

**Counselling and Wellbeing Support in schools – an approach to**

**support effective implementation**

**Introduction**

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

The Scottish Government has made funding available for counselling to be delivered in to pupils aged 10 and over. A number of schools already have access to counsellors. Life Link provides support through an NHS contract but this is only in place until June 2020. In line with our approach to devolve as much decision-making to school level as possible – we will be devolving the finance direct into school budgets.

The aims and principles agreed by government for the use of this finance are set out in the final appendix. It is expected that schools will use this finance for counselling which will complement other wellbeing supports in their schools.

We will also have a quality assurance framework, supported by Glasgow Psychological Services, to ensure quality is maintained. You will be expected to report on the outcomes so the attached advice is critical for you to follow.

**Purpose**

This paper is intended to support schools in the effective implementation of counselling services and other wellbeing supports. It aims to set out the national framework for supporting young people’s emotional wellbeing, through GIRFEC; to outline the key messages from research about how best to support young people, develop their resilience and minimise the need to medicalise normal emotional reactions, while also signposting how to support young people whose difficulties have a prolonged negative impact on their lives.

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

**Getting it Right for young people’s emotional wellbeing – at the universal level**

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

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

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

This information can be gathered by school staff through discussion with the young person, through information from teachers who have regular contact with them, and ideally through discussion with the young person and their family, unless there are clear reasons why their family should not be involved in this process. There are a range of tools which can support this assessment, the Resilience Matrix, My World Triangle, the Glasgow Motivation and Wellbeing Profile (GMWP) and Nurturing Me. Glasgow Psychological Service can advise on these and other relevant tools and measures.

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

Resilience in schools is fostered by supportive relationships, including

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

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

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

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

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

**The continuum of support**

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

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

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

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

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

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

**The role of counselling – as an additional level support**

What is counselling?

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

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

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

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

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

**School-based counselling services**

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

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

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

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

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

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

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

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

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

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

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

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

**Other wellbeing supports**

As previously stated Counselling is only one of a range of supports which may be available within school to support children and young people’s emotional wellbeing needs. Some young people prefer to be supported within groups rather than in a one to one setting. Schools may wish to look at some alternatives supports such as targeted group work or evidence based wellbeing interventions such as Action for Children’s Blues Programme (S3-S6).

Other organisations such as Place2Be offer other supports in addition to one to one counselling services, for example Place2Think.

Greater Glasgow and Clyde Health Improvement teams can advise on other forms of support such as the Healthy Minds programme. [https://www.nhsggc.org.uk/about-us/professional-support-sites/child-youth-mental-health/healthy-minds-resource/#](https://www.nhsggc.org.uk/about-us/professional-support-sites/child-youth-mental-health/healthy-minds-resource/)

**Key questions for Headteachers to consider before engaging counselling services in schools**

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

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

**Appendix 1: Questions to support schools in making decisions about counselling services.**

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

**Safeguarding** – it is vital that as well as counsellors being appropriately qualified and supervised, that they are accountable to a professional body with a clearly articulated complaints procedure. They must also be made aware of Safeguarding policies and protocols, and their responsibilities within this. This must include the requirement to link with the Child Protection Co-ordinator in school if any issues arise within counselling which raise concerns about the young person’s safety. It is **essential** that the Council’s Management Circular 57 is adhered to at all times regardless of any protocols or processes in place with the Counselling provider.

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

**Quality assurance** – the school is responsible for ensuring that there are effective quality assurance frameworks in place to have an overview of the number of referrals, the issues identified for referral and their prevalence, and the impact of counselling on young people’s outcomes – both for individuals and to evidence the effectiveness of the counselling service as a whole, as part of the continuum of support within the school. Any organisation or individual who are contracted to provide counselling services should provide evidence of the impact of the intervention. This can be done in a range of ways either through using recognised clinical pre and post assessment tools such as CORE or through using other wellbeing measures such as the GMWP, Resilience Matrix, and standardised questionnaires. Glasgow Psychological Service can provide advice on this.

**Models of delivery** – there are a wide range of delivery options, including contracting individual counsellors directly or contracting with the third sector. One advantage of contracting with a third sector organisation is that they can manage any staffing risk such as absence through illness, maternity/paternity leave, staff leaving for alternative employment. If a school is looking to employ a counsellor directly then measures should be taken to ensure continuity of support if the counsellor was absent through sickness.

**Line management** – a promoted member of school staff must be identified to manage the counsellor/counselling service within school. They will be responsible for overseeing the work, and agreeing and monitoring objectives for the delivery of the service. They will also be responsible for ensuring understanding of and compliance with wider local authority and school policies, for example on GIRFEC, including assessment of wellbeing, integration of counselling with wider school support systems and liaison mechanisms, and that the co-ordination of individual support must be through the a designated member of staff within the establishment, for example Pastoral Care Teacher / Member of the Senior Leadership Team.

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

**Counselling support during School Holidays**

There is a clear expectation from Scottish Government that any school counselling service will be available to vulnerable young people during school holidays. This may present challenges if counselling is delivered in schools where there is no existing requirement to be open during holiday periods. Some third sector organisations who offer counselling services have their own facilities that allows young people to continue to see a counsellor during school holidays, for example LifeLink. If schools are looking at setting up a counselling service across a Learning Community it may be helpful to identify establishments or community venues that can be made available during school holidays.

**Sharing Resources**- for Primary Schools it is likely be that there is not a sufficient requirement to have a full time counselling service due to the number of pupils in Primary 6 and 7. Schools may wish to look at sharing services across a cluster or learning community, this would allow Primary schools to have access to counselling services for a period of the school week while making it easier to contract with either an individual or a third sector provider.

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

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

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

Note: This paper is based around the work undertaken by colleagues in ASPEP and the Position Paper on Counselling that ASPEP published in 2018.

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

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| 1. What is the nature of the proposed intervention? What form does the counselling take, one to one/ by telephone / virtual approaches? |
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| 2. What evidence and/or data has been used to identify a specific need for this type of intervention? For example, what are the identified gaps in the current support provided within school? How have you identified what is needed to fill these gaps? Having a Mental Health and Wellbeing Policy can assist you in identifying possible gaps. |
|  |
| 3. What are the selection/identification criteria for the young people who will be referred – i.e. counsellors for whom? To address which specific issues? Can young people access counselling directly without being referred by the school? |
|  |
| 4. How will the counsellors input/impact be linked in to local assessment processes, and the wider support plan around the young person? For example, if a higher level of support is required how does the counsellor inform the school and how does this link with other supports such as Learning Community Joint Support Teams (LC-JSTs)? |
|  |
| 5. In relation to wider planning, how will informed consent to share information appropriately, confidentiality and child protection procedures be handled? |
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| 6. What is the plan for evaluation - how will you know the intervention is making a difference? What evidence of impact will you gather – both at a whole school level, and for different groups of children and young people in your own context |
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| 7. How will our counselling service contribute to developing a continuum of support that offers a range of resilience-building opportunities with key adults? |
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**Appendix 2: Using counselling services in schools – school leaders’ checklist**

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

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

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

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**Appendix 5**

**From Scottish Government:**

**COUNSELLORS THROUGH SCHOOLS**

**Partnership approach aims and principles**

**Aims**

To provide, in partnership with local and national government

* access to counselling through schools, enabling locally provided support for children and young people towards mental health and wellbeing;
* high quality and effective counselling support as part of a range of supports available locally to children and young people;
* counsellors who are accredited and working to an agreed standard across Scotland; and
* access to counselling through primary, secondary and special schools, ensuring consistently high quality services locally, for pupils aged 10 and over.

**Principles**

* The commitment to the provision of counselling through schools should be delivered in partnership between national and local government, and relevant partners, and should build upon the services already in place, wherever possible.
* The provision of counselling should be part of a holistic [child-centred] approach to improving the mental health and wellbeing of children and young people.
* Counselling services should be delivered within an agreed definition of counselling by qualified counsellors registered with an appropriate registration body.
* Counselling services should be available to secondary school pupils priimarily and primary and special schools in communities for pupils aged 10 and over.
* In recognition of the need to ensure young people are safe, services should ensure robust assessment is carried out and that young people are supported to access alternative services where counselling may not be appropriate.
* There should be availability of counselling services during school holidays, to ensure cotinued support to vulnerable young people.
* The provisiion of counselling through schools should align to, and/or enhance the local services to support the mental health and wellbeing of children and young people.
* Counselling services should be accessible. Utilising technology, virtual approaches and delivery in non-educational settings where communities need it, particularly in rural communities.
* Local policies and procedures in relation to child protection and information sharing should be followed. The requirementsof the registering body, for example, in terms of professional conduct and supervision should also be followed.
* The commitment to counselling through schools wlll be delivered in two phase, with full delivery expected by September 2020.