

RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

MUNICIPAL YEAR 2017-2018

**CHILDREN AND YOUNG PEOPLE
SCRUTINY COMMITTEE**

Date: 20th December 2017

**REPORT OF: DIRECTOR OF
EDUCATION AND LIFELONG
LEARNING**

Agenda Item No. 4

School Based Counselling

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1. PURPOSE OF THE REPORT

The purpose of this report is to provide Elected Members with an overview of the provision of counselling services in Rhondda Cynon Taf (RCT) during the academic year 2016/2017.

2. RECOMMENDATIONS

It is recommended that Members:

- 2.1 Note the information contained within this report.
- 2.2 Scrutinise and comment on the information provided.
- 2.3 Consider whether they wish to scrutinise in greater depth any matters contained in the report.

3. BACKGROUND

- 3.1 On 1st April 2013 the School Standards and Organisation (Wales) Act 2013 came into force. This Act places a statutory duty on local authorities (LAs) to provide an independent counselling service in respect of health, emotional and social needs for children and young people in their area.
- 3.2 At the same time that this new Act came into force, the specific grant funding for independent counselling services transferred to Local Authorities' Revenue Support Grants as part of the Local Government Settlement. LAs are consequently required to make reasonable provision of counselling services for children and young people aged between 11 and 18 and for year 6 pupils. All children and young

people residing in RCT are entitled to access counselling services, irrespective of whether they attend school or not.

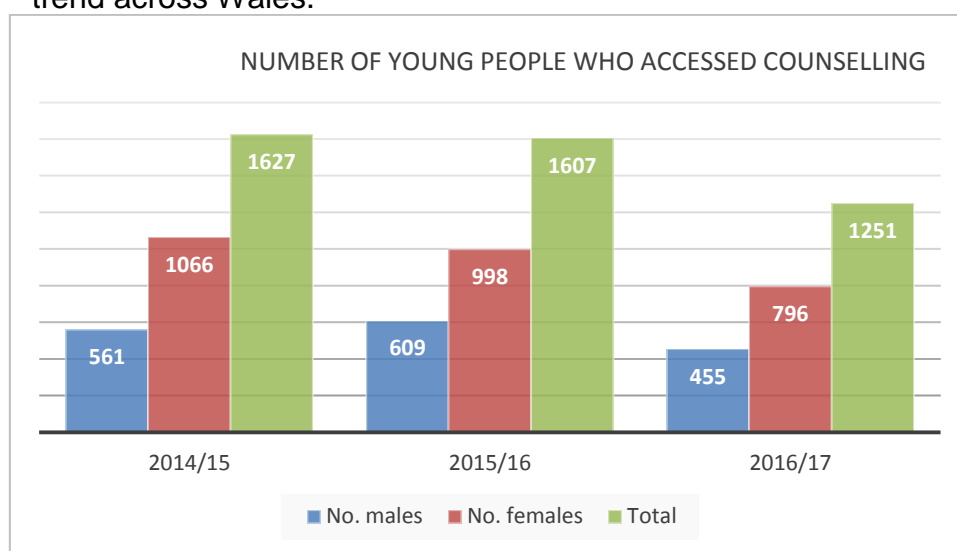
- 3.3 The 2013 Act requires the LA to provide an independent counselling service on the site of each secondary school that it maintains and also offer counselling services at other locations for young people who are not in school and/or wish to access counselling outside of a formal education setting.
- 3.4 The purpose of counselling is to support young people to explore specific problems, make difficult decisions or choices with regards their lives, cope with crises, work through feelings of conflict and improve relationships with others.
- 3.5 Within schools, counselling complements other approaches to support the health and wellbeing of learners, such as school based wellbeing interventions and pastoral support or more specialist interventions from LA central support teams such as the Educational Psychology Service or Behaviour Support Service, as well as services provided externally through Child and Adolescent Mental Health Services (CAMHS).
- 3.6 When delivering counselling services the counsellor must be, and must be seen to be, independent of the school or other educational establishments where the service is provided to young people. It is important that the counsellor is able to support the child/young person without any conflict of interest. The independence of the counsellor is particularly important when dealing with children and young people who are alienated from school, or when dealing with parents/carers who may feel reluctant to approach the school to discuss issues.
- 3.7 In RCT the Eye to Eye Young People's Counselling Service is currently contracted to provide the statutory service within schools and in the community. Eye to Eye is a registered charity comprising of a professional team of counsellors who work ethically and follow the British Association for Counselling and Psychotherapy (BACP) Ethical Framework for Good Practice in Counselling and Psychotherapy.
- 3.8 The organisation consists of 21 employed counsellors (13 fte) and a number of volunteer counsellors who work in the community setting in the evening. All of the employed counsellors are fully qualified and certified with the BACP. Volunteer counsellors may still be in training but their practice is supervised by a fully qualified and BACP certified counsellor. Community based counselling is provided in community buildings on the site of Bryncelynog Comprehensive School.

4. CURRENT POSITION

- 4.1 Three year trend data has been gathered for the period commencing academic year 2014/15 until the end of the academic year 2016/17.

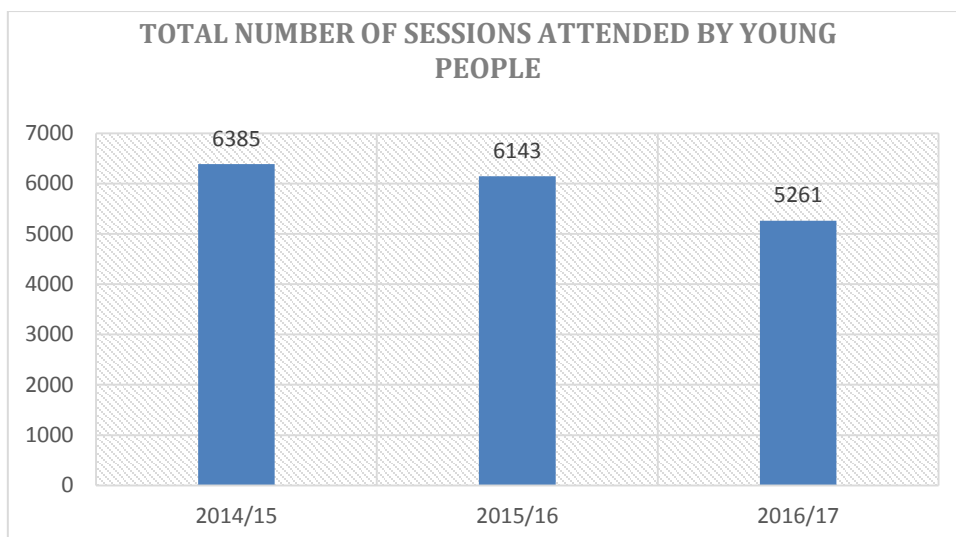
This data provides useful information in relation to the overall use and effectiveness of the counselling service provided in RCT.

- 4.2 Graph 1 details the number of young people who have accessed counselling from 2014-27. Over the last three years, RCT has had the highest number of young people receiving counselling in Wales. It should be noted however, that historically the figures quoted were for the number of referrals, rather the actual number of individuals who attended counselling. This has now been corrected for 2016/17 which has led to a reduction in the figures quoted for this year. However, the total number of referrals for 2016/17 was 1,338, which is still lower than the previous two years. The decrease in the number accessing counselling in 2016/17 is at least partly attributed to the long term sickness absence of key staff during this period. When comparing males and females accessing counselling during this three year period, 43%, more females than males had counselling. This is a common trend across Wales.



Graph 1: Number of young people who accessed counselling

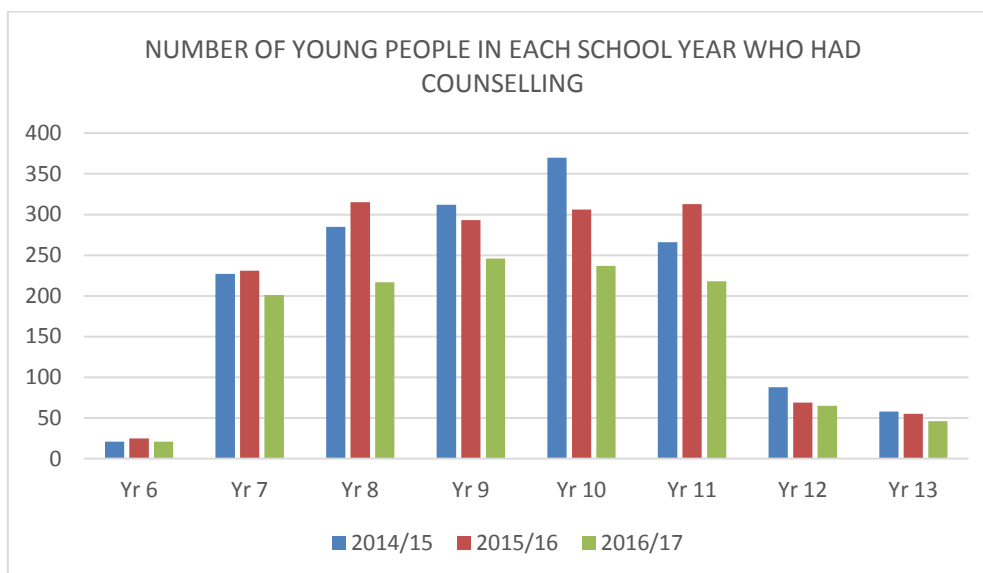
- 4.3 In Graph 2, data suggests that fewer young people received counselling in 2016/17 compared to the two previous years and consequently the total number of sessions provided was also fewer. On average, a young person in RCT received between 3.8–4.2 counselling sessions in the last academic year (2016/17) year. The Welsh average for this period was 5.3.



Graph 2: Number of sessions attended by young people

4.4 Graph 3 suggests that over the three years, year 10 (1,086) pupils used the counselling service the most, closely followed by year 9 (1,078), year 8 (1,064) and then year 11 (1,062). This is the common trend across all areas in Wales.

The lowest number of young people accessing the service were year 6 pupils; this may be partly due to accessibility, with school based counsellors being predominantly based in secondary schools and not primary settings.



Graph 3: Number of young people in each school year who had counselling

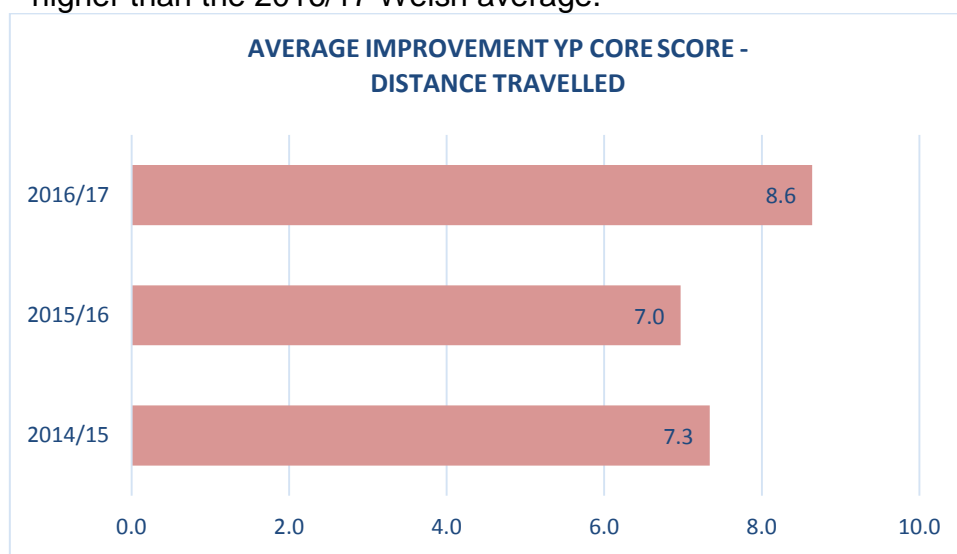
4.5 Table 1 provides an overview of the percentage of young people receiving counselling who have Special Educational Needs (SEN, a registered disability or are a child who is looked after (CLA) by the LA. The figures noted indicate that these groups are accessing counselling. CLA in particular are noted to be an extremely vulnerable group who are likely to require counselling services. The total number of CLA of

statutory school age is 417. However, of this number not all are old enough to be able to access school based counselling and their needs will therefore be met in other ways, e.g. school based ELSA support.

Year	Group	Males	Females	Total	Total No. C&YP who had counselling	%
2014/15	SEN	158	100	258	1,627	16%
	Disability	20	29	49		3%
	CLA	20	56	76		5%
2015/16	SEN	126	87	213	1,607	13%
	Disability	37	34	71		4%
	CLA	16	39	55		3%
2016/17	SEN	104	100	204	1,251	16%
	Disability	9	8	17		1%
	CLA	14	22	36		3%
Total over the 3 years	SEN	388	287	675	4,485	15%
	Disability	66	71	137		3%
	CLA	50	117	167		4%

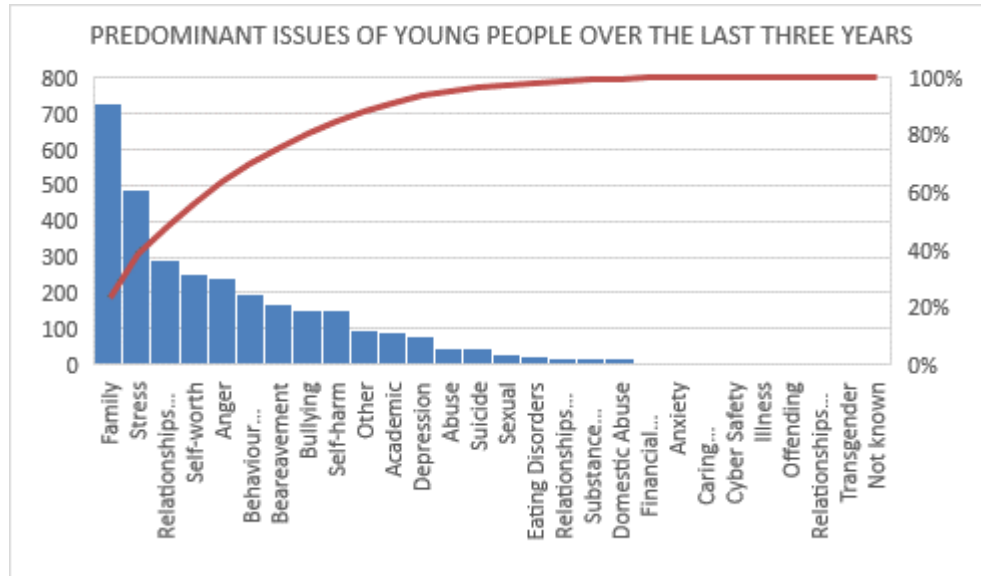
Table 1: Numbers of vulnerable learners accessing counselling

4.6 Graph 4 provides outcomes achieved as a result of the counselling received. Young people accessing counselling services in Wales complete an assessment during their first counselling session and another at the end of counselling, using an assessment tool called the YP Core. The pre and post intervention scores obtained are then used to provide an indication of the progress made over the course of the counselling sessions attended. In 2015/16, the RCT average improvement gain of 7.0 points was below the Welsh average of 7.6. However, the 2016/17 average gain is 8.6 points, which is 1.0 point higher than the 2016/17 Welsh average.



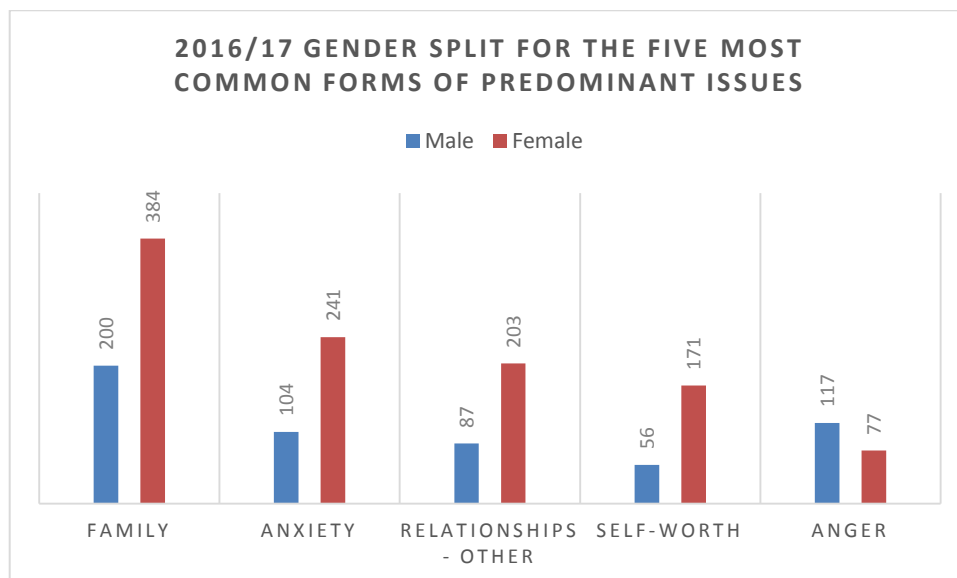
Graph 4: Outcomes achieved as a result of the counselling received

4.7 Graph 5 highlights the predominant issues of young people over the last three years. The most prevalent issue identified by young people during counselling was in relation to family issues (22.8%), followed by stress/anxiety (13.2%), relationships/other (10.4%), self-worth (8.1%), and issues with anger (7.6%).



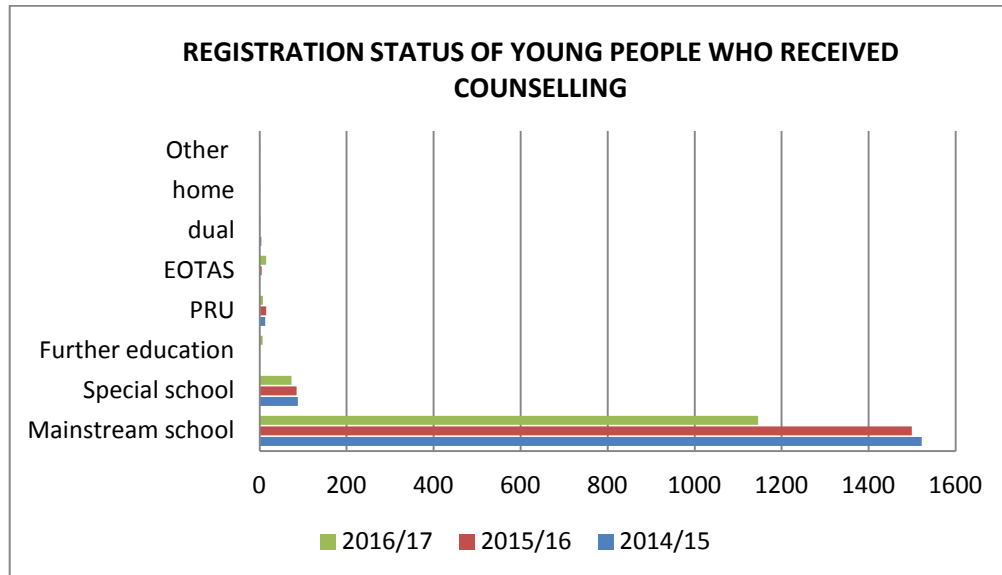
Graph 5: Outcomes achieved as a result of the counselling received

4.8 An analysis of the gender differences exhibited for the five most common forms of predominant issues is highlighted in graph 6. The data for 2016/17 indicates that 'family issues' continues to be the predominant issue for both males and females receiving counselling. However, girls appear to report higher levels of stress/anxiety, relationships and self-worth issues than boys, and boys report more issues with anger than girls.



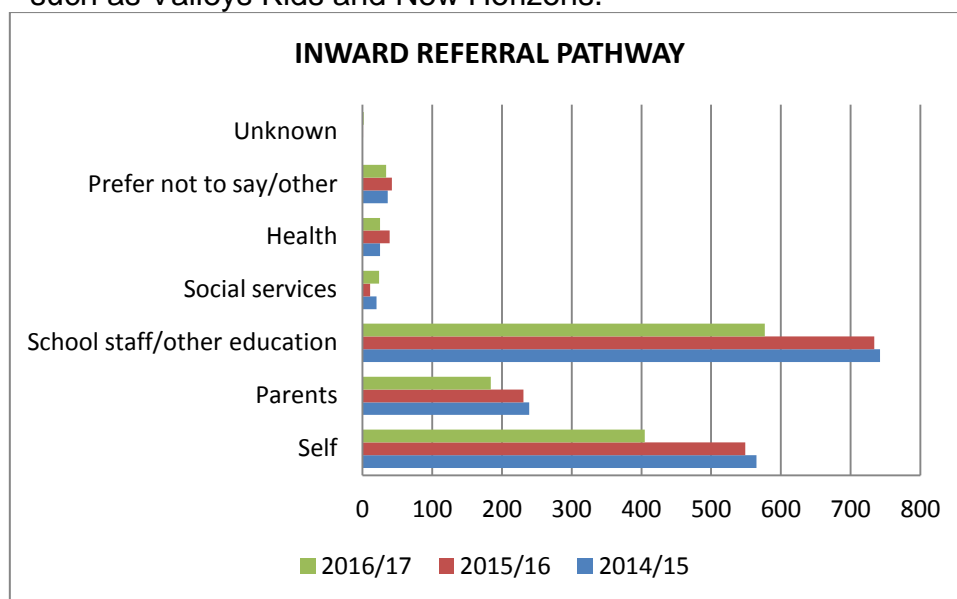
Graph 6: Gender split for the five most common forms of predominant issues

4.9 Over the last three years, the majority of young people that received counselling were registered at mainstream schools. Graph 7 highlights that in 2016/17, 91.6% of young people were registered at mainstream schools, 5.8% at special schools, 1.2% educated other than at school (EOTAS), 0.6% further education and 2% were dual registered at mainstream/PRU or EOTAS.



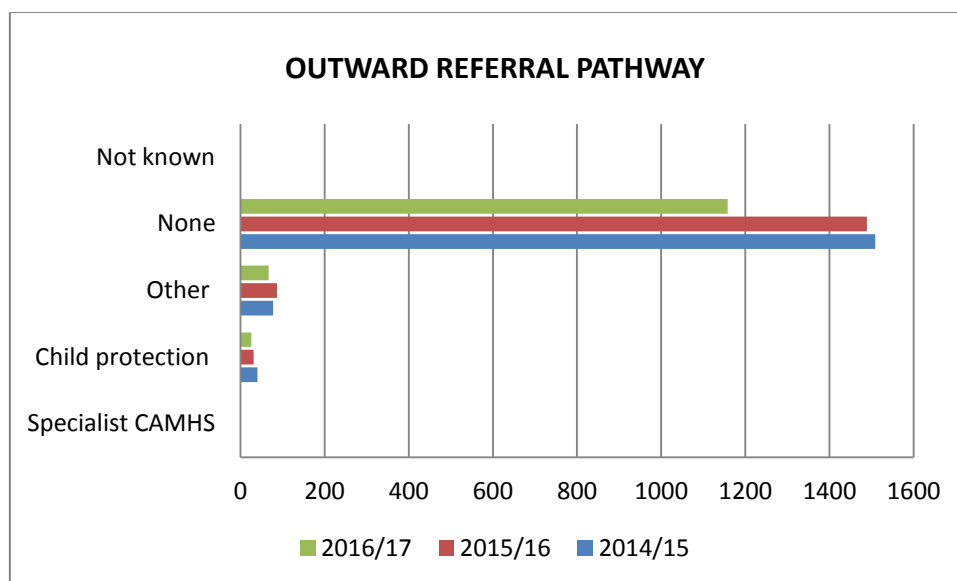
Graph 7: Registration status of young people who received counselling

4.10 Over the last three years, the majority of referrals made to the counselling service have been by school staff (45.8%), closely followed by self-referrals (33.9%) and then referrals from parents (14.6%). Health made 2.0% of referrals and Social Services made up 1.2% of the referrals. Those referrals categorised as 'other' include those from the Youth Offending Service, Team Around the Family (TAF), Young Carers, Oasis Centre, Barnados, College and voluntary organisations such as Valleys Kids and New Horizons.



Graph 8: Inward referral pathway

4.11 Data in graph 9 suggests that the majority of young people who received counselling were not referred on to other services. Where referrals were made, these were for child protection (2.2% of young people accessing counselling) or 'other' (5.2%), which includes referrals to the GP, TAF, School Nurse, and Young Carers. It should be noted however, that there is currently no direct referral pathway from counselling services to CAMHS or Educational Psychology, although if the counsellor considers Educational Psychology involvement would be beneficial they can discuss this with school staff.

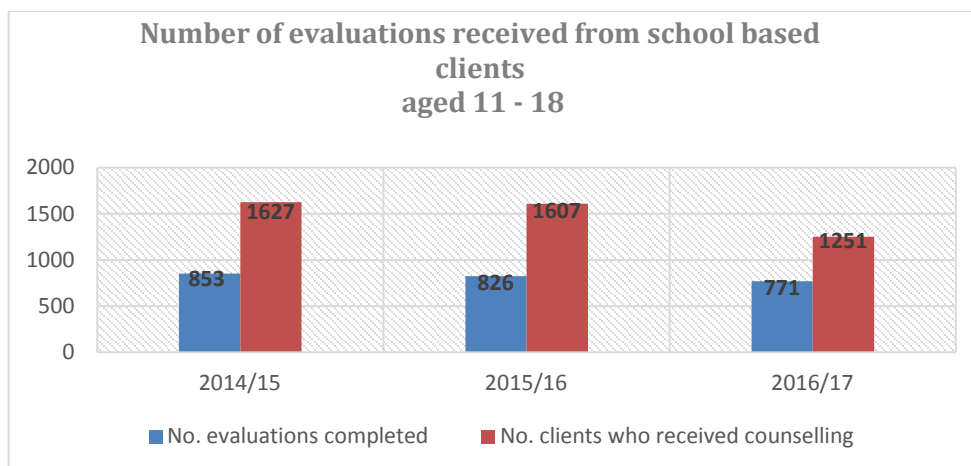


Graph 9: Outward referral pathway

5. EYE TO EYE CLIENT EVALUATIONS

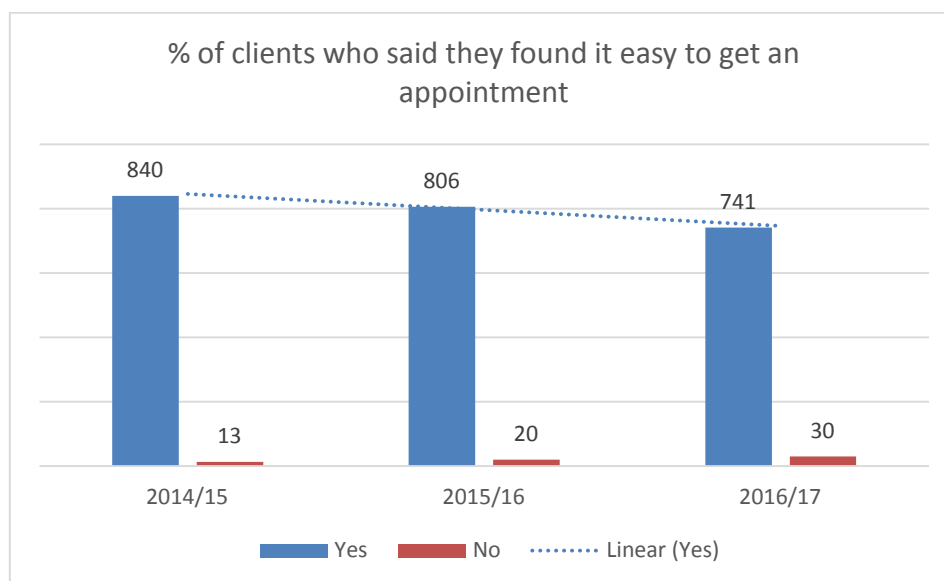
5.1 All young people accessing the Eye-to-Eye School Based Counselling Service are asked to complete an evaluation on completion of counselling. This data is subdivided into evaluations completed to young people accessing counselling in school and those accessing counselling in the community.

5.2 Graph 10 illustrates that out of 1251 young people accessing counselling at school during the last academic year, 771 (62%) completed an evaluation form. In 2015/16 this was 826 (51%) out of 1607, and 853 (52%) out of 1627 in 2014/15.



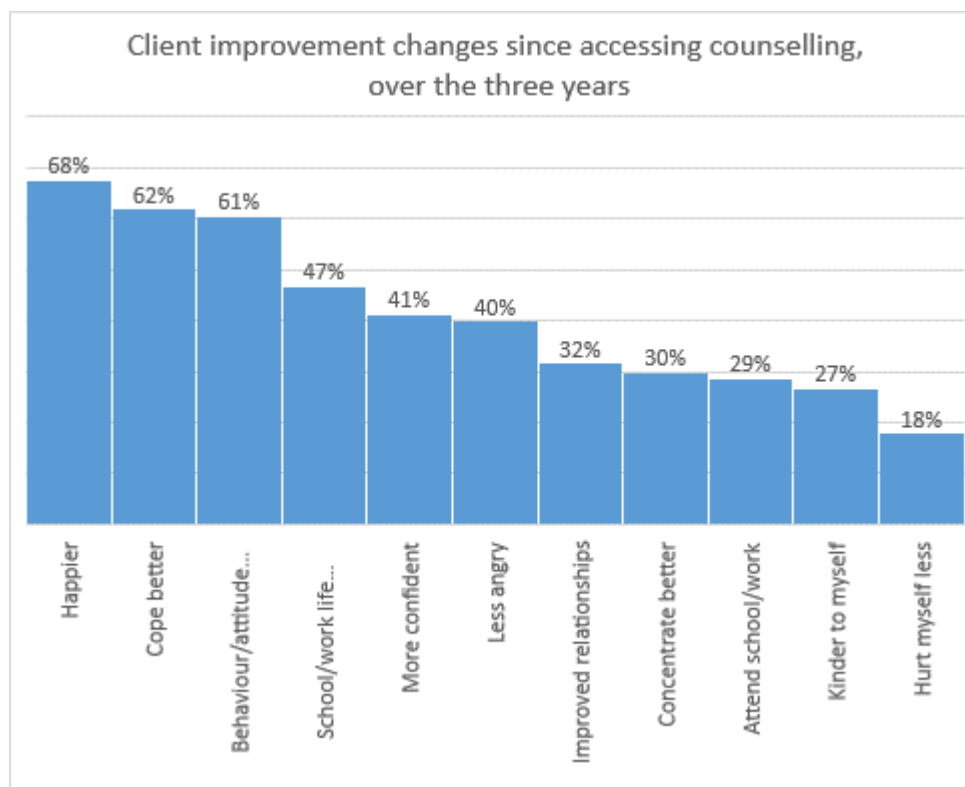
Graph 10: Number of evaluations received from school based clients

5.3 Graph 11 provides data on the ease of access to the service. Of the young people who completed an evaluation form, 98% in 2014/15 and 2015/16 said that they found it relatively easy to get an appointment. This slightly declined to 96% in 2016/17. This is reported to have been as a result of staffing issues.



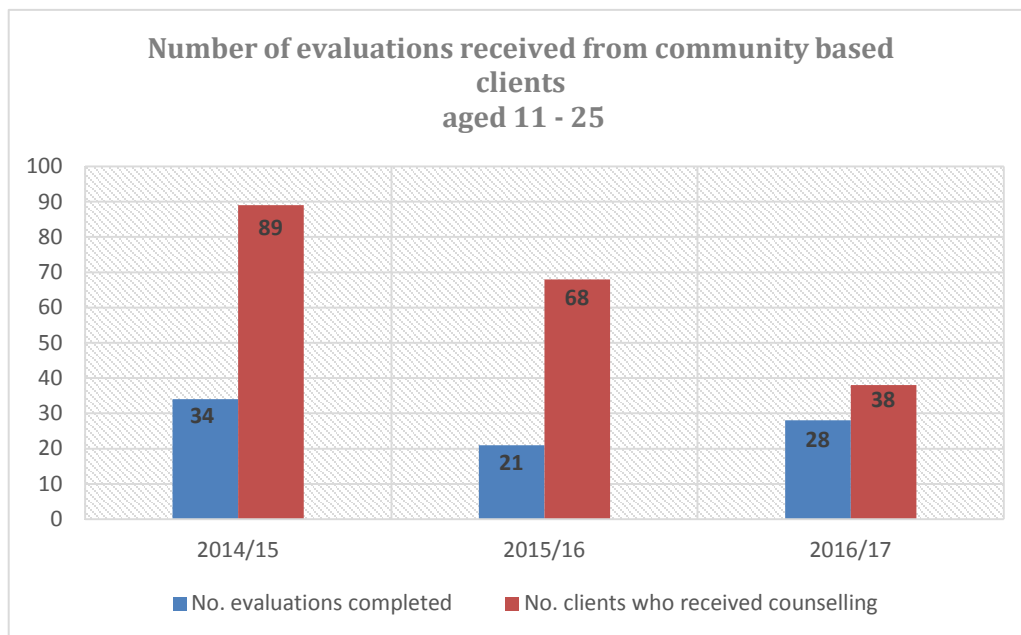
Graph 11: Ease of access to the service

5.4 80% of the 2,450 individuals who completed an evaluation form over the last 3 years said they felt 'awful' or 'bad' before counselling. 86% went on to say that, they felt 'good' or 'great' after receiving counselling. 1,659 of clients said they felt happier and 1,519 were able to cope better after accessing counselling. 1,486 said they had a more positive attitude/behaviour, and 1,148 confirmed that that their school life improved. 1,009 felt more confident, 979 felt less angry and 776 said they found themselves getting on better with others. 732 said that the counselling helped them to concentrate more and 703 said that they found it easier to attend school. 658 admitted to being kinder to themselves and 439 confirmed they hurt themselves less.



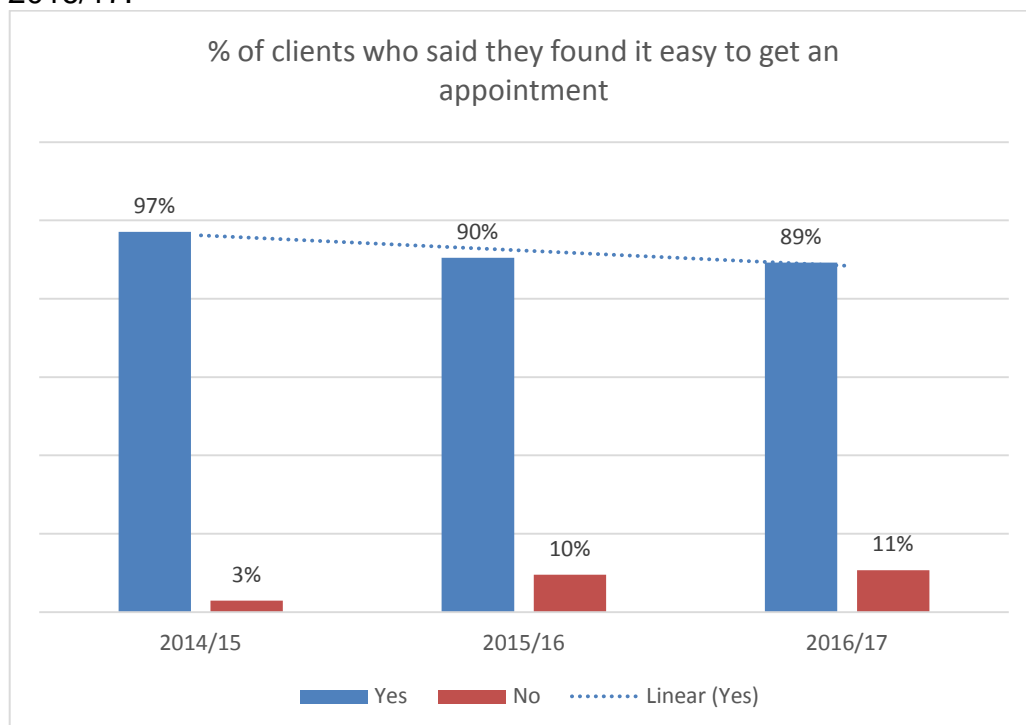
Graph 12: Benefits of accessing counselling over a three year period

- 5.5 During the three year period, 63% of young people who completed an evaluation form rated the counselling service as being 'great,' and 31% said it was 'good'. 6% rated the service as being 'ok' and 0.1% said it was 'bad'. 2,429 (99%) out of 2,450 individuals thought that counselling is a good way of dealing with their problems.
- 5.6 Evaluations were also completed young people accessing counselling in the community. This would incorporate school age children not currently attached to a school, such as those who are electively home educated, receive home tuition or those who have left school and transitioned to work or college placements. The age range for this client group extends to 25. It should be noted that the number of young people attending counselling sessions within the community is relatively small and numbers of completed evaluations even smaller. Consequently the sample size is too small to demonstrate reliable trends.
- 5.7 The data provided in graph 13 highlights the number of evaluations received from community based clients. 28 (74%) out of 38 clients completed an evaluation form in 2016/17, 21 (31%) out of 68 in 2015/16, and 34 (38%) out of 89 in 2014/15.



Graph 13: Number of evaluations received from community based clients

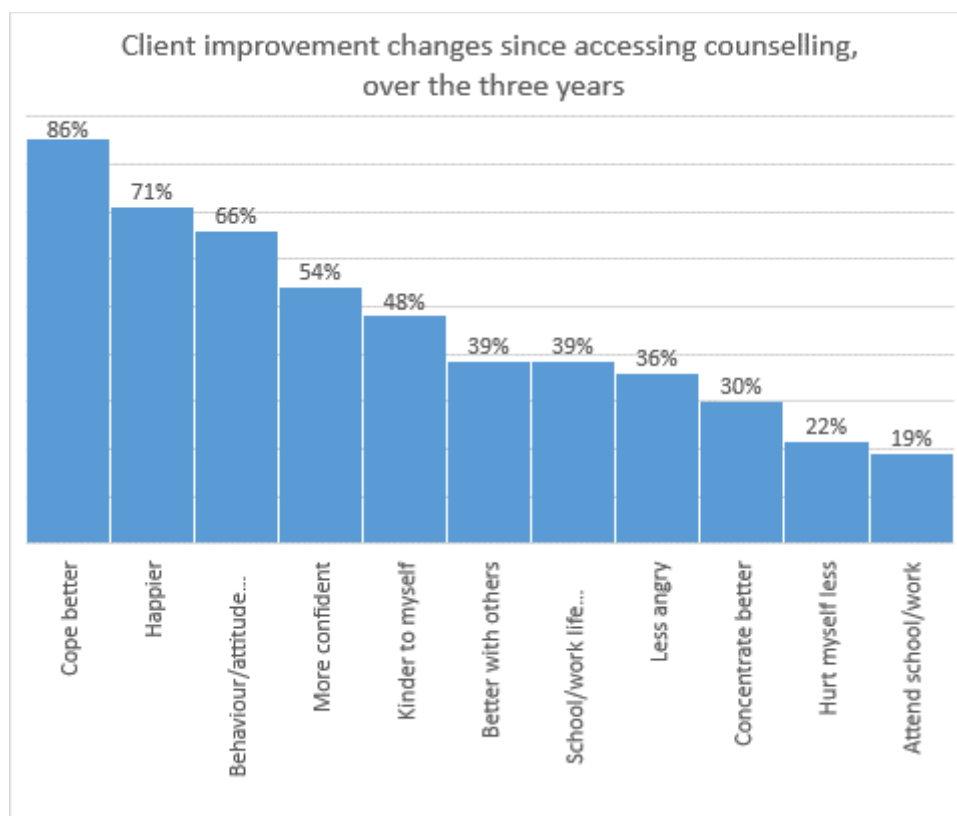
5.8 Graph 14 provides data in relation to ease of access to counselling in the community. Of those clients who completed an evaluation form, 97% of them in 2014/15 said that they found it relatively easy to get an appointment. This slightly declined to 90% in 2015/16, and 89% in 2016/17.



Graph 14: Ease of access to counselling in the community

5.9 The impact of counselling over a 3 year period is provided in graph 15. Of the 83 individuals who completed an evaluation of the community

based service, 95% said they felt 'awful' or 'bad' before counselling and 80% went on to say that they felt 'good' or 'great' after receiving counselling. 71 young people said they were able to cope better and 59 felt happier after accessing counselling. 55 said they had a more positive attitude/behaviour and 45 felt more confident. 40 said they were kinder to themselves and 32 stated that their school or work life had improved and were getting on better with others. 30 confirmed that they felt less angry, 25 said they could concentrate better, 18 admitted they hurt themselves less and 16 said their school or work attendance improved, following community based counselling support.



Graph 15: Impact of Counselling

5.10 Of the young people, who evaluated the community based service over a three year period, 69% rated the counselling service as being 'great', 27% said it was 'good', 4% rated the service as being 'ok' and none of the young people reported that it was 'bad'. 82 (99%) out of 83 individuals completing the evaluation thought that counselling is a good way of dealing with their problems.

6. CONCLUSION

6.1. Over the last three academic years, more young people have accessed counselling services in RCT than anywhere else in Wales. It is however unclear whether this is due to better access or greater demand for counselling services.

- 6.2 Data suggests that although more young people in RCT attend counselling, they attend fewer counselling sessions per person than the average in Wales. The young people themselves report that it was slightly more difficult to access counselling sessions during the last academic year (2016/17) than in the previous two years.
- 6.3. The data for RCT reflects common trends across Wales, with regards to more girls than boys attending counselling. This is considered to be reflective of fewer boys tending to request talking therapies such as counselling, or perhaps choosing not to attend if they are referred by others
- 6.4 There is a peak in usage of the counselling service between ages 13 to 16, with the numbers of young people either side of this age range being far fewer. This is likely to be reflective of the age at which young people appear to be experiencing most difficulties with regards their emotional development and wellbeing.
- 6.5 Young people who have SEN, disabilities or who are CLA are able to access counselling and do so currently. However, it is considered appropriate for more to be done to ensure that all CLA are fully aware of the School Based Counselling Service and how they can access this.
- 6.6 The majority of young people accessing counselling report difficulties at home, with feeling stressed/anxious and difficulties in relationships with others as the main reasons for their emotional distress. Boys also report difficulties with anger and girls note difficulties with self-worth or how they feel about themselves. These patterns and gender differences are useful for school staff to be made aware of as they can be used to inform strategic developments in schools.
- 6.7 Pre and post intervention assessment indicates that the counselling service offered in RCT is effective in assisting young people in overcoming their emotional distress.
- 6.8 It is considered positive to note that, in addition to school staff and parental referrals, a significant number of referrals for counselling are self-referrals, where the young people themselves are choosing to seek help and engage in counselling in order to manage their difficulties.
- 6.9 The data demonstrates that very few young people accessing counselling are referred to other agencies for further specialist support and help. This is unlikely to be because all issues are resolved but may be more indicative of the young people themselves not giving agreement for this to happen or due to the counsellor not being able to directly refer to agencies such as CAMHS or Educational Psychology. This can however can be done indirectly via schools.

- 6.10 Evaluation data is overwhelmingly positive with regards the Eye to Eye Counselling Service, with the vast majority of young people accessing both school based and community services considering that it is a 'great' service and that the counselling sessions attended helped them to overcome significant difficulties and make positive improvements in their lives
- 6.11 The LA will continue to monitor and review the effectiveness of the commissioned Counselling Service within RCT.