



Summary report

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Summary report

# Independent Schools Counselling – does it work?

The effectiveness of NSPCC's Independent Schools Counselling in promoting positive change in the emotional health and wellbeing of children and young people at school in Northern Ireland.

An impact evaluation carried out by the Modelling, Evaluation and Measurement Research Unit, University of Ulster at Magee and NSPCC Northern Ireland.

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**NSPCC**   
NORTHERN IRELAND  
**Cruelty to children must stop. FULL STOP.**

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## Acknowledgements

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# Glossary of terms

## CAMHS:

child and adolescent mental health services.

## CAMHS Tier 2/3:

CAMHS tiered model (Health Advisory Service, 1995) developed to include 4 tiers of service delivery includes Tier 1 primary care services, Tier 2 interventions by individual specialist professionals (eg community paediatricians, educational psychologists, specialist teachers, voluntary organisations) to children and young people with mental health problems and mental disorders. Tier 3 includes interventions provided by teams of specialist staff to children and young people experiencing severe, complex and persistent mental disorders and illness. Tier 4 includes very specialist interventions and care (DHSS&PS, 2005).

## Child at risk:

a child at risk can be defined as one who will suffer, or is likely to suffer, significant harm which can be attributable to a lack of parental care or control (DHSS&PS, 2003).

## Child in need:

a child in need is one who is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision of support services (Children (NI) Order 1995).

## Child protection register:

a central register which lists all the children who are considered to be suffering from, or likely to suffer, significant harm and for which there is a child protection plan. This is not a register of children who have been abused but of children for whom there are currently unresolved child protection issues (Children (NI) Order 1995).

## Cluster model of service delivery:

service responds to referrals received from a cluster of schools in the same geographical area and is present in the school setting when dealing with referrals.

## Crisis response model of service delivery:

service responds to one off requests for support for a child/young person experiencing acute distress.

## CYP:

children and young people.

## Growth trajectory:

the estimated relative change in SDQ scores over time.

## Initial status:

the estimated SDQ score at the first time of completion.

## Latent variable:

a variable which is not directly observed/measured, but one derived from or based on directly observed/measured variables.

## On code of practice:

refers to a child/young person who is undergoing formal assessment of their special educational needs (Education (NI) Order 1996).

## Prototypical trajectory:

a graphical profile, which describes a group's typical initial status and growth trajectory.

## Quasi-control group:

in a 'true' experiment participants are randomly assigned to either an experimental group or a control group. In the absence of randomisation the control group is sometimes referred to a quasi-control group (quasi meaning similar).

## Relative change:

the estimated change in SDQ scores compared to initial status.

## SDQ:

strengths and difficulties questionnaire.

## SEN:

child or young person with special educational needs.

## Sessional model of service delivery:

service is present in the school setting for full/half day.

## Standard deviation:

a measure of variability in a distribution of scores.

## Statement of SEN:

refers to a child or young person who has completed a formal assessment of their special educational needs and the Education and Library Board has made and maintains a formal statement of need and provision required to meet those needs (Education (NI) Order 1996).

# 1 Introduction

## Key findings from the evaluation

- Children and young people approaching the service are presenting with significant difficulties.
- Children and young people report a significant improvement in emotional health and wellbeing over the period of the independent schools counselling intervention.
- Children and young people who do not have access to an independent schools counselling service report deterioration in emotional health and wellbeing over a comparable four-week period.
- Parents, teachers and independent schools counsellors all report a significant improvement in children and young people's emotional health and wellbeing over the period of the independent schools counselling intervention.

Research carried out in recent years confirms that children and young people living in Northern Ireland are struggling to cope with a range of complex issues that include domestic violence (PricewaterhouseCoopers, 2001), bereavement, sexual abuse (NSPCC, 2006), family breakdown (Fawcett, 1999), suicide, alcohol and illegal substance abuse (Murphy et al, 2002; Miller and Dowds, 2002; Miller and Plant, 2001; McElrath and McEvoy, 1999), bullying (ChildLine, 2005; NICCY, 2004; NISRA, 2004; Collins et al, 2002) and sectarian violence and intimidation (Smith, 2001; McIlroy, 2003; Harland, 1997, 2000). Their struggle to cope is further compounded by their reported reluctance (particularly for young males) to access professional support (McIlroy, 2003; HPANI, 2001; Fleming et al, 2001; Harland, 2000) and the relative dearth of accessible support services that provide a pragmatic response to children and young people (DHSS&PS, 2005). Consequently, children and young people living with these issues carry them with them to school, where for many, their struggle to cope manifests as behaviour problems and contributes to poor engagement and academic achievement (Hodge, 2004; Gott, 2003; Baginsky, 2004; BELB, 2004; Department of Education, 2002; Weare, 2000; Fawcett, 1999).

Recent legislation and policy documents including the Draft Strategy for Children and Young People (OFMDFM, 2004), Promoting Mental Health Strategy and Action Plan 2003–2008 (DHSS&PS, 2003b) and the Education and Libraries (NI) Order 2003 have acknowledged the need to protect and support children and young people and have embraced the promotion of their emotional health as a priority. The recently announced Children and Young People's inter-departmental funding package (March 2006) unequivocally highlights the role of education and identifies the school as a key setting for this work: the holistic aim of education is to prepare children and young people for life within modern society (Education and Training Inspectorate, 1999b; Gott, 2003). The stage of development and learning capacity of children and young people is such that they are laying down the foundations for future protective emotional health and wellbeing behaviour, eg coping skills, resilience, self-efficacy (Bor et al, 2002) and within the school setting, they are an appropriate and accessible population for the development and implementation of preventative early intervention multi-sectoral approaches (DHSS&PS, 2003; Gott, 2003).

In 2000, the NSPCC established an Independent Schools Counselling service with a view to developing and demonstrating best practice: the strategic aim was to generate evidence of effectiveness with which to influence the Government to make this service accessible to all children and young people at school in Northern Ireland. The NSPCC service is currently delivered in 49 schools across the post-primary, primary and special school sectors within the Western, South Eastern and Belfast Education and Library Board areas. The service was designed to complement existing pastoral care provision within the school by providing an independent listening ear and someone to turn to for children and young people in school, and is premised on the core principles of accessibility, confidentiality and independence. Independent schools counsellors are primarily engaged in providing one-to-one counselling support to children and young people. A number of models of service delivery exist: these include a sessional model, a referral-based cluster model and a crisis

response model. The service is currently funded by a tripartite arrangement between the NSPCC, Education and Library Boards and individual schools, with funding being provided on occasion by the local Health and Social Services Trust and the Youth Justice Agency.

The service operates in conjunction with other appropriate NSPCC services including Family Support and There4me.com, an internet-based listening service, as well as a range of other services supporting children and young people within the school: these include social services, child and adolescent mental health services, education psychology, behaviour support, education welfare, special education, health promotion and others provided by the community and voluntary sector.

To date, two process evaluations have confirmed the service is highly valued by children and young people, principals, teachers and parents: the accessibility, independence, confidentiality and child-centred nature of the service were identified as key strengths (Burnison, 2003; Baginsky, 2003). However, as neither of these evaluations considered the effectiveness of the service, the NSPCC in 2004, accessed some funding from the Pupil Support Unit at the Department of Education to further develop the evidence base by conducting an impact evaluation. Research evidence has highlighted clearly that the conduct of impact evaluation of psycho-therapeutic interventions such as counselling is complex, challenging and presents many ethical and methodological dilemmas. Consequently, there is an acknowledged dearth of impact evaluation in this area (Bor et al, 2002): the majority of evaluative research is descriptive in design and is focussed on process issues and client satisfaction. Conscious of the need to generate robust empirical evidence of the effectiveness of the service, the NSPCC commissioned the expertise of the Modelling, Evaluation and Measurement Research Unit of the University of Ulster at Magee to assist in conducting this impact evaluation.

## Aim and objectives of impact evaluation

The primary aim of this evaluation was to investigate the effectiveness/impact of engaging with the NSPCC's one-to-one independent schools counselling service on the emotional health and wellbeing of children and young people.

## Objectives

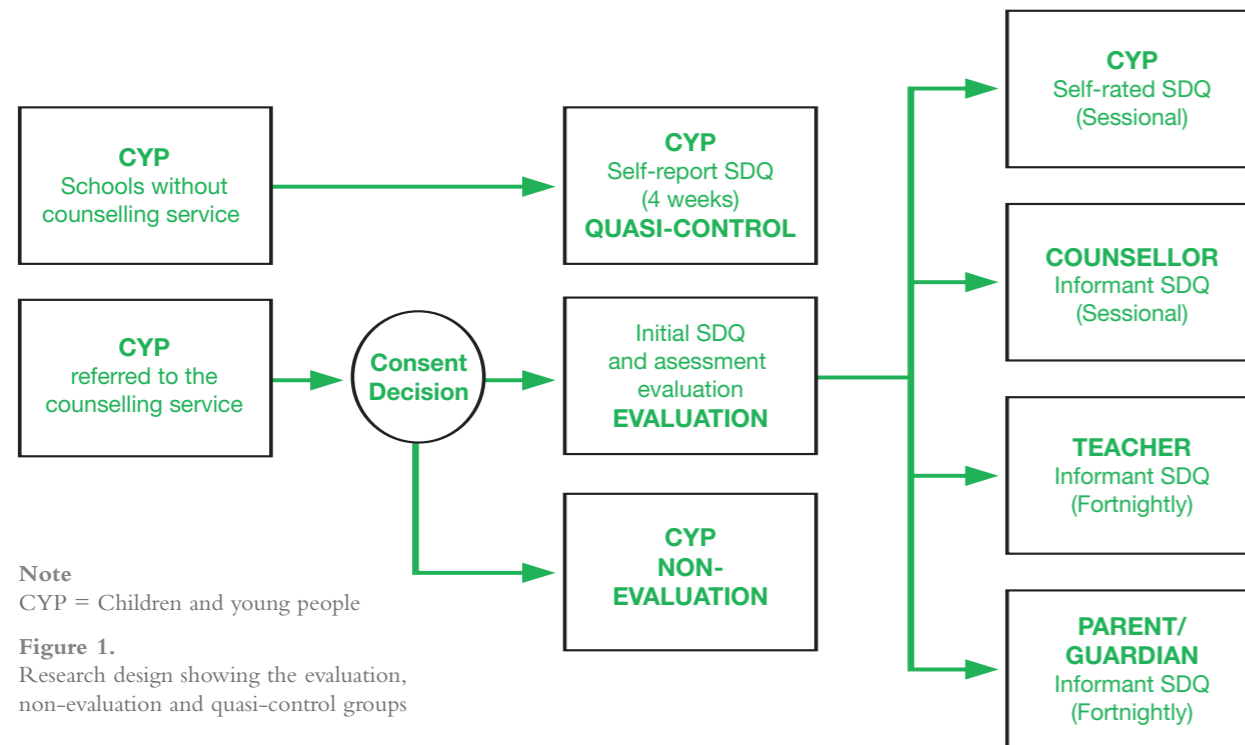
- To identify an appropriate questionnaire for use in one-to-one independent schools counselling practice that reflects and measures the emotional health and wellbeing of children and young people.
- To investigate if engaging with the one-to-one independent schools counselling service brings about significant change in the emotional health and wellbeing of children and young people, as measured by an identified questionnaire.
- To identify if measured change can be attributed to engaging with the one-to-one independent schools counselling service.

This summary report sets out the significant results generated from an analysis of data collected between September 2004 and December 2005 within participating schools. Initially, the methodology employed is outlined, as is a profile of the way the service is used. The question of effectiveness is then addressed.

## 2 Methods and analysis

### Design

A longitudinal research design with a quasi-control group was selected as the most appropriate to generate robust empirical evidence while protecting the welfare of vulnerable children and young people (CYP) accessing the service. Data were collected from consenting children and young people, independent schools counselling practitioners and other key informants, eg parents/guardians and teachers: a standardised questionnaire was used to collect the data on emotional health and wellbeing at a number of different time points during the independent schools counselling intervention. Data were also collected using the same standardised questionnaire from a quasi-control group of children and young people in schools where an independent schools counselling service was not available. These children and young people completed the questionnaire weekly over a four week period facilitating comparison with the evaluation group in terms of relative change over time. The design of the research is presented schematically in Figure 1.



### Questionnaires used in the evaluation

The questionnaire used to measure the emotional health and wellbeing of children and young people in the evaluation was the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997). The SDQ is a standardised questionnaire with established reliability and validity having been developed, tested and widely used in research with different populations in different settings (Williams and Adamson, 2004): it formed part of the questionnaire used in the UK national study into adolescent mental health (Green et al, 2005). The SDQ was designed for use with children and young people between the ages of 4-16 years (Goodman, 1997). There are two versions available: informant-rated and self-rated versions and both demonstrate satisfactory levels of inter-rater reliability and internal reliability (Goodman, 1997; Muris, Meesters & Van den Berg, 2003). The informant-rated version was designed for completion by parents or teachers of children and young people. The self-rated version was originally designed for young people from 11-16 years old, but recent research indicates that the SDQ is suitable for use with younger age groups (Muris, Meesters, Eijkelenboom & Vincken, 2004; Mellor, 2004). Both the self-rated and informant-rated versions of the SDQ cover the same characteristics; the only differences being in grammatical structure (Goodman, Meltzer & Bailey, 1998).

The 25-items of the SDQ are rated with a 3-point Likert-type scale of not true, somewhat true and certainly true, and the total difficulties score is the sum of 20 items, with the remaining five items representing a measure of children and young people's strengths (Goodman, 1997; Goodman et al, 1998). The total difficulties score has a possible range of between 0-40. The psychometric and screening properties of both SDQ versions are well established (Muris et al, 2003; Goodman et al, 2000). Although use as an outcome measure was not initially part of the SDQ design remit, it has been reported that the questionnaire is able to detect behavioural and emotional change following treatment (Goodman, 2001; Muris et al, 2003).

#### Interpreting SDQ scores

SDQ scores are generally described on a continuous scale ranging from 0 to 40 with higher scores reflecting more pronounced difficulties. The following categories aid interpretation:

Total difficulties scores:	Normal 0-15	Borderline 16-19	Abnormal 20-40
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### Data collection

The data collection process was informed by children and young people, teachers, principals and independent schools counselling practitioners, and was agreed with each school on an individual basis. These stakeholders considered the questionnaire and the way it would be used to collect the data and made recommendations to improve the user friendliness and accessibility of the data collection process.

These included using child/young person friendly explanations of the wording and response formats to make it more comprehensible and meaningful to children and young people of different ages and stages of development. Recommendations about the processes of gaining the informed consent of children and young people to participate and the storing of data in a way that protected the confidentiality of children and young people were also taken on board.

A comprehensive training and development programme was delivered for independent schools counselling practitioners to foster their active engagement and ownership of the evaluation, and of the data collection process in particular. This enabled a number of key attitudinal and practice barriers to be identified and addressed and hence facilitated fuller integration of the evaluation and data collection process within independent schools counselling practice.

Data collection began in September 2004 and was completed in December 2005. On approaching the counselling service, each child/young person was told about the evaluation, and once their informed consent was obtained, they were required to complete the SDQ and pertinent demographic questions as part of the assessment prior to the commencement of the independent schools counselling intervention. On subsequent visits to the independent schools counsellor, children and young people completed the SDQ at the beginning of each session, which were normally scheduled in weekly intervals. In addition to the self-rated SDQ, the informant version of the SDQ was completed by the independent schools counsellor at the end of each session and also fortnightly by the child/young person's teacher and parent/guardian.

### Participants' age and gender characteristics

Table 1 presents the age and gender characteristics of all children and young people who accessed the independent schools counselling service during the intervention period. The profiles of those children and young people who accessed the service but did not participate in the evaluation are presented alongside the profiles of those who did participate in the evaluation.

In addition the profiles of the children and young people who were part of the quasi-control group are presented. Comparing and contrasting the profiles of these groups highlights areas of potential bias and demonstrates whether the children and young people who took part in the evaluation typically differ from the children and young people who did not take part.

**Table 1.** Age and gender profiles in the groups

	Accessed service, did not participate in evaluation		Accessed service, participated in evaluation		Quasi-control group	
Number in group	310		202		110	
Age range (in years)	4-18		7-17		10-16	
Average age (years)	11.8		12.5		13.2	
Age standard deviation* (years)	3.1		2.3		1.4	
Gender (female : male)	54.2%	45.8%	42.3%	54.2%	57.3%	42.7%

\* **Standard deviation:** a measure of variability in the scores

In total, some 512 pupils approached the counselling service during the intervention period. 202 participated in the evaluation: as the evaluation was rolled out in schools on a phased basis over a three-month period, the option to participate was not available to all children and young people accessing the service during that time. Others did not consent to participate or, as was the case for some primary school pupils, their parents refused to consent. Finally, for others, eg those exhibiting a high level of distress, very young primary school children and those with a special educational need which rendered the completion of questionnaires too difficult, participation in the evaluation was not offered. It is important to note that in these instances, eg when the child/young person appeared very distressed (8 per cent), the professional judgement of the independent schools counsellor was such that they did not offer these children and young people the opportunity to take part. Given this decision, it is likely that estimates of initial status in the evaluation may be underestimated, and perhaps in turn, estimates of children and young people's relative change presented in the results may also be underestimated.

While the average age across each of the three groups presented in Table 1 is similar, the variability is somewhat different. In particular, the age range of those who accessed the service but did not participate in the evaluation is lower relative to the other groups. This is due primarily to the independent schools counsellors' judgement not to offer participation in the evaluation to those for whom completing the SDQ would be unsuitable.

### Analysis

The NSPCC's one-to-one independent schools counselling service aims to improve the emotional health and wellbeing of the child/young person. It follows therefore, that an analysis used in this context should facilitate measurement and assessment of individual change. This evaluation used an innovative analytic framework that permits examination of individual change trajectories rather than the usual mean group differences. This type of analytic framework is generally referred to as 'Latent Growth Curve' modelling (Adamson & Bunting, 2005; Muthen & Curran, 1997; Willet, 1991).

The latent growth curve approach is advantageous as it permits examination of each individual's profile in terms of two latent variables, namely an intercept and a slope. The intercept captures the initial status of the individual when he/she approaches the intervention programme and the slope provides an estimate which describes the pattern of growth (or otherwise) resulting from the intervention programme subsequent to initial status – ie individual's growth trajectories over time. The variability associated with, and relationship between, the intercept and slope provide information on how individuals differ both with respect to their initial status and their growth.

In summary, this analytic framework enables the researcher to answer a variety of questions which relate to an individual's initial status and relative progress as a result of participating in an intervention programme, rather than comparing average group differences as is generally the case in traditional forms of analysis.

## 3 Results

This summary report presents a small number of key results from an in-depth analysis of the data. In the first instance, the socio-demographic characteristics of children and young people who accessed the service are presented along with a description of their use of the service. The effectiveness question is then examined along with some factors/variables that impact on effectiveness.

### Who are the children and young people using the service?

Tables 2, 3, and 4 present a detailed socio-demographic profile of the children and young people who accessed the service during the intervention period. This data is split into two groups; the children and young people who participated in the evaluation and those who did not.

**Table 2.** School profile

	Did not participate in evaluation (N=310)	Participated in evaluation (N=202)
<b>School sector</b>		
Primary	35.9%	32.3%
Post-primary	53.1%	66.2%
Special	11.0%	1.5%
<b>Management type</b>		
Integrated	2.3%	3.5%
Controlled	37.7%	40.3%
Maintained	51.9%	54.7%
Other	8.1%	1.5%
<b>School sex</b>		
Mixed sex	76.1%	71.4%
Single sex	24.0%	28.6%

### Family structure

47 per cent of the children and young people who participated in the evaluation lived at home with two natural parents and 37.6 per cent lived with a single parent. This was similar to all children and young people that accessed the service: 43.5 per cent lived with two natural parents while 42.1 per cent lived with a single parent. Other family structures identified included living with grandparents, mother/father with new partner and living with foster parents or in residential care.

**Table 3.** Vulnerable groups

	Did not participate in evaluation (N=310)	Participated in evaluation (N=202)
<b>Special education need</b>		
Statement of SEN*	14.2%	3.5%
On Code of Practice**	2.0%	4.0%
Need for support acknowledged but not in above categories	6.0%	2.5%
<b>Child protection register</b>		
At present	5.8%	3.6%
In past	6.1%	2.1%
School doesn't know	8.8%	15.5%
<b>Looked after children</b>		
Foster family	2.3%	1.0%
Residential	0.3%	0%
Extended family	4.2%	4.5%
Other	0.6%	1.5%

Table continued...

	Did not participate in evaluation (N=310)	Participated in evaluation (N=202)
<b>Involvement of other agencies</b>		
PSNI	1.5%	0.6%
Social services	21.6%	7.9%
GP/School health	5.1%	5.5%
Education support services (EWO, education psychology and behaviour support)	3.0%	3.0%
Voluntary/community agencies	2.3%	2.0%

Note: \*SEN = Special Educational Need \*\*Special Educational Need Assessment Code of Practice (DE, 2004) – see glossary

Table 4 (below) presents a profile of some of the issues, which children and young people present to the service having been classified in this way according to the professional judgement of the independent schools counsellor at the end of the intervention.

These have then been grouped into the following categories: bullying, ‘child at risk’ issues, ‘child in need’ issues and mental health and wellbeing issues by the NSPCC, in line with definitions and categories presented in the Children Order NI (1995) and the Tiered Model of Child and Adolescent Mental Health Service Provision (DHSS&PS, 2005) currently applied in Northern Ireland. The purpose of this categorisation is to facilitate further analysis of the effectiveness of the service in relation to specific groups of children and young people.

**Table 4.** Children and young people presenting to the service

	Did not participate in evaluation (N=310)	Participated in evaluation (N=202)
<b>CYP presenting with bullying issues</b>		
Bullying	11.3%	10.4%
Peer friendship	10.3%	9.9%
Bullying and peer friendship	1.3%	6.9%
<b>CYP presenting as ‘Child At Risk’</b>		
LAC	6.5%	4.0%
On Child protection register	5.8%	3.6%
Sexual abuse	1.3%	1.0%
Physical abuse	1.3%	1.0%
Other abuse	2.9%	5.0%
Suicide	3.9%	2.5%
Deliberate self-harm	3.5%	3.5%
Suicide and deliberate self-harm	0.0%	1.0%
Domestic violence	2.3%	2.5%
Parental alcohol abuse	0.6%	3.0%
<b>CYP presenting as ‘Child In Need’</b>		
Keeping safe	1.9%	0.0%
Anxiety	8.1%	9.9%
Bereavement	8.7%	6.4%
Anger management	5.8%	8.9%
Self image	2.6%	5.4%
Self confidence	0.6%	0.5%
<b>CYP presenting with mental health and wellbeing issues (CAMHS Tier 2/3)*</b>		
Deliberate self-harm	3.5%	3.5%
Suicide	3.9%	2.5%
Suicide and deliberate self-harm	0.0%	1.0%

Note: children and young people may be represented within more than one item within each category or within more than one of the above categories. \*CAMHS Tier 2/3 – see Glossary

## How is the service being used?

**Table 5.** Profile of service delivery and use

	Did not participate in evaluation (N=310)	Participated in evaluation (N=202)
<b>Parent aware of counselling</b>		
Parent aware	37.5%	46.8%
Parent consent	41.7%	33.5%
Don't know	18.8%	17.6%
Parents not aware	1.9%	1.8%
<b>Weeks on waiting list</b>		
0 weeks	98.4%	94.5%
1-2 weeks	0%	0.5%
3-4 weeks	0.6%	3.0%
5-8 weeks	1.0%	2.0%
<b>Referral agent</b>		
Self*	28.6%	31.0%
Parent	19.0%	15.5%
Teacher/school	52.0%	53.0%
Social services	0.3%	0.5%
<b>Model of service delivery</b>		
Sessional	70.2%	76.1%
Cluster based referral	27.2%	23.9%
Crisis response	2.6%	0.0%
<b>Number of sessions</b>		
1 session only	0.3%	0.5%
2-4 sessions	27.1%	19.4%
5-7 sessions	35.9%	41.8%
8-10 sessions	18.6%	25.4%
more than 10 sessions	18.0%	12.9%
<b>Number of sessions missed</b>		
None	43.1%	25.8%
1 session only	16.9%	26.8%
2-4 sessions	35.3%	42.9%
5-7 sessions	2.7%	3.5%
8-10 sessions	2.0%	1.0%

\*Note: calculated as a percentage of those children and young people accessing the service for whom self-referral was possible, ie post-primary school pupils

### Q1. Does Independent Schools Counselling work – is there robust evidence that it is effective in promoting emotional health and wellbeing (reducing SDQ scores) over time?

The initial status and relative change of evaluation participants’ scores over the duration of their independent schools counselling intervention is considered. Prototypical response patterns (ie typical response patterns) which represent typical estimates of initial status and relative change for the evaluation group are presented in Figure 2a.

Figures 2b and 2c present prototypical response patterns for the evaluation group and the quasi-control group over a comparable period of four weeks: comparing and contrasting the rate of change reported by these groups provides a measure of the effectiveness of the independent schools counselling intervention.

In addition, comparing and contrasting the prototypical response patterns collected from children and young people using the self-rated version of the SDQ with those collected from the independent schools counsellors, parents/guardians and teachers provides a further measure of the effectiveness of the independent schools counselling intervention, ie is self-rated change reported by the child/young person substantiated by other informants who engage with the child/young person in a range of contexts?

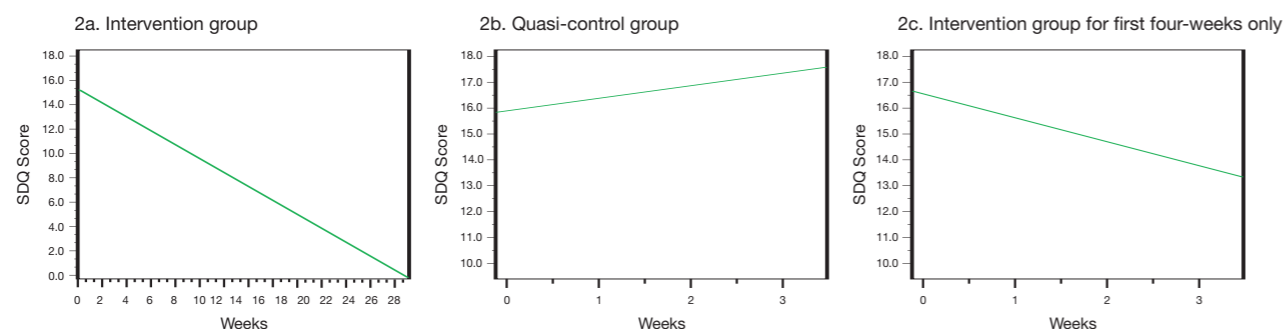
## Change over time

Figure 2a presents a statistically significant decrease (improvement) in evaluation participants SDQ scores over the weeks of the independent schools counselling intervention (typically -0.53 SDQ units per week).

## Comparison with quasi-control group

Comparison of Figures 2b and 2c demonstrates that the initial status of children and young people in the evaluation intervention group (restricted to the first four weeks of the counselling intervention) and those in the quasi control group (did not have access to independent schools counselling intervention) is rather similar with an average value of approximately 16.0 on the SDQ. For the quasi-control group there is a statistically significant increase (deterioration) in SDQ scores over the four-week period (0.47 per week for the quasi-control group), while over a comparable four-week period the scores of those who participated in the evaluation decrease (improve) by almost four SDQ units.

Figure 2 a, b, c (below) present prototypical trajectories reflecting the average profile of the respective groups of children and young people, it should be noted that this does not reflect the change experienced by all individual children and young people.



Overall the above graphs and associated analysis indicate that the counselling intervention is effective in relation to promoting change (improvement) in the emotional health and wellbeing of children and young people as measured by the SDQ and that SDQ scores are likely to increase significantly in the absence of an independent schools counselling service, at least within the timeframe considered.

Moreover, it is clear that a substantial proportion of children and young people approach the independent schools counselling service with elevated SDQ scores. The initial status of children and young people in both the evaluation intervention and quasi-control groups (~16.0 on the SDQ) gives cause for some concern since the SDQ threshold of 15 or less is used to classify a child/young person in the 'normal' category. The variability in initial status SDQ scores across individuals in the evaluation intervention group is fairly substantial (standard deviation = 5.3) and results show that approximately 23 per cent of the children and young people who participated in the evaluation have SDQ scores of 20 and above, which places them in the 'abnormal' SDQ category. Children and young people scoring in the 16 – 19 range are considered 'borderline' cases.

## Change reported by key informants

Analysis of the informant rated versions of the SDQ completed by key informants (independent schools counsellors, teachers and parents/guardians) substantiate the decrease (improvement) in SDQ scores evident from the self-rated version reported by children and young people themselves.

The data generated from the independent schools counsellors indicates that, relative to the self-rated scores from children and young people, independent schools counsellors estimated initial status of the child/young person was slightly less (14.1 on the SDQ although the variability in scores were greater), and the rate of relative change was statistically significant (-0.67 units per week) with a slightly greater decrease (improvement). The number of children and young people rated by teachers on the informant rated version of the SDQ on more than one occasion was comparatively small (N=56). This may be due in part to children and young people having control over the decision to involve teachers as key informants in the data collection process. Nevertheless, for children and young people who were rated by teachers, a relatively

small, but statistically significant decrease (improvement) (-0.23 units per week) in the SDQ scores were reported by teachers. Similar to the children and young people rated by teachers, only a small number of children and young people were rated by parents/guardians on more than two occasions (n=33). Results do show however, that those parents/guardians reported a statistically significant decrease (improvement) in observed SDQ scores (-0.30 units per week).

### Robust evidence of effectiveness

- Children and young people approaching the service are presenting with significant difficulties (as measured by the SDQ).
- Children and young people report a significant improvement in emotional health and wellbeing (as measured by a decrease in SDQ scores) over the period of the independent schools counselling intervention.
- Children and young people who do not have access to an independent schools counselling service report deterioration in emotional health and wellbeing (as measured by an increase in SDQ scores) over a comparable four-week period.
- Key informants report a significant improvement in children and young people's emotional health and wellbeing (as measured by a decrease in SDQ scores) over the period of the independent schools counselling intervention.

## Q2. Is the service effective – does it work for particular groups of vulnerable children and young people?

### Children and young people who are experiencing bullying

Approximately 10 per cent of the children and young people who accessed the independent schools counselling service reported bullying as their primary issue. To assess the effectiveness of the service for these children and young people, they were compared to all other children and young people who participated in the evaluation and accessed the service with issues other than bullying.

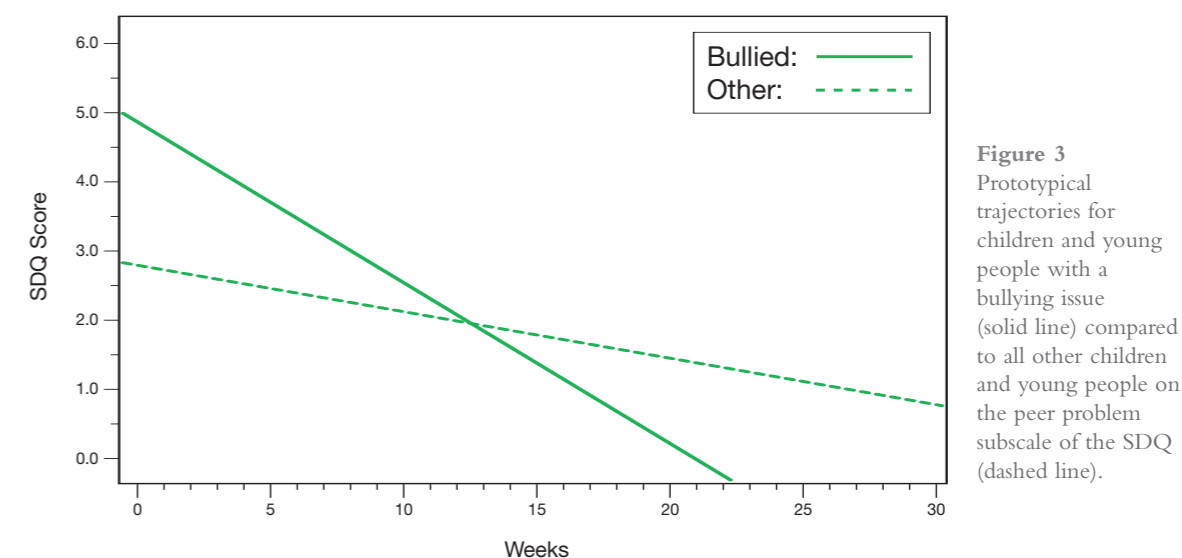
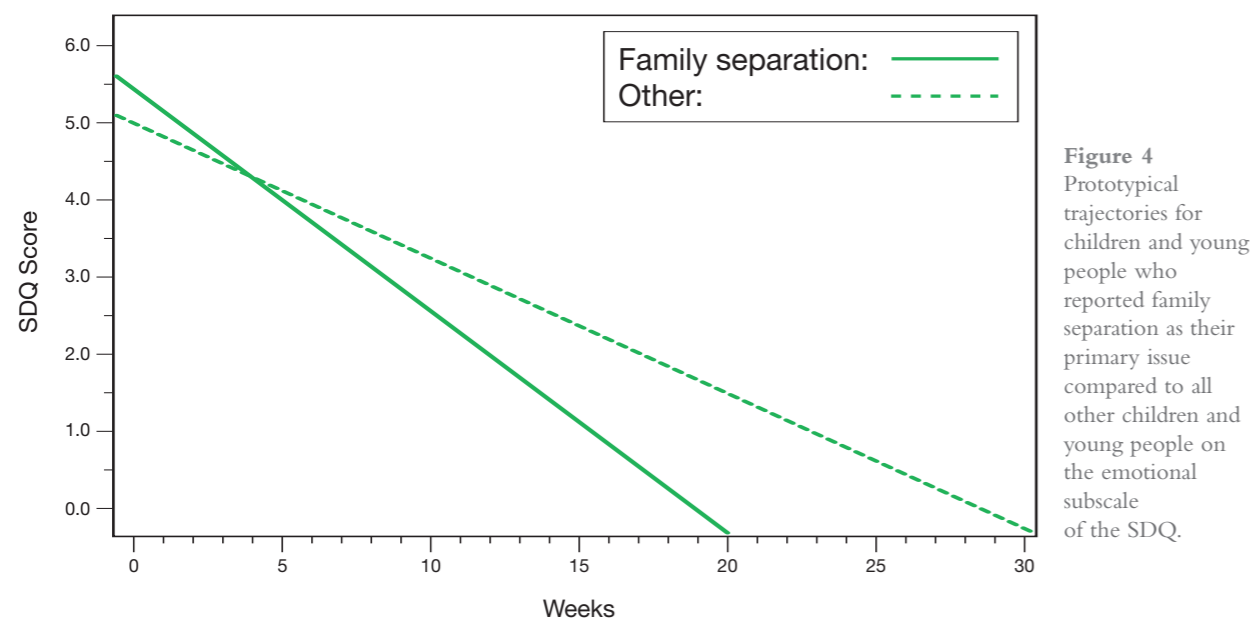


Figure 3 Prototypical trajectories for children and young people with a bullying issue (solid line) compared to all other children and young people on the peer problem subscale of the SDQ (dashed line).

The initial status and relative change trajectories in Figure 3 demonstrate the effectiveness of the independent schools counselling service for those children and young people who present with a bullying issue. These children and young people report statistically significant higher scores on the "peer problem" subscale of the SDQ compared to other children and young people and also show substantial and statistically significant improvement in this SDQ subscale over time as a result of the independent schools counselling intervention. The result illustrates the effectiveness of the independent schools counselling service in dealing with peer problems such as bullying.

## Children and young people who are experiencing family separation

A significant proportion of the children and young people who approached the service reported family separation as their primary issue (20.8 per cent). Figure 4 displays the initial status and relative change trajectories on the emotional subscale of the SDQ, for these children and young people (solid line) against children and young people who presented with issues other than family separation.



**Figure 4**  
Prototypical trajectories for children and young people who reported family separation as their primary issue compared to all other children and young people on the emotional subscale of the SDQ.

The initial status of the groups presented in Figure 4 is not statistically different, although it is clear that the initial status of the family separation group is slightly higher on the SDQ emotional subscale. The relative change overtime between the two groups is statistically significant. The family separation group exhibit a more rapid decline in emotional problems compared to all other children and young people presenting with other issues.

## Children and young people who are categorized as ‘children at risk’, ‘children in need’ and ‘looked after children’

Table 3 profiles the number of children and young people who approached the independent schools counselling service who would fit into the above categories. The analysis aimed at highlighting the particular effectiveness of the independent schools counselling service in relation to these subgroups indicated that there was no significant difference in effectiveness between each of these groups and all other children and young people who accessed the service. The results clearly show that the service was at least equally effective for these groups as it was for all other children and young people who accessed it.

## Children and young people with special educational needs, those presenting with mental health issues, and those involved with other agencies

While in some instances there were a small number of children and young people classified into these categories it was valuable to assess the effectiveness of independent schools counselling with regard to these specific groupings.

The analysis highlighted that the service was equally effective in reducing SDQ scores for these groups as it was for other children and young people who accessed the service. It should be noted however that the children and young people in the above groups may not necessarily have approached the service with a specific issue that is directly related to the category they fall within.

## Effectiveness for particular groups of vulnerable children and young people

- Independent Schools Counselling is particularly effective for children and young people who present with bullying or family separation as their primary issue.
- Independent Schools Counselling is at least equally effective for other subgroups of vulnerable children and young people as it is for all children and young people.

## Q3. What other factors contribute to effectiveness?

A number of factors relating to delivery of the service including duration of the counselling intervention, who is referring the child/young person etc were examined to identify their impact on effectiveness of the intervention.

### Counselling sessions missed

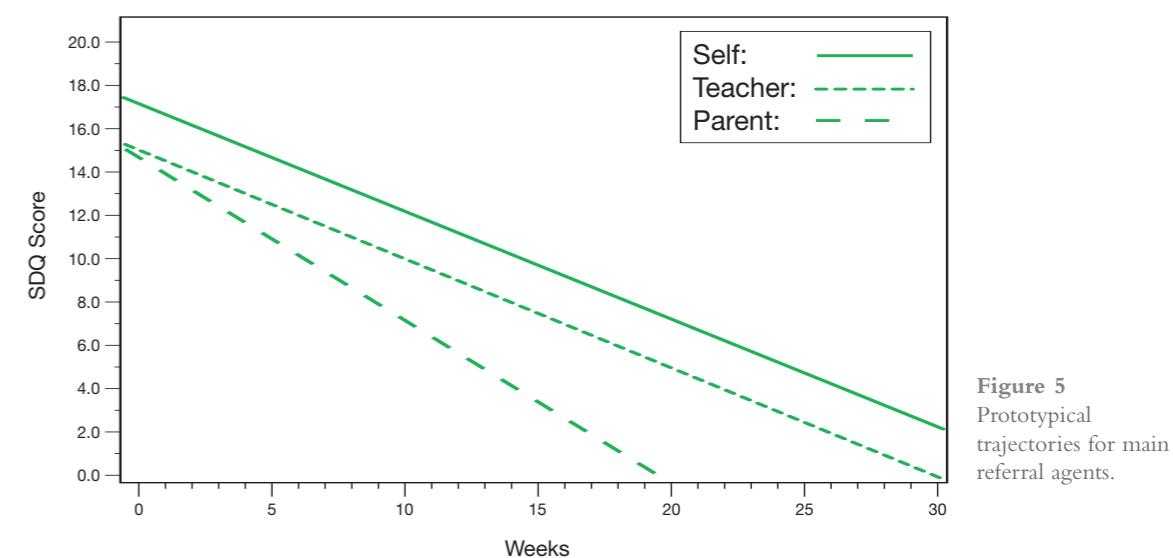
This analysis highlighted that with each missed session (ie 1, 2, 3... sessions missed) the overall effectiveness of the independent schools counselling intervention is gradually weakened, although only by a small degree, but nevertheless it was statistically significant. Interestingly, when children and young people who did not miss any scheduled counselling sessions were compared with children and young people who missed one or more sessions, the relative decrease (improvement) in SDQ scores for those who did not miss any sessions (-1.28 SDQ units per week) was on average more than double that for those who missed one or more sessions (-0.56 SDQ units per week) over a similar period of time.

### Duration of counselling

As the duration of the independent schools counselling intervention increases, the less effective it is in terms of reducing SDQ scores. Similar to sessions missed, the effect size was rather small but statistically significant. This result could, in part, be explained by type of presenting issue, insofar as children and young people with more severe or complex issues may require more sessions. Indeed, the results indicated that children and young people with substantially more sessions had significantly higher initial status scores.

### Referral agents

The analysis compared and contrasted the initial status and growth trajectories for self referred children and young people with those referred by their teachers and by parents/guardians.



**Figure 5**  
Prototypical trajectories for main referral agents.

The prototypical trajectories displayed in Figure 5 indicate that children and young people who refer themselves report statistically significant higher initial status SDQ scores than all other children and young people. The rate of change for each of these referral agents was not statistically significant.

The difference in initial SDQ scores between teacher referral and all other referral type is statistically significant with children and young people referred by teachers having significantly lower initial status values. Children and young people referred by their teachers also exhibit a shallower relative change, but it was not statistically significant.

### Models of service delivery

Figure 6 presents the effectiveness of the service as delivered by a sessional model (service is present in school setting for half/full day) and a cluster based referral model of delivery (service responds to referrals received from a cluster of schools in the same geographical area and is present in the school when dealing with referrals).

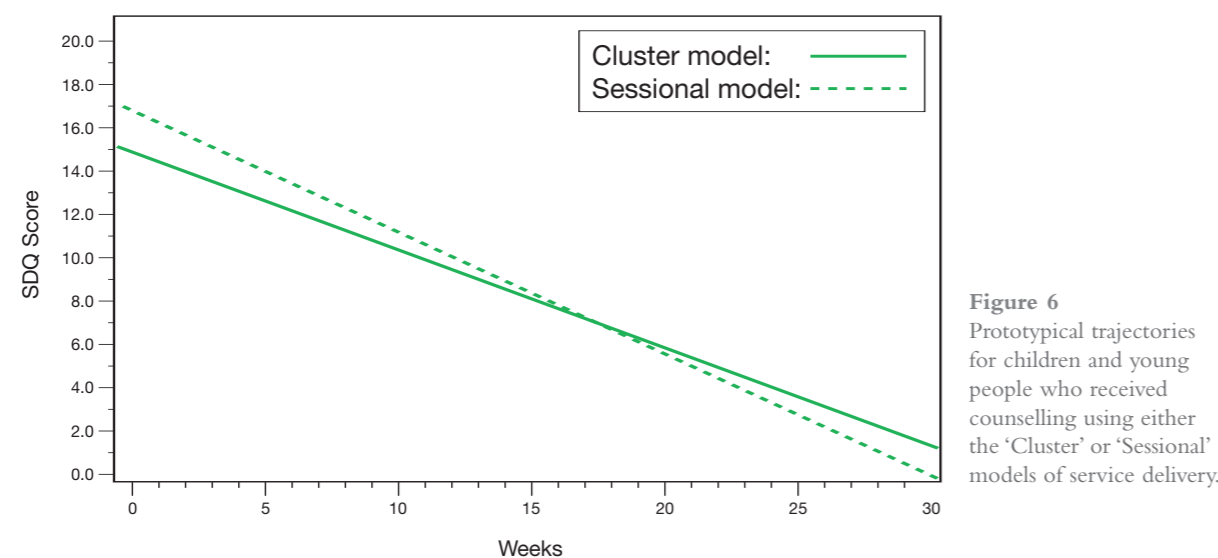


Figure 6  
Prototypical trajectories for children and young people who received counselling using either the 'Cluster' or 'Sessional' models of service delivery.

It is clear from Figure 6 above that the service is equally effective in promoting change in the emotional health and wellbeing of children and young people regardless of whether or not it is delivered by the sessional model or the cluster based referral model. This has implications for maximising the cost effectiveness of service delivery.

**Factors contributing to effectiveness**

- Effectiveness of service decreases with increasing number of sessions missed.
- Effectiveness of service decreases with increased duration of counselling intervention/ number of sessions.
- Children and young people who self refer are those who present to the service with elevated difficulties (as measured by high initial SDQ scores).
- Referral agent does not make a significant difference to effectiveness.
- Service is equally effective for children and young people who access it whether delivered by sessional or cluster based referral model.

## 4 Some strengths and limitations

### Strengths

- The longitudinal design, quasi-control group and use of standardised questionnaire provided a robust methodological base for examining the effectiveness of the NSPCC's independent schools counselling service in promoting change in the emotional health and wellbeing of children.
- The analysis was innovative and employed a high level analytical framework that facilitated the examination of change at the level of the individual participant rather than the group.
- This evaluation contributes substantially to the limited evidence base that exists in relation to the effectiveness of counselling and other psychotherapeutic interventions.

### Limitations

- The number of evaluation participants was relatively small and some groups notably young children and children and young people with special educational needs were not appropriately represented among those who participated in the evaluation. Similarly, children and young people who presented to the service in distress may not be appropriately represented as they were often not invited to participate in the evaluation.
- The children and young people who were part of the quasi-control group were matched with the evaluation group in terms of some variables, eg initial status, but may differ in terms of variables not considered. An initial attempt to collect control group data from children and young people waiting to access the service failed.
- The data collection process required an intense investment of resources which presents a barrier for the integration of robust impact evaluation within independent schools counselling practice.

## 5 Conclusions

This summary report has presented some of the most significant results generated from an impact evaluation of the effectiveness of the NSPCC's independent schools counselling service in promoting change in the emotional health and wellbeing of children and young people at school in Northern Ireland.

The methodological approach employed has facilitated a robust evaluation of effectiveness. The longitudinal design has enabled examination of change in emotional health and wellbeing over the duration of the counselling intervention. The use of a quasi-control group has facilitated comparison of change in emotional health and wellbeing over time with children and young people who do not have access to such a service. Though not ideal, this approach has contributed substantially to the limited evidence base that exists with regard to the impact evaluation of psychotherapeutic interventions. The use of the SDQ, a standardised questionnaire with reported reliability and validity further contributes to the robustness of the evidence generated in this evaluation by facilitating comparison with emotional health and wellbeing data from UK national population of children and young people (Green et al, 2005). Typical self-rated SDQ scores derived from a UK population-based sample are substantially lower compared to those initial status SDQ scores obtained from children and young people accessing the independent schools counselling service (approximately five SDQ units on average). In addition, the collection of data from key informants in the lives of children and young people has provided a means of substantiating the evidence generated from the self-rated version of the SDQ completed by children and young people and further contributes to the robustness of the evidence.

This impact evaluation has demonstrated that the NSPCC's one-to-one independent schools counselling service is effective in improving the emotional health and wellbeing of children and young people who access the service at school in Northern Ireland: children and young people themselves report a decrease in SDQ scores over the period of the counselling intervention. This improvement is also reported by others who are key informants in the lives of children and young people, ie independent schools counsellors, teachers and parents/guardians and is notably not reported by children and young people who do not have access to the service over a comparable time period.

The analysis has also highlighted that the service is particularly effective for some groups of children and young people relative to all of the children and young people who have accessed it during the evaluation period, ie children and young people who accessed the service identifying bullying or family separation as their primary issue.

In addition the analysis identified a number of factors relating to service delivery which impact on effectiveness and which will be used to inform future development of the service. These included the duration of the counselling intervention, the number of sessions missed and model of delivery.

This impact evaluation is timely in light of the proposed development of independent schools counselling services in Northern Ireland under the Children and Young People's Funding Package. This summary report presents robust evidence in support of this development and includes important evidence which will inform the detail of this development.

## 6 References

Adamson, G. & Bunting, B.P. (2005). *Statistical and graphical strategies for exploring the effect of interventions in health research*. In Miles & Gilbert (eds.) *A Handbook of Research Methods for Clinical and Health Psychology*. England: Oxford University Press.

Baginsky, W. (2004) *School counselling in England, Wales and Northern Ireland: a review*. London: NSPCC

Baginsky, W. (2003) *Counselling in schools – a survey of the views of school staff and pupils in Northern Ireland*. Belfast: NSPCC

Belfast Education and Library Board (BELB) (2004) *Behaviour in a learning city: best value review of the provision of behaviour support*. Belfast: Belfast Education and Library Board.

Bor, R., Ebner-Landy, J., Gill, S. and Brace, C. (2002) *Counselling in schools*. London: Sage Publications.

Burnison, B. (2003) *It's ok to see the counsellor: NSPCC schools counselling and support service evaluation report*. Belfast: NSPCC

ChildLine (2005) *Annual Report*. Northern Ireland: ChildLine

Children (NI) Order 1995. Belfast: HMSO

Collins, K., McAleavy, G. and Adamson, G. (2002) *Bullying in schools: a Northern Ireland study*. Bangor: Department of Education Northern Ireland.

Department of Education (2006) *Children and Young People's Funding Package*. Bangor: Department of Education

Department of Education (2004) *Consultation on Special Educational Needs and Disability Order (Northern Ireland)*. Bangor: Department of Education

Department of Education (2002) *Research briefing – Literature review: effectiveness of different forms of interventions in the schools and youth sectors*. Belfast: University of Ulster and Department of Education.

DHSS&PS (2005) *The review of mental health and learning disability (Northern Ireland): vision of a comprehensive child and adolescent mental health service*. Belfast: DHSS&PS

DHSS&PS (2003a) *Co-operating to safeguard children*. Belfast: DHSS&PS

DHSS&PS (2003b) *Promoting mental health: a strategy and action plan 2003-2008*. Belfast: DHSS&PS.

Education and Libraries (Northern Ireland) Order 2003. Belfast: HMSO

Education and Training Inspectorate (1999) *Evaluating pastoral care*. Bangor: Department of Education Northern Ireland.

Fawcett, M. (1999) *What hurts? what helps?: A study of needs and services for young people whose parents separate and divorce*. Belfast: Relate – [www.ark.ac.uk/orb/summaries/Fawc99.htm](http://www.ark.ac.uk/orb/summaries/Fawc99.htm)

Fleming, P., McKenna, H., Slater, P., Keeney, S. and McNamee, D. (2001) *The emotional and mental health needs of young people in the southern area*. Belfast: University of Ulster and the Southern Area Health Promotion Consortium.

Goodman, R. (2001). *Psychometric properties of the Strengths and Difficulties Questionnaire*. Journal of the American Academy of Child and Adolescent Psychiatry, 40, 1337-1345.

Goodman, R., Ford, T., Simmons, H., Gatward, R. & Meltzer, H. (2000). *Using the Strengths and Difficulties Questionnaire (SDQ) to screen for child psychiatric disorders in a community sample*. British Journal of Psychiatry, 177, 534-539.

Goodman, R., Meltzer, H., & Bailey, V. (1998). *The Strengths and Difficulties Questionnaire: a pilot study on the validity of the self-report version*. European Child and Adolescent Psychiatry, 7, 125-130.

Goodman, R. (1997). *The Strengths and Difficulties Questionnaire: a research note*. Journal of Child Psychology and Psychiatry, 38, 581-586.

Green, H; McGinnity, A.; Meltzer, H.; Forder, E; Goodman, R. (2005) *Mental health of children and young people in Great Britain by the Office of National Statistics on behalf of the Department of Health and the Scottish Executive*. England: Palgrave Macmillan

Gott, J. (2003) *The school: the front line of mental health development? Pastoral Care*, December 2003, 5-13.

Harland, K. (2000) *Men and masculinity: an ethnographic study into the construction of masculinity*. Unpublished DPhil Thesis. University of Ulster

Harland, K. (1997) *Young men talking: voices from Belfast*. London: Youth Action (Northern Ireland) and Working with Men.

Hodge, M (2004) *Children's Minister endorses school counselling services*. Counselling in Education, April 2004, 1-10.

HPANI (2001) *Design for living: research to support young people's mental health and wellbeing*. Belfast: HPANI.

McElrath, K. and McEvoy, K. (1999) *Ecstasy use in Northern Ireland: a qualitative study*. Belfast: The Stationery Office.

McIlroy, J. (2003) *Unpublished focus group research on mental health needs of young men in two communities in North and West Belfast*. Belfast: N&WBHSST Suicide Prevention Programme.

Mellor, D., (2004) *Furthering the use of the Strengths and Difficulties Questionnaire: reliability with younger child respondents*. Psychological Assessment, 16, 396-401.

Methun, B.O. & Curran, P.J. (1997). *General longitudinal modelling of individual differences in experimental designs: a latent variable framework for analysis and power estimation*. Psychological Methods, 2, 371-4022.

Miller, R. and Dowds, L. (2002) *Drug and alcohol use among young people in Northern Ireland: a secondary analysis of drug and alcohol use surveys – Final report*. Belfast: DHSS&PS.

Miller, P. and Plant, P. (2001) *Drinking, smoking and illicit drug use amongst 15-16 year old school students in*

Northern Ireland. Belfast: DHSS&PS

Muris, P., Meesters, C., Eijkelenboom, A. and Vincken, M. (2004). *The self-report version of the Strengths and Difficulties Questionnaire: its psychometric properties in 8 to 13-year-old non-clinical children*. British Journal of Clinical Psychology, 43, 437-448.

Muris, P., Meesters, C., & Van den Berg, F. (2003). *The Strengths and Difficulties Questionnaire (SDQ): Further evidence for its reliability and validity in a community sample of Dutch children and adolescents*. European Child and Adolescent Psychiatry, 12, 1-8.

Murphy, J., Irvine Nichol, S. and Quinn, G. (2002). *Blotting it out: perceptions and patterns of drug misuse in four communities in North Belfast – an exploratory needs analysis*. Belfast: RADICAL

NICCY (2004) *Children's issues in Northern Ireland: research commissioned by the Northern Ireland Commissioner for Children and Young people in association with The Queen's University of Belfast*: Belfast: NICCY

NISRA (2004) *A survey of the behaviour and attitudes of young people on areas and issues affecting their lives*. Belfast: Northern Ireland Statistics and Research Agency.

NSPCC (2006) *Don't hide it: sexual abuse campaign unpublished milestone research*. London: NSPCC

Northern Ireland Office (1995) Children (NI) Order 1995. Belfast: HMSO

Northern Ireland Office (1996) Education (NI) Order 1996. Belfast: HMSO

OFMDFM (2004) 'R WRLD 2': *consultation on a draft strategy for children and young people in Northern Ireland*. Belfast: Children and Young People's Unit, Office of the First Minister and Deputy First Minister.

PricewaterhouseCoopers (2001) *Children in Northern Ireland: domestic violence and professional awareness*. Belfast: PricewaterhouseCoopers and OFMDFM

Smith, M. (2001) *Children, young people and the troubles in Northern Ireland*. Coleraine: INCORE

Weare, K. (2000) *Promoting mental, emotional and social health, a whole school approach*. London: Routledge. In Gott, J. (2003) *The school: the front line of mental health development? Pastoral Care*, December 2003, 5-13.

Williams, S. and Adamson, G. (2004) *Unpublished report to NSPCC: review of the evidence to support selection of instrumentation*. Northern Ireland: University of Ulster at Magee

Willett, J.B. (1991). *Measuring change: the difference score and beyond*. In H.J. Wallerg & G.D. Haetel (Eds.). *The international encyclopaedia of educational evaluation*. Oxford, England: Pergamon Press.