IN FOCUS

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'Time 4 Me'
primary school counselling and wrap-around support

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150 years
& always

Barnardo's NI *In Focus* is a series of outcome-informed papers, including infographics, illustrating how our services effectively support children, young people and families in Northern Ireland.

Introduction

150 years & always

Barnardo's founder Thomas Barnardo believed in helping the most vulnerable children and that no child should be turned away. Celebrating our 150th anniversary in 2016, this vision is something that Barnardo's still carries today.

As our services continue to develop we are increasingly adopting an outcome-informed approach to measure impact and ensure that interventions are working. We use emerging evidence to inform continuous improvement within our services and share the learning more widely about best practice. This first paper in the *In Focus* series highlights what we have found to be effective in school-based counselling for primary school pupils in Northern Ireland through our 'Time 4 Me' service.

The British Association for Counselling and Psychotherapy (BACP) defines 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.'[1]

The British Association for Counselling and Psychotherapy

[1] Cited in Cooper, M (2013).

Well-being

> Well-being has been described as an 'over-arching concept regarding the quality of people's lives'

Across the UK schools are increasingly viewed as integral to providing an accessible, non-stigmatising environment in which to support children experiencing emotional, psychological and behavioural difficulties.

School-based counselling is now one of the most prevalent forms of psychological therapy for young people in the UK (Department of Education, 2014). A growing body of evidence also indicates that emotional well-being is an important foundation for learning and educational achievement.[2]

Well-being has been described as an 'over-arching concept regarding the quality of people's lives' (Rees et al, 2010; Bradshaw, Goswami, and Keung, 2010). In terms of **children's well-being**, dimensions identified in United Nations Children's Fund Report Cards (UNICEF, 2007/2013) included material well-being, health and safety, education, behaviour and risks, and housing and environment; while other studies have emphasised physical, emotional, psychological and social wellbeing (Dodge et al, 2012; Statham and Chase, 2010).

Risks to children's well-being include: [3]

- » A parent with mental illness or a substance misuse problem
- » Changes in family structure
- » Death of a loved one
- » Being a young carer
- » Poverty
- » School
- » Stress
- » Bullying

[2] Layard et al 2013; Gutman and Vorhaus, 2012.
[3] Action for Children (2014); Mental Health Foundation (2014); Webb, M A; Bunting, L; Shannon, R; Kernaghan, D; Cunningham, C; Geraghty, T (2014).

School-based counselling in Northern Ireland

In Northern Ireland, pupil well-being is supported through the school curriculum linked to a statutory duty to teach personal and social education in all NI schools.

Personal Development and Mutual Understanding (PDMU) has been developed for primary schools and Learning for Life and Work (LLW) in post-primary settings. Both these curricula provide opportunities to promote positive mental and emotional health through discussion around relationships, working with others, sex, drugs, smoking, alcohol and other health related issues.

For those pupils experiencing difficulties or distress, schools also have the capacity to offer support through mentoring or school-based counselling. Funded by the Department of Education (DE), the Independent Counselling Service in Schools (ICSS) is universally available to all post primary schools that choose to use it. DE has previously stated (but not yet actioned) its intention to roll out counselling to primary schools. Primary school-based counselling in NI, where it is available, is typically delivered as an integral part of extended schools programmes.[4]

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[4] Further information on school-based counselling is available in Barnardo's NI Policy and Practice Briefing No.14 – Webb, M A; Stewart, D; Bunting, L; Regan, H (2012) "http://www.barnardos.org.uk/14246_pp_briefing_14_breaking_down_barriers.pdf" Breaking down barriers to learning: Primary school-based counselling and support. Belfast: Barnardo's NI .

About 'Time 4 Me'

Barnardo's NI 'Time 4 Me' service was established in 2007 with the purpose of providing individual counselling for primary school children and wrap around support for parents/carers and school staff.

Most recently the service worked with **1608** people across nearly **40** primary, post-primary and special schools (See Table 1).

Table 1: 2014/15	
Activity	**Data**
Children & young people accessing counselling	**255**
Children & young people accessing drop-in	**235**
Children & young people accessing group-work	**163**
Parents/carers accessing wrap-around support	**327**
Families accessing brief interventions	**63**
School staff accessing consultation & advice	**436**
Other professionals engaged with	**129**

Base N = 1608

5 REASONS

The top five reasons why children access the 'Time 4 Me' school-based counselling service[5] are related to:

- 😟 Anxiety
- 👪 Family communication
- 😐 How to regulate emotions
- ↔ Family separation
- 🤸 Low confidence and self-esteem

The **focus of the service** is to improve the emotional well-being of pupils by helping them cope better with life problems in order to increase learning capacity. To achieve these outcomes the service has developed Stewart's C.S.S.O. model (Stewart, 2014) for counselling children based on 'what works' evidence and utilising an intentionally eclectic range of counselling methodologies informed by:

- » person-centred counselling
- » cognitive behaviour therapy (CBT)
- » strengths-based therapy
- » play therapy
- » narrative therapy
- » solution-focused brief therapy

[5] Based on 2014/15 service data.

Activities involved in 'Time 4 Me'

Counsellors working within Stewart's C.S.S.O. model make available a wide range of verbal and non-verbal counselling methods, activities and strategies with the aim of tailoring the intervention to the child's preference in the counselling room. Table 2 illustrates some of these interventions.

Table 2: Activities involved in 'Time 4 Me'		
Self-help Category	**Self-help Activity/Strategy**	**Purpose of Activity/Strategy**
General Well-being/ Self-Care	'Emotional First Aid Kit' (Sunderland, 1997) – activity where children draw onto a template to identify self-care people and activities.	Helping child to identify people and activities that have a positive influence on the child's life and can create a 'stress buffer'.
Strengths	Strengths Cards (St Luke's Innovative Resources). A set of cards with vivid graphics and statements about personal strengths (e.g. 'I am calm'; 'I can solve problems'; 'I am a good friend').	Building/strengthening a sense of personal and relational qualities and capabilities for the child to increase problem-solving and resilience.
Anxiety	'The Huge Bag of Worries' (Ironside, 2011). Therapeutic Story.	Psycho-education via a therapeutic story about how to reduce and cope with anxiety.
	'What to do when you worry too much' (Huebner, 2005). Work-book.	Psycho-education via metaphor and self-help techniques to help the child identify, reduce and cope better with anxiety.
	'Worry Dolls/Guys' – art and metaphor activity where children create worry dolls/guys and tell them their worries before bedtime; the dolls/guys 'work on the worries' so the child can sleep.	Helping children achieve better sleep – reducing distressing dreams/ nightmares and disrupted sleep patterns.
Anger and Self-Regulation	'The Red Beast' (Al-Ghani, 2008). Therapeutic Story with self-help ideas.	Psycho-education via a therapeutic story about how to identify how anger starts & builds and how to manage and reduce it.
	Relaxation techniques – variety of muscle relaxation self-help scripts.	Self-help technique to assist with physical relaxation and emotional regulation.
	Diaphragmatic Breathing & 'Counting to 10'.	Self-help technique taught to a child to help them regulate their emotions, reduce stress and aid relaxation.
Grief/Loss	'Memory jar' – activity where a child identifies key memories about a loved one and creates a salt sculpture in a jar to represent them.	Helping a child manage their grief by assisting the retrieval and maintenance of positive memories about the loved one who died.

Stewart's
C.S.S.O. Model

CHILD DIRECTED

A child-directed approach is highly collaborative and organised around an individual child's preferences, including their preferred counselling modality/ties. Weekly use of the 'Child Outcome Rating Scale' (CORS) and 'Child Session Rating Scale' (CSRS) measures helps centralise the child's voice in this partnership process, making for highly personalised interventions.

1

SYSTEMS FOCUSED

A systems-focused model recognises the importance of key adults in a child's life in helping to create and maintain the conditions under which they can make positive change. Supporting the system, as well as the individual child, is a safe and developmentally appropriate way of engaging primary school aged children in a counselling intervention and is now recognised as essential to working with this age group.

2

STRENGTHS BASED

This is an empowering approach which aims to build/rebuild a child's self-esteem, sense of personal agency and resilience. While not 'glossing over' difficult emotions and situations, the strengths-based C.S.S.O. counsellor is also actively curious about the personal and relational resources that a child or family can bring to bear on the counselling issues they are seeking help for.

3

OUTCOME INFORMED

Gathering feedback each session increases counselling effectiveness and client retention and reduces cost. Being outcome-informed ensures that the intervention is working for the child. The established 'clinical cutoff' for the CORS measure ensures that the child is in control with regard to ending counselling: when the child's CORS score is in the 'normal range' they are indicating that it is time to end the work. Systematic feedback is also vital to demonstrating the overall impact of counselling interventions for this age group.

4

Measuring Impact

Using an outcome-informed approach the 'Time 4 Me' service routinely administers the following **outcome tools** to all service participants – pupils, parents/carers and school staff – to capture change over time and overall impact:

» Strengths and Difficulties Questionnaire (SDQ)[6]

» Child Outcome Rating Scale (CORS)[7]

» Child Session Rating Scale (CSRS)[8]

» Experience of Intervention Survey

The intervention was associated with significant reductions in psychological distress.

Child Outcome Rating Scale

(CORS)

The **Child Outcome Rating Scale (CORS)** is the **primary outcome measure** and **used weekly**. CORS is a measure of distress and well-being. Children start each session by rating how they are doing in four key domains (i) personal; (ii) inter-personal; (iii) social; and (iv) overall. Results using CORS from nearly 300 primary school pupils during 2008-2011, found that **88.7% of children who entered the service with a score in the range for 'clinical distress' achieved 'clinical recovery' following 'Time 4 Me' counselling** (Cooper et al, 2013). Overall, the intervention was associated with **significant reductions in psychological distress** with a large effect size.

[6] Goodman (1997).
[7] Duncan, M; Miller, S; Sparks, J (2003).
[8] Ibid.

Experience of Intervention Survey

In addition to the Child Outcome Rating Scale, practitioners use the bespoke Experience of Intervention Survey during the final contact with each child.

This section of *In Focus* presents the findings from this survey from 120 pupils who used the 'Time 4 Me' service in the academic year 2013/14.[9] The questionnaire has been designed by 'Time 4 Me' for use with two age groups - Key Stage 1 (4–7 years old) or Key Stage 2 (8–11 years old).

For both groups, the counsellor asks the children questions about:

» **what they liked about the service**
» **what they found helpful**
» **how they describe things before and after the counselling**

All children are also encouraged to make improvement suggestions. The older age group are asked an additional 4 questions about any changes they have identified at a (i) personal; (ii) interpersonal; and (iii) social level and (iv) what they have learned for the future. All answers were recorded verbatim.

Methodology

The data presented here was drawn from **120** children's completed Experience of Intervention Surveys between September 2013 and June 2014.[10] The responses of **75 boys** and **45 girls** from 20 primary schools who completed the survey was analysed using SPSS by assigning numeric codes to associated themes in order to identify emerging patterns in a systematic way. Extracts from the qualitative data have been used throughout the findings to convey the voice of the child.

75   45

[9] Kernaghan and Stewart (2016)
[10] Both parental and child consent was sought and obtained for the child to take part in the intervention and complete the measurement tools.
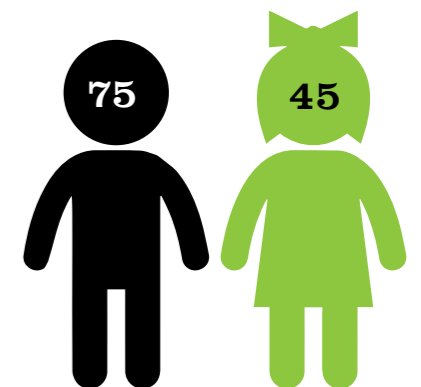
Results

Reasons for using 'Time 4 Me'

Children were asked about their perceptions of why they accessed the 'Time 4 Me' counselling service. As shown in Figure 1, and subsequently themed in those areas, the most common reasons children used 'Time 4 Me' overall centred on concerns about **relationships (34.2%)** followed by issues around **behaviour (30.0%)** and **emotional problems (25.0%)**.[11]

34.2%
Relationship Concerns

30.0%
Behavioural Issues

25.0%
Emotional Problems

Figure 1:
Reasons children used 'Time 4 Me'

Percentage

Category of Issue

- All
- Male
- Female

Base N = 120

[11] The category 'other' refers to those that reported multiple concerns or those that had experienced a specific problem such as a health issue.

Concerns about relationships

Relational problems were the most common reason children engaged with counselling (34.2%). As shown in Figure 1, relationships were the biggest concern for girls overall (55.6%) compared to 21.3% of boys. From the number that reported engaging with the service due to relational issues, the majority cited problems within their family (70.7%) including:

- » **family separation**
- » **parental arguments**
- » **concerns about a family member's behaviour**

Difficulty within friendships and peer relations was an issue for nearly a quarter of pupils engaged with 'Time 4 Me' (24.4%), including being a target of bullying and needing support to make friends. Boys were more likely to report relationship problems with peers (37.5%) compared to girls (16.0%). While little difference was found between young boys and girls in terms of friendship concerns, older boys aged 9 – 11 years old were more likely to report this as a problem (45.5%) compared to girls of the same age (9.1%).

"I was annoyed that my mummy and sister were arguing all the time."
(Female, 7 years old)

"I needed to talk to someone about my daddy going to jail."
(Female, 10 years old)

37.5%   **16.0%**

Boys were more likely to report relationship problems with peers (37.5%) compared to girls (16.0%).

Behaviour

Children predominately described behavioural issues as **feeling angry, losing their temper** and **being violent**. From the 36 children that perceived that their behaviour was the reason they used 'Time 4 Me', only three were girls. The majority of boys with behavioural issues were aged 9–11 years old (72.7%) compared to young boys aged 4–8 years old (27.3%).

"I used to get very angry and hit out at other people."
(Male, 9 years old)

"I was cross a lot and didn't behave at home."
(Male, 6 years old)

"I was getting stressed out by my transfer test and people in my class and at home."
(Female, 10 years old)

Emotional Issues

Overall, a higher proportion of girls engaged with the service due to problems of an emotional nature (28.9%) in comparison to boys (22.7%). This was described by the children in a number of ways such as **feeling sad, worried** or **stressed**. A small number of children (5.8%) had also experienced the **death of a close family member or friend** which they identified as the main reason they began to use the counselling service.

"I was always worried and nervous."
(Male, 7 years old)

Although boys (n = 17) and girls (n = 13) reported emotional problems in almost equal numbers, different trends across gender and age groups are presented in Table 3.

| Table 3: Pupils Experiencing Emotional Issues by Gender and Age Group		
Age Category	**Male %**	**Female %**
4 – 8 years old	64.7	15.4
9 – 11 years old	35.3	84.6

Base N = 30

What works in 'Time 4 Me'

Practitioners use a range of counselling interventions within the 'Time 4 Me' service. Children reported that they preferred therapeutic play and getting help from their counsellor through talking as shown in Figure 2.

▶ Therapeutic Play

▶ Talking/Help for Problems

▶ Mix of Therapeutic Play and Talking

▶ Not Applicable*

▶ Getting out of Class

*Answer does not relate to the question

Figure 2: What Children Liked About Time 4 Me

5.0% 2.5%
26.9%
34.5%
31.1%
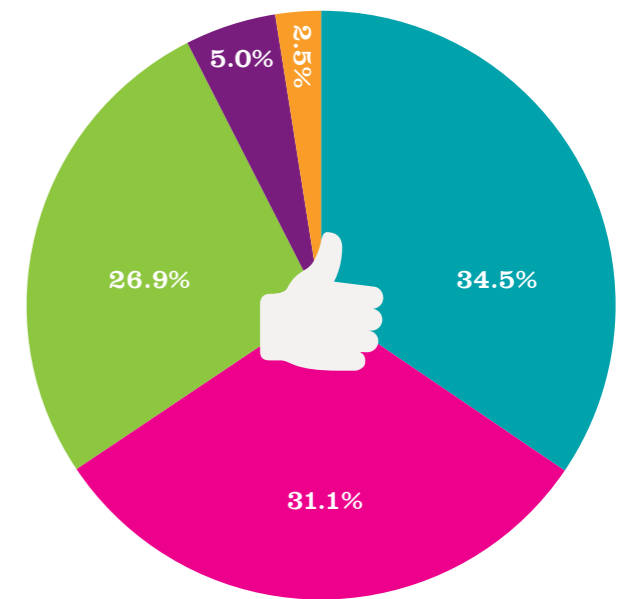
Base N = 120

Therapeutic Play and Talking

Overall, the majority of children (34.5%) reported that they liked the therapeutic play aspect of the counselling, with a higher percentage of girls preferring this (40.0%) compared to boys (31.1%).

Specific types of therapeutic play activity reported include:

Using symbolic figures and other miniatures in the sand tray

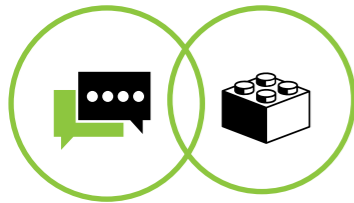Use of puppets

Creative crafts

Music play

Painting and drawing

Clay

Therapeutic games

60.9%
of younger pupils preferred play based interventions.

Overall, 31.1% of pupils reported that they liked 'getting help' by talking to their counsellor with a higher proportion of females (35.6%) preferring this than males (28.4%). Just over a quarter of children (26.9%) reported that they enjoyed a combination of therapeutic play and talking.[12] A higher percentage of boys liked this approach (29.7%) in comparison to 22.2% of girls.

Results showed that the **majority of pupils in the younger age group (aged 4–8) preferred play based interventions** which incorporated communication with the counsellor via play and therapeutic games (60.9%). An equal percentage of the group preferring talking with the counsellor and receiving specific help/guidance about problems (17.4%) or a combination of therapeutic play and talking (17.4%). Findings revealed **a mixed picture for the older children (aged 9–11**) as they are more likely to enjoy talking and receiving help/guidance about problems (39.7%) and a combination of therapeutic play and talking (32.0%) compared to interventions that were mostly play based (17.8%).

Self help

Children were asked what did you do in 'Time 4 Me' that helped you feel better?

Over one third of the pupils (36.8%) reported that the psycho-education and self-help activities, techniques and strategies they were taught helped them feel better.

Results indicated that the use of self-help techniques and psycho-education are particularly effective for girls (40.0%) and older children (43.8%) in comparison to boys (34.7%) and younger children (25.0%).

36.8%
of pupils found self-help techniques helped them feel better.

[12] It should be noted that most children who engage in therapeutic play in counselling also choose to talk in sessions. However, the question in the survey was about what children particularly liked about their counselling experience rather than about what they did.

Further analysis of age and gender found:

» Overall, 15.4% of pupils thought play helped them to feel better with little difference in the percentage terms between males (16.7%) and females (13.3%).

» However, in terms of age, a quarter of younger children between 4 and 8 years old (25.0%) found therapeutic play to be helpful compared to just 11.0% of those pupils aged 9 to 11 years old.

» Talking with the counsellor was found to be helpful for 31.6% of the cohort. A higher percentage of girls reported talking as an activity that made them feel better (37.8%) in comparison to boys (27.8%)

» A combination of talking and therapeutic play was cited as being helpful for a smaller number of pupils (7.7%) with 11.4% of younger pupils reporting this compared to older children (5.5%),

"Talking about my problems and realising that some of them were not so big. Understanding what was causing the problem helped me think about another way of dealing with it."
(Male, 8 years old)

"I like coming to talk about problems because it's not easy to talk about stuff with anyone."
(Female, 9 years old)

Table 4: What Helped Children Feel Better			
Intervention Type	**All %**	**Male %**	**Female %**
Self-help Techniques/Strategies	36.8	34.7	40.0
Talking	31.6	27.8	37.8
Therapeutic Play	15.4	16.7	13.3
Other	8.5	13.9	0.0
Combination of Talking and Therapeutic Play	7.7	6.9	8.9

Base N = 117

The 'other' category included comments that were not specific or those that related to a change in the child's personal circumstances.

> "I don't really get angry at people anymore. I can get calmer. It's just a better life for me with that."
>
> (Male, 9 years old).

> "I am sleeping better. I get all my work done in class. I have started to go out and play again."
>
> (Male, 6 years old)

"I like myself more."
(Female, 7 years old)

"Nothing is blocked up in my head anymore."
(Male, 11 years old)

"Not worrying so much anymore, the panic feeling has gone."
(Female, 10 years old)

Changes Made

In each of the three domains, children acknowledged that their behaviour had improved.

Children in the older age category of 9-11 years old were asked about any differences they could identify after they completed their counselling with 'Time 4 Me' in three key areas:

i.   **a personal level (individual)**
ii. **an interpersonal level (family)**
iii. **social level (school and peers)**

These 3 domains were specifically chosen as they correspond with those on the CORS measure used each week.

In each of the three domains, children acknowledged that their behaviour had improved. This was evident through better anger management, talking more about problems, reduction in fighting and increased participation within school.

Changes after Completing Counselling with 'Time 4 Me'

INDIVIDUAL

The majority of children reported an emotional change. Children identified a reduction in worry, feeling happier, increased positivity, confidence and being able to sleep better.

FAMILY

Over half of the children identified improvement in their home life. Some children described the changes in a general way while others identified them more specifically, such as 'spending more time together' or 'having more fun'.

SCHOOL

Over forty percent of children recognised that their behaviour in school had changed. Changes noted included an improvement in school performance, a change in conduct within school and an improvement in relationships with peers.
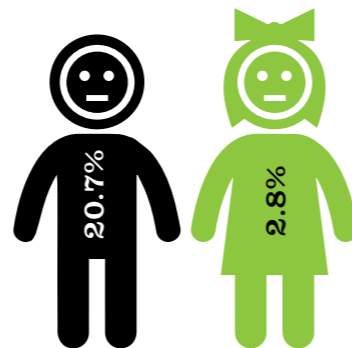
The Future

"Not to keep things inside, it always helps to talk. I think I kept things bottled up - too much longer I would have exploded! Counselling really helps!"
(Female, 10 years old)

"Talk to my mummy and daddy when I am worried."
(Male, 6 years old)

Importantly, findings suggest that the majority of children who use school-based counselling are able to take away strategies and techniques to cope with difficulties in the future (See Table 5). This included talking to someone (28.7%) and psycho-education (25.5%). Psycho-education involves counsellors providing child-friendly information to help pupils understand topics such as how emotions work, what empathy is and how the brain responds to stress. Girls were more likely to report that they would remember psycho-education interventions in the future (36.1%) compared with boys (19.0 %).

20.7%

2.8%

20.7% of males reported that anger management would be helpful.

The figure for females stood at **2.8%**.

Help for the Future

	All %	Male %	Female %
Talking about Issues/Worries	28.7	27.6	30.6
Psycho-education	25.5	19.0	36.1
Anger Management Strategies	13.8	20.7	2.8
Relaxation Techniques	10.6	10.3	11.1
Strategies for Bullying	9.6	12.1	5.6
Other*	4.3	3.4	5.6
Assertion/Confidence	2.9	5.2	5.6
Don't Know	2.1	1.7	2.8

Base N = 120   *General comments about the service.

Specifically, 20.7% of boys reported that anger management would be helpful. A further 9.6% of pupils reported that strategies to prevent bullying and enhance friendships with peers would be useful in the future with a higher proportion of boys (12.1%) compared to girls (5.6%) reporting this.

These findings reflect the main reasons boys were referred to the 'Time 4 Me' service in the first place. Boys reported that they learnt that there are a number of ways they could deal with conflict within peer relationships in the future.

"To walk away and not to hit or call the person names."
(Male, 9 years old)

"Using strong words instead of hitting."
(Male, 11 years old)

Next Steps

In order to inform policy, practice and service development, Barnardo's NI next steps include influencing the NI Executive in the following areas:

Universal school-based counselling:

Extend the provision of school-based counselling services to all pupils in Northern Ireland, including those in primary schools.

Integrated education and mental health model:

Develop an integrated model that promotes children's emotional well-being and mental health. This model would provide a continuum of tiered interventions including from the mainstream curriculum for personal development, pastoral care, preventative programmes, school-based counselling and specialist Child and Adolescent Mental Health (CAMH) services.

Workforce development:

Barnardo's NI is already committed to developing best practice and a trained workforce using Stewart's C.S.S.O. model for counselling children and young people. We are an accredited training centre for the Counselling and Psychotherapy Central Awarding Body (CPCAB) and currently deliver a post-qualifying diploma accredited by CPCAB. Our vision is for every children and young peoples' counsellor in Northern Ireland to be suitably trained and qualified; commitment and resource is therefore necessary to ensure appropriate workforce development.

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