

West Dunbartonshire Youth Counselling Service

Defining and measuring the benefits
of a secondary school based
counselling service

October 2010



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Rationale

In December 08, West Dunbartonshire CHP and West Dunbartonshire Education Services commissioned RAMH to provide a youth counselling service in 6 West Dunbartonshire Secondary Schools (i.e. Clydebank High; Dumbarton Academy; Our Lady & St. Patrick's High; St. Andrew's High; St. Columba's High and Vale of Leven Academy¹). The intervention commenced in March 2009 and was ongoing at the time of this evaluation report. The evaluation data collection period was from 1st April 2009 to 30th June 2010 (inclusive).

The service continues to be currently available to all young people aged 11-18 years attending the now five secondary schools specified (although priority continues to be given to the needs of "looked after" and/or "looked after and accommodated" young people from the Authority). The aim of the service continues to be to promote positive emotional health and wellbeing.

¹ In August 2009, St. Andrew's High School and St. Columba's High School merged to form a new school known as St. Peter the Apostle High School.

Executive summary

- 244 referrals were made to the service during this audit period, 70% engaged with the service 7% were still waiting to be seen and 2% were referred on
- YP Core (measure of level of psychological distress) evaluation data was available for 161 young people
- Clients had an average age of 14.5 years
- 82% of all referrals came from school staff
- 11.9% of young people self referred
- Clients were offered an average of 9 appointments and attended an average of 6.8 thus giving a 75.8% attendance rate
- On average clients were referred with 3 issues
- The three highest levels of male referral issues were anger issues (50%), anxiety/stress issues (47%) and family issues (44%)
- The three highest levels of female referral issues were family (60%), anxiety/stress (48%) and self-esteem (31%)
- Self harm was a factor in one in ten of all referrals at referral stage to the service; suicide ideation was a factor in 8% (n = 19) of all referrals whilst suicidal behaviour was a factor in 3% (n = 6) of all referrals.
- At referral 84% of pupils were found to be experiencing clinical levels of psychological distress
- In total, 132 clients could be defined as having 'benefited' (as per operational definition) from the service over the active evaluation period
- Clients completing counselling with the service experienced an overall average reduction in YP Core score of 11.22 points from baseline/initial assessment. This translates into an effect size of 1.56. Within the field of social sciences an effect size of 0.2 is deemed to be 'small', 0.5 'medium' and 0.8 'large' (J Cohen, 1988). To put this into meaningful context a meta-analysis of research for school based counselling services across the U.K. recently undertaken by Professor Mick Cooper found that services, on average, produce a mean effect size of 1.0. (Cooper 2009)
- Referrers indicated that the service greatly benefited pupils and was an invaluable resource within the school
- The presence of the service has resulted in more appropriate referrals to CAMHS (West Dunbartonshire: Acorn Centre) i.e. lower tariff young people supported/managed by the counselling service where they may have previously been referred to CAMHS due lack of alternative support services

Overview

RAMH is a leading voluntary sector organisation that provides extensive community based mental health services. It was established in 1991 by a small group of mental health workers and has grown to an organisation employing over 160 staff. It currently delivers services in West Dunbartonshire, East Renfrewshire and Renfrewshire.

RAMH has a proven track record in continued mental health service provision and is often looked to for advice, guidance and direct input into developing innovative pilot services.

RAMH Counselling Services are Organisational Members of the British Association for Counselling and Psychotherapy (BACP) and Counselling and Psychotherapy Scotland (COSCA) and as such counsellors adhere to their Statement's of Ethics and Codes of Practice.

Who were the counselling team this year?

Dorrit Prichard, Annette MacKinlay, Dorothy Richmond, Jackie Clarke, Grace Webster and Wendy Kinnin were the counselling team during this audit year. All counsellors are Members of the British Association for Counselling and Psychotherapy (MBACP) and several are Accredited Members (MBACP Acc). In addition substantial work around evaluating the service was undertaken by Susan Fleming, Public Health Researcher, from the Public Health Resource Unit, NHS Greater Glasgow and Clyde.

What does the counselling service do?

The youth counselling service seeks to enable young people to make informed decisions about their lives. Counsellors do not seek to advise young people or to influence their values or beliefs. They offer counselling in an understanding environment that is respectful and sensitive to the young person's values and beliefs and to their background, upbringing and culture.

The main areas of the remit of RAMH's Youth Counselling Service are to:

- Provide confidential counselling for young people aged 11 to 18 years
- Signpost and facilitate onward referral of young people experiencing crisis to appropriate agencies
- Support and enable staff to support emotionally vulnerable young people
- Raise the visibility of emotionally vulnerable young people in schools, the community and at home, where appropriate

Counsellors are based within the five secondary schools in West Dunbartonshire. Every school has a dedicated counsellor for a day and a half each week. Young people are seen within the framework of the school day. Counsellors work as part of a wider multi-agency team committed to supporting young people. Counsellors work to local child protection guidelines.

Other interventions (Added value)

- Having counsellors sited within staff support teams to offer advice and guidance for individual pupils
- Having counsellors trained to identify mental health difficulties and thus bolster early intervention options
- Having counsellors work in association with CAMHS to support young people with their mental health
- Having counsellors able to support parents to deal with the young person's difficulties and their own concerns, where appropriate
- Offering speedier assessments of young people believed to be at risk
- Identifying young people at risk where there was no prior knowledge
- Feeding into the wider field of evidence based practice for counselling children and young people

Relationship to National and Local priorities.

At a **national level** the service is informed by the Scottish Government Higher Level Outcomes for Children and Young People, which include:

- young people will feel safe

There are times when young people pose a risk to themselves. We undertake to assess each young person referred to our service for signs of such risk and work in a collaborative way to address and reduce it.

- young people will feel healthy

The Royal College of Psychiatrists suggest that 1 in 10 young people are suffering from a diagnosable mental health disorder. As mental health workers RAMH staff are trained to recognise potential signs and symptoms of such disorders and refer young people to higher tiered mental health services such as CAMHS for appropriate assessment and intervention. We also work with young people experiencing mild to moderate levels of clinical psychological distress, as will be evidenced further on in this document, in order to reduce such distress and improve their overall mental well-being.

At a **local level** our work is informed by such documents as the Integrated Children's Services Interim Plan 2008 – 2009:

- *Where there are 'Children, Young People Families affected by Mental Ill Health' the Authority will develop and evaluate an Independent Youth Counselling Service in schools*

and the Educational Services Plan 2008 – 2012, e.g. :

National Outcome	WDC Corporate Objective	WDC Local Action
4. Our young people are successful learners, confident individuals, effective contributors and responsible citizens	Enhance the provision of integrated children's services	Implement and evaluate initiatives that target children with mental health issues, children in need and children with disabilities

At a **service level** we are contracted to deliver the following outcomes:

- A counsellor will be available within each secondary school for one and a half days per week
- 1 to 1 confidential counselling will be offered to 6 - 8 active clients per school, per week
- Counsellors will act as a conduit to higher tiered mental health services where these are required by a young person
- Counsellors will work in a multi-disciplinary way to ensure that agreed action happens to improve the young persons mental health and well-being
- Staff and parents in a supporting role to young people, will be provided with advice and support
- All work undertaken will be captured and evaluated

The importance of evaluating what we do.

The evaluation methodology used within the service is based upon the six high level questions posed by the Scottish Executive in their *Quality Improvement Framework for Integrated Services for Children*.

1. What key outcomes have we achieved?
2. How well do we meet the needs of our stakeholders?
3. How good is our delivery of services for children and young people?
4. How good is our management?
5. How good is our leadership?
6. What is our capacity for improvement?

With this in mind we have developed evaluation systems for this audit that are led by the above questions and have involved staff, referrers and young people.

We have undertaken the following to evaluate our work:

1. **Pupil consultation** – what do young people think about counselling and having a counsellor in their school? (including possible benefits, challenges and solutions)
2. **YP Core** – pre and post counselling measures – to establish if counselling has reduced young people's levels of psychological distress
3. **Behaviour Assessment Tool** - completed by referring staff pre, post and at 8 week follow up to consider the impact, if any, of counselling on pupil's behaviours
4. **Pupil Satisfaction Questionnaire** - completed by pupils at the end of counselling
5. **'What's changed' post-counselling questionnaires** - to establish any impact attending counselling has had on the young peoples lives
6. **Counselling in schools referrers questionnaire** – completed by referring school staff after having the service in situ for an academic year and asking for their comments on the service as a whole
7. **Focus group with CAMHS** – to identify how the availability of school based counselling had impacted the local Child and Adolescent Mental Health Service

Who did we see in the last year and why?

In total, 244 pupils were referred to the service over the evaluation period. Of these 244 clients, 21% (n= 51) did not engage; 6% (n = 14) were receiving ongoing care/treatment; 3% (n = 7) did not complete YP core forms; 3% (n = 7) were waiting to be seen and 2% (n = 4) were referred on to other services i.e. ACORN Centre/Child & Adolescent Mental Health Service and/or Educational Psychology.

School	Number of pupils accessing WDYCS	Percentage of WDYCS clients	School role (approx.)	% Market Penetration
Clydebank High school	40	16.4 %	1400	2.9%
Dumbarton Academy	38	15.6%	700	5.4%
Our lady & St. Patrick's High School	44	18%	1100	4%
Vale of Leven Academy	54	22.1%	1000	5.4%
St. Peter the Apostle High School	59	24.2%	1600	3.7%
St. Andrew's High School	6	2.5%	N/A	N/A
St. Columba's High School	1	0.4%	N/A	N/A
Total	242	99.2%		
Missing data	2	0.8%		
Total	244	100%		

Table 1. Referral/access by school and percentage of school role accessing WDYCS

Age	Number of pupils accessing WDYCS	Percentage of WDYCS clients
11 years	4	1.6%
12 years	39	16%
13 years	46	18.9%
14 years	66	27%
15 years	63	25.8%
16 years	16	6.6%
17 years	10	4.1%
Total	244	100%

Table 2. WDYCS access by age

Table 3. WDYCS access by school year

School year	Number of pupils accessing WDYCS	Percentage of WDYCS clients
First year	46	18.9%
Second year	47	19.3%
Third year	62	25.4%
Fourth year	53	21.7%
Fifth year	17	7%
Sixth year	10	4.1%
Total	235	96.3%
Missing data	9	3.7%
Total	244	100%

Referral source	Frequency	Percent
Self referral	29	11.9%
Guidance/Pastoral care teacher	154	63.1%
Deputy Head teacher	17	7%
Teacher	23	9.4%
Pupil & family Support	3	1.2%
Parent	3	1.2%
Support for Learning	2	0.8%
Self/teacher	1	0.4%
Family Support	1	0.4%
Acorn Centre	1	0.4%
Total	234	95.9%
Missing data	10	4.1%
Total	244	100%

Table 4. Sources of referral to WDYCS

Referral Issue(s)	Number of females	Percentage of females	Number of males	Percentage of males	Total Number	Percentage of clients	Local rank	UK rank
Self harm	20	13%	3	3%	24	10%	10 th	14 th
Anxiety/stress	71	48%	44	47%	116	48%	2 nd	A 9 th S 11 th
Pregnancy *	1	0.5%	0	0%	1	0.5%	17 th	n/a
Depression	26	17%	11	12%	37	15%	8 th	7 th
Abuse	11	7%	2	2%	13	5%	14 th	13 th
Suicide ideation	15	10%	4	4%	19	8%	12 th	n/a
Suicidal behaviour	5	3%	1	1%	6	3%	15 th	n/a
Drugs/alcohol	14	9%	8	9%	22	9%	11 th	n/a
Family issues	90	60%	40	44%	131	54%	1 st	1 st
Illness	1	0.5%	5	5%	7	3%	15 th	n/a
Bullying	11	7%	15	16%	26	11%	9 th	10 th
Self esteem	47	31%	23	25%	70	29%	5 th	6 th
Relationship issues	45	30%	17	19%	63	26%	6 th	5 th general 12 th parental
Eating issues	15	10%	2	2%	17	7%	13 th	n/a
Bereavement/loss	34	23%	22	24%	57	23%	7 th	8 th
Anger issues	44	29%	46	50%	90	37%	3 rd	2 nd
School issues	36	25%	35	38%	73	30%	4 th	3 rd
Behaviour							n/a	4 th

*this was for emotional support and the school were aware of the referral

Table 5. Reasons for referral to WDYCS by gender

Recognising and managing risk

It is widely accepted that there is a level of transitory, impulsive risk found in this age group and as such it is important to have a way of establishing its presence in young people referred to the service. This is done at two stages; at referral and upon initial assessment. Any risk that is found to be present is dealt with as a priority and procedures for managing risk take precedent over confidentiality. The counsellors work in a multi-disciplined way to support all young people voicing or demonstrating any level of risk to self.

Findings at referral

Self harm was a factor in one in ten of all referrals to the service; suicide ideation was a factor in 8% (n = 19) of all referrals whilst suicidal behaviour was a factor in 3% (n = 6) of all referrals.

Gender differences existed with regards to self harm/suicidal behaviour/suicide ideation with self harming four times more prevalent in female referrals (13%; n = 20) when compared with male referrals (3%; n = 3); suicide ideation was two and a half times more prevalent in female referrals (10%; n = 15) when compared with male referrals (4%; n = 4) and suicidal behaviour was three

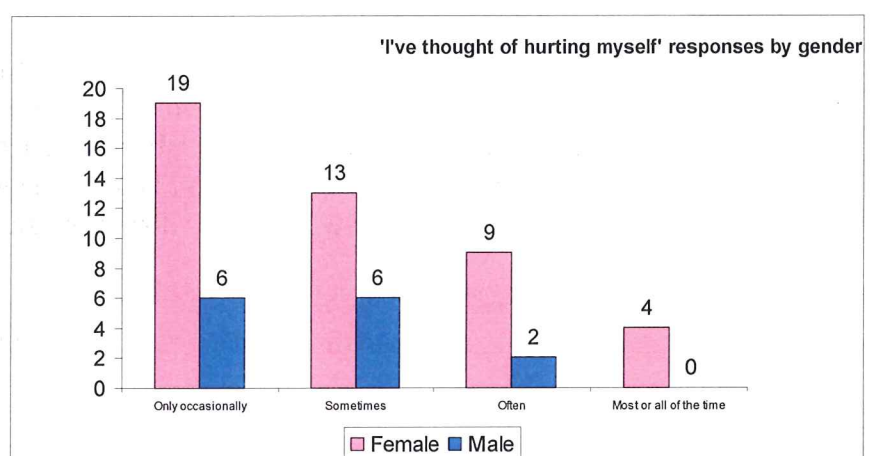
times more prevalent in female referrals (3%; n = 5) when compared with male referrals (1%; n = 1).

Findings at assessment

YP CORE has a question denoting to risk to self; 'I have thought of hurting myself'. Clients can respond across a range from 'not at all' to 'most or all of the time'. Each response scores a point from 0 for 'not at all' to 4 for 'most or all of the time'. Clients are asked to respond in relation to the last week. At the pre-counselling stage 36.6% of clients (n = 59) had responded in the positive to the question 'I have thought of hurting myself' in the last week.

When breaking down the risk across gender there are interesting differences to be found. Females are nearly three times more likely to be experiencing thoughts of hurting themselves as compared to males (45 females to 14 males).

Figure 1. Responses by gender to the statement on YP Core pertaining to regularity of thoughts of harm to self in the last week



Outcomes for young people at risk

At post-counselling stage, 4% of clients continued to indicate a level of risk to self (i.e. that they had 'only occasionally' thought of hurting themselves over the last week. Where a young person is discharged from the service with a level of continued risk, appropriate action is taken to ensure that their visibility is raised with those that continue to support them.

Focussing on what young people think about a counselling service?

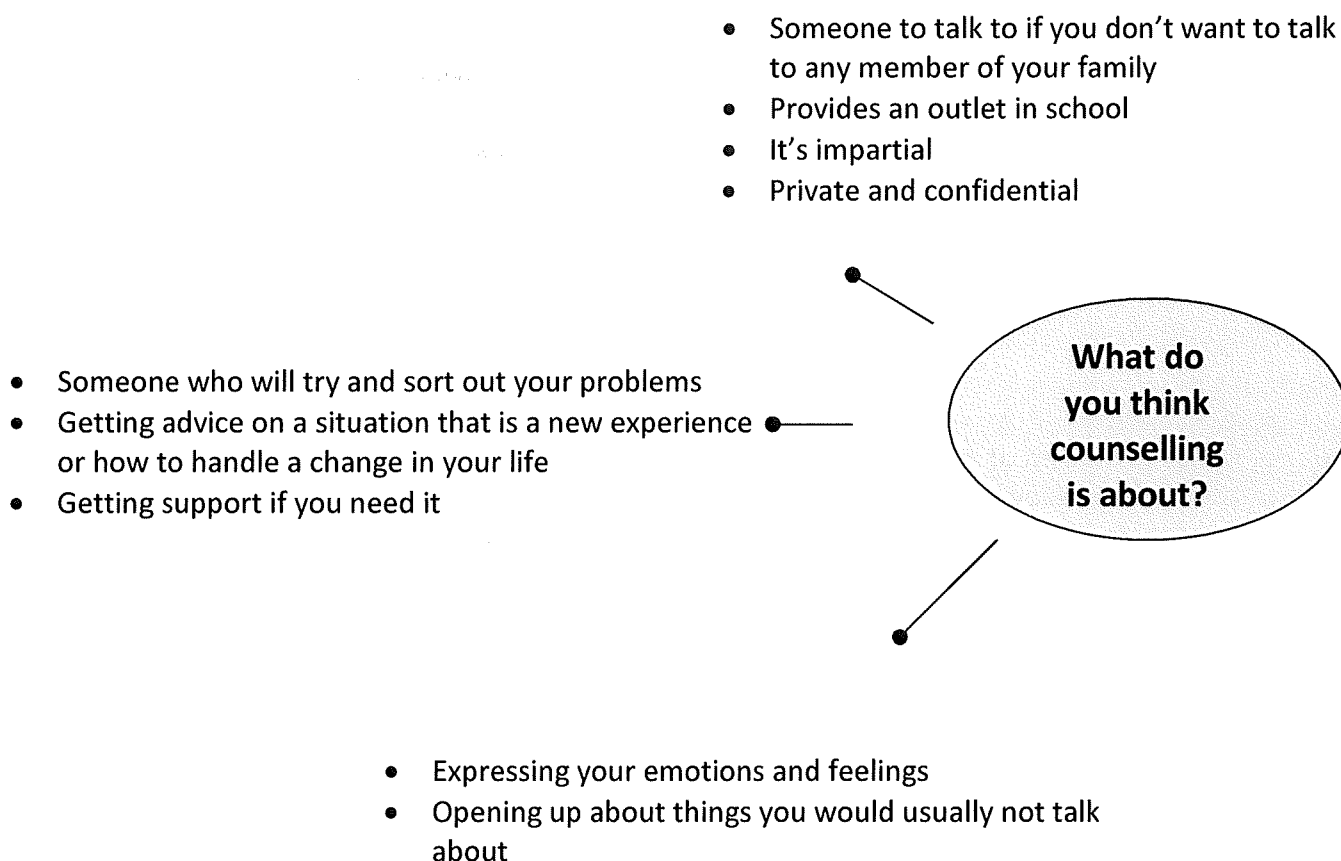
Young people who had previously used the service and who had not used the service were asked if they would consider taking part in a focus group about school based counselling. It was made very clear that they could opt out at any time if they chose to do so. The way in which the focus group was managed also ensured that no one who had accessed the service would be identified as having done so.

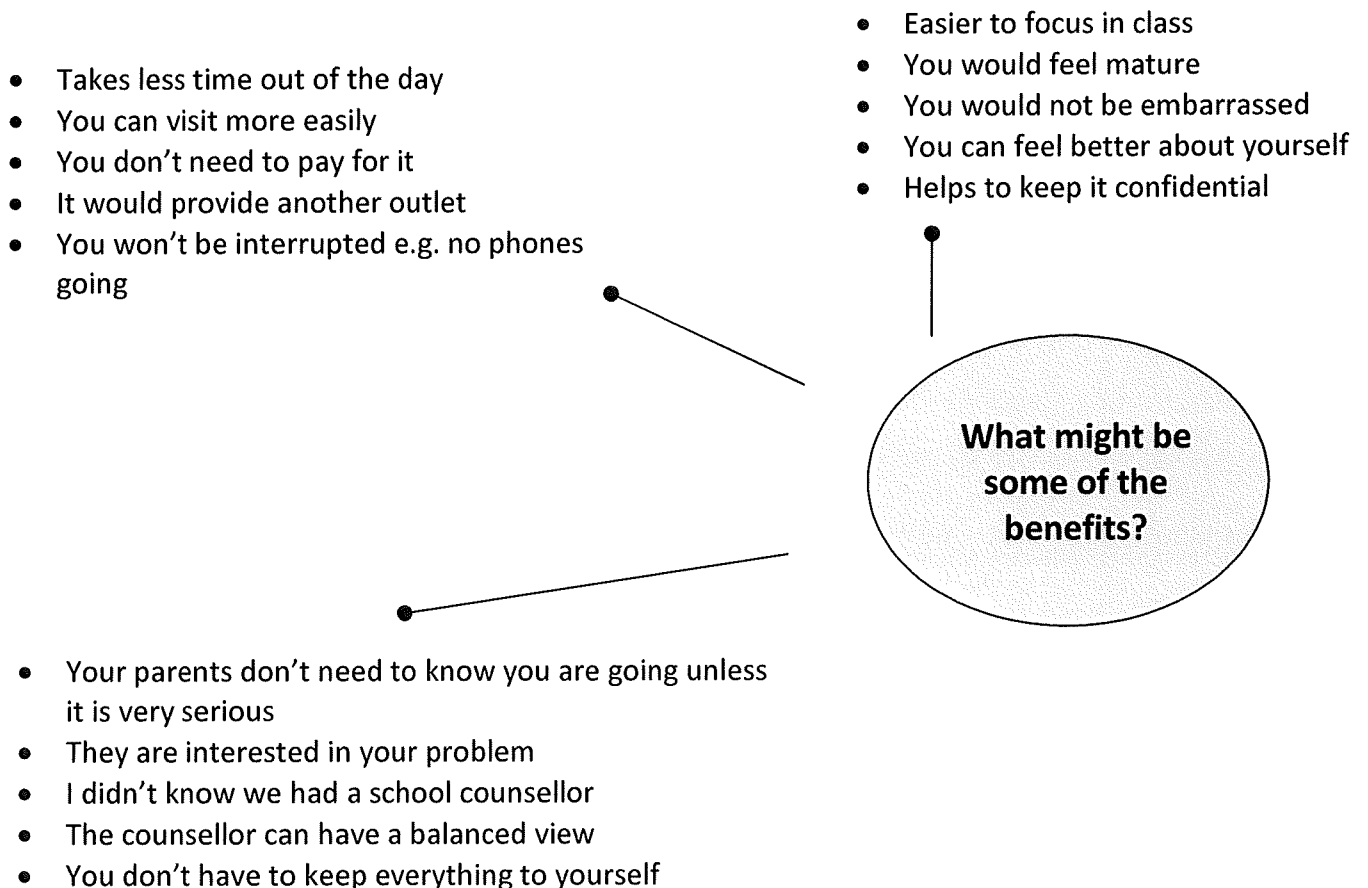
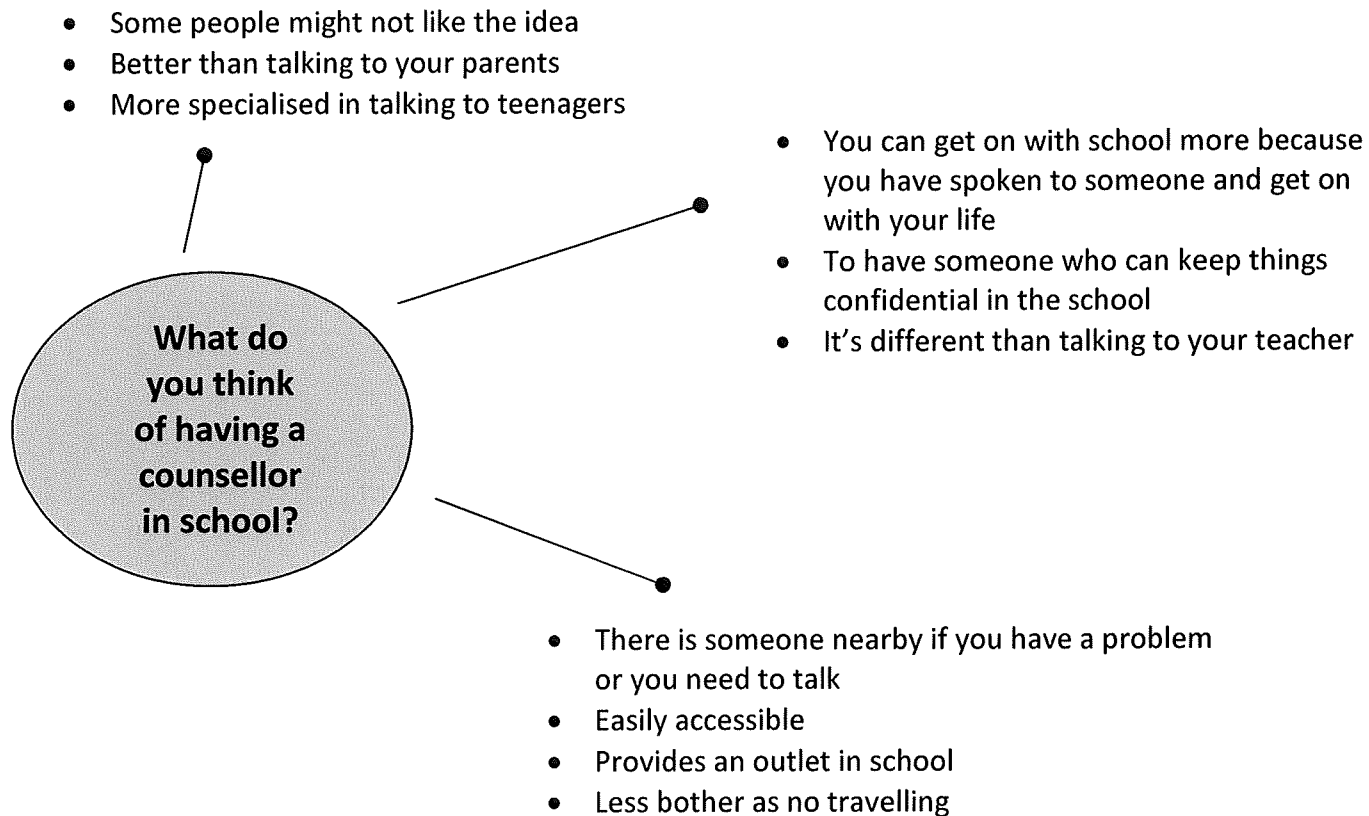
The groups were run in a number of schools across the Authority and were made up of a mixture of previous clients and non-clients, males and females and from across the school years.

The groups were asked to consider the following questions:

- What do you think counselling is about?
- What do you think of having a counsellor in the school?
- What might be some of the benefits?
- What might be some of the difficulties and how might these be overcome?
- If counselling was successful for a pupil how would you know?

Results from the young people's focus groups





What might be some of the difficulties and how to overcome them?

- It's a stranger
- You would be embarrassed
- You could feel uncomfortable by telling someone you don't know your problems

- Others making fun
- Pupils knowing where you are going
- Your teacher might moan about you going or question you about what its for
- Gender of counsellor
- Boys keep it inside denial

Solutions

- Find a way to make it not a bad thing to go to counselling
- More advertising of the service
- Write a letter to the counsellor instead of meeting them
- Registration teachers should remind pupils about the service once a month
- Text pupils appointments
- Advertise in school newsletter and on TV screens
- Letters at beginning of every term
- Talk to the school buddies – so they know to tell the younger ones

If counselling was successful for a pupil how would you know?

- Better social life
- Better mood
- Behaviour would improve
- Improved exam results
- More optimistic outlook because you would be happier
- You might never know especially if it was all private
- Less distracted
- Give advice to others
- Able to deal with difficult situations better
- More comfortable standing up for themselves

YP Core

The principal method of evaluation used within the service is YP Core. This is a ten item questionnaire completed by young people engaged with the service. It is used to determine if attendance at the youth counselling service has improved the emotional health/mental wellbeing of pupils. It measures levels of psychological distress and is administered to pupil's pre and post counselling. It is widely used within youth counselling services across the United Kingdom.

Background to YP CORE

The YP CORE has 10 items on one side of A4, making it quick and easy to administer. It is easily scored during the session by the counsellor. The YP CORE has been designed to tap into a pan-theoretical 'core of users' distress, including commonly experienced symptoms of anxiety and depression and associated aspects of life and social functioning. In addition, there is a key item which establishes any level of risk to self.

The YP CORE taps global distress and is, therefore, suitable for use as an initial quick screening tool and also as an outcome measure. Like most self report measures, it cannot be used to gain a diagnosis of a specific disorder. A non-clinical/clinical score can be derived directly by summing the items and used as a global index of distress. Any positive indication on the risk item is regarded as a clinical flag and counsellors use it to trigger a fuller risk assessment.

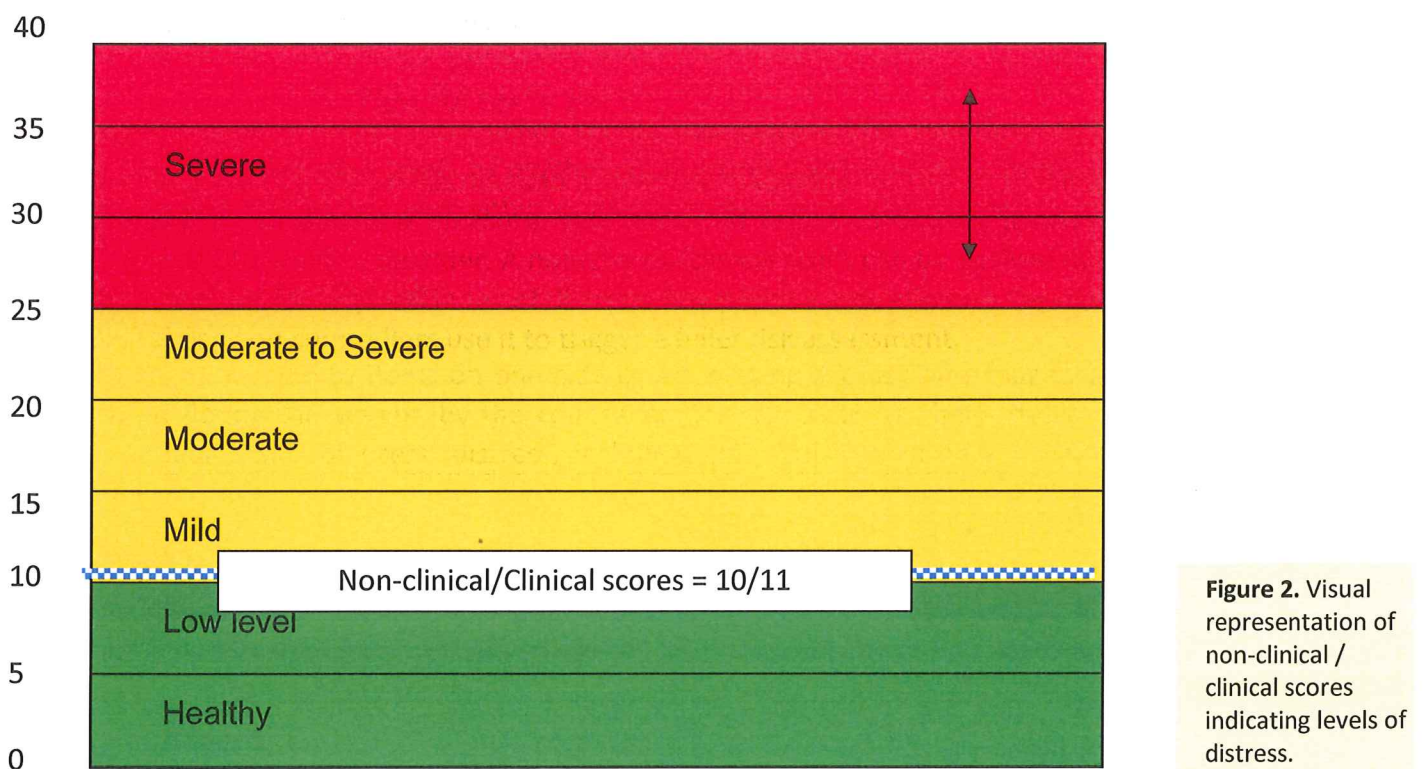


Figure 2. Visual representation of non-clinical / clinical scores indicating levels of distress.

As can be seen in Figure 2 a score of 10 or below denotes a score within the non-clinical range and a score of 11 or above within the clinical range. This is in line with adult normative data sets. Adolescent normative data is limited in it's availability at this time.

Within the non-clinical range there have been identified two bands called 'healthy' and 'low' level distress. People may score on a number of items at any particular time but still remain 'healthy'. Similarly people may score in the 'low' range which might be as a result of raised pressures or particular circumstances but is still within a non-clinical range.

Within the clinical range the score of 11 has been identified as the lower boundary of the 'mild' level, 15 for the 'moderate' level and 20 for the 'moderate to severe' level. A score of 25 or over marks the 'severe' level.

Timing of the measure

As far as is possible pre-counselling scores are taken at the beginning of the pre-counselling assessment meeting. This means that there has been limited contact between the young person and the counsellor.

The post-measure is taken towards the end of the final counselling session.

Continuous evaluation with YP Core

'A growing body of evidence indicates that the routine monitoring of client progress – through inviting clients to regularly complete outcome evaluation forms and through addressing difficulties that might become evident – is one of the most useful things that therapists can do to enhance the effectiveness of their work.'

Mick Cooper 2008

Counsellors now commence each session with pupils completing a YP Core. There was considerable discussion about this amongst the counselling team as to what the benefits would be, whether it would hamper the therapeutic alliance and whether it would become the focus of therapy and detract from the young person. Following a successful three month trial the team agreed to incorporate it into each session on the premise that the young people are asked if they are willing to undertake this as part of the evaluation process. They have the option to refuse without this affecting their access to counselling. Some young people have preferred not to complete it each time, the majority however see it as part of the counselling process and many comment on the value of seeing their journey. The benefits of this have been to:

- Ensure a more complete picture of therapy should a young person withdraw without attending a final session
- Enable an ongoing view of the impact of therapy. This is often shared with the young person during therapy as scores are transferred onto a graph at the time. (see Figure 9) This directly involves the young person in the evaluation and enables discussion and review about when things appear to be going well and for what reasons. It is also useful when there appears to be an increase or levelling off of the young person's distress score and what else can be considered to assist them

YP Core results

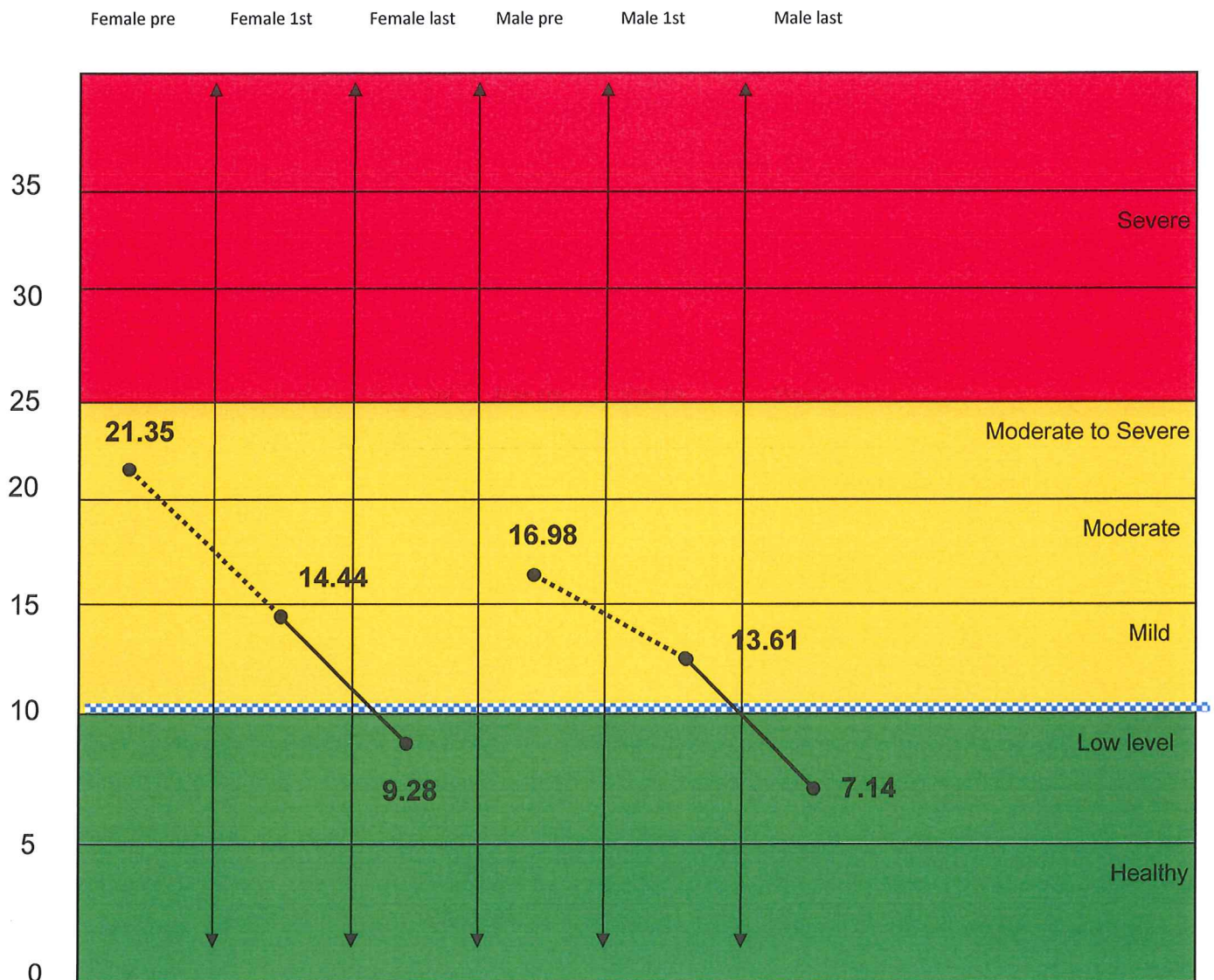


Figure 3. Visual representation of pre, 1st and post YP Core mean scores by gender.

For the purposes of this evaluation YP core mean scores were calculated for the three specific time points of interest i.e. at initial assessment; at the first scheduled counselling session and at the last scheduled counselling session (see Figure 3). Results indicated that:

- Females had considerably higher baseline (initial/pre-assessment) YP Core scores than males
- YP Core mean scores reduced between initial assessment and first scheduled counselling session most markedly for females

Frequencies and percentages were calculated to determine the number and percentage of male and female clients that had YP Core clinical scores at initial assessment; first counselling session and at their last scheduled counselling session (see table 6). Results indicated that:

- At baseline/initial assessment, more than three quarters of males (i.e. 77.6%; n = 38) and nearly nine out of ten females (86.6% n = 97) referred had a clinical YP Core score of 11 or more
- At the first scheduled counselling session, 66.3% (n = 32) of males and 67.9% (n = 76) of females had a YP Core score that reached a clinical level
- At their last counselling session, approximately a quarter of males referred (24.5% n = 12) and just over a third of females referred (39.3% n = 44) had YP Core scores that reached a clinical level of 11 or more

YP core measure	Gender	Frequency	YP core score at clinical level	Percentage of sample
Initial assessment YP core score	Male	49	38	77.6%
	Female	112	97	86.6%
YP core score at 1 st scheduled counselling session	Male	49	32	65.3%
	Female	112	76	67.9%
YP core score at last counselling session	Male	49	12	24.5%
	Female	112	44	39.3%

Table 6. Number and percentage of clients with YP core scores at a clinical level at assessment, 1st and last sessions by gender

To determine the cost per 'benefited' client, the number of clients that had shown a clinically significant change and/or reliable improvement in their level of psychological distress from initial assessment until cessation of counselling were identified. Results indicated:

- Eight out of ten clients had experienced improved psychological well-being
- 51% (n = 82) had demonstrated clinically significant change and reliable improvement
- 27% (n = 43) had demonstrated reliable improvement
- 2% (n = 3) had demonstrated clinically significant change

However, for one in five clients, levels of psychological distress worsened (n = 11) or remained the same (n = 22), (See figure 4 below)

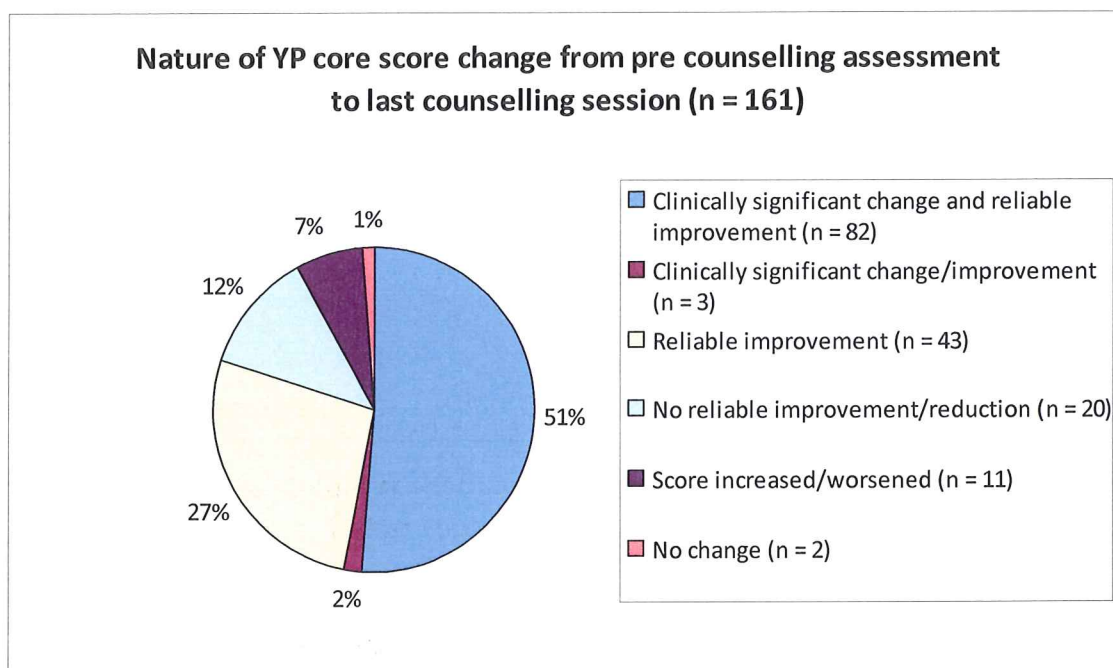


Figure 4. Nature of YP Core change pre to post counselling

Reliable change

Reliable change refers to the extent to which change falls beyond that likely based on the measurement variability of the measure. When using the YP Core clients must improve by 6 points or more from pre to post-therapy to be able to say that the improvement is a statistically reliable one. Overall clients in this sample had a mean pre-counselling score of 19.85 reducing to 8.63 post-counselling. Therefore, **clients completing counselling with the service experienced an overall average reduction in YP Core score of 11.22 points from baseline. This translates into an effect size of 1.56.** Within the field of social sciences an effect size of 0.2 is deemed to be 'small', 0.5 'medium' and 0.8 'large'. (J Cohen, 1988). To put this into meaningful context a meta-analysis of research for school based counselling services across the U.K. recently undertaken by Professor Mick Cooper found that services, on average, produce a mean effect size of 1.0. (Cooper 2009).

Cost Benefit Analysis - Operational definitions

Directly 'benefited' pupil

1. As previously mentioned to achieve reliable improvement, a pupil must have improved by 6 or more points from pre- to post-therapy on the YP Core (see page 16 of the CORE-10 User manual). Therefore if a pupil was identified as such they were coded as being a directly 'benefited' pupil.
2. To achieve clinically significant change a pupils YP Core score must have changed from a pre-therapy score of 11 or above to a post-therapy score of 10 or below. Therefore if a pupil was identified as having experienced such a change they too were coded as being a directly 'benefited' pupil.

It should be noted that these figures are derived from normative data in relation to an adult population. These figures have been adopted due to a lack of normative data in relation to clinically significant change in an adolescent population.

Indirectly 'benefited' pupil

3. If a pupil was referred to the counselling service, but at initial assessment it was decided that the pupil would benefit most from being referred on to another agency (with which they currently have no involvement), then this pupil was defined and coded as an indirectly 'benefited' pupil.

The cost benefit analysis was conducted by dividing the cost of the service by the total number of directly and indirectly 'benefitted' pupils.

The annual cost of the service equates to £80,000 per annum. However, the evaluation timeframe spanned 5 financial quarters. Therefore it cost approximately £100, 000 to run the service over the active evaluation period (this included start up costs).

In total, 132 clients could be defined as having 'benefited' (as per operational definition) from the service over the active evaluation period. Specifically from pre-counselling assessment to last counselling session, 51% (n = 82) of clients that engaged with the service demonstrated clinically significant change and reliable improvement; 27% (n = 43) demonstrated a reliable improvement whilst a further 2% (n = 3) demonstrated a clinically significant change/improvement (see fig.4 for the nature of YP Core score change from pre-counselling assessment to last counselling session).

Four clients (indirectly benefited) were referred onto a service with which they had no prior involvement.

Cost per benefited pupil inclusive of start up costs

To derive a cost per benefited pupil, £100,000 was divided by the number of clients that could be evidenced to have benefitted from the service i.e. 132.

Therefore, ***inclusive of start up costs***, it cost approximately ***£757.57 per 'benefited' pupil***.

Cost per benefited pupil exclusive of start up costs

Service start up costs (e.g. recruitment; stationary/paperwork and Information Technology, etc) were calculated at £3,234. Should the service be continued, then start up costs would not be required for subsequent financial years. To derive a cost per benefited pupil (exclusive of start up costs), start up costs of £3,234 were subtracted from £100,000. This figure i.e. £96,766 was then divided by the number of pupils that evidenced 'benefit' i.e. 132.

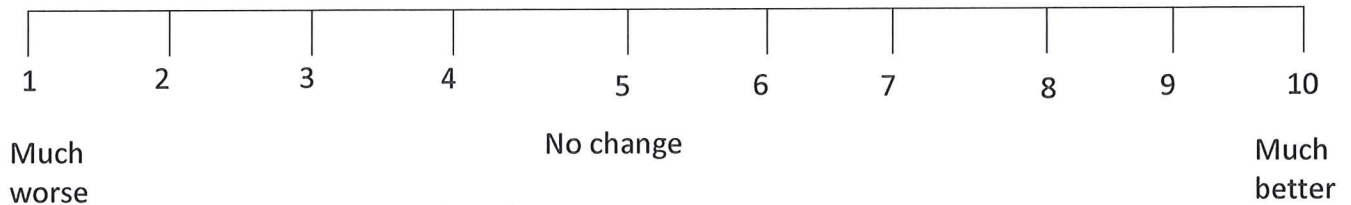
Therefore, *exclusive of start up costs*, it cost approximately **£733.08 per 'benefited' pupil**.

Establishing areas of impact on the young peoples lives

In addition to trying to establish if counselling has an impact on how distressed young people feel we also wanted to know what would be the difference for them if this distress could be reduced. As a team we developed a brief scaling questionnaire that we asked young people to complete at their last counselling session. The questions were designed to ask young people to consider what had changed for them in certain areas since coming to counselling. For example we asked if things had improved, not changed or gotten worse in areas such as their ability to deal with their problems, their desire to come to school, their ability to concentrate in class and their feeling of happiness in themselves. Given such a high percentage of young people are referred for issues around relationships we also asked if there had been any changes to their relationships at home or with friends. This allowed young people to take the opportunity to focus on themselves and the piece of work they had just done and reflect on its impact. It also allowed for an opportunity to summarise what was useful and how some of the skills gained might be transferred to similar situations or feelings in the future. We introduced this in the final term so the following is a summary of 55 young people's responses to the questionnaire and is presented within a copy of the questionnaire itself. The scores in the boxes are the average overall scores for that item.

Since coming to counselling what has changed?

Q1. Using the scale below please enter a score in the box against each statement



Wanting to learn

6.8

How I deal with my problems

7.3

Happy in myself

8

Wanting to come to school

6.7

Getting on with friends

7.8

Concentration in class

7

Getting on at home

7.9

Q2. Would you come to Counselling again? Yes **27** No **1** Don't Know **7**

Q3 Would you recommend Counselling to a friend? Yes **32** No **1** Don't Know **2**

Q4. If you could change anything about Counselling, what would it be?

'Don't know' x 5

'Nothing' x 5

'To have a feeling game to make it easier to explain'

(a game to help find alternate ways to describe feelings)

Q5. Is there anything else you would like to say about the service?

'It has been very helpful'.

'It has been great and it has really helped me'.

'It is very good and if you need to talk about anything you can'.

'The advice offered was very good'.

'It helped me a lot'.

Impact of counselling on the observable behaviour of clients

To determine the impact (if any) attendance at counselling had on the observable behaviour of clients who had accessed the service, the referring Pastoral Care teachers were asked to complete a Behavioural Assessment Tool for each pupil they had referred to the service. The Behavioural Assessment tool required pastoral care teachers to rate each pupil on 7 behavioural dimensions i.e. attendance at school; behaviour; timekeeping; general appearance; homework completion; relationship with peers and relationship with teachers. Results indicated that:

- At baseline/prior to counselling, behaviour on the dimensions specified was relatively good, suggesting that psychological distress does not necessarily result in poor behaviour
- There was little difference in behavioural measures prior to and following counselling
- Following counselling, there was a very slight observable improvement in terms of homework completion and relationships with peers and teachers and a small detriment to behaviour in relation to timekeeping

Pupils levels of satisfaction with the service

Following attendance at counselling, 112 clients completed and returned the Pupil Satisfaction with Counselling evaluation questionnaire.

Of these 112 clients:

- 71% (n = 80) completed all of their scheduled counselling sessions
- 12% (n = 13) dropped out of counselling because things had got better by themselves
- 11% (n = 12) indicated they had dropped out of counselling for another reason
- 6% (n = 7) ceased counselling because it was the end of term

There were no clients that indicated they had ceased counselling because they did not feel it was helping them.

Pupils indicated a high level of satisfaction with the service (see Table 7). However, responses also indicated that:

- 36% of respondents disagreed (n = 8) /or were unsure (n = 32) that it was easy to find out how to contact the counsellor
- 20% of respondents (n = 22) indicated that they had an insufficient number of meetings/sessions with the counsellor
- 14% of respondents disagreed (n = 4) / or were unsure (n = 12) if they had been happy with the timing of their appointments/sessions
- 30% of respondents were unsure (n = 26) / or disagreed (n = 7) that the counsellor had helped the make decisions

Question	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
I felt relaxed with the counsellor.			5 (4.5%)	43 (38.4%)	64 (57.1%)
The counsellor really understood my situation.			5 (4.5%)	32 (28.5%)	75 (67%)
The counsellor did not judge me or disapprove.			2 (1.8%)	23 (20.5%)	87 (77.7%)
I was able to tell the counsellor what was really on my mind		2 (1.8%)	7 (6.2%)	38 (33.9%)	65 (58%)
The counsellor helped me understand my situation better.	1 (0.9%)	1 (0.9%)	11 (9.8%)	43 (38.4%)	56 (50%)
The counsellor provided me with valuable information.		3 (2.7%)	23 (20.9%)	56 (50.9%)	28 (25.5%)
I felt that I could trust the counsellor.			1 (0.9%)	39 (35.1%)	71 (64%)
The counsellor helped me to see things in a more positive way.			10 (9%)	46 (41.4%)	55 (49.5%)
I feel more able to deal with problems since I have been seeing the counsellor.			13 (11.7%)	51 (45.9%)	47 (42.3%)
The counsellor helped me to make decisions.		7 (6.3%)	26 (23.4%)	50 (45%)	28 (25.2%)
I would ask to see the counsellor again with a problem.		1 (0.9%)	10 (9%)	35 (31.5%)	65 (58.6%)
I would recommend the counsellor to a fellow pupil.	1 (0.9%)	1 (0.9%)	7 (6.3%)	29 (26.1%)	73 (65.8%)
It was easy to find out how to contact the counsellor		8 (7.2%)	32 (28.8%)	38 (34.2%)	33 (29.7%)
I was happy with the room used for the meetings.		5 (4.5%)	6 (5.4%)	43 (38.7%)	57 (51.4%)
I was happy with the timing of the meetings.		4 (3.6%)	12 (10.8%)	43 (38.7%)	52 (46.8%)
I felt I had enough meetings with the counsellor	14 (12.7%)	8 (7.3%)	18 (16.4%)	41 (37.3%)	29 (26.4%)

Teachers' views of the service

At the end of this evaluation period questionnaires, that sought to shed insight into how the availability of the counselling service had impacted on schools/pupils, were sent out to the Pastoral Support teams in all five secondary schools. Thirty three teaching staff completed the questionnaires; 85% (n = 28) were pastoral care teachers and the remaining 15% (n = 5) were Deputy Head teachers. Thirty two respondents had directly referred at least one pupil to the service. Referrers indicated that the service greatly benefited pupils and was an invaluable resource within the school.

Specifically referrers' comments highlighted the following themes/issues (quotes in italics' have been selected to highlight the themes):

1. Attendance at counselling resulted in increased confidence/self-esteem of the pupils

'Increased confidence. Knowing that they can return to the counsellor if necessary at a future date. The nature of the counsellor's expertise is wide ranging.'

*'Positive impact on self esteem resulting in much happier young people who can and do achieve more. Young people feel safe and secure when dealing with ***** (counsellor's name). These young people are given the opportunity to process their emotions. For many the effects are almost immediate'.*

2. Attendance at counselling resulted in reduced anxiety

'There are so many pupils that require the expertise of a school counsellor. Those who have been lucky enough to be on the list have benefited greatly. Problems do not disappear but anxiety is lesser both at home and in school. '

3. Major changes in behaviour and attitude were noticed in some of those that had accessed the service

'This service has had an invaluable impact on the pupils. Pupils who have been referred have gained excellent advice and I have seen major changes in their behaviour and attitude'

4. The service provided crucial support to pupils and pastoral care/support staff alike

'The service has been an enormous benefit to pupils. Pupils experiencing a wide range of stress factors including bereavement and loss have found it a crucial support.....')

'For pupil support staff, dealing with troubled pupils, it has provided an invaluable support.'

5. Attendance at the service prevented further deterioration in circumstances.

'Provided support at crucial stages and helped prevent further deterioration in their circumstances. Students sometimes prefer to talk to someone in addition to their pastoral care teacher'.

6. Ability to release pent up feelings during counselling prevented behavioural issues in class.

'It has given them quality time 1-1 at a time when they most needed it and in many cases has allowed a release of feelings which might otherwise have caused a blow up in class.'

7. Greater participation in school work/increased achievement.

'Very positive. Helped pupils deal with situations in school and at home resulting in better participation in school work, better self esteem, etc which results in better achievement.'

8. Clients discovered new coping strategies/improved communication skills.

'I feel that most pupils have benefited in discovering coping strategies that they can use to deal with situations better'.

'It has allowed pupils to explore ways of dealing with family break up; bereavement; behaviour issues; general family issues etc etc. Pupils are encouraged to find new ways/skills in communicating- providing better coping skills.'

9. Availability of the service sends a message that pupils' emotional wellbeing is a priority for the school/education system.

'Youth counselling is an important part of providing our pupils with support, helping them to feel safe and secure and giving them a sense of wellbeing. By allowing them access to the service I believe they feel that the school has their emotional wellbeing at the centre. '

10. Issues were identified that may have previously gone unnoticed/unreported.

'.....Others have been able to disclose issues of mental wellbeing- including self harm and suicidal thoughts, which has led, with agreement, to referral on to further support.'

'.....Child protection concern was raised which may otherwise have gone unreported'

*'A significant number of pupils have opened up about serious issues and accepted support, who, without *****'s (name of counsellor) role would not have.'*

However, it was noted that some clients did not complete all of their scheduled counselling or attended for `a quick fix of 2-3' sessions resulting in the need for a re-referral to the service at a later date. It was suggested that pupils should be encouraged to engage with the service for longer/ complete all sessions to prevent relapse at a later date.

How the availability of the youth counselling service has impacted on pupils in general

Referrers indicated that the availability of the service had impacted on all pupils in the following ways:

- 1. Comforting/reassuring to pupils to know that there is an on site, easily accessible & confidential counselling service available should they require to use it.**
- 2. All pupils benefit when those most in need access the service.**

Difference the counselling service has made to school

When asked what difference, if any, it had made to their school to have this service available, the following themes emerged:

- 1. Greatly increased the schools ability to access expert support for those in need.**

'The service has greatly increased the school's ability to access expert support for pupils on site. Counselling has previously been available but referral and access were much more complicated.....'

2. Increased staff confidence/reduced staff stress in dealing with pupils with complex needs.

'.....The ability of pastoral staff to meet and consult (with the counsellor) has increased staff confidence (and decreased staff stress) in dealing with difficult cases.....'

3. Enlarged the support team available for pupils and their families.

'.....The knowledge that the service is available enlarges the support team available to pupil and family alike.'

'It is a wonderful enhancement to the pupil support team.'

4. Helped ease the burden/pressure on pastoral care staff who often felt ill equipped to provide appropriate support.

'Supported pastoral care staff to provide pupils with appropriate resources to support them. Helped ease the burden/pressure on PC staff who are unable due to time constraints & lack of training to provide appropriate support'

'Staff feel they need the support and time to deal professionally with issues that are sometimes beyond our experience/training.'

5. Pupils' issues could be dealt with quickly on site rather than having to search/identify outside agencies for which there may be lengthy waiting times.

'Pupils are seen very quickly-helps reduce the 'workload' for pupil support staff-prevents the searching for outside agencies.'

'Fast referral and engagement of young person compared to trying to engage with potential external services. Counsellor is excellent and pupils are willing/in some case keen to see her.'

6. Having dedicated time to discuss issues with a neutral party (i.e. not member of teaching/school staff) viewed as extremely valuable by staff/pupils alike.

'I think this is a very positive addition to the support available in school. Pupils benefit from having an opportunity to talk confidentially to a trained counsellor who is not seen as another teacher.'

'I believe that the students have welcomed the opportunity to discuss personal matters with a 'neutral' person.'

'Any resource that helps pupils to address problems and achieve their potential is always welcomed. It gives pupils an uninterrupted time in which to talk to someone who can concentrate solely upon their needs, which is something the school cannot always provide.'

Ways in which the service could be improved

When asked how the counselling service could be improved, the following issues emerged:

1. Overwhelmingly referrers commented that their school required more hours of counselling time to be made available to address volume of need.
2. Pupils may require encouragement to complete all their scheduled counselling sessions thus preventing the need for a re-referral at a later date.
3. Counselling should be available at lunchtime or after school for certificate pupils.
4. Drop in sessions should be available.
5. Greater awareness should be raised of the option to self refer to the service.

Referrers' comments re West Dunbartonshire Youth Counselling Service

When asked if they had any comments to make in relation to the service, the following themes emerged:

- **The service was considered highly valuable.**

*'I think this is the best thing to have happened to the school. The benefits gained by our troubled young people are immense. These young people have severe and complex issues which require the skills of highly trained counsellor like ***** (counsellor).'*

- **Good/effective communication links have been established between the WDYCS and existing pastoral care/support staff.**

*'Good communication links between ***** (counsellor) and school staff. A smiling, helpful school counsellor who has become not just another 'tool' but a valuable asset'.*

*'*****s (counsellor's name) relationship with pupil support staff has been great. She is always supportive and keen to incorporate the needs of the kids. ***** (counsellor's name) has made a real difference.'*

- **Loss of the service would be detrimental to the mental wellbeing of many pupils.**

'The counsellors are exceptionally gifted in dealing with vulnerable pupils who are in this school. To lose this service would be detrimental to the mental wellbeing of many pupils for whom it is a lifeline.'

- **Counsellors should have more of an input into the Joint Assessment Team (JAT).**
- **Demand for the service is growing as awareness of the service increases.**

How the existence of the school based youth counselling service has impacted on the Child and Adolescent Mental Health Service in West Dunbartonshire (ACORN centre)

Following the end of the active evaluation period a focus group was held with four members of the Child and Adolescent Mental Health team based at the Acorn Centre (Vale of Leven Hospital: West Dunbartonshire) to determine how the availability of the school based counselling service had impacted on the caseload/practice of the CAMH team. The focus group was facilitated by the external evaluator and lasted approximately 45 minutes. The discussions were recorded on a digital recorder and transcribed verbatim by an independent transcriber.

When analysed the following key themes emerged:

- The establishment of the school counselling service resulted in more appropriate referrals to CAMHS (West Dunbartonshire: ACORN centre) i.e. lower tariff young people supported/managed by the service where they may have previously been referred to CAMHS due to lack of alternative support services
- The school counselling service provided an alternative source of referral for CAMHS i.e. CAMHS can refer clients to the schools counselling service
- Accessing the school counselling service (as opposed to being referred to CAMHS) may alleviate concerns that some parents/young people have re their child having a documented psychiatric medical history (accessing the school service does not result in a documented psychiatric history unless referred on to a higher tiered support service)
- Perception that some GPs may be unaware of the school counselling service and referral criteria re service
- The counselling service enables young people to take ownership of their problem(s).
- Inability to access the school based counselling service during school holiday periods can be problematic re availability and continuity of appropriate treatment/care