Counselling in Schools in Wales: Helping Young Children Explore the Forbidden

Findings from the Evaluation of the WAG Pilot Project in Wrexham

Maggie Robson, Senior Lecturer, Keele University
Sue Pattison, University of Newcastle
Introduction:

We are all aware that children experience distress, sometimes extreme distress but it can be an uncomfortable (forbidden) thing to acknowledge.

This presentation demonstrates that even children as young as 3 years old can benefit from therapeutic interventions.
General Background

• April 2008, Welsh Assembly Government (WAG) outlined national strategy for the implementation of a comprehensive, school-based counselling programme throughout Wales (WAG, 2008).

• In it, they outlined the execution of Phase 1 - the introduction of school based counselling in secondary schools in Wales, and committed themselves to pilot schemes to evaluate the provision for primary schools.
Need for Therapeutic Interventions in School: Presenting Issues in Secondary Schools

- Family
- Anger
- Behaviour related
- Stress
- Bereavement
- Bullying
- Self-worth
- Depression
- Relationships other than family or teachers
- Relationships with teachers
- Self-harm
- Abuse (including sexual)
- Academic
- Domestic abuse
- Eating disorders
- Substance misuse
- Suicidal thoughts
- Sexual (including orientation)
- Financial concerns / poverty

*Source: Evaluation of the Welsh School-based Counselling Strategy: Stage One Report*
Need for Therapeutic Interventions in Primary Schools:

- Anger management
- Friendship/peer issues
- Bereavement
- Bullying
- Violence in the home
- Transition issues (between schools)
- Parental substance misuse
- Anxiety over academic performance
- Transition issues (between countries/cultures)
- Sexual abuse
- Community tensions
- Eating disorders
- Parental separation/divorce
- Other
- Other family issues

*Source: Price Waterhouse Cooper Survey of primary schools, 2009*
Pilot Project in Wales

• Four pilot studies were commissioned in four regions of Wales.

• In Wrexham, four schools were identified: Foundation Phase (3-7 years) staff and pupils.

• Interventions were intended to give the schools ownership and a means to sustain good practice in improving children’s well being.
Wrexham: Interventions (3-7 years)

- **Reflective Practice through Observation**: Staff taught to observe children through play in order to understand their emotional well-being.

- **Mindful enquiry**: Staff given opportunities to reflect on their own professional practice and well-being.

- **Better play training**: Where staff involved with the children (lunchtime supervisors and classroom staff) were taught play theory and practice.

- **Better play with Individuals**: Staff trained to provide child led play sessions.
Wrexham: Interventions (3-7 years)

• Better play in groups: Where children are free (within a boundaried space) to tell their stories to their peers in order to enhance relationship building and self esteem.

• Therapeutic Service: If, after assessment, it was decided that the child, family or both needed professional interventions, these were arranged.

Each school chose the interventions that they felt best suited their school and these were implemented by the therapists. The project ran from April 2009 and ended in March 2011.
The Evaluation: Method

The Evaluation Team implemented a series of data collection methods over a two-year period 2010-2011:

- **Focus groups** to capture the views and experiences of key centre staff in daily contact with the children
- **Interviews** at the start and end of the pilots with therapists, senior centre managers, Foundation Phase head teachers and coordinators, Local Authority Leads
- **Therapy outcome data** using the Therapeutic Intervention Process Instrument (TIPS v2, Hunt and Robson, 2009) to assess the effectiveness of the interventions for individual children
Method

• The interviews with school staff took place in the schools and transcripts were then returned for approval by them.
• The therapists were initially interviewed in the NSPCC offices but the final interview was conducted at Glyndwr University.
• Originally it had been intended to also interview the parents and careers of those children who received direct therapy but it was judged to be inappropriate to ask them as often these families were experiencing chaos and were unable to manage an interview.
Overall Results

Major themes identified from the focus groups and interviews and from TIPS suggest that:

- Overall levels of satisfaction with the pilots amongst head teachers and LA Leads were found to be high, and the services were seen as being good value for money.
- The strengths of the pilots were seen as the investment in children’s wellbeing, the use of a ‘whole school’ approach, and the use of age-appropriate interventions.
- Specific areas of low satisfaction were: limited resources, lack of integration with other initiatives, limited monitoring and evaluation, problems with meeting the needs of Welsh-speaking pupils, lack of availability of counsellor training, and limited publicising of services within the schools. Cont.............
Overall Results

• Not all of the counsellors in the primary pilots were professionally qualified.
• Stakeholder recommendations included the provision of adequate resources to meet the demand for school-based counselling in the primary sector; ensuring equality of access across the sector; and an assessment of the costs of various service models before a wider roll-out of services across the sector.
• Outcome evidence indicated that the counselling was associated with improvements in pupils’ behaviour, educational attainment and school attendance.
Results from Start of Project

Interviews at the start of the project:
The general feeling at the start of the project was that it was welcome if it would help the children. Typical of the responses was this from School A:

*If it means that children are helped sooner then it is a good agenda. After 5 years old children can be referred to CAMHS but the waiting list is immense. To have a counsellor assigned to the school would be great - at the moment the school has to work with so many different agencies. Some of the agencies have age limits, some are just for boys (Head Teacher).*

At the start of the project some staff were not clear about what interventions were being proposed:

• *Not really clear - different opinions. One thought it was more about the school and the environment and putting support in. One thought it was about play with individual children and identifying children who needed further support. One thought it was more about behavioural support (Early Years Staff, School A).*
Start of Project:

However, as the project developed understanding grew:

'All of the above (previous quote) and working with a wider range of children than had been assumed i.e. the quiet ones as well as the boisterous ones. It has helped them realise the value of certain types of play in development and they have learnt more about the meaning of play and how to respond. They understand it is not necessarily about stopping boisterous play but about teaching the children to do this within limits. They have looked at how the classroom supports play and realised that the playground wasn’t supporting play so they are planning to introduce zoning. They feel play is already well supported within the school because it is seen as part of the Foundation Phase development' (Early Years Staff, School A)
Middle of Project

All respondents were very pleased with the project, felt involved and were concerned that it continued:

Success of the project:

*We’ve almost been able to tailor it to meet our needs, particularly as we get to know the qualities of X and Y (The therapists). They’ve become, in a way, role models for staff in that they shown the positive effect good play strategies can have for children. It has had a positive impact on professional development in school, catered for specific groups of children and individual children - particularly the smaller group who needed nurturing - X (The therapist) has done lot of work with that group and has had a massively positive effect on one child. It’s also had an impact on the parent. In a multi professions meeting X and Y (the therapists) had impact. They contributed in meetings about the child and meetings with mother....*
Middle of the Project

...We are understanding more about children’s play and patterns of play and so can identify children who are not interacting as normally as usual and through X’s teaching can help them (Head Teacher School A).

Mindful enquiry has made a big difference to staff. It is confidential and is combined with self esteem building As well as mindful enquiry there has been the organisation of a supportive learning environment. I have seen a difference in the children and practitioners are more aware of why children behave as they do and can support them by input into the environment (Head Teacher School D).
End of the project

Interviews at the end of the project:
All responses were extremely positive at the end of the project. The schools were very grateful for the input of therapist X and wanted the interventions to continue. They offered evidence to support their views.

a) Positive Responses:

It has exceeded my expectations because one thing that we wanted was something that teachers could take in as part of their tools really, something that they could take into the classroom and use everyday. Not something in addition to their workload but something that empowers them as practitioners, to feel more confident with observing and managing children’s play. In particular any disturbed, or what might be perceived by adults, as quite unsettling play or disturbing play. For them it has exceeded their expectations in terms of getting them to look at that from a different perspective. It has perhaps changed a lot of people’s minds and perceptions of those types
End of project

Overall the project has been incredibly exciting and an evolving programme which has felt as if we have responded to the needs of the schools. Which I guess is that ethos of a parallel process and things like that of being child led, human led and school led those sort of concepts. It has been very exciting and very hard work.
Results from TIPS

- The TIPS questionnaire was completed with identified vulnerable children receiving both group and individual interventions and setting staff and therapists completed the questionnaires pre and post intervention (between October 2009 & April 2011).
- The pre and post scores demonstrate improvement in at least one of the four domains of the questionnaire - ‘psycho-social/emotional well-being’, ‘somatic well-being’, ‘involvement’ and ‘subjective respondent well-being and involvement assessment’.
- The small scale of this pilot in terms of numbers of children assessed using the TIPS instrument, and the lack of complete data sets in some cases, means that the results are not statistically valid, and therefore cannot be generalised. However, the results do provide useful information pointing to the benefits of therapeutic play-based interventions in school at the Foundation Phase.
All children improved in 1 or more domains

- 11 improved in all domains, 41%
- 12 in 3 domains, 45%
- 2 in 2 domains, 7%
- 2 in 1 domain, 7%
Conclusions

• full report considering and discussing the results from the evaluation will be available in the near future.
• However, the overwhelming evidence gathered suggests that this project has been very successful. Its success seems to be because:

1. The therapist implementing the interventions is highly regarded by professionals working in education and has managed to change practice from within the schools.
2. The interventions can be implemented virtually immediately. A child can be identified as having a difficulty in the morning and can be accessing one to one play in the afternoon.
Conclusions

3. Staff have been trained, become more confident and empowered to recognise the different meanings of play and to intervene appropriately.

4. Because staff have been trained and empowered, the project is sustainable and can be extended throughout the schools in the project and to other schools who have not been involved in the project.

5. The interventions have been tailored to the individual needs of the school.

Leader of the Steering Group seem to sums up the success of the project:

*The benefits if we can sustain and embed it to children and families are important. Knowing what to look for and knowing when to intervene. Rather than having someone to come in and fix it, this model is really good because it encompasses the whole school ethos.*
References

- PricewaterhouseCoopers (2009), Audit of Counselling and Other Therapeutic Interventions in Primary and Special Schools in the North of Ireland, No 51, Research Report Commissioned by the Department of Education, Northern Ireland