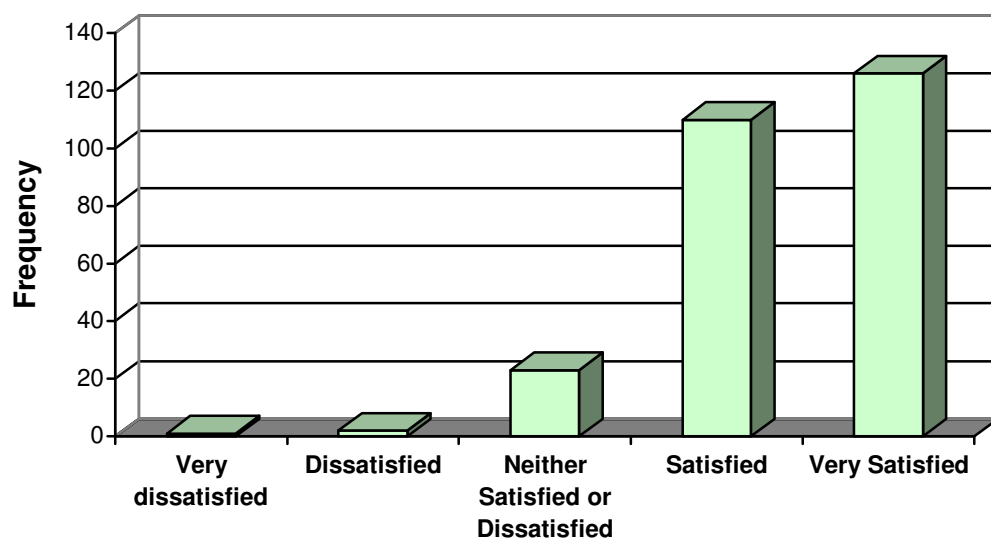


Figure 11. Clients' ratings of satisfaction with the counselling service

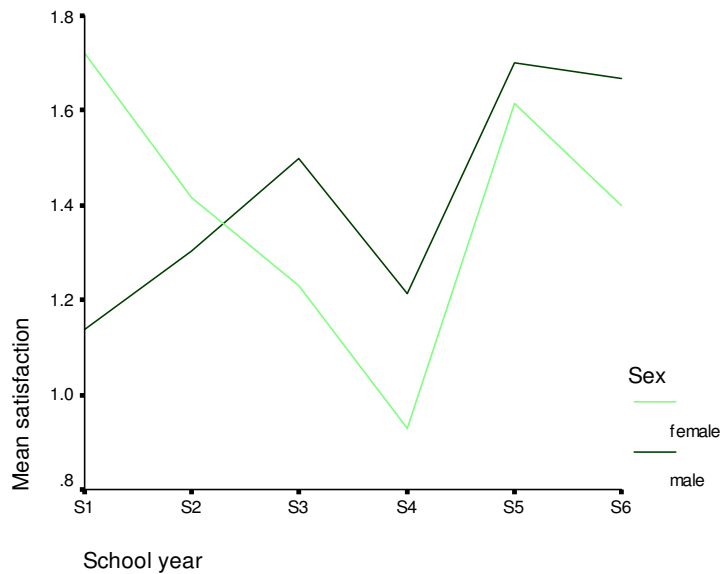


Figure 12. Clients' ratings of satisfaction with the counselling service by sex and school year

Helpfulness

Two hundred and fifty-nine responses were received to the post-counselling questionnaire item, 'Overall, to what extent do you think counselling has helped you?' (see Figure 13). Here, the modal response was that the counselling had helped 'quite a lot', with participants on 206 of the forms (78.0% of the total responses) saying that it had helped them either 'A lot' or 'Quite a lot'.

Exploratory statistical analyses (t-tests, ANOVAs, correlations) found no significant relationship between ratings of helpfulness and sex of client, school year, number of visits to the counsellor, ethnicity, or whether the form was completed at the end of term or at the end of counselling. However, there was a significant relationship between ratings of helpfulness and school ($F(9, 241) = 2.04$, $p = 0.035$, ES (Eta-squared) = 0.07, a medium effect size), with ratings of helpfulness ranging

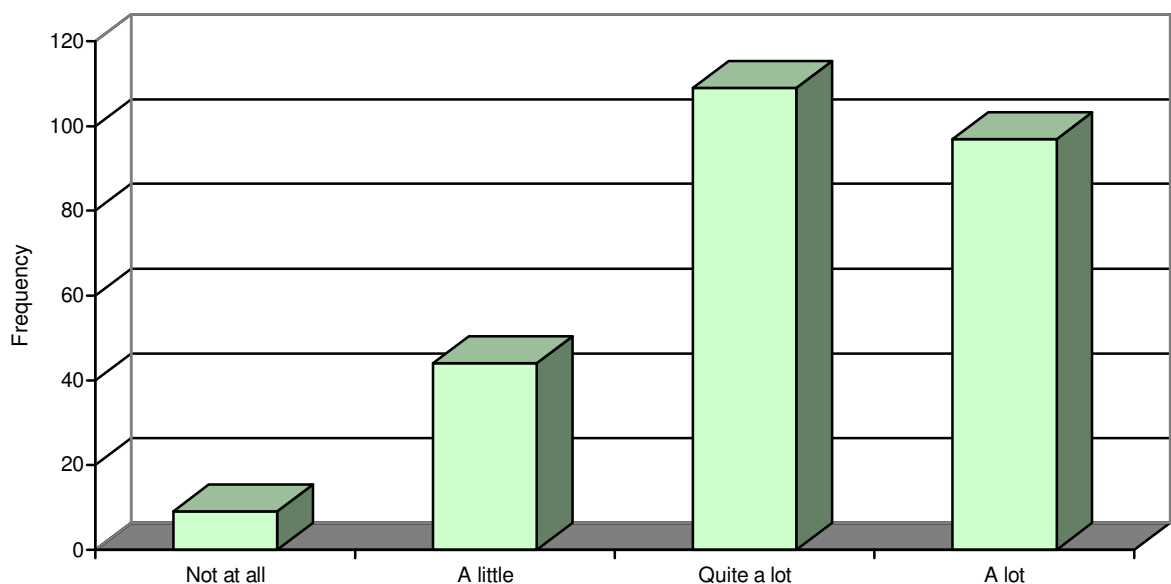


Figure 13. Clients' ratings of helpfulness of the counselling service

from a mean of 2.50 to a mean of 1.73. Exploratory analyses of variance also found a significant sex by school year interaction ($F(5, 238) = 2.70, p = 0.023$), with female pupils in S1 and S2 again rating the counselling service as more helpful than S1 and S2 male pupils, but S3 to S6 male pupils rating the counselling service as more helpful than female pupils in the equivalent years.

Impact on education

Figure 14 presents data from the four post-counselling questionnaire items which asked participants to rate the extent to which the counselling had made a difference to aspects of their schools lives: their motivation to *attend* school, their ability to *concentrate* in class, their motivation to *study and learn*, and their willingness to *participate* in class. This figure shows that the pattern of responses to each of these questions was relatively similar. For each item, the median response was 6, the mean responses were between 6.21 (motivation to attend school) and 6.38 (ability to concentrate in class) on the one to nine scale, and the modal response was five ('no difference').

Reliability analysis of these items suggests that they are measuring a single dimension rather than four separate dimensions (Cronbach's $\alpha = .84$). This dimension might be termed 'improvements in educational engagement', and can be calculated by averaging the scores for each pupil on the four items. Exploratory statistical analyses (t-tests, ANOVAs, correlations) found no significant relationship between improvements in educational engagement and sex of client, school, number of visits to the counsellor, ethnicity, or whether the form was completed at the end of term or at the end of counselling. However, a significant negative correlation did exist between improvements in educational engagement and school year, with younger students showing greater improvements in educational engagement following counselling than older pupils ($r = -.15, p = 0.018$, a small effect size).

A summary of the responses to these four items is presented in Table 8. This shows that, for each of these measures of educational engagement, around 63 percent of participants said that the counselling had helped them in this regard, around 31 percent said that it had made no difference, and around six percent had said that it had decreased their motivation, willingness or ability.

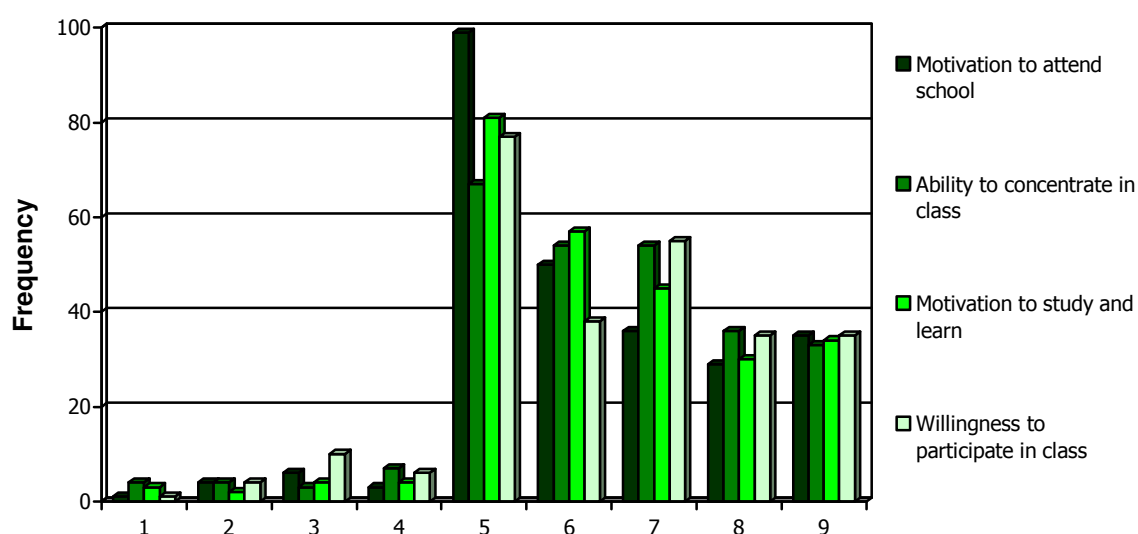
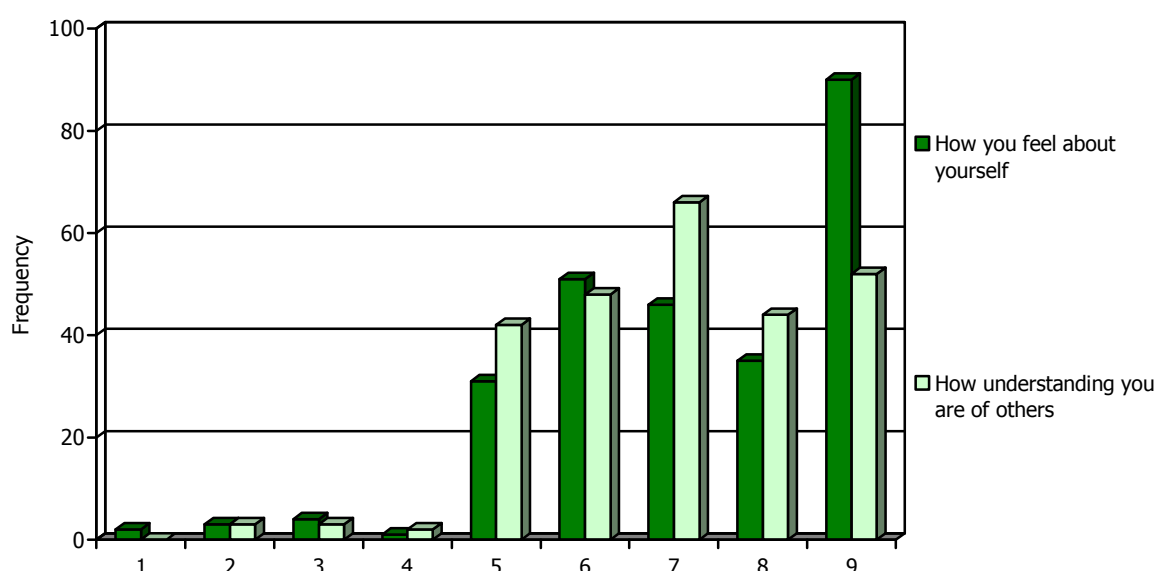


Figure 14. Clients' ratings of the effect of counselling on educational variables

Note. 1 = 'Much less', 5 = 'No difference', 9 = 'Much more'

Table 9. Summary of perceived effect of counselling on learning-related variables

	Reduced (%)	No effect (%)	Increased (%)
Motivation to attend school	5.3	37.7	57.0
Ability to concentrate in class	6.9	25.5	67.5
Motivation to study and learn	5.0	31.2	63.8
Willingness to participate in class	8.0	29.5	62.5

**Figure 15.** Perceived effect of counselling on self-acceptance and understanding of others

Note. 1 = 'Much worse'/'Much less', 5 = 'No difference', 9 = 'Much better'/'Much more'

Self- and other-acceptance

Figure 15 presents a summary of the data from the post-counselling questionnaires concerning the effects of the counselling on how pupils felt about themselves and how understanding they felt about others. For the first of these variables, the modal response was '9', with 34 percent of clients saying that the counselling had helped them feel 'much better' about themselves. The mean here, 7.21, was the highest of all the means on the post-counselling questionnaire, comparing with means of around 6.3 for the educationally-related variables. In terms of percentages, 84.4 percent of the participants said that the counselling helped them to feel better about themselves, 11.8 percent said that it made no difference in this regard, and 3.8 percent said that it made them feel worse about themselves.

With respect to how understanding clients felt about others, the modal response here was seven, with a mean of 6.93. In terms of percentages, 81.8 percent of the participants said that the counselling helped them to be more understanding of others, 16.1 percent said that it made no difference in this regard, and 3.1 percent said that it made them less understanding of others.

Exploratory statistical analyses found no significant relationships between these two items and the range of client variables.

How the counselling helped

One hundred and twenty-nine of the participants (49% of those who completed the questionnaire) gave a qualitative, open-ended answer when asked to state why they thought the counselling service was helpful or not helpful. In some instances, clients answered this question by pointing to the aspects of the counselling process that they had found helpful, while in other instances they pointed to helpful outcomes. Total numbers of responses for each of the categories are presented in Table 10.

Process of counselling

The most common response, given by 57 of the participants (22% of all participants), was that the counselling was helpful because it provided clients with *an opportunity to talk* about their issues and concerns (all spellings as per original):

I have had someone to talk all my problems through with and it has really helped.

Because I have told someone and I have shared my feeling and thoughts.

Ten of the participants (4%) indicated that the counselling was helpful because it allowed them to *get things off their chest*:

I get to talk about things that I keep locked up and when I get it out my anger goes away.

Table 10. Open-ended responses to the question of why the counselling was helpful/not helpful, in descending order of total frequency

Category	Frequency
Process of counselling	
Opportunity to talk and be listened to	57
Getting things off one's chest	10
Independence of counsellor	9
Not helpful	5
Felt understood	4
Having someone there	4
Confidentiality	3
Insight	3
Useful guidance/advice	3
Would like more counselling	2
Counsellor's acceptance	2
Self-directed process	1
Outcomes of counselling	
Generally helpful	27
Increased self-confidence	14
Improved relationships	13
More able to manage anger	10
Felt calmer	7
Educational improvements	6
Less anxious	6
Behavioural improvements	5
Learnt to solve problems	4
Felt happier	4

I think it has helped because I took about it to someone instead of keeping my feelings inside and I felt like I didn't want to talk about it anymore.

I was able to get things off my chest which has stopped me self-harming.

In nine of the answers (3%), participants seem to indicate that the counselling was helpful because the counsellor was someone *independent*: outside of their circle of family, friends or teachers:

I had someone to talk to other than my mum.

I did find it helped me by talking to someone who wasn't involved in what was going on.

Five of the young people who gave a qualitative response to question two indicated that they felt the counselling *had not helped them* feel better, and two of the participants said that they would have liked to have seen the counsellor more frequently. In addition, in response to question nine, in which clients were asked to add any additional comments, ten participants (4% of all participants), proposed ways in which the counselling service might be improved. One young person said that they should have 'more frequent and/or longer session'. Two participants said that they thought the counsellor should be more pro-active: 'To give advise rather than just listning to what we say.' One of the participants said that the counselling room should be in a more private location and one said that the room should be 'a lot more cheeryer and brighter so you feel more at ease.' One of the young people said that the service should be promoted more, another said that 'you should be able to do stuff that does not just involve talking,' and one thought that hot drinks should be provided. Two of the participants to the questionnaire seemed upset by question seven which asked about ethnic origin: 'Why the hell do you have to know our ethnic origin? You are separating, telling us apart from our ethnic origin TERRIBLE!' 'Does it make a difference if I'm Irish or Bangladeshi? I suggest to you that you get rid of that question.'¹⁸

With respect to further comments, in fourteen of the responses to question nine (52% of all responses to this question) participants stated that they thought the counselling service was very helpful or thanked the service providers: 'I would recommend it to people who wish to talk about personal problems as it has made a huge difference to me.'

Outcomes of counselling

With respect to the outcomes that clients identified as helpful, the most common response (and the second most frequent response overall, given by 27 of the participants (10%)), were statements about the *general helpfulness* of the counselling service, or its positive impact on their specific difficulty:

It has helped me cope with my problems.

Ide just like to thank whoever was responsible for setting school counselling up as it really helps!

¹⁸ Clearly, the intent of this question was not to discriminate between clients but to monitor the numbers of ethnic minority young people using the service to ensure that they were adequately represented. However, given the unintentional upset caused to a small number of pupils, this item has been removed from the current post-counselling questionnaire.

Fourteen of the participants (5%) said that they thought the counselling had helped them because it had improved their feelings about themselves and their *confidence* with others:

I think the counselling has helped me have more confidence in myself and they are very helpful and I have coped well with my problems. Thank you.

I've been confident and I feel, I can be able to talk to my crush.

Thirteen of the participants (5%) indicated that they thought the counselling had been helpful because of the *positive effect it had had on their relationships* or on their ability to communicate with others.

Because I have spoke to my mum since the counselling and have got on a lot better.

It helped me to talk to people.

As in these statements above, in eight of the instances, these responses specifically referred to feeling more able to talk to others about their problems, or of feeling more able to be open.

Ten of the participants (4%) said that the counselling had been helpful because they were now more able to *control their anger*, less likely to take their anger out on others, or because they experienced less anger inside:

My temper is a lot better.

It has helped me to understand myself more and think about my actions and how they may affect others, but mostly how to control my anger.

Seven of the participants (3%) indicated that they thought the counselling had been helpful because it had helped them to *calm down*. In two of these instances, the participants specifically referred to the value of learning new breathing techniques.

For six of the participants (2%), the counselling was described as being helpful because of the contribution it had made to their *academic ability* or school-lives:

It helped me to think and learn.

It helped me a lot in school and got me back at school.

I've went to bed early and I want to come to school more.

Six of the participants (2%) said that the counselling helped to *reduce their levels of anxiety*, worry or stress:

It has helped me come to term with my problems and find solutions to help me with anxiety.

Other reasons for why the counselling was rated as being of help, all of which were given by less than two percent of the total participants, are presented in Table 10.

Key findings

- Eighty-nine percent of participants said that they were either 'satisfied' or 'very satisfied' with the counselling service.
- Seventy-eight percent of participants said that the counselling had helped them either 'A lot' or 'Quite a lot'.
- Around six out of ten clients said that the counselling had increased their motivation to attend school, their ability to concentrate in class, their motivation to study and learn and their willingness to participate in class.
- Over eight out of ten participants said that the counselling had helped them to feel better about themselves and to be more understanding of others.
- Clients most frequently said that the counselling was helpful because it gave them an opportunity to talk and be listened to.

INTERVIEWS WITH CLIENTS REGARDING THE IMPACT OF COUNSELLING ON THEIR STUDYING AND LEARNING

Seventeen young people from across six of the schools were interviewed. Twelve of these young people were female and five were male. The number of counselling sessions that the participants attended ranged from two sessions to regular sessions over seven months. A summary of responses is presented in Table 11.

Impact of difficulties on studies prior to counselling

Nearly all of the young people interviewed said that the issues that had brought them to counselling had had a negative impact on their abilities to study and learn. One other pupil initially said that her difficulties did not have an impact on her school-life, but later during the interview noted that they had impeded her ability to concentrate on her work.

Difficulties concentrating

Most of the young people said that their problems had had a negative impact on their studies because it had reduced their ability to concentrate in class. One of the main reasons for this was that, with so many thoughts and worries going round in their heads, there was little space for them to think about their work:

I wasn't, like, er, thinking about the work, I was thinking about the problem and everything.

My mind would drift off and I would think about it [the problem] and I couldn't concentrate and stuff.

When the teacher was saying something and he asked us to do the work it would be like, 'What've we got to do? Because I just didn't hear anything you said.'...It was going in one ear and coming out the other end, because I was too busy thinking about other stuff.

Table 11. Impact of counselling on studying and learning: Summary of categories and frequency of responses

Category	n	%
Impact of difficulties on studying and learning prior to counselling		
Overall negative impact	16	94%
Difficulties concentrating	13	76%
Reduced motivation to attend school and reduced attendance	8	47%
Reduced motivation to study and learn and reduced work	6	35%
Problems in relationships with teachers	6	35%
Impeded academic attainment	6	35%
The impact of counselling on capacity to study and learn		
Overall positive impact	14	82%
Improved concentration	13	76%
Improved motivation to attend school	2	12%
Increased work	4	24%
Improved behaviour and relationships with teachers	2	12%
Improved academic attainment	3	18%

Closely related to this, one pupil described how, the more she tried to stop thinking about her problems, the more dominating the problem became:

I was trying to put it [the problem] to the back of my mind but the more I did that... I just thought about it more and just the bigger effect it had on me.

One pupil described deliberately switching off in classes where the issues discussed were similar to the ones that she was experiencing. Along similar lines, another pupil said that she used 'carrying on' and behaving disruptively as ways of distracting herself from distressing thoughts and feelings regarding her problems that were arising during classes:

Like in RE and stuff I'd just blank out and never listen until they talk about something else and that.

Two of the young people described how, with all their worries and concerns, they felt very detached from what was going on around them in class at all:

I was just away in another world.

In a couple of other instances, difficulties in concentrating were less due to internal interferences, and more due to impediments in the external world:

They were calling me names in class and stuff so it was like putting me off my school work when I was in class.

Reduced motivation to attend school and reduced attendance

Some of the young people said that their problems had impacted on their desire to attend school. In nearly all of these instances, this was due to a lack of internal motivation and interest:

I just couldn't be bothered to come into school and do anything and I wasn't, like, enjoying anything in school.

In some instances, however, it was again more to do with a concern for specific external circumstances, such as the presence of bullies:

I was thinking of just leaving, maybe either just stay on for fifth year because hopefully most of the 'Neds' will be away or maybe just leave at the end of this year and go to another school.

In some instances, participants described not just a reduced motivation, but an actual reduction in time spent in class:

Sometimes I was, like, sick because I was really worried about everything and that's why I couldn't go in.

Er, well, I wasn't- I was, well- I- I was unwell for a lot of it, but then I started 'dogging it' [missing school] a lot and my attendance- well, it's better now, but it was about 70 percent - that was bad.

In some instances, this reduced attendance was not out of the young person's explicit choice, but because their behaviour was leading to them being sent out of the classroom or excluded:

I've been missing out a lot, I've been- I mean, everybody's, em, *in* doing their work [and] I've been standing outside, obviously being bad, and I'd not learned anything- I hardly learnt anything at all.

Reduced motivation to study and learn and reduced work

Some of the young people said that their motivation for, and interest in, studying and learning was reduced because of the problems that they were going through. This, then, affected the amount of schoolwork that they actually did:

I just couldn't be bothered that much [because of my problems].... I did a lot of work, but just not as much as I should've been doing.

I was wanting to study and stuff but I couldn't 'cause I was, like, still feeling quite down.

Problems in relationships with teachers or school

Some pupils reported that the problems that they were experiencing were leading them to misbehave at school, which was then creating problems in their relationships with their teachers and in school generally:

I just got angry over most things; if I got into a little bit of trouble I'd be angry and probably get myself into even more trouble.

I think I got four letters sent home in the- in, like, three weeks or something: that was right at the start. [*Interviewer: And how often would you normally get a letter sent home?*].... I've had one every year really, just one or two.

Impeded academic attainment

In terms of the impact of their problems on grades and scores for tests, exams and course work, participants gave a relatively mixed response. On the one hand, some of the participants indicated that their problems had had a negative impact on their academic attainment:

My exams- my test marks weren't as good as they were in earlier on in the year before.

Tests that I'm good at, like maths, I got 60 percent or 70, but I'd usually get 80, 90 percent on that.

Some pupils, however, indicated that the impact of their problems on their academic performance was dependent on a range of factors, including the class they were in and the particular subject they were studying:

Like, my maths suffered a lot, but apart from that, that was about it.

In some instances, young people said that, despite their difficulties in concentrating or being motivated, they managed to keep up academically by putting extra effort in:

[My work] wasn't pure affected [by the problem], like I didn't pure start going downwards in my work, it was okay, it was like- I just struggled to keep up with it, but my grades were still alright.

A couple of pupils reported that their difficulties were having no effect on their level of academic performance:

My schoolwork never really suffered unless I couldn't be bothered doing it.

For one pupil, their difficulties had had a motivating effect on their studies:

I think if anything, during it, my schoolwork was, like, the best. Like, during that year, I did, like, get more awards and stuff.

The impact of counselling on learning

Most of the young people said that the counselling had *had a positive impact* on different aspects of their educational lives.

Improved concentration

As discussed above, the main way in which the young people's problems impacted upon their abilities to study and learn was through impairing their ability to concentrate in class, and it was here where the counselling was reported as having the biggest positive effect. Most of the young people said that, by giving them an opportunity to talk through their problems, the counselling reduced the amount of time they spent in class thinking about their difficulties, such that their concentration on their schoolwork improved.

I could concentrate more and I wasn't always trying to think about it [the problem] and try, like, sort it out to myself or try and understand it or I wasn't focussing on not thinking about it so I- so I could focus on my work and concentrate on what I was doing in class.

It helped take my mind off it. It felt, like, if I told somebody I wouldn't be thinking about it as much.

I was, like, really just thinking about everything that was upsetting me during class and then when I'd be able to talk to the counsellor I could tell her everything instead of just thinking about it over in my head - and then I could, like, concentrate better and that felt like everything, kind of, cleared the air in my head.

[After counselling I was] thinking of my exams more than my problems, when before I was thinking more about my problems than exams.

If, like, I had a box, like, just jam-packed full of stuff and then some if it you, like, took out because you'd talked about it and then you had space to focus on other things.

As a consequence of being able to concentrate more fully in class, some of the participants went on to say that they could then spend more time on their studies.

When I talked to the counsellor, I just sorted it out in my head what I thought about it and the more and more I went to the counsellor the easier it was just to, not forget it but, like put it aside and get on with what I wanted to do [in class].

Increased motivation to attend school

When asked about the impact of the counselling on their studies, a couple of the young people said that it had helped them to feel better about attending school:

I kind of started enjoying school now.

After the counselling...I love school again. I love school, it's so- it's so much fun.

Increased work

By increasing their motivation to study and learn – alongside their ability to concentrate in class – some of the participants said that the counselling had helped them increase the amount of work that they were doing:

It's getting better cos I've been doing more and actually doing what I'm supposed to be doing when I'm supposed to do it.

The counsellor gave me advice and it worked so I can get on with my schoolwork now, whereas before in that particular class I- I- I just gave up and I just didn't do any work.

Improved behaviour and relationships with teachers

A couple of the young people described how the counselling, through helping them to address their problems, had helped them improve their behaviour and hence their relationships with their teachers:

Now I've calmed down a lot...the teachers have- have- they've not started talking to me a lot more but they've started to help a lot more.

Improved academic attainment

As a consequence of these improvements in ability to concentrate, motivation to attend school and relationships with teachers, some of the pupils said that the counselling was having a positive effect on their academic attainment:

I was getting more work done and my, um- and my marks and everything were going higher.

I've really, really improved in English; in fact, I'm ahead of people in the class now because- because, like, I've just been able to focus more so; it's, like, gradually- it gradually happened during the counselling and then there was a big push at the end of the counselling.

One of the pupils did not report an improvement in their work.

Interviewer: Okay, so it was off your mind a little bit more, yeah. Did that have an impact on your marks, do you think?

Respondent: Mm, not- not sure about that.

Key findings

- Prior to attending counselling, all clients reported that their personal problems were having a negative impact on their studies: reducing their ability to concentrate on their schoolwork, reducing their motivation to attend school and creating problems in their relationships with their teachers.
- In a few instances, these problems were having a negative impact – albeit indirectly – on the client's academic attainment.
- Over 80 percent of clients said the counselling had a positive impact on their capacity to study and learn.
- In educational terms, the most pervasive impact of the counselling was to reduce the clients' focus on their problems and concerns, thus allowing them to concentrate more fully on their class work.
- Some clients reported that the counselling increased their desire to attend school, the amount of work that they were doing and improved their relationships with their teachers.
- As a consequence of these improvements in their ability to concentrate, motivation to attend school and improved relationships with teachers, some clients reported an improvement in their academic attainment.

INTERVIEWS WITH KEY PASTORAL CARE STAFF

Participants

Key members of pastoral care staff were interviewed at each of the ten schools, with a total of 23 people taking part in the interviews. At five of the schools, one-to-one interviews were conducted with the Depute Head Teacher Pastoral Care/Depute Head Teacher in Charge of Social Inclusion/Depute Head Teacher Pupil Support/Pastoral Care Coordinator. In three of the schools, focus group interviews were held with between three and five members of the pastoral care team. In one instance, this was with the Depute Head Teacher Pastoral Care plus two principal teachers of pastoral care and the administrator of the pastoral care service; in one instance, this was with five principal teachers of pastoral care; and in one instance, this was with the heads of guidance for S3, S4 and S5. Finally, in two of the schools, the Depute Head Teacher of Pastoral Care and two of the principal teachers pastoral care were interviewed independently. In each of the schools apart from one, the interviewees included the person acting as the liaison officer for the school-based counselling service.

The results in this section are presented according to the five main research questions (1. General successfulness of the counselling in schools service: mental health, satisfaction, areas for improvement; 2. Impact on capacity to study and learn; 3. Added value; 4. Integration with Integrated and Joint Support Teams; 5. Integration with SELF.

Mental health

A summary of responses to the question of how the counselling may have impacted on the clients' mental health is presented in Table 12.

Here, participants from around half of the schools said that their knowledge was limited because of the confidential nature of the service.

Overall helpfulness

Nevertheless, participants from all ten of the schools said that, in general, the counselling service had been *beneficial or very beneficial* to those pupils attending it.

We have no doubt that it's been an asset to the kids who have been involved.

I think it is a very positive thing and very helpful to the pupils who have had access to it.

Two of the interviewees indicated that this had been *against their expectations*:

I wasn't sure to what extent first years would want to access a counsellor and I kind of naively thought that they wouldn't want to or even need to. But I've been proved wrong. The first years here- there have been quite a few who have been happy to refer themselves to the counsellor and have benefited enormously.

I had no idea how it would operate at the beginning but I am entirely convinced now that it is a very worthwhile thing for the school.

Table 12. Impact of counselling on client's mental health: Summary of categories and frequency of responses

Category	n	%
Overall helpfulness		
Beneficial or very beneficial	10	100%
Against expectations	2	20%
Not helpful to all pupils	2	20%
How the counselling helped the clients		
Happier	5	50%
More settled	5	50%
Improved behaviour	5	50%
Attend school more regularly	5	50%
Improved self-esteem	3	30%
Less alone	1	10%
More able to rationalise	1	10%
Greater self-awareness	1	10%
Important for future lives	5	50%
Evidence of helpfulness		
Received positive feedback from young people	8	80%
Young people want to return to counselling	8	80%
Young people look physically happier	5	50%
Reduction in behavioural referrals	3	30%
Processes of improvement		
Opportunity to talk and be listened to	6	60%
Developing greater emotional awareness	1	10%
Learning different ways of behaving	1	10%

Note. In this and subsequent tables in this section, n refers to the numbers of *schools* from which participants gave a particular response, not the number of participants giving that response.

Participants from a couple of the schools, however, pointed out that the counselling had *not been helpful to all of their pupils* and that its successfulness was very dependent on what the young person was coming to counselling for:

I think it's very individual. I think for some- we can think of individuals that it has absolutely worked for... quite quickly, and others that it hasn't yet. I think it's very variable, it depends on what the issues are.

One kid who has been for something like six sessions and, eh, the behaviour hadn't changed at all therefore and- having discussed it with [name of counsellor] we kind of thought, 'Well, maybe it wasn't appropriate - the counselling just wasn't appropriate for him.' Erm, he needed some other type of input.

How the counselling helped

In terms of how it had been helpful, participants from around half of the schools said that the counselling service had helped pupils attending it feel *happier*:

I think without question the counselling service makes a huge difference to the happiness of very many young people.

A similar number also said that it had helped pupils feel *more settled*:

We had a girl who was particularly troubled: amongst other things she was suffering from un-medicated ADHD [Attention-deficit/hyperactivity disorder] at the time so there was- it was a very fraught time for her teachers, the girl and her parents. And the girl has settled down now, and a big part of the support was seeing [name of counsellor]. And I suppose the, eh, the cherry on top of the cake was the girl has now switched her career choice to wanting to be a counsellor! Now, I don't think that any higher praise can [laughs] come [name of counsellor]'s way than that [laughs].

Participants from around half of the schools also said that the counselling had helped the pupils *improve their behaviour*, for instance, helping them to get on better with their classmates and teachers, helping them to receive less behavioural referrals and helping them to manage their anger better. One of the participants described this as the counselling helping the pupils to be less prone to 'having their buttons pressed':

You know, if your button is right on your forehead, it is easily pressed; if it is deep buried inside your head, it is harder to press; and some of them, I think, are showing now that it is harder for them to, kind of, lose it.

As with the above respondent, however, another pastoral care staff member was keen to point out that the change was one of degrees rather than absolutes:

This child, for example - a very challenging child - continues to be challenging, but is challenging in a much nicer way than she was before [laughs].

Pastoral care staff from around half of the schools also indicated that the counselling was helping some of the pupils *to attend school more regularly*, or attend school, per se. This was for a variety of reasons. Some of the participants talked about a reduced risk of exclusion or drop out:

There's one boy, for example, who would not be at school at all if it weren't for [name of counsellor]... This boy was doing five Highers- he was just about to vanish off the face of the earth. He's still here, he's only doing two I think, he'll hopefully pick up more next year. He's got a lifeline in the school. We would have lost that boy had it not been for [name of counsellor].

Another couple of participants talked about a reduction in levels of stress and anxiety. For instance:

One wee boy...was a school refuser, he just felt really lacking in confidence about coming to school. And we all worked with him as best we could but at the end of the day he really enjoyed that contact with [name of counsellor]. He went every week, and basically for the last two months he has attended school every day.

In terms of other areas of improvement, pastoral care staff at some of the schools said that the counselling had helped the pupils to improve their *self-esteem*, and staff at one or two of the schools mentioned that the counselling was helping the pupils to *feel less alone*, to gain greater *self-awareness*, and to become more able to *rationalise*.

At around half of the schools, pastoral care staff said that the counselling was not just helpful to the pupils at present, but also *in terms of their future lives* and their abilities to fulfil their potentials. One respondent said:

I think a particular benefit of the counselling service is that a timely intervention now may save huge difficulties at a later point in somebody's life.... Experience would suggest that if young people have gone through certain experiences and haven't had an opportunity to deal with that intelligently in a supportive environment then it is going to manifest itself in difficulties at some point or another, whether these are career difficulties, personal difficulties, relationship difficulties, or whatever.

Here, another respondent made the point that if young people can talk to a counsellor early on in their lives, then,

[I]f they have problems later on they won't be embarrassed. They won't have problems going to the doctors and saying, 'Can I see somebody and go and talk to somebody?' That's a huge step in the right direction because, you know, if you talk to folk of my generation: the idea of going to see a counsellor... I think they would probably be appalled...they just bottle it up and get on with it. Which isn't great.

Evidence of helpfulness

What evidence did the pastoral care staff have that the counselling was helpful? Participants from most of the schools said that they had *received positive feedback* from pupils attending the counselling service, with very little negative feedback.

They'll let me know that they enjoy being there, that they're getting something out of it. You can tell that by talking to them.

There's nobody I've spoken to that hasn't felt it has been worthwhile.

Some of the pastoral care staff gave specific instances:

I've had [a] wee girl who was attacked in the street and beat up and was finding it really difficult to come to terms with that and was having nightmares, and she asked to go and see [name of counsellor] and she has been doing so for the first few weeks now.... The wee girl said that she feels a lot better and she has had a chance to talk about it.

In terms of evidence, pastoral care staff at most of the schools also pointed to the fact that many of the young people attending the counselling service *seemed to want to return* to the counsellor:

You don't need to chase them - they want to come.

The children want to come back and see her. The children would not go back and speak to someone that they don't like - I can guarantee that. So the fact that they come back week after week tells you.

Participants from a couple of the schools, however, also emphasised that there were a small minority of pupils who did not want to go back to the counselling service. One of these participants thought this was mainly the less mature pupils in the first and second years, while the other thought that it was mainly the boys who were reluctant to return.

Across some of the schools, pastoral care staff also pointed to the fact that young people would sometimes ask when their next appointment was, that they would refer themselves into the counselling service, that there was a high demand for the service and that knowledge of the counselling service was passing across the school by word-of-mouth.

Pastoral care staff from around half of the schools said that they sensed the counselling was helpful because they could see changes in the way that their pupils looked – in particular, that they *looked physically happier*.

Even just walking around the corridors: maybe they are smiling now whereas they weren't smiling before.

You can see it when you pass them in the corridor, they smile.

Finally, pastoral care staff from some of the schools said that they had witnessed *reductions in behavioural referrals* for several of the young people attending the counselling service.

Processes of improvement

In terms of why the pastoral care staff believed the counselling service had been of help to their pupils, participants from around half of the schools pointed to the fact that it provided the young people with *an opportunity to talk and be listened to*:

It's spending time with somebody to talk, to listen. Generally, the kids feel that they get a good hearing.

Developing greater emotional awareness and *learning different ways of behaving* were also seen by staff at a couple of the schools as ways in which the counselling helped the young people.

Satisfaction

Table 13 presents a summary of the categories and frequency of responses with respect to pastoral care teachers' satisfaction with the counselling service.

Table 13. Key pastoral care teachers satisfaction with the counselling service: Summary of categories and frequency of responses

Category	n	%
Overall satisfaction		
High overall satisfaction	10	100%
Would like to see service extended beyond pilot period	10	100%
Real loss if service was brought to close	7	70%
Valuable but not essential	1	10%
Service delivery		
Positive	10	100%
Operational Group meetings		
Positive	5	50%
Mixed	5	50%
Reported parent and carers' responses		
Positive	5	50%
Reported headteachers' responses		
Positive	4	40%

Overall satisfaction

Pastoral care staff from all of the ten schools expressed *high levels of overall satisfaction* with the counselling service established at their school:

We are really happy with it.

I just feel that it is a really good service.

I have found it fantastic, I really have.

Participants from all ten of the schools also emphasised that they would like to see the counselling service *extended beyond the pilot period*:

I would definitely like it to stay.

I really want it to continue for as many years as we can possibly have it.

It is top priority.

In this regard, pastoral care teachers from most of the schools said that it would be a real loss if their school-based counselling service was brought to a close:

It would be sorely missed...I don't know how to state that strongly enough.

The thought of coming in on an August morning and there is no counselling service fills me with horror and dread.

I think there would be a huge- a huge diminution in what we are providing as support for the pupils.

One of the Pastoral Care Coordinators, however, was keen to emphasise that, although the counselling service was important, she did not see it as essential: 'we functioned without it before and we can function without it again'.

In terms of the counsellors' personal qualities, pastoral care teachers from nearly all the schools expressed high levels of satisfaction. Particularly qualities that teachers from some of the schools emphasised were their counsellor's flexibility and her ability to fit in with their school environment and organisation. Other terms that were used to describe the counsellors included 'approachable', 'experienced', 'accessible', 'discrete', 'assertive' and 'committed.'

Service delivery

Pastoral care teachers from all of the schools were *positive about the setting up of the counselling service*, describing it as: 'smooth,' 'easy,' 'problem-free', 'simple,' 'professional' and 'well-organised.' Problems that did arise in the establishment of the service were seen as coming from the school rather than the service providers, such as finding an appropriate room for the counsellor and organising the system of referrals. Interviewees also expressed high levels of satisfaction with the organisation and management of the counselling service and no concerns in this area were raised.

The one aspect of the service infrastructure to which a more mixed response was given were the *Operational Group meetings*. While around half of the participants expressed positive feelings towards these meetings – seeing them as a means of sharing ideas about how to run the service, an opportunity to talk through ethical concerns, and a chance to discuss how the counselling service fits with other pastoral care services – a similar number gave a more equivocal response, primarily because they felt that many of the issues discussed at the meetings were not particularly relevant to them. One of these participants stated: 'I am not so sure that I would want to attend two or three times every year. It was useful in the start-up period, maybe the occasional meeting or once a year or whatever, just to check up on what ideas other people had; but I wouldn't wish to go on a regular basis.'

Parent and carers' responses

Alongside their own satisfaction with the service, pastoral care teachers from around half of the schools said that a number of parents or carers of pupils had *expressed positive reactions* to the counselling service. In some instances, this was evident in their attempts to refer their young people in to the counselling service or to push them up the waiting list; in some instances, it was evident in the feedback that they gave to the pastoral care teachers regarding the impact that the counselling had had on their young person; and, in some instances, it was evident in their general receptivity to the idea of their young person receiving counselling. Just one of the pastoral care teachers reported a parent who was 'vehemently obstructive to the idea of her child being counselled.' 'She kept saying,' reported the pastoral care teacher, "'They [the counsellors] are just people like us!'" To which the pastoral care teacher reports she responded, 'Well, exactly!' However, the pastoral care teacher also reported that this parent was obstructive to the child receiving every other form of pastoral support.

Headteachers' responses

Pastoral care teachers from some of the schools also reported that their Headteachers were *very positive* towards the school-based counselling service:

At this stage in the game my Headteacher feels much the same as I do. We are very positive towards it, we think it's been an asset.

I know that he finds the service very valuable.

Areas for improvement

A summary of responses given by the pastoral care teachers is presented in Table 14.

Extending the service

In terms of how the school-based counselling service could be improved, the most frequent response, given by pastoral care teachers from most of the schools, was that *the service should be expanded*:

I think we could do with an increase in the amount.

Not only do I support the scheme but I would love to see it extended.

Five of these participants put particular emphasis on the counsellor being in the school for *more days of the week*. One of the teachers said:

Obviously if we'd more time it'd be even better. I think two full days would be better than a day and a half.

Table 14. Areas for improvement: Summary of categories and frequency of responses

Category	n	%
Expanded service	7	70%
Counsellor in school for more days per week	5	50%
1½ days per week sufficient	1	10%
More counsellors	3	30%
Counsellor should be permanent member of staff	2	20%
Counselling service should be expanded to every school in Scotland	1	10%
Want more communication from counsellor	5	50%
So school can positively intervene	2	20%
So teaching staff could be alerted to problems	2	20%
So can maintain adequate records	2	20%
Otherwise pastoral care teachers unsure how to engage	2	20%
Generally happy with amount of communication	8	80%
More advice giving	3	30%
Raising the profile of the service	3	30%
Other improvements for service		
Providing counselling for parents	2	20%
Offering more half-sessions	2	20%
Trying to ensure that the counsellor at the school stays the same person	2	20%
Developing the number of self-referrals	2	20%
Providing counselling for teachers	1	10%
Small groups to focus on specific issues (e.g. anger management)	1	10%
Offering art therapy	1	10%

One of the teachers, however, said that she thought the school could quite easily accommodate a counsellor for three or four days a week; and another said that she thought the school, 'should have a full time counsellor, you know, who's there at the beginning of the school day, end of the school day, has an office, you know, and the children know exactly where to go at any given time.'

Pastoral care teachers from another of the schools, however, said that they thought a day and a half per week was sufficient for their current needs.

As well as having more time for the counsellor, pastoral care teachers from some of the schools said that they thought there *should be more than one counsellor*. 'I mean, you could probably employ a clutch of full-time counsellors in most schools,' stated one interviewee. In terms of expanding the service, two of participants also talked about having the counsellor as *a permanent presence* in the school, and one said that they thought the counselling service should be *extended to all schools in Scotland*.

More communication from the counsellor

The other major area for potential improvement, pointed to by pastoral care teachers from around half of the schools, was that of wanting to know more about what was happening with the young person in the counselling, for instance, whether they had finished counselling, whether they were being referred onwards and a rough idea of the kinds of issues that they were talking about. This was for a number of reasons.

First, pastoral care teachers from a couple of the schools said that, if they knew more about the difficulties that the young person was facing (with the young person's consent), then they would be more able to *positively intervene*. One of the teachers gave the following example:

If there's a situation between a pupil and a teacher.... if that information's given to me then I can step in. I can facilitate a meeting between the- if it's two pupils, I can facilitate a meeting between them, um, if it's a problem with the pupil and the teacher- if it's over homework not being done or the pupil not understanding and afraid to ask about it, then I can step in and I can be the go-between.

This teacher also said that, by knowing a bit more about what the young person was discussing in counselling, they would be more able to explore with the counsellor any appropriate onwards referrals.

Another respondent said that, by knowing more about the difficulties that a young person was facing, *teaching staff could be alerted* to this and encouraged to relate to the child in a more sensitive way, or would know to watch out for who might be bullying the young person. As with all the other interviewees, then, this respondent was not interested in knowing the intricate details of what the young person was discussing in counselling, but felt that it would be helpful for the counsellor to let teaching staff know the kinds of things they might *do* to help the young person.

A couple of the pastoral care teachers indicated that they thought it was important for them to have more information about the kinds of issues that the young person was exploring in counselling – such as 'family situation' or 'personal situation' – so that they could *keep adequate records* for the young person. Such information, one of the pastoral care teachers argued, would also help them maintain a more 'holistic' overview of the young person's development.

With the emphasis on the confidentiality of the counselling relationship, participants from two of the schools said that it sometimes *left pastoral care teachers unsure of how to engage with the young person*. One participant said that questions such as 'Do I mention it?' 'Do I not mention it?' 'How deeply do I enter this?' could inhibit the pastoral care teacher from engaging with the young person in a spontaneous and open way.

Alongside these opinions, however, pastoral care teachers from most of the schools also added that they were *generally happy with the degree of information* that they were receiving from the counsellor – particularly as the service progressed – and did not feel like they had a need for more:

My opinion of it is if they want to come and talk to you about it they tell you afterwards. That's fine.

One pastoral care teacher summed it up by saying:

Personally I would like more feedback but then again that takes away the whole point of the counselling service.

Related to this issue of communication and confidentiality, one of the Pastoral Care Coordinators felt that some of the practices aimed at maintaining the anonymity of the young people attending the counselling service – such as not writing their names on notes or keeping the counselling diary hidden from other staff – were somewhat *impractical and awkward*.

It feels unnecessary to us, erm, that would really be our feelings on it, our impressions of it really. It is a different culture: there is a push in education at the moment for information on children that will affect their learning...to be more widely disseminated, rather than this very, very confidential type information; and a feeling really, I think, amongst the pastoral care PT's that there are far, far more confidential and sensitive things in guidance files than the fact that the child is seeing a counsellor.... We wouldn't obviously go to the opposite extreme: I don't expect to have a Tannoy announcement: 'The following children should see the counsellor...!', you know, but we feel it is perhaps...made a little bit complex, in practice, by this confidentiality thing.

More advice giving

When asked how they felt about the non-directive nature of the counselling being provided, pastoral care teachers from some of the schools said that, in some instances, young people might benefit from a more advice-giving approach:

I wonder if sometimes pupils are looking to be directed.

I think, maybe, in some instances...kids do need more advice in terms of where they are going.

One child, in particular...has said that well, you know, the counsellor couldn't offer her advice and she felt that she required more specialist assistance and she is now on the

books, if you like, of the school psychologist. Whether he can offer her advice [laughs] is another matter, but that is a very isolated case, that would be the exception, not the rule.

Raising the profile of the service

Teachers from three of the schools said that it would have been good to publicise the service more fully, particularly when the service was first initiated. Ideas for publicising the service included: telling the pupils about it at assemblies prior to its establishment, reminding young people about the service every six weeks or so in Personal and Social Education (PSE) classes and telling parents and carers about the service at parents' evenings.

Other improvements

Other potential improvements to the counselling service, suggested by teachers from two or less of the schools, are presented in Table 14.

In terms of the smooth running and establishment of the service, pastoral care teachers from across the schools also highlighted a number of internal, school-based difficulties and issues that they had faced. The most prevalent of these, mentioned by pastoral care staff at three of the schools, was finding appropriate accommodation for the counsellor. Other issues included:

- Being careful to make the 'right' referrals to counselling: for instance, not referring 'disaffected' young people who do not come to school in the first place
- Encouraging self-referrals
- Being careful not to overload the counsellor with referrals
- Finding ways of prioritising clients
- Minimising missed appointments: for instance, by having a link person who can follow up pupils in class and finding effective ways of notifying children about their appointments
- Making sure that other teachers understand what the counselling service is and issues like confidentiality
- Finding ways of ensuring that the counsellor meets with the pastoral care staff, for instance by attending team meetings.

Impact on capacity to study and learn

With respect to the impact of the counselling service on the young people's educational engagement, pastoral care staff from most of the schools said that it was *difficult to evaluate this* and to identify any 'hard' indicators of change. A number of them were also sceptical about the value of doing so. One teacher, for instance, said:

It is obviously not an exact science and I don't even know that we would want to go down the road of trying to find the evidence. If, at the end of the day, a young person feels better, then that is enough.

Nevertheless, participants from nearly all of the schools said that they thought the counselling might, *indirectly, have a positive impact* on the pupils' capacities to study and learn (see Table 15). This was for a number of reasons.

Table 15. Impact of counselling on clients' capacities to study and learn: Summary of categories and frequency of responses

Category	n	%
Overall impact		
Difficult to evaluate	7	70%
Indirect positive impact for some pupils	9	90%
Increased ability to concentrate in class	5	50%
Less distracted by problems	5	50%
Know somewhere to take problems	2	20%
Reassured that school trying to help them	2	20%
Increased attendance at school	5	50%
Help address issues that inhibit attendance	2	20%
Less likely to be excluded	3	30%
Less likely to leave school at early age	2	20%
Additional factors		
Help students to feel good about themselves	1	10%
Help students to get over panic attacks	1	10%

Increased ability to concentrate in class

First, teachers from around half the schools said that they thought the counselling might help pupils to concentrate more fully in class because they would be *less distracted by their worries and concerns*.

As one teacher put it:

Happy children - or children who at least feel that they are being listened to - will learn and be more open. They will sit in class and learn because they are more focused on what is happening in the class instead of constantly worrying about whatever is troubling them.

Along these lines, two of the pastoral care staff said that they thought the counselling might help pupils to focus more in class because they *would know there was somewhere else where they could deal with their problems*:

She [a pupil going to counselling] can...kind of, put it in a compartment, the emotion bit of it. She puts in a compartment, and then when she is at school she gets on with her school stuff and she knows she has got the counselling to talk about everything and therefore she can separate everything.... She knows that, 'I have got that time where I can do all this, I know I am going to be okay because I can keep it until I talk and then I go and can get on with my work.'

There's one boy I'm thinking about, for example, who...was becoming withdrawn and reticent and all the rest of it and we eventually found out that it was to do with his relationship with his parents. And for a while he wouldn't go into class. Because he's working with [name of counsellor] he now goes to class and gets on with it and when he's with [name of counsellor] he does all this other counselling and he'll speak to me as well

and he speaks to another member of staff. But at least he's got a focus for all this stuff that's going on in his head and when he's in class he can get on with it.

Two of the participants said that the counselling might help the pupils focus more in class because they would feel more *reassured that the school was trying to help them* with their problems:

I would say they were more able to concentrate on their schoolwork because they know that...efforts are being made to address it, and it's not being put on the back burner.

Increased attendance at school

As reported earlier, pastoral care teachers from around half the schools said that they thought counselling could increase pupils' attendance rates at school and this, they suggested, might then facilitate their ability to study and learn. 'If they are spending more time in class,' said one participant, 'they are logically learning more.'

A couple of the pastoral care teachers explained this in terms of the counselling *helping clients to address the anxieties or concerns that may stop them from attending school*. Another couple explained it in terms of the counselling helping the young people to address issues of anger or behaviour, such that they were *less likely to be excluded* from school:

One of the boys that she's dealing with is a very clever boy, but he has lots of anger issues. Now he's a good attender, but he was going to be excluded. He gets into a lot of confrontations. Now I think [name of counsellor]'s been seeing him for the third week. Now, he is: a) keen to see her; and b) certainly his confrontation has gone down.... So within three weeks you can actually see- I'm not saying he's not angry but he's managing it better. So that's a big step.

Two of the pastoral care teachers talked about the way in which, by talking through their problems and having a relationship with the counsellor, pupils might be *less likely to leave school at an early age*:

It's maybe encouraged a small number of them to continue coming to school... because I think, in maybe one or two particular cases, you know with older pupils, we may be in danger of losing them, you know, leaving school, what have you, because they were getting to the stage that they couldn't cope- not with things that were happening in school but things happening in their lives.

Additional factors

In terms of how else counselling might indirectly help a young person to study and learn, one of the teachers suggested that it could help young people *to feel good about themselves*, which she saw as one of the prerequisites for being able to work hard. Another pastoral care teacher said that she thought it could help young people *get over panic attacks*, which might inhibit them from achieving their potential in highly pressured academic situations, such as examinations.

Added value

Teachers from each of the ten schools saw the counselling service as an important additional resource to their pastoral care provision (see Table 16):

It is enhancing what we can offer in terms of supporting the pupils.

We feel that there's a bit of the jigsaw puzzle that has been previously missing is now in place.

In terms of how it specifically enhanced their 'arsenal of support measures', pastoral care teachers highlighted a number of different aspects of the counselling service:

Capacity to work with young people for extended periods of time

For pastoral care teachers from across the ten schools, one of the most important ways in which the counsellor added value to their work was by being able to meet with the young people for prolonged periods of time. Almost all of the pastoral care teachers described how there were enormous demands on their time – extensive teaching responsibilities, administrative duties, pastoral case-loads of 200 or more children who often had extensive and complex needs – such that they could rarely spend as much time with each individual young person as they would like to or knew that that young person

Table 16. Perceived added value of counselling service: Summary of categories and frequency of responses

Category	n	%
Important additional resource	10	100%
Capacity to work with young people for extended periods of time	10	100%
Relief for pastoral care teachers	5	50%
Counselling skills and expertise	9	90%
Confidentiality	7	70%
Independence	5	50%
Confidentiality	3	30%
Less embarrassed	1	10%
Less 'fall out'	2	20%
Less biased	1	10%
Learn that others there to support them	1	10%
Less confusion with authoritarian role	1	10%
A resource for 'troubled' children	7	70%
Actively want to talk to counsellor	2	20%
Non-directive	6	60%
Accessible	6	60%
Lack of bureaucracy	2	20%
Less confusion with authoritarian role	1	10%
Less stigma	4	40%
Non-diagnostic	1	10%

needed. Moreover, they described how time spent with young people was often interrupted by phone calls, by having to dash off to the next class, or by thinking about the next thing that they needed to do. So the fact that a counsellor could sit with a young person for 45 minutes or more was seen as enormously important resource: 'I think that is fantastic for these kids', 'it's really good for them'. In addition, because the counsellor was not 'running around daft' or constantly having to 'fire-fight', the pastoral care teachers felt that they could provide the young people with a uniquely calm and concentrated environment:

I think that you can't quantify how precious the experience is of a young person being able to sit down in a non-rushed, very quiet, very placid environment and have an adult listen to them: quality listening and reflecting back.

Interestingly, in terms of their own emotional wellbeing, pastoral care teachers from around half of the schools said that they experienced *a great sense of relief* in being able to pass their pupils on to someone who they knew could give them adequate amounts of attention.

Just to know that, actually, we can refer on and that a particular pupil is getting a whole fifty minutes with somebody who's got time for them, I think it's- I mean, we can sort of relax a bit and know that that's being- something's been done about it.

We do worry about, you know, young people that, you know, have got a problem and you don't have time to sit with them.... They can see [name of counsellor] tomorrow and it is almost like- it is not like a weight off your mind because you are still concerned about the child but it is a huge help to know that they are being listened to.

Until I came [to a school with a counsellor] I always felt this enormous sense of guilt. I just- in a school day with your teaching commitments and everything else, I just didn't have the time to sit and listen and I found myself- I remember when I did the counselling course and I came into school and I thought, 'Right I'm going to listen and empathise and...' And then I'd be thinking, 'I've got a class in two minutes that I haven't prepared for, right, I'll empathise later' [laughs]. Then you felt- you'd be in that class feeling guilty, thinking: 'I had to leave that child;' em, and it's just great, here, knowing that they are getting- knowing that they are being heard.

Counselling skill and expertise

In terms of the added value of the counselling service, the second most common response, given by pastoral care teachers from nearly all the schools, was that the counsellor brings to the school a specific expertise in counselling: an expertise which the pastoral care teachers, themselves, acknowledge that they have to only a limited degree:

Quite often someone like myself [a Pastoral Care Coordinator] has only got the most basic training in counselling- and that's the same for our pastoral care staff- they've got the most basic- if they've got any at all, it's very basic. And, I think, we have a feeling of inadequacy and afraid that we're going about things the wrong way, um, we're doing things instinctively. We're trying to help and support young people just by our own

common sense and sometimes you're a wee bit frightened that you're going about it the wrong way. But we've got a trained counsellor now and I accept the professionalism that comes along with that and I have the confidence in handing over young people or recommending or advising that this is an avenue of support that's suitable for that young person in total confidence that I'm handing them over to someone who knows what they're doing and who has experience.

It is not just, you know, somebody with good intentions, they are actually getting real professional help here.

Confidentiality

Pastoral care teachers from most of the schools also said that what was particularly valuable about the counselling service was its confidentiality, the fact that what the young person said to the counsellor was private and would not go beyond the counselling room unless the young person was in danger. For some of the pastoral care teachers, it was this, they thought, that 'sold' the counselling service to the young people: that they could talk about their problems without worrying that their parents would get involved or that it would get 'bounced around the school.' The privacy of the location of the counselling was also highlighted as important by one of the pastoral care teachers:

'I mean we [pastoral care teachers] don't even have a place really where they can sit and it is confidential, you know, there is people round about, there is people coming in and out, they don't have that opportunity.... [When they go to the counsellor] they know no one is going to come in because they all know, if the door is closed, you don't go in.

Independence

In terms of the added value of having a school-based counsellor, pastoral care teachers from around half the schools said that the fact that the counsellor was not an established member of the school's teaching staff – '*in* the school but not *of* the school' – was of particular importance. Some of the teachers linked this closely to the issue of *confidentiality*: that a young person might feel more able to talk to someone who was separate from the school because they would be less worried about what they said being passed around the school. In terms of being able to talk more freely, another pastoral care teacher said that the fact that the counsellor was independent from the school and not around much meant that a young person might be *less embarrassed* about 'having to face the same person every day'. In other words, they would not be thinking, 'I have just told you an embarrassing thing about me, my family or something that has happened to me, and although I needed to talk about it, I hate looking at you – that you now know.' Another reason a couple of pastoral care teachers gave for why the independence of the counsellor might facilitate the young person's willingness to talk was because the young person may be *less worried that there would be 'fall out'* from what they said: someone involved in the situation getting upset about it or trying to intervene because they knew the different parties involved and making the whole thing worse. For one of the pastoral care teachers, the fact that the counsellor was independent from the young person's school or family context was also important because then they would be *more likely to be experienced as un-biased* and open-minded: 'the children know there is somebody there who doesn't– who is not coming to them with, maybe, any preconceived ideas or knowledge or conceptions about them, em, and who's willing to listen to them without judging them.'

Two other reasons were given by the participants for why the independence of the counsellor might be of added value to the young person and the school's pastoral care provision. The first was that it might help the young person to learn that, in the 'big bad world,' there were adults, *other than teachers, who could be there to help and support them*. Second, one of the pastoral care teachers said that the non-teaching role of the counsellor meant that there was *less confusion* – both for themselves and their pupils – between engaging with the young person in a supportive way and engaging with them in an authoritative way:

There is always that conflict in guidance: one minute you are in the class and, you know, you are a disciplinarian to a certain extent and then you are out of the class and you are there offering guidance. And you've kind of got the two hats on, and I notice that quite often with my first year class. The wee boy I mentioned who wasn't attending was in my first year English class. So my relationship with him was affected by that, so it was really great to have someone who was outwith that whole discipline system, em, who wasn't going to phone your parents to say, 'Oh, you know, he hasn't done his homework.'

For this pastoral care teacher, the non-teaching role of the counsellor also meant that young people might be less likely to assume that they would always side with members of the teaching staff – of particular importance if the young person was having problems with one of their teachers.

A resource for troubled children

For participants from most of the schools, another important value of the counselling service was that it provided a support service for those young people who might otherwise be in danger of falling through the gaps in the school's pastoral care provisions. These were young people a couple of pastoral care teachers summed up as 'troubled': children who were experiencing emotional, family or interpersonal difficulties; young people who were struggling to cope with their situations; vulnerable youngsters; or young people in crisis. In other words, these were not the young people with deep-seated psychological, educational or behavioural problems – or who were chronically disaffected by school – for whom psychological or social work services might be set up to support, but young people going through difficult and troubling experiences who might otherwise just 'soldier on' on their own:

Quite often the kids that we refer to [name of counsellor] are simply troubled but they are not yet, or may never exhibit any signs of being troublesome or disruptive in any way, they are decent, nice kids who need a bit of support for a short period of time.

In a school this size, there is a danger of 'invisible children.'... They are invisible to the majority of staff because they come and they get on with their daily business. There is a number of children who do that but they are carrying huge baggage with them and...these are the children that I want to put to the counselling service.

These were young people, a couple of the pastoral care teachers added, who *would actively want to talk to someone about their problems*, and who would value the opportunity to see a counsellor, as opposed to feeling forced to go.

Non-directive

For participants from around half the schools, another aspect of the counselling service that made it unique from most other pastoral care services was that it gave young people the time to find answers for themselves and to set their own agenda, rather than giving them advice or pushing them to make decisions. One of the pastoral care teachers said:

We [pastoral care teachers] tend to be quite directive and we are going, 'Right, come on, listen,' you know, and that's just the way we have to work... I mean, we have all been on counselling courses and we have done solution-focused and we have done a bit of person centered, so we kind of dabble in it, but you hear yourself sometimes and we are not really doing it...even with the best will in the world we really are quite directive [laughs].

In this respect, this respondent saw the roles of counsellor and pastoral care teacher as highly complementary. Some of the other participants, however, ultimately thought that young people would make better decisions if they could follow their own lead:

I don't think that these young people need to be told what to do and how to do it, I think they need to come to these conclusions themselves. I think they need to go through the counselling process of evaluating their circumstances, and then self-reflection, and then coming to their own conclusion and they need expert help in achieving that.

Accessible

In terms of added value, participants from around half of the schools said that another particular strength of the counselling service – in contrast to external agencies such as educational and clinical psychology – was its accessibility. Primarily, this referred to the fact that young people could be seen by a counsellor almost immediately without having to wait for the next meeting of an Integrated or Joint Support Team or be put on a lengthy waiting list. This, a couple of participants said, was of particular value for pupils in crisis:

Last week I had a pupil who was very, very distressed, em, and for me to be able to say, you know, '[Name of counsellor] is coming in next week, can you last till next week?' 'Yes I can.' And for me to have something as instant as that and as, em, accessible, is a huge relief.

It should be noted, however, that one of the pastoral care teachers said that, if he was looking for a particularly fast and intensive response from a mental health support service, he would be more likely to refer a young person to a CAMHS team than counselling.

In terms of accessibility, participants from a couple of the schools also said that they felt it was very 'easy to refer kids into' the counselling service because of a *lack of bureaucracy*, paperwork and complex infrastructures surrounding the referral process.

For one of the pastoral care teachers, the accessibility of the counselling service was very much related to its *location within the school*.

They are not being sent somewhere to get fixed...it is here for them, it is easy, they are not missing too much of school - because for some of them, that is a concern, when they are already under stress and they are going to miss more. So I think that is good.... I think that is enormously helpful for young people, enormously helpful, because letters, appointments, travelling across a bit of the city: these are things which some of our pupils are not great at, and, in particular, youngsters who are under stress or having personal difficulties.

Less stigma

In contrast to such services as psychology and child mental health, pastoral care staff from some of the schools felt that one of the strengths of the counselling service was that young people – and their parents – tended to attach less stigma to it, and therefore might be more willing to go:

If you say to them, '[name of local mental health agency]' and 'adolescent psychiatry' or if you say to them 'psychological services', they have this- this kind of interpretation and impression that, 'Oh this is bad, you don't go there.' Whether in their own mind- they think that counselling is a softer approach in terms of: it is not in your record, there is no mental illness there, [so] they are more open to going through the counselling service. Some of the children who our counsellor has seen have refused to go through psychological services or any other agency, but they have accepted that they will go through the counselling service.

The kids think that there is less of a label going to see a counsellor, you know, they don't see anything wrong with that whereas you say, 'You're going to see an educational psychologist,' 'Aw, I don't want to do that.'

Closely related to this, one of the pastoral care teachers said that she liked the fact that referrals to counselling *did not require a diagnostic label* being attached to the young person: something she felt could be unhelpful and stigmatising for the pupil involved:

It is not the adult agenda, it doesn't have to be categorised and labelled in a way which isn't always helpful to the future progression of a discussion. Again, I suppose, I am thinking of the protocols involved in making a referral to other agencies, like CAMHS, because they want a referral and a reason, because, of course, they have big waiting lists and have to try to prioritise.... I am delighted that that is not the case in the counselling service.

Integration between the counselling service and the Integrated and Joint Support Teams

Joint Support Teams

Pastoral care teachers from nearly all the nine schools in which a Joint Support Team or Joint Assessment Team (see Glossary) was in place said that, if it was appropriate, *young people could be referred in* to the counselling service from there and, in most of the schools, this had already

Table 17. Perceived integration of counselling service with Integrated and Joint Support Teams: Summary of categories and frequency of responses

Category	n	%
Joint Support Teams		
Young people could be referred in	8	89%
Not that likely to happen/desirable	5	63%
Normally deal with more severe cases	3	37%
Can't direct young people into counselling	2	25%
Adds unnecessary bureaucracy to referral	2	25%
Confident that counsellor will make appropriate onward referrals	8	89%
Didn't think onward referrals would happen	1	11%
Integrated Support Teams		
Young people could be referred in	3	50%
Not that likely to happen/desirable	3	50%

Note. Percentages are of those schools in which a particular answer *could* have been given (e.g., only where a Joint Support Team is in place) rather than out of all ten schools

happened one or two times (see Table 17). However, most of these participants also said that such referrals were *relatively rare*, and that they did not see the Joint Support Teams as the primary, or most appropriate, place from which referrals into the counselling service would come. This was primarily because, as some of the teachers described it, the Joint Support Teams would *normally deal with cases that were more 'arduous,' 'severe' or 'extreme'* than those that would usually be referred to counselling. In other words, young people who were presented at the Joint or Integrated Support Team meetings had normally had every other option offered to them, including counselling, if the pastoral care teachers thought this was appropriate. Hence, it was unlikely that, by the time a young person reached this stage, counselling would still be considered a viable option. For a couple of the participants, the Joint Support Team was also an inappropriate source of referral into the counselling service because, to a great extent, they *did not believe that counselling was something that a young person could be 'directed' to attend*, but, in order to be effective, needed to be something that the young person voluntarily opted in to. A couple of the participants also said that the Joint and Integrated Support teams were an inappropriate source of referral into counselling because it *added unnecessary time and bureaucracy* on to the referral process. As suggested above, what they particularly liked about counselling was that they could refer a young person quickly and directly into the service, rather than having to make formal referrals or to wait for a space on a Joint Support Team meeting agenda.

In terms of referrals in the other direction, from the counsellor to other support agencies represented on the Joint and Integrated Support Teams, participants from nearly all the schools said that they were confident that the counsellor would make such referrals, if and when appropriate. However, many of these participants also expressed an awareness that this was *only likely to happen in exceptional circumstances*, given the confidential nature of the counselling relationship. One of the interviewees said that, given this degree of confidentiality, they *did not think onward referrals would happen at all*.

Integrated Support Teams

Participants from four of the schools said that their Learning Community's Integrated Support Team had yet to be set up, or was not currently functioning to any significant extent. Of those schools in which an Integrated Support Team had been functioning, around half said that it was *possible that a*

young person might be referred from there into the counselling service. However, as with the Joint Support Teams, around half of the participants also said that such a referral was *unlikely to happen*, as by the time most children reached the Integrated Support Teams, every other school-based intervention – including counselling – had been exhausted:

Many of the children who are referred to the IST are very high tariff children and by that I mean that they really need the services of a number of agencies. Um, it's multi-agency: social work, educational psychologist, culture and leisure.... We're talking pupils with parents who have addiction problems, that kind of thing. Um, but there have- there has been at least one pupil that, after discussions at the IST, that counselling appeared to be an appropriate strategy to put in place, so it hasn't been used greatly but it has been used and it's there and we're glad that it's there.

Integration between the counselling service and the SELF assessment system

In terms of the links that might be made between the counselling service and the SELF assessment system, participants from two of the three schools who were participating in the SELF pilot thought that, at some point in the future, it *might* be possible to use the system to flag up young people for whom counselling could be appropriate. One of the pastoral care teachers thought this could be particularly helpful if that child was not personally known to one of the staff.

However, pastoral care teachers at two of the schools were also somewhat wary about the idea of relying too heavily on SELF to make referrals, and felt that it could never replace their own personal and professional judgements as pastoral care teachers. One of the teachers also said that, if they relied too heavily on SELF, they would become inundated with referrals.

Key findings

- Key members of pastoral care staff from each of the ten schools said that, in general, the counselling service had been helpful or very helpful for their pupils.
- Following counselling, pastoral care teachers said that the main changes they had seen in their pupils were that they were happier, more settled, better behaved, and more likely to attend school.
- Key members of pastoral care staff at each of the ten schools indicated that they were highly satisfied with the counselling service and expressed a desire to see it extended beyond the pilot period.
- In terms of ways of improving the counselling service, pastoral care teachers from most of the schools said that the counsellor should be in the school more frequently and a similar number wanted more feedback and communication from the counsellor.
- Pastoral care staff from nearly all of the schools thought that counselling could have a positive impact on their pupils' capacities to study and learn, primarily through facilitating their ability to concentrate in class.
- Key members of pastoral care staff from each of the ten schools thought that the counselling service was an important addition to the school's pastoral care provision. This was primarily because of:
 - The extended periods of time that the counsellor could spend with the young person
 - Their expertise in counselling
 - The confidentiality of the counselling relationship
 - The counsellor's independence from the school
 - The counsellor's ability to meet the needs of troubled children
 - The non-directivity of the counselling process
 - The counsellor's accessibility.
- Pastoral care teachers from most of the schools said that, while Integrated and Joint Support Teams *could* refer pupils on to the counselling service, this was unlikely to happen, as these Teams tended to deal with young people who had already exhausted all the school's pastoral care options.
- Participants thought that the SELF-assessment system could be used to flag-up pupils for whom counselling might be appropriate, but they were wary of assigning it too much of a role in this process.

PASTORAL CARE STAFF QUESTIONNAIRES

Thirty seven members of the pastoral care teams from across the ten schools responded to the pastoral care staff questionnaire, a response rate of 65 percent.

One of these had had one pupil attending the counselling service in 2005-6, 18 of these had had two to five pupils attending the counselling service, 13 had had six to ten pupils attending the counselling service, and four had had more than ten pupils attending the counselling service.

Helpfulness

In terms of the overall helpfulness of the counselling service on a one to ten scale, from 'Extremely unhelpful' to 'Extremely helpful', the pastoral care teachers gave it a mean rating of 8.08, with a median and modal score of eight (see Figure 16). Here, just under 95 percent of the pastoral care teachers thought that, overall, the counselling service had been helpful to some degree. A one-way analysis of variance found a significant difference in ratings of helpfulness across the ten schools ($F(9, 26) = 2.48, p = .034, ES (Eta-squared) = .46$, a large effect size), with a maximum mean rating in one school of 10 ($n = 3$) and a minimum mean rating in another school of 5.50 ($n = 2$).

Impact on studies

Figure 17 presents data from the four evaluation questions which asked pastoral care teachers to rate the extent to which they thought the counselling had made a difference to aspects of their pupils' schools lives: their motivation to *attend* school, their ability to *concentrate* in class, their motivation to *study and learn*, and their willingness to *participate* in class. This figure shows that, as with the young people, the pattern of responses to each of these questions was relatively similar¹⁹: though the scores were somewhat higher than those given by the pupils. For each question, the modal and median response was seven (midpoint between 'No difference' and 'Much more...'), and with means varying from 6.45 (ability to concentrate in class) to 6.76 (willingness to participate in class).

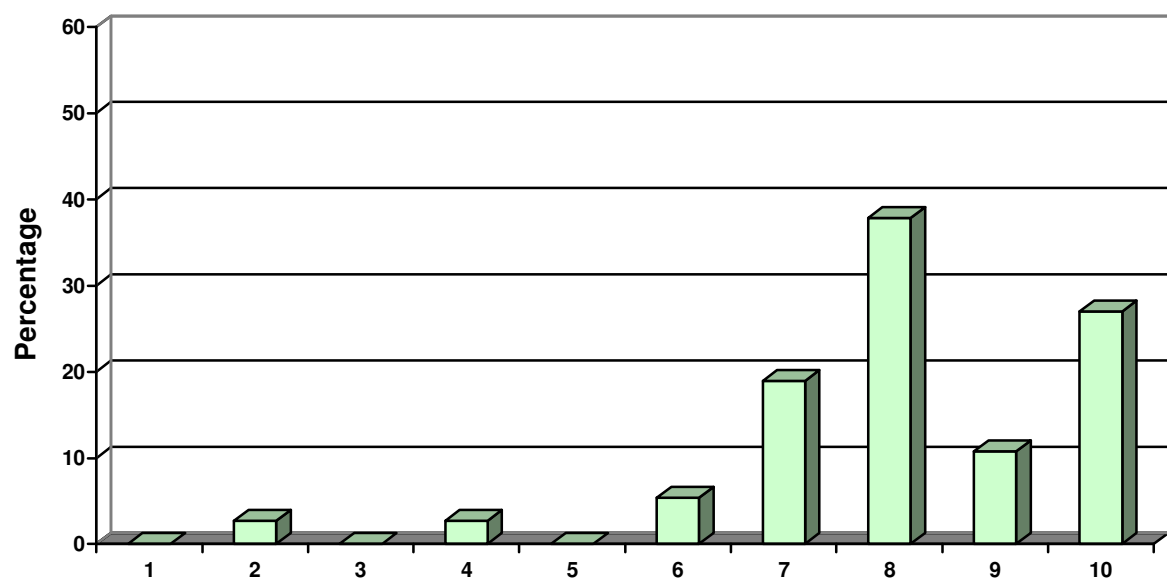


Figure 16. Pastoral care teachers' ratings of the helpfulness of the counselling service for their pupils
Note. 1 = 'Extremely unhelpful', 5-6 = 'Neither helpful or unhelpful', 10 = 'Extremely helpful'

¹⁹ Inter-item reliability (Cronbach's α) for the four items is again high: .90.

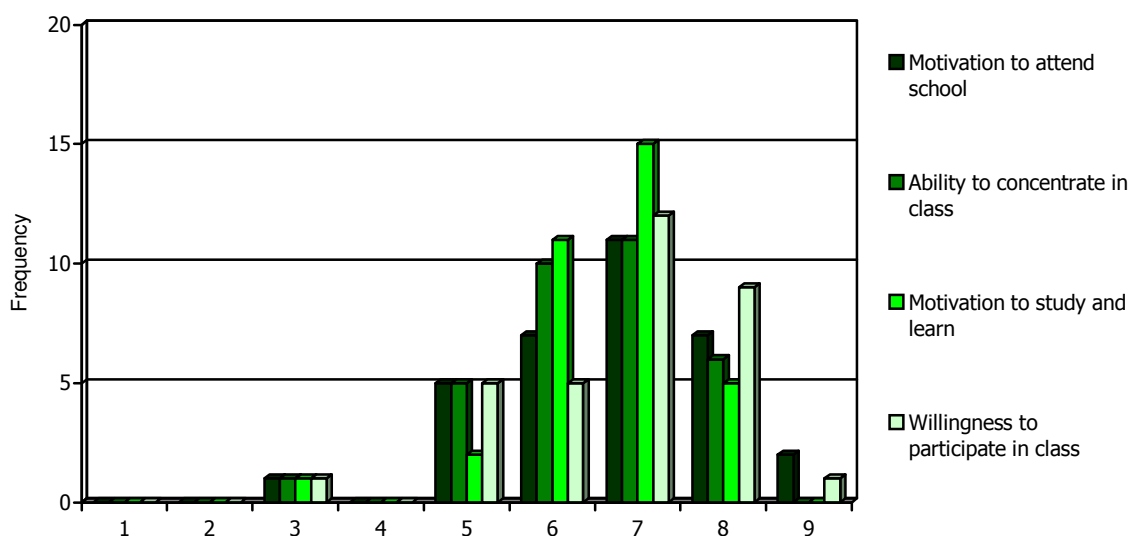


Figure 17. Pastoral care teachers' ratings of the effect of counselling on educational variables

Note. 1 = 'Much less', 5 = 'No difference', 9 = 'Much more'

Table 18. Summary of pastoral care teachers' ratings of the effect of counselling on pupils' capacities to study and learn

	Reduced (%)	No effect (%)	Increased (%)
Motivation to attend school	3.0	15.2	81.8
Ability to concentrate in class	3.0	15.2	81.8
Motivation to study and learn	2.9	5.9	91.2
Willingness to participate in class	3.0	15.2	81.8

A summary of this data is presented in Table 18. This shows that, for each of these education-related variables, around 84 percent of the pastoral care teachers said that they thought the counselling had helped their young person in this regard, around 13 percent thought that it had made no difference, and around three percent ($n = 1$) said that they thought it had decreased their motivation, willingness or ability.

Mean ratings of degree of improvement in educational engagement did not vary significantly by school.

Self- and other-acceptance

With respect to how much the pastoral care teachers felt the counselling had affected their pupils' feelings about themselves, participants gave a modal and median response of 8 with a mean of 7.83. Here, 30 percent of pastoral care teachers said that they thought the counselling had helped their pupils feel 'much better' about themselves (a maximum rating of 9). All 37 teachers thought that the counselling had had a positive effect on their pupils' feelings about themselves.

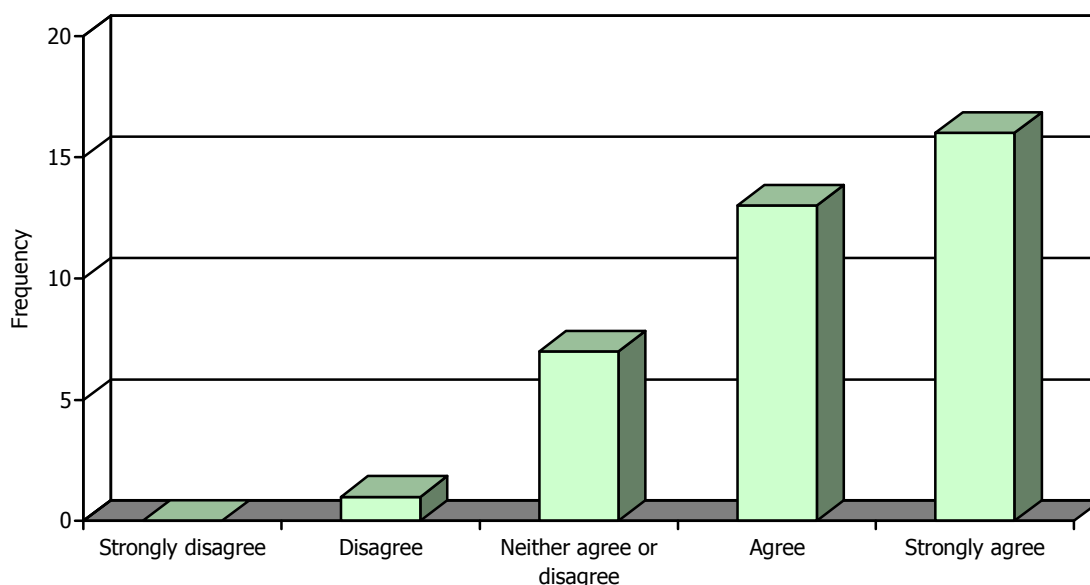


Figure 18. Pastoral care teachers' agreement and disagreement with the statement that the counselling service is well-integrated with other pupil support services

In terms of the effect that counselling might have on how understanding pupils are of others, the pastoral care teachers gave a mean and median response of 7, with a mean of 7.28. In terms of percentages, 97.2 percent of the pupil support teachers said that they thought the counselling had helped their pupils in this regarding, with 2.8 percent ($n = 1$) saying that they did not think it had made a difference.

Integration of the counselling service with other pupil support services

Twenty-nine participants (78.3%) agreed or strongly agreed with the statement that 'The counselling service in our school is well-integrated with other pupil support services' (see Figure 18), with just one respondent disagreeing with this statement. The modal response was 'strongly agree' (43.2% of all participants). A one-way analysis of variance found no significant differences across schools.

In terms of why participants had agreed that the service was well-integrated with other pupil support services, five of the participants (14%) pointed to the *regular meetings* that were held with the counsellors and ten (27%) wrote about the particularly good relationships between the counsellors and the pastoral care teachers.

Three of the participants (8%) also wrote about the *strong links between the counsellors and psychologists* within the schools.

However, four of the participants (11%) commented that, while they felt there were generally good links between counselling and the pastoral care teachers, they were less certain of the integration between the counselling service and *other pupil support services* and agencies:

It is well integrated with our Pastoral care (guidance) service, but not really with any other pupil support services.

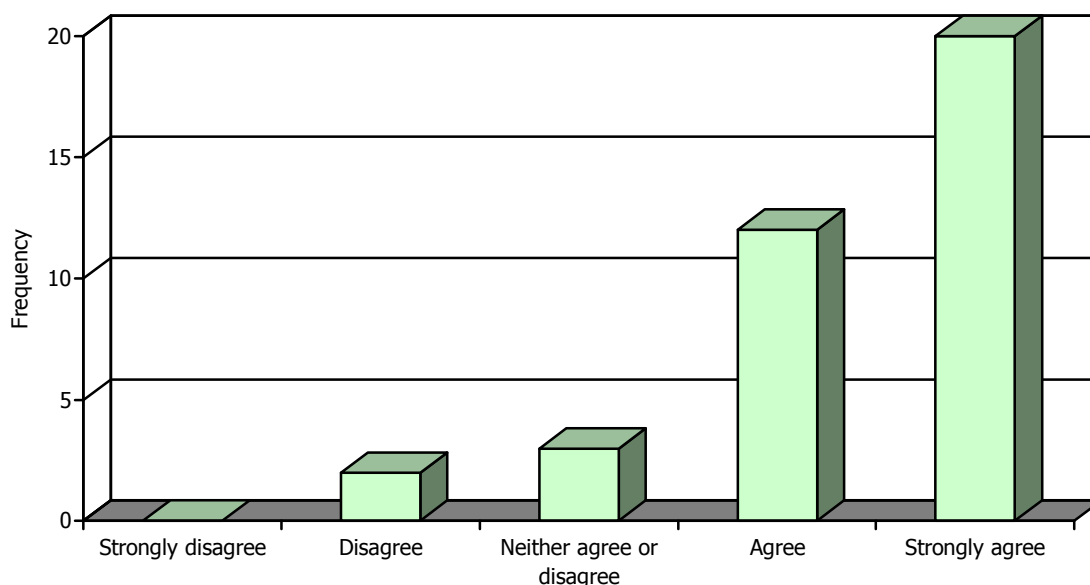


Figure 19. Pastoral care teachers' agreement and disagreement with the statement that there is good communication between the counsellor and the pupil support staff

I believe tensions still exist in terms of the relationship of the service with other agencies.

Four of the participants (11%) wrote that they thought the counselling service would become *increasingly integrated over time*:

I think it is an excellent service that will strengthen greatly over the next school year.

Communication between the counsellor and the pupil support staff

Thirty-two pastoral care teachers (86%) agreed or strongly agreed with the statement that 'There is good communication between the counsellor in our school and members of the pupil support staff' (see Figure 19). The modal response here was 'Strongly agree', with 54.1% of all participants giving this answer. A one-way analysis of variance found no significant differences across schools.

In terms of why participants had rated the communications between themselves and the counsellors as good, 24 of the 27 pastoral care staff who gave a qualitative response to this question (89%) made *generally positive comments* about the counsellor-pastoral care staff relationship:

Weekly email and verbal communications are strong.

She is involved both in formal and informal communication with staff. The counsellor has fitted in extremely well.

Four of the participants to the questionnaire (11%) said that *the sharing of an office* with the counsellor, most often the pastoral care base, had been facilitative to the counsellor-pastoral care staff relationship:

The counsellor works out of the same office as the Pastoral Care Team which allows for very good transferral of information.

General communication is good as we operate from the same office.

One of the pastoral care teachers who disagreed with the statement that communication between the counsellor and the pastoral care staff was good said that this was due to 'pressure of work'. Another wrote 'v. little info is passed or even re: appts/clients'. However, three of the participants (8%) specifically indicated that they felt that they were getting appropriate feedback from the counsellor.

Added value of the counselling service

One hundred percent of pastoral care teachers agreed or strongly agreed with the statement that 'The counselling service has provided "added value" to the school's pastoral care provision' (see Figure 20). The modal response here was 'Strongly agree', with 78.4 percent of all participants giving this answer. A one-way analysis of variance found no significant differences across schools.

In terms of why participants had rated the counselling service as providing added value to the school's pastoral care provision, seven of the participants (19%) referred to the *specialised counselling skills and experience* that a counsellor could provide:

On numerous occasions pupils require counselling which the school's pastoral care team has neither the expertise not time to provide.

The counsellor's specialist training has allowed her to 'reach' children who were otherwise deemed unreachable.

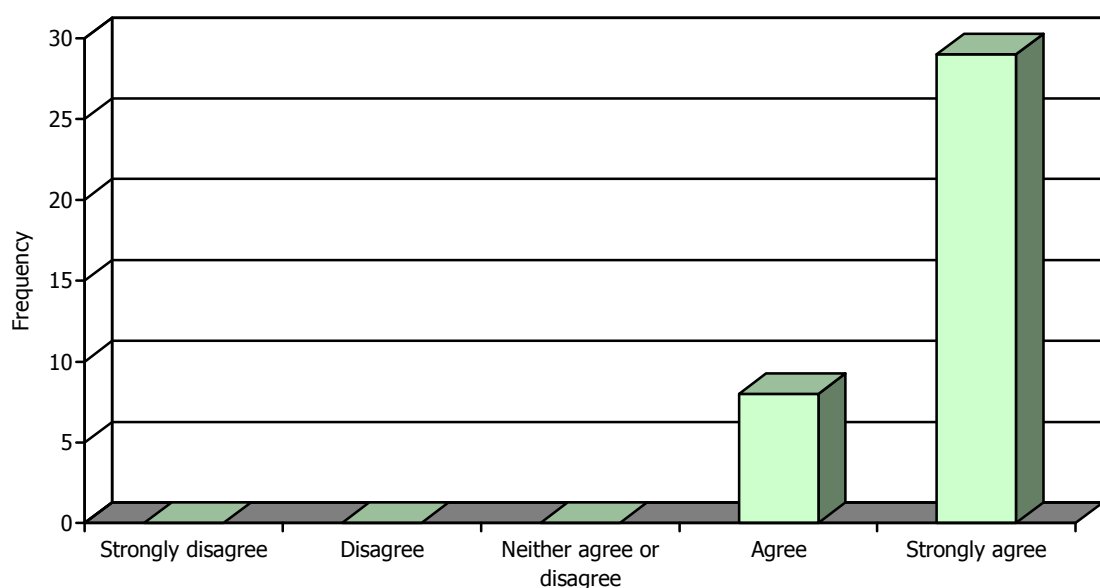


Figure 20. Pastoral care teachers' agreement and disagreement with the statement that the counselling service provides 'added value' to the school's pastoral care provision

As with the first of these pastoral care teachers above, seven of the participants (19%) also pointed to the *extended time* that a counsellor could spend with a young person, as compared to members of the pastoral care staff:

The school counsellor can give even more valuable time with the young person unlike pastoral care staff who have to teach.

Five of the participants (14%) referred to the *independence* of the counsellor – the fact that he or she was not a member of the teaching staff or of the school:

Provides a good opportunity for pupils to speak with someone other than teachers on a one-one basis.

In terms of added value, four of the pastoral care teachers (11%) referred to the *accessibility* of the counsellor and the swiftness with which young people could see her:

Gives pupils positive and immediate support in a time of need.

Three of the participants (8%) said that the counselling service provided added value to the school's pastoral care provisions because it could *address the needs of pupils whom might not otherwise receive attention*:

Now have a resource to support pupils with problems who would not be appropriate for other support agency referrals.

Three of the participants (8%) described the counselling service as an *important additional resource* for the school.

Finally, with respect to why they had rated the counselling service as providing added value to the school's pastoral care provision, eight of the participants (22%) wrote that it was because of the positive effect that they had witnessed the counselling as having on their pupils:

Excellent resource which pupils find very valuable.

A couple of pupils in particular have shown dramatic improvements in the way they have settled and improved.

The 'uptake' speaks for itself.

Ways of improving the counselling service

Thirty of the 37 pastoral care teachers (81%) responded to the open-ended question: 'Are there any ways in which you think we could improve the counselling service in your school?'

Four of the participants (11% of all participants) wrote that they *did not think that the service could be improved* in any way:

Twenty-one of the pastoral care teachers (57% of all participants) said that the main way in which the counselling service could be improved would be by *allocating it more time* within the schools:

The demands for the counselling service exceeds the time provided, so more frequent visits by the counsellor would improve it.

Five of the participants (14%) wrote that the counselling service could be improved by *better 'lines of communication'* and 'dialogue' between the counsellors and the pastoral care staff, and three of these participants particularly highlighted a desire for more feedback to pastoral care staff about individual pupils, without breaching the young person's confidentiality.

Additional comments

Of the eighteen pastoral care teachers who wrote additional open-ended comments about the counselling service, seventeen (94%) used this as an opportunity to *express their appreciation* of the service:

An excellent service going from strength to strength.

Great service - would hate to lose it.

This service has been of enormous benefit to the young people of our school and has enhanced the support offered to them. Counselling has been most beneficial in improving learning and teaching.

An invaluable service. Excellent that it is available in school. Used by pupils who wouldn't access service if it was more difficult to do.

Key findings

- In terms of helpfulness, pastoral care teachers gave the counselling service a mean rating of 8.08 on a one to ten scale.
- Eight out of ten teachers thought that the counselling service had had a positive effect on their pupils' capacities to study and learn, specifically: their motivation to attend class, ability to concentrate in class, motivation to study and learn and willingness to participate in class.
- All pastoral care teachers thought that the counselling had had a positive effect on their pupils' feelings about themselves.
- Just under eighty percent of pastoral care teachers thought that the counselling service was well integrated with other pupil support services.
- Eleven percent of pastoral care teachers wrote that there could be improvements in the integration between the counselling service and other pupil support services.
- Eighty-six percent of pastoral care teachers thought that there was good communication between the counsellors and themselves.
- All 37 pastoral care teachers rated the counselling service as providing added value to the school's pastoral care provision, primarily because of the counsellor's specialist training and knowledge in counselling, time-availability, independence and ease of access.
- Fifty-seven percent of all participants said that the best way to improve the counselling service would be to increase its provision within the schools.
- Fourteen percent of participants thought that the lines of communication and feedback between counsellors and the pastoral care staff could be improved.

INTEGRATED AND JOINT SUPPORT TEAM INTERVIEWS

Participants

Thirteen team members were interviewed from across nine of the ten schools. Two of the interviewees did not want the interview recorded and notes were taken by hand. Five of the interviewees were educational psychologists, three were nurses, two were Principal Teachers Support for Learning, one was a Principal Teacher EAL (English as an Additional Language) and one was a social work representative. Five of the participants were members of a school's Joint Support Team (JST), three described themselves as members of a school's Joint Assessment Team (JAT), and five were members of a New Learning Community's Integrated Support Team (IST). A summary of responses is presented in Table 19.

Table 19. Integrated and Joint Support Team interviews: Summary of categories and frequency of responses

Category	n	%
Contact with the counsellor		
Little or no contact	7	54%
Some contact	5	38%
Beneficial	3	60%
Referrals in to counselling		
Could refer in	10	77%
Had done so	5	38%
No referrals yet	3	23%
Referrals not appropriate	3	23%
IST/JST 'end of line'	2	15%
Would deliver own counselling	1	8%
Referrals on from counselling to external agencies		
Confident that counsellor would refer on	6	46%
Requires young person's agreement	2	15%
Aware of confidentiality of counselling relationship	5	38%
Onward referrals unlikely	5	38%
Particular concern with confidentiality	1	8%
Areas for improvement		
Like more information about counselling service	6	46%
Like to see more integration of counselling with other external agencies	5	38%
More feedback from counsellor	4	31%
Feedback to IST/JST	2	15%
Extending the service	4	31%
Raising the profile of the service	2	15%
Overall importance		
Much needed resource	13	100%
Added value		
Capacity to work with young people for extended periods	5	38%
Independence	4	31%
Confidentiality	2	15%
Accessible	1	8%
Counselling skills and experience	1	8%
Provide for young people with emotional needs	2	8%
Want to see continued beyond pilot	3	23%

Contact with the counsellor

In terms of contact with the counselling service, around half of the participants said that they had *little or no contact with the counsellor*. One of the school nurses said: 'We've never crossed paths.' Some of the participants, however, did report *a modest degree of contact* with the counsellor: ranging from an educational psychologist who had met the counsellor regularly as part of a multi-disciplinary, peer support group to a number of participants who had had one-off, informal meetings with the counsellor to find out more about their work. A majority of those who had had some contact with the counsellor *described this as beneficial*: an opportunity to clarify roles, to discuss school-wide issues and to look at ways of working together.

Referrals in to counselling

Most of the participants said that, as members of their respective Joint or Integrated Support Teams, they *felt confident that they could refer young people in* to the school-based counselling service and that this was an appropriate thing to do. Some of the participants went on to say that they *had, indeed, done so*, or that it happened quite regularly. Some of the participants, however, said that there had *not been referrals yet* into the counselling from the Joint or Integrated Support Teams; and a couple of these, both members of their respective Integrated Support Teams, thought that this would *not normally be appropriate*, as young people would usually be referred in to the counselling service prior to being presented at the IST: 'the end of the line'. One respondent said that she would *not normally refer her young people to the school-based counselling service* as she would either be offering them counselling herself, or else referring them on to a service that dealt with more complex cases (such as clinical psychology or Direct Access).

Referrals on from counselling to external agencies

Around half of the participants indicated that they were *confident that the counsellor would refer clients on* to external agencies, as and when appropriate. A couple of the participants, however, said that they thought the counsellor would not do this automatically, but *would first discuss it with, and get the agreement of, the young person involved*.

Some of the participants also expressed an *awareness of the confidential nature of the counselling service*, which they thought might affect the degree of information passed on; and in five instances, primarily because of this issue of confidentiality, participants said that they thought *onward referrals would be unlikely*. One of the Joint Assessment Team members *expressed particular dissatisfaction* with this, saying that he was concerned risk issues might be coming up in the counselling which would then not be passed on to the appropriate agencies.

Areas for improvement

Around half of the participants said that they would *like to have more information about the counselling service*; in particular, information on:

- Referral procedures
- Referral criteria
- The kinds of circumstances and pupils for which counselling might be most appropriate
- What the counsellor does
- The counsellor's role in the school
- How the counselling is evaluated and followed-up
- The relationship between the counselling service and other agencies
- The possibilities for joint work.

Some of the participants said that they would *like to see more integration* between the school-based counselling service and multi-agency professionals represented on the Integrated and Joint Support Teams, such as educational psychology, nursing, or other counselling services. For one nurse, this was so that they could work more closely together on such tasks as making CAMHS referrals. For one of the educational psychologists, it was to avoid any overlapping of roles, such as a pastoral care teacher referring a young person to both counselling and psychology.

In terms of improvements to the counselling service, four of the participants expressed relatively strong desires to see *more feedback* from the counsellor on their work with young people: both verbal and written. Two of these participants, in particular, argued that, where the Joint Support Teams or Integrated Support Teams were making referrals, then there should be *feedback to these Teams* on the appropriateness of the referral, the progress of the therapeutic work and the outcomes of the counselling. For one Team member, as stated above, this was primarily to ensure that any issues of risk could be addressed at an early stage, to increase the likelihood that minimal interventions would be sufficient. Another JST member said that he thought it was important that information about the young person's life circumstances were disseminated by the counsellor to other professionals (providing the young person agreed to this) so that other adults would know to respond to them in more supportive, flexible or facilitative way. A third IST member said that she thought more details of what happened during counselling should be kept in the young person's school records, such that other professionals working with that person – particularly in the future – would be better informed.

Other ways of improving the counselling service, raised by two or more of the participants, were *allocating the counsellor more time in the school* and *publicising the counselling service more fully*.

Overall importance

In terms of the overall importance of the school-based counselling service, all of the thirteen interviewees said that they thought it was *a much needed resource* within the school: 'hugely beneficial', 'very important', 'a very valuable service'. In terms of its added value to the school's pastoral care provisions, the participants highlighted *the length of time that the counsellor could spend with the young people* (as compared with both teachers and psychologists), their *independence* from the school, their *ability to respond quickly* to pupils' needs, the *confidentiality* of the service, their *expertise and knowledge* of appropriate counselling interventions, and their ability to provide a service *for young people who had emotional needs* rather than behavioural or learning problems. Some of the participants said that they very much hoped the counselling service would be *continued beyond the pilot period*. One JST member said that they would be 'Horried to think that [the] counsellor wasn't here.'

Key findings

- While some members of the Integrated and Joint Support Teams had had a modest amount of contact with the counsellor, around half had had only very limited contact or none at all.
- Most Integrated and Joint Support Team members felt confident that they could refer young people in to the school-based counselling service from their respective teams.
- Around half of the Integrated and Joint Support Team members felt confident that the counsellor would refer young people on to other agencies as and when appropriate; though some, due to the confidential nature of the counselling service, thought this would be unlikely to happen.
- Around half of the Integrated and Joint Support Team members said that they would like to have more information about the school-based counselling service and some felt that it should be more integrated with other pupil support services.
- Some of the participants felt quite strongly that the counsellors should provide more feedback on their work.
- All 13 of the participants felt that the school-based counselling service was a much needed resource within the school and provided substantial added value to the school's existing pastoral care provision.

PUPIL RECORDS ANALYSIS

Pupil record data was available for 54 clients from across seven of the ten schools²⁰. Characteristics of this sample were similar to the characteristics of the client group as a whole: 52 percent were female, 67 percent came from years S1 to S3 and the modal number of sessions offered was one, with a median of 5.5 and a mean of 6.78.

Attendance rates

Mean numbers of half day absences was 16.48 prior to counselling and 15.80 after counselling. T-tests found that this reduction in number of half-day absences was not significant ($t(53) = .54$, $p = .59$), with a negligible effect size (Cohen's d) of .04 (see Figure 21). Statistical tests (t-tests, correlations) found no significant differences in improvements in attendance rates following counselling across sex, school year, or number of weeks attending counselling.

Numbers of exclusions

Mean numbers of exclusions was 0.22 prior to counselling and 0.15 after counselling (see Table 20), with a mean number of half days excluded of 2.39 prior to counselling and 1.59 after counselling. T-tests found that these reduction in numbers of exclusions and numbers of half days excluded were not significant ($t(53) = 1.27$, $p = .21$; $t(53) = 1.16$, $p = .25$) with small effect sizes (Cohen's $d = 0.14$ and 0.12 respectively). Statistical tests (t-tests, correlations) found no significant differences in changes in number of exclusions or days excluded across sex, school year, or number of weeks attending counselling.

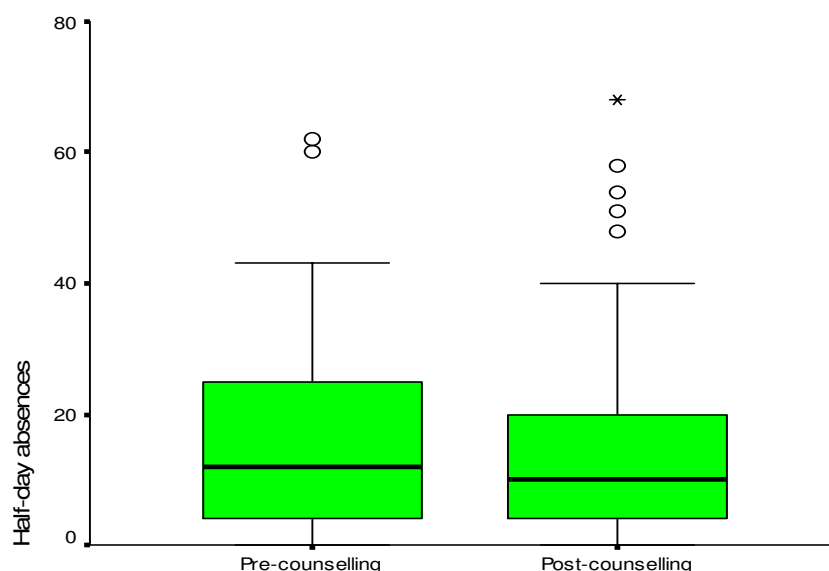


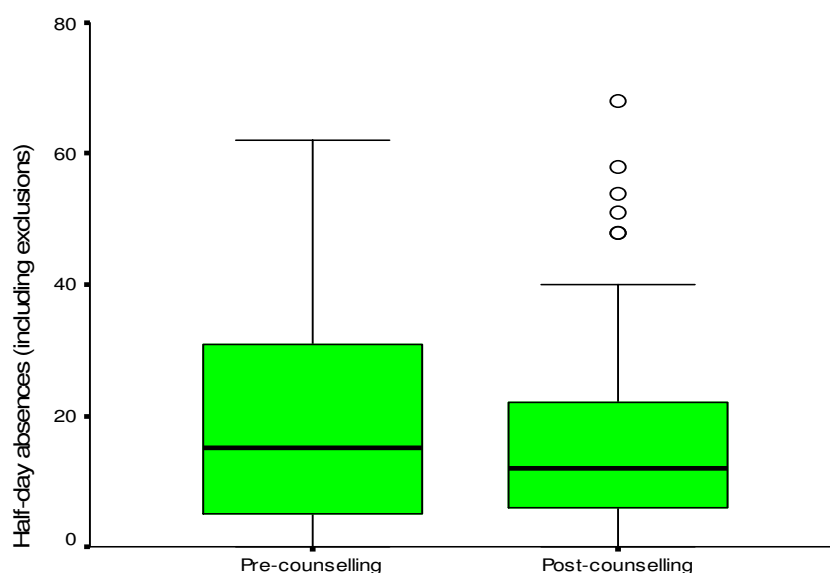
Figure 21. Half-day absences over two month period (not including exclusions)

Note. In these diagrams, the 'box' contains the middle 50 percent of the scores, the thick horizontal line in the middle of the box indicates the median value and the 'whiskers' indicate the maximum and minimum data values (excluding outliers and extreme values, which are represented by circles and stars respectively).

²⁰ One school declined to take part in this element of the evaluation and two further schools returned data in the wrong format.

Table 20. Numbers of exclusions for pupils pre- and post-counselling

	Number of exclusions		
	0	1	2
Pre-counselling	46	4	4
Post-counselling	48	4	2

**Figure 22.** Half-day absences over two-month period including exclusions

Total half days missed

Mean numbers of total half days missed (whether due to absences or exclusions) was 18.87 prior to counselling and 17.39 after counselling (see Figure 22). T-tests found that this reduction in total number of half-day absences was not significant ($t(53) = 1.01$, $p = .32$), with a small effect size (Cohen's $d = 0.09$). Statistical tests (t-tests, correlations) found no significant differences in changes in number of exclusions or days excluded across sex, school year, or number of weeks attending counselling.

Academic attainment

Attainment statistics for Levels D and E in English reading, English language and mathematics for young people attending the counselling service are presented in Figure 23 and compared against the averages for the ten schools. This Figure indicates that, across a range of academic subjects, young people coming into the counselling service fare less well academically than their peers. (Note, as stated earlier, the majority of these figures come from a period prior to the pupil's attendance at counselling, such that they can not be taken as an indication of the impact of counselling, per se).

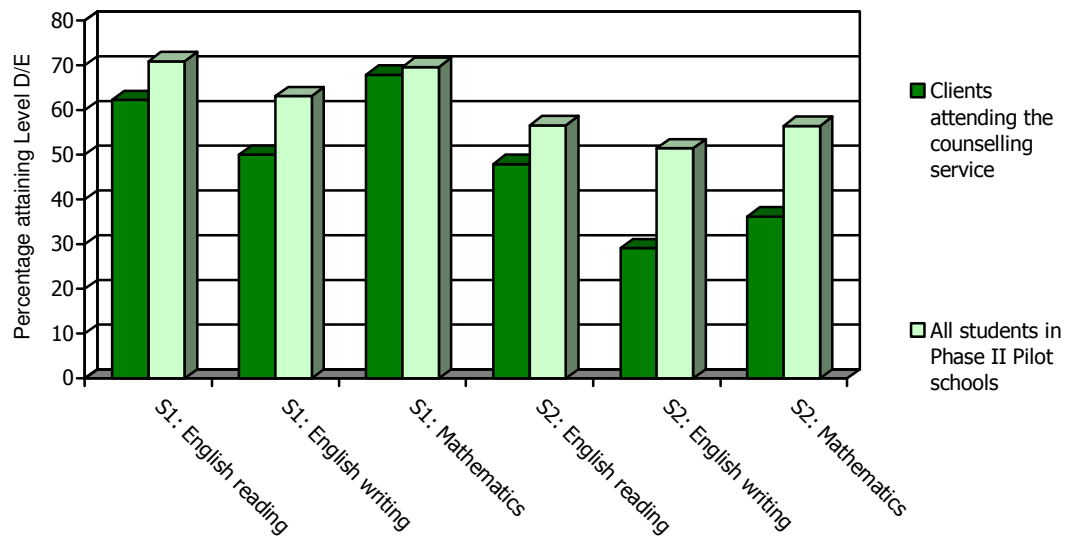


Figure 23. Percentage of counselling clients and pupils, school-wide, attaining levels D and E

Key findings

- Pupils' rates of attendance were not significantly different from pre- to post-counselling, although there was a negligible reduction in half days missed.
- Pupils' exclusion rates and days excluded were not significantly different from pre- to post-counselling, although there was a small reduction in both these figures.
- There was no significant difference in total numbers of half days missed from pre- to post-counselling, although there was a small overall reduction in this figure.
- Academic attainments of pupils coming in to the counselling service were markedly lower than the school-wide norms.

ALAN MCLEAN INTERVIEW

A discussion between Alan McLean, lead developer of the SELF, and Mick Cooper, Chief Investigator for the present evaluation, raised a number of issues regarding the potential articulation between SELF and the counselling service.

As a system that is intended to help identify the appropriate support services for a young person, McLean felt confident that the Social and Emotional Learning Frame (SELF) could be used to facilitate the counselling referral process, helping pastoral care teachers to identify the young people for whom counselling may be most appropriate. This could be particularly useful if these were young people who might otherwise be overlooked for referral to counselling: perhaps because they were not well known by their teachers; 'hidden' children, as McLean describes them; or children whom, on the surface, appeared to be coping well with their circumstances but were struggling underneath. At its most basic, the SELF assessment system could facilitate this process by simply providing pastoral care teachers with an opportunity to reflect on the young person and their needs in a structured and systematic way. At a more advanced level, however, it might be possible to use SELF to develop a profile for the kinds of young people for whom counselling might be most beneficial: for instance, those pupils who are rated highly on items like 'Kind and helpful' but much more poorly on such items as 'Emotionally smart' or 'Good people skills'.

Such an approach would have the advantage that young people could be referred to counselling in a more systematic, structured and consistent way. If the young person was SELF-ing themselves, it could also serve as a useful springboard for the young person to begin talking about themselves and, if also completed at the end of counselling, could 'double-up' as a means of evaluating pre- to post-counselling change. However, there could also be a number of difficulties with such an approach. First, because the SELF tends to focus on education-related variables and school-based interpersonal and emotional difficulties, it could fail to pick up on issues in the young person's life that were specifically outwith school. Second, because it tends to focus primarily on trait-like qualities, it could fail to pick up on young people who were struggling with more immediate issues, like a bereavement in the family or an episode of bullying. Third, it is by no means evident that the dimensions of the SELF would reliably discriminate between those young people most and least appropriate for counselling. From the evidence so far in this report, for instance, it would seem that the young people most appropriate for counselling are those that are experiencing troubles and would value the opportunity to talk to someone about their difficulties, and there are no specific dimensions on the SELF that correspond closely to these qualities.

Before the SELF could be used to facilitate the referral process in any systematic way, then, it would be essential to carry out research to see whether any of the SELF dimensions correlated with positive outcomes from counselling. Fortunately, such an investigation would be relatively straightforward to conduct. If young people were SELF-ed at the beginning and end of counselling, either by themselves or their pastoral care teachers or ideally by both, then it would be possible to analyse the relationship between initial characteristics and degree of change. This could then be used to build up a profile of which kind of clients, if any, benefited most from counselling; and also to identify the different ways in which people changed through the counselling experience.

DISCUSSION

CHARACTERISTICS OF CLIENTS USING THE SERVICE

Findings from the present study tend to confirm the picture emerging from previous reports (see review chapter) as to who attends school-based counselling services and their patterns of attendance.

As in previous reports, the present study found that slightly higher numbers of females attend the counselling service than males, though the percentage of male clients in the present study was one of the highest for counselling services around the UK.

In terms of school year and age, again, the present study tends to confirm previous findings: that the pupils most likely to attend a school-based counselling service come from the lower-to-mid school years, particularly S2 and S3, with an average age of between 13 and 14.

With respect to the kinds of issues brought to, and discussed in, counselling, the present study found that, again, family issues are the most prevalent, and in this case discussed and raised almost twice as often as the next most common issue. Indeed, in the present study, almost one-third of the young people coming in to counselling focused on family issues at some point in the counselling. As with previous studies, anger, stress and behaviour were also commonly discussed and presented issues; with academic concerns, again, only rarely raised by pupils. The present study also lends some support to the previous finding that there is a sex difference across the kinds of issues presented and raised by young people at counselling, with males more likely to bring issues of behaviour, anger and school and females more likely to bring family and relationship issues.

In terms of the numbers of counselling sessions that clients were offered, the median (4 sessions), modal (3 sessions) and mean (5.75 sessions) averages of clients in the present study were slightly higher than in the first phase of the pilot project, but still somewhat low as compared with other counselling in schools projects. Attendance rates (approximately 79%) were also very slightly down against the first phase of the counselling in schools project, but still relatively healthy when compared with attendance rates at many adult services.

With respect to sources of referral, the percentage of self-referrals (approximately 13%) were slightly up on the first phase of the pilot project and pastoral care referrals slightly down (67%), though the latter still constituted the majority of referral into the counselling service. Onward referrals to external agencies were again low (approximately 4%).

Alongside these findings, a number of results came out of the analysis of the client record data that could be worthy of further exploration. First, there is some evidence that issues of behaviour and bullying become less prevalent as the counselling proceeded, while issues of self-worth become more focal to the counselling work. In other words, for some young people who come to counselling, problems that are initially seen in behavioural or 'external' terms become increasingly understood in terms of self-worth and 'internal' difficulties. Second, it was interesting to note that parents or carers of female clients were less aware that their young person was coming to counselling than parents or carers of male clients. While such a finding was unexpected, it does accord with the finding in the first

evaluation report (Cooper, 2004) that females tended to be more concerned about confidentiality issues than males. One possible explanation for this is that females tend to bring to counselling more intimate issues – like family and relationships – while males tend to bring less personal concerns, like work and behaviour. Third, the present study found that older pupils were offered significantly more counselling sessions than younger pupils. Why this should be so – and, indeed, whether it is found in other school-based counselling services – are questions that might be worthy of further investigation. Finally, the present study found significant variations across schools in terms of number of sessions offered and attended. Why this should be the case, again, is a question that would be interesting to explore further, and perhaps it would be useful in subsequent evaluations to follow up schools in which attendance rates were highest, to look at the ‘best practices’ that were bringing these rates about.

With respect to the development of the counselling service, perhaps the one piece of information of concern was the fact that young people from black and ethnic minorities were consistently under-represented in those using the counselling service. One possible explanation for this might be that pupils from these backgrounds are being referred in to the ‘Youth Counselling Services Agency’: a counselling service specifically for young people from minority ethnic backgrounds. However, a re-analysis of the data suggests that BEM young people from the three schools in which the Youth Counselling Services Agency operates are no less likely to use the present counselling service than young people in the other seven schools, suggesting that this is not a significant factor. In terms of the development of the service, then, it would seem important to look further into the possible reasons why BEM young people are not using the counselling service as much as young people from other backgrounds and to consider ways of ensuring that young people from all ethnic backgrounds feel equally able to access counselling – a project that would ideally be developed in conjunction with the Youth Counselling Services Agency. Such a project would seem particularly important given that black and ethnic minority young people expressed significantly higher levels of satisfaction with the counselling that they received.

Along these lines, it would also seem important to begin monitoring the use of the counselling service by young people with disabilities, to ensure that they, too, feel equally able to access the service.

MENTAL HEALTH

Symptom change

As with other school-based counselling services, clients who attended the Glasgow phase II service showed a significant improvement in their mental health. Indeed, the effect size in the present study was somewhat larger than that found in previous studies, although this may be an artefact of the particular measure used. The fact, however, that there was a particularly high response rate in the present study (almost 80%) suggests that this finding is relatively reliable and unlikely to be due to non-responses from clients who deteriorated through the counselling process. The triangulation of the YP-CORE data with data from a range of other sources – client self-reports, pastoral care teachers’ ratings – also enhances the reliability of this finding.

Given the lack of a control group against which these changes can be compared, it is not possible to claim that the counselling was responsible for bringing these improvements about. However, in a very

recent evaluation of independent schools counselling in Northern Ireland (Adamson et al., 2006)²¹ (published, unfortunately, too late to be included in the review chapter), a quasi-control group of young people who did not receive counselling showed a statistically significant *deterioration* in their levels of mental health over a four week period, as measured by the SDQ. This suggests that, without counselling, the kinds of mental health improvements identified in this study would not have come about. Nevertheless, in subsequent schools-based counselling evaluations and research, it would seem essential to develop more closely controlled studies, such that the specific impact of the counselling intervention can be more fully identified.

Alongside this general issue of change, it is interesting to note that, as with previous studies, improvements in mental health following school-based counselling do not correlate with the age of the young people undertaking counselling or their sex. This would seem fairly similar to findings in the adult psychotherapy field (Clarkin & Levy, 2004) and suggest that the effects of counselling are consistent across these variables. However, one finding of interest from the present study is that clients whose parents had been involved in their referral showed the greatest degree of psychological improvement. Why this should be so is not clear – and, indeed, it is a finding in need of replication – but it may suggest that, where a whole family system is concerned and involved with the young person's difficulties, improvements in mental health may be more likely.

Clients' ratings

With just under eight out of ten clients saying that the counselling helped them either 'quite a lot' or 'a lot', the findings from this part of the evaluation are almost identical to those in the phase I study, and compare favourably with the findings from similar evaluation studies. However, caution is needed in interpreting this data, as its self-report status means that it is open to considerable biases. In particular, as well as the issue of whether clients can really know how much the counselling helped them, there is also the danger that clients will artificially boost their ratings in an attempt to please their counsellors or to try and present themselves in a positive light. For this reason, most evaluation and research studies in the counselling and psychotherapy field place more weight on the kinds of symptom-report data discussed above. At the same time, given the current emphasis within the policy and service provision field to involve and consult with young people regarding their mental health needs (Healthier Scotland, 2005) and to hear their voices (Public Health Institute of Scotland, 2003, p.5), self-reports of helpfulness would seem one of the most direct means by which young people can express their views. In this respect, the fact that eight out of ten young people said that the counselling helped them to a considerable extent is a finding that should not be dismissed lightly.

One other interesting finding came out of the self-reports of helpfulness: that younger females rated the counselling service as more helpful than younger males, but that older males rated the counselling service as more helpful than older females. Why this should be so is not clear, and again it is a result in need of replication, but if there is more evidence to support this finding, it would be interesting to look at ways of exploring this phenomenon further.

Teachers' ratings

Pastoral care teachers' ratings of how helpful they thought the counselling service was for their pupils provide a useful means of triangulating the self-report data from the pupils. Here, the finding that approximately 95 percent of the participants thought that, overall, the counselling service had been helpful is a good indication that the clients' self-reports have substantial validity. Further evidence of

²¹ http://www.nspcc.org.uk/documents/NI_Edu_Report_04.pdf

this comes from the fact that, in the interviews with key members of the pastoral care staff, all participants said that they thought the counselling service had been helpful or very helpful to most of the young people involved, and in two instances this had been against their expectations.

With respect to how this data compares with findings from the first phase of the evaluation, the present mean rating of helpfulness on the pastoral care teachers' questionnaires was slightly higher than it had been in 2002-3, but slightly lower than it had been in 2003-4. Given, however, that the phase I evaluation report saw a significant increase in ratings over these two years, it seems likely that the pastoral care teachers' ratings in the present project may also increase in the future.

It is interesting to note that teachers' ratings of helpfulness varied significantly across the ten schools. Why this should be the case is not clear, but it is a finding that would be worth monitoring in future evaluations.

Forms of change

As discussed in the review, previous studies have indicated that counselling may be most effective at bringing about change in the emotional domain and least effective at bringing about change in the behavioural domain. The findings from the present provide further support this hypothesis. First, as Table 8 indicates, the YP-CORE items that showed the biggest reductions following counselling tended to be those that assessed strong emotional states, such as feeling overwhelmed by one's problems, feeling unhappy and feeling distressed; while items that focused more on behaviours, such as 'I've done what I wanted', showed less change. Similarly, in terms of the kinds of clients that show the greatest degree of improvements following counselling, the data suggests that those presenting, or discussing, emotion-related issues like depression, stress and anger experience more improvement than those who present, or discuss, such difficulties as 'behaviour' and relationships with teachers (Table 7). However, it should be noted that, in the interviews with key members of the pastoral care staff, around half of the participants said that the counselling had helped to improve their pupils' behaviour and attendance – about the same number as had said that it had helped their pupils to be happier and more settled.

Alongside this affective domain, both pupils and pastoral care staff rated the counselling as having a considerable impact on how pupils felt about themselves. Indeed, around a third of both pupils and pastoral care staff thought that the counselling had helped the pupils to feel 'much better' about themselves, and changes in this domain were rated as considerably greater than changes in the educational domain and in how understanding pupils felt of others. In addition, the third most common response given by clients as to why counselling had been helpful was that it increased their self-confidence.

With respect to the impact of counselling, a fourth domain in which data is beginning to emerge is that of interpersonal relationships. However, here the findings appear to be mixed. On the one hand, both pupils and pastoral care teachers rated the counselling as having a relatively positive impact on how understanding clients were of others – less than its impact on clients' self-esteem but more than its impact on their educational engagement – and 'improved relationships' were cited by clients as the fourth most common reason why the counselling had been helpful. On the other hand, the two YP-CORE items that showed the smallest degree of change from pre- to post-counselling were to do with feeling close to others and having friends, though this maybe because they were two of the lowest endorsed items to begin with (and hence could not show much reduction following counselling (a 'floor effect')).

In summary, then, the evidence would seem to suggest that counselling can have a considerable impact on clients' emotional lives and how they feel about themselves and there is some evidence that it can help them in the interpersonal domain. However, the evidence that counselling can bring about changes in how young people behave is currently much more equivocal.

Processes of change

Findings from the present study provide further evidence that what young people find most helpful in counselling is the opportunity to talk and be listened to; often as a means of getting things off their chests. Interestingly, some of the clients also indicated that talking to the counsellor was helpful because it allowed them to open up more fully with others in their lives. Key members of the pastoral care staff, too, cited having an opportunity to talk as the principal reason why counselling might be of value to their pupils. In contrast to previous studies, however, only a very small number of clients said that particularly valued the guidance and advice that they experienced the counsellor as providing.

SATISFACTION WITH THE COUNSELLING SERVICE

Clients' ratings

As with clients' ratings of the helpfulness of the counselling service, clients' ratings of their satisfaction with the present service were almost identical to the ratings in the phase I evaluation, with approximately nine out of ten young people saying that they were 'satisfied' or 'very satisfied' with the counselling they received. The one difference between these two statistics is that the response rate in the second phase of the study was 80 percent (one of the highest response rates found in an evaluation study of this kind), up from 69 percent in the first phase evaluation. This enhances the reliability of the present findings, suggesting that the figures are relatively representative of *all* young people using the Glasgow counselling service.

Teachers' ratings

Pastoral care staff from each of the ten schools expressed high levels of satisfaction with the school-based counselling service. Although this is relatively similar to the responses of pastoral care teachers with other counselling services, the strength and consistency of positive responses in the present report – as well as the relative absence of criticisms – are particularly noticeable. Certainly, the consistent description of the organisation and management of the counselling service as 'smooth' and 'easy' was not something achieved in the first phase of the pilot project, and it appears that groundwork conducted during the first two years of this pilot has been built on to enhance the structural and organisational aspects of the service.

AREAS FOR IMPROVING THE SERVICE

Extending the service

In terms of improving the counselling service, the most common response given by the pastoral care teachers – around half of both those interviewed and those responding to the questionnaires – was that the service should be extended; in particular, that the counsellor should be in the school for more

than one and a half days per week. If one looks at the waiting lists across the ten schools, such a proposal might not seem entirely justified, but several of the pastoral care teachers said that they were holding back referrals because they were aware of the limitations of the service and that if the counsellor was at the school for longer periods of time, they would have no problems filling the time slots. Certainly, in terms of extending the service, there was an overwhelming feeling among pastoral care staff – as well as some members of the Integrated and Joint Support Teams – that the counselling service should be continued beyond the one year pilot period.

Increased communication

Aside from extending the service, the primary way in which pastoral care teachers and multi-agency professionals believed the service could be improved, as found in previous studies, was by increasing the communication from counsellors to fellow professionals. In around half of the in-depth interviews with key members of the Pastoral Care Teams, participants said that they would have liked more information from the counsellors on how their young people were progressing and 14 percent of those completing the pastoral care staff questionnaires made a similar plea. Around half of the Integrated and Joint Support Team members interviewed also raised this issue and one of the participants expressed particularly strong concerns over a relative lack of feedback.

In terms of the kinds of things that these professionals wanted to know about, several of the participants indicated that they would like to have had a more general idea of the kinds of issues that the young people were working on. Here, most of the participants added that they did not want detailed information, nor did they want this to happen without the young person's consent, but they felt that such feedback would be helpful for other professionals working with the young person, both at the present and in the future. Being given ideas about how they could help the young person was another thing that one or two of the participants said would be helpful and a couple of the Integrated and Joint Support Team members said that, if a young person was being referred to counselling from that team, then the team should certainly be informed about the outcome of the referral.

It is important to note, however, that almost nine out of ten pastoral care teachers said that they thought there was good communication between the counsellors and the pastoral care staff and around eight out of ten thought that the counselling service was well-integrated with other pupil support services. Moreover, key members of pastoral care staff from most of the schools indicated that they were generally satisfied with the amount of information that they were receiving from the counsellor. Further to this, as will be discussed in more detail below, pastoral care teachers from most of the schools said that they thought the confidentiality of the counselling service was one of the main reasons why it was so attractive to young people and one of its unique contributions to the pantheon of internal and external support services and agencies.

Perhaps the data, then, can best be summarised as follows: nearly all members of the pastoral care teams and Integrated and Joint Support Teams appreciate the value of confidentiality in the counsellor-client relationship, but a few feel strongly that more information should be coming out from the counsellor on the kinds of issues that the young person is facing and the progress that they are making. Others would quite like this information but don't feel so strongly about it; and most, while being curious as to what their young people are discussing, see this as secondary to the young person's need for confidentiality and are therefore happy to be told little.

How, then, can this issue be taken forward? To a great extent, it is probably important to recognise that this issue is by no means specific to school-based counselling, but runs through the whole gamut

of child and young people support agencies and policies, where the desire to respect the rights and privacy of the young person is matched by an equally strong desire for services to act in coordinated and integrated ways as 'intelligent networks' (Healthier Scotland, 2005, p.15). In this respect, then, it is a complex tension to which there are no easy solutions. However, as stated in Healthier Scotland's framework for the promotion, prevention and care of mental health in children and young people, one of the key elements for effective integrative work between services is that there are 'Agreed policies and practice on information sharing and client confidentiality' (Healthier Scotland, 2005, p.16) and it is here where, perhaps, school-based counselling services can make the biggest headway, by ensuring that all referring and related professionals are agreed on, and clear about, the kinds of information that will and will not be disclosed from the counselling room. Moreover, from the pastoral care staff questionnaires, it would seem that regular communication between the counsellor and the pastoral care teachers, as well as the sharing of an office, facilitates a sense of communication and trust between these two bodies even if specific details of clients' difficulties are not disclosed.

More advice-giving

For two of the clients and pastoral care teachers from some of the schools, one of the ways in which they thought the counselling service might be improved was by the counsellor giving some of the young people more advice and guidance. At the same time, however, pastoral care teachers from around half the schools said that they thought one of the particular strengths of the counselling service was that it did not direct the young people in any particular way, and an opportunity to simply talk and be listened to was described by many of the young people and pastoral care teachers as the most valuable part of the service.

Of course, there is no reason to assume that every young person who comes to counselling will want, or value, the same thing; and perhaps the best way of summarising these findings is to say that, while the majority of clients coming in to counselling appreciate the non-directive nature of the service, there are a few young people who would appreciate, and perhaps benefit from, a more guidance-orientated approach. One of the implications of this may be that pastoral care teachers should make sure that they explain to potential clients the non-directive nature of the counselling service, such that young people who would prefer a more directive and guidance-orientated approach can be referred elsewhere. Also, as discussed in the previous report (Cooper, 2004), it may be important for counsellors to practice person-centred therapy in a flexible and pluralistic way, which responds to the needs of the individual young person, and is not adverse to offering ideas, possibilities, options and undertaking problem-solving work if this is what the young person wants.

Operational issues

In terms of the running of the service, the one area in which there was some degree of dissatisfaction was the Operational Group meetings. While several members of the pastoral care staff found these helpful and informative, several others found the issues discussed not particularly relevant to their concerns. It may be useful, therefore, for the management team of the counselling service to review the structure and nature of these meetings and either dispense with them or make them more relevant to all parties involved.

As highlighted above, there are also a number of internal, school-based issues that schools might find useful to reflect on when considering the establishment of a counselling service. In particular, finding an appropriate room for the counsellor, ensuring that the counsellor has on-going contact with the pastoral care staff and developing an effective referral system may be issues that would be helpful for schools to reflect on in the early days of a project.

IMPACT ON CAPACITY TO STUDY AND LEARN

Perhaps the biggest contribution that the present evaluation makes to the literature on counselling in schools is the light that it throws on the potential impact that counselling can have on young people's educational engagement.

In terms of its overall impact, data from a range of sources indicate that the counselling has the potential to have a positive impact, albeit indirectly, on young people's abilities to study and learn. Between sixty and eighty percent of clients said that the counselling had helped them to engage more fully with their studying and learning and eight out of ten pastoral care teachers gave the same response. What the findings from this report also suggest is that mental health problems may have a substantial impact on a young person's capacity to study and learn. This was evident from the interviews with the clients, and the data comparing educational attainment for young people coming in to the counselling service with the attainment levels of their peers suggests that young people who are referred to counselling may not be achieving their full academic potential (though the correlational nature of this finding means that this is not the only explanation, for instance, young people coming in to the counselling service may be more likely to be experiencing learning difficulties). At the same time, it is important to note that both pastoral care teachers and pupils rated the counselling's impact in the educational domain as less than its impact on the young people's feelings of self-worth or levels of understanding of others, only two percent of clients spontaneously referred to educational improvements when asked what was helpful about counselling and there were negligible to small non-significant differences in clients' attendance and exclusion rates from pre- to post-counselling. Moreover, around six percent of young people said that the counselling had a *negative* impact on their capacity to study and learn; and, given the tendency within self-report data for participants to give overly-positive answers, the actual impact of counselling on the young people's educational lives may be less than the above figures indicate. Nevertheless, even with a conservative reading of the clients' self-report data, in which ratings of 5 and 6 (on the nine-point scale) could be read as 'no effect', 7 and 8 as a 'moderate effect', and 9 as a 'substantial effect', the data still suggests that more than one in ten pupils found the counselling to be of substantial benefit and a further three out of ten said that it had helped them moderately in the educational domain.

Given, then, that attendance rates and exclusion rates improved slightly from pre- to post-counselling, what one might conclude is that, overall, counselling has a small to modest impact on young people's capacities to study and learn. Such a general statement, however, conceals the very marked differences that exist between how pupils responded to the counselling. What may be more useful, then, is to focus on the specific pathways by which counselling may be able to bring about changes in educational engagement and attainment (see summary in Figure 24), such that a clearer idea may be obtained of the kinds of pupils for which counselling may be most educationally beneficial. Here, the qualitative data from the pupil and pastoral care staff interviews is enormously valuable.

What emerges from both these sets of data is that the primary route by which counselling seems to impact on young people's capacities to study and learn is through enhancing their ability to concentrate in class. The picture coming through here seems to be relatively clear. Even though most young people come to counselling with issues that are not specifically academic – in particular, family, emotional and relationship difficulties – because young people are often thinking and worrying about these problems, it can make it difficult for them to focus on their work in class. Hence, by having an opportunity to get things off their chest, a space in which they know they can address their problems, a sense that the school is trying to support them and, ideally, an increased resolution of

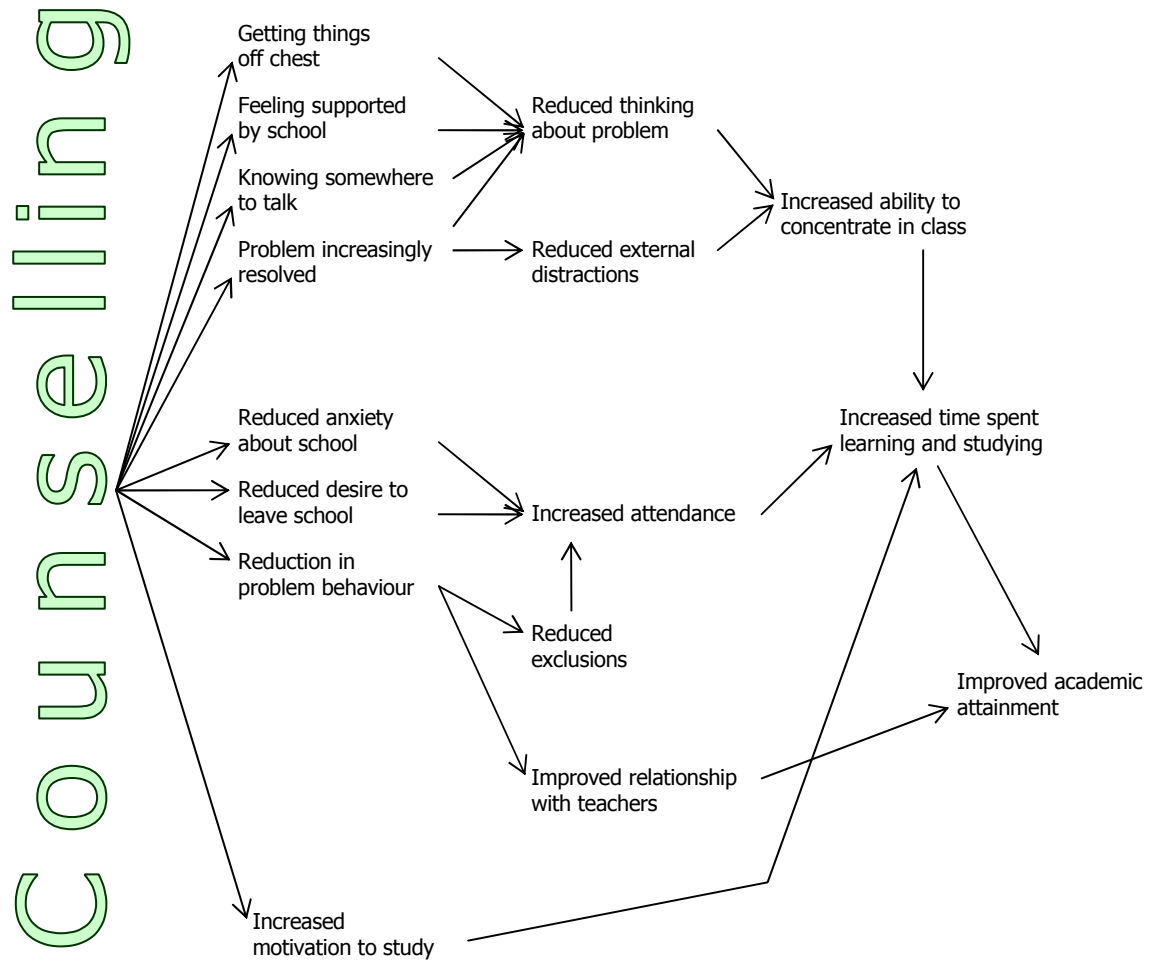


Figure 24. Pathways of change from counselling to educational engagement and attainment

their problems, the counselling can help reduce the amount of time that the young person spends thinking about their problems. This, then, frees them up to concentrate more fully on their studies in class. Moreover, in instances where the obstacle to concentrating in class is an external one, such as being teased by fellow pupils, by helping the young person to find ways of resolving these difficulties their ability to focus more fully on their studies can again be facilitated.

A second set of change pathways for which there is some evidence is that of increased attendance. First, it would seem that there are some young people whose psychological difficulties involve an anxiety about attending school such that, if this anxiety is partially or wholly dealt with through counselling, attendance should increase. Second, it appears that some of the young people's difficulties were motivating them to leave school at an earlier age than they might otherwise do so that, again, if their problems were dealt with through counselling then the amount of time they spent at school would be increased. Third, for young people who came with behavioural problems that were leading them to be excluded or ejected from classes, a partial or full resolution of these problems through counselling would again have a positive impact on attendance. However, it should be noted here that, from the pupil records, counselling was associated with only very small, non-significant improvements in attendance rates and, in the pupil interviews, only two out of the 17 participants said

that the counselling had helped to them in this regard. There is little evidence, then, that this pathway is relevant to more than a small minority of pupils.

Somewhat intertwined with the above pathway, it seems that, for a small number of young people (around 10% in the pupil interview study), improvements in behaviour lead to improved relationships with their teachers, which then led to them being better facilitated to study and learn.

As a fourth pathway of change, it seems that, for some young people, the difficulties that they were experiencing led them to be less interested in studying and learning. Again, then, through helping them to resolve their problems, levels of interest and motivation were increased, and with it the amount of work that the young person was doing.

Here, then, are four relatively distinct pathways of change through which *some* young people's capacities to study and learn may be facilitated through counselling. However, as Figure 24 makes clear, the relationship between counselling and actual academic attainment is relatively distal, and mediated by numerous processes and variables – both those included on this diagram and the many others that may well not be. What makes this relationship even more complex is the fact that some pupils who are struggling with psychological issues and being distracted from their work may strive to compensate for this by working harder or through other strategies. Hence, it is no surprise that clients gave an equivocal response to the question of how counselling impacted on their actual attainment in tests and exams, and this finding is in concordance with other data in the field, which shows no clear relationship between counselling and academic attainment and suggests that, if there is one, it is relatively limited. Clearly, however, academic attainment is by no means the only marker of educational merit. The fact, then, that counselling can help some young people to concentrate more in class, to spend more time on learning and studying and to have improved relationships with their teachers – let alone improve their feelings of self-worth and mood states – suggests that it is of value whether or not this actually leads to direct improvements in academic attainment.

What are the implications of this discussion in terms of understanding who might benefit most, educationally, from counselling? Based on the evidence, the strongest inference would seem to be that, if a young person is having trouble concentrating in class because of the difficulties that they are experiencing, then counselling might be a useful way of helping them improve their capacity to study and learn. In addition, there is some evidence to suggest that young people who are missing classes because of their difficulties might benefit educationally from counselling. Young people whose learning is being disrupted by their behavioural problems, too, might find counselling useful, although it is worth noting that, as the YP-CORE data suggests, young people with behavioural difficulties showed the least improvements in mental health following counselling. However, what also seems apparent from the data is that counselling can in no way be used to directly try and boost an individual's – or a group of individuals' – academic attainment: partly because the link between these two variables is so distal, and partly because it would undermine one of the key facets of counselling: its non-directive nature.

ADDED VALUE

To what extent does a counselling service provide added value to a school's pastoral care provisions? Pastoral care teachers unanimously believed that it did, as did many of the members of the Integrated and Joint Support Teams.

In terms of what that added value actually is, the viewpoints of pastoral care teachers, Integrated and Joint Support Team members and also clients resonated closely with those that have previously been expressed in the literature. First, in contrast to pastoral care teachers and many other multi-agency professionals, counsellors are able to provide young people with the extended and uninterrupted periods of time that they might need to help them explore their issues. Second, again in contrast to pastoral care staff as well as many other multi-agency professionals, counsellors bring into the school environment a specific skill and experience in counselling and thereby may be able to facilitate young people's exploration in a way that other professionals might not be able to do so. Third, counsellors provide a highly confidential environment, and in this respect may encourage some young people to talk who might not otherwise. Fourth, counsellors tend to be seen by pupils as relatively independent presences from the school, and this can again facilitate them to talk more openly. Fifth, in contrast to most other school-based professionals, counsellors provide a non-directive environment in which pupils have an opportunity to explore the issues that are of most concern to them, and to find their own answers to their own problems; and while such a relationship may not be appropriate or helpful to all pupils, there are certainly those who value this opportunity to take the lead and be listened to in a non-imposing way. Sixth, counselling services, in contrast to other services such as educational and clinical psychology, are relatively easy for young people to access. Waiting lists tend to be quite short, referral processes are fairly simple and young people can often be seen in a matter of weeks – of particular importance for a young person in crisis. Seventh, again in contrast to such services as clinical and educational psychology, counselling may have less stigma attached to it.

With respect to adding value to a school's pastoral care provisions, another unique asset of a school-based counselling service has begun to emerge in this research. This is that it provides support for a particular type of young person – or young people going through a particular type of experience – that may not otherwise be catered for by a school's pastoral care provisions or multi-agency professionals. These are young people who may be best described as 'troubled': pupils going through emotional or interpersonal difficulties who would benefit from professional help and support but whose problems may not be severe or disruptive enough to warrant referral to a clinical psychologist, are not educationally-based enough to warrant referral to an educational psychologist, may not involve sufficient child protection and vulnerability issues to warrant the involvement of a social worker and may not involve the degree of health difficulties to warrant referral to a school nurse or other healthcare professional. These are also young people who are less in need of 'treatment' and more in need of someone who can help them find their own way: make sense of what is going on for them, get things off their chest, look at the different options available to them and feel supported by an experienced adult. In this respect, while they are young people experiencing personal difficulties, they are also young people who have the internal resources to help themselves find answers to their own problems given a supportive and facilitative environment.

With respect to the added value of a counselling service, a final point has begun to emerge in this research: that it is not just of value to the young people, but to the pastoral care teachers, themselves. Pastoral care teachers from at least half of the schools described a great relief in knowing that they could refer their troubled young people on to someone who could sit with them and give them the time and professional attention that the pastoral care teachers wanted to, but often could not afford.

INTEGRATION WITH INTEGRATED AND JOINT SUPPORT TEAMS

With respect to the relationship between the counselling service and the Integrated and Joint Support Teams, three main questions arise. First, to what extent are the Teams able, and to what extent is it appropriate for them, to refer young people in to the counselling service? Second, how confident are members of the Integrated and Joint Support Teams that young people will be referred *out* of the counselling to other agencies, such as psychology and social work, as and when appropriate? Third, what are the general relationships between the counselling services and members of the Integrated and Joint Support Teams, and could these in any way be improved?

On the first question, most of the Integrated and Joint Support Team members – both pastoral care teachers and others – felt that their respective teams *could* refer young people into the counselling service – and, indeed, in a number of instances, it appears that this has already been done. However, there was a general feeling among participants that this would be a relatively rare occurrence, given that the Integrated and Joint Support Team tended to be the ‘end of the line’, and counselling would normally have been considered prior to this referral. Moreover, a few of the pastoral care teachers felt quite strongly that they would not like to see the Integrated and Joint Support Teams as the primary source of referral for the young people into counselling: partly because it would undermine the immediacy and directness of the counselling referrals process and partly because they felt strongly that counselling should be undertaken voluntarily, rather than something that young people should be directed to do.

In terms of onward referrals from the counsellor to other services, most of the Integrated and Joint Support Team members were relatively confident that this would happen, as and when appropriate. However, many of the professionals spoken to also expressed an awareness of the high levels of confidentiality surrounding the counselling relationship and felt that such onward referrals were unlikely to happen except in exceptional circumstances – and almost certainly only with the young person’s consent. Moreover, among the Integrated and Joint Support Team members, there were one or two voices that expressed marked concerns about the high levels of confidentiality within the counselling relationship, which they worried might preclude the disclosure of critical information concerning young people at risk and obstruct appropriate onward referrals.

In addition to this, a substantial number of the Integrated and Joint Support Team members said that they would like to know more about the counselling service and/or expressed a desire to develop closer links with it; and around half of those interviewed said that they had had no contact with the counselling service at all. Moreover, a handful of the pastoral care teachers indicated that they thought the links between the counsellors and multi-agency professionals could be strengthened. Along these lines, those members of the wider Integrated and Joint Support Team who had had contact with the counsellors described this as very useful, in terms of clarifying roles, looking at referral procedures and exploring ways of working together. In terms of addressing some of the concerns addressed above, then, one way forward would be for the counselling service to try to ensure that informal or formal contact is made with multi-agency professionals within the school: in particular, nurses, psychologists and social workers. This would not necessarily be to increase the number of referrals into the counselling service from the Integrated Support Teams or vice versa, but to create a more trusting and facilitative environment in which different professionals were clear about the roles and the protocols of each others’ work.

INTEGRATION WITH SELF

On the basis of the interviews with key pastoral care staff and with Alan McLean, it seems that the Social and Emotional Learning Frame has the potential to be a useful tool in helping pastoral care teachers make appropriate referrals to counselling, particularly where a young person is not well known to their teachers. Not only could it help pastoral care teachers to reflect on their young people in a systematic and structured way; but, one day, it might be possible to build up a SELF profile of the kind of young person most like to benefit from counselling. However, it is important to note that this would only ever be a means of capturing and making more systematic the pastoral care teachers' own professional judgement, rather than replacing it.

Nevertheless, given the widening dissemination of SELF within the Glasgow school system, it would seem an opportune time to consider the possibility of SELF-ing young people at both the commencement and termination of their counselling episodes: either by Pastoral Care Teachers or pupils or both. Such a process would both help to develop a profile, if there is one, of the kind of young people who might most benefit from counselling and could also function as a useful measure of pre- to post-counselling change.

CRITERIA FOR REFERRAL TO COUNSELLING

From the data and discussion in this and previous reports, it is becoming increasingly possible to identify the kinds of young people for whom school-based counselling *may* be most appropriate. While, clearly, this can never be an exhaustive or definitive list, pastoral care teachers may find such a set of criteria useful in informing their decisions regarding who to refer to counselling.

Based on the available data, what can be proposed is that school-based counselling may be most helpful for young people who:

- Want an opportunity to talk to someone and be listened to for a longer period of time than a pastoral care teacher can easily provide
- Want to get something off their chests
- Have no one in their network of family or friends who they feel they can talk openly to about their concerns
- Would like to talk to someone who will keep the things they say confidential
- Are generally able, and willing, to find their own answers to their own questions – but would like some guidance in this process
- Are experiencing emotional difficulties, low self-worth, or problems with their families and/or other relationships
- Are experiencing emotional or interpersonal difficulties that make it difficult for them to concentrate in class or reduce their attendance rates
- May not be otherwise referred to such external agencies as psychology or social work.

Key recommendations

1. A school-based counselling service, delivering a non-judgmental, non-directive form of therapy should be maintained at the ten schools involved in the second phase of the Glasgow Counselling in Schools Project.
2. Consideration should be given to extending the counselling service to all secondary schools in Glasgow.
3. Consideration should be given to extending the amount of time each counsellor spends in their respective school, with two days per week as a potential norm.
4. In improving the current counselling provision:
 - i. Service providers and school staff should strive to ensure that clear and agreed protocols are in place regarding the degree and type of information that the counsellor will disclose to other professionals and the limits to his or her confidentiality
 - ii. The service providers should strive to ensure that the school-based counsellors have greater contact and communication with professionals from external agencies, in particular nurses, psychologists and social workers
 - iii. Schools and service providers should look at ways of ensuring that young people from all ethnic backgrounds feel equally able to access counselling
 - iv. Service providers should begin to monitor the use of the counselling service by young people with disabilities
 - v. Those involved in the strategic development and management of the counselling service should re-examine the function and structure of the Operational Group meetings.
5. Researchers in the field of schools' counselling and related funding bodies should:
 - i. Look towards designing and running controlled studies to examine the impact of counselling in schools on young people's mental health and their capacity to study and learn
 - ii. Look towards undertaking more in-depth, qualitative investigations to develop a greater understanding of the link between counselling and young people's levels of educational engagement
 - iii. Undertake qualitative and quantitative investigations to develop a greater understanding of the kinds of young people who may benefit most from counselling.
6. Service providers and educationalists should consider using the Social and Emotional Learning Frame (SELF) assessment as a standard pre- and post-counselling measure.

CONCLUSION

As written in the introduction to this evaluation, the recent Scottish Executive report, *The Mental Health of Children and Young People* (Healthier Scotland, 2005, p.36) states that, by 2015, young people should be provided with confidential, accessible and non-stigmatising counselling support within their school (as well as without). The findings of this report suggest that such a service will play a valuable role in enhancing the mental health and wellbeing of a significant group of pupils. More than that, there are indications in the present report that such a service could play a useful role in enhancing the educational engagement of some pupils, helping them overcome personal, interpersonal and social barriers to learning.

Given the increasing responsibility for schools to promote mental health and wellbeing among *all* their pupils, it may be that the findings of the present study – and ones like it – are bringing us to the brink of a sea change in how we think about school-based counselling services. For many years, there has been a tendency to think of such services as a supplement to a school's pastoral care provisions: the question for schools has been, 'How can we justify *adding* a counselling service?' However, as this report indicates, a counselling service has the capacity to meet the mental health needs of a group of young people – or young people going through a particular kind of experience – who might not otherwise be catered for by a school's internal or external support services. Hence, the question for schools may increasingly become, 'How can we justify *not* having a school-based counselling service?' That is, given the assumption that there are significant numbers of young people in any one secondary school who are troubled – who are experiencing emotional or interpersonal problems but not to an extent that would justify referral to a psychologist or a social worker – schools may need to account for how they are meeting the mental health needs of these pupils. Certainly, counselling is not the only means of achieving this. It may be, for instance, that a school's pastoral care teachers can provide the resources that these troubled youngsters need; yet the evidence from the present study suggests that this is rarely the case. What is more, a school-based counsellor provides the confidentiality, independence and accessibility that so many young people and teachers seem to value. For a school, then, which aims to help every pupil thrive and learn, and which strives to promote emotional wellbeing as part of a whole school philosophy, there is an increasingly strong rationale for establishing a school-based counselling service: a valued, accessible and evidence-based means of supporting *all* young people to actualise their emotional, intellectual and interpersonal potential.

REFERENCES

- Adamson, G., McElearney, A., Bunting, B., Shevlin, M., Tracey, A., & Williams, S. (2006). *Independent Schools Counselling - does it work?* Belfast: NSPCC and University of Ulster.
- American Academy of Pediatrics. (2004). Policy statement: School-based mental health services. *Pediatrics*, 113(6), 1839-1845.
- BACP. (2002). BACP Ethical Framework for Good Practice in Counselling and Psychotherapy. Rugby: BACP.
- Birmaher, B., Brent, D. A., Kolko, D., Baugher, M., Bridge, J., Holder, D., et al. (2000). Clinical outcome after short-term psychotherapy for adolescents with major depressive disorder. *Archives of General Psychiatry*, 57(1), 29-36.
- Brent, D. A., Holder, D., Kolko, D., Birmaher, B., Baugher, M., Roth, C., et al. (1997). A clinical psychotherapy trial for adolescent depression comparing cognitive, family, and supportive therapy. *Archives of General Psychiatry*, 54(9), 877-885.
- Catron, T., Harris, V. S., & Weiss, B. (1998). Posttreatment results after 2 years of services in the Vanderbilt School-Based Counseling Project. In M. H. Epstein, K. Kutash & A. Duchnowski (Eds.), *Outcomes for Children and Youths with Emotional and Behavioral Disorders and their Families: Programs for Evaluating Best Practice* (pp. 633-656). Austin, TX: Pro-ED.
- Clarkin, J. F., & Levy, K. N. (2004). The influence of client variables on psychotherapy. In M. J. Lambert (Ed.), *Bergin and Garfield's Handbook of Psychotherapy and Behaviour Change* (5th ed., pp. 194-226). Chicago: John Wiley and Sons.
- Cohen, J. (1988). *Statistical Power Analysis for the Behavioral Sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum.
- Cooper, M. (2004). *Counselling in Schools Project: Evaluation Report*. Glasgow: Counselling Unit, University of Strathclyde.
- Cooper, M. (2006). Analysis of the evaluation data. In *East Renfrewshire Youth Counselling Service (ERYCS): Development and evaluation of a full-time secondary school and community based youth counselling service in Scotland 2005*. East Renfrewshire: East Renfrewshire Council.
- Cooper, M. (in press). Scottish secondary school students' preferences for location, format of counselling and sex of counsellor. *School Psychology International*.
- Cooper, M., Hough, M., & Loynd, C. (2005). Scottish secondary school teachers' attitudes towards, and conceptualisations of, counselling. *British Journal of Guidance and Counselling*, 33(2), 199-211.
- Elliott, R., Greenberg, L. S., & Lietaer, G. (2004). Research on experiential therapies. In M. J. Lambert (Ed.), *Bergin and Garfield's Handbook of Psychotherapy and Behaviour Change* (5th ed., pp. 493-539). Chicago: John Wiley and Sons.
- Fine, S., Forth, A., Gilbert, M., & Haley, G. (1991). Group-Therapy for Adolescent Depressive Disorder - a Comparison of Social Skills and Therapeutic Support. *Journal of the American Academy of Child and Adolescent Psychiatry*, 30(1), 79-85.
- Fonagy, P., Target, M., Cottrell, D., Phillips, J., & Kurtz, Z. (2002). *What Works for Whom? A Critical Review of Treatments for Children and Adolescence*. N.Y.: Guilford.
- Fox, C., & Butler, I. (2003). *Evaluation of the NSPCC Schools Teams*. Keele: Keele University.
- Gerler Jr., E. R. (1985). Elementary school counseling research and the classroom learning environment. *Elementary School Guidance and Counseling*, 19(39-48).
- Gerler Jr., E. R., Kinney, J., & Anderson, R. F. (1985). The effects of counseling on classroom performance. *Journal of Humanistic Education and Development*, 23(155-165).
- Goodman, R. (2001). Psychometric properties of the strengths and difficulties questionnaire. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(11), 1337-1345.
- Goss, S., & Mearns, D. (1997). A call for a pluralist epistemological understanding in the assessment and evaluation of counselling. *British Journal of Guidance and Counselling*, 25, 189-198.
- Healthier Scotland. (2005). *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care*. Edinburgh: Scottish Executive.
- Jenkins, P., & Polat, F. (2005). *The current provision of counselling services in secondary schools in England and Wales*. Manchester: University of Manchester.

- Kaplan, D. W., Calonge, B. N., Guernsey, B. P., & Hanrahan, M. B. (1998). Managed care and school-based health centers: Use of health services. *Archives of Pediatrics and Adolescent Medicine*, 152(1), 25-33.
- Kazdin, A. E. (2004). Psychotherapy for children and adolescents. In M. J. Lambert (Ed.), *Bergin and Garfield's Handbook of Psychotherapy and Behaviour Change* (5th ed., pp. 543-589). Chicago: John Wiley and Sons.
- Kvale, S. (1996). *InterViews*. London: Sage.
- Lambert, W., Salzer, M. S., & Bickman, L. (1998). Clinical outcome, consumer satisfaction, and ad hoc ratings of improvement in children's mental health. *Journal of Consulting and Clinical Psychology*, 66(2), 270-279.
- Learning and Teaching Scotland. (2004). *Being well -- Doing Well: A Framework for Health Promotion in Scotland*. Edinburgh: Learning and Teaching Scotland.
- Lipsey, M. W. (1995). What do we learn from 400 research studies on the effectiveness of treatment with juvenile delinquents. In J. McGuire (Ed.), *What Works: Reducing Reoffending Guidelines from Research and Practice* (pp. 63-78). Chichester: John Wiley.
- Loynd, C. (2002). *Excellence Fund evaluation of The School Students' Counsellor Programme 2000-2002*. Aberdeen.
- McGuire, J., & Priestley, P. (1995). Reviewing "what works": Past, present and future. In J. McGuire (Ed.), *What Works: Reducing Reoffending -- Guidelines from Research and Practice* (pp. 3-34). Chichester: John Wiley.
- Mearns, D., & Cooper, M. (2005). *Working at Relational Depth in Counselling and Psychotherapy*. London: Sage.
- Mearns, D., & Thorne, B. (1999). *Person-Centred Counselling in Action* (2nd ed.). London: Sage.
- Mental Health Foundation. (2006). *Truth Hurts: Report of the National Inquiry into Self-harm among Young People: Executive Summary*. London: Mental Health Foundation.
- National Institute for Health and Clinical Excellence. (2005). *Depression in Children and Young People: Identification and Management in Primary, Community and Secondary Care*. London: National Institute for Health and Clinical Excellence.
- Newton, J. (2006). Personal Communication.
- Paulson, B. L., Everall, R. D., & Janice, S. (2001). Client perception of hindering experiences in counselling. *Counselling and Psychotherapy Research*, 1(1), 53-61.
- Prout, S. M., & Prout, H. T. (1998). A meta-analysis of school-based studies of counseling and psychotherapy: An update. *Journal of School Psychology*, 36(2), 121-136.
- Public Health Institute of Scotland. (2003). *Needs Assessment Report on Child and Adolescent Mental Health*. Edinburgh: Public Health Institute of Scotland.
- Rodgers, B., & Cooper, M. (2006). *Proposed Scoring Scheme for Qualitative Thematic Analysis*. University of Strathclyde.
- Rogers, C. R. (1951). *Client-Centered Therapy*. Boston: Houghton and Mifflin.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95-103.
- Rogers, C. R. (1959). A theory of therapy, personality and interpersonal relationships as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A Study of Science* (Vol. 3, pp. 184-256). New York: McGraw-Hill.
- Rogers, C. R. (1961). *On Becoming a Person: A Therapist's View of Therapy*. London: Constable and Co.
- Roth, A., & Fonagy, P. (2005). *What Works for Whom? A Critical Review of Psychotherapy Research*. New York: Guilford.
- Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55(1), 68-78.
- Sherr, L., & Sterne, A. (1999). Evaluation of a counselling intervention in primary schools. *Clinical Psychology & Psychotherapy*, 6(4), 286-296.
- Sherry, J. (1999). *LEA-Organised Counselling in Secondary Schools in Dudley*. Dudley: Dudley Counselling Service.
- Sink, C. A., & Stroh, H. R. (2003). Raising achievement test scores of early elementary school students through comprehensive school counseling programs. *Professional School Counselling*, 6(5), 350-364.

- Vostanis, P., Feehan, C., Grattan, E., & Bickerton, W. L. (1996a). A randomised controlled out-patient trial of cognitive-behavioural treatment for children and adolescents with depression: 9-month follow-up. *Journal of Affective Disorders*, 40(1-2), 105-116.
- Vostanis, P., Feehan, C., Grattan, E., & Bickerton, W. L. (1996b). Treatment for children and adolescents with depression: Lessons from a controlled trial. *Clinical Child Psychology and Psychiatry*, 1(2), 199-211.

GLOSSARY

Added value The extra benefit that something adds, above and beyond what is already in existence.

Analysis of variance (ANOVA) A collection of statistical tests which can be used to compare the means of different groups on one or more dependent variables.

British Association for Counselling and Psychotherapy (BACP) The largest and broadest body for counsellors and psychotherapists in the UK, with over 20,000 members, which represents professionals in this field, runs the principal accreditation scheme for counsellors and psychotherapists in the UK and engages in other related activities.

Child and Adolescent Mental Health Services (CAMHS) Services provided by all sectors that impinge on the mental wellbeing, mental health, mental health problems and mental disorders of children and young people. The term 'specialist CAMHS' is used to depict those services that have a particular role and expertise in relation to the mental health and wellbeing of children and young people.

Chi-squared test (χ^2) A statistical test which can be used to analyse the relationship between two categorical (i.e., non-linear) variables (for instance, ethnic group and favourite subject of study).

Clinical Outcomes in Routine Evaluation (CORE) A widely-used, British-designed system for the audit, evaluation and performance management of counselling, psychotherapy, and other psychological therapies (see www.coreims.co.uk). The CORE team are behind the development of Young person's CORE (YP-CORE), a psychological measure which is designed to evaluate the outcomes of counselling, psychotherapy and other psychological therapies for 11 to 16 year olds.

Clinical psychologist 'These staff most often work in the NHS, providing psychological support. They diagnose and evaluate mental and emotional disorders, and use tools such as psychotherapy and hypnosis to treat affected patients. They conduct interviews and psychological tests, and may conduct complex treatment programmes, sometimes in conjunction with physicians or other specialists' (Healthier Scotland, 2005, p.66).

Cognitive behavioural therapy (CBT) A family of psychotherapeutic treatments that aim to teach clients to recognise unhelpful or destructive patterns of thinking and reacting and to modify or replace these with more realistic or helpful ones. In contrast to person-centred counselling, cognitive behavioural therapists tend to adopt a more directive, structured and instructional stance towards their clients, though there is still a recognition of the importance of a collaborative and empathic therapeutic relationship.

Control group A group of individuals whose characteristics are similar to those of the participants in the 'active condition' but who do not receive the program services, products, or activities being assessed (e.g. a group of young people with mental health problems who would receive 'treatment as usual' [e.g. regular visits to their Pastoral Care Teacher] rather than counselling, or young people on a waiting list for counselling).

Controlled trial A study in which the outcomes of participants undergoing a particular intervention (the 'experimental group') are compared against the outcomes of participants in a control group.

Correlation (r) The degree to which two or more attributes or measurements on the same group of elements show a tendency to vary together (e.g. age and satisfaction with counselling). Correlations vary from -1 to +1, with 0 indicating no relationship at all, +1 indicating a perfect matching (e.g. as people get older they always express greater satisfaction with counselling) and -1 indicating a perfect matching in the negative direction (e.g. as people get older they always express greater dissatisfaction with counselling). A 'significant' correlation means that the likelihood that the correlation has come about by chance is less than a specified cut-off point (for the purposes of this study, 1 in 20 or a probability of .05).

Counselling 'A process whereby one person helps another using a style of listening which is non-judgmental, non-directive, of a reflective nature, and which encourages clients to work through their issues' (Healthier Scotland, 2005, p.67).

Did not attend (DNA) Term for clients who do not attend scheduled counselling sessions without a previously agreed or informed cancellation.

Educational Psychologist 'Educational psychologists are employed by education authorities, who have a duty to provide a psychological service. Educational psychologists work at three main levels: the individual child or family, the school or establishment, and the local authority. At each of these levels, educational psychologists have five core functions: consultation, assessment, intervention, training and research. They work with children and young people in both mainstream and special sectors across the spectrum of education, behaviour and development issues. They often coordinate the work of a multi-disciplinary team around the needs of an individual child' (Healthier Scotland, 2005, p.67).

Effect size (ES) A family of indices that measure the magnitude of a treatment effect. Indices used in this report include: Cohen's d , which indicates the size of the treatment effect in terms of numbers of standard deviations (e.g. an effect size (d) of 2.00 means that two means are two standard deviations away from each other); Pearson's r (the correlation coefficient); and Eta-squared (η^2), which is the proportion of total variance attributable to an effect. Effect sizes can be tentatively described as 'small', 'medium' or 'large' according to a set of criteria (Cohen, 1988). For instance, for Cohen's d , an effect size of 0.2 is generally considered small, 0.5 is considered medium, and 0.8 is considered large.

Effectiveness 'The extent to which an intervention does people more good than harm. An effective treatment or intervention is effective in real life circumstances, not just an ideal situation. Effectiveness asks: are the intended impacts being achieved? Do the outcomes indicate that resources and inputs are being used to good effect?' (Healthier Scotland, 2005, p.23).

Episode of counselling A series of one or more counselling sessions with a pupil with a break of no more than one month, excluding holidays.

Integrated Support Team (IST) A multi-agency group of individuals, generally including representatives of psychological services, social work and pastoral care, who meet on a regular basis to consider the support needs of specific young people within a particular New Learning Community.

Inter-item reliability Also referred to as 'internal consistency': the extent to which different items on a scale are measuring the same psychological process, such as problem distress. Generally calculated using Cronbach's α , which can range from -1 to 1. A reliability coefficient of 0.7 or higher is generally considered acceptable in most social science research.

Joint Assessment Team (JAT) A term previously used to describe Joint Support Teams.

Joint Support Team (JST) A multi-agency group of individuals, generally including representatives of psychology, pastoral care and nursing, who meet on a regular basis to consider the support needs of specific young people within a particular school. Note, at present there is a general move away from school-based JSTs to the ISTs of New Learning Communities.

Mean A mathematic calculation of the average score, calculated by summing all the scores and dividing by the number of responses.

Median The middle score of a set of observed observations or the fiftieth percentile score: i.e., if all the scores were lined up from lowest to highest, the median score would be the score in the middle (or, if there is an uneven number, the mean of the two scores that fall either side of the middle). Median scores are less mathematically precise than mean scores, but have the advantage that they are less influenced by outliers and extreme scores.

Mental health 'The capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual wellbeing that respects the importance of culture, equity, social justice interconnections and personal dignity' (Public Health Institute of Scotland, 2003, p.29). Note, in this definition, mental health is not simply the absence of mental illness but includes the experiencing of wellbeing and interpersonal connectedness.

Meta-analysis 'A quantitative overview which summarises the results of several studies into a single estimate and gives more weight to the results from studies with larger samples' (Healthier Scotland, 2005, p.23).

Mode The most frequently occurring score in a set of data. Like mean and median, it can be a useful means of describing a typical response in a set of data.

New Learning Community Recently developed term to describe a Secondary School and its associated primaries.

NVivo One of the most popular qualitative software packages that facilitates the analysis of interview and other non-quantitative data. Note, in contrast to statistical packages like SPSS, NVivo is not able to interpret the significance of data but, like a word processing package, facilitates the process of working with the data (see <http://www.qsrinternational.com/>).

Operational Group meetings A set of meetings established by the counselling service and chaired by the Adviser in Pastoral Care for the Glasgow Education Department. It is made up of those who act as liaisons for the counsellors in school; these may be a Principal Teacher for Pastoral Care or a designated member of the pastoral care team.

Pastoral care 'A term that can be generally applied to the practice of looking after the personal and social wellbeing of children under the care of a teacher. It can encompass a wide variety of issues including health, social and moral education, behaviour management and emotional support' (http://en.wikipedia.org/wiki/Pastoral_care).

Pastoral Care Coordinator Member of school staff with principal responsibility for the school's pastoral care services. Also referred to as a Deputy Head Teacher (DHT) in charge of Pastoral Care or a DHT in charge of Social Inclusion.

Pastoral care teacher One of a number of promoted teachers (typically between about four and ten per school) who are responsible for providing pastoral care to the school's pupils. Schools may structure their pastoral care system horizontally (i.e. with pastoral care teachers responsible for different year groups) or vertically (i.e. with pastoral care teachers responsible for groups of pupils across the school years). Typically, pastoral care teachers will be responsible for 200 or so pupils, and may also be subject specialists.

Person-Centred Therapy Also referred to as 'client-centred counselling,' 'non-directive counselling' and, as in this report, simply 'counselling.' This is an approach to therapy in which the therapist aims to create a particular kind of relationship with his or her clients within which the client is enabled to discover his or her own resources for moving towards a more satisfying way of being. The counsellor attempts to offer a relationship which, by its quality of respect, understanding and openness, makes possible for the client a new appraisal of self and an opportunity for change and development. Central to the therapeutic activity is the practitioner's capacity and willingness to identify and relinquish prejudice and responses that impede the growth of others through the abuse, however subtle, of power. (See also Counselling).

Pupil support teacher Another term for Pastoral Care Teacher which is generally being replaced by the latter.

Qualitative (in-depth) interviews A form of interviewing used extensively in social science research in which the researcher's primary aims are to enter into a dialogue with the respondent(s) around a set of questions or concerns and to ascertain an in-depth understanding of the respondent's experiences or perceptions. In contrast to more structured interviews, the qualitative interviewer will tend not to follow a specific set of questions in a specific order, but to enter into a more free-flowing discussion while exercising care not to unduly influence the respondent's answers. For more information see Kvale (1996).

Reliability The degree to which an assessment or instrument consistently measures an attribute. 'Test-retest reliability' refers to the extent to which a test gives a similar score for a person over time. For 'internal reliability' or 'internal consistency' see 'inter-item reliability.'

Reliable Change An indicator of whether people changed sufficiently that the change is unlikely to be due to measurement unreliability.

Qualitative analysis software (see NVivo).

Standard deviation (SD) An estimates of the average variability (spread) of a set of data.

SEEMIS ID: a personal identification number assigned to pupils when their details are added to Glasgow City Council's school management information system. This system is called SEEMIS and is used to track all aspects of school administration for pupils attending Glasgow City Council establishments.

Significant change Change that is unlikely to be due to random variations between sample groups (i.e. of a probability of less than one in twenty ($p < 0.05$) or less than one in a hundred ($p < 0.01$)).

T-tests A statistical test which can be used to compare the means of two groups. These can either be 'between groups' (i.e., comparing the means of two different groups, such as male and female pupils' YP-CORE scores) or 'within groups' (i.e. comparing the means of one group at two different times, such as pre- and post-counselling scores on YP-CORE).

Triangulation A method of establishing the accuracy of information – frequently used in qualitative research – by comparing three or more types of data (for example, interviews, observation and documentation) bearing on the same findings.

Validity The degree to which a measure or finding accurately reflects the concept it is intended to measure.

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COUNSELLING IN SCHOOLS PROJECT: GLASGOW PHASE II

Record Sheet

Pupil ID **G** _ / _ _ _ / _ Male Female (please circle)

School Year S1 S2 S3 S4 S5 S6 (please circle)

Referred by: Self Parent
 Pastoral Care teacher(s) Form Teacher/Student Tutor
 Other Teacher Other (please specify)

Confidentiality explained ☐ (please tick)

Competent to consent to counselling Yes No
 If "no", parental consent sought ☐

Parental awareness: Yes No Don't know

Agreed to participate in evaluation Yes No

Agreed to participate in interviews Yes No

Onward referral: (please specify, if any)

Presenting issue:

Developing issue:

Issues: Insert one of following categories in the sections above (maximum three):

Family	Relationships with teachers	Relationships (other than parents and teachers)
Behaviour related	Depression	Stress
Anger	Bereavement	Self-worth
Self-harm	Bullying	Eating Disorders
Relationships with parents	Academic	Other (please specify)

Sessions: (include date and code(s) below number)

ABS = Absent from school	A = Attended
DNA = Did not attend	C/C = Cancelled by counsellor
C/S = Cancelled by student	L = Last session
Core = Core form completed	E = Evaluation form issued

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

'I just feel really fed up...'

'Things are difficult at home...'

'It's hard for me to make friends...'

'Sometimes I just feel like crying...'

'My Gran has just died...'

'I feel different from all my friends...'

'People are getting at me...'

Why might I come to counselling?

These are just
some of the
things that
you might
want to talk
about with your counsellor.

You might think that a counsellor is going to
analyse you or tell you what to do, but that's not
what will happen when you come to see me. We
will just sit and talk, and I will be ready and open
to listen to anything you want to talk about,

whatever is troubling you.

What will it be like?

Talking to a person
you don't know might seem
strange at first but it can be good to share your
thoughts with someone who is not involved with
other areas of your life and who isn't going to try
to do anything about what's bothering you.

Sometimes it's simply good to get something off
your chest. Other times you might want some
help in talking through a problem, or maybe you
are having feelings that confuse or upset you.
Talking about difficult things isn't always easy, but
doing it in a confidential place where you won't
be judged can help.

This service is confidential. That
means that
I will
not be
reporting
back to
your teachers or
parents unless you want me to,
or without consulting you.

Confidentiality

If I feel particularly concerned
about you I might suggest that it
would be helpful to discuss things
with someone else who could also
support you. If this were to happen
I would talk to you about it first.

About your counsellor...

My name is

xxxxxx

xxxxxxx.

I especially

enjoy working with

young people in schools. I am not a

teacher or a member of the school staff.

I am here at xxxxxxxxxxxx on Mondays

and Thursday afternoons. You can find

my contact details on the back of this

leaflet.

How do I get in touch with the counsellor?

You can contact me by text or voicemail

on xxxxx xxxxxx or you can ask your

pastoral care teacher

or another teacher

to make an

appointment

for you. If you

leave me a

message and a way

for me to get in touch

with you, I will contact you to arrange

a time to meet.

Here to listen, not to judge

COUNSELLING SERVICE

xxxxxxxxxxxxxxxxx School

XXXXXX XXXXXX

Counsellor

*'It just
helped having
someone at
school who I
could talk to'*

PROTOCOLS FOR EVALUATION OF PHASE II GLASGOW SCHOOLS' COUNSELLING PROJECT

7TH OCTOBER 2005

1. General

- 1.1 This is a revised draft of the protocols devised by the counselling team for the evaluation of the pilot school's counselling project on the basis of the initial implementation of the evaluation. Feedback on the successfulness/appropriateness of these protocols is very much welcome on an on-going basis.
- 1.2 For reasons of reliability and validity, it is essential that counsellors do not modify or adapt the protocols outlined below and that each counsellor follows the same set of protocols. If there are any aspects of these protocols that a counsellor is unhappy with or feels does not work, they should inform the Project Manager, Susan McGinnis, and this can be discussed – and, if necessary, revised – at a Project-wide level.
- 1.3 Counsellors should also be aware of the need to maintain a high response rate to these evaluation forms (around 70 percent in phase I of the Project) as a means of evidencing the on-going effectiveness of the Counselling in Schools Project. For the second phase of this project, funding bodies are paying particularly close attention to the outcomes of the evaluation, and the level of data gathered may play a critical role in the continuation of the project. In contrast to established counselling services, this service is still in its pilot phase, and the evaluation of the service is therefore a crucial aspect of what has been commissioned.
- 1.4 *The aim of these evaluation forms is not to evaluate individual practitioners, but to collect empirical data that can demonstrate the value of the therapeutic work being undertaken by the Schools' Counselling Project.*

2. Post-Counselling Questionnaires (PCQ)

- 2.1 All clients who have consented to participate in the evaluation (see 3.1) will be asked to complete a post-counselling questionnaire at the end of their final counselling session. The only exceptions to this will be in cases where the counsellor judges that such a task would be *extremely* inappropriate or unhelpful to the client involved, or where a pupil has only attended a preliminary assessment appointment.
- 2.2 This final session will be drawn to a close *ten* minutes before its normal ending time, to ensure that clients have sufficient time to complete the PCQ before leaving the counselling room (our experience is that when clients are asked to take away the form and send it back, the response rate is dramatically reduced). This will normally be communicated to clients at the beginning of the session. If a client decides mid-way through a session that they wish to make that session their last session, the counsellor should endeavour to finish the session with time for the client to complete the PCQ. Where this is not possible, however, either for practical, professional or ethical reasons, the counsellor should follow the procedure outlined in 2.6.

- 2.3 Counsellors will explain to their clients that the questionnaire provides the service with essential information about their experience of the service, and that we would very much value their feedback. However, counsellors should attempt to present the evaluation in a neutral and un-biased manner, and not communicate to clients that the success of the pilot project is dependent on their *positive* feedback.
- 2.4 All clients will be reminded that they have every right not to complete the questionnaire if they do not wish to do so, and that this will not in any way affect the quality of service that they receive.
- 2.5 Pupils will be handed a stamped envelope along with the questionnaire, which will be addressed to the researcher. They will be asked to place the questionnaire in the envelope once they have completed it, to seal the envelope, and then to leave it on a chair/table *in the counselling room* so that the counsellor can post it directly back to the researcher. They should be reassured that the questionnaire is completely anonymous and confidential, and that the counsellor will not be able to identify them from their feedback.
- 2.6 In *exceptional* circumstances, in which it is not apparent that a client who has consented to participate in the evaluation wishes to end counselling until the end of the session, the counsellor will give the client the questionnaire and the stamped addressed envelope, ask them to complete it as soon as possible, and ask them to put the envelope in a post-box so that it is returned to the researcher. In these circumstances, clients should be reminded of how much we value their feedback for the development of the project.
- 2.7 In circumstances in which clients who have consented to participate in the evaluation leave counselling before a finally agreed session, the PCQ and the stamped addressed envelope will be sent to the pupil, with a note emphasising to the pupil how much we would value their feedback on the counselling service. These materials should be sent to the pupil in such a way that it is not at all apparent from its delivery that its contents are counselling-related. In these cases, the PCQ should be marked on the top left-hand corner 'N' (for non-agreed ending) by the counsellor before being sent out, so that the evaluation team is able to identify – and statistically analyse – those responses from clients who have terminated counselling before an agreed ending.
- 2.8 In circumstances where a client who has consented to participate in the evaluation feels that they have had sufficient counselling 'for now', but would like to leave open the possibility of returning to counselling at some point in the future, they will be asked to complete a PCQ, but reassured that this does not in any way bar them from returning to counselling at some later date.
- 2.9 To ensure the highest possible response rate and to minimise the problems of drop-out, at the end of each academic term, *all* pupils who have consented to participate in the evaluation and who are attending counselling sessions will be asked to complete a PCQ (i.e. those pupils who do not explicitly intend to finish counselling at the end of that term as well as those pupils who do). Ideally, this will happen at the final session of the term, but if this is not possible for organisational reasons, then the pupil will be asked to attend an additional, brief appointment, to complete the PCQ (and Young

People's CORE form, see below). If the pupil intends to continue counselling in the subsequent term, it will be explained to them that this in no way means that their counselling is coming to a close. All PCQ forms completed in this way will be marked with an 'r'. If a pupil then returns to counselling in the subsequent academic term *for three or more sessions*, they will be asked to complete a further PCQ at the termination of their counselling (or at the end of the subsequent academic term). Through matching the handwriting on the form, this will then replace the data from the previous questionnaire.

- 2.10 If pupils state on their PCQ both their current school year, and the year during which they attended counselling, then the latter statistic will be used.

3. Pre- and Post-Counselling Measures: Young People's CORE v1

- 3.1 At the beginning of the first session of counselling, all clients will be informed that an evaluation of the counselling service is currently being undertaken. It will be explained to them that the aim of this evaluation will be to see how helpful or unhelpful the counselling they receive is. It will be explained to clients that:
- participation involves completing one brief questionnaire at the beginning of counselling and two at the end
 - it is entirely their choice whether to take part or not in some or all of the evaluation, and that not taking part will not in any way affect the quality of service they receive
 - that, in exceptional circumstances, some of the questions asked may be upsetting, but that they can talk to their counsellor or pastoral care coordinator about this
 - that all information they give will be treated as confidential and anonymous
 - that the anonymous data may be kept for further study, though they can ask for it to be destroyed at any point in the future

Clients will then be asked if they have any questions about the evaluation and, once any questions have been answered, they will be asked if they would be willing to participate. If so, they will be asked to sign the informed consent form.

The only time in which this procedure will not be carried out is where the counsellor feels that this would be *extremely* inappropriate or unhelpful to the client involved, or where it is clear that a pupil will only be attending a preliminary assessment appointment.

- 3.2 Clients should be handed the form to complete on their own, but they can also be offered the opportunity to complete the form with the counsellor.
- 3.3 Either on completion of the session or prior to the session, the counsellor should write the client's code on the back of the Young People's CORE form. They should also complete the sections recording:
- site ID: this will be '1'
 - age
 - sex
 - client ID: letters will be for the school, with a new number for each client

- therapist ID: you should put your own code here
- date form given
- stage (normally this would be 'F' at the first session and 'L' at the last)
- episode (this would normally be '1', unless you are seeing the client again after a break, in which case it would be '2', or '3' if a third visit)

Counsellors do not need to complete the 'scoring' section.

- 3.4 Where counsellor and client have agreed a final session, clients who have consented to participate in the evaluation should be asked to re-complete the YP-CORE form at the *beginning* of this final session. Again, they can be offered assistance with completing the form.
- 3.5 The counsellor should ensure that, on the back of this form, the client's code is inserted, and that this matches the code that was written on to their pre-counselling form. Other sections on the back of the form, as in 3.3, should also be completed. Counsellors may find this most straightforward to do by completing the sections on the back of the form prior to the session, and then handing the form to the client.
- 3.6 In circumstances in which it becomes apparent only mid-way through a session that a client who has consented to participate in the evaluation wishes to make this the final session, the counsellor should attempt to draw the session to a close *fifteen* minutes before the time that the session would normally end, such that the pupil can complete both the Young People's CORE form and the PCQ. Where this is not possible, the counsellor should follow the protocol outlined in 3.7.
- 3.7 In circumstances in which it is not apparent that a client who has consented to participate in the evaluation wishes to end counselling until the end of the session, the counsellor should give the client the Young People's CORE form along with the PCQ, and ask them to return it in the same stamped addressed envelope. In these circumstances, it is important for the counsellor to ensure that the client's code is on the back of the form, along with other relevant details.
- 3.8 In circumstances in which clients leave counselling before a finally agreed session, the Young People's CORE form will *not* be sent out to clients.
- 3.9 Counsellors should return the completed Young People's CORE forms to the Counselling Unit office on a regular basis, either by post or by hand: every month or every couple of months. At all times, they should be kept in locked cabinets.
- 3.10 Counsellors should return the signed consent forms to the Counselling Unit office on a regular basis, either by post or by hand and separate from the YP-CORE forms: every month or every couple of months. At all times, they should be kept in locked cabinets.
- 3.11 In circumstances where a client who has consented to participate in the evaluation feels that they have had sufficient counselling 'for now', but would like to leave open the possibility of returning to counselling at some point in the future, they will be asked to complete a Young People's CORE form, but reassured that this does not in any way bar them from returning to counselling at some later date. If they do return,

the same client ID should be used for the client and this should be considered a second episode of counselling.

- 3.12 To ensure the highest possible response rate and to minimise the problems of drop-out, at the end of each academic term, all clients who have consented to participate in counselling and who are attending counselling sessions will be asked to complete a Young People's CORE form (i.e. those pupils who do not explicitly intend to finish counselling at the end of that term as well as those pupils who do). Ideally, this will happen at the final session of the term, but if this is not possible for organisational reasons, then the pupil will be asked to attend an additional, brief appointment, to complete the PCQ (and Young People's CORE form). If the pupil intends to continue counselling in the subsequent term, it will be explained to them that this in no way means that their counselling is coming to a close. Where Young People's CORE forms are completed in this way, the counsellor should mark in the 'stage' box on the back of the form the number of the session in which the form was completed (or after which the form was completed) or the letter 'd' for 'during therapy'. If a pupil then returns to counselling in the subsequent academic term *for three or more sessions*, they will be asked to complete a further Young People's CORE form at the termination of their counselling (or at the end of the subsequent term). This will then replace the data from the previous form.

4. Interviews with clients

- 4.1 In the first session of counselling, clients will be asked whether they would be willing to be contacted about the possibility of being interviewed about their experience of counselling. Counsellors may wish to ask pupils this after they have completed the YP-CORE forms, or towards the end of the first session of counselling. Pupils should be reassured that they will be interviewed about their experience of counselling, and not asked about the specific issues that they raised during counselling.
- 4.2 Pupils will be told that this interview will take approximately half an hour; that it will take place once the counselling has finished; that if they agree to being contacted at this point, they can still refuse at a later date; and that only a sample of clients agreeing to be contacted will *actually* be contacted for an interview. Pupils should also be reassured that if they decide that they do not want to be interviewed, this will not affect in any way the quality of service that they receive.
- 4.3 Pupils will also be informed that, if they are interested in taking part in these interviews, they will need to be contacted by a pastoral care teacher; and that this means at least one Pastoral Care Teacher will need to be aware of their attendance at counselling.
- 4.4 If the pupil agrees to be contacted with a view to participating in post-counselling interviews, then the counsellor should make a note of this on the client's record sheet. Once a date for interviewing has been established between the researcher and the Pastoral Care Coordinator at the school, the counsellor should then provide the school's Pastoral Care Coordinator with the list of pupils who have said that they would be willing to participate in the interviews, such that the school's Pastoral Care Coordinator can set up a series of interviews for the researcher.

5. Interviews with key pastoral staff

5.1 In-depth qualitative interviews will be carried out with key Pastoral Care Staff at each of the participating schools in the end of the school year. The central questions for these interviews will be:

- ∞ How helpful or unhelpful do you think the counselling service has been to your pupils?
- ∞ In what ways do you think it has been helpful?
- ∞ In what ways do you think it has been unhelpful?
- ∞ Overall, how satisfied or dissatisfied are you with the counselling service?
- ∞ In what ways satisfied? In what ways dissatisfied?
- ∞ Which aspects of the counselling service do you think could be developed and improved?
- ∞ Do you perceive any impact of the counselling service on the pupils' learning? If so, which impact do you perceive?
 - Motivation to attend school?
 - Ability to concentrate in class?
 - Motivation to study and learn?
 - Willingness to participate in class?
 - Overcoming barriers to learning
- ∞ To what extent do you think that the counselling service is adequately integrated with the wider support services and the integrated support teams?
- ∞ Do you feel that there are appropriate channels for members of these services to feed in to counselling?
- ∞ Do you feel that pupils coming out of counselling will be appropriately referred on to these services?

5.2 These interviews will be transcribed, checked and revised by the interviewer, and returned to the interviewee for checking and revisions. They will then be coded and analysed using the NVivo software package.

6. Pastoral Care Staff questionnaires

6.1 All Pastoral Care Staff at each of the schools will be asked to complete a brief questionnaire towards the end of the academic year. This questionnaire will ask them to state roughly how many of their pupils have attended one or more counselling sessions, to evaluate how helpful or unhelpful they think this counselling has been to their pupils, the impact they perceived the counselling service had on pupil learning and their ability to overcome barriers to learning; the relationship they perceived between the counselling service and wider support services; what they perceived as the 'added value' of counselling; to state any ways in which they feel the counselling service could be improved, and to write any further comments on the counselling service.

6.2 Pastoral Care Coordinators will be asked to distribute this questionnaire, together with an informed consent form, an information sheet, and two stamped addressed envelopes to each member of his or Pastoral Care Staff. Pastoral Care Staff will then be asked to return the questionnaire anonymously (there are no identifying features on the evaluation form) and the informed consent form directly to the Counselling Unit in two separate envelopes.

7. Interviews with Joint/Integrated Support Teams

- 7.1. Telephone interviews will be carried out with a sample of members of the Joint/Integrated Support Teams across the schools. The central questions for these interviews will be:
- ∞ What is your role in the school?
 - ∞ What contact/relationship do you have with the counselling service?
 - ∞ To what extent do you feel able to refer pupils in to the counselling service?
 - ∞ To what extent do you feel confident that the counsellors would refer pupils to you and other support services if appropriate?
 - ∞ What do you think that might be done to increase integration between the counselling service and wider pastoral care services?
 - ∞ How valuable or not valuable do you think the counselling service is at your school?
 - ∞ Is there anything else you'd like to say about the counselling service?
- 7.2. The Pastoral Care Coordinators of each school will be contacted and asked for the names of the members of the Joint/Integrated Support Teams of their schools. From this list, a sample will then be selected using the principles of 'maximum variation' in relation to their support roles in the school. Initial contact with members of this sample will then be made by email/letter, including an information sheet and consent form, asking the JST members to contact the researchers if they are willing to participate. If the members of the joint support team agree, a time will then be set up for an interview.
- 7.3. These interviews will be recorded, coded and analysed using the NVivo software package by the lead evaluator.

Young People's CORE v1

These questions are about how you have been feeling **OVER THE LAST WEEK**.
Please read each one and think about how often you have felt like that in the last week,
then put a cross in the box you think fits.
Please use a dark pen (not pencil) and tick clearly within the boxes.

OVER THE LAST WEEK.....

	Not at all	Only occasionally	Sometimes	Often	Most of all of the time	Office use only
1. I've felt alone and have had no-one to help me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
2. I've felt edgy or nervous	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
3. There's been someone I felt able to ask for help	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
4. I've felt really tired and not interested in anything	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
5. I've felt able to cope when things go wrong	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
6. I've thought of hurting myself	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R
7. I haven't felt like talking to anyone	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
8. My thoughts and feelings distressed me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
9. My problems have felt too much for me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> W
10. It's been hard to go to sleep or stay asleep	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
11. I've felt really close to someone in my life	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
12. I couldn't stop thinking about my problems	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
13. I've thought I have no friends	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
14. I've felt unhappy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
15. Unwanted thoughts or memories have upset me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
16. Other people have got on my nerves	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
17. I've thought the future will be good	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> W
18. I've done all the things I wanted to	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE



COUNSELLING SERVICE RESEARCH: INFORMATION

As part of the counselling service, we are **currently carrying out research** to find out how helpful or unhelpful the service is and how we might be able to improve it.

Taking part in the research consists of **filling in a brief questionnaire** at the beginning of the counselling and two further ones at the end.

It is entirely **up to you to take part** in the research, and you **can stop taking part** in some or all of it at any time you want to without explaining why. This will **not in any way affect the counselling you receive**.

Some of the questions we will ask you are **quite personal**, and there is a **very small possibility that you might be a bit upset** by answering some of them. If you do so, though, you can talk to your counsellor about it further.

All the information that you give us will be treated with the utmost **confidentiality** and your **anonymity** will be respected at all times.

We would also like to **keep records** of your answers for further studies, though you can ask for this data to be destroyed at any point.

If you have **any questions** about this, please ask your counsellor.

If you are willing to take part in the research - and remember that you do not have to -- **please sign the consent** form before completing the questionnaire.

INFORMED CONSENT FORM

I have been told about the purpose and nature of the research into the counselling service and am willing to take part.

Signature.....

Counselling Service Evaluation Form

We would be very grateful if you could spend a few minutes filling in this evaluation form. The information that you give will be very useful in helping us assess how useful the counselling service has been, and how we can improve it. To help us as much as possible, please be as **honest** as you can in your response. This form is confidential and anonymous, and your counsellor will **not** be able to identify you from your responses. When you have filled it in please put it in the sealed envelope. To complete this form, please tick the appropriate box and write any comments in the space provided.

Please tick this box if you are willing to let us publish (entirely anonymously) any of your written comments in our annual report or other research publications ☐

1. Overall, how satisfied or dissatisfied were you with the counselling service?	Very dissatisfied <input type="checkbox"/> -2	Dissatisfied <input type="checkbox"/> -1	Neither satisfied or dissatisfied <input type="checkbox"/> 0	Satisfied <input type="checkbox"/> 1	Very satisfied <input type="checkbox"/> 2
--	---	---	--	---	---

2. Overall, to what extent do you think counselling has helped you?	Not at all <input type="checkbox"/> 0	A little <input type="checkbox"/> 1	Quite a lot <input type="checkbox"/> 2	A lot <input type="checkbox"/> 3
---	--	--	---	-------------------------------------

Please write why you think that was:

3. In evaluating the counselling service, one area we are particularly interested in looking at is what difference it has made, if any, to pupils' school lives. On the following one-to-nine scales, please circle a number indicating what difference, if any, the counselling has made to the following areas of your life:

Motivation to attend school:

Much less motivated 1	2	3	4	No difference 5	6	7	8	Much more motivated 9
-----------------------------	---	---	---	-----------------------	---	---	---	-----------------------------

Ability to concentrate in class:

Much less able 1	2	3	4	No difference 5	6	7	8	Much more able 9
------------------------	---	---	---	-----------------------	---	---	---	------------------------

Motivation to study and learn:

Much less motivated 1	2	3	4	No difference 5	6	7	8	Much more motivated 9
-----------------------------	---	---	---	-----------------------	---	---	---	-----------------------------

Willingness to participate in class:

Much less willing 1	2	3	4	No difference 5	6	7	8	Much more willing 9
---------------------------	---	---	---	-----------------------	---	---	---	---------------------------

In addition, please indicate what difference it has made, if any, in the following areas:

How you feel about yourself:

Much worse 1	2	3	4	No difference 5	6	7	8	Much better 9
--------------------	---	---	---	-----------------------	---	---	---	---------------------

How understanding you are of others:

Much less understanding 1	2	3	4	No difference 5	6	7	8	Much more understanding 9
---------------------------------	---	---	---	-----------------------	---	---	---	---------------------------------

4. What is your sex? Female ☐ Male ☐

5. What is the name of your school?

6. What year are you? S1 ☐ S2 ☐ S3 ☐ S4 ☐ S5 ☐ S6 ☐

7. How would you describe your ethnic origin?

Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Chinese <input type="checkbox"/>	Asian other <input type="checkbox"/>	Caribbean <input type="checkbox"/>
African <input type="checkbox"/>	Black other <input type="checkbox"/>	Scottish <input type="checkbox"/>	Irish <input type="checkbox"/>	British other <input type="checkbox"/>	White other <input type="checkbox"/>
Mixed background <input type="checkbox"/>	Other: <input style="width: 100px;" type="text"/>				

8. Roughly how many times did you see the counsellor? 1 ☐ 2 to 5 ☐ 6 to 10 ☐ 11 or more ☐

If you have any other comments that you think might help to improve the service, please write them over the page

YOUNG PEOPLE'S VIEWS OF THE EFFECT OF COUNSELLING ON THEIR STUDIES

INFORMATION

Hi my name is Nathalie. Thank you for showing an interest in taking part in this study.

This sheet will tell you more about the research I am doing.

If you need to know more please contact me (Nathalie Ogden) on xxxxxxxxxxxx or xxxxxx@hotmail.com

Why am I doing this study?

To try to find out:

- ∞ if counselling makes any difference to school life and school work
- ∞ if the counselling service is useful
- ∞ how to make the counselling service better

What will you be asked?

- ∞ to think about how counselling helped or didn't help your school work
- ∞ to think about how counselling helped or didn't help your life at school
- ∞ you will **not** be asked to talk about the problems you discussed with your counsellor

What will the interview be like?

- ∞ It will last up to half an hour
- ∞ It will be like a relaxed chat
- ∞ Our chat will be recorded
- ∞ You can stop our chat at any point
- ∞ You do not have to say why you want to stop
- ∞ If you get upset I will check if you want to speak to your pastoral care teacher or your counsellor
- ∞ Your counsellor will be in school on the same day as your interview. This means you can see her if you need to

What happens to the recording?

- ∞ What you say is confidential. No one else will hear our chat or see my notes
- ∞ I will listen to the recording and write down the main points
- ∞ The main points will be used in reports for my coursework and the counselling service.
- ∞ Your name will not be written on any of the reports
- ∞ No one will know who said what

If you are happy to take part:

- ∞ please tick yes on the next page
- ∞ sign the form and return it to (contact name) in the office.
- ∞ If you do not want to take part, please tick no, and return it to (contact name)

To be completed by the pupil

I have read the information for the 'Young people's views of the impact of counselling on their studies' study.

I understand the purpose of the study and how it will be carried out.

Please tick one box.

☐ **Yes.** I would like to take part in this study

☐ **No.** I do not want to take part in this study

NAME_____

SIGNATURE_____

DATE_____

PROTOCOL FOR INTERVIEWS WITH YOUNG PEOPLE

- Welcome
- Many thanks for coming - much appreciated

INFORMED CONSENT

- Just begin by going over a few things
- Introduce who I am:
- Aim of interview:
- Just want to quickly go over practicalities of interview before we begin:
 - it will last for up to half an hour
 - **it is not about the issues you took to counselling, but about your view of the impact, if any, of counselling on your studies**
- I will be asking you some questions:
 - there are **no right or wrong answers** (so you are absolutely free to say, for instance, that you didn't like counselling)
 - what's most important for us is that you tell us what you really think
 - **you are absolutely free not to answer any questions, you don't need to say why - just say 'pass'**
 - **you can also get up and leave at any time and don't need to say why**
 - **the whole meeting is being recorded - as stated in initial letter**
 - let me know if you want a copy - I will send it to you
 - after transcribing and analysing, some of what you said may be used in a research report
 - **your anonymity absolutely guaranteed - I will never use your name**
 - you can ask me to stop recording, or to destroy the tape, and you don't need to give a reason for doing so
 - everything that you say in interview will be **treated as completely confidential**:
 - nothing you say will be told to your teachers, parents or counsellor

- **the only exception, which is requirement, is if you tell me about experiences of abuse that you haven't told anyone about before, in which case we'll need to talk about passing this information on**
 - but, given that we will not be talking about specific issues, that will be very unlikely to happen
- If, at any point during interview, you feel upset or any discomfort, let me know, and we can talk about that
 - **The School Counsellor will also be available if you want to talk anything through with them.**
 - again, though, given that we won't be talking about specific personal issues, it is very unlikely that this will arise.
- **Finally, the fact that you have turned up now doesn't mean you have to take part, you can still decide not to take part now and leave, without giving any reason.**
- **'Are you ok to continue?'**

QUESTIONS

- What year are you?
- How long ago did you *finish* counselling?
- How long did you go to counselling for? Roughly how many sessions?
- When you first came to counselling were things that brought you to counselling having an impact on school and your schoolwork?
- In what way were the things that were bothering you affecting school and your schoolwork?
- Did your counselling make a difference to your schoolwork or how you were at school?
In what way?

- Did your counselling have an impact on any other difficulties you were having at school?
In what way?

- Do you have anything further that you would like to say about the affect of your situation on school, or your schoolwork or about the impact of the counselling on school?

Debriefing

- Do you have any questions or comments about the interview?
- Do you have any questions about what happens next?

The student will be reminded that I am happy to send a copy of the transcript to them and they are welcome to make comments or corrections.

They will be reminded that the school counsellor will be available should they wish to speak to them about anything arising from the interview.

Appendix 8: Proposed scoring scheme for qualitative thematic analysis

Drawing on the work of psychotherapy researchers Robert Elliott, Clara Hill and colleagues, the following scheme has been proposed for the write up of qualitative thematic analysis when describing the 'weighting' of codes or categories (i.e. the number of interviews that the code/category appeared in). The intention is to use 'plain English' terms to describe the frequency of occurrence. For example the term 'around half' is used to describe 50% plus or minus one interview, and 'nearly all' is used to describe 100% minus one or two interviews.

The table below sets out the proposed scoring scheme for studies with various numbers of participants, from 6 to 20. It is not envisaged that this scheme is applicable to studies of less than 6 participants, however the scheme could well be extended beyond 20. The scoring tends to be pessimistic, such that 'Around half' equates to a half and slightly more rather than a half and slightly less. Additionally, the 'Nearly all' is restricted to All-1 until there are more than 11 participants in a study.

		Number of participants (6 – 11)					
		6	7	8	9	10	11
'All'	All participants	6	7	8	9	10	11
'Nearly All'	100%-1 participant	5	6	7	8	9	10
'Most'	50%+1 to 100%-1	4	5	5-6	6-7	7-8	7-9
'Around Half'	50%+1 participants	3	4	4	4-5	5-6	5-6
'Some'	3 to 50%+1 participants	-	3	3	3	3-4	3-4
'A couple'	2 participants	2	2	2	2	2	2
'One'	Only 1 participant	1	1	1	1	1	1

		Number of participants (12 – 17)					
		12	13	14	15	16	17
'All'	All participants	12	13	14	15	16	17
'Nearly All'	100%-2 participants	10-11	11-12	12-13	13-14	14-15	15-16
'Most'	50%+1 to 100%-2	8-9	8-10	9-11	9-12	10-13	10-14
'Around Half'	50%+1 participants	6-7	6-7	7-8	7-8	8-9	8-9
'Some'	3 to 50%+1 participants	3-5	3-5	3-6	3-6	3-7	3-7
'A couple'	2 participants	2	2	2	2	2	2
'One'	Only 1 participant	1	1	1	1	1	1

		Number of participants (18 – 23)					
		18	19	20	21	22	23
'All'	All participants	18	19	20	21	22	23
'Nearly All'	100%-2 participants	16-17	17-18	18-19	19-20	20-21	21-22
'Most'	50%+1 to 100%-2	11-15	11-16	12-17	12-18	13-19	13-20
'Around Half'	50%+1 participants	9-10	9-10	10-11	10-11	11-12	11-12
'Some'	3 to 50%+1 participants	3-8	3-8	3-9	3-9	3-10	3-10
'A couple'	2 participants	2	2	2	2	2	2
'One'	Only 1 participant	1	1	1	1	1	1

[Date]

Dear [name of the liaison person]

Re. Evaluation of the Glasgow Counselling in Schools Project: Interviews with Pastoral Care Staff

As you will be aware, the Counselling Unit at the University of Strathclyde is currently carrying out an evaluation of the Counselling in Schools services that we have established at ten Glasgow secondary schools, and as part of this evaluation we are planning to interview members of the Pastoral Care Staff at each of the schools involved.

The aim of this research is to find out how Pastoral Care Staff perceive the effectiveness of the counselling service, particularly with respect to its impact on educational outcomes. More detailed information about the interview is given on the enclosed information sheet.

We would be very grateful if you would be willing to take part in this study. If you are happy to, please contact us by email or phone on the address/numbers below to arrange an interview date.

If you would like further information, please do not hesitate to contact us.

With best wishes,

Dr Mick Cooper
Chief Investigator, Professor of Counselling

Elizabeth Freire
Research Assistant, Clinical Psychologist

Phone number: xxxxxxxx
e-mail: xxxxxxxxxxxx

**Information about the Evaluation of the Glasgow Counselling in Schools Project:
Interviews with Key Pastoral Care Staff**

The Counselling Unit at the University of Strathclyde is currently carrying out an evaluation of the Counselling in Schools services that have been established at ten Glasgow secondary schools. This project is funded by Greater Glasgow NHS Board, Healthy Cities Alliance, and the secondary schools involved. This aspect of the evaluation aims to develop an understanding of the views of key Pastoral Care Staff in regard to the effectiveness of the counselling service, particularly with respect to its impact on educational outcomes. More specifically, this part of the evaluation aims to identify:

- ∞ how helpful key Pastoral Care Staff believe the service has been to their pupils,
- ∞ what they see as the areas for development of the service,
- ∞ what they see as the perceived impact of the counselling service on pupil learning,
- ∞ what they perceive as the relationship between the counselling service and wider support services,
- ∞ what they perceive as the value and/or limitations of the “person-centred” counselling approach in-school,
- ∞ what they perceive as the ‘added value’ of counselling,
- ∞ (for schools in the SELF pilot scheme) What they perceive as the possible relationship between the counselling service and the SELF assessment system (Social and Emotional Learning Framework)

This evaluation is a key element of monitoring the impact of the counselling service, particularly on educational outcomes, and hence finding ways of improving the service.

Participation in this study will involve being interviewed for approximately one hour and, in order to ensure the anonymity of the pupils attending counselling, participants will be invited not to identify specific pupils but to talk only on a generic basis. All information the participants give will be treated as confidential and anonymous. The interview will be recorded and its transcription will be heard/read by the researchers and the person appointed to transcribe the interview. The recording and its transcription will be kept in a secure location, and the researchers will take every effort to ensure that any material used for publication purposes will be anonymised. Participants are free to withdraw from the study at any time, for any reason; and can request that any data they have given be destroyed. Participants will also have an opportunity to talk about their experience of the interview. At the beginning of the interview, you will be asked to sign an informed consent form, detailing this information.

If you would like further information, please do not hesitate to contact us at the e-mail xxxxxxxxxxxx or on the telephone number xxxxxxxxxxxx.

If you would like to talk to an independent person about this study, please contact the Secretary of the ethics committee, Gwen McArthur, on xxxxxxxxxxxx.

Mick Cooper, Ph.D., Chief Investigator, Professor of Counselling, University of Strathclyde
Elizabeth Freire, Clinical Psychologist, Research Assistant.

EVALUATION OF COUNSELLING SERVICE RESEARCH

PASTORAL CARE STAFF VIEWS

PROTOCOLS

*** Turn on recording equipment

Thank you for agreeing to participate in the interview

Information

- Currently carrying out evaluation of counselling service with various strands
- Evaluation will be essential in determining whether service is continued or not.
- Hope that you have seen evaluation of phase I, to get some idea of how data will be used.
- Current interview is part of study looking at views of pastoral care coordinators and key pastoral care teachers to counselling, specifically looking at views on:
 - overall effectiveness
 - impact on learning
 - ways to improve it
- Interview will probably last 45 mins – 1 hour (how long do you have?)
- For reasons of anonymity, please don't identify specific pupils – just talk generically
- All information you give will be treated as confidential and anonymous.
- Interview will be recorded, and recording will be heard/read by the researchers and the person appointed to transcribe the interview.
- Interview always kept in secure place, and separate from any identifying details of interviewee.
- Any quotes used from the interview will be used in such a way so that speaker or any students are non-identifiable.

- Just to remind you that you're free to withdraw from the study at any time, for any reason;
- And at any point you can request that any data they have given be destroyed.

Get signed informed consent form

In focus groups, get names of each respondent – ask them to say name where possible

Questions

How helpful or unhelpful do you think the counselling service has been to your pupils?

- In what ways do you think it has been helpful?
- In what ways do you think it has been unhelpful?

Overall, how satisfied or dissatisfied are you with the counselling service?

- In what ways satisfied?
- In what ways dissatisfied?

Which aspects of the counselling service do you think could be developed and improved?

How useful/appropriate do you think it is to be using a 'non-directive', 'person-centred' approach to counselling?

- What do you see as the strengths and limitations of such an approach?

Do you perceive any impact of the counselling service on the pupils' learning?
If so, which impact do you perceive?

- Motivation to attend school?
- Ability to concentrate in class?
- Motivation to study and learn?
- Willingness to participate in class?
- Overcoming barriers to learning

To what extent do you think that the counselling service is adequately integrated with the wider support services and the integrated support teams? Particularly:

- Educational psychology
- Clinical psychology?
- Nursing
- social work
- key workers
- parents/young person
- Do you feel that there are appropriate channels for members of these services to feed in to counselling?
- Do you feel that students coming out of counselling will be appropriately referred on to these services?

[In schools that are part of the SELF pilot scheme] What do you see as the potential relationship between the counseling service and the SELF assessment system?

How did you experience this interview?

COUNSELLING SERVICE EVALUATION: 2005-2006

Dear pastoral care team member. We are now coming to the end of the academic year, and we would very much value your feedback on how helpful you feel the counselling service has been to your pupils. We would be very grateful, therefore, if you could take a few minutes to fill in the evaluation form below. To help us evaluate and develop the service as effectively as possible, please be as honest as you can in your responses. All responses will be treated anonymously.

1. As far as you are aware, *over the last school year* (i.e. August 2005 – June 2006), roughly how many of your pastoral care pupils have attended one or more session(s) with the school's counsellor? (please circle)

None (please go to question 4)	One	Two to Five	Six to ten	More than ten
--------------------------------------	-----	-------------	------------	---------------

2. Based on any changes that you have witnessed in these pupils, Overall, how helpful or unhelpful do you think the counselling service has been? (please circle a number from one to ten)

1	2	3	4	5	6	7	8	9	10
Extremely unhelpful				Neither helpful or unhelpful					Extremely helpful

3. In evaluating the counselling service, one area we are particularly interested in looking at is what difference it has made, if any, to pupils' school lives. On the following one-to-nine scales, please circle a number indicating what difference, overall, you think the counselling has made to the following areas of your pupils' lives:

Motivation to attend school:

Much less motivated				No difference				Much more motivated
1	2	3	4	5	6	7	8	9

Ability to concentrate in class:

Much less able				No difference				Much more able
1	2	3	4	5	6	7	8	9

Motivation to study and learn:

Much less motivated				No difference				Much more motivated
1	2	3	4	5	6	7	8	9

Willingness to participate in class:

Much less willing				No difference				Much more willing
1	2	3	4	5	6	7	8	9

In addition, please indicate what difference it has made, if any, in the following areas:

How they feel about themselves:

Much worse				No difference				Much better
1	2	3	4	5	6	7	8	9

How understanding they are of others:

Much less understanding				No difference				Much more understanding
1	2	3	4	5	6	7	8	9

4. To what extent do you agree or disagree with the following statements?

A. The counselling service in our school is well-integrated with other pupil support services	Strongly disagree <input type="checkbox"/> -2	Disagree <input type="checkbox"/> -1	Neither agree or disagree <input type="checkbox"/> 0	Agree <input type="checkbox"/> 1	Strongly agree <input type="checkbox"/> 2
---	--	---	---	-------------------------------------	--

Please comment on why you have chosen to answer in this way:

B. There is good communication between the counsellor in our school and members of the pupil support staff	Strongly disagree <input type="checkbox"/> -2	Disagree <input type="checkbox"/> -1	Neither agree or disagree <input type="checkbox"/> 0	Agree <input type="checkbox"/> 1	Strongly agree <input type="checkbox"/> 2
--	--	---	---	-------------------------------------	--

Please comment on why you have chosen to answer in this way:

C. The counselling service has provided 'added value' to the school's pastoral care provision	Strongly disagree <input type="checkbox"/> -2	Disagree <input type="checkbox"/> -1	Neither agree or disagree <input type="checkbox"/> 0	Agree <input type="checkbox"/> 1	Strongly agree <input type="checkbox"/> 2
---	--	---	---	-------------------------------------	--

Please comment on why you have chosen to answer in this way, giving concrete examples where possible:

5. Are there any ways in which you feel that we could improve the counselling service in your school?

6. If you have any other comments about the counselling service in your school, please write them below (and, if necessary, overleaf).

[Date]

Dear [name of the Pastoral Care Coordinator],

Re. Evaluation of the Glasgow Counselling in Schools Project

Thank you very much indeed for your recent participation in the evaluation of the counselling in schools service. As you may be aware, the next steps in the evaluation will involve questionnaires to be sent out to the Pastoral Care Staff and interviews to be conducted with members of the Joint Support Teams. Therefore, we need to know how many pastoral care staff there are at [name of the school] so that we can send you the questionnaires. Also, we would very much like to know the names of one or two members of your Joint Support Team, who we could talk to about their views on the counselling service. This may be the school nurse, psychologist, or other member of the team. You may send your reply to xxxxxxxxxxxx

We would appreciate very much your help on these. Please do not hesitate to contact us if you have any questions.

Best wishes,
Elizabeth Freire

EVALUATION OF COUNSELLING SERVICE RESEARCH

JOINT SUPPORT TEAMS VIEWS: INTERVIEW PROTOCOLS

Thank you for agreeing to participate in the interview

Information

- Currently *carrying out evaluation* of counselling service in all schools with various strands to evaluation
- Evaluation will be *essential* in determining whether service is continued or not.
- *Current interview* is part of study looking at views of joint support team members
- Interview will probably last 10 mins
- All information you give will be treated as *confidential and anonymous*.
- Interview will be recorded, and recording will be heard/read by the researchers and the person appointed to transcribe the interview.
- Interview *always kept in secure place*, and separate from any identifying details of interviewee.
- Just to remind you that you're *free to withdraw* from the study at any time, for any reason;
- And at any point you can *request that any data they have given be destroyed*.

Check whether signed/received an informed consent form – if not, encourage for it to be returned

*** Turn on recording equipment

QUESTIONS

- What is your role in the school?
- What contact/relationship do you have with the counselling service?
- To what extent do you feel able to refer pupils in to the counselling service?

- To what extent do you feel confident that the counsellors would refer pupils to you and other support services if appropriate?

What do you think that might be done to increase integration between the counselling service and wider pupil support services?

How valuable or not valuable do you think the counselling service is at your school?

Is there anything else you'd like to say about the counselling service?

COUNSELLING

Counselling Unit
University of Strathclyde
76 Southbrae Drive
Glasgow, G13 1PP

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Email: counselling.unit@strath.ac.uk

<http://www.strathclydecounselling.com>

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