Executive summary

Overview

This scoping study of primary school-based counselling is one of nine commissioned by the British Association of Counselling and Psychotherapy (BACP) to inform the development of the Counselling MindEd e-learning resources (CounsellingMinded.com) for counsellors working with children and young people. The sources for this study include:

- peer reviewed articles;
- material published (mostly on the web) by providers and evaluators;
- interviews with key people in the field;
- case studies of counselling organisations and of a primary school-based counsellor;
- and an online survey which was completed by both service managers of counselling organisations (n = 104) and independent counsellors (n = 52).

Using the data from these sources the report presents a picture of primary school-based counselling in the UK and how it is delivered. It also explores who the service users are and the outcomes as far as the available data will allow.

Key Findings

The majority of primary school-based counsellors have responded to the challenges of working with young children by incorporating one or more creative approaches into their practice. The survey results suggest that approximately 75% of them use play informed approaches and over 50% use art informed approaches. Storytelling, drama and music informed approaches are used by between 25% and 50% of those in the sector, while dance informed approaches would seem to be used by less than 5% of primary school counsellors. There are instances where counsellors have used legally protected terms such as art therapy rather than the legally correct but more cumbersome art informed counselling.

Individual counselling is the most frequently offered intervention. Just under half of the providers who responded to the survey offer group counselling and clients being seen in groups accounts for approximately 13% of all responding providers’ clients.

Primary school-based counselling is delivered by an assortment of providers. Based on the evidence available, an eight-band system of classification of providers is proposed as follows:

Band 1. National organisations whose main focus is primary school-based counselling; Place2Be was the only organisation identified in this group.

Band 2. National charities with a range of concerns and services, one of which is primary school-based counselling.

Band 3. Area counselling organisations which offer only school-based counselling.

Band 4. Area counselling organisations which offer a range of services including a major commitment to school-based counselling.

Band 5. Area counselling organisations which have a minor commitment to primary school-based counselling.

Band 6. Small organisations, sometimes located within a school or schools, completely focused on school-based or primary school-based counselling.

Band 7. Small organisations which also offer a range of services and provide counselling in a small number of schools.

Band 8. Independent counsellors.

Some providers in Bands 5, 7 and 8 work in a small number of schools spread across quite a large geographical area.

There are large differences in the services that providers offer to the adults around the child, with some offering extensive support and others offering little or none. Independent counsellors’ patterns of engagement with parents is almost identical to that of organisational providers but they are less likely to engage with schools.

Evaluating client outcomes and clinical audit are two areas in which many providers might consider developing their approach. Less than 20% of both organisations and independent counsellors reported carrying out audits in the last year and a smaller percentage reported using age appropriate outcome measures with clients.

The only literature identified on service users and outcomes report on the work of national charities. Information from this narrow band of providers, whose combined share of the primary school-based counselling is probably less than 20%, may or may not be relevant to the rest of the sector. The evidence suggests that the majority of service users seen by these providers are boys and that both children from single parent families and children with disabilities are over-represented among their primary school clients. The evidence on outcomes suggests that the primary school-based counselling provided by national charities produces significant clinical improvement with this client group.
Questions still to be addressed

This scoping study has begun to provide a picture of primary school-based counselling in the UK but there are still a number of questions that need to be explored:

1. How effective is the primary school-based counselling offered by providers other than national charities?
2. How effective are volunteers working towards qualification as compared to experienced counsellors and what is the optimum proportion of trainees in the workforce?
3. How is group counselling being used in primary schools and how might it be used to better effect?
4. Is there a sufficient supply of supervisors with the necessary experience in the field?
5. What effect do the various models of supporting the adults around the child have on outcomes for primary school clients?

There is also the question of whether or not any of the creative and other approaches being used by primary school counsellors are more effective than the others.

Acknowledgements

I would like to thank everyone who agreed to be interviewed and who completed the online questionnaire. A special thanks to Mick Atkinson from Place2Be, the staff at Hereford Counselling in School Service and ‘Anne’ for their contributions to my understanding of primary school counselling. I must also thank Caryl Sibbett whose knowledge and thoughtful reflections helped me to navigate through this complex area. The support and feedback from the team, especially Mick Cooper and Nancy Rowland has been invaluable.
Contents

Aims ................................................................. 4
Introduction ................................................... 4
Methodology ................................................... 5
Findings ........................................................... 6
Discussion ....................................................... 25
Conclusions ..................................................... 30
References ...................................................... 30
Appendices ..................................................... 32

About the author

Willie Thompson is an independent consultant working in the areas of mental health and professional development, areas which he has been involved in as a researcher over the past decade. Willie formerly led the counselling programme in Queen’s University Belfast and before that he worked as an educational psychologist. While working at Queen’s Willie had a small private counselling and supervision practice. As an independent consultant much of his work has been in the university sector focusing for the most part on professional development. Together with colleagues at Queen’s he has developed an interactive training programme in performance management for the Irish Universities Training Network.
Aims

This scoping study aims to review of the provision of counselling for children in UK primary schools and map out the nature of service provision, users and outcomes.

Introduction

Counselling in primary schools has a much shorter history in the United Kingdom than counselling in secondary schools, with little evidence of it before 1999. Two early papers provide indications of the development of the sector. Moore et al. [1] investigated the level of demand for counselling in primary schools and the willingness of 20 head teachers in South East England to make the relevant funding available. Six years later, Sherr et al. [2] described a Place2Be project providing counselling in eight Inner London primary schools as innovative.

By 2013, however, Mick Atkinson [3] of Place2Be estimated that counselling was available in approximately 50% of primary schools in Great Britain. During the first years of this century there has been a rapid increase in provision which has been funded by a range of sources including school budgets, local authorities, charities, lottery funding and central and regional government grants.

This rapid development of provision took place against the background of the concern about child wellbeing in the United Kingdom. In 2007 the UNICEF Report Card 7 [4] stated that the UK had the lowest levels of child wellbeing among the 21 richest countries examined. This concern about child wellbeing was also reflected in the 2003 Green Paper Every Child Matters [5] and the 2004 Children’s Act [6] which highlighted the importance of the safety and wellbeing of children. The Act [6] placed a duty on Local Authorities to make arrangements to promote co-operation between agencies and other appropriate bodies (such as voluntary and community organisations) in order to improve children's wellbeing as defined by the Act [6]. This was to be done through Children’s Trusts within Local Authority areas. These Trusts had significant autonomy with which to tackle problems in their own areas and many, but not all, facilitated the development of school-based counselling in both secondary and primary schools.

The Coalition Government, which took office in 2010, endorsed two of the key principles of the 2004 Act [6]: (i) the shared commitment to improve the lives of children, young people and families and (ii) the focal point for decision-making about local children should be shaped by local considerations [7]. This Government, however, took a different approach to the previous Labour administration in that it reduced the role and duties of Children’s Trusts, while focusing resources on children deemed to be more at risk through the Pupil Premium. The Pupil Premium was introduced in England in April 2011 [8] and a year later the Welsh government introduced a similar scheme, the Pupil Deprivation Grant [9]. These programmes allocated a sum of money to schools for every child who was registered for free school meals. In England the sum per primary school child increased from £600 to £900 in April 2013 and is now allocated for every child was has been registered for free school meals at any point in the last six years [8]. The Pupil Premium is reported by service managers of counselling organisations to be an important source of discretionary money that schools can use to buy in counselling services.

In line with the principle that there should be local control of services for children, responsibility for primary school-based counselling is devolved to the regional governments in Scotland, Wales and Northern Ireland, while in England it is the responsibility of Local Authorities. The previous Scottish Government committed to counselling provision for all pupils in Scotland by 2015 [10], but this has not been acted upon. Hill et al [11] carried out an evaluation of school-based counselling in Wales and recommended that the Welsh government consider rolling out their school-based counselling strategy to the primary school sector. In April 2012 the Welsh government allocated £4.75m to provide accessible counselling services for Year 6 primary school pupils, pupils of secondary school age and 16–18 year old [12]. Northern Ireland is currently running primary school-based counselling pilots [13].

One element of Hill et al’s report [11] was an evaluation of four counselling in primary school pilot programmes which were run in four different Welsh Local Authorities between 2009 and 2012. Each of the four pilot programmes took its own approach to primary school-based counselling and the report gives some indication of the diversity facilitated by Every Child Matters [5]. One of the pilot programmes made extensive use of volunteer counsellors, not all of whom were qualified. All pilots offered individual and group counselling and all offered play approaches to therapy. Three of the four also offered story telling approaches to counselling and one offered music therapy. Three of the pilots took referrals from a wide range of stakeholders including self-referrals, while the fourth only accepted referrals from the Team Around the Child (TAC). Three of the pilot programmes offered training for school staff.

The law in England and Wales covering consent for minors to engage in counselling was set by the ruling in the case of Gillick vs. West Norfolk and Wisbech Health Authority [14]. This ruling is interpreted to mean that a child can consent to receive confidential counselling only if he or she has ‘sufficient understanding and intelligence’ to do so. Below age 13 most children are not considered Gillick competent [14]. The legal guidance also makes the point that the Gillick Principle applies to attendance at counselling, not to the content, which remains confidential. Parental consent is therefore always needed in primary school-based counselling, except possibly in cases where a parent is suspected of abusing the child.
School-based counselling in UK primary schools

All the pilot programmes engaged with parents and carers but there were differences in the degree of their engagement with them. In all pilots consent was obtained from parents and they were involved in reviews. Three of the pilot programmes offered counselling to parents, one of these also offered parents group training.

One-to-one counselling was the most common intervention within the pilots, with referral from teachers being the most frequent pathway into services. In most of the pilots children had to wait over three weeks to be seen by a counsellor and generally there was no upper limit on the number of sessions offered. Most of the head teachers believed that the counselling services had led to improvements in pupils' behaviour, educational attainment and school attendance. There were general levels of satisfaction with the way the services operated and the way they collaborated with other health and wellbeing initiatives. Head teachers felt that counselling services were recognised and valued by school staff and represented value for money.

Areas of dissatisfaction with the Welsh pilot programmes include the resourcing of services and the amount of support schools had received to develop services. Similarly head teachers were concerned about how well services were integrated into school life and how well publicised they were. Concerns were also apparent about how sensitive services were to the needs of Welsh speakers. However despite these specific concerns, overall the majority of head teachers were satisfied with the primary school-based counselling pilots.

The story of the rapid development in primary school-based counselling is only partially documented. This scoping study attempts to bring together what literature there is with new information to begin the development of a more complete picture of primary school counselling.

Method

In attempting to develop an understanding of primary school-based counselling in the UK, particularly in England, this study draws on five sources of information to weave an initial picture of the present situation:

1. Published material; the focus of a literature search was limited to studies which explored primary school-based counselling in the UK.
2. The annual and other reports issued by counselling and other relevant organisations; again the focus was on primary school-based counselling in the UK and for the most part was limited to material published on the web.
3. Interviews with key people in the field.
4. Case studies of:
   a. two organisations which offer primary school-based counselling; and
   b. a primary school counsellor.
5. A web-based survey of service managers of organisations which offer primary school-based counselling.

The Interviews

Interviews were conducted with 14 individuals who were identified as occupying positions which gave them a useful perspective on primary school-based counselling. All but four of the interviews were conducted by telephone. The people interviewed included service managers, trainers, primary school-based counsellors, school inspectors and BACP advisors. The interviews were unstructured and covered different aspects of primary school-based counselling, depending on the position of the interviewee. The interviews were conducted within a time frame of 30 to 60 minutes, most of them taking just under one hour.

The Case Studies

Three case studies were conducted, two of organisations which provided primary school-based counselling and the other of an individual counsellor most of whose work was in primary schools. The data for the case studies was initially collected by a series of telephone interviews and then written up and sent to the individuals interviewed. The details were then refined through further telephone conversations and written responses from the case study participants. One of the organisations, Place2Be was chosen as it is by far the largest provider of primary school-based counselling in the country; the other organisation was chosen as it was a midsize organisation.

The Survey

For the purpose of this scoping study it was decided to focus on counselling organisations and the counsellors who work for them. A web-based survey was developed which targeted the service managers of organisations offering counselling in primary schools. A list of 30 individuals was created from web material and invitations were emailed directly to them by the researcher (see Appendix 3). Fifteen service managers working in all areas of the UK completed the survey.

BACP then emailed a second round of invitations to all members of their Counselling Children and Young People's Division asking them to respond if they were service managers and/or pass on the request to colleagues who manage primary school-based counselling services. There were 89 usable responses from organisations, most but not all filled out by service managers. In addition there were 52 usable responses from independent counsellors who as sole practitioners manage their own services. The independent counsellors found a small number of the questions which had been designed for service managers irrelevant and skipped them however the majority of questions could be responded to by independent counsellors. Service managers also skipped some questions, so there are not always 104 responses in the analysis of organisations responses.
Findings

Prevalence of primary school-based counselling

There appears to be a lack of systematic data on the prevalence of primary school-based counselling in the UK. Given that the responsibility for it is devolved to regional Governments or Local Authorities it is quite possible that prevalence in this rapidly changing activity varies significantly across the UK. Northern Ireland is currently running primary school-based counselling pilots in approximately 3% of primary schools [13] while a school inspector from this region suggests that the figure for primary schools with counselling is probably around 5% [15]. The difference in the two figures is probably due to some schools using their own funds to buy in counselling [16]. In the rest of UK, Mick Atkinson [3] from Place2Be suggests that about 50% of primary schools may have counsellors. None of the other stakeholders interviewed were prepared to estimate the percentage of primary schools in Great Britain who had access to counselling. The difference in these estimates suggest that the local decision making encouraged by Every Child Matters [5] has led to very significant differences between the home nations and further investigation may possibly find significant variation within England.

Service delivery

The picture presented below of how primary school-based counselling services are delivered was developed from the analysis of the survey augmented by material from the interviews with key stakeholders. In addition, reports and other material published by counselling organisations were used in the section on therapeutic approaches.

Interviews with key stakeholders suggest that counselling in primary schools in the UK is delivered by a mix of self-employed independent counsellors, who have contracts with the schools they work in, and by counsellors who work for counselling organisations. There is no systematic data on the composition of the mix of independent and organisational counsellors across the UK but the survey returns suggest that the majority of counselling is delivered by counselling organisations.

Organisations providing primary school-based counselling

Four main types of organisations providing primary school-based counselling were included in the survey (see Table 1) and respondents were asked to identify which kind of organisation they worked in. Of the 104 who responded to this question, 90 selected one of the four offered categories and 14 identified other types of organisations. The other types of organisations included NHS organisations, not for profit businesses, schools and a school group.

The number of primary school-based counsellors working for individual organisations varies between 1 and 800. Place2Be, with 800 primary school counsellors, is an outlier in this distribution and the next largest organisation has 40 primary school counsellors. For that reason Place2Be was excluded from the calculations in the last three columns of Table 1.
The total number of primary school-based counsellors working for the 101 responding organisations (three skipped the question) is 1487. Many of these organisations are very small and 14 of them employ only one primary school-based counsellor. Table 2 gives the distribution of primary school-based counsellors across the organisations.

**Contractual arrangements between counselling organisations and counsellors**

Four main types of contract between counselling organisations and counsellors were identified (Table 3). The responding organisations have very diverse contract profiles, from those who employed counsellors on only one type of contract to those that employed counsellors on all four types of contract (Table 4).
Table 4: The profile of the mix of contracts organisations have with counsellors

<table>
<thead>
<tr>
<th>Contract Profile</th>
<th>No. of organisations</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time contracts only</td>
<td>4</td>
<td>4%</td>
</tr>
<tr>
<td>Part-time contracts only</td>
<td>24</td>
<td>23%</td>
</tr>
<tr>
<td>Full- and part-time contracts only</td>
<td>11</td>
<td>11%</td>
</tr>
<tr>
<td>Sessional contracts only</td>
<td>14</td>
<td>13%</td>
</tr>
<tr>
<td>Volunteers only</td>
<td>11</td>
<td>11%</td>
</tr>
<tr>
<td>Part- or full-time contracts plus volunteers</td>
<td>7</td>
<td>7%</td>
</tr>
<tr>
<td>Part- or full-time contracts plus sessional</td>
<td>4</td>
<td>4%</td>
</tr>
<tr>
<td>All four types of contracts</td>
<td>4</td>
<td>4%</td>
</tr>
<tr>
<td>Mix of three types of contracts</td>
<td>9</td>
<td>9%</td>
</tr>
<tr>
<td>Skipped question</td>
<td>13</td>
<td>12%</td>
</tr>
<tr>
<td>Totals</td>
<td>104</td>
<td>100%</td>
</tr>
</tbody>
</table>

The service managers interviewed reported that some of their counsellors, not on full-time contracts, also worked for other primary school-based counselling organisations or in private practice. They also reported that term-time only contracts were common.

**Qualification and accreditation of primary school-based counsellors**

Most primary school-based counselling organisations employ counsellors with a range of qualifications in a complex mix. Given that organisational respondents were asked to give a rough estimate of the qualifications of their staff this puts a definitive analysis of the distribution of qualification among primary school-based counsellors working for organisations beyond this scoping study. However 37 organisations report that all their counsellors have the same highest level of qualification (Table 5).

Table 5: Highest qualifications of counsellors in homogeneous organisations

<table>
<thead>
<tr>
<th>Highest qualification held by 100% of staff</th>
<th>No. of organisations</th>
<th>% of all responding organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselling related doctorate</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Masters in counselling</td>
<td>4</td>
<td>4%</td>
</tr>
<tr>
<td>Postgraduate Diploma in counselling</td>
<td>20</td>
<td>19%</td>
</tr>
<tr>
<td>Graduate qualification in counselling</td>
<td>6</td>
<td>6%</td>
</tr>
<tr>
<td>FE qualification in counselling</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td>Working towards qualification</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Totals</td>
<td>37</td>
<td>36%</td>
</tr>
</tbody>
</table>

However, by focusing only on organisations which are homogeneous in qualifications, this does not give adequate weight to the significant numbers of volunteers employed by organisations, including Place2Be, who are working towards qualification.

The highest qualifications of independent primary school-based counsellors who responded to the survey are given in Table 6. None of the independent counsellors who responded were working towards their first qualification. It must be remembered however that the majority of survey respondents were recruited through a professional body and it may well be that some independent counsellors, who are not members of the BACP and have yet to qualify, may well be working in primary schools. This initial analysis suggests that Post-graduate Diplomas are possibly the highest qualification held by the largest group of qualified primary school-based counsellors both within organisations and working independently.

In addition to qualifications, a number of counsellors also are accredited by the BACP. This simply means that they have achieved a substantial level of training and experience that has been approved by the BACP.

Ninety organisations answered the question that asked for the percentage of primary school-based counsellors who were accredited by BACP working within the organisation. The responses ranged from 100% to 0% (Table 7).
Table 7: Percentage of BACP accredited primary school-based counsellors by organisations

<table>
<thead>
<tr>
<th>% of counsellors accredited within an organisation</th>
<th>No. of organisations</th>
<th>% of organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>20</td>
<td>19%</td>
</tr>
<tr>
<td>1–25%</td>
<td>24</td>
<td>23%</td>
</tr>
<tr>
<td>26–50%</td>
<td>24</td>
<td>23%</td>
</tr>
<tr>
<td>51–75%</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td>76–99%</td>
<td>7</td>
<td>7%</td>
</tr>
<tr>
<td>100%</td>
<td>10</td>
<td>11%</td>
</tr>
<tr>
<td>Skipped question</td>
<td>14</td>
<td>13%</td>
</tr>
<tr>
<td>Totals</td>
<td>104</td>
<td>100%</td>
</tr>
</tbody>
</table>

Organisations’ supervision arrangements

No published data on the supervision of primary school-based counsellors was identified. The responses to the present survey suggest the form of supervision received by volunteers is rather different to that received by employees (Table 8).

Across organisations there is a statistically significant tendency for employees to have external supervision and for volunteers to have internal supervision ($\chi^2 = 25.24; df = 9; p=0.003$).

Funding

The funding of counselling in primary schools in the UK is complex, with funds coming from a range of sources. The questionnaire listed six forms of funding and respondents were given the option to write in additional sources. Most organisations had several forms of funding, with the most frequent being yearly school contracts. A quarter of the schools reported yearly school contracts as the sole source of funding. Government funding was mentioned rarely. (The NHS was identified three times and the Welsh Government was mentioned once.) Similarly, a minority of respondents mentioned funding by parents and parents’ associations ($n = 3$).

The charges which organisations make for sessional work varies considerably. One organisation reported charges of £25 per session while another charged £55. The reasons for the differences were not explored, however charities sometimes provide the service at less than cost. With Place2Be, schools pay between 50% and 100% of the costs, with the average figure being about 75%. The charity reports an increasing demand for its services and it has added 30 schools to its client list over the last year. Taking on additional schools that are unable or not prepared to pay 100% of cost puts increased demand on the charity to raise additional funds and for this reason the charity is moving in the direction of asking the schools to meet the total cost.

The funding pattern for independent counsellors is different from that of organisations (see Table 9) ($\chi^2 = 21.31; df = 4; p = 0.0003$). Unlike organisations, which for the most part receive funds from a number of sources, 80% of individual counsellors receive only one kind of funding. The most common form of funding for individuals is sessional funding from schools. In addition to the choices offered in the survey, two independent counsellors wrote that they were employed on a full-time or term-time contract by their primary schools and three counsellors reported that they were paid by parents.

There seems to be considerable concern in the sector over funding. Just under 20% of organisations ($n = 10$) and a third of independent counsellors ($n = 7$) who answered the open question on challenges in primary school-based counselling mentioned funding. There seem to be two major issues relating to funding: shortage and volatility.
Table 8: Supervision arrangement by contractual arrangement

<table>
<thead>
<tr>
<th></th>
<th>Individual in-house supervision</th>
<th>Group in-house supervision</th>
<th>External supervision paid by organisation</th>
<th>Counsellors make own supervision arrangements</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time employees</td>
<td>14</td>
<td>17</td>
<td>36</td>
<td>5</td>
<td>72</td>
</tr>
<tr>
<td>Part-time employees</td>
<td>22</td>
<td>24</td>
<td>41</td>
<td>11</td>
<td>98</td>
</tr>
<tr>
<td>Sessional employees</td>
<td>13</td>
<td>15</td>
<td>19</td>
<td>15</td>
<td>62</td>
</tr>
<tr>
<td>Volunteers</td>
<td>23</td>
<td>21</td>
<td>12</td>
<td>7</td>
<td>63</td>
</tr>
<tr>
<td>Totals</td>
<td>72</td>
<td>77</td>
<td>108</td>
<td>38</td>
<td>295</td>
</tr>
</tbody>
</table>

Table 9: Types of funding received by organisations and independent counsellors

<table>
<thead>
<tr>
<th>Types of funding</th>
<th>No. of organisations</th>
<th>%</th>
<th>No. of independent counsellors</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>By schools on a yearly contract</td>
<td>59</td>
<td>57%</td>
<td>19</td>
<td>37%</td>
</tr>
<tr>
<td>By clusters of schools on yearly contract</td>
<td>15</td>
<td>14%</td>
<td>3</td>
<td>6%</td>
</tr>
<tr>
<td>By schools on a sessional basis</td>
<td>26</td>
<td>25%</td>
<td>24</td>
<td>46%</td>
</tr>
<tr>
<td>By Local Authority funding</td>
<td>38</td>
<td>37%</td>
<td>5</td>
<td>10%</td>
</tr>
<tr>
<td>By charitable funding</td>
<td>21</td>
<td>23%</td>
<td>4</td>
<td>8%</td>
</tr>
<tr>
<td>By Lottery funding</td>
<td>5</td>
<td>5%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Skipped question</td>
<td>8</td>
<td>8%</td>
<td>7</td>
<td>13%</td>
</tr>
<tr>
<td>Total respondents</td>
<td>104</td>
<td></td>
<td>52</td>
<td></td>
</tr>
</tbody>
</table>
With respect to shortage of funds some respondents expressed concern that this is driving down the quality of the service in some primary schools.

‘Primary schools [are] ending contracts because of the lack of funding, then using inappropriately qualified people to cover the work with children because it is cheaper.’ (Service manager, survey response.)

‘Primary organisations are profit making and therefore employ adult trained counsellors with very little or no experience of counselling children and without any child-based qualifications. Unfortunately school teachers/head teachers are not aware of the very big difference and the danger this incurs.’ (Independent counsellor, survey response.)

Others suggested that funding difficulties might leave schools without any service at all. ‘There is a very patchy service in my area, severely affected by budget cuts to schools.’ (Independent counsellor, survey response.)

A number of respondents referred to the difficulties in managing a counselling service and building relationships with schools when funding had to be renegotiated every year or so. ‘Consistent funding (needed) to enable the embedding of the service in school life,’ (service manager, survey response); ‘sustainable funding continues to be a key challenge, we have a lot of year-to-year contracts,’ (service manager, survey response).

Orientation of practice

Two aspects of therapeutic orientation emerged from the survey: the orientation of organisations and the orientation of independent counsellors. A significant minority of organisations (28%) reported that they are not aligned with any orientation (Table 10). Sixty-nine (72%) of the counselling organisations reported that they have a particular theoretical orientation but only one, a psychodynamic organisation, reported that all their counsellors are aligned with this orientation. There is no statistically significant relationship between organisational theoretical orientation and BACP organisational accreditation ($\chi^2 = 5.77$: df = 3, $p = 0.123$).

The issue of the theoretical orientation of independent counsellors is complex. The responses from organisations suggest that service managers see many of their counsellors aligned with a number of orientations. The most influential orientations are person-centred/humanistic and integrative/eclectic/pluralistic (Table 11).

Table 11: Service managers’ estimates of their counsellors’ theoretical orientations

<table>
<thead>
<tr>
<th>Theoretical orientation of counsellors</th>
<th>No. of organisations employing counsellors from this orientation</th>
<th>No. of organisations where more than 50% of counsellors are identified with this orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person-centred/humanistic</td>
<td>73</td>
<td>45</td>
</tr>
<tr>
<td>Integrative/eclectic/pluralistic</td>
<td>61</td>
<td>32</td>
</tr>
<tr>
<td>Psychodynamic</td>
<td>31</td>
<td>10</td>
</tr>
<tr>
<td>CBT</td>
<td>28</td>
<td>7</td>
</tr>
<tr>
<td>Behavioural</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>Skipped question</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Total respondents</td>
<td>104</td>
<td>104</td>
</tr>
</tbody>
</table>

Table 10: Primary school-based counselling organisations’ theoretical orientations and BACP organisational accreditation

<table>
<thead>
<tr>
<th>Organisation’s theoretical orientation</th>
<th>No. of organisations</th>
<th>%</th>
<th>No. of organisations with BACP organisational accreditation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>27</td>
<td>26%</td>
<td>4</td>
</tr>
<tr>
<td>Integrative/eclectic/pluralistic</td>
<td>29</td>
<td>28%</td>
<td>5</td>
</tr>
<tr>
<td>Person-centred/humanistic</td>
<td>29</td>
<td>28%</td>
<td>11</td>
</tr>
<tr>
<td>Psychodynamic</td>
<td>7</td>
<td>7%</td>
<td>3</td>
</tr>
<tr>
<td>CBT</td>
<td>4</td>
<td>4%</td>
<td>1</td>
</tr>
<tr>
<td>Behavioural</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Skipped question</td>
<td>8</td>
<td>8%</td>
<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>104</td>
<td>100%</td>
<td>24 (23%)</td>
</tr>
</tbody>
</table>
This pattern is continued when the responses from the 41 independent counsellors answering the question on theoretical orientation is considered. These 41 independents gave 74 responses (68 responses to the offered responses and six additional written responses).

**Table 12: Independent counsellors’ reports of their theoretical orientations**

<table>
<thead>
<tr>
<th>Theoretical orientation of independent counsellors</th>
<th>No. of independent counsellors</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person-centred/humanistic</td>
<td>24</td>
<td>46%</td>
</tr>
<tr>
<td>Integrative/eclectic/pluralistic</td>
<td>24</td>
<td>46%</td>
</tr>
<tr>
<td>Psychodynamic</td>
<td>8</td>
<td>15%</td>
</tr>
<tr>
<td>CBT</td>
<td>8</td>
<td>15%</td>
</tr>
<tr>
<td>Behaviourist</td>
<td>4</td>
<td>8%</td>
</tr>
<tr>
<td>Skipped question</td>
<td>11</td>
<td>21%</td>
</tr>
<tr>
<td>Total respondents</td>
<td>52</td>
<td></td>
</tr>
</tbody>
</table>

What emerges in the responses from both counsellors and service managers is that many primary school-based counsellors do not see themselves falling neatly into specific orientations. Rather they seem to be aware of a range of influences upon their practice.

Respondents were asked if the theoretical orientation of their organisation had changed in the last five years. Twenty-four organisations said ‘yes’ and 77 said ‘no’ (Table 13).

**Table 13: Changes of theoretical orientations by primary school-based counselling organisations over the past five years**

<table>
<thead>
<tr>
<th>Direction of change in organisations’ theoretical orientation</th>
<th>No. of organisations</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>77</td>
<td>74%</td>
</tr>
<tr>
<td>Integrative/eclectic/pluralistic</td>
<td>14</td>
<td>13%</td>
</tr>
<tr>
<td>Person-centred/humanistic</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Psychodynamic</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>CBT</td>
<td>6</td>
<td>6%</td>
</tr>
<tr>
<td>Behaviourist</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Skipped question</td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td>Total respondents</td>
<td>104</td>
<td>100%</td>
</tr>
</tbody>
</table>

Of the 14 organisations which reported they have moved in the direction of integrative/eclectic/pluralistic, eight declared themselves to be integrative/eclectic/pluralistic and four declared themselves as having no orientation. Of the six organisations that reported that they had moved towards CBT, two declared themselves as CBT, two as integrative/eclectic/pluralistic and two as having no orientation.

**Therapeutic approach**

While most primary school-based counselling organisations seem relaxed about theoretical orientation, many encourage or require their counsellors who work in primary schools to extend their range of skills. Table 14 summarises their responses to the question on training with regard to therapeutic approaches.

**Table 14: The training provided by organisations in various therapeutic approaches**

<table>
<thead>
<tr>
<th>Therapeutic approaches</th>
<th>No. of organisations offering training in this approach</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Play informed approaches</td>
<td>52</td>
<td>50%</td>
</tr>
<tr>
<td>Art informed approaches</td>
<td>37</td>
<td>36%</td>
</tr>
<tr>
<td>Psycho-educational informed approaches</td>
<td>29</td>
<td>28%</td>
</tr>
<tr>
<td>Storytelling informed approaches</td>
<td>24</td>
<td>23%</td>
</tr>
<tr>
<td>Drama informed approaches</td>
<td>14</td>
<td>13%</td>
</tr>
<tr>
<td>Music informed approaches</td>
<td>6</td>
<td>6%</td>
</tr>
<tr>
<td>Dance informed approaches</td>
<td>6</td>
<td>6%</td>
</tr>
<tr>
<td>No training reported by organisation</td>
<td>43</td>
<td>41%</td>
</tr>
<tr>
<td>Total respondents</td>
<td>104</td>
<td>100%</td>
</tr>
</tbody>
</table>

The websites of many organisations who provide primary school-based counselling state they provide training in play therapy. Examples include the following:

- Place2Be provide in-house training in play approaches to counselling for all their counsellors.
- Hertfordshire Counselling in School Service require their primary school-based counsellors to take a two-day accredited course provided by Play Therapy UK.
- Eye to Eye Counselling in Pontypridd state that all their counsellors received training in directive and non-directive play therapy delivered by a tutor from The University of Wales, Swansea.
Other organisations mentioned the importance of the creative or arts therapies such as art, music, drama and dance when working with young children. Hertfordshire Counselling in School Service offers schools the choice of a counsellor or an art therapist and charges approximately £5 a session more for an art therapist.

Table 15 suggests that service managers perceive their counsellors as using a number of the approaches listed above rather than having one particular approach which they use with all/most clients throughout the therapeutic process.

When the responses from the six largest primary school-based counselling organisations were examined, all reported that over 75% of counsellors use play informed approaches. Three of the six also report that over 75% of counsellors use art informed approaches.

Service managers reported an almost identical pattern of use of the various therapeutic approaches to that reported by independent counsellors (see Table 16). The only difference is that the rank order of drama and music informed approaches is reversed when the reports of independent counsellors are compared with the reports of service managers.

Table 15: Service managers’ estimates of their counsellors’ use of various therapeutic approaches

<table>
<thead>
<tr>
<th>Therapeutic approaches used by counsellors</th>
<th>No. of organisations employing counsellors who used this approach</th>
<th>No. of organisations where more than 50% of counsellors are estimated to use this approach</th>
<th>No. of organisations where 100% of counsellors are estimated to use this approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Play informed approaches</td>
<td>89 (86%)</td>
<td>73 (70%)</td>
<td>48 (46%)</td>
</tr>
<tr>
<td>Art informed approaches</td>
<td>78 (75%)</td>
<td>51 (49%)</td>
<td>27 (26%)</td>
</tr>
<tr>
<td>Storytelling informed approaches</td>
<td>54 (52%)</td>
<td>26 (25%)</td>
<td>14 (13%)</td>
</tr>
<tr>
<td>Psycho-educational informed approaches</td>
<td>53 (51%)</td>
<td>34 (33%)</td>
<td>14 (13%)</td>
</tr>
<tr>
<td>Drama informed approaches</td>
<td>35 (34%)</td>
<td>10 (10%)</td>
<td>3 (3%)</td>
</tr>
<tr>
<td>Music informed approaches</td>
<td>22 (21%)</td>
<td>10 (10%)</td>
<td>3 (3%)</td>
</tr>
<tr>
<td>Dance informed approaches</td>
<td>20 (19%)</td>
<td>4 (4%)</td>
<td>3 (3%)</td>
</tr>
<tr>
<td>Skipped question</td>
<td>11 (11%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total respondents</td>
<td>104</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
It is clear that both ‘play and art informed approaches to counselling’ are major influences on what happens in primary school-based counselling. One counsellor who responded to the survey commented: ‘As a recently qualified graduate in person-centred therapy, I would like to develop skills in play and art therapy, as to date, clients seem to welcome these approaches,’ (independent counsellor, survey response).

**Individual counselling**

This section draws on the survey, the interviews, material published by counselling organisations, and material published in academic journals.

The organisations surveyed report that the number of clients seen per week by their primary school-based counsellors ranges from 1 to 2000. In total they reported that they see 5455 clients each week.

Independent primary school-based counsellors reported that the number of clients they see per week ranges from 2 to 24. In total they report they see 377 clients each week.

**Referral**

All organisations that responded to the survey reported offering individual counselling and all accept referrals from a range of referrers (see Table 17).

<table>
<thead>
<tr>
<th>Source of referral</th>
<th>No. of organisations accepting referral from this source</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching staff</td>
<td>100</td>
<td>96%</td>
</tr>
<tr>
<td>Non-teaching school staff</td>
<td>72</td>
<td>69%</td>
</tr>
<tr>
<td>Parents</td>
<td>86</td>
<td>83%</td>
</tr>
<tr>
<td>Self</td>
<td>67</td>
<td>64%</td>
</tr>
<tr>
<td>Common assessment framework</td>
<td>52</td>
<td>50%</td>
</tr>
<tr>
<td>Peers</td>
<td>29</td>
<td>28%</td>
</tr>
<tr>
<td>Total respondents</td>
<td>104</td>
<td></td>
</tr>
</tbody>
</table>

Seventeen organisations reported a range of additional possible referrers which included:

- any other professional;
- GP;
The pattern of sources of referral for independent counsellors (n = 48) was similar to that for organisations.

Reasons for referral
A number of authors have published lists of reasons that clients are referred to primary school-based counsellors. Webb et al [17] (see Table 18) created such a list giving the percentage of clients who were referred for each reason.

Table 18: ‘Time 4 Me’ pupil referral, 2010–11

<table>
<thead>
<tr>
<th>Referral category</th>
<th>Specific referral reasons</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Problems</td>
<td>Separation/divorce, family communication difficulties, family member with serious illness</td>
<td>25</td>
</tr>
<tr>
<td>Trauma and abuse</td>
<td>Domestic violence/abuse, developmental trauma, attachment difficulties, abuse and neglect, community trauma</td>
<td>22</td>
</tr>
<tr>
<td>Friendship and bullying</td>
<td>Making and sustaining friendships, victim of bullying, bullying instigator</td>
<td>22</td>
</tr>
<tr>
<td>Bereavement</td>
<td>Includes bereavement by suicide</td>
<td>16</td>
</tr>
<tr>
<td>Anxiety</td>
<td>General anxiety, academic stress and anxiety</td>
<td>13</td>
</tr>
</tbody>
</table>

One of the survey respondents commented that the issue of ‘inappropriate referrals’ is a cause for concern. This was echoed in a number of interviews with service managers and counsellors who reported that schools sometimes referred children who were disturbing the good order of the school, rather than the children who, in the professionals’ view, really need counselling. They also reported that in many schools this becomes less of an issue as teachers developed a greater understanding of counselling.

Service users
When considering who the service users are, there are a number of factors that need to be examined including gender, age, socioeconomic status, age, family circumstances and disability. No overview of service users was identified but two large charities, Place2Be and Barnardo’s in Northern Ireland, have published data summarising the demographics of their service users. However, given the diversity of the primary school-based counselling sector, it is very possible that the clients from this narrow band of providers do not represent the population of primary school clients.

The literature and the interviews with counsellors and service managers suggests that primary school clients are disproportionality male. Table 19 below has been created from published data and augmented in the case of Lee et al [18] with material from the Place2Be website [20]. It shows that the majority of service users in the three samples are male. In the two samples where the percentage of clients from single parent families is known, the proportion of males in the client sample is approximately double that of the population as a whole (estimated at 23% by the Organisation for Economic Cooperation and Development [19]. The level of disability, where known, is also significantly higher than the national average.

Length and number of sessions
There are few references to the length of primary school-based counselling sessions in the literature reviewed. Hill et al [11] report that in Primary Pilot C, one of four primary school counselling pilots in Wales, the length of the sessions offered was 45 minutes. This is consistent with the responses of organisations to the survey, (see Table 20).

Table 19: Demographic profile of service users from published evaluations

<table>
<thead>
<tr>
<th>Authors</th>
<th>Geographical location</th>
<th>No. in sample</th>
<th>Age range</th>
<th>% Male</th>
<th>% Female</th>
<th>% Single parent</th>
<th>% Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sherr et al [2]</td>
<td>Inner London</td>
<td>540</td>
<td>4–11</td>
<td>53.8</td>
<td>46.2</td>
<td>37.3</td>
<td>NA</td>
</tr>
<tr>
<td>Lee et al [18]</td>
<td>England and Scotland</td>
<td>1864</td>
<td>4–11</td>
<td>60.7</td>
<td>39.3</td>
<td>47*</td>
<td>53**</td>
</tr>
<tr>
<td>Cooper et al [20]</td>
<td>Northern Ireland</td>
<td>287</td>
<td>7–11</td>
<td>63.6</td>
<td>36.1</td>
<td>NA</td>
<td>29.5</td>
</tr>
</tbody>
</table>

*taken from Place2Be website [20]
**taken from Place2Be website and refers to any level of educational disability [20]
The responses of independent counsellors followed a similar pattern.

When asked to quantify the average number of sessions provided the answers from organisations ranged from 5 to 76 with an average of 15. Independent counsellors reported the range of average number of sessions clients receive as from 2 to 31 with a mean of 14.

In addition to the seriousness of the problems confronting a child the number of counselling sessions he or she receives in primary school depends on several other factors. These include:

- organisational policy;
- the source of funding;
- continued parental permission; and
- continued support from the school for counselling to continue.

Just under a third of organisations set a limit to the number of sessions offered to a client in primary school (Table 21).

### Table 21: Maximum number of sessions offered by organisations

<table>
<thead>
<tr>
<th>Maximum number of sessions</th>
<th>No. of organisations</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No maximum reported</td>
<td>71</td>
<td>68%</td>
</tr>
<tr>
<td>20–38 sessions</td>
<td>13</td>
<td>13%</td>
</tr>
<tr>
<td>11–19 sessions</td>
<td>14</td>
<td>14%</td>
</tr>
<tr>
<td>6–10</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td>Skipped question</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Totals</td>
<td>104</td>
<td>100%</td>
</tr>
</tbody>
</table>

The four organisations which stated their orientation as CBT report that they set a maximum number of sessions of between six and twelve with the average numbers of session received by clients as 7.5. The average number of sessions received by clients of organisations of other orientations and organisations which did not state any orientation ranged between 13.6 and 17.6.

Some types of funding set limits to the number of sessions a client can receive. For example Common Assessment Framework (CAF) funding in Hertfordshire only covers 26 sessions and, as these are frequently difficult and complex cases, counselling may not have been brought to an appropriate conclusion within the specified sessions. Another survey respondent also reported difficulty with CAF, ‘The limit on the number of sessions through the CAF makes our work particularly challenging as many of the referrals in this geographical area are complex,’ (service manager, survey response).

Another factor is that parents can withdraw their permission for the counselling to continue at any time. Counsellors and service managers interviewed report that this happens infrequently.

Counselling in school depends on the continuing support of the school. Service managers who were interviewed report there are a number of reasons why a school might want to withdraw counselling from a particular child which include the following:

- A school with contracts for counselling provision has a limited number of slots and the school may think that a slot might be better used by another pupil.
- The school has purchased a number of sessions for a particular pupil and cannot or will not find additional funds to continue the work.
- The school steps in to end counselling where parents can’t agree as to whether or not it should continue.

Several service managers who were interviewed also reported that in some schools with high levels of demand for counselling the average number or length of sessions may be less than in other schools serviced by the same organisation.

### Waiting times

The survey respondents were asked the length of average waiting time for clients to access counselling. The responses are given in Table 22.

### Table 22: Waiting times

<table>
<thead>
<tr>
<th>Waiting time</th>
<th>No. of organisations</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 weeks</td>
<td>24</td>
<td>23%</td>
</tr>
<tr>
<td>2–4 weeks</td>
<td>45</td>
<td>43%</td>
</tr>
<tr>
<td>4–6 weeks</td>
<td>21</td>
<td>20%</td>
</tr>
<tr>
<td>6–8 weeks</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td>More than 8 weeks</td>
<td>8</td>
<td>8%</td>
</tr>
<tr>
<td>Skipped question</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Totals</td>
<td>104</td>
<td>100%</td>
</tr>
</tbody>
</table>
The table above suggests very reasonable waiting times with almost 70% of clients seen within four weeks. This is not consistent with a statement made by an independent counsellor in an open section of the survey: ‘I work as a private practitioner, contracted by parents to work with their children – most report waiting times and limited sessions in schools as disappointing.’

Interviews with service managers suggest that the data in Table 22 should be treated with some caution for two reasons:

1. Counsellors and counselling organisations are not always in control or even aware of whom is on a school’s waiting lists. Where a school or a group of schools has bought a number of slots from a counselling organisation the waiting list may be managed by a member of school staff. The level of awareness of the counselling organisation of who is on the waiting list and for how long is dependent on the relationships between the school/s and the counselling organisation.
2. The waiting time for a client seen under one funding process may be very different from a client seen under another.

Future investigations of primary school-based counselling may look at waiting times under different funding arrangements separately and explore the access counsellors and counselling organisations have to waiting lists kept by schools.

Attendance rates
The key stakeholders interviewed reported that attendance rates are high and this was confirmed by the survey. The 97 organisations that responded to the question reported attendance rate ranging from 50% to 100%. The average attendance rate for organisations was 90% and only four organisations (4%) reported attendance rates of less than 80%.

The 45 independent counsellors who responded to this question reported attendance rate ranging from 40% to 100%. The average attendance rate for independent counsellors is 93% and only eight (15%) reported attendance rates of less than 80%.

Evaluation of therapeutic outcomes
As with the data on service users, much of the published data on therapeutic outcomes comes from large charities whose client populations or processes may well not be representative of primary school-based counselling across the country. In addition, given the diversity of providers, the approaches of these large charities to primary school-based counselling may differ from many other providers. It is impossible therefore to assess how similar the published results are to the outcomes for the population as a whole. In addition to the work by the national charities there are outcome results from the Welsh primary school counselling pilot studies.

There are three major nodes of evaluation of primary school-based counselling therapeutic outcomes in the UK as follows:

1. The evaluation of Place2Be’s programme which has a major focus on outcomes.
2. The evaluation of Barnardo’s pilot primary school project Time 4 Me in Northern Ireland.
3. The evaluation of the Welsh primary school counselling pilots which examined a range of factors.

Place2Be. Place2Be evaluate their work on a continuous basis and post a summary of their findings on their website. In addition, a number of studies of their work have been published including Sherr et al [2] and Lee et al [18]. The results of the published work show significant improvements for substantial proportions of clients across a number of dimensions including social and emotional adjustment (see Table 23 below).

<table>
<thead>
<tr>
<th>Source</th>
<th>What was measured</th>
<th>As measured by</th>
<th>% of clients who met the improvement criteria</th>
<th>Effect size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sherr et al [2]</td>
<td>Great or moderate improvements across a number of dimensions</td>
<td>Counsellors’ retrospective ratings</td>
<td>72%</td>
<td>Not available</td>
</tr>
<tr>
<td></td>
<td>Great or moderate improvements in mood</td>
<td>Counsellors’ retrospective ratings</td>
<td>44%</td>
<td>Not available</td>
</tr>
<tr>
<td>Lee et al [18]</td>
<td>SDQ Total Difficulties Rating</td>
<td>Teachers ratings: before and after</td>
<td>63%*</td>
<td>0.40</td>
</tr>
<tr>
<td></td>
<td>SDQ Total Difficulties Rating</td>
<td>Parents ratings: before and after</td>
<td>69%*</td>
<td>0.50</td>
</tr>
</tbody>
</table>

* Movement across one or two of the boundaries between abnormal, borderline and normal.
The evaluations posted on the website [20] suggest rather more positive outcomes with 72% of parents and 86% of pupils reporting improvement. These figures are however not directly comparable with the published ones in that they probably include slight improvements and not just moderate or large ones.

*Barnardo’s Time 4 Me*. Barnardo’s Time 4 Me school-based counselling service uses a ‘client directed outcome-informed’ (CDOI) approach. The service is currently provided in 54 primary schools in NI, including several special primary schools. Duncan, Miller and Sparks [22] present evidence to suggest that the best counselling outcomes occur by focusing on the therapeutic relationship and client’s rating of their personal outcomes. Central to this approach is that counsellors use a measure called ‘child outcome-rating-scale’ (CORS) [23]. Pupils complete it at each session and parents and teachers complete it before and after counselling. The Strengths and Difficulties Questionnaire is also completed by parents and teachers pre- and post-counselling.

Cooper et al [20] investigated the outcomes of this programme with a sample of 288 children drawn who attended 28 primary schools in Northern Ireland between 2008 and 2011. All schools were non-fee-paying and were drawn from all of the five education board areas in Northern Ireland. All but one of the schools were in an urban area of high multiple disadvantage. The intervention was associated with significant reductions in psychological distress, with a pre-post effect size (d) of 1.49 on the primary outcome measure and 88.7% of the children who were in the clinical range at the start of the counselling moved into the non-clinical range by the end of counselling. There were rather smaller effect sizes for SDQ-TD caretaker (d= 0.99) and SDQ-TD teacher (d= 0.55).

Greater improvements were found for disabled children, older children, and where CBT methods were used. The enhanced benefit of the use of CBT methods however decreased as the number of sessions increased.

*The Welsh primary school counselling pilots*. An evaluation of therapeutic outcomes for the four Welsh primary school pilots was hampered by incomplete returns. The data which were collected indicated that the majority of head teachers who returned the survey believed behaviour had improved since the introduction of the counselling service. Limited outcome data was obtained – 20% returns from two of the four projects (29 individual cases) – however both sets of data did indicate significant improvements from baseline to endpoint, giving a combined weighted mean effect size of 0.71. Data from one Local Authority came from teacher-completed SDQ forms, data from the other came from a mixture of parent- and teacher-completed SDQ forms.

In addition, Pattison et al [24] published a separate report on the Wrexham Pilot that reported quantitative findings using data collected with the Therapeutic Intervention Process Instrument (TIPS) questionnaire [25]. This questionnaire evaluates four domains (Table 24 below) and a purposeful sample of 28 children who were receiving both individual and group therapeutic support from the NSPCC therapists and supervised setting staff was selected. The data from one child was incomplete and not used in the analysis. All children showed improvement in at least one domain with 41% (n = 11) demonstrating improvement in all domains, 44% (n = 12) in three domains, 7% (n = 2) in two domains and 7% (n = 2) in one domain (see Table 24 for analysis by domain). The evaluators report that although no causal link can be shown, the above results strongly suggest that the therapeutic interventions are effective in terms of outcome. All children showed improvement.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Improved</th>
<th>Stayed the same</th>
<th>Got worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial and emotional wellbeing</td>
<td>20</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Somatic wellbeing</td>
<td>20</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Involvement</td>
<td>24</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Subjective respondent wellbeing and involvement assessment</td>
<td>18</td>
<td>8</td>
<td>1</td>
</tr>
</tbody>
</table>

**Group Counselling**

This section draws on the survey, the interviews, material published by counselling organisations and material published in the literature.

Just under half of primary school-based counselling providers responding to the survey reported offering group counselling, 49% of organisations and 44% of independents. Just over 13% of all the primary school-based counselling clients seen by responding providers are seen in groups.

The number of group counselling clients seen by all responding organisations totals 703 per week. This is just over 11% of their total primary school client population. The total number of primary school group clients that organisations reported seeing per week ranges from 3 to 100; the median of the distribution is 12 and the average is 17.

The number of group counselling clients seen by all responding independent counsellors total 83 per week. This is just over 18% of their total primary school client population. The total number of primary school group clients that independent counsellors reported seeing ranges from

© BACP 2014
4 to 15 per week; both the median and the mean of the distribution is 6.

Referral
All the organisations that offer group counselling accept referrals from a range of sources which differs from the range of referrers for individual work (see Table 25). The reasons for this are a possible area for further investigation but may relate to:

- the differences in the kind of work being done in groups as compared to individual sessions; and
- a significant percentage (39%) of organisations accepting onward referrals by individual counsellors.

The pattern of referrals reported by independent counsellors is almost identical to that reported by organisations

One organisation also reported that other professionals can also refer to group counselling.

Number and length of sessions
Seventy-three per cent of organisations but only 34% of independent counsellors set limits on the number of sessions for group sessions (see Table 26). Only one organisational provider reported a limit on the number of group counselling sessions of greater than 13.

The length of group sessions varied from 30 minutes or less, to more than an hour (see Table 27).

There was a tendency for independent counsellors to offer shorter group sessions than offered by counsellors working for organisations however this difference was not statistically significant ($\chi^2 = 4.78$, df=2, p=0.09).

Number of clients in groups
The numbers of clients in a counselling group varied considerably between providers, with the largest number in some providers’ groups being less than the smallest number in other providers’ groups. The smallest number of clients in organisations’ counselling groups ranged from 2–6 (median = 3), while the largest number in a group ranged from 4–25 (median = 8). Independent counsellors gave a range of 1–6 with a median of 3 for the smallest number in a group and a range of 4–16 with a median of 6 for the largest number in a group.

The foci of group counselling
When asked if their counselling groups had a particular focus, 19 (37%) organisations answered yes, 24 (47%) answered sometimes and 2 (4%) answered no. Thirty respondents reported a number of concerns which provided a focus for group counselling and these are listed below. The number in brackets is the number of respondents who mentioned this issue.

- Anger (8)
- Bereavement (8)
- Friendship (8)
- Transition (7)
- Loss (6)
- Bullying (4)
- Self-esteem (3)
- Trauma (2)
- Confidence (2)
- Stress (2)

The types of group counselling
Most groups have a limited life of 6 to 12 sessions and over 80% of sessions are an hour or less. Interviews with service

<table>
<thead>
<tr>
<th>Source of referral</th>
<th>No. of organisations accepting group referrals from this source</th>
<th>% of organisations accepting group referrals from this source</th>
<th>% of organisations accepting individual referrals from this source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching staff</td>
<td>40</td>
<td>78%</td>
<td>96%</td>
</tr>
<tr>
<td>Non-teaching school staff</td>
<td>24</td>
<td>47%</td>
<td>69%</td>
</tr>
<tr>
<td>Onward referral by counsellor</td>
<td>20</td>
<td>39%</td>
<td>NA</td>
</tr>
<tr>
<td>Parents</td>
<td>16</td>
<td>31%</td>
<td>83%</td>
</tr>
<tr>
<td>Self</td>
<td>12</td>
<td>27%</td>
<td>64%</td>
</tr>
<tr>
<td>Common Assessment Framework</td>
<td>10</td>
<td>20%</td>
<td>50%</td>
</tr>
<tr>
<td>Peers</td>
<td>3</td>
<td>6%</td>
<td>28%</td>
</tr>
<tr>
<td>Skipped question</td>
<td>7</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Total respondents</td>
<td>51</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
managers and the data from the survey suggest that there seems to be four types of counselling groups in primary schools which are as follows:

1. Groups dealing with the challenges of normal developmental issues such as transitions and friendships. Some of these might be regarded more as guidance and take place in quite large groups. Groups of 16 to 25 would seem to be whole or half class of children and may well have a guidance or psycho-educational focus. One service manager described these as ‘light touch.’

2. Groups dealing with issues such as bullying, bereavement, anger and self-confidence.

3. Open groups with no given focus, which possibly allow clients to bring any concern to the group.

4. Groups dealing with a crisis in the school community often associated with sudden deaths.

Evaluation of therapeutic outcomes of group counselling

Lee et al [18] reported that a slightly lower proportion of the 215 children who had group counselling with Place2Be showed some improvement in SDQ Total Difficulties scores as compared to the 1645 children who had individual counselling. The effect size reported for parent rated Total Difficulties was 0.50 for individual and 0.30 for group counselling. The effect size reported for parent rated Total Difficulties was 0.40 for individual and 0.28 for group counselling.

Engagement with parents or carers

This section is based on the survey data, interviews with key stakeholders and the case studies.

Obtaining informed consent from parents or carers is necessary before counselling with a primary school child can begin. There are two approaches to this: either the parents or carers can be advised of the service at the outset of a school year and a generalised consent obtained, or consent can be sought on a case by case basis. Generalised consent is necessary when a drop-in centre is provided in a primary school. When a child is being offered individual or group counselling the service managers interviewed reported that consent is normally sought on a case by case basis.

The area of obtaining and maintaining parental consent was not explored in the survey and it was only mentioned in the open-ended question at the end of the survey, by one

### Table 26: Number of group sessions offered

<table>
<thead>
<tr>
<th>Limit of No. of group sessions offered</th>
<th>No. of organisations</th>
<th>%</th>
<th>No. of independent counsellors</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>6–8</td>
<td>21</td>
<td>41%</td>
<td>7</td>
<td>30%</td>
</tr>
<tr>
<td>9–12</td>
<td>5</td>
<td>10%</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>over 13</td>
<td>1</td>
<td>2%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Limit but no. of sessions not reported</td>
<td>10</td>
<td>20%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>No limit</td>
<td>7</td>
<td>14%</td>
<td>12</td>
<td>52%</td>
</tr>
<tr>
<td>Skipped question</td>
<td>7</td>
<td>14%</td>
<td>3</td>
<td>13%</td>
</tr>
<tr>
<td>Totals</td>
<td>51</td>
<td>100%</td>
<td>23</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Table 27: Length of group counselling sessions

<table>
<thead>
<tr>
<th>Length of sessions</th>
<th>No. of organisations</th>
<th>%</th>
<th>No. of independent counsellors</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 mins or less</td>
<td>1</td>
<td>2%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>30–45 mins</td>
<td>8</td>
<td>16%</td>
<td>9</td>
<td>39%</td>
</tr>
<tr>
<td>45–60 mins</td>
<td>29</td>
<td>57%</td>
<td>8</td>
<td>35%</td>
</tr>
<tr>
<td>60–75 mins</td>
<td>5</td>
<td>10%</td>
<td>3</td>
<td>13%</td>
</tr>
<tr>
<td>More 75 mins</td>
<td>1</td>
<td>2%</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Skipped question</td>
<td>7</td>
<td>14%</td>
<td>2</td>
<td>9%</td>
</tr>
<tr>
<td>Totals</td>
<td>51</td>
<td>100%</td>
<td>23</td>
<td>100%</td>
</tr>
</tbody>
</table>
School-based counselling in UK primary schools

One case study organisation (see Appendix 1) does not accept referrals from schools unless they are accompanied by signed parental approval but there is no information as to how widespread this approach is. There may well be a range of approaches to obtaining informed consent with different levels of collaboration between counselling providers and schools and it would be useful to know which approaches, if any, produced better outcomes in terms of both parental engagement with the processes and better client outcomes.

Thirty-eight percent (40) of the 104 counselling organisations which responded to the survey offer courses on working with parents or carers. The extent to which the primary school counselling organisations and independent counsellors work with parents or carers of clients and the way they do so, varies considerably (see Table 28). It is interesting to note that the pattern of responses for organisations and independent counsellors is almost identical except in offering counselling to parents.

Just over 50% of organisations offer counselling to parents, whereas the percentage of independent counsellors who offer this is 22%. A number of service managers interviewed were clear that when they offer counselling to parents or carers it is not with the same counsellor who is working with the child. The data from independent counsellors raises the possibility that some of them may be working with parents/carers and children from the same families either at the same time or without an appropriate period of time elapsing. This is an area that perhaps needs further investigation.

When asked in the survey about the challenges that are faced by primary school-based counsellors, seven of the organisations (7%) and nine independent (18%) counsellors mentioned parents. Two main sets of concerns emerged: engaging with parents or carers and wanting to do something about clients’ home life.

Counsellors concern about engaging parents and carers at an appropriate level

‘Balancing parents needs who want know everything and find it hard to understand that confidentiality is important even to quite young children,’ (service manager, survey response).

‘Parent meetings and encouraging the parent to understand the child’s perspective. Trying to discourage parents to see the child as the problem,’ (independent counsellor, survey response).

‘Working with children when the parents/carers engage minimally with the process,’ (service manager, survey response).

Counsellors concern about parents’ problems which are not being addressed.

‘The most challenging issues we face is that a great deal of problems stem from home life but we don’t have funding to offer parents counselling and most schools cannot use their funding to offer this service. We would direct parents to appropriate counselling organisation but it would be more beneficial to work with them as a whole family,’ (service manager, survey response).

‘Quite commonly children are seen as having ‘problems’ when these are more centrally problems of the family/parents. Good links with family liaison worker help this though our schools liaison officer has been off sick for six months,’ (service manager, survey response).

‘Lack of interventions around reducing the causes for children’s mental health difficulties outside the counselling room specifically related to poor parenting

Table 28: Level of engagement with parents or carers

<table>
<thead>
<tr>
<th>Levels of engagement</th>
<th>No. of organisations</th>
<th>%</th>
<th>No. of Independent counsellors</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain informed consent from parents</td>
<td>94</td>
<td>90%</td>
<td>48</td>
<td>92%</td>
</tr>
<tr>
<td>for counselling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involve parents or carers in review of</td>
<td>79</td>
<td>76%</td>
<td>36</td>
<td>69%</td>
</tr>
<tr>
<td>child’s progress</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offer parents or carers consultation</td>
<td>65</td>
<td>63%</td>
<td>34</td>
<td>65%</td>
</tr>
<tr>
<td>and advice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encourage parents to seek</td>
<td>68</td>
<td>65%</td>
<td>30</td>
<td>58%</td>
</tr>
<tr>
<td>counselling support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Offer counselling to parents</td>
<td>50</td>
<td>48%</td>
<td>11</td>
<td>21%</td>
</tr>
<tr>
<td>Skipped question</td>
<td>5</td>
<td>5%</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Total respondents</td>
<td>104</td>
<td>5%</td>
<td>52</td>
<td>4%</td>
</tr>
</tbody>
</table>
capacity, domestic violence and parental illness. Social services thresholds for support appear too high,’ (service manager, survey response).

**Engagement with teachers**

This section is based on the survey data, interviews with key stakeholders and the case studies.

Building good working relationships with teachers is seen as important by both the service managers and counsellors interviewed. Survey respondents reported three areas of challenge concerning schools and teachers: confidentiality; finding an appropriate space to work; and helping teachers to understand counselling.

The challenges counsellors face in maintaining both confidentiality and working relationships with teachers.

‘Managing confidentiality can be tricky as some teaching staff feel it would be beneficial to know more about a child’s concerns,’ (service manager, survey response).

*Maintaining your clinical integrity whilst working in the education environment – sometimes the two don’t go together,’ (service manager, survey response).

The difficulty counsellors face in finding and protecting an appropriate space in which to work with clients.

‘Sometimes finding an appropriate room for counselling to take place can be very difficult in a school environment. Interruptions to the counselling sessions by teaching staff that give little value to the sessions,’ (service manager, survey response).

‘It would be helpful if therapy could be carried out in a continuous private and comfortable place. Also when children are feeling distressed after the sessions a quiet place for reflection and if necessary to be placed with a safe adult for a while,’ (independent counsellor, survey response).

The challenges counsellors face in helping teachers to understand the counselling process.

‘Helping teachers and parents understand how person-centred play therapy works,’ (service manager, survey response).

‘Working with resistant teacher who, despite having received training/information about counselling, does not respect the counselling process,’ (independent Counsellor, survey response).

‘Working with school staff to try to get them to understand and engage with the counselling process and boundaries has been a continual challenge,’ (service manager, survey response)
‘Also, a challenge is also the lack of understanding by staff as what counselling is; pressure by school staff is applied to some children to attend (this goes against our process of child decides) or unrealistic expectations of outcomes. Some schools of course, are wonderful, understanding and supportive,’ (service manager, survey response).

The need to inform and educate teachers as to the scope and limitations of counselling also emerged in conversations with counsellors and service managers. Both service managers and counsellors expressed concern that some of the children who might benefit most from counselling are not being referred because of a lack of understanding about counselling among some teachers.

As in working with parents, the organisations and independent counsellors varied significantly in their levels of engagement with teachers and other school staff, see Table 29. Twenty-six (25%) of the organisations surveyed offer training in this area.

The pattern of engagement with schools and teachers of counselling organisations and independent counsellors is statistically different ($\chi^2 = 18.6$, df. = 7, $p=0.009$). It is perhaps not surprising that organisations are more involved in training than independent counsellors given that organisations are likely to have greater resources than individuals. Organisations, particularly larger ones, may well provide opportunities to specialise in activities such as training that may not be available to independent counsellors. The number of independent counsellors, however, who have no engagement with schools, and who offer lower levels of advice and support on how to use the counselling service, are perhaps areas for concern that may be worth further investigation.

**Evaluating effectiveness**

Most organisations and independent counsellors who responded to the question on evaluating the effectiveness of their service use a mix of approaches (see Table 30).

Seventy-eight (75%) organisations and 27 (53%) independent counsellors reported on their use of outcome measures with different stakeholder groups (Tables 31 and 32).

There is no significant difference between the pattern of use of outcome measures with clients by organisations and by independent counsellors ($\chi^2 = 2.42$, df = 3, $p = 0.49$). Evaluating outcomes would seem to be a very active area: 42 (40%) organisations and 16 (31%) independent counsellors made comments on this subject, 22 of them reporting the development of in-house tools or modifications of existing outcome measures. The outcome measure most commonly used by both organisations and independent counsellors is the Strengths and Difficulties Questionnaire with the YP-CORE being the next most commonly used outcome measure used by organisations. It is however interesting to note that three respondents commented on their concern about the lack of usefulness of YP-CORE. ‘We have used YP-CORE but it proved

<table>
<thead>
<tr>
<th>Levels of engagement</th>
<th>No. of organisations</th>
<th>%</th>
<th>No. of independent counsellors</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>5</td>
<td>5%</td>
<td>8</td>
<td>15%</td>
</tr>
<tr>
<td>Advice and support on how best to use the counselling service</td>
<td>85</td>
<td>82%</td>
<td>34</td>
<td>67%</td>
</tr>
<tr>
<td>Advice and support on working with specific individuals</td>
<td>71</td>
<td>76%</td>
<td>36</td>
<td>69%</td>
</tr>
<tr>
<td>Advice and support on working with specific groups of pupils</td>
<td>38</td>
<td>37%</td>
<td>15</td>
<td>29%</td>
</tr>
<tr>
<td>Advice and support on working with pupils in class</td>
<td>39</td>
<td>38%</td>
<td>18</td>
<td>35%</td>
</tr>
<tr>
<td>Training for schools’ senior management team</td>
<td>39</td>
<td>38%</td>
<td>7</td>
<td>13%</td>
</tr>
<tr>
<td>Training for teachers</td>
<td>51</td>
<td>49%</td>
<td>12</td>
<td>23%</td>
</tr>
<tr>
<td>Training for non-teaching staff</td>
<td>49</td>
<td>47%</td>
<td>10</td>
<td>19%</td>
</tr>
<tr>
<td>Skipped question</td>
<td>16</td>
<td>15%</td>
<td>4</td>
<td>8%</td>
</tr>
<tr>
<td>Total respondents</td>
<td>104</td>
<td>52%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Table 30: Methods used to evaluate the effectiveness of counselling

<table>
<thead>
<tr>
<th>Methods</th>
<th>No. of organisations</th>
<th>%</th>
<th>No. of independent counsellors</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome measures</td>
<td>78</td>
<td>75%</td>
<td>26</td>
<td>50%</td>
</tr>
<tr>
<td>Written comments from adult stakeholders</td>
<td>42</td>
<td>40%</td>
<td>12</td>
<td>23%</td>
</tr>
<tr>
<td>Verbal reports from adult stakeholders</td>
<td>34</td>
<td>33%</td>
<td>16</td>
<td>31%</td>
</tr>
<tr>
<td>Informal comments from clients</td>
<td>51</td>
<td>49%</td>
<td>20</td>
<td>38%</td>
</tr>
<tr>
<td>Skipped question</td>
<td>14</td>
<td>13%</td>
<td>12</td>
<td>23%</td>
</tr>
<tr>
<td>Total respondents</td>
<td>104</td>
<td>52%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 31: Outcome measures organisations use with stakeholders

<table>
<thead>
<tr>
<th>Organisations using Outcome measures</th>
<th>With clients</th>
<th>With parents</th>
<th>With teachers</th>
<th>Total respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORS (Child Outcome Rating Scale)</td>
<td>17</td>
<td>7</td>
<td>3</td>
<td>18 (17%)</td>
</tr>
<tr>
<td>SDQ (Strengths and Difficulties Questionnaire)</td>
<td>34</td>
<td>39</td>
<td>38</td>
<td>49 (47%)</td>
</tr>
<tr>
<td>CORE (Clinical Outcomes in Routine Evaluation)</td>
<td>9</td>
<td>4</td>
<td>3</td>
<td>12 (11.5%)</td>
</tr>
<tr>
<td>YP-CORE (Young Person-Clinical Outcomes in Routine Evaluation)</td>
<td>27</td>
<td>6</td>
<td>5</td>
<td>29 (28%)</td>
</tr>
<tr>
<td>Skipped question</td>
<td>36</td>
<td></td>
<td></td>
<td>35%</td>
</tr>
<tr>
<td>Total Respondents</td>
<td>104</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 32: Outcome measures independent counsellors use with stakeholders

<table>
<thead>
<tr>
<th>Counsellors using Outcome measures</th>
<th>With clients</th>
<th>With parents</th>
<th>With teachers</th>
<th>Total respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORS (Child Outcome Rating Scale)</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>5 (10%)</td>
</tr>
<tr>
<td>SDQ (Strengths and Difficulties Questionnaire)</td>
<td>14</td>
<td>14</td>
<td>15</td>
<td>20 (38%)</td>
</tr>
<tr>
<td>CORE (Clinical Outcomes in Routine Evaluation)</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>YP-CORE (Young Person-Clinical Outcomes in Routine Evaluation)</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>6 (12%)</td>
</tr>
<tr>
<td>Skipped question</td>
<td>25</td>
<td></td>
<td></td>
<td>48%</td>
</tr>
<tr>
<td>Total Respondents</td>
<td>52</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
unsuitable we are developing our own in house pictorial assessment and are adapting an impact assessment used by our music therapist,’ (service manager, survey response). Another service manager commented, ‘Use our own, we did initially try CORE but feedback was that it was not as useful as the YP did not engage as much as with our own sheets.

Only 24% of independent counsellors reported using either version of CORE or CORS.

Audit

The definition of clinical audit endorsed by the National Institute for Clinical Excellence (NICE) is that it is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change [26]. Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery.

Less than 20% of counselling organisations and independent counsellors report carrying out audits in the past year. About half of the organisational audits lead to reported changes in practice or management, as did a third of the audits carried out by independent counsellors.

Discussion

The responses to the survey illustrate the wide range of approaches and services offered to primary school clients across the United Kingdom by a varied range of counselling providers. This diversity stems from the different approaches to counselling, the principle of local solutions to local concerns and the different types of provider.

The nature of primary school counselling

Working with children aged 5–11 presents rather different challenges to counsellors than those encountered with the adult and adolescent clients they have traditionally worked with. The majority of counsellors have responded to these challenges by incorporating a range of creative and other approaches into their practice, (see Tables 15 and 16). These tables suggest that organisational and independent counsellors have followed very similar patterns in developing approaches to counselling appropriate for this age group. Given that the data in Table 15 is based on service managers’ estimates, it is reasonable to suggest
that the data in Table 16 gives a slightly better estimate of how counsellors have adapted to working with young children. If this is the case then about 75% of primary school counsellors are using play informed approaches, around 50% are using art informed approaches and perhaps slightly less than 50% are using Storytelling approaches. Drama and music informed approaches are used by about 25% of those in the sector, while dance informed approaches would seem to be used by less than 5% of primary school-based counsellors.

The fact that ‘art therapy’, ‘music therapy’ and ‘drama therapy’ are legally protected terms requires that there needs to clarity of definition and scope of practice to ensure compliance with the law. That this is not always present was demonstrated in the survey, the interviews and the literature as the following examples show.

- A survey respondent stated that s/he wanted to develop skills in play and art therapy. Play therapy is not a protected title but art therapy is.
- An interviewee who is employed as a counsellor disclosed that s/he is a registered art therapist but had no qualification in counselling.
- A counselling organisation stated in its literature: ‘counselling refers to… counselling, psychotherapy, art therapy, music therapy, drama therapy and play therapy.’

There is no legal impediment to counsellors incorporating creative methods into their practice but art, music and drama therapy can only be offered by someone who is appropriately registered with the Health and Care Professions Council [27, 28]. Anyone using a protected term or title without being registered with the HCPC may be prosecuted and fined up to £5000 [28]. Art informed counselling is not a phrase that trips easily off the tongue so it might be important for the profession to develop appropriate and accessible terms to describe what is happening in primary school-based counselling which stay within the law.

There is no data available on the number of primary school-based counsellors whose training focused mainly on working with adults and adolescents. However interviews with service managers and counsellors and looking at the number of organisations that train their counsellors in play or other creative therapies suggests that this group make up a substantial portion, if not the majority of the work force. At the moment the pattern of how counsellors go about developing the range of skills deemed desirable to work with young children seems to be somewhat random. It might be useful to have guidelines to indicate how much training is appropriate before a counsellor trained to work with adults or adolescents is ready to use the various creative approaches which are such significant elements of primary school-based counselling.

Much of what is happening in primary school-based counselling would seem to be a meld of creative and talking therapies. At the moment the BACP defines counselling as an umbrella term that covers a range of talking therapies [29]. Perhaps this needs to be revisited in the light of what is happening in primary schools and possibly also in other places.

**Engagement with parents**

In most forms of counselling the counsellor works directly with the client to build a therapeutic alliance and is unlikely to meet with members of the client’s family. In primary school-based counselling the parents or carers are responsible for their children and may expect to have contact with the counsellor. The organisations and independent counsellors who responded to the survey take up a range of positions with regard to engagement with parents and carers, ranging from those who seem to avoid all contact with them, to those who engage with parents and carers in some or all of the following ways: a role in reviewing the child’s progress, support in developing parenting skills, and personal counselling.

Given the range of parents and carers it seems unlikely that any single approach to engagement with them is appropriate for all. It would seem important to develop an understanding of what is good practice in working with the parents who have a range of issues including: mental health, substance abuse and domestic violence. Providers may need to develop different strategies for working with different groups of parents. In some cases this may mean working intensively...
with them, if funding is available, and in other cases it is possible it could mean having limited contact.

Engagement with school staff
Three specific concerns about working in schools emerged from the survey and interviews:

1. managing confidentiality;
2. ensuring a safe and consistent space in which to work; and
3. facilitating school staff to develop an understanding of what counselling might and might not achieve.

The first two of these processes require negotiation skills and there is considerable overlap in the skill set needed to be a successful counsellor and a successful negotiator. Both require emotional intelligence and clarity of thought but there are important differences in the two types of transactions. It would be interesting to explore how much training primary school-based counsellors have in negotiating with teachers, how much they might value such training and whether such training has any effect on client outcomes.

Counsellors and organisations responding to the survey seemed to suggest that schools are distributed along a spectrum, some being wonderful to work with and others presenting huge difficulties. A number of service managers and counsellors who were interviewed suggested that as school staff become more aware of what counselling is, it becomes easier to work in the school. It would be interesting to explore the following issues:

- Which skills and qualities counsellors need in order to nudge schools in a positive direction along this spectrum and what resources could be developed to support them in this process.
- What relationship if any, counsellors’ perceptions of school supportiveness might have on client outcomes.

Types of primary school-based counselling providers
Primary school-based counselling is an area of multiple complexities. One dimension of complexity is the range of providers in the sector. Based on all the evidence available from the survey, interviews with stakeholders and the literature, a system of classification of providers has been constructed with eight bands as follows:

Band 1. National organisations whose main focus is primary school-based counselling.

Band 2. National charities with a range of concerns and services, one of which is primary school-based counselling.

Band 3. Area counselling organisations which focus on school-based counselling.

Band 4. Area counselling organisations which offer a range of services including a major commitment to school-based counselling.

Band 5. Area counselling organisations which have a minor commitment to primary school-based counselling.

Band 6. Small organisations, sometimes located within a school or schools, completely focused on school-based or primary school-based counselling.

Band 7. Small organisations which also offer a range of services and provide counselling in a small number of schools.

Band 8. Independent counsellors.

The bands above are an attempt to impose order on a very complex field. A question which was not asked in the survey was ‘what proportion of staff time and energy is devoted to primary school-based counselling?’ Answers to that question might help to refine the banding above.

Band 1 would seem to have only one occupant, Place2Be. It was the only national charity identified by our survey and in interviews with key stakeholders whose prime focus is the improvement of primary school children’s mental health. Also, its geographical spread and its size gives it a unique position in the sector. Place2Be accounted for 52% of counsellors and 34% of individual clients reported by all survey respondents. No other organisation was identified which had a share of the sector approaching this.

Given that the total size of the sector is unknown it is impossible to calculate the proportion of the sector Place2Be occupies. If the response rate for the rest of the sector is assumed to be 33% then Place2Be’s share of the sector would be 14%. Table 34 below presents some possible response rates to the survey together with share of the sector Place2Be would occupy with if that was the response rate.

<table>
<thead>
<tr>
<th>Estimated survey response rate</th>
<th>Place2Be’s estimated share of sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>33%</td>
<td>14%</td>
</tr>
<tr>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>15%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Place2Be has developed its own model for working in primary schools and offers a more comprehensive list of services than any other provider identified (see Appendix 1). It has a core of professional staff on full and part-time contracts who support the volunteers who do much of the counselling. Many of these volunteers are working towards qualification.

Band 2 organisations are national charities which have a wide focus on wellbeing and which provide primary school-
based counselling as part of their mission to improve the lives of children and families. These national organisations offer counselling in one or more regions of the UK. Such projects are often innovative, supported by a core of professional staff and delivered by qualified counsellors on full or part-time contracts. An example is the Barnardo’s project in Northern Ireland [13, 20].

Band 3 organisations focus on school-based counselling within a particular area. It would seem that most, if not all, provide both primary and secondary school-based counselling. Interviews with service managers indicated that these organisations vary in the way that counsellors work between the two types of schools. Some require counsellors to work in both types of schools while others require them to specialise in one school type only. A number expect counsellors to work in all kinds of schools but either encourage or permit counsellors to specialise in one school type or another. Band 3 organisations tend to be part of a Local Authority, the NHS or a charity. An example is Hertfordshire Counselling in Schools Service (see Appendix 1).

Band 4 organisations offer a range of counselling services and make a significant contribution to school-based counselling in their areas. The extent to which counsellors work across the various services these organisations offer was not explored, though it would seem probable that organisations vary in how they approach this. An example of a Band 4 organisation is Renew (see http://www.whcm.org.uk).

Band 3 and 4 organisations tend to have a core of professional staff, normally on full-time contracts and their counsellors tend to be on a mix of full-time, part-time and sessional contracts. Where organisations in these bands use volunteers they normally constitute less than 25% of the counsellor workforce.

Band 5 organisations are organisations whose main focus is on areas other than primary school-based counselling but provide it in a few schools. This band of organisations was not explored in any detail.

Band 6 is a very diverse group of small organisations which focus only on school-based counselling, some exclusively on primary school-based counselling. These include counselling units within both state and independent schools, small charities and some companies. The range of counsellors working in this band is immense. A counselling unit in an independent school reported that it has four counsellors on sessional contracts, all with counselling related PhDs. This contrasts with a small company which reported that all its counsellors are volunteers working towards qualification.

Band 7 is composed of small organisations which often offer a very wide range of counselling services including school-based counselling but provide it in just a few schools. Again this band of organisations was not explored in any detail.

Band 8 is composed of independent counsellors who vary greatly in the extent to which they specialise in primary school-based counselling. At one end of the continuum are those who seem to carry out all or most of their counselling in primary schools (several survey respondents reported seeing more than 20 clients per week in individual counselling) while at the other end are those who see only two or three primary school-based clients per week.

The survey results suggest that providers in Bands 5, 7 and 8 sometimes work in a small number of schools spread across quite a large geographical area, for example three Local Authority areas.

The Differences in the range of services offered by different types of provider

In this small study it was not possible to explore in detail the differences between the range of services offered by providers in Bands 2–8 but a broad-brush approach to the process was used to compare organisations in Bands 2–7 with independent counsellors.

The profile of levels of engagement of organisations and independent counsellors with parents is almost identical except for offering counselling to parents (see Table 28). There is however a significant difference in the levels of engagement of organisations and independent counsellors with school staff (see Table 29). Independent counsellors reported lower levels of engagement with school staff than organisations in every area sampled, with 15% reporting that they had no engagement with teachers as compared to 5% of organisations. If the reason for the difference in provision for school staff was simply due to the greater resources often available to organisations, then the level of engagement with parents might also be expected to be lower. If these results were to be replicated, the lower level of independent counsellors’ engagement with school staff would seem to be worth investigating.

Support for primary school counsellors

The description of providers above suggests the possibility that some providers will offer more support for the professional development of primary school counsellors than others. Two aspects of professional support were sampled by the survey, training and supervision. The findings indicate that some organisations offer a broad range of training opportunities but over 40% offer none (see Table 19). Some organisations make available a range of supervision opportunities including in-house group supervision (see Table 8), which several interviewed counsellors reported as important to them, while the majority of organisations do not.

Primary school-based counsellors might be considered to be distributed along a spectrum of levels of support. At one end are counsellors who work for organisations which provide both administrative and professional support.
It is hypothesised that most organisations in Bands 1 to 4 will be located towards this end of the spectrum together with some from Band 6. Towards the middle of the spectrum are counsellors who work for organisations which provide administrative support but little in the way of professional support focused on working in primary schools. It is hypothesised that organisations from Bands 5 and 7 together with some from Band 6 tend to be located in this region of the continuum. Most organisations also provide opportunities for meeting other professionals and administrative staff, as a context for building networks of social support.

At the other end of the spectrum are the independent counsellors who have neither administrative nor professional support, nor a ready-made context in which to develop social support. It is probable that independent counsellors are distributed within a band ranging from those who have managed to find or create appropriate support for themselves to those who feel isolated. Several responses to the survey suggested that isolation is a real issue for some independent counsellors. Given the resources that some organisations devote to supporting their counsellors it might be useful to know what impact, if any, this has on client outcomes.

**Supervision**

Ann’s experience of supervision (see Appendix 2: counsellor case study) illustrates the importance of experienced and expert supervision in developing the approach of primary school-based counsellors. Two aspects of the sector suggest that it might be worthwhile examining more closely what is happening in this context. First, the sector has grown rapidly over the past ten years. This raises the possibility that the supply of supervisors with appropriate experience of working with young children and the adults around them is limited. Second, primary school counselling is only a small part of the work of some independent counsellors and also for those working for certain types of organisations. These two factors increase the likelihood that some primary school-based counsellors are working with supervisors with little experience in this sector and who are not able to provide the optimum level of support for some of the very specific issues that arise in primary school-based counselling.

**The training and experience of primary school counsellors and outcomes**

There are very significant variations of training and experience across the sample of primary school-based counsellors. The full range of academic qualifications is represented in the sample, from PhDs to students working towards qualification. The distribution is heavily weighted towards the less qualified end of the curve with many more counsellors working towards qualification than having higher degrees. This is mostly due the fact that 60% of Place2Be’s volunteers fall into this category [3] however some of the smaller organisations also reported making extensive use of volunteers working towards qualification.

Armstrong [30] has suggested that it is necessary to research the effect on outcomes of minimally trained counsellors as compared to experienced counsellors in relation to the specific populations with which they work. He compared the outcomes for clients of a voluntary sector counselling agency who were seen either by minimally trained counsellors or experienced volunteer counsellors and found an effect size of 0.70 for the former and of 1.39 for the latter. For this report, no study was identified which examined the differences in client outcomes between such volunteers working towards qualification and qualified counsellors in primary schools.

Two primary school-based counselling outcome studies mentioned above, Lee et al [18] and Cooper et al [20] reported effect sizes that can be compared. Lee reported on Place2Be counsellors, the majority of whom were volunteers working towards qualifications, while the counsellors in Cooper’s study were all qualified. The effect size for the parent/carer rated SDQ-TD (Strengths and Difficulties Questionnaire – Total Difficulties) reported by Lee was 0.50 while that reported by Cooper was 0.99. For the teacher rated SDQ-TD Lee reported an effect size of 0.40 and Cooper an effect size of 0.55. There were a number of differences between the two sets of therapeutic processes including the use of an innovative method of systematic feedback in the Cooper study. It is possible that the differences in effect size were due to these rather than the differences in counsellor experience and qualifications. Nevertheless given the large numbers of unqualified counsellors working in the field, it would seem important to investigate if there are any significant differences between the outcomes for qualified and unqualified primary school-based counsellors in a study that was designed to answer that question.

All primary school-based counselling outcome studies published in the UK refer to counselling carried out by counsellors working for national charities. It is possible that these may have limited relevance when considering the outcomes of counsellors working in very different contexts.

**Evaluating effectiveness**

Three-quarters of organisations and half of the independent counsellors responding to the survey report that they use outcome measures. The majority of them however report that they are using instruments which are not designed for self-report by primary school children (see Tables 31 and 32). The most commonly used outcome measure is the SDQ which BACP [30] states ‘is a screening instrument for children and young people (aged 11 to 16),’ though parents/carers and teachers can complete the report down to four years of age. The next most commonly used measure, YP-CORE, is also designed for self-report in the 11–16 age range.

Respondents to the survey seemed satisfied that SDQ was useful with children of primary school age. Many of those, however, who had attempted to use YP-CORE,
reported that it is not useful and have attempted to modify it (which is not considered good practice in the field of evaluation); while others have developed their own evaluation instrument. Only 17% of organisations and 10% of independent counsellors report they are using CORS, which is designed for the primary school age range. The reasons for this were not explored however this would seem to be an area in which both independents and organisations might value support.

**Conclusion**

Primary school counselling is a relatively new area of counselling in the UK with younger clients than counsellors have traditionally worked with. The encounter with these clients has encouraged counsellors to extend and develop their skills. The majority of primary school counsellors now make use of a range of creative approaches, with play therapy and art informed approaches making the largest contribution to evolving methods of working with these young clients.

In this developing sector it would seem there are a number of components of working with this group of clients that have yet to stabilise. Evaluating the effectiveness of counselling is one such element, with many providers finding it difficult to identify suitable tools. Other aspects in which there seems a lack of consistency of practice is the extent to which it is appropriate to work with the adults around the child client, the parents/carers and teachers.

This scoping study has attempted to start mapping the nature of counselling service provision for children in UK primary schools, who the users are, and their outcomes. It has presented a picture of the service provision but the only material identified on users and outcomes relates to work carried out by national charities. Further research is needed to develop a picture of service users and outcomes across the whole sector.

**References**


13. Bell, Cathy,. *Personal communication*, 15/03/2013.


15. School Inspector *Personal communication*, 22/2/2013

16. School counsellor *Personal communication*, 15/10/2013


23. Duncan, B. S. Miller and J. Sparks, Young child outcome rating scale, 2003, Authors: Chicago.


32. Wilson, P. and B. Refson, The Hard to Reach and the Place2Be in Baruch,G., Fonagy, P. and D Robins Reaching the Hard to Reach: Evidence-Based Funding Priorities for Intervention and Research, 2006, John Wiley & Sons Ltd: Chichester.


Appendix 1: 
Organisation case studies

Place2Be case study

This case study is based on an interview with Mick Atkinson of Place2Be augmented by published material.

Place2Be
Place2Be was founded in 1994 in response to concern over a single child reported by a head teacher. Its 300 employees and 700 volunteers now serve a community of 60,000 pupils spread across 170 schools (162 primary and 8 secondary) in Scotland, Wales, North East England, North England, South East England and Greater London. The majority of these schools are in areas of high deprivation. Most of the children seen are from disadvantaged backgrounds and over a third live with a lone parent. Wilson & Refson [32] reported that the children accessing Place2Be were three times more likely to have special educational needs status than the general population. They also stated that the Goodman's Strengths and Difficulties Questionnaire (SDQ) identified over 50% of the Place2Be children as abnormal compared to 10% in the general population.

Funding
Place2Be initially developed as a charity providing counselling to pupils in primary school but over time added a series of other services to its offering and now considers itself to be an integrated early intervention mental health provider. It has a budget of approximately £8 million of which £5 million comes directly from schools. Central and local government grants account for approximately £1.5 million leaving about £1.5 million to be raised from other sources.

Schools pay between 50% and 100% of the costs of counselling with the average figure being about 75%. The charity reports that there is an increasing demand for its services and it has added 30 schools to its client list over the last year. Taking on additional schools who are unable or not prepared to pay 100% of cost puts increased demand on the charity to raise additional funds and for this reason the charity is moving in the direction of asking the schools to meet the total cost. The introduction of a £900 pupil premium for all pupils on free school meals or who have been on free school meals in the past six years makes this feasible.

Approach
There are three core elements of the Place2Be approach: relationship, self-awareness and play. The organisation sees the quality of the therapeutic relationship as one of the most accurate predictors of outcome. In addition Place2Be maintains that a safe and helpful therapeutic relationship depends on a high level of self-awareness from the therapist. They, like many others, see play as the language of the child and a vital part
of child development and argue that the therapist needs to be playful in order to properly hear what the child wants to express. It is a combination of these three elements, Place2Be maintains, that brings about positive change for the child. Within this overall approach Place2Be employs counsellors and enrolls volunteer counsellors from a range of therapeutic traditions. Given the frequent need for non-verbal dimensions to counselling with primary age children and the usefulness of art, music and play, counsellors whose practice is underpinned by the psychodynamic tradition are particularly strongly represented.

School-based services
Place2Be offers counselling and support to pupils and parents, and support and training to staff at every level in the schools. The services for each school are for the most part provided by a School Project Manager, who is a full-time employee and three or four volunteer counsellors. The School Project Manager is an experienced clinician who delivers counselling, supervises the volunteer counsellors and works closely with school staff as well as outside agencies. The School Project Manager spends between two and five days per week in the school with the average being 2.5 days. The Project Manager is supervised by the Hub Manager who is in turn supervised by the Regional Manager.

The volunteer counsellors are either qualified counsellors (approx. 40%) or counsellors who are in placement for a postgraduate qualification (approx. 60%). All receive induction training, an important part of which is about developing skills to work therapeutically through play. Each volunteer counsellor is normally in school one day per week and sees three to four children per day. All receive supervision from the Project Manager before they leave school on the day.

Services for children
Place2Be offer three forms of services aimed directly at children: individual counselling, a lunchtime drop-in centre called Place2Talk staffed by a counsellor, and group work. Group work ranges from co-facilitating a whole school assembly through whole class circle time to groups focused on specific issues such as self-esteem or bereavement. Place2Be [33] carried out an economic assessment of their services and this suggested that for every pound spent on Place2Be counselling at least £6 will be saved by 2020.

Individual counselling. Children are referred from a number of sources including school staff, self referrals, parents and outside agencies. Approximately 5% (3000 out of 60,000) of the school population served by Place2Be were seen by a counsellor last year. Pupils are offered one session per week of between 40 and 60 minutes and may have up to 40 sessions in a year. Waiting times tend to be a matter of weeks and attendance rates are high, around 90%. These attendance rates are significantly higher than CAMHS.

Overall Place2Be [16] reports very positive outcomes:

- 82% of children with the most severe emotional difficulties showed a significant improvement according to their parents.
- 86% of pupils said their problems were better since attending Place2Be.

Place2Talk. Place2Talk is a drop-in centre available to every child in a school, however when the service is set up, and the beginning of each school year, parents are informed of the service and given the option of opting their child out. Place2Talk is designed to help pupils deal with everyday issues such as friendship problems and up to 70% of the children in a school with this service use it each year. The service also gives children an opportunity to talk about anything that is worrying them. Some children use this as an opportunity to refer themselves to one-to-one counselling and Place2Talk can also act as a support for pupils on a waiting list for individual work.

Place2Be also reports that the pupils sometimes meet outside the Place2Talk on the days that the counsellor is not there to sort out their difficulties between themselves.

Group work. The group work operates at a series of levels from co-facilitating a whole school assembly through whole class circle time to groups focused on specific issues such as self-esteem or bereavement. 880 children were seen in group interventions and 944 group sessions were held.

Services for parents, grandparents and carers
Individual counselling. Place2Be provides individual counselling to parents, grandparents and carers whose children are being supported by Place2Be. This service is provided by experienced, paid staff.

The Annual Review [34] states that a total of 293 parents participated in A Place for Parents interventions in 2011/12:

- 91% were female;
- 6% were from BME (Black and Minority Ethic) groups;
- 56% were lone parents;
- 22% were unemployed; and
- 28% were in full- or part-time employment.

Seventy-four per cent of parents and carers were referred by Place2Be’s School Project Managers, 4859 sessions were offered, 3612 (74%) sessions were attended.

Issues discussed included:

- 56% (200) divorce/separation;
- 41% (146) bereavement;
- 39% (137) domestic violence;
- 23% (80) substance/alcohol abuse (including prescription medication abuse);
- 14% (48) self-harm; and
- 10% (36) problems with prisoners in the family of parents.
Place2Be uses the CORE-OM – a measure used to assess psychological distress – to evaluate the impact of the work with parents. It is used to assess parents before, during and after they receive counselling support.

In addition to dealing with current concerns and issues from the past which are still affecting their lives Placefor Parents also offers the opportunity to get practical advice on a wide range of parenting issues to learn new ways to manage life and make family relationships stronger.

**Services for school staff**

*Place2Think.* Teachers and school staff are offered consultation and practical approaches that enable them to support children more effectively. Themes addressed include those relating to children’s emotional wellbeing in schools, such as safeguarding, attachment, understanding risks and resilience, working effectively with parents, resolving conflict and supporting transitions.

**Training for school staff.** Place2Be provides a number of workshops and short Continued Professional Development (CPD) sessions for developing skills in supporting children’s emotional wellbeing. These are specifically designed for teachers, teaching assistants, learning mentors and other key staff in schools.

They provide training in the following areas:

- understanding attachment;
- managing conflict;
- working with parents;
- supporting transition in young adolescents;
- mentoring; and
- accredited training.

Place2Be can support with whole class work on particular issues such as friendship self-esteem, concentration, confidence and bullying.

**Concluding thoughts on services for schools**

Given the range of services that Place2Be offer schools it is easy to understand why they call themselves an ‘Integrated Early Intervention Mental Health Provider’. It would be interesting to explore the impact of Place2Be on the culture of the schools that they work in. As yet there is no literature on this area though Place2Be reports that the nature of referrals changes over the first two years of their presence in a school. The first wave of referrals tends to be troublesome boys then gradually the more withdrawn children, both boys and girls are referred.

*Hertfordshire Counselling in Schools Service case study*

**Introduction**

Hertfordshire Counselling in Schools Service is an almost self-funding County Council service which provides counselling and art therapy to both secondary and primary schools in Hertfordshire. Approximately two thirds of the service’s therapeutic work is done in primary schools. A possible reason for this is that community-based counselling services are available to children over 13 but the Counselling in Schools Service provides the only free counselling for those under 13.

The service is managed by two managers supported by an administrative assistant. These posts are funded by the County Council. It employs 14 counsellors on part-time contracts which range from 4.5 days to one day per week. In addition the service employs eight art therapists and four supervisors on sessional contracts.

**Funding**

The service is funded from a range of sources as follows:

- Annual contracts with a school for one to six sessions per week.
- Annual contracts with a cluster of schools for a given number of sessions per week, which are used between the schools as needed.
- Common Assessment Framework (CAF) referrals (funding limited to one term).
- A contract from a school to work with a specific child accessed through a Single Service Referral Form. The minimum support offered is one term. This service is used both by schools which have an annual contract and need further help, and by those which have no contract.
- The Service is part of Hertfordshire’s crisis response team and provides crisis services for all young people in the county. The service is presently (April 2013) working with 12 individuals and two groups in this capacity.

The service prefers annual contracts for a number of reasons including:

- they provide more opportunity for counsellors to develop understanding of the culture of the primary school within which they are working;
- they provide greater possibility for teachers to develop understanding of what counsellors have to offer and so make better use of the service;
- they normalise counselling within the school;
- they provide continuity of care for clients; and
- they enable better planning of counsellors’ and service’s workload.

Common Assessment Framework referrals are funded for only one term. For a number of children the service believes can inappropriate to discontinue at the end of a term, so the service then has to make the decision as to whether to bring the counselling to the best possible conclusion, or to find funds to continue to work with the child. Similar problems also occur with Single Service Referrals where the school cannot or will not find additional funds to continue the work beyond one term. In a limited number of cases the service has continued to provide counselling beyond that funded by CAF or the Single Service Referral.
The counselling service
Most of the counselling and art therapy work is done on an individual basis however the service also provides some group counselling sessions. A counsellor is assigned to each school or cluster of schools which have annual contracts. The understandings which grow out of this continuing professional relationship are considered important in facilitating the counselling of pupils, especially in primary schools. A counsellor may spend a day with a series of clients in one school and the next day have a series of clients to see, each in different schools. Managing the logistics of working between schools in a large county can be a problem.

Referrals and waiting lists
The experience of clients with regard to waiting lists and referral varies and to some extent depends on the nature of the funding under which clients are being seen and the route through which they were referred. There are three different types of referral:

1. Those which come directly to the service manager.
2. Those that come to the service manager from clusters of school through the Partnership Development Officer.
3. Those which come to the resident school counsellor from the school’s link person.

Direct Referrals to the service manager and waiting lists. Direct referrals to the service manager come from three sources: CAF referrals, Single Service Referrals and Crisis referrals. Crisis referrals can be seen within a week if that is appropriate. CAF and Single Service Referrals can usually be seen within a fortnight.

Referrals and waiting lists within schools and clusters with annual contracts. The management of waiting lists in the context of schools and clusters of schools with annual contracts is more complex. In both cases the level of priority a potential client is given, is to a large extent dependant on the link person within the school or the cluster of schools. In the majority of cases the link person will involve the counsellor or the service manager in the process of managing the waiting list but in some cases they may not.

The counselling process with each client normally lasts for at least a term and a child coming onto the waiting list will have to wait until a slot becomes free before they can be seen. If a pupil is deemed to be in urgent need of support and no slot is likely to become free in the near future then the school can ask for an additional slot through a Single Service Referral form and pay an additional fee.

Contact with parents
Before any primary school child is seen by a counsellor, a parent/guardian normally needs to give their consent. The Hertfordshire Counselling in Schools Service normally requires schools to obtain the parent/guardians signature on a Single Service Referral Form to indicate their agreement to their child being counselled except where the child is referred through CAF. In that case the parent will sign a CAF form.

Counsellors frequently meet with the parent at the beginning of the process to explain what is happening and the confidential nature of counselling. One counsellor estimated that one or both parents of 80% of clients attend such introductory meetings. In addition counsellors meet with parents or carers at the end of the process to review progress. From time to time counsellors may also meet with parents or carers during counselling at either the counsellors’ or the parents’ or carers’ request. Some parents have been gently encouraged to seek their counselling themselves.

Counsellors
The service reports having no particular theoretical orientation and employs counsellors from a range of counselling traditions. All counsellors in the service have at least a Diploma in counselling. Many have qualifications beyond a Diploma and all are either accredited by BACP or working towards accreditation.

On entering the service the counsellors are given an additional two-day course in play therapy and are provided with opportunities for further training throughout their employment. They are also provided with monthly group supervision and fortnightly individual supervision. All are expected to work in both primary and secondary schools though some tend to specialise in either primary or secondary work. As all are part-time many of the counsellors have small private practices.

Clients
Children from deprived backgrounds and ‘looked after children’ are over represented among primary school clients and few of the clients are in the 4–5 year old age group. The issues they bring include:

- abuse: physical, emotional, sexual and neglect;
- parental mental health;
- parental drug and alcohol misuse;
- bereavement; and
- behavioural issues.

More than 10% of clients have a Child and Adolescent Mental Health Services (CAMHS) referral and a significant proportion of these have not engaged with CAMHS.

The Counselling Process
Individual Counselling. Each counsellor brings his or her own approach to their work but many have been influenced by the play therapy course they received and bring a range of play and art materials to the primary schools they work in. The time the clients spend interacting with the materials and the time they spend talking varies between clients and across time.

Group Counselling. Non-crisis group counselling for the most part tends to be ‘light touch’. Presently, the service has two groups working in primary schools. One is working on
transition to secondary school and another is working with children who are not responding to the teaching, the latter group is called ‘Make room for learning’.

*Crisis Counselling.* Crisis counselling is mostly offered in primary schools in the context of unexpected death. Where appropriate a group counselling approach is used.

*Relationships with other organisations.* Children who need support beyond what the school-based counselling service offers are referred on to specialist CAMHS through the single point of access and relationships with specialist CAMHS are reported to be good.

Counsellors do not to attend CAF (Common Assessment Framework) and TAC (Team Around the Child) meetings in person as they feel they are very limited in what they can say because of issues around confidentiality. They do however submit short reports which are agreed with the child to help support the work with the child.

*Future Developments.* The Service is considering seeking organisational accreditation with BACP and it would like to further develop group counselling.
Appendix 2: Counsellor case study

Introduction

Ann trained originally as a secondary school teacher of English and then worked as a behaviour support teacher in a pupil referral unit. She then took a degree in psychology and a postgraduate Diploma in counselling. On completing her Diploma she worked as a volunteer with adults for a number of years, had a part-time job as a counsellor in a drop-in centre for 13-19 year olds and was appointed to a post as schools counsellor. The organisation she works for provides counselling to both primary and secondary schools but most of Ann’s work has been in primary schools.

Influences on Ann’s approach to counselling

Ann reports that there are four main influences on her approach to primary school-based counselling: her initial training, her Continuing Professional Development (CPD), her supervision and her own therapy.

Initial Training. Ann’s approach to primary school-based counselling is rather different to the one she was introduced to on her Diploma course but she reports that course did make a significant contribution to her theoretical orientation. The course presented two counselling traditions, the psychodynamic and the person-centred, both of which continue to be important influences on her work.

CPD. Ann has taken a range of CPD courses provided either by her employers or paid for by herself. She has taken two six-day play therapy courses and reports play therapy’s focus on the importance of a safe boundaried place has been important to her and invaluable for her work with primary school children.

Ann also took a five-day CBT course while working with her previous employer. Other courses have focused on Attachment, Therapeutic Stories, ADHD, Child Protection and navigating the services available for clients and their families.

Supervision. Ann reports that her supervisor is a very experienced counsellor who works in the psychodynamic tradition with children and that she has helped Ann fine tune her approach to working with children including facilitating her in developing the approach she takes to explaining confidentiality to clients.

Processes around primary school-based counselling

In working with primary school pupils Ann is conscious that she is working with children who are dependant members of family and school systems that have responsibilities for them. These responsibilities give parents, and to some extent teachers, rights which lead to expectations about
their levels of involvement in every aspect of the child's life. Ann sees managing relationships with teachers and parents as an important and often sensitive aspect of her work.

**Engagement with parents and carers.** The parents of the children Ann sees are first approached by the school and their signatures obtained, giving permission for the child to receive confidential counselling. The next step is normally a meeting with parent/s which lasts about 30 minutes. This meeting takes place in the counselling room with all the art and play materials laid out. Towards the end of the meeting the child will be invited into the room and there will be a ten-minute overlap with the parent/s and child. It is be during this time that confidentiality and its limits are be explained to the child in the presence if his or her parents.

‘You can talk about anything you like here and know that I will not be talking to your teachers or your parents about what you’ve told me. This is your space to talk about anything that is worrying you and that you want to share. There is a but …the most important part of my job is to keep you safe so if you told me anything that made me feel that you or others you know weren’t safe, were in some sort of danger, then I would need to talk to another professional who would know what to do and how to keep you safe. I would always try to make sure that I told you what I needed to do. It’s very important to me that you are safe.’

Then the parent/s will leave and the first introductory session takes place in the remainder of the time.

Ann reports that a least one parent attends this first meeting in 80% of cases and that it would be unusual for her to go through the counselling process with any child without meeting one of the parents. Most of these meetings are attended by mothers alone but in about 25% of cases the father also attends. In a few cases the father attends alone or a grandparent may accompany the mother. Where there is strife between the parents sometimes both parents may want to see the counsellor before the process begins and in that case Ann will see them separately, usually on different days.

In the initial meeting with parents, Ann introduces herself, explains the process and encourages the parents to take an interest in the child's progress. She encourages them not to question the child but to be attentive when the he or she confides in them. She sees this meeting as an important element in building the parent’s trust in both her and the counselling process.

In primary school-based counselling, parents waive their rights to be informed of the content of the sessions. Ann reports that a major concern for many parents is around confidentiality. She responds to this by assuring them that if a child tells her something that she thinks the parents need to know she will encourage the child to tell their parents. If the child cannot or will not tell their parents she will negotiate with the child how it could best be shared.

Normally Ann does not meet with the parents again until the review meeting after the counselling has finished. This can be a sensitive exchange as it is important not to stray into areas which the child regards as confidential. Before this meeting Ann clarifies with the young person what she has their permission to talk about. It is however an opportunity for Ann to say to the parents how she feels things have gone in general terms and to hear the parents’ perceptions of the child progress.

There are times, however, when Ann meets parents during the counselling, either at the child’s or parents’ request. These mid-process conversations take place with less than 10% of parents. One example of this was a child who was unable to tell his/her parents something and who asked Ann to inform the parents. When parents request a meeting it is often to give her information they believe might be helpful. These conversations are often about the positive progress the child is making but in her experience they don’t usually have much effect on the progress of counselling. Ann however welcomes these contacts as they are an indication of the parents’ commitment to the child.

Parents’ interactions with Ann vary and some are very open. Many of the parents have had difficult life experiences and Ann reported that on occasions she has gently encouraged the parent or parents to seek counselling for themselves and directed them to where they may find it.

**Engagement with teachers.** Ann reports a number of differences between working with teachers in primary and secondary schools. In secondary schools, the pastoral responsibility is shared between several teachers who may have pastoral responsibility for many children and it is often difficult to identify and locate the person with key pastoral responsibility in a large secondary school. In primary schools there is usually one key person, who as Ann put it, ‘holds the child in mind.’ This person is usually easy to locate and often initiates contact with the counsellor.

Ann sees developing and managing appropriate professional relationships with teachers as a key element of her role. The principal of the primary school has responsibility for everything that happens in his or her school including counselling. The school has control over who is put forward for counselling, who has priority and also when counselling is terminated. Occasionally schools suggest plans of action which concern Ann, such as terminating counselling with a child before she believes it is appropriate. Ann reports that it is usually easier to resolve such situations in the context of schools with annual contracts where she is in and out of the school on a regular basis. This gives her the opportunity to build relationships of mutual professional respect, manage expectations about what she can say about a client and help teachers and principals to understand more about counselling and how they can best use it to support the children.
The counselling process

Ann works across a number of schools and travels between them by car. She takes a large trolley with her containing drawing and craft materials, a sand tray, clay, puppets and a range of other objects the children may use in the therapeutic work. When she arrives at a school she sets out the materials so that on entering the room the children can see the range of things they can choose from to work with. This method of starting a session was modelled by the trainer on the first play therapy course she took. She reported that moving this material, setting it up and then repacking it into the trolley and getting it back out to the car can be demanding, especially if there are several schools to be visited in one day.

Ann reports that the process of counselling varies from child to child and as the counselling relationship develops. The materials are laid out and she gives the child a choice as to what things if any they want to use. She is very clear about the importance of giving the child a feeling of control over the process. In some sessions the children may want to talk, in others the clients spend most of their time interacting with the materials and in yet others there is a mixture of talk and interacting with the materials. Working with the sand tray provides child clients with an opportunity to express, explore and make changes. She reports that it can really help to reflect worries and concerns but it can also be a powerful medium for the child to actually make things change in the scene or scenario. This, she believes, can be very helpful in terms of the child feeling their sense of agency.

Ann normally works with children for a minimum of twelve weeks and she is content with the outcomes for the vast majority of clients that she works with. In the last six weeks she begins to signal to clients when the counselling will end and ask clients how they feel about that. If the child has concerns about ending which she shares, she will negotiate with the school for more sessions and reports that she is usually successful in these cases.

In those cases where the counselling is not going well Ann will be in regular touch with the relevant member of school staff, usually the principal, to get their perspective on the child. Normally these children will be referred on to specialist CAMHS by an appropriate person such as the school nurse or the GP.

The follow-up

Ann’s organisation runs a mentoring programme for secondary school children with adult volunteers who spend time with the children on hobbies and other activities either inside or outside school. On occasions she has encouraged 11-year-old children who are progressing to secondary school to join this programme after they make the transition to their new school.

In schools which have annual contracts Ann runs a drop-in centre at lunch time. This service is only for children who she has worked with as they are the only ones she has parental permission to work with. Ann reports that just under 20% of past clients use this service.
Appendix 3:
Invitation e-mail to take part in the survey

Dear xxxx,

On behalf of the BACP Counselling MindEd project, I am emailing you to see if you would be willing to help us with a survey on the provision of counselling in primary schools in the UK.

We wish to understand the perspectives of service managers who oversee counselling in primary schools. I understand you are in that role we would be grateful if you would complete the survey. If you are not in that role and your organisation provides primary school counselling we would be very grateful if you could forward this request on to your service manager.

To complete the survey, please click here:
https://www.surveymonkey.com/s/7XNRLG5

This survey is a component of one of nine studies that BACP are carrying out to determine the current provision of counselling to children and young people. It is part of the Counselling MindEd project which is developing e-learning materials to support the training of counsellors for work with children and young people.

Primary School Counselling has developed rapidly over the last decade or so. The way in which it has developed differs from area to area and sometimes from school to school. Some work has been published in the area but there is much that is unknown. In order to develop a much better understanding of the field, BACP is asking organisations which provide primary school counselling to fill out this questionnaire which hopefully should take no more than 15 minutes. This information will help to build a clearer picture of what is happening at the moment in the field.

The survey asks respondents to identify the name and location(s) of their service. This is solely to help us ensure that we can organise the data coherently and to avoid duplication of responses, and will not be used in any way in publications. BACP will publish the results of this survey with all details anonymised, and the information will help to develop training materials for counsellors entering this field. It will also help the profession and organisations to better understand what is going on and thus make more informed decisions.

To complete the survey, please click here:
https://www.surveymonkey.com/s/7XNRLG5

Yours Faithfully

Willie Thompson
Primary School Counselling Researcher
BACP’s Counselling MindEd Project
Appendix 4: Questionnaire

Your Organisation and its Context

1. What is the name of your organisation?

[ ] Yes
[ ] No

2. Does your organisation work from a number of centres?

3. What is your role in the organisation?

4. In what areas does your organisation provide primary school counselling? (Please tick all that apply)

5. In how many local authority areas do you provide services to primary schools?

6. In how many primary schools do you provide counselling services?

7. How many counsellors do you have working in primary schools?

8. What is the total number of counsellors working for your organisation?

9. How is the counselling your organisation carries out in primary schools funded? (Please tick all that apply)

Other (please specify)
10. Does your organisation have a particular theoretical orientation it brings to primary school counselling?

- □ No
- □ Integrative/eclectic/pluralistic
- □ Person-centred/ Humanistic
- □ Psychodynamic
- □ CBT
- □ Behaviourist
- □ Other (please specify)

11. Has the theoretical orientation your organisation brings to primary school counselling changed over the past five years?

- □ Yes
- □ No

If No go to Question 13

12. Which of the theoretical orientations below have become more important with regards to primary school counselling?

- □ Integrative/eclectic/pluralistic
- □ Person-centred/ Humanistic
- □ Psychodynamic
- □ CBT
- □ Behaviourist
- □ Other (please specify)

13. What is the nature of your organisation?

- □ Charity
- □ Limited Company
- □ Private Company
- □ Local Authority Organisation
- □ Other (please specify)

14. Does your organisation have organisational accreditation with BACP?

- □ Yes
- □ No

BACP Primary School Survey

Thank you for accepting our invitation to participate
Your Primary School Counselling Service - Working with Individual Pupils

15. Who may refer clients to the counselling service? (Please tick all the options that apply)

☐ Self
☐ Peers
☐ Parents
☐ Teaching Staff
☐ Non-teaching School Staff
☐ Common Assessment Framework Procedure
☐ Other (please specify)

16. Is there usually a limit to the number of sessions offered?

☐ Yes
☐ No

17. What is the maximum number of sessions offered?

<table>
<thead>
<tr>
<th>Maximum no. sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

18. How long would an average counselling session last?

☐ 30 mins or less
☐ 30–40 mins
☐ 40–50 mins
☐ 50–60 mins
☐ Other (please specify)

19. What is the average number of sessions pupils receive?

<table>
<thead>
<tr>
<th>Average No. Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

20. What is the average waiting time from being referred to being seen by a counsellor?

☐ Less than 2 weeks
☐ 2–4 weeks
☐ 4–6 weeks
☐ 6–8 weeks
☐ More than 8 weeks

21. Approximately how many clients does your counselling service see in one to one sessions per week across all the primary schools your organisation works in?

<table>
<thead>
<tr>
<th>No of clients per week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

22. What percentage of sessions offered are attended by children? (attendance rates)

<table>
<thead>
<tr>
<th>Average % of sessions attended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

BACP Primary School Survey
Thank you for accepting our invitation to participate
23. Do your organisation’s counsellors offer group counselling in primary schools?

☐ Yes
☐ No
If No go to Question 31

24. How are children referred to group counselling? (Please tick all that apply)

☐ Self
☐ Peers
☐ Parents
☐ Teaching Staff
☐ Non-teaching School Staff
☐ Common Assessment Framework Procedure
☐ Onward referral by Counsellor
☐ Other (please specify)

25. What would be the smallest number in a group?

No of Children

26. What would be the largest number in a group?

No of Children

27. How long would a group counselling session last?

☐ 30 mins or less
☐ 30–45 mins
☐ 45–60 mins
☐ 60–75 mins
☐ More than 75 mins
☐ Other (please specify)

28. Is there usually a limit to the number of group sessions offered?

☐ No
☐ Yes
☐ If yes (please specify)

29. Approximately how many clients does your counselling service see in group sessions per week across all the primary schools your organisation works in?

No of Clients per week

30. Do the groups have a specific focus (i.e. bereavement, anger)?

☐ Yes
☐ Sometimes
☐ No

Please specify the issues, if any, that are the major focus of your group counselling sessions

BACP Primary School Survey
Thank you for accepting our invitation to participate
31. What level of engagement does your organisation have with parents? (Please tick all that apply)

- Obtain informed consent from parent for counselling
- Involve parents in review of child’s progress
- Offer parents consultation and advice
- Encourage parents to seek counselling support
- Offer counselling to parents

- Other (please specify)

BACP Primary School Survey
Thank you for accepting our invitation to participate

32. What services do your counsellors offer school staff? (Please tick all that apply)

- What services do your counsellors offer school staff? (Please tick all that apply) None
- Advice and support on how best to use the counselling service
- Advice and support on working with specific individuals
- Advice and support on working with specific groups of pupils.
- Advice and support on working with pupils in class.
- Training for school’s senior management team
- Training for teachers
- Training for non-teaching staff

- Other (please specify)

BACP Primary School Survey
Thank you for accepting our invitation to participate
Your Primary School Counselling Service – Working Your Counsellors

With this survey we are hoping to get an initial picture of what is happening in primary school counselling. The questions on this page require you to make estimates about the counsellors who work for your organisation, we know these are estimates and are grateful for any information you can give us.

33. Approximately what percentage of your primary school counsellors would describe their theoretical orientation in each of the ways listed below?

<table>
<thead>
<tr>
<th>Theoretical Orientation</th>
<th>0%</th>
<th>1–25%</th>
<th>26–50%</th>
<th>51–75%</th>
<th>76–99%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrative/eclectic/pluralistic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person-centred/ Humanistic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychodynamic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CBT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behaviourist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

34. Approximately what percentage of your primary school counsellors have the following qualifications?

<table>
<thead>
<tr>
<th>Qualification</th>
<th>0%</th>
<th>1–25%</th>
<th>26–50%</th>
<th>51–75%</th>
<th>76–99%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Counselling related doctorate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Masters in Counselling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Post-Graduate Diploma in Counselling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Graduate qualification in Counselling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>An FE qualification in counselling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working towards qualification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
35. Approximately what percentage of your primary school counsellors are accredited by BACP?

<table>
<thead>
<tr>
<th>% of Primary School Counsellors accredited</th>
</tr>
</thead>
</table>

36. Approximately what percentage of your primary school counsellors use the approaches listed below?

<table>
<thead>
<tr>
<th>Approach</th>
<th>0%</th>
<th>1–25%</th>
<th>26–50%</th>
<th>51–75%</th>
<th>76–99%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Play informed approaches</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art informed approaches</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Music informed approaches</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drama informed approaches</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dance informed approaches</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Storytelling informed approaches</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psycho-education informed approaches</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

37. What sort of contracts/agreements do you have with your counsellors? (Please tick all that apply)

- Full time employment contracts
- Part time employment contracts
- Sessional contracts
- Volunteer agreements
- Other (please specify)

38. Do you provide in house training for your primary school counsellors?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>For full time employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For part time employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For sessional employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For volunteers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
39. If Yes to any part of Question 38 do you offer any of the following types of training? (Please tick all that apply)

☐ Play informed approaches
☐ Art informed approaches
☐ Music informed approaches
☐ Drama informed approaches
☐ Dance informed approaches
☐ Storytelling informed approaches
☐ Psycho-education informed approaches
☐ Working with parents
☐ Working with teachers
☐ Other (please specify)

40. What sort of arrangements do you have for supervision for your primary school counsellors?

<table>
<thead>
<tr>
<th></th>
<th>Individual In-House Supervision</th>
<th>Group In-House Supervision</th>
<th>External Supervision paid by Organisation</th>
<th>Counsellors make own Supervision Arrangements.</th>
</tr>
</thead>
<tbody>
<tr>
<td>For full time employees</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>For part time employees</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>For sessional employees</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>For volunteers</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BACP Primary School Survey
Thank you for accepting our invitation to participate

Your Primary School Counselling Service - Evaluation

41. How do you evaluate the effectiveness of your primary school counselling service? (Please tick all that apply)

☐ Outcome measures
☐ Written comments from adult stakeholders
☐ Verbal reports from adult stakeholders
☐ Informal comments from clients
☐ Other (please specify)
42. Do you use any of the outcome measures listed below

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>With Clients</th>
<th>With Parents</th>
<th>With Teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORS (Child Outcome Rating Scale)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SDQ (Strengths and Difficulties Questionnaire)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CORE (Clinical Outcomes in Routine Evaluation)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YP-CORE (Young Person-Clinical Outcomes in Routine Evaluation)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

43. Have you carried out a clinical audit of your primary school counselling service in the last year?

- [ ] Yes
- [ ] No

If No go to Question 47
44. What was the focus of the audit?

What was the focus of the audit?

45. Did the audit of your primary school counselling service lead to any changes in practice?

☐ Did the audit of your primary school counselling service lead to any changes in practice? Yes
☐ No
☐ If yes please specify

46. Did you carry out any other forms of evaluation?

☐ Yes
☐ No
☐ If yes please specify

47. Thank you for completing the survey and if you have any thoughts on what your primary school counsellors find most challenging we would be very interested to hear them.

48. If you would be prepared to answer a few more questions we would be grateful if you would insert your email address in the space below
The Department of Health has provided funding to Counselling MindEd, assisting the provision of health promotion and advice.