



Department  
for Education

# **Counselling in schools: a blueprint for the future**

**Departmental advice for school leaders  
and counsellors**

**February 2016**

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# Summary

## About this departmental advice

This is departmental advice from the Department for Education (DfE). This advice is non-statutory, and has been produced to help school leaders set up and improve counselling services in primary and secondary schools. It provides practical, evidence-based advice informed by experts on how to ensure school based counselling services achieve the best outcomes for children and young people. It also sets out the Government's expectation that over time we would expect to see all schools providing access to counselling services. It is equally relevant for schools with counselling services and those that currently have no access to them. It reflects views of children and young people on counselling, as well as those of schools. It recognises that effective counselling is part of a whole school approach to mental health and wellbeing.

This advice provides practical help for setting up or improving existing counselling services, covering issues such as decisions around employing or contracting counsellors, funding, models of delivery, line management and quality assurance. For the many schools that already have counselling services in place, this advice sets out areas where improvements can be made to ensure services are of high quality, delivering value for money and improved outcomes for children and young people.

While the main focus is on school based counselling, this advice also explains how counselling fits within a whole school approach to mental health and wellbeing, covering issues such as improving wellbeing and resilience, raising awareness of mental health issues through the curriculum, reducing the stigma around mental health, effectiveness of the pastoral system and the role of leadership.

It is important to note that counselling is not the only effective method to supporting mental health and emotional wellbeing in schools. This document only deals with school counselling. Consideration of other forms of help are beyond the scope of this document, but it should be read alongside the DfE guidance on [Behaviour and Mental Health](#), and the [PSHE Association's](#) advice and lesson plans on teaching about mental health.

## Expiry or review date

This advice will next be reviewed in February 2017.

## Who is this advice for?

All primary and secondary school leaders including headteachers and governing bodies as well as those with day-to-day responsibility for mental health issues in schools, counsellors, clinical supervisors, and managers of school counselling services. It will also

be of interest to providers and NHS and Local Authority commissioners of counselling and other forms of psychological support.

# 1. Introduction

1.1 The Government is committed to improving children and young people's mental health and wellbeing. While mental health issues are relatively common, with around 10% of 5 to 16 year old pupils experiencing them<sup>1</sup>, children and young people do not always get the help that they need as quickly as they should. Issues such as anxiety, low mood, depression, conduct and eating disorders can impact significantly on their happiness and future life chances.

1.2 The Government established a Children and Young People's Mental Health and Wellbeing Taskforce, led by the Department of Health and NHS England, working closely with other Departments, including DfE, in September 2014. This looked at ways to make it easier for children and young people and their families to access help and support when needed, and improve the way in which mental health services are organised and provided. In parallel with the work of the Taskforce, DfE announced in November 2014 that it would develop a counselling strategy and new PSHE Association guidance on teaching about mental health issues.

1.3 [\*Future in Mind\*](#), the Government report of the Children and Young People's Mental Health and Wellbeing Taskforce recognises the crucial role that schools can play, working alongside health and community and voluntary services, in helping to support good mental health and in preventing and identifying mental health issues in children and young people. Most schools attach considerable importance to ensuring pupils' wellbeing, developing character and resilience and supporting pupils with problems. They increasingly play a valuable role in early intervention and support for mental health issues, in particular through growing use of school based counsellors.

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

1.5 Good mental and emotional wellbeing is an integral part of children and young people's holistic development. When this development is inhibited, counselling can be an effective and important resource. The aims of counselling are to assist the child or young person to achieve a greater understanding of themselves and their relationship to their world, to create a greater awareness and utilisation of their personal resources, to build their resilience, and to support their ability to address problems and pursue meaningful goals.

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<sup>1</sup> Green et al (2005) [Mental health of children and young people in Great Britain](#), 2004

## ***Future in Mind – Key proposals***

The report sets out a clear national ambition in the form of key proposals to transform the design and delivery of services for children and young people with mental health needs. Many of the proposals are cost neutral, requiring a different way of doing business rather than significant further investment. The report also sets out a number of proposals that require critical decisions on further investment and on local service redesign. An extra £1.4bn funding will be available between 2015/16 and 2019/20 to transform children and young people's mental health services, which will provide a significant boost to implementing the proposals.

The report sets out the Government's aspirations for 2020. The full report can be viewed [here](#). The aspirations most relevant to schools include:

- improving public awareness and understanding through a hard hitting anti-stigma campaign, building on the success of the existing *Time to Change* campaign;
- in every part of the country, children and young people having timely access to effective mental health support when they need it;
- increased use of evidence-based treatments with services rigorously focused on outcomes, by building on the success of the Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT) transformation programme and rolling it out to the rest of the country;
- every area having 'one-stop-shop' services, which provide mental health support and advice to children and young people in the community;
- improving communications, referrals and access to support through every area having named points of contact in specialist mental health services and schools. This would include integrating mental health specialists directly into schools and GP practices;
- professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it; and
- every area should publish a Local Transformation Plan (LTP), which should articulate how local provision will change to better support children and young people with mental health issues and improve prevention services. LTPs should consider the place of counselling as a part of overall mental health support.

## 2. Current situation

2.1 School based counselling is one of the most prevalent forms of psychological therapy for children and young people. Recent data from a nationally representative survey of teachers<sup>2</sup> suggest that 62% of schools offer counselling services to their pupils (70% of secondary schools and 52% of primary schools). Previous estimates of provision suggest that availability of school based counselling services is increasing over time<sup>3</sup>.

2.2 While data is not formally collected on mental health diagnoses for children and young people, we know that the range of issues young people bring to counselling sessions can be wide-ranging. One of the benefits of school based counselling is that children and young people do not need a clinical diagnosis to access it. Presenting emotional or behavioural concerns, identified at an early stage, can be reasons to access counselling. This prevents problems escalating over time. Costs can vary significantly depending on the delivery model, with, for example, targeted 1:1 counselling estimated at £14.5k per annum for a counsellor for two days per week; and a whole school mental health service integrated within the school pastoral, safeguarding and support systems estimated at around £40k per annum.

2.3 The evidence shows that counselling in schools is increasingly viewed as a profession, with counsellors recognised on [Accredited Voluntary Registers](#). There has been a significant move away from school staff, for example, teachers, doing counselling training as an add-on to their role, reflecting what is seen as emerging good practice.

### Definition of mental health

Mental health is defined as a state of wellbeing in which every individual recognises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community. [World Health Organisation, August 2014](#)

### Approaches to service delivery

2.4 School counselling services tend to take the form of qualified counsellors (a professional practitioner who has typically completed a two year part-time/one year full-time diploma, see section 6.5) having one-to-one sessions with pupils. Some appropriately trained counsellors will also undertake targeted group work with pupils. There are several service delivery models currently being used in England: some schools employ their own counsellors, either as salaried staff within their substantive staffing structure, or by having individual contracts with self employed counsellors. Some schools

<sup>2</sup> Harland et al (2015) [NFER Teacher Voice Omnibus: Questions for the Department for Education – June 2015](#)

<sup>3</sup> Cooper (2013) [School-based counselling in UK secondary schools: a review and critical evaluation](#).



draw on Local Authority or voluntary sector counselling services where they exist, either with a service level agreement whereby the counsellor spends a day or two a week in the school, or via a peripatetic arrangement when the counsellor only attends to spend time with specific targeted pupils.

2.5 Most counselling is conducted on a one-to-one basis, and is usually based on 'humanistic' or integrative principles<sup>4</sup>. These approaches to counselling aim to provide young people with an opportunity to talk through their difficulties in a welcoming and supportive environment, and to find their own ways of addressing their issues. In primary schools, much of the one-to-one counselling work also incorporates play or art based methods, but might also include family work or group work<sup>5</sup>.

2.6 Counselling within secondary schools has been shown to bring about significant reductions in psychological distress in the short term, and to help young people move towards their personal goals<sup>6</sup>. Within primary schools, there is good evidence that counselling is associated with reductions in psychological difficulties, though a direct causal link has yet to be established<sup>7</sup>. School staff and children and young people usually evaluate school based counselling positively, viewing it as an effective way of bringing about improvements in mental health and wellbeing, and helping children and young people to engage with studying and learning. Counselling is viewed as an accessible service, increasing the range of options available to children and young people who need to talk to a professional about issues in their lives.

### **The Place2Be model**

[Place2Be](#) offers a flexible menu of school based mental health services, delivered by a team of clinical staff and skilled volunteers. This includes weekly one-to-one counselling sessions in school for children with the most urgent needs where trained counsellors tailor sessions according to each child's needs. For younger children a therapeutic approach encourages children to express themselves in non-verbal ways, for example through artwork or play. Parents and carers reported some improvement in wellbeing for 74% of children who received Place2Be counselling. All children can refer themselves on their own, or with friends to a Place2Talk whenever something is worrying them. Place2Be also provides a dedicated counselling service for parents and carers to complement the work with children, support for school staff and teachers and training programmes for individuals and organisations.

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<sup>4</sup> Cooper (2013) [School-based counselling in UK secondary schools: a review and critical evaluation](#).

<sup>5</sup> Thompson (2013) [School-based counselling in UK primary schools](#).

<sup>6</sup> Cooper (2013) [School-based counselling in UK secondary schools: a review and critical evaluation](#).

<sup>7</sup> Daniunaite, A., Cooper, M., & Forster, T. (2015). Counselling in UK primary schools: Outcomes and predictors of change. *Counselling and Psychotherapy Research*. doi: 10.1002/capr.12016

2.7 School staff know their pupils well. However what teachers and support staff say is that they often don't have either the time or the expertise to help children and young people when they begin to show signs of distress. Studies show that school staff can appreciate the availability of a professionally qualified counsellor who can support these children and young people once they have been identified. School staff also say that they benefit from the guidance of counsellors when they are trying to understand and manage children and young people's behaviours and emotions in school.

2.8 Whilst school based counselling has gained much support and has increased in prevalence in recent years within schools in England, there are, however, broad areas for development for counselling services which schools should be mindful of, including:

- increasing the extent to which practice is evidence-based;
- greater use of outcome monitoring;
- ensuring equity of access to young people who are currently under-represented, for example those from Black and Minority Ethnic (BME) backgrounds;
- ensuring services are equipped to meet the needs of vulnerable children and young people, including looked after children and children and young people with SEND;
- increasing children and young people's involvement with development of services; and
- better integration with other mental health and wellbeing support, within the school and beyond it, allowing for improved assessment and referral. Integration with local specialist child and adolescent mental health services (CAMHS) is key to this.

### 3. Future expectations for school based counselling

3.1 The mental health and wellbeing of children and young people is everyone's business. The benefits to the individual and to society in preventing problems from arising, and intervening early where they do, are significant. For schools this can result in improved attainment, attendance, reductions in behavioural problems, as well as happier, more confident and resilient pupils.

3.2 The current extent of counselling provision in schools, alongside a range of other interventions and support programmes for pupils, makes it clear that many schools already recognise the value of making counselling services available in school settings. Schools have adopted a wide variety of approaches, and prioritised this within their existing funding, whether through the Dedicated Schools' Grant, or in some cases, the Pupil Premium.

3.3 While in some cases school based counselling services may have been introduced to address problems with access to services outside of schools, it is clear that they are not only an established part of the school landscape, but play a significant role in overall provision of mental health services for children and young people.

3.4 Our strong expectation is that, over time, all schools should make counselling services available to their pupils. In line with the Government's wider approach to schools, allowing schools autonomy to make their own decisions about how to use their funding in the best interests of their pupils, we are not requiring this. But this guidance sets out the issues schools will want to consider where they do not have services in place.

3.5 For the many schools that already have counselling services in place, the priority is to address the areas for development identified above. We want to support schools to ensure that the services they offer are of high quality, delivering value for money and improved outcomes for children and young people. This guidance draws on the direct experience of schools, the views of children and young people about counselling, and advice from an expert group drawn from key organisations.<sup>8</sup> Many of these organisations have produced more detailed guidance and research which is referenced at the end of this document, and which schools may also wish to draw on in developing their services.

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<sup>8</sup> Mick Cooper: Professor of Counselling Psychology, National Advisor for Counselling, Children and Young People's Improving Access to Psychological Therapies (CYP IAPT), University of Roehampton; Karen Cromarty: Lead Advisor for Children and Young People, British Association for Counselling and Psychotherapy; Barbara Rayment: Director, Youth Access; Catherine Roche: Chief Executive, Place2Be; Kevin Kibble: Chief Executive, Nuture Group Network.

## 4. Whole school context

4.1 School based counselling is likely to be most effective where it is delivered as part of a whole school commitment to improving mental health and wellbeing. Emotional health is everyone's business and schools will want to consider the following areas of school practice and how they can work together to best support pupils.

### Improving wellbeing and resilience

4.2 Schools have a vital role to play in supporting the wellbeing of their pupils. We have high aspirations for all children and young people. We want schools to develop qualities like confidence, resilience and motivation in their students. In other words, to ensure that young people are prepared for adult life. These character traits support academic attainment, are valued by employers, and support children and young people to make a valuable contribution to society. Activities to support children and young people to develop these qualities, in particular resilience, will contribute to making children and young people happy at school and engaged with their learning.

4.3 It is widely recognised that the capacity to cope with adversity and even be strengthened by it – resilience – is an important factor in children and young people's wellbeing. Evidence shows that these coping strategies are learnable and teachable. Resilience is relevant for all children and young people, not just those who might be considered vulnerable. Schools will have a range of activities in place to support this. These range from those with a direct focus on mental wellbeing, for example, using mindfulness techniques, to others which build character and provide emotional fulfilment, for example the Duke of Edinburgh award, music and cultural activities. Other activities encourage teamwork and healthy living, for example, sport and physical activities.

4.4 The DfE is also supporting a range of programmes through its Voluntary and Community Sector grants which will inform the future funding, commissioning and delivering of mental health services. They include: resources, information and training for schools, young people and families; specialist support for vulnerable groups; helplines, online services and apps; and projects that support emerging outcomes from the *Future in Mind* report.

### Raising awareness of mental health through the curriculum

4.5 Personal, Social, Health and Economic (PSHE) education provides an obvious vehicle to teach pupils about mental health. Many schools also plan enrichment activities during which they focus on different themes, and mental health awareness raising can provide useful content for such time. The PSHE Association non-statutory programme of study covers mental health, and they have subsequently published guidance for schools, commissioned by DfE, on teaching about mental health safely and effectively. Alongside

the guidance there is a series of lesson plans covering key stages 1-4 (5-16 year olds). For older pupils the lessons address such topics as self-harm and eating disorders, as well as issues directly concerned with school life, such as managing anxiety and stress around exams.

## Promoting staff health and wellbeing

4.6 Promoting staff health and wellbeing should also be an integral part of the whole school approach to mental health and wellbeing. Headteachers have a [contractual obligation](#) to lead and manage staff with a proper regard for their wellbeing and a healthy balance between work and other commitments.

### Time to Change

[Time to Change](#) is England's biggest programme to challenge mental health stigma and discrimination. It is an anti-stigma campaign run by the leading mental health charities Mind and Rethink Mental Illness. The programme involves a wide range of projects, engaging people in all sectors and communities, encouraging them to start a dialogue with a view to this leading to a change in behaviour.

The children and young people's work aims to:

- improve the knowledge, attitudes and behaviour of young people and families around mental health;
- reduce the number of young people with mental health issues who experience the negative impact of stigma and discrimination;
- improve the confidence and ability of young people and families to speak openly about their mental health issues;
- improve the confidence and ability of all young people and families to tackle stigma and discrimination when they see it or experience it; and
- improve the social capital of young people with mental health issues by building young people's confidence and ability to get involved and engaged within their local communities and activities including *Time to Change*.

## Reducing the stigma around mental health

4.7 Schools will want to ensure that dialogue about mental health issues, whether through the curriculum or pastoral support, encourages openness and is non-judgmental. They will want to promote awareness of what pupils should do if they are concerned that

they, or a friend, may have mental health issues. This will include who to talk to, where to get accurate information, how to seek counselling and other psychological interventions, and how peer support can help. Schools should consider how to make parents or carers aware of the services within and outside schools, and may want to use any national campaigns to destigmatise mental health issues when talking to parents, carers and pupils, including World Mental Health Day, Children's Mental Health Week and the continuing *Time to Change* campaign.

## **Interaction with the pastoral system**

4.8 Pastoral systems within schools have responsibility for the wider welfare of their pupils and counselling services should be considered within this context. It is important that clear links are made between counselling services and pastoral care, and in how counselling fits within the school's approach to emotional health and wellbeing. Regular communication between counselling services and the pastoral care team can be helpful to ensure effective information sharing and referrals. Schools will want to: consider how their pastoral and SEND support systems link with counselling support as well as with external specialist services; how pupils are monitored, both to identify those with issues or in high risk groups, the effectiveness of interventions deployed; and what training and support is available for staff in these roles, including form tutors.

4.9 Counselling is, however, distinct from pastoral care and the role of the SENCO, and should be delivered by trained counsellors or, in some cases, professionally and closely monitored supervised trainees within an established counselling service.

4.10 One way in which counsellors link to the wider pastoral system in a school is to highlight when they are supporting a number of children and young people with issues which are related to the school environment, such as bullying, academic pressure, or the handling by teachers of difficult issues such as gender identity. This can help schools identify where a change in policy or practice may be needed. Counsellors must seek permission from children and young people, or their parents/carers where appropriate, to share information that would identify any children and young people who are using the counselling service.

4.11 As well as providing internal support schools can promote external services accessible to all such as ChildLine.

## ChildLine

The DfE provided the NSPCC with £11.2m from 2011 to 2015 to fund the NSPCC and ChildLine helplines for children and adults wishing to discuss their concerns and report abuse. ChildLine is a free 24-hour counselling service for children and young people up to their 19th birthday in the UK provided by the NSPCC. ChildLine supports young people with any issue which causes distress or concern. Common issues include bullying, family problems, suicidal feelings, self-harm, abuse, mental illness, unhappiness and low self-esteem.



## Leadership role

4.12 All of the above is dependent on clear and committed school leadership. The headteacher's role will be crucial, as will that of the governing body; but strong leadership below that is also essential to ensure a coherent whole school approach, championing wellbeing, and acting as a point of contact, both within school and for external agencies. *Future in Mind* proposes there should be a specific individual responsible for mental health in every school. In practice it is already common within schools who have counselling services for a senior member of staff to be the "link person" to the counselling service. This senior member of staff can act as the champion for the service, whether the counsellor is employed by the school or an outside agency. DfE is working with NHS England to pilot the introduction of named points of contact in mental health services and schools.

4.13 School leaders will want to make appropriate cross references to other key guidance in this area, most notably the DfE's [Mental health and behaviour in schools advice](#), which contains practical advice and examples of what effective schools do to support young people with emotional and behavioural difficulties that may be linked to an unmet mental health need.

4.14 School leaders will want to consider how to enhance staff understanding of mental health issues. [MindEd](#), a free online portal is also available to help staff learn about mental health issues, as well as signposting them to resources. The [Carter](#) review of Initial Teacher Training (ITT) recommended that, in future, training should provide new teachers with a grounding in child and adolescent development, including emotional and social development, which will underpin their understanding of other issues including mental health. In response to the Carter review, the Education Secretary commissioned an independent expert group, chaired by Stephen Munday CBE, to develop a framework of content for ITT. This group will consider the extent to which mental health is covered

within the new ITT framework of core content and is expected to report to the Department in 2016.

### **Case study 1: An effective whole school approach**

Sharing problems and a willingness to seek help has to be the desired culture within any school. We speak regularly to our pupils about the importance of talking to others through wellbeing lessons and assemblies, and our staff are fully trained to know the benefits of counselling and the avenues of support on offer to our young people. The culture within the staff is important too: many have spoken openly about their use of counselling and the impact it has had on their lives. This sense of 'community', the "we're all in this together" has meant that accessing our counselling service is something that our pupils just "do"; there is no stigma or shame attached to it, just another avenue of support to help them work through issues in their everyday lives.

Wellington College, Berkshire



## 5. What is counselling and how can it help children and young people?

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

5.2 Good mental and emotional wellbeing is an integral part of children and young people's holistic development. When this development is inhibited, counselling can be an effective and important resource. The aims of counselling are to: assist the child or young person to achieve a greater understanding of themselves and their relationship to their world; to create a greater awareness and utilisation of their personal resources; to build their resilience; and to support their ability to address problems and pursue personally meaningful goals.

### What is school based counselling?

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

### How can school based counselling help children and young people?

5.3 Counselling can be beneficial in a number of ways, for example it can help:

- reduce the psychological distress that children and young people may experience as a result of facing a range of life difficulties, such as being bullied or experiencing bereavement;
- support young people who are having difficulties within relationships, for example, with family or with friends;
- young people who are having difficulty managing their emotions, such as anger; and
- as part of a graduated response to decide whether or not to put SEN support in place where difficulties are caused by events such as bullying or bereavement.

5.4 Many pupils report improvements in their capacity to study and learn following counselling and frequently report that counselling helps them to concentrate<sup>9</sup>. Pupils also report an increased motivation for school and schoolwork. Headteachers and pastoral care teachers are also supportive of counselling in helping pupils to study and learn, particularly in facilitating the young person's ability to concentrate in class, as well as increasing their attendance at school and improving behaviour.

5.5 Evidence indicates<sup>10</sup> that in secondary schools the most frequent issue that young people present to school based counselling, as recorded by their counsellor, is family issues. Anger is the second most common presenting issue, and is significantly more common for males, with about one quarter of all males presenting with this difficulty. 'Behaviour' is another common presenting issue at school based counselling; as are bereavement, bullying, self-worth and relationships in general. For the young people themselves, the most frequent goal they wish to work on when coming to counselling is increasing self-confidence and self-acceptance.

5.6 While there are a number of routes through which children and young people might receive counselling, including through voluntary sector community based services, private practices, GPs and specialist children's mental health services (also known as CAMHS), this document focuses specifically on the effective use of counselling within a school environment. It builds on current practice that exists in many schools, alongside expert advice, to support the development of a service which meets children and young people's needs.

5.7 There are a number of ways in which schools may use counselling, including to complement and support other services. The key areas are:

- as a preventative intervention. School staff, parents or carers, or other adults close to the child or young person may identify that there are emerging signs of behavioural change (for instance, drug and alcohol misuse, or dis-engagement with learning). Consequently they may refer the child or young person, with their informed consent (and in line with the individual school's procedures) to counselling to explore and make more positive, goal-orientated choices;
- for assessment purposes. A suitably qualified counsellor can provide an assessment of a child or young person which includes an assessment of risk, and identify with them an appropriate way forward, including considering goals which they may want to achieve (which may be to do with any aspect of their lives). The agreed way forward may be ongoing counselling, but may also be watchful waiting or a recommendation through agreed school routes that a referral to other statutory or voluntary services would be appropriate;

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<sup>9</sup> <http://iapt.nhs.uk/silo/files/school-based-counselling-review.pdf>

<sup>10</sup> [http://www.bacp.co.uk/admin/structure/files/pdf/13861\\_cooper\\_secondary.pdf](http://www.bacp.co.uk/admin/structure/files/pdf/13861_cooper_secondary.pdf)

- as an early intervention measure. Children or young people themselves, or the adults around them, might identify a problem and refer them to counselling. A counsellor will work with the child or young person to help them address their problem(s) and reduce their psychological distress;
- a parallel support alongside specialist CAMHS. Some children and young people may attend counselling while they are also attending specialist mental health services. Sometimes resource constraints can mean that specialist mental health service appointments are not as frequent as the service and/or the child or young person and parents or carers would like. Here, a school counsellor can support the child or young person in between specialist mental health service appointments, or while waiting for treatment to begin. Each service should know that the other is involved and communicate any significant developments to them (normally with the child or young person's and parent's or carer's permission); and
- a tapering or step down of intervention when a case is closed by specialist mental health services. Sometimes, when a specialist mental health service intervention is completed, a child or young person may attend counselling within school as a further support which consolidates the work of the specialist mental health service. Counselling, too, is tapered and stepped down to an end. However, should the problems escalate, a fast track communication and referral can operate between counselling and specialist mental health services.

### **Case study 2: Working with primary school children**

At home, six-year-old Brandon was either clingy or violent. Brandon reminded his mum of his dad, who was in prison for a violent crime. Brandon's mum felt guilty and admitted that she did not want to be with her son. Brandon was described by his teacher as 'sad and grumpy'. He was withdrawn, had trouble concentrating and tormented his classmates. Brandon responded well to the warmth, playfulness and acceptance shown by his Place2Be counsellor. He talked about his dad and what it would be like when he got out of prison. Brandon's mum also received support from Place2Be. She now displays affection towards her son whose behaviour has improved at home and school. The headteacher reports that Brandon laughs and jokes with friends. He has moved up one full level in Reading, Writing and Maths. His mum says, 'I can't believe the change, he is like a different boy.'

5.8 At each stage of school based counselling, and no matter how a referral was made, the child or young person should work with the counsellor's support to find their own answers to their difficulties. Some children and young people may not want to see a counsellor in their school and schools may, therefore, want to provide their pupils with information about other sources of help in the local community.

## 6. Using counsellors in schools – practical issues

6.1 Schools will need to consider a number of practical issues in setting up a counselling service or developing and improving an existing service. Important areas to consider are: how to fund and employ counsellors; how supervision will be provided: and what model of service delivery to use.

### Decisions to employ or contract counsellors

6.2 Schools that do not have counselling services in place will need to consider a number of factors to consider, including the:

- prevalence of mental health problems among the pupil population;
- impact of mental health difficulties on pupils' academic progress and behaviour (including impact beyond the individual pupil);
- experience of existing staff within the school and strength of pastoral systems;
- availability of support through external agencies, within the statutory and voluntary sectors, including Local Authority and mental health services; and
- views of pupils, parents or carers and school staff.

#### Case study 3: Working with secondary school children

'Anya' is an example of someone who could use counselling. She was 14 years old when she was referred to school based counselling by her pastoral care teacher because she was missing school and behaving aggressively to teachers. In her first assessment session with the counsellor, Anya described how she was experiencing periods of rage and 'depression'. Anya described how she had been devastated by her father's recent stroke, but was now constantly fighting with him and being grounded. The focus of the counselling process was on helping Anya to express – and reflect on – her feelings and experiences; and to help her find ways of addressing her issues and behaviour. After nine sessions of counselling, Anya's level of distress had reduced and her level of self-esteem had improved. 'Things have been a lot better,' she said, 'I talk to my dad and he understands much more about where I'm coming from.' In addition, said Anya, 'there's no more hitting myself...I feel like a better person...inside as well as outside.'

### Funding school counsellors

6.3 Funding will inevitably be a factor in schools' decisions about the extent to which they develop counselling provision. While many schools do find funding for this within

existing budgets we do not underestimate the difficulties. Schools have freedom to decide how to spend their budgets, and will want to take account of costs of the different models of delivery, alongside considerations about quality and accessibility of provision. If schools consider that counselling will have a positive impact on pupils' engagement in learning and academic progress (in particular for disadvantaged pupils), they may want to consider using Pupil Premium funding for this purpose, as a number of schools already do. Some schools have the flexibility to use the notional SEN budget to provide services across a number of pupils. This might be particularly effective where they identify a number of pupils with emotional, social and mental health needs.

## **Models of delivery of school based counselling**

6.4 There is a wide range of delivery options schools will wish to consider, including contracting individual counsellors directly, engaging with a Local Authority team of counsellors, contracting with a third party, for example, within the voluntary sector, or paying for the time of specialist children's mental health services (CAMHS) counsellors.

6.5 Commissioning an appropriately qualified and experienced external provider should give assurance to schools that the counsellor is properly trained, supported, professionally supervised, insured and working within agreed policy frameworks and standards, and accountable to a professional body with a clearly articulated complaints procedure. The external provider is likely to have good links with specialist mental health services and, from the point of view of pupils, they may be more clearly independent from school staff. If employing counsellors directly it is strongly advised that schools employ staff with a minimum of a diploma in counselling (typically two years part time study), on an Accredited Voluntary Register, ideally holding accreditation with a professional body<sup>11</sup>, and ideally with relevant experience and demonstrable competence in working with children and young people.

6.6 However, we know that in some schools mental health and wellbeing services have evolved over time, drawing on existing staff for resource, for example, developing the role of learning mentors. These arrangements can involve experienced and skilful staff, and may fulfil the schools' aims for psychological and emotional support effectively, ensuring strong links with wider school policies and teaching and learning. Schools that already have such arrangements, or may want to introduce them, should consider how they might address issues such as training and facilitation of links with other related professionals.

6.7 The issues that schools might want to consider in establishing a counselling service are wide-ranging. They will vary according to circumstance, and the model of delivery a school opts for, but can be helpful in both informing and implementing that decision. Some of these are dealt with in more detail in section 7 below.

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<sup>11</sup> Currently approved schemes are British Association for Counselling and Psychotherapy (BACP), National Counselling Society and the UK Council for Psychotherapy.

6.8 Most importantly, before making decisions, schools will find it valuable to consult pupils about their expectations of counselling services. Annex 1 gives a snapshot of some of the feedback we have received from children and young people when developing this document. It is worth noting, however, that consultations with young people typically find very significant differences of view between those who have experienced counselling and those who have not. Input from young people before establishing counselling services can be valuable in exposing issues on which they need reassurance, such as confidentiality of the service.

6.9 It is also helpful for school staff to draw on the expertise of colleagues who work in specialist mental health services routinely such as CAMHS, commissioners working for Clinical Commission Groups (CCGs) or Local Authorities. In some areas, schools have clustered together to contract for psychological school based services.

## **Line management and supervision**

6.10 It is important for schools to recognise that, in addition to line management within the school (or from their agency if they are an external service), counsellors are also required to have clinical supervision. Although there may be some overlap within the roles, essentially the line manager within the school (if the counsellor is directly employed by or contracted to the school) should be: overseeing the work; agreeing and monitoring objectives for delivery of the service; ensuring understanding of, and compliance with, wider school policies; and supporting the counsellor as part of the school community. Clinical supervision is focused on ensuring safe and effective practice.

6.11 Clinical supervision arrangements will be largely dependent on how schools choose to employ counsellors. Directly contracted individual counsellors should work with their appointed line manager to select and contract the clinical supervisor. The school should cover the time and cost of attendance at supervision (a minimum of 1.5 hours per month). While rare, there may be occasions when a clinical supervisor is concerned about a counsellor. It is therefore important schools ensure the accountability of the supervisor to the school and outline in the clinical supervision contract the supervisor's responsibility to alert the school to any concerns. It is then the responsibility of the school to address the issue.

6.12 Supervisors should have sufficient experience and be qualified in therapy or in a closely related field. Ideally the supervisor should also have some training and qualification in supervision.<sup>12</sup> Counsellors who work as sole practitioners within a school, i.e. not part of a managed counselling service, are likely to benefit from being part of a local, regional or virtual network of counsellors. Where they exist, it can also be useful for counsellors to be part of training and development networks in school clusters and trusts.

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<sup>12</sup>BACP Ethical Guidance, <http://www.bacp.co.uk/crs/Ethics%20in%20Practice/ethicsfaq.php>



6.13 BACP is developing an evidence-based curriculum for children and young people's counselling which will be available in 2016. The CYP IAPT is developing an evidence-based training curriculum which is being rolled out to existing CAMHS staff, which will ultimately include a counselling skills curriculum.

## Quality assurance and impact assessment

6.14 Schools will want to ensure that there are effective quality assurance frameworks in place. This will give a clear picture of the prevalence of issues and referrals to counselling, and the impact of counselling on children and young people's outcomes. It will also allow the ongoing assurance of the quality and performance of the counselling service. This needs to be managed with care and thought – data collection needs should not impinge on confidentiality requirements, and feedback on the counselling needs to be handled very sensitively.

6.15 As well as ensuring that counsellors are appropriately qualified and regulated (see para 6.5 above), schools should ensure that routine outcome data is collected, not only to assess the impact of the counselling on the child or young person but also to assess the effectiveness of the service as a whole. One of the ways of doing this is to use an appropriate measure. In primary schools, the [Strengths and Difficulties Questionnaire \(SDQ\)](#) is a useful tool which measures a child's distress before counselling begins, and then again at the conclusion of counselling. In secondary school counselling, the Young Person's CORE is a short questionnaire that can be used in every counselling session so that assessments can be compared over time. This is also helpful in the situation when a child stops attending sessions, as an assessment of progress until that point is available. There are a number of other tools available<sup>13</sup> and counsellors will want to use measures appropriate to the age of the child and the issues being discussed. The SDQ, CORE- YP and CORE LD and other measurement tools may need to be adapted to fit the needs of children with SEND and/ or cognitive difficulties.

6.16 [BACP's Children and Young People's Practitioner Research Network](#) is free to join and allows counsellors and schools to download a toolkit explaining the benefits of outcome measurement and describing a number of measures which can be used at no cost. Most of the tools available will give a simple score which can be used as an indicator of how much distress or difficulty a child or young person is experiencing, or how close they are to their goals. These scores can be averaged, and changes from the average score at first contact to the average score at last contact can give an indication of how well, overall, a school's counselling service is doing. However, for this to be a valid indicator, it is essential that data are available on the majority (and, ideally, all) of young people using the service.

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<sup>13</sup>The Child Outcomes Research Consortium provides further resources at: <http://www.corc.uk.net/resources/measures/>

## 7. Counselling in practice

### Delivery options

7.1 Schools need to consider the length, timing and duration of sessions. At an initial meeting with a counsellor, there should be an assessment of the needs of the child or young person. This should lead to: a shared decision about whether counselling is the most appropriate way forward; the kind of counselling that may be provided; and/or whether the child or young person should be referred on for a more comprehensive assessment of their mental health by specialist services. Secondary school counselling sessions tend to vary from 40 to 60 minutes- usually the length of one school period. Most counselling offered is open-ended, with no maximum to the number of sessions offered.<sup>14</sup> Some children and young people may only need to attend for a few sessions whilst others may need support for much longer. Schools and counsellors will need to make joint decisions about how they run their sessions, manage the caseload and potential waiting lists. This will depend on a number of factors, including the amount of counselling time available, the extent of other wellbeing and pastoral support offered by the school, and the likely demand and need for counselling support.

7.2 Some school counselling services may offer a “drop-in” facility for pupils where a child or young person can see the counsellor for a short period of time without an appointment. The drop-in may be held before or after the school day, or during breaks or lunchtimes. Children and young people who attend drop-in may be pupils unknown to the counsellor and come to learn about counselling and see if it might help them or their friends; or they may be current clients of the counsellor who use the time to “check-in” between their planned appointments. Drop-ins are *not* the same as counselling sessions and require skilful management by counsellors. The boundaries of the drop-in must be made clear to children and young people who attend, and the usual limits of confidentiality and adherence to safeguarding protocols must apply. It is best practice for the school and the counselling service to consider the use of drop-in and whether to offer it as part of the service to children and young people.

7.3 As local protocols are developed (as part of the ambition set out in *Future in Mind*), schools will be able to understand better how their own counselling offer forms a valuable part of the wider support to children and young people. Transformation Plans for Children and Young People’s Mental Health and Wellbeing have been published. They articulate how local provision will change to better support children and young people with mental health issues and improve prevention services. Specialist CAMHS teams should work with schools to agree how they will work with and support counsellors within schools. Schools should be given the opportunity to be involved in the Transformation Plans. Providing information about counselling and other mental health support available

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<sup>14</sup> <http://iapt.nhs.uk/silo/files/school-based-counselling-review.pdf>



within the school will give an opportunity to demonstrate their commitment to emotional and mental health to prospective and existing pupils and parents or carers.

## Identifying pupils in need of support

7.4 Schools need to consider how referrals will be made to counselling services, and ensure that staff and other services know how referrals are made, including through SEN support processes. As with other areas of counselling services, children and young people's views on this should be an important part of the school's consideration. Unless the availability of the service is communicated and any stigma around referral openly addressed, it is unlikely to achieve the desired impact. The Welsh Assembly and BACP produced [School based Counselling Operating Toolkit](#) includes some exemplar information leaflets for different audiences which schools may find useful when thinking about how to raise awareness of counselling services amongst pupils, parents, carers and staff.

7.5 The most effective referral systems enable self-referral by pupils as well as by teachers and support staff. Schools should try to ensure that pastoral support staff are involved in these arrangements. Schools may also want to consider whether and how to enable referrals by parents or carers and peers. Having a designated lead for mental health, as recommended in the *Future in Mind* report (see box below) within the school can be an effective way of supporting access to the service. While in many cases school based counselling will be a helpful first or parallel intervention, there may be some children and young people whose mental health issues need clinical treatment by an appropriate specialist mental health professional. DfE guidance on Mental Health and Behaviour in Schools includes information on how to identify and refer children and young people whose issues need clinical treatment.

### Improving communications with specialist mental health services

*Future in Mind* (chapter five) proposes that to improve communications and referrals, local mental health commissioners and providers should consider assigning a named point of contact in specialist children and young people's mental health services (or CAMHS) for schools and GP practices; and schools should consider assigning a named lead on mental health issues. The DfE is providing £1.5m in 2015-16 to pilot training to support this joint approach.

7.6 In any referral process, counselling is only likely to be effective to the extent that the child or young person wants to attend. There may be some individuals who do not want to undertake counselling, even where the school considers that they would benefit from it. Schools should be prepared for this, and to consider alternative approaches—counselling should **never** be compulsory or required as part of a sanction.

7.7 There is evidence to suggest that some groups of pupils, including from some ethnic minorities, are under-represented in school based counselling. As part of the quality assurance and monitoring arrangements referred to in paragraphs 6.13 and 6.14, schools may want to look at referrals and take-up of counselling amongst different pupil groups.

7.8 Often it is helpful if schools, usually through the line manager or mental health lead, make sure the counsellor is aware of any information the school holds about other services that have worked with the child or young person in the past, or are currently doing so, including specialist mental health services, children's social care, and behaviour support services. Schools should also inform the counsellor if a child is looked after, on the Child Protection Register or designated as In Need, and of any other information that may be relevant and helpful.

## **Appointment systems**

7.9 Whatever referral systems schools put in place, they should also consider putting in place systems to rate referrals for urgency and level of risk. While all appointments should be seen at the earliest opportunity – one of the benefits of school based counselling is the speed with which children and young people are seen – urgent cases might be seen at the next available cancellation or free appointment. Research<sup>15</sup> also suggests that assessment interviews, in themselves, may be helpful for young people. Hence, school based counselling services that have waiting lists may wish to consider early assessment sessions by the counsellor/counselling service to identify priority cases, and to support those pupils who may need to wait for their first appointment.

7.10 Schools should consider with the counsellor the best way to ensure that children and young people attend counselling appointments, for example through use of appointment slips, messages on the school register or text reminders. There should be appropriate follow-up where there is non-attendance, to establish whether there are causes for concern.

7.11 The counselling link in the school or other mental health lead should ensure that staff and pupils are aware of appointment systems and procedures.

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<sup>15</sup> Daniunaite, A., Ahmad Ali, Z., & Cooper, M. (2012). Psychological change in distressed young people who do not receive counselling: does improvement happen anyway? *British Journal of Guidance & Counselling*, 40(5), 515-525. doi: 10.1080/03069885.2012.718734

## **Features of a good counselling service**

- All staff, parents or carers, pupils and school partners are aware that a school based counselling service is being offered.
- Information about the school counselling service should be available and understood by all staff.
- Information and publicity materials have been developed and made available for all the different audiences: staff, parents or carers, pupils.
- Counselling is seen as part of a whole school approach to emotional health and wellbeing and school effectiveness.
- The service is independent as well as integrated into the school.
- The counselling room is accessible, private, secure, safe and welcoming.
- The counsellor is suitably qualified and is recognised on an Accredited Voluntary Register and is working within an ethical framework, such as BACP or equivalent.
- Appropriate clinical and managerial supervision arrangements are in place.
- Continuing professional development opportunities are available and taken up.
- A member of school staff has been appointed to act as liaison.
- Appropriate induction arrangements have been made.
- The counsellor is familiar and works with relevant legislation and procedures, including child protection and safeguarding procedures.
- The counsellor has a knowledge of mental disorders and the evidence base for effective treatments.
- Pupils have been involved in the development (and evaluation) of the service.
- There are clear referral, including self-referral procedures in place.
- The equal opportunities policy includes sex, disability, race and sexual orientation.
- The complaints procedure is accessible to all.
- There are protocols in place for working with, and referring onto, other agencies.

## Vulnerable children

7.12 The evidence shows that there is a much higher prevalence of mental health issues for vulnerable children and young people and they often have multiple issues. Where a child or young person has a mental health problem, mental health support should be part of an overall package of interventions that together provide a sustained impact. Access to specialist mental health support remains an important issue for these groups. There might be a number of reasons why a child could be considered vulnerable which may not be immediately obvious and schools and counsellors should be sensitive to this.

## Children with diverse identities and backgrounds

7.13 Children and young people come from a diverse range of cultures, reflecting unique social, cultural and religious backgrounds. Schools should take account of their duties under the Equality Act 2010 and be alert to the potentially differing needs of children and young people who have a protected characteristic such as, for example, disability, sexual orientation or sex.

7.14 For example, there is a higher prevalence of mental health issues among young people who may be questioning their gender identity or sexual orientation, or those who identify as lesbian, gay, bisexual or transgender (LGB&T). Research by PACE Health<sup>16</sup> indicated that young LGB&T people under 26 are more likely to attempt suicide and to self-harm. Young people who identify as LGB&T or may be questioning their gender identity or sexual orientation, may not actively seek support for fear that this will lead to them being 'outed' or identified as LGB&T when they may not be ready to identify in this way. In addition, they may be experiencing bullying and hostility from their peers relating to their sexual orientation or gender identity. Sensitivity and confidentiality are paramount, and appropriate assurances must be given to those who seek support.

## Children and young people with Special Educational Needs and Disabilities (SEND)

7.15 There is a strong association between poor mental health and SEN. Children with diagnosable mental health disorders are between 2 and 4 times as likely to be identified as having an SEN as children with no mental health disorder.<sup>17</sup>

7.16 Every school is required to identify and address any SEND the pupils in their school may have. These requirements are set out in chapter 6 of the Special educational needs and disability code of practice: 0 to 25 years. As part of the requirements in the

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<sup>16</sup> Nodin, N, Peel, E, Tyler, A and Rivers, I (2015): Risk and Resilience Explored (RaRE) Research Report URL: [http://www.pacehealth.org.uk/files/1614/2978/0087/RARE\\_Research\\_Report\\_PACE\\_2015.pdf](http://www.pacehealth.org.uk/files/1614/2978/0087/RARE_Research_Report_PACE_2015.pdf)

<sup>17</sup> Green et al (2005) [Mental health of children and young people in Great Britain](#), 2004

Code, schools are required to publish information on their websites about the implementation of the governing body's or the proprietor's policy for pupils with SEND. This is a SEND Information report and must include information about support for improving emotional and social development. Any counselling provision that the school offers would be included in this report.

7.17 For those children and young people with an Education, Health and Care Plan therapeutic support may be specified in the plan following a statutory needs assessment. The Local Authority will have a duty to secure this provision which may be delivered in schools.

7.18 Children and young people with SEND may need counselling approaches to be adapted to be appropriate for them. The way they communicate about anxieties, worries and distress can be different and therefore requires different approaches in order to understand and respond to. Some children and young people with SEND, such as those with autism, may struggle with therapeutic interventions that traditionally require reflection and self-knowledge, so interventions may need to be adapted to take this into account. Counsellors may need training and support to make these adaptations to the counselling they deliver.

7.19 The issues children with SEND may need support with may arise as a direct consequence of their learning difficulty or disability. Counsellors need to be confident at dealing with the wide range of challenges children and young people face because of their specific need. Counsellors also need to be aware that children and young people with SEND may present with challenging behaviour, but the underlying cause of this behaviour may be mental health issues, so counselling rather than behaviour management may be more appropriate.

7.20 Good practice in supporting pupils with complex needs is to ensure that parents/carers are aware of, and involved in, decisions of packages of support. Professionals working therapeutically with children and young people with complex needs should consider how to balance confidentiality with the benefits of engaging parents/carers, seeking permission where necessary from children and young people to share relevant information with their parents/carers.

## **Looked after children and children adopted from care**

7.21 Mental health issues are much more prevalent among looked after children and adopted children and young people<sup>18</sup>, and they are also more likely to suffer certain types of mental health issues. Nearly 60% of children and young people become looked after because they have experienced abused/and or neglect. They may find it difficult to trust adults and form strong relationships. It is estimated that 45% of looked after children

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<sup>18</sup> Fisher (2015) Adoption, fostering and the needs of looked after and adopted children

have a diagnosable psychiatric disorder<sup>19</sup>. Looked after children are 12 times more likely to suffer post-traumatic stress disorder than non-looked after peers<sup>20</sup>. Looked after children are more likely to need mental health support and the types of support they need may differ from that of other children and young people. It's important to remember that adoption doesn't resolve these issues, and children and young people who are adopted will need access to the same type of support as looked after children. There is limited evidence of whether looked after children need different approaches in counselling, but counsellors need to be aware that their mental health needs may be more complex, and the support they receive may be complicated by their pre-care experiences, placement instability and out of area placements. Joint working within the support system, which may involve specialist services, is essential.

7.22 Looked after and adopted children have often experienced severe adversity, which can reduce the accessibility of counselling. Schools and counsellors need to be aware of this, and a thorough assessment of these children and young people's needs is essential. In addition, if looked after children are to engage in counselling, it is important to try and ensure that there will be some continuity for them within the therapy. If they are likely to move schools within a short period of time, then counselling services available elsewhere that can be sustained should be considered. The statutory guidance, [Promoting the Health and Wellbeing of Looked After Children](#), provides more information about the health needs of looked after children.

## Counselling environment

7.23 Counselling needs to take place in a safe, private and welcoming environment. A welcoming environment will: help children and young people to get the most out of counselling; the counselling should take place somewhere free from distractions or interruptions; and the child or young person needs to feel comfortable with the counsellor. If possible the counselling room should be in an area where it isn't obvious the pupil is going there to attend counselling. Counsellors will also need access to secure storage for record-keeping, use of a desk and access to a confidential telephone. It can be helpful for the counsellor to have access to the school's management information system.

## Confidentiality

7.24 Ensuring confidentiality between the child or young person and counsellor is crucial to the success of the relationship and the outcomes of counselling. A frequent concern raised by children and young people who have not experienced counselling services is that others will be informed about what has been discussed in sessions. While

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<sup>19</sup> Ford et al (2007) Psychiatric disorder among british children looked after by local authorities: comparison with children living in private households.

<sup>20</sup> Ibid

counsellors are used to working within confidentiality codes, they will be aware that there is no such thing as absolute confidentiality when working with and children and young people. Child protection concerns and the welfare of children and young people will, at times, need to take precedence over confidentiality. The counsellor should explain confidentiality and its limitations at the start of a counselling relationship and, if necessary, will regularly remind the child or young person of these limits as counselling progresses.

7.25 Confidentiality issues will also vary according to the age of the child or young person and whether they are considered Gillick competent (see box below). Where they are not, and this will apply to most primary age children as well as to some of secondary age, parents or carer's consent will need to be given before they access counselling. However, the consultation itself should remain confidential, subject to any safeguarding concerns. It will be important for schools to ensure that parents or carers and school staff understand the principles of confidentiality and consent. Equally counsellors will recognise when they need to encourage children and young people to share with their parents or carers what is being discussed.

### **Gillick competence**

The Fraser Guidelines set out the criteria that should be met before practitioners provide a service to under 16s without parental consent – the assessment of young people against these guidelines is often referred to as assessing whether the young person is Gillick competent. Young people under the age of 16 can consent to medical treatment if they have sufficient maturity and judgement to enable them to fully understand what is proposed. This was defined in England and Wales by the House of Lords in the case of *Gillick vs West Norfolk and Wisbech AHA and DHSS* in 1985.

7.26 Counsellors should discuss difficult decisions about disclosures with their clinical supervisor and line manager and, if appropriate, the designated safeguarding lead within the school. Where they think anyone is at risk of significant harm they should report this to the designated safeguarding lead. They will find it helpful to be aware of the statutory guidance on [Keeping Children Safe in Education](#), whether or not they are members of school staff.

## **Referral systems (from school to external agencies)**

7.27 In secondary schools, around one third of children and young people coming to counselling have been found to be at 'abnormal' levels of psychological difficulties, with a further third at 'borderline' levels of difficulties<sup>21</sup>. In primary schools, around 50% of

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<sup>21</sup> Cooper, M. (2009). Counselling in UK secondary schools: A comprehensive review of audit and evaluation studies *Counselling and Psychotherapy Research*, 9(3), 137-150. Systematic and rigorous review and meta-analysis of data from 30 school-based counselling audit and evaluation studies in UK.



children coming to counselling have been found to be at abnormal levels of difficulties, with approximately a further 30% at borderline levels of difficulties.<sup>22</sup> School based counselling may be appropriate for their needs, or the school or counsellor may consider that the child or young person would benefit from specialist support beyond the school. It is important that counsellors act within the limits of their own competence, as well as within any boundaries agreed with the school, about the extent of the school based counselling offer in considering when and why to refer. The principles of confidentiality suggest that counsellors should, wherever possible, seek the child or young person's agreement before referral to other agencies. The school should make sure the counsellor is aware of any internal protocols or local agreements around referral.

## **Working with external specialists and information sharing**

7.28 School based counselling services can work alongside specialist mental health services (or CAMHS) during and after a child or young person receives specialist treatment. This requires close partnership between the two, and agreed protocols on joint working and information sharing. A young person's perspective on good joint working can be viewed [here](#).

7.29 While it is right that there are constraints in place around the sharing of confidential information and data between agencies and schools, much can be achieved if there is mutual recognition of the importance of this, for example, through seeking the child or young person and parental agreement to sharing medical records.

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<sup>22</sup> Daniunaite, A., Cooper, M., & Forster, T. (2015). Counselling in UK primary schools: Outcomes and predictors of change. *Counselling and Psychotherapy Research*. doi: 10.1002/capr.12016.



## Information sharing

The DfE has published [Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents or carers](#). The guidance provides an expectation of how professionals use, protect and share information, and encourages professionals to think about how they share information locally, as the team structures and processes used by professionals may vary across the country.

The guidance includes a myth-busting guide for agencies and individuals, which aims to dispel common myths and barriers when sharing information. The document Working Together to Safeguard Children has also been revised and updated, and together this guidance aims to ensure information is shared appropriately, effectively and at the right time.

NHS England have published a Mental Health Services [passport](#) for children and young people. The aim of the passport, which was developed by young service users working with professionals, is to help young people using mental health services, or parents or carers with younger children, to own and communicate their story when moving between different services.

# Annex 1

## Views of children and young people

Whilst writing this advice document, DfE officials and Ministers met children and young people to discuss their views on counselling in schools. We have considered these views whilst writing this advice. Schools may also find it helpful to consider these comments when setting up their own services. They might also find it helpful to do a similar exercise using these headings, which may also have the benefit of helping to raise awareness of mental health issues within the schools.

### What do you think counselling is and what is it for?

‘Someone you can talk to who is not just a random person.’

‘Not just someone you can talk to but who can help with the community’s feelings.’

‘It is for if you are worried and stressed and under pressure.’

‘Some people’s behaviour changes – for a period after counselling they are calmer – this also benefits other students.’

‘Teachers can see a clear difference as well.’

‘It can have a longer term effect – getting something off their chest.’

‘If you are feeling depressed, people feel happier after counselling because it gets it off people’s chest . You can then focus more on lessons, if you get rid of stress you do better at school.’

### What are your views on counselling?

One girl had been to counselling and had found it ‘very helpful, ‘I was very upset before’. The group felt it makes a difference as an outlet for how you are feeling and when people are stressed.

‘If someone is angry or stressed it might affect their learning.’

‘Children can express their feelings.’

‘It can be super relaxing.’

‘It’s really helpful because while some people feel comfortable telling teachers things, other people are not.’

Teachers ‘understand but not as well as counsellors do.’

They make sessions 'where it just for you.'

'It can be not helpful – if you don't know the person – but once you know them it's helpful.'

'If you are feeling depressed, people feel happier after counselling because it gets it off people's chest.'

'You can then focus more on lessons - If you get rid of stress you do better at school.'

## **Why do you think young people might need to see a counsellor?**

During pressure at school like assessment week – it can be a 'worrying time.'

When you are 'stressed or scared.'

'For people who have problems at home it can get it sorted.'

'People whose parents have split up.'

'If you have ill health.'

'If you are bullied – not just in person but over text.'

'If you are feeling lonely.'

For 'anger issues.'

'If you are depressed.'

'Bullies themselves' might need to see a counsellor.'

'It depends, you might have family issues at home, you don't want to bottle up, if they can tell someone they trust and they keep it from others.'

Sometimes 'it's just because of behaviour – it gives you ways on how to do it such as stress putty because they are always fidgeting in class.'

## **Who should be a counsellor?**

It could be a person from inside or outside school. It would be good if someone was outside school 'because then they can keep it confidential' if they are inside the school they might tell people.

One boy felt that children could be counsellors because they have quite similar lives to the other children they would be counselling – everyone should be a counsellor not just one person – and another agreed you can use your knowledge to help someone else.

But another girl felt another student would not be able to handle the situation – as had happened to her in the past.

‘I would rather not talk to my teachers about issues that worry me, I think it needs to be a different person.’

### **What do you think the barriers to accessing counselling are?**

‘It’s pretty hard to access counselling – not many schools do it.’

‘Having a counsellor in a school ‘doesn’t mean they are good - they might just sit there.’

‘It might feel awkward to sit with a person – you’d feel embarrassed’

‘If you want to talk to someone in school you have less time – breaktime is only 20 minutes.’

People may be ‘scared to ask for it – may not feel comfortable.’

### **How do you think we can overcome these barriers?**

When you want to go and see a counsellor there’s the option to take friends – ‘going with a friend makes it easier.’

‘You need to be able to trust the counsellors at school.’

### **Do you think all schools should have a counselling service?**

Yes all schools should – to stop bullying and to stop people ‘doing drastic things.’

But it should also be the responsibility of all children – ‘children should understand they have a position in society.’

All schools should offer it - ‘everyone has problems small or big.’

‘Everyone needs someone to speak to.’

### **What are the important features of a counsellor and counselling service?**

‘They need to make the offer to help everyone, not just one child.’

‘They should go to each class and actively ask people if they want some help, even if you have not met them.’

'Bullies may go through a tough time at home but going to counselling may make them think they appear weak and they can't be seen to appear weak – you need to make sure counselling doesn't look like you are weak.'

'Our counselling room feels like home - colourful and bean bags – having an environment that is relaxing is helpful.'

'Having a box where you can ask for help is good.'

'Having someone there every day.'

Someone who is committed and 'keeps all information confidential.'

'Someone who is casual and informal (in dress/ manner) so you can feel relaxed.'

A 'happy room' if you are in a room 'letting out negative feelings' it needs to be a happy room – 'if it's a plain white room you're going to feel depressed' – have inspirational quotes.'

'Have stress toys.'

## **Other comments**

'There is not much support at all in schools, meaning that thousands of young people are suffering in silence and don't know who to talk to.'

'Mental health is seen as less important than physical health.'

'Teachers and pupils should have awareness sessions on the use of language around mental health such as "stop acting so depressed" and "you're so OCD" and the impact these have.'

'It's so important that individuals around the person can recognise the signs of mental health and help put preventative measures in place: it needs to be ok to admit that you are 'not fine'.'

'There ought to be an annual 'well being day' in schools: it would be a good idea for teachers and parents and children to come together to learn about mental health together.'

'People know what it is like to have and react to a physical health issue but not to a mental health one; people can be ignorant and scared.'

'Counsellors should have an opportunity to advise school governors on the issues of having a more positive mental school environment.'

'A young person will be more comfortable speaking to a staff member whom they are around for most days.'

## Further information

### Useful resources and external organisations

There are many resources and publications on the subject of counselling which might be helpful to schools when setting up services. This departmental advice has been informed by many of them and the following is a short list of some that schools might find particularly useful. Other relevant research and reports on counselling are referenced throughout this document.

The [BACP/Welsh Government School-based Counselling Operating Toolkit](#) is a useful complement to this guidance and includes statements on standards, guidance and accompanying template materials. Please note that the first half of the Toolkit is in Welsh language and the second in English.

Several freely available and accessible relevant sessions within the Counselling MindEd programme that readers may find useful and relevant are:

[What is counselling for children, young people, and young adults?](#)

[Counselling in Secondary Schools](#)

[Counselling in Primary Schools](#)

[What works in promoting social and emotional well-being and responding to mental health problems in schools?](#) Advice for Schools and Framework Document. Professor Katherine Weare, National Children's Bureau, March 2015.

[Preparing to teach about mental health and emotional wellbeing](#) PSHE Association guidance for schools on teaching about mental health safely and effectively.. Alongside the guidance are a series of lesson plans covering key stages 1-4 (5-16 year olds).

[MindEd](#) is an e-learning site with resources and training on children and young people's mental health.

### Other relevant departmental advice and statutory guidance

[Mental health and behaviour in schools](#), Departmental advice for school staff. March 2015.

[Keeping children safe in education](#), Statutory guidance for schools and colleges, April 2014.

[Support pupils at school with medical conditions](#), Statutory guidance for schools and academies, December 2015.

[Future in Mind](#), Promoting, protecting and improving our children and young people's mental health and wellbeing, March 2015. (Report of the work of the Children and Young People's Mental Health Taskforce).

The [Carter](#) review of initial teacher training, January 2015.

[Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers](#), March 2015.



Department  
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