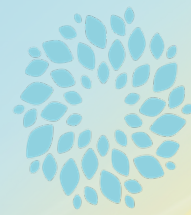# The Primary Schools Counselling Study (PSCS): Demand and provision of school based counselling in Ireland

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Executive Summary

School based counselling is increasingly being recognised as essential in addressing mental health as an early intervention mechanism. Countries across the globe are introducing on-site school counselling with recent evaluations showing marked improvements in children's well being. Many countries have opted to make this service provision mandatory. In Ireland, there is no formal provision of school based counselling, despite growing evidence of the increase in presentation of both the range and severity of psychological difficulties among primary school children.

This study sought to ascertain the counselling needs of primary school children and the provision at present in responding to those needs. This study, consisting of an online survey of primary school principals (n=1,282) and interviews with school principals (n=12) and school counsellors (n=9) was conducted between 2015 and 2017. The findings highlight complex presentations of children who are experiencing significant difficulties such as anxiety, depression, cyberbullying, self-harm, suicidal ideation. The most prominent issue identified was that of general family issues. Parental conflict/separation/divorce ranked high in this study as a presenting issue for children.

In addition to issues that children present with in school from their home or community environment, the school environment can also be a source of distress for children, in particular when a crisis or 'critical incident' occurs in the school. Such incidents included the birth of a baby in the school, assaults/ anger/ violence by staff or child, a bomb scare, the murder of child or family member and suicide or attempted suicide of student/teacher/family member.

School principals feel ill-equipped to respond to the complexity of children's needs, while many teachers are described as 'out of their depth' and go 'above and beyond' as they try to respond to children's needs in whatever way they can. While many schools look to external agencies for support in responding to children's needs, frustration with difficulties accessing services and long waiting lists were evident. In the absence of adequate service provision, schools are using resources creatively in an effort to provide a counselling service on-site - almost one third of schools have developed an ad hoc school-based counselling service. A range of therapeutic

approaches are used - play therapy, art therapy, psychological intervention in the form of Cognitive Behaviour Therapy and counselling. However, access to such services is ad hoc and dependent on random factors such as principals relying on their own networks for recommendations of counsellors, trainee counsellors approaching schools seeking counselling experience or qualified counsellors approaching schools and offering the service. Schools participating in this study accessed funding through donations from benefactors, use of DEIS or School Completion funding, or funding provided by local community initiatives. Counselling sessions, on occasion, are being provided on a pro-bono basis. The sense of frustration on the part of principals and the level of uncertainty that surrounds the sourcing of funds to maintain the existing service is an ongoing source of concern for principals and counsellors.

Participants reported on a range of benefits for children (self confidence, ability to learn, improved relationship with parents), for parents (parenting skills) and for staff (understanding children's behaviours, having someone to consult with) in the school. Some of the perceived benefits of on-site counselling were related to accessibility (parents knowing about the service, children recommending the service to their peers) and a related reduction of stigma associated with attending as parents become accustomed to the service. Teachers are seeing children returning emotionally more confident to the classroom, improved ability to manage feelings and interact with others, changes in children's academic performance, behaviour in class and a reduction in anxiety related to school.

There was a high level of interest expressed by school principals in having access to school based counselling, in particular individual counselling/psychotherapy for children and consultation for staff. A lack of funding and the absence of a national policy relating to school-based counselling provision for primary schools were identified as potential barriers to provision.

Recommendations

1. Given the range and extent of complex difficulties experienced by primary school children, and the excessive burden being placed on primary schools to respond to such needs, urgent action is needed to develop a national framework to inform the development of counselling services for primary school children.

Recommendation 1: A national policy on counselling for primary school children should be developed. Such a policy should address the nature of school counselling that is appropriate for primary school children, the nature of accommodation suitable for such activity, funding mechanisms for such provision, and the qualifications of personnel providing such counselling. The needs of school staff to be supported in coping with the societal and cultural changes that impact on the delivery of primary education in schools should also be a consideration. A national policy could also assist schools in formalising their own school policy pertaining to children's mental health and wellbeing, and in identifying the needs of their own particular school.

2. Given the growing international evidence for the benefits of school based counselling, in particular accessibility, de-stigmatisation, and support for children, teachers and parents; the level of interest among primary school principals in Ireland in a school based service; and the ability of primary schools in Ireland to accommodate such provision, counselling provision should be based within the school setting.

Recommendation 2: Counselling for children should be based on-site in primary schools in Ireland, in line with international best practice and in light of the proven demand for such a service.

3. Given the prominence of 'family issues' and 'parental separation/divorce' as a presenting difficulty for primary school children in Ireland and internationally, and the findings in relation to family and cultural issues and critical incidents in schools from this study, such counselling should have a systemic focus whereby the child's difficulties are seen in the context of overall family, cultural and school environment influences.

Recommendation 3: School based counselling should be systemically informed and targeted at promoting family functioning.

4. Given the role of school counsellors interviewed in this study in relation to supporting parents in their parenting role and supporting teachers and principals, it is imperative that school counsellors are appropriately qualified for the role of school counselling and all that it entails.

Recommendation 4: Professionals providing school based counselling should be appropriately qualified for this role.

Background to this study

Child mental health is a growing concern across the globe with international studies showing significant proportions of school children presenting with serious mental health difficulties and epidemiological studies showing childhood emotional and conduct disorders occurring in 10–20% of young people (Rahman & Kieling, 2015). According to Zubrick and colleagues (2000) an estimated 14% of children and adolescents aged 4 to 17 years in Australia experience mental health problems; approximately 17% of school children in Singapore presented with clinically depressive symptoms (Woo et al., 2007); 10% of 5 to 16 year olds in Great Britain were described as having a diagnosable mental health disorder by Green and colleagues (2005). A study of self-harm across European countries noted a significant increase in self-harm in the 10 to 14 year old age group (Madge et al., 2008).

Recent Irish studies have revealed high proportions of children experiencing some form of mental disorder (1 in 3 by the age of 13 years, Kelleher et al., 2012) and self harm (Coughlan et al., 2014). Cannon and colleagues (2013) interviewed 212 adolescents in Ireland and found that 1 in 15 of young people aged 11-13 had experienced self-harm or suicidal ideation. The Growing Up in Ireland (GUI) longitudinal study found that approximately 15% of children in the 9 year old cohort study were scored on the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) by parents and teachers as either 'borderline' or 'problematic' (Nixon, 2012).

Such concerns are a challenge to schools and teachers, given the significant amount of time that children spend in schools and the interrelationship between mental health difficulties and children's ability to learn. Mental health issues, including depression, anxiety, disruptive behaviour, eating disorders, and posttraumatic stress disorder can have a negative impact on a child's school success, as well as their general well-being (World Health Organization, 2003; Kessler, 2009). McElearney and colleagues (2007) in their study of Northern Ireland children highlighted how behaviour problems in particular result in poor engagement and academic achievement in school. According to the U.S. Department of Education (2009), many American schools are dealing with increasing rates of violence among students and teachers, increasing truancy and dropout rates and increasing mental health concerns among students. In an Australian study, 70% of school principals reported one in five students requiring mental health intervention (Rowling, Whitman & Biewener, 2009). Another study involving school principals from 25 countries identified family dysfunction as the issue of greatest

importance for students in Australia and Germany (Dadaczynski & Paulus, 2010), while principals in Canadian schools ranked anger management, impulse control, and bullying and harassment as the top three emotional mental health and well-being issues experienced by their students (Whitman, Wells, Rowling & Biewener, 2009).

Across the globe, countries are developing policies and implementing national programmes in schools in an attempt to intervene early in children's lives both to provide support for those children in difficulty and to prevent more serious difficulties from developing. Gott (2003) identified the school setting as key to the work of supporting vulnerable children and young people. Patalay and colleagues (2016) examined data collected from 1,346 schools in 10 European countries (France, Germany, Ireland, Netherlands, Poland, Serbia, Spain, United Kingdom and Ukraine) on mental health provision in schools and identified staff capacity, school funding, a lack of specialist expertise, a lack of national policy and poor quality links with agencies as significant barriers to mental health service provision in schools.

The establishment of school based counselling has been one measure introduced to respond to children's mental health needs. According to the World Health Organisation (2014), schools are best placed to identify children experiencing emotional distress. School-based counselling has been defined as "a professional activity delivered by qualified counsellors in schools which offers troubled or distressed children an opportunity to talk about their difficulties within a relationship of agreed confidentiality" (Cooper, 2013, p.3). School-based counselling in primary schools tends to be carried out on a one-to-one basis and employs a range of verbal and non-verbal therapeutic approaches including play, art, psycho-education, storytelling, music and drama as well as talking (Thompson, 2013).

It is estimated that school-based counselling is well established in 62 countries, is mandatory in 39 countries, with a further seven countries in the process of developing such services (Harris, 2013). Chen, Sable and Liu (2011) report that in the 2009/2010 school year, there was one school counsellor for every 459 students across the U.S. Each U.S. state and Canadian province is currently required to develop, implement and evaluate school-based counselling provision (Harris, 2014). The Place2Be service in the U.K. delivers school-based therapeutic interventions to around 47,000 children in 143 primary schools, two secondary schools and one independent school in England and Scotland (Lee, Tiley, & White, 2009). The Time 4 Me service delivered school-based counselling to 120 primary school children in twenty

primary schools in Northern Ireland during the 2013/2014 school year (Kernaghan & Stewart, 2016).

The American School Counsellor Association (2012) recently professionalized the role of the school counsellor and emphasized the central role the counsellor plays in school success. Most school-based psychologists and counsellors in Australia are also teachers, considered by many as somewhat precarious insofar as the employing authority retains the right to redeploy these individuals to teaching roles, depending on resources. Between 25 and 67% of school-based counsellors in the UK are of a humanistic orientation (Cooper, 2009).

Evaluation of school-based counselling programmes is encouraging. Studies have found that the accessibility and familiarity of schools for students and family members allows counselling to be delivered in a 'real-world' setting, thus normalising service provision, and that such provision enables preventative work to be carried out to tackle problems before they become pathological (Fox & Butler, 2007; Truneckova & Viney, 2012). In the UK, provision of school-based counselling is associated with significant reductions in psychological distress, comparable with outcomes reported by traditional child and adolescent mental health services; 88.7% of primary school children achieved significant reductions in psychological distress following school-based counselling intervention (Cooper, Stewart, Sparks, & Bunting, 2013). School based counselling provision in primary schools has been associated with positive social and emotional wellbeing (Adi, Killoran, Janmohamed, & Stewart-Brown, 2007; Daniunaite, Cooper, & Forster, 2015; Lee, Tiley & White, 2009); improved academic achievements, improved concentration, increased motivation and improved relationships between children and teachers (Rupani, Haughey & Cooper, 2012). Daniunaite and colleagues (2015) found that children who availed of school-based counselling in the UK displayed significant reductions in psychological difficulties with improvements greatest for children who had the highest levels of difficulties. Moreover, Gutman and Vorhaus (2012) highlight emotional well-being in primary school as a critical factor in academic progression and school engagement in later years, suggesting that emotional well-being is an important factor for the academic achievement of younger children.

There have been several initiatives within the school system in Ireland that aim to promote children's social, emotional and behavioural wellbeing. Parenting Programmes such as the Incredible Years programme (Webster-Stratton & Hancock, 1998) and the Parents Plus programme (Sharry &

Fitzpatrick, 1997) have been evaluated in Ireland (Davenport & Tansey, 2009; Carr, Hartnett, Brosnan & Sharry, 2016) with promising results. The Friends for Life programme, a school based CBT programme recommended by WHO as an evidence based programme for anxiety in children (WHO, 2004) has also been implemented and evaluated in Ireland (Crosbie et al., 2011; Rodgers & Dunsmuir, 2015) while Zippy's Friends, a programme directed at improving children's social skills has also been evaluated (Clarke & Barry, 2010). Rodgers and Dunsmuir (2015)'s study with 62 children aged 12 to 13 years concluded that therapeutic interventions can be equally effective in educational settings as in clinical settings when delivered by an appropriately trained professional.

Since no formal school-based counselling exists in Ireland this study sought to capture the landscape in Ireland in terms of provision and delivery of such services at primary level.

Method

This research study, incorporating a sequential mixed methods approach, explored counselling demand and provision in the Irish primary school sector, for children aged 4-13 years. The study was conducted using a mixed methods approach that consisted of two phases, an online survey of primary school principals followed by interviews with a group of primary school principals and professionals who are currently providing on-site counselling to primary school children in Ireland.

Phase One: The Survey

Following the completion of a small pilot study (with 13 principals), an online questionnaire was circulated to all principals in primary schools in Ireland (n=3,256; obtained from Department of Education and Skills database www.education.ie). A number of strategies were used to maximise the response rate to this survey.

- The first and second authors met with the executive of the Irish Primary Principals Network (IPPN) to give a background to the study. The IPPN assisted with recruitment through publishing a notice advertising the survey in Esceal, the fortnightly electronic newsletter that is circulated by the IPPN to all school principals in Ireland in June 2015.
- An email was sent to all primary schools in Ireland providing details of the study, with a link to the online questionnaire.
- The first author gave a presentation at a one day seminar on psychological well being in schools in November 2015, organised by the IPPN, where attendees were encouraged to participate in the study.
- The first author spoke on national radio, sharing some preliminary findings and encouraging school principals to participate.
- Tweets about the study were also circulated to the authors' networks.
- A reminder email was sent to all primary schools on a monthly basis and the survey was closed in February 2017.

1,282 schools responded, constituting a response rate of 39.4%.

The Questionnaire. The design of the online questionnaire (available from authors) was informed by school counselling scoping studies conducted in the United Kingdom and internationally (Welsh Assembly Government, 2008; Harris, 2014; McArthur, Cooper, & Berdondini, 2013). A participant

information sheet was embedded into the invitation email, outlining the details of the study and providing a link to the online questionnaire.

The questionnaire consisted of three sections. **Section One** asked questions about the schools such as staff numbers, gender make-up of children, school type, locality in terms of rural or urban area, DEIS band, religious ethos and denomination and whether or not the school possessed a written policy on child mental health and welfare. **Section Two** consisted of questions designed to elicit information about the psychological and emotional needs of children in the school; the nature of problems with which children present; and the number of psychological assessments and counselling services accessed in the past year. In addition to children's presenting difficulties, principals were also asked to state the number and nature of critical incidents experienced by their school in the past year and to name the resources drawn upon to deal with these. 'Critical incidents' in the context of primary schools are "any incident or sequence of events which overwhelms the normal coping mechanisms of the school" (Department of Education and Skills Ireland, 2016, p.16). Such incidents may include the death of a student, staff member parent or sibling, or an event resulting in serious injury, or serious damage to school property. **Section Three** consisted of questions about counselling supports or resources available to schools and the satisfaction levels experienced by respondents in relation to the impact of school-based counselling services on the behaviour, attendance and attainment of children in the school. Principals were also asked to rate their level of satisfaction with the adequacy of their school's role in positive mental health promotion, the availability of adequate accommodation for a school counselling service and the way in which emotional well-being among children is promoted in their school.

The Survey Participants. While the survey was addressed directly to school principals, in some schools the survey was completed by someone other than the principal: 93.3% (1,196) principals and 5.9% (75) from another role (such as Deputy Principal) responded (For ease of reference, all survey respondents will be referred to as Principals). Altogether 1,282 school principals responded to the survey, consisting of both single gender and mixed gender schools.

Of the 1,282 schools represented in this study, 93% were described as primary schools, 3.1% as special schools and 4.2% as 'other'. Half of the schools were described as 'rural' schools and half as 'urban'. Primary schools regarded as serving a disadvantaged area are designated as 'DEIS band'

schools. Those schools that responded to the survey were classified as follows: Non-DEIS 76%, DEIS (Band 1), 13% and DEIS (Band 2), 11%. Principals described the religious ethos of their schools as follows: denominational 93.6% (1200), multi-denominational 5% (64) and non-denominational 1.4% (18). Denominations were specified as Roman Catholic, Interdenominational, Church of Ireland, Methodist, Protestant, Presbyterian and Model.

Data Analysis – Survey. The data from the Qualtrics online platform was initially downloaded into an Excel spreadsheet where data were cleaned and in some cases, variables were assigned values to ease with the process of statistical analysis. Content analyses were performed for data from open questions and numbers were assigned to different categories to facilitate analysis. This spreadsheet was then uploaded into SPSS and chi-squared analysis was used to explore possible relationships between variables.

Phase Two: The Interviews

Interviews were conducted with school principals (n=12) and school counsellors (n=9) between November 2016 and August 2017, through either face to face meetings in the school setting or by telephone. School principals were invited, while completing the online questionnaire, to provide their contact details if they wished to participate in an interview in Phase Two of the study. 35% of survey respondents offered to participate in this phase. Principals were selected for interview based on representation from both urban and rural areas, different geographical locations, size of school, DEIS designation, and whether they had access to school based counselling. Despite efforts to include principals from both rural and urban areas, the final sample was confined to urban areas due in the main to the provision of school based counselling being predominantly confined to urban schools.

Through a process of snowballing (inviting participants to pass on information about the study to counsellors either working in their schools or in other schools), nine counsellors were recruited who were currently providing school based counselling. Principals were asked to provide an Information Sheet (available from research team) to the counsellors who work in their schools, requesting that counsellors make contact with the researcher if they wished to participate in the study or that they give permission for their contact details to be passed on to the research team. Participant counsellors were then contacted by letter or telephone inviting them to participate in an

interview and the information sheet about the study was forwarded to those who had not already received this. Written consent was sought from all participants prior to commencement of interviews.

The Interview Guides. The interview guides for school principals and counsellors (available from authors) sought to build on the findings of the survey through seeking additional information on the circumstances in which counselling was recommended for particular children, the nature of the counselling service provided and the perceived benefits of providing this service. Questions pertaining to the funding of the service, concerns about provision and whether the existing service meets the needs of children at present were also included in the interview guide.

The Interview Participants. Given the small number of interviewees, in order to protect confidentiality, limited information is provided here. Twelve primary school principals participated, eight of whom have on-site counselling in their schools, and four of whom do not, from a mixture of both DEIS designated and non-DEIS designated schools. Nine counsellors who are currently providing counselling in primary schools in Ireland were interviewed. Nine female principals and three male principals participated. Experience in a principal role ranged from 1 to 18 years. Eight female counsellors and one male counsellor participated, all of whom were educated to masters level. Experience as a counsellor ranged from 4 to 21 years. The counsellors described themselves as play therapists, art therapist, creative arts therapist, cognitive behaviour therapist, psychoanalytic therapist or integrative counsellor. Years' experience providing counselling ranged from 1 year to 12 years.

Data Analysis – Interviews. Interviews were recorded, transcribed and analysed using thematic analysis (Burnard, 1991; Braun & Clarke, 2006). Transcripts were read and re-read, followed by a process of identifying themes in the script, comparing themes across interviews, highlighting similarities and differences, and integrating the themes into higher level conceptual categories. The nVIVO software programme was used to assist with data management (QSR International, 2011).

Final analysis

While the data for quantitative and qualitative phases of the study were at first analysed separately, a further analysis was conducted to integrate both

data sets. This involved comparing findings from both sets, identifying similarities between the datasets and identifying how the quantitative and qualitative data complemented each other and added richness to the overall findings. For example, the prevalence data on presenting issues highlighted the wide range and extent of difficulties experienced by children in schools. The interview data also highlighted the complexity of children's emotional needs. Integrating these data sets provides both breadth and depth to the analysis.

The study obtained ethical approval from the Dublin City University Research Ethics Committee on 11th February, 2015.

Findings

The primary aim of this study was to investigate the demand for and provision of school counselling in primary schools in Ireland. The findings drawn from the online survey of 1,282 primary school principals, twelve interviews with school principals and nine interviews with school counsellors, is presented below under the following four headings: *complex needs, how schools respond, perceived benefits of on-site counselling and interest in school based counselling.*

Complex needs	How schools respond	Benefits of onsite counselling	Interest in school based counselling
•Presenting issues •Family and social contexts •Cultural issues •Critical incidents	•Feeling ill-equipped; going above and beyond •Referrals for counselling •External agencies •Access to on-site counselling	•Benefits for children •Benefits for parents •Benefits for staff	•Type of service •Type of professional •Additional comments

Figure 1. Findings

Complex needs

The findings of this study indicate that the needs of children in relation to their psychological wellbeing are complex, given the range and severity of difficulties that children present with in primary school, the varied family and cultural contexts that are a feature of their daily lives, and the serious nature of critical incidents that schools are dealing with, all of which impact on children's emotional wellbeing,

Presenting issues. Survey results indicated both the range and severity of emotional issues that children in these schools experience. As indicated in Figure 2, general family issues was the most endorsed presenting issue, noted by 85.8% of principals, followed by Separation/ Divorce/ Marital breakdown (79%), and Anxiety issues (78.9%). In addition, school principals noted significant levels of bullying (54.1%), cyber-bullying (36.7%), self-harm (28%), suicidal ideation (22.9%), depression (27.9%), eating disorders (14.9%), and sexual identity issues (8.7%).
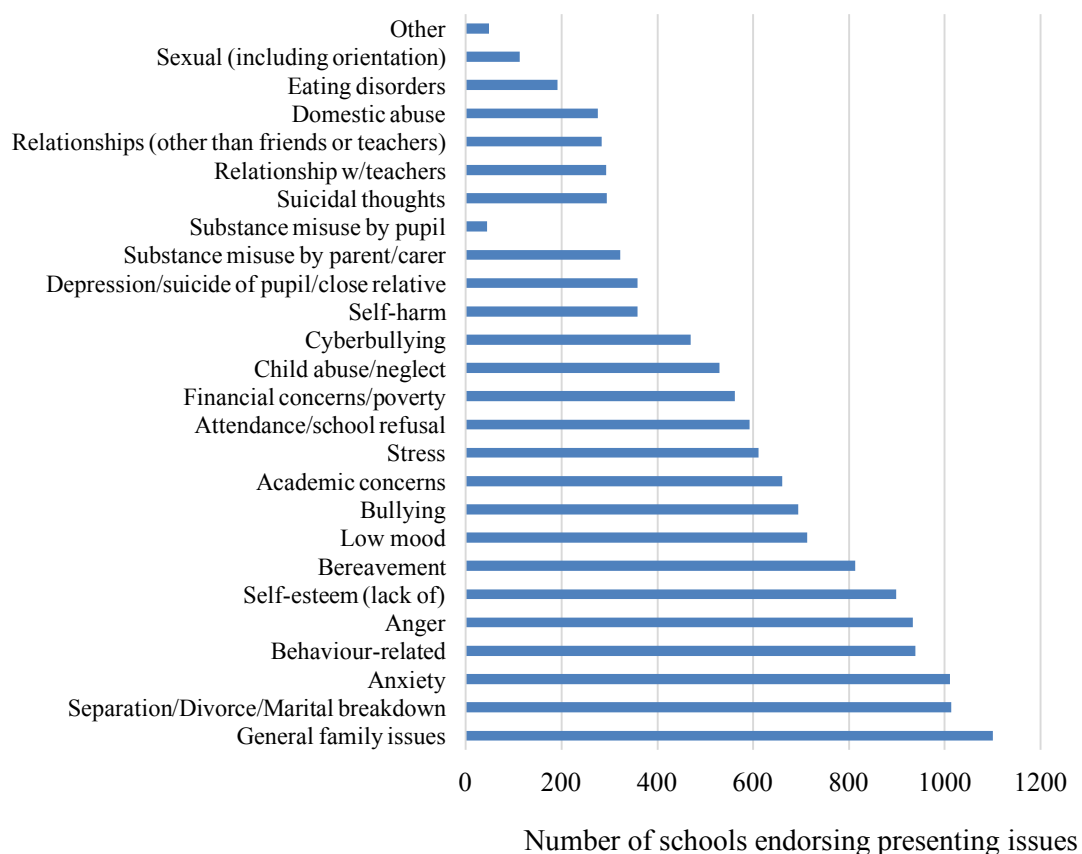
Figure 2. Emotional presentations of children in primary schools (n=1,282)

When asked directly to rate the five **most prevalent** issues that children had presented with in the past year in their school, general family issues were rated as the most prevalent presenting issue (36.4%), followed by behaviour-related problems (18%) anxiety (13.2%), separation/divorce/marital breakdown (6.3%) and academic concerns (4.6%). Statistical analysis using a Pearson's chi-squared analysis found that behaviour-related issues were much more likely to be endorsed by principals based in a DEIS band school than in a non-DEIS school X^2(10, *n*= 1282) = 19.41, *p* = .035).

The interview data provided some elaboration on the range and type of difficulties experienced by children. Both principals and counsellors referred to the "layers and layers" (C04)[1] of presenting issues that many described as both increasing in range and severity, such as anxiety: "*We're just noticing a huge rise in anxiety amongst our primary school children but from speaking to other principals I think we're not alone there*" (P03); cyberbullying: "*last*

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[1] P01-P12 refers to participating principals and C01-C09 refers to participating counsellors

year and this year, in both of our fifth classes, there was an element of cyberbullying which we hadn't seen before which we would be very concerned about" (P01); school refusal: "there's one or two incidences maybe in third and fourth class but it just so happens that my two worst cases at the moment are in sixth class" (P04); self-harm and suicidal ideation: "Suicidal ideations in kids as young as seven… I've had one that was only six (P06); clinical depression: "Depression, clinical depression, some of the students had to get medication and other therapies" (C05); sexualised behaviour: "and you have children that self soothe through masturbation in the classroom. Each kid has their own way of trying to cope, self-regulate, trying to soothe themselves"; and gender identity issues: "A couple of students who had transgender confusion or issues" (C05).

A feature of the findings is the extent to which very young children are presenting with very serious mental health difficulties. As one principal noted:

> well the one thing that I'm constantly thinking about is that we're hearing about the rise of anxiety amongst our children and it's younger and younger, you know they're self-harming. We have a child in third class who went through a period of self-harming. He's only 8. We've a child in senior infants who has Pica and the doctor has said it is through anxiety. Now, she has been diagnosed at that at the age of 6 (P03)

Counsellors also noted the frequency of children at younger ages being referred due to difficulties with emotion regulation: "I'm seeing a lot of junior and senior infants being referred to me encountering difficulties in managing their feelings, in coping with overwhelming emotions and being able to regulate themselves and control their impulses" (C03) among other difficulties: "the younger children could be identified crying in class, lots of worries, isolating themselves in the yard, complaining of stomach pains, a lot of you know physical symptoms, school refusal and the junior school a lot of it would be to do with you know parents, family breakdown and chaotic home life" (C04).

Autism units are becoming a feature in primary schools with children in these units presenting with other significant difficulties: "some of those children…would have extra needs such as OCD[2] and ADHD[3] and all of the

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[2] OCD: Obsessive Compulsive Disorder
[3] ADHD: Attention Deficit Hyperactivity Disorder

things that go along with ASD[4] disorders. Not all of those children would need counselling but maybe about half of them would" (PO3); *"A lot that would be referred to me would be those children that would diagnosed with either ADHD, they would be diagnosed with ASD, so they'd be somewhere on the Autism spectrum, behavioural issues and that's why a lot of referrals would come from teachers"* (CO1). The transition of children from the autism unit into mainstream education also brings with it challenges for schools: *"We've children actually who have transitioned from our unit to mainstream full-time, even though it's a very positive thing, but it does bring pressure into the classrooms"* (PO3).

An additional feature of the interview data is the reference to more children presenting with more significant difficulties than in the past and the challenges of 21st century living with its attendant social media and internet influences.

> *I think though in the last 5 to 10 years I've seen a lot more evidence of children being stressed and not as able to deal with stuff. Some of that could have been out of the recession or whatever, but I suppose the area where I see it most is in 5th and 6th class in primary school where there is a huge peer pressure building up coming from the likes of social media, internet, older peers to be sexually active at a much younger age and that whole sexualisation of children is putting huge pressure on 10, 11 and 12 year olds particularly* (PO2)

> *parents of all backgrounds and all ages are having serious, serious issues with what their children are exposed to online, and how to control it, and how the child's behaviour is after it. So I think that if that continues, there's gonna be a lot more therapists needed in schools* (CO9)

Both principals and counsellors agreed that in addition to those children referred to above, there is a cohort of children who they regard as 'falling between the cracks', children who have complex needs that are not being met due to the fact that they may be high achievers and well-behaved in class and therefore do not come to the attention of those in charge *"because they're not causing trouble they're not really on the radar"* (CO2) or do not qualify for learning support *"very bright children who didn't fall into the learning support category so offering them help was very difficult and a lot*

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[4] ASD: Autistic Spectrum Disorders

of their needs were not academic, they were more, I suppose, personal, social and emotional" (PO2). Principals and counsellors noted that teachers have become adept at developing an awareness of such children, since they know their children well: *"It's the children that don't act out in school that are very quiet and very well behaved and sometimes their needs are more complex"* (C01).

Family and social contexts. Both principals and counsellors described challenging family and social contexts such as parental separation, child protection issues, alcohol and drug misuse in the home, children not knowing their fathers *"and that has presented with difficulties around self-identity and things like that"* (C04), having parents in prison, *"in the context of the school here six percent of our children, to my knowledge, their parents are in prison"* (PO5) and in one case, where a parent had murdered, *"where one of the parents murdered another man so those three children then went to play therapy"* (PO1).

Principals cited a variety of cases ranging from ongoing domestic violence in the family home to child protection issues: *"five cases at the moment of children where there's domestic violence ongoing in the family home that I know of. I've a child protection order in place on one child. I have one child who has got supervised visits with the father"* (PO5).

Counsellors described ongoing heroin and benzodiazepine drug misuse among family members *"and drugs that you can buy on the street, resulting in chaotic home lives for children"* (C04) and the general chaos that can be a feature of those from disadvantaged communities *"particularly if it's DEIS school, you don't always have families that can support what you're doing because their lives are so chaotic and they've so much else going on that they're trying to cope with"* (C07).

Several particpants referred to children in their schools who are homeless, the stress associated with the uncertainty of where the family is going to sleep:

> *Lots living in temporary accommodation, not knowing where they are going to be sleeping that night, parents under a lot of stress because of that. Parents under a lot of stress generally around housing because of even if they do have somewhere to live, that is not stable and they could be kind of kicked out at any moment seems to be the kind of things that are happening*

*and you get parents coming in saying we have been told to
leave this afternoon sort of. And children kind of pick up on all
of that* (P11)

Cultural issues were described as potentially adding to the complexity of some children's emotional needs. Principals and counsellors described the multi-ethnic representation of schools in which they work with one principal describing their school as "*a unique type where we have 93% international and 47 nationalities*" (PO1) while in another school "*we would have up to 30 or 40 different countries represented among the students*" (CO5). Participants described unaccompanied minors who have been "*separated from their parents or may have refugee status and are unaccompanied minors…in the space of six months these children have been over and back and everywhere and then they were back to the country of origin and now they're back here again.*"(PO1). The issue of stigma associated with a child from another culture availing of counselling was noted, prompting two schools to change the name "counselling" to "mentoring" in an effort to make the service more accessible:

> *The different ethnic backgrounds …don't want their child to
> be labelled in some way and to have any kind of mental
> challenge or intellectual challenge or to have any mental health
> issues and so we felt that the word mentoring that covers a
> broader range of things that I could deal with* (CO5)

For some children, the cumulative challenges of coping with parental separation, language difficulties, and conflicting cultural values with regard to discipline (slapping) or playing with other children is a source of tension for children from multicultural backgrounds and can impact on the process of integration for these children:

> *how they discipline their children, that's a huge one, another is the
> language…all of them nearly coming in here have very
> little English…slapping, we don't do that in Ireland…. one child
> because of their culture is not allowed to play* (PO1)

> *Another child with diabetes and because English wasn't his first
> language he thought diabetes meant that he was going to die. His
> parents didn't have the English to explain it to him, you know, so
> sometimes they can have irrational amounts of anxiety
> around something they just don't understand* (CO5)

Helping children navigate their way through these different value systems presents a challenge for children, their parents and the schools:

> And it's hard, it's hard for the parents, it's hard for the children, it's hard for us, … this is our way…this is the way we do things but and nobody is trying to like conflict with anybody else but it takes a lot of talking through and stuff and sometimes that can be confusing for the child and that might show in maybe you know them acting out at school or at home because I suppose they are,they're pulled, they're pulled in two directions (P12)

Critical incidents. Survey participants in this study were asked about the number and nature of critical incidents experienced in the school in the previous year in order to capture the extent to which schools have to cope with such crises across the country. A critical incident is defined by the Department of Education and Skills in Ireland as any incident or sequence of events that overwhelms the normal coping mechanisms of the school (DES, 2016). A minority of schools (22.3%) endured a critical incident during the previous year, with urban schools reporting a significantly higher incidence of critical incidents than rural schools (x^2(2, n=1282)=14.55, p=.001).

Figure 3 shows the types of critical incidents that occurred. The most prevalent include the death of a child/teacher/family member (41%), the suicide of child/teacher/family member (16.5%) and an assault/anger/violence by staff/student (15%). Such incidents highlight the contribution of the school environment to the complexity of children's emotional needs. One Canadian study highlighted the impact of a critical incident that resulted in school closure, strong emotional responses, a tense working environment, insecurity and personal health concerns (Lenarduzzi, 2014). However, little attention has been paid to the impact of such critical incidents on the children in schools.
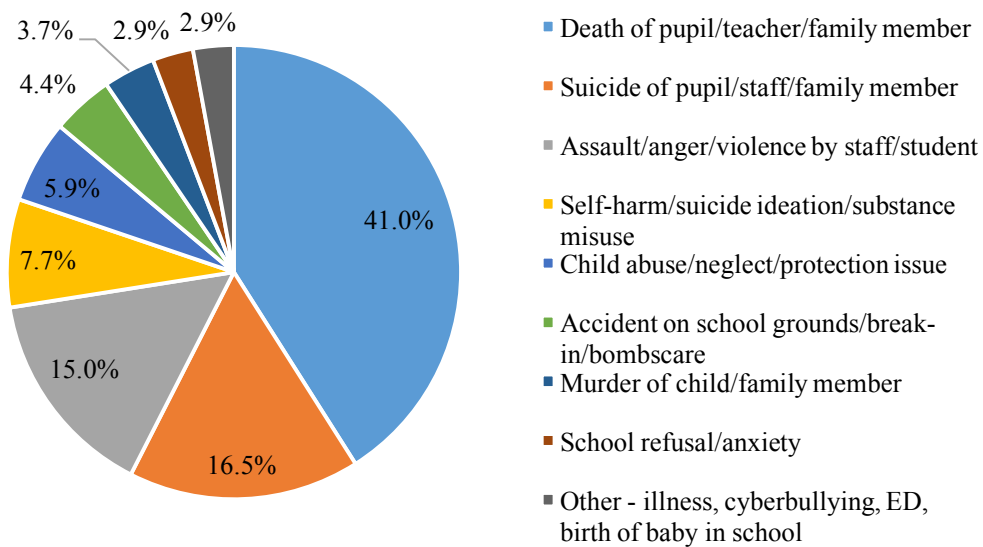
Figure 3. Types of critical incidents in primary schools (n=697)

In summary, this study reveals that a significant number of schools in Ireland report a diverse and complex range of issues that children present with in school. The most prevalent issue relates to family difficulties, parental relationship difficulties, followed by more individual difficulties such as anxiety, behaviour-related issues and anger-related issues. In addition, school principals noted significant levels of bullying, cyber-bullying, self-harm, suicidal ideation, depression, eating disorders and sexual identity issues.

The prevalence of family related issues is consistent with studies in other jurisdictions (Cooper, 2013; Fox & Butler, 2007; Welsh Assembly Government, 2008; McElearney et al., 2007; Kernaghan & Stewart, 2016) and highlights the significant impact that family stress has on the pre-adolescent child (Fox & Butler, 2007). The tendency for services such as CAMHS to rely on psychiatric diagnoses in compiling annual statistics, it is suggested, masks the significant influence that family distress has on children's psychological wellbeing. A review of the Time 4 Me school-based counselling service in the UK found that family problems, trauma and abuse, friendship and relationship issues and anxiety were the main presenting difficulties (Kernaghan & Stewart, 2016). These authors note that the quality of family relationships, as opposed to family structure, is the single most important contributor to children's subjective well-being (Kernaghan & Stewart, 2016).

Reports of homelessness, financial concerns/poverty, parents in prison, domestic violence, child abuse, drug and alcohol misuse by a parent were noted by school principals and counsellors as impacting on children's presentation in primary schools. Some interviewees noted the increase in presentation of more severe difficulties, the younger age at which children present with difficulties such as self harm and suicidal ideation, and the challenges of social media and increased access to the internet. According to the Teaching Council of Ireland (2011) teachers have found themselves faced with a range of new challenges in the classroom in recent years, including increasing numbers of students from different ethnic and cultural backgrounds, changing family structures and the emergence of new societal and economic problems all contributing to the complexity of teaching in 21st century Ireland.

The recent increase in unaccompanied minors coming to Ireland has drawn attention to this vulnerable cohort of children in Irish schools. Smyth (2015), drawing on data from the Growing Up in Ireland study of over 8,000 children surveyed in 2007/2008 (Williams et al., 2009), noted that 9 to 13 year old children from immigrant families were less confident across all domains than those from Irish families and see themselves as less popular, less happy, more anxious, present with more problematic behaviour and are more self-critical of their academic abilities and their body image.

How schools respond

Responding to the extent and severity of the complex needs noted above presents a challenge to schools in being able to support these children. This challenge is evident in how school staff feel ill-equipped in meeting children's needs, the level of referrals for counselling in schools, links with external agencies in accessing help for children, and in some cases, developing school based counselling within the school in order to respond to these children's needs.

Feeling ill-equipped; going above and beyond. School principals acknowledged, both in the survey and the interviews, the overwhelming demands placed on them, feeling ill-equipped to meet those demands and finding ways to compensate for their lack of training by consulting others or pursuing further training themselves. Teachers were described as dealing with issues that are outside the limits of their expertise as teachers,

particularly in the context of delivering SPHE[5] curricula, often resulting in teachers providing counselling support, despite their lack of training to undertake such work with children. As one principal noted:

> The SPHE[6] curriculum is delivered by primary school teachers who are excellent at their job but really they have had no therapeutic training. So sometimes they're presented with kids whose needs are so far outside of our expertise in relation to the difficulties that they're having. We really feel like we're only tinkering or dabbling at a very surface level with what's wrong and what they need and they need a therapeutic input …. The SPHE curriculum is no way equipped to deal with the escalating crisis that there is in children's wellbeing. And I think really it has come to a kind of a crisis point where schools really are completely exasperated and out of their depths (PO2).

Other principals referred to the "social work" component of the demands placed on teachers: "*I don't know if I taught anything today but I did an awful lot of social work*" (PO3). In the absence of access to professional counselling services, principals described how others were filling this role: "*in a lot of ways the resource teachers and the learning support teachers are doing a lot of counselling without it being in the inverted commas as such*" (PO5) though as another principal noted "*sometimes you come across a child whose difficulties are way outside that programme and they really do need somebody that is a trained therapist to work through an issue*" (PO2). Similarly, one principal believed teachers and other on-site professionals "*quite frequently fall into the role of counselling for the child and the parents*," a role that is provided unofficially and which they are unqualified to offer (PO3). Indeed, providing an unofficial service leads one principal to question the role of teachers: "*there is a bit of a conflict and you'd have to ask the question, well, are we performing the job that we were trained for?*" (PO3).

The level of frustration experienced by principals in attempting to secure counselling provision at primary level is clearly evident with one principal stating "*schools really are completely exasperated and out of their depths.*" (PO2). Principals described how both they and their teachers pursued further

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[5] SPHE refers to the Social Personal and Health Education curriculum, which was introduced as part of the Primary School Curriculum in Ireland in 1999.

training in order to be able to meet the children's needs (P03). One principal completed play therapy and CBT courses (P01) while another consulted a staff member with counselling training (P04).

Principals and counsellors described how they go above and beyond the call of duty to meet the needs of children and families, for example, principals and teachers visiting children's homes when they are concerned about them, or bringing children to appointments during holiday periods to ensure that the child gets the help they need.

> *I have one teacher who left her house on Christmas Day to make sure that kids she was concerned about weren't on the streets hungry…if they're (teachers) going to be out there would be very, very detailed notes left on who needs what and watch out for this and watch out for that (P04).*

> *It was June before he got to see the psychologist and of course everything was growing and growing and the issues were getting bigger and bigger throughout that time. Because I had to go during the summer holidays I went down to collect him to bring him so he wouldn't miss the appointment so that kind of thing, you were making sure that that kind of continued, that he wouldn't lose out over the holidays…well once they get it as well you want to take full advantage of them having it (P011)*

Referrals for counselling. In the survey, principals were asked about their experiences of referring children for counselling. The numbers of children referred to counselling in the past year varied from 18.7% of schools referring one child for counselling or therapeutic services to one school reporting fifty-three referrals for counselling in the past calendar year. The majority of schools (64.2%) referred up to 10 children with a small percentage (8.7%) referring more than 10 children in the past year. The majority of schools (68.8%) accessed psychological assessments from National Educational Psychological Service (NEPS) where emotional or behavioural issues were the primary reason for referral, although just 27.6% of schools noted that at least one of these assessments recommended counselling. Thus, although two thirds of schools referred children due to emotional or behavioural issues a much smaller proportion of such assessments appear to have recommended counselling. The demand for counselling, based on the recommendations of NEPS assessments appears to be concentrated in a small proportion of schools.

External agencies. School principals were asked about their relationship with and the role of external agencies in responding to children's needs. 32.6% of principals in the survey noted they had links with external agencies, while 53.8% said they had no such links. Most schools referred to state agencies such as Health Service Executive (HSE, primary care psychology teams), Tusla (The Child and Family Agency), NEPS, CAMHS (Child and Adolescent Mental Health Service), or local GP, while almost 30% of the external agencies described were local counselling centres (Figure 4). It may be that this question was interpreted differently by different respondents. For example, NEPS is a nationwide service available to all primary schools in Ireland. However, as it is a Department of Education and Skills funded agency, it may be that this agency was not seen as an 'external agency' by many schools.

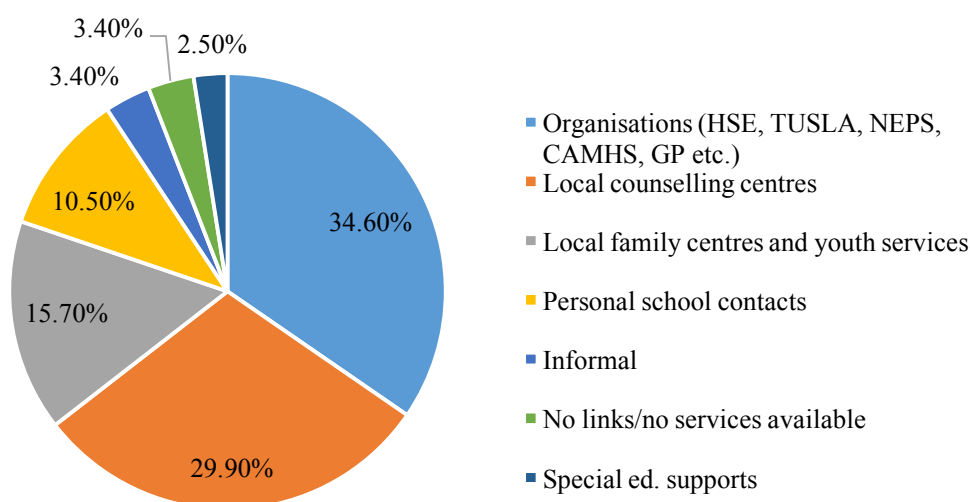*Figure 4.* External agencies with whom primary schools have links (n=400).

When asked what resources schools used if an emotional issue arose with a child that was beyond the usual level of difficulty that staff would encounter, 73% (896) of a total 1,227 schools stated that they would utilise NEPS, 21.1% (259) would consult an external therapist/counsellor while 15.6% (192) would contact CAMHS (Figure 8).
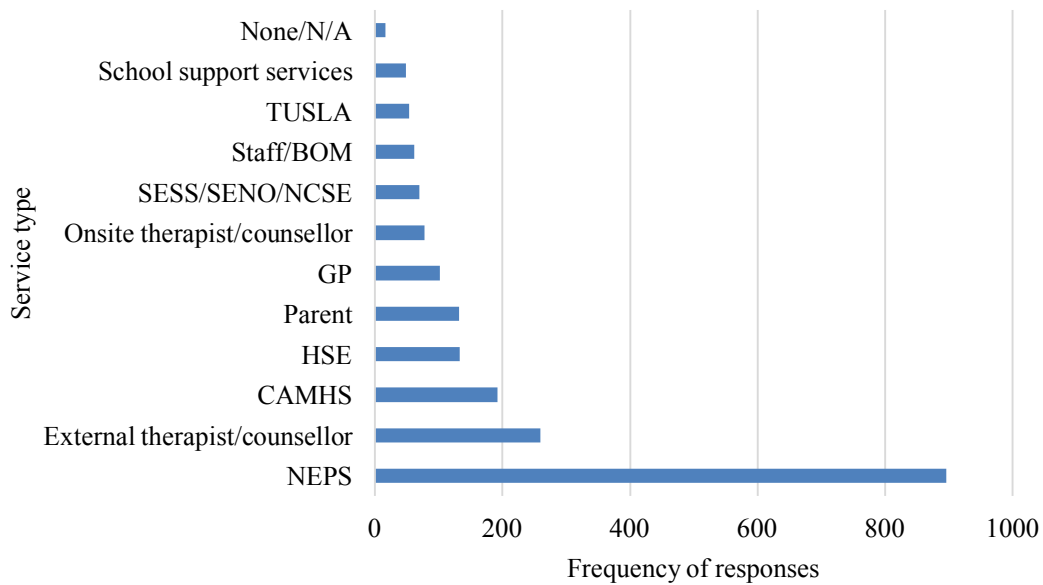
Figure 5. Resources drawn on to deal with children's emotional issues (n=1,227)

NEPS was described as providing a range of supports including behavioural support plans for children, supporting the staff both in relation to the importance of self care and advising the school in relation to specific children: "*NEPS would allow us two assessments but then they'd come out for a day or two and talk about ten or twelve of our children who we need advice on - NEPS is our lifeline*" (P04). Many children also attend CAMHS, although referrals have to be made through a GP. Other external agencies identified by interview participants included the HSE-run Early Intervention and School Age Teams who offer services to families; Barnardos; the Roots of Empathy programme; Primary Care Psychology Services, Department of Justice youth programmes. Various community groups also provide parenting programmes, workshops or classes on topics such as cyberbullying, that schools provide information on to parents. As one principal noted, "*outside agencies are a very routine part of our day here. This year I have liaison with the Gardaí about one child, a second child every now again, but one child very regularly*" (P03).

The Irish DES Guidelines on Mental Health Promotion (DES, HSE & DoH, 2015) notes that mental health promotion and the provision of supports for vulnerable children is dependent on ongoing cooperation between schools and the range of available services and agencies from the education, health and community sectors. One counsellor noted the dangers of providing different services at the same time:

If the child is attending something with myself, that we don't overload them … I have been in contact with agencies where there's a child having you know a lot of interventions and wondering you know is it appropriate to have say the likes of myself doing something as well you know. So for me that's where communication and transparent and being clear with other agencies (is important) (C07)

In addition to asking survey participants about how they respond to children's emotional presentations, participants were invited to comment on the resources drawn on by primary schools in the aftermath of a critical incident occurring. Over half of the principals who reported an experience of a critical incident in the past year (n=276) identified NEPS as the resource they used, while an external therapist/counsellor was used by 37% (102) of schools, and staff and Board of Management were consulted in 28.3% (78) of schools. Other resources consulted included the NEPS Critical Incident policy document (16.7%), support from the on-site therapist/counsellor (9.8%), CAMHS (8%) school support services and emergency services (6.9%), HSE (6.5%), Parents (6.2%), Specialist Education Support Service/Special Education Needs Organiser/National Council for Special Education (4.7%), Tusla (3.6%) and Family GP (2.9%).

Challenges encountered in liaising with external agencies were described, including difficulties accessing services, lengthy waiting times and lack of communication between various services where a child may be attending.

getting a child access to the likes of CAMH services you know it's a national scandal. It is a national scandal what's going on with children now. There should be a service there for those kids that are entitled to it…but then there isn't a basic CAMH Service (P05)

And then you have the likes of that little boy who was talking about self-harm. No help for him.… What you're often told is by ..CAMHS, well if you rush him in to the emergency department…you'll get seen straight away I mean but for a parent to do that, to turn up in A and E…frustration is really the main thing, you know, and sad for the child I question like, because you'd love to be able to help, but we're not qualified. You know you can only do so much in school with our programmes (P08)

> *We've developed into a nation where if you're having difficulty
> with your speech and language, you go to an outside therapist in
> a clinic that is on the other side of the city. Your teacher
> knows very little about what you did there despite the fact that
> your teacher is also teaching you how to speak at school and how
> to develop your language* (P02)

A counsellor described how they played a role in trying to get additional help
for a child:

> *there was quite a lot of backwards and forwards to eventually
> get the GP to put the referral into CAMHS but it was then
> rejected because it wasn't meeting a threshold, despite the
> fact that there was the self harm issue, there was suicidal
> ideation mentioned, there was quite a lot of very, you know,
> what you thought were quite high level things going on that
> weren't you know… and there was no, we had nothing in the
> area, there was nothing that would match his needs at all. In
> the end we managed to get through to one of the primary care
> psychologists……..and when we explained the situation to her
> directly she made space. So she took him for, now not that
> much time, but you know, she saw him maybe for an initial kind
> of six weeks and then subsequently maybe once every six
> weeks after that for the last year or so* (C08)

The benefits of having external agencies involved with children were
highlighted by one principal who raised the point that someone external to
the school can perhaps provide an essential perspective on a child's situation
or difficuly.

> *we need another lens, we need somebody else to look at the
> situation through a different lens, staff we can become quite
> blinkered we can come to accept things that aren't right or see
> things as normal that aren't, we do need somebody else on the
> outside* (P09)

A principal noted that services such as CAMHS are changing their eligibiligy
criteria whereby only children who are in need of medication are seen. This

makes it difficult for schools to know where to refer children for appropriate services.

> (CAMHS) *have moved now towards taking children who are medicated..or children that need medication, they will take them on then but actually they will say, and I would have found that out later, that primary care psychology is where you should be going for that kind of support….So we would deal with them - although they don't really take much of a counselling role* (P11)

On occasion, schools may need to use NEPS as a means to access external agencies such as the HSE when families may be more amenable to a referral to NEPS than to, for example, a psychiatry service.

> *Like for instance, you know if it was spotted that somebody might possibly be on the autistic spectrum. Now the natural route to go is through the HSE, because they have all the resources, including psychiatry to deal with all of that. But if somebody is not going to move that direction initially, then we may have to take a sideways approach by approaching NEPS. Which is in many ways, a waste of a NEPS psychological assessment, because you've got to get the HSE one done anyway. But I suppose you're dealing with the reality of people's feelings and how they feel about their own children, and want the best for their own children. So you just kind of do whatever you have to do to get there for the good of the child. And that's it basically. But yeah. NEPS is great* (C07).

Access to on-site counselling. School principals were asked about the extent to which schools have developed on-site counselling in responding to children's complex needs. The findings indicate that such provision is ad hoc in terms of the extent of access, how such services were introduced into the school, how they are funded and whether suitable accommodation is available within the school. On-site counselling, therapy or psychological services, according to this survey, is available in 30.8% of schools (Figure 6).
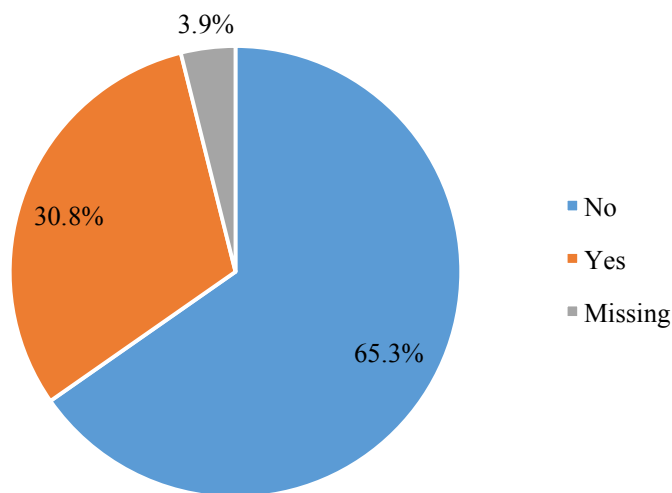
Figure 6. Access to on-site counselling provision (n=1,282)

A Pearson's Chi-square found a significant relationship between the access to school counselling and locality of school ($x^2(2, n = 1276) = 25.718$, p = .000), with urban schools having significantly more access to school counselling than rural schools. Non-DEIS Band schools were significantly more likely to have access to school based counselling, therapy or psychological supports than DEIS-band schools ($x^2(4, n = 1276) = 89.458$, p = .000).

How schools first developed on-site provision of counselling varied across schools. One principal reported that the play therapist approached the school (P01); in another, the school was approached by a colleague who was seeking to place art and play therapy trainees in schools in order to facilitate their training hours (P02); while another principal facilitated placements for psychological support workers to provide an on-site counselling service to children (P05).

How children are prioritised for referral to on-site counselling varies from school to school. A class teacher may identify a child in crisis, children who are identified by school staff may be screened for art therapy, a play therapist trainee may consult with their supervisor in selecting children for therapy. One school principal described the process in their school, where careful consideration is given to not only which children should be prioritised but also whether other supports may be more appropriate for each child:

> *when we do the referral forms, there's like a rating at the top*
> *in terms of urgency, one to ten, so we circle how urgent the*

*referral is …so like every term we take in referrals from staff
or whatever, myself and the home school teacher sit down and
look at them and we kind of prioritise them and we have a look
and see you know, 'Okay is there another way this child can be
supported?' … it might be home school could support this
family best you know or it could be actually it's a social skills
group from learning supports, you know and we kind of rank
them … and then we go back to the class teachers, … and we
say, 'Have you tried this? Or do you think would this work?
Maybe talk to the support team and see'* (P12)

One unanticipated finding was that while referrals are typically made by the
principal, the class teacher or a parent, in this study incidences of children
self-referring or indeed, in some cases, children referring their peers to the
service were noted. Studies of second-level schools have shown that when
young people do seek help they will turn to friends and family who will often
direct them to their school counsellor (Sheffield, Fiorenza, & Sofronoff,
2004; Rickwood, Deane, & Wilson, 2007). This study shows that even younger
children are engaging in peer support and are encouraging their friends to
attend on-site counselling provision, indicating the need for earlier
intervention provision to be made a priority for this vulnerable group.

Access to counselling may depend on the child's attendance; in one school,
the counsellor only provides counselling on-site on Mondays: "*they need to be
attending on a Monday for me to see them. Their attendance needs to be
quite good for them to receive counselling.*" (C01). In order to benefit from
regular appointments, regular attendance in school is necessary. The nature
of service provision also varies. Counsellors may deliver wellbeing courses to
class groups, which can result in children approaching the counsellor and
seeking support:

> *One of the young students broke down and she came to me
> afterwards to say she'd been self-harming. She's a highly
> functioning student and it never would have been seen without
> some intervention kind of coming into the school already* (C02)

Additional information regarding funding, accommodation and evaluation was
gathered from those schools that had access to on-site counselling. Funding
for such provision appears to be provided from both private and public funds
(Table 1), with no signficant difference found between these two sources of
funding.

Table 1
Public v Private funded service

Service type	Public	Private	No access
Counsellor/Psychotherapist	56 (4.4%)	83 (6.5%)	138 (10.8%)
Art/Play therapist	65 (5.1%)	95 (7.4%)	115 (9%)
Psychologist (not NEPS)	60 (4.7%)	110 (8.6%)	107 (8.3%)
Other	45 (3.5%)	37 (2.9%)	190 (14.8%)
Total	226 (17.6%)	325 (25.4%)	550 (42.9%)

"*Budgetary constraints*" (P02) is a recurring theme in the narratives of principals expressing their frustration with managing limited funding. In one school free therapy was provided in exchange for the use of a room in the school while a counsellor described continuing to provide therapy for a child without charge due to her concern about the child, in the absence of available funding. Other principals used DEIS funding or School Completion funding. One concerning development that is perhaps explained by the funding restrictions is several references to counselling being provided by untrained individuals. One principal noted that schools are expected to consider the one hour per week provision from school completion as a counselling session for children:

> *The person employed is not a trained counsellor, so I suppose that's something that I find very frustrating because sometimes, when I communicate my concerns to government bodies and departments, they say to me, oh, you know, well, you do have a School Completion Officer* (P02)

> *She is what we call a psychological support worker because she is not a fully qualified clinical psychologist* (P05)

The struggle for resources is a constant one in the context of overstretched public services, "*So it's constant battling for children and it's just constantly monitoring and trying to make sure that they get the services that they need*" (P03). Such funding is always under threat. Other sources of funding included Tusla, the Child and Family Agency, the Social Inclusion and Community Activation Programme (SICAP) fund and a local Drugs Awareness Group. Donations from past pupils and other benefactors are occasionally

used to fund counselling. Some principals attempted to join forces with other schools in seeking funding or secure private funding:

> *A group of us at three local schools got together and we said we would try and hire the therapists as a group and we would try and run it, and we actively sought funding to run it as a project for four years, but we could not find anyone willing to fund it, unfortunately, or any government agency willing to fund it"* (P02)

> *originally school completion would have funded a counsellor years ago and then that funding we were told no, the funding could not be used for that, so that had to stop. So, there was a period of time where we had no access to counselling and the teachers were saying, listen, we really need somebody back. … this company had heard me speak …and he said, 'Is there anything else you need help with?'….So, they gave us about €3,000… and (counsellor) charged us the absolute minimum.* (P10)

There is an awareness in the broader education system that schools access funding on an ad hoc basis, as one counsellor described a school inspector's reaction to the service:

> *One of the teachers was bringing an inspector around and was saying "here is the computer room and here is the gym and here's the counsellor's room". So when they got down they said, "I notice that you have a counsellor's room" and the principal said "oh yes, (C05) comes in every Wednesday". And the inspector says "how is that funded?" and principal said "Well I have to take a bit out of this thing and a bit out of school completion," and the inspector goes "do you know what, I don't need to know all the ins and outs of it. It's a great service, keep it going, however you fund it* (C05)

According to Adelman and Taylor (2012), child services and school mental health programmes do not rank highly in the educational hierarchy, are regarded as desirable, but not essential and are deemed dispensable as budgets tighten.

In addition to being creative about finding funding for counselling, school principals also described being creative in accommodating such counselling provision. The issue of a lack of consistency and lack of suitable accommodation was noted by counsellors. The term 'cubby hole' was mentioned by a few counsellors. One counsellor referred to a general impression of poor accommodation for her colleague play therapists that in itself impacts on the work:

> *from talking to play therapists, some of them get a bit of a raw deal chucked into little cubby holes and you know I would be encouraging them to you know sort of stand up and see if there is anything else you know so because it's just if they're not comfortable you know if they feel it's too small or whatever it's going to impact on the client as well* (C07)

Another referred to using a prefabricated room which is due to be demolished while other service providers share accommodation:

> *When the art therapist comes, we have a small little room that is used part-time during the week by our School Completion Officer, and they're here once a week, so it's free for the other days and the art therapist uses that* (P02)

However, despite the inadequate accommodation described by interview participants, out of a sample of 1,037 schools in the survey (82% of the total), 57.5% of principals indicated that they had suitable accommodation available in their school to accommmodate a counselling service. Of those principals who had access to school counselling, 56.9% expressed dissatisfaction with the provision, 15.1% remained neutral on this, while 28% expressed some degree of satisfaction with the service.

Interview data highlighted the variable nature of how counselling is monitored in many schools with principals receiving feedback in the form of verbal or written reports from counsellors, parents, children or teachers. In the UK services Place2Be and Time4Me, independent counsellors use outcome measures such as the Strengths and Difficulties Questionnaire and the Child Outcome Rating Scale with children, in conjunction with written and/or verbal feedback from parents and teachers (Thompson, 2013).

In summary, school responses to the needs of students experiencing problems varies considerably. School principals described feeling ill-equipped

to deal with the complexity of children's needs and described teachers feeling overwhelmed as they try to help children engage in learning in the context of significant mental health challenges. While many school have established links with external agencies, this too can be a source of frustration when difficulties are experienced accessing such services, referral criteria change, families having to endure long waiting lists, and communication between services been less than optimal. Almost one third of schools have, in their attempt to respond to children's needs, developed on-site counselling services although the nature of these services is ad-hoc in terms of access, referral processes, availability of counsellor, level of training of counsellor, and the nature of counselling services offered. The quality of such services appears to be dependent upon the creativity of principals and counsellors in overcoming and circumventing multiple obstacles such as inadequate funding and unsuitable accommodation.

Perceived benefits of on-site counselling

Study participants identified a number of perceived benefits for children, parents and school staff who had access to on-site counselling.

Benefits for children. According to school principals that had access to on-site counselling, (n=278), 37.4% said that they believe that children's behaviour, attainment or attendance had improved following school-based counselling, with improvements in behaviour being the most endorsed improvement, followed by child attainment and child attendance at school.

Table 2
Impact of school-based counselling on children (n=278)

Impact variable	Improved	Stayed the same	Deteriorated
Child behaviour	67% (186)	6% (16)	0
Child attainment	55% (154)	14% (38)	0.03% (1)
Child attendance	50% (139)	20% (56)	0.03% (1)

Interviewees elaborated on observed improvements in children's emotional intelligence, self-worth, self confidence, ability to manage feelings, behaviour and capacity to learn.

> *Children who had…quite challenging behaviours inside and outside school as a result of what they have experienced, come to the playroom and find ways of healing all those big feelings, of processing their experiences. Then, as a result of that their behaviour changed although that was not the goal, it was the result* (C03)

> *more willing to share and to answer up in class whereas before they'd been very introverted and very very quiet and not taking part at all* (P04)

> *When you get the emotional level sorted out with a child, everything else will follow. Their education, their socials, there is more of a chance of them learning if they're emotionally ready or if they, you know, if things aren't okay at home, we'll say there's space to talk about it* (C01)

Children also benefit from having an advocate in the person of the counsellor "*talking to teacher on their behalf*" and helping teachers understand "*there's more to the child than just this behaviour*" (C04)

One counsellor described the impact on a parent-child relationship:

> *That particular child today was talking about how great it was over Christmas, that they've incorporated thirty minutes of play together every day. It was something they weren't doing a lot of the time they were fighting so that was a benefit he mentioned* (C04)

Benefits for parents. Support for parents was described as a central part of counsellors' work in an effort to improve the attachment relationship between parent and child "*because research would show us around attachment that if you can get a parent to think and feel what their child is thinking and feeling, they're more likely to respond positively to the child and help their child with those feelings*" (C02).

Several counsellors described working with parents on their parenting skills, including parents in the work with the child, or providing parenting courses. One counsellor described her work with parents in helping them understand and come to terms with their child's diagnosis:

let's say if they have autism. A lot of their parents know that they have a diagnosis, but don't know what that is, or can't explain it to the child in a way that they can understand. So that would be my role as well. Explaining what this is, and kind of supporting them through the learnings of it, or the grief of it, or whatever. So putting words on things (C08)

Counsellors referred to how parents' own personal difficulties may re-surface for them as they parent themselves. Through supporting parents in this, children benefit:

Good parenting, and helping them to become aware of the needs of their child…so they can become aware of their own traumatic histories, and then don't retraumatise their kid through their reactive parenting. Not much a fault of their own, but it's just they have never really figured it out themselves. Never have been given the opportunity (C06)

One principal believed that having a counselling service on-site allows for a more positive relationship between parents and teachers "*They're not coming into the school to listen to 'Your child hit somebody and bit somebody' you know, they're coming into school and they're being supported*" (P03).

Benefits for staff. Another central role of the on-site school counsellor is that of support for staff. The presence of a counselling service on-site is "*hugely necessary from the teacher's perspective*" according to one counsellor (C02). One perceived benefit is that if children are more settled in school "*it's easier for the teacher to teach*" (C01). One principal considered full-time on-site provision for the school to be "*crucially important*" to support staff:

If we had more of it, if we could just have the play therapist officially on our staff …, if you had somebody specifically trained in that area on-site, we would have somebody to support staff, talk with staff about how to deal with the child (P03)

One counsellor described giving talks about the service "*to get feedback from staff but also to say why I'm doing what I'm doing and how it benefits and the staff are not trained in that way and they actually really welcome those*" (C02).

One principal highlighted how counsellors and resource teachers can collaborate in helping a child since "*it's almost like they're digesting the play therapy during the week and then they'll end up talking to the resource teacher and the resource teacher can work on things in the resource room that are coming up*" (PO3).

In summary, both principals and counsellors agreed that there are real benefits to children, parents and staff in having on-site counselling services available, despite the many challenges in this provision. Participants reported that children demonstrated benefits in terms of reduced stress and improved behaviour which facilitated teaching, while working to improve the parent –child relationship and parenting ability served to enhance this relationship and reduce tensions in the home. Thus, this provision could be said to have a circular positive impact on the child, family and school systems.

Interest in school based counselling

School principals were asked, if provision was made for counselling in their schools, to select the type of supports (individual/group/consultation) in which they would be most interested. 72.4% (928) noted they would like access to individual counselling/psychotherapy for children, while 67.9% (871) expressed an interest in consultation for staff. Significant percentages of schools were interested in bereavement support, group counselling and critical incident support (Table 3).

Table 3
Interest in on-site counselling supports (n=278)

Type of support	Would like access
Individual counselling/psychotherapy	72.4% (928)
Group counselling/psychotherapy	49.1% (630)
Critical incident support	41.5% (532)
Bereavement support	51.6% (661)
Consultation for staff	67.9% (871)

An additional question was asked to ascertain the nature of supports to which principals would like access and whether they wanted this in the school or external to the school. Approximately 70% of school principals responded that they would like access to a counsellor/psychotherapist, an art/play therapist and a psychologist (other than NEPS) and between 55% and 60% of schools would like this service to be on-site (Table 4).

> *Because a school will reach the children whose parents may not prioritise their need and send them for private therapy. Or whose families may not be able to afford private therapy. (C09)*

> *sending out the message to them from the time they're really young that your emotions and your feelings are just as important, your wellbeing is just as important as your maths and your reading and your history and your geography, that you have to look after yourself you know, like your mental health is just as important as you know your physical health and your dental health and all you know. We would promote it anyway big time as a school anyway but you know the fact that we have somebody in the school that's kind of looking after you, I think is a strong message for them, that even no matter how young you are you know you have to be looking after yourself* (P12)

Table 4

Range of services to which schools would like access, in school or externally

Type of service	In school	External	Total
Rainbows	526 (41%)	335 (26.1%)	861 (67.1%)
Roots of Empathy	476 (37.1%)	212 (16.5%)	688 (53.6%)
Counsellor/Psychotherapist	744 (58%)	190 (14.8%)	934 (72.8%)
Art/Play therapist	759 (59.2%)	142 (11.1%)	901 (70.3%)
Psychologist (not NEPS)	710 (55.4%)	176 (13.7%)	886 (69.1%)
Other service	130 (10.1%)	96 (7.5%)	226 (17.6%)

There was also a need expressed for a national policy on school based counselling, led from above:

we had an inspection there before Christmas and we were saying it to the inspectors to try and push this, that this should be department driven and department led because I do think mental health is a bigger issue (P10)

Participants were invited to offer additional comments at the end of the questionnaire (Figure 7). A content analysis was conducted on this data. The most prevalent comment was in relation to the need for mental health support for schools (60% of principals expressed an interest in this). This is clearly an issue of concern to the majority of schools. In a separate question, earlier in the questionnaire, school principals were asked if they had a written policy on child mental health and welfare. Only 7.7% (99) of schools reported that they had such a policy. A recent European study (including Ireland) found that more than half the schools surveyed did not implement a school policy regarding mental health, despite having such a policy (Patalay et al., 2016). Other comments referred to dissatisfaction with the current system in place (21%), and an interest in mental health training for staff (11%). The relatively low interest in mental health training may be interpreted in the context of responses to an earlier question on participation of teaching staff in professional development programmes on mental health. In 70% of schools surveyed, at least one staff member participated in such programmes with a small percentage of schools having at least half of all staff attending (8%). Nevertheless, 30% of schools noted that no staff attend such programmes.
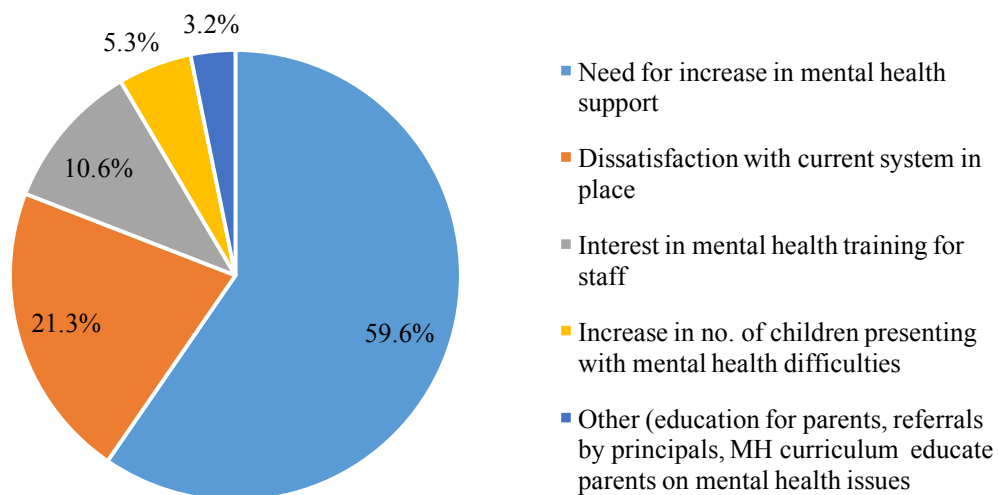
- Need for increase in mental health support
- Dissatisfaction with current system in place
- Interest in mental health training for staff
- Increase in no. of children presenting with mental health difficulties
- Other (education for parents, referrals by principals, MH curriculum educate parents on mental health issues)

Figure 7. Additional comments from survey participants

Summary

This study sought to explore both the demand and provision of counselling in primary schools in Ireland. A number of interesting findings are presented above. The complexity of children's mental health presentation is significant and the family and social contexts in which children are living add significantly to the challenges that children are living with on a day to day basis. These challenges are brought to school every day, where teachers struggle to respond to their needs. Children are presenting with anxiety, depression, self-harm, suicidal ideation, family-related, social, cultural and trauma-related issues with 85.8% of respondents citing general family issues as a prime presenting issue for children currently in primary schools in Ireland. In addition, it was found that some children in primary schools "fall through the cracks" with their complex needs not being met because they may be high achievers, well-behaved in class and, as a result, do not come to the attention of those in charge. Moreover, it was found that almost a quarter of schools (22.3%, 286) have experienced a critical incident in the past year with a significantly higher incidence of these occurring in urban schools. Such incidents included the birth of a baby in the school, assaults/ anger/ violence by staff or child, a bomb scare, the murder of child or family member, and the suicide or attempted suicide of student/teacher/family member. It is suggested that little is known about the psychological impact of critical incidents in schools on the wider school community and in

particular, on the children attending such schools. It is likely, however, that such crises would exacerbate difficulties for children who are already vulnerable.

The study highlights how ill equipped school staff feel in responding to these complex needs. Just under half of the respondents noted they had links with external agencies, although this figure may be open to interpretation given the possibility that NEPS is not considered by many as an 'external agency'. Of note is the level of frustration experienced by school staff in relation to the difficulty in accessing assessments and agencies such as CAMHS, lengthy waiting times and poor communication between schools and external agencies. The role of the Home School Community Liaison Service, a support service that links between home and school, and the School Completion Service was highlighted in the study as important supports for schools in responding to children's needs. Of interest, many interview participants referred to the role that the school counsellor plays in managing links with external agencies: explaining diagnoses, supporting children while waiting on appointments, and assisting schools and families with accessing services.

On site school counselling, while extremely limited and not part of any national policy for children's mental health, is provided in a significant minority of schools in the country – in this sample, one third of schools have access to on-site counselling. Its provision is dependent on principals seeking it out or on counsellors approaching the school and offering the provision.This access however is ad-hoc, in terms of availability, accessibility, funding, type of provision and accommodation. While a range of therapeutic approaches are used - play therapy, art therapy, psychological intervention in the form of CBT and counselling – access to such services is ad hoc and dependent on random factors such as principal and counsellor creativity and commitment to children, the school and the service. Lack of a commitment to funding, it is suggested, impacts on the quality of service provided. Principals spoke of some 'counsellors' not having professional counselling training. Funding provision is ad hoc in nature with limited funding coming from benefactors, DEIS or School Completion programme grants or indeed from local community groups.. The ad-hoc nature of provision extends to the issue of accommodation, with most accommodation provision being of a temporary nature and shared with other resource professionals. However, findings from the survey revealed that 57.5% (737) participants have suitable accommodation for the provision of counselling onsite.

Schools vary in terms of how they prioritise referrals, some drawing on other resources such as resource teachers and school completion staff in determining who may access the service. In some cases, practical limitations such as the availability of a counsellor on a certain day dictates which children may avail of the service. However, despite these challenges survey findings indicate that high percentages of school principals have noted improvements in children's behaviour, emotional well being and academic performance, in line with international research studies that have formally evaluated school based counselling. Perceived benefits for children who have engaged in on-site counselling included confidence building, improvements in emotional intelligence, children being more outgoing, calmer and displaying positive changes in behaviour. Having a safe space that is theirs where children can be themselves, feel accepted and not have to perform emerged as a particular benefit for children. Enhancing the positive climate in the school and improved learning experiences for children were other benefits cited by participants in the study.

The benefits of having a counsellor on-site were described by participants: the counsellor can act as an advocate for the child with teachers or with parents, helping them to see that there is more to the child than their behaviour; the location of a counselling service on-site in schools makes counselling more accessible to children; it provides children with an opportunity to self-refer or help a friend to ask for help; it creates a safe, confidential space where children can share their worries and concerns about home and it normalises the process of counselling for children. On-site provision was also seen as an important resource for parents insofar as parents may seek help from the school counsellor in relation to parenting.

Most schools are interested in access to counselling, with over 70% of schools interested in individual counselling/psychotherapy, followed by consultation for staff, bereavement support, group counselling/ psychotherapy, and critical incident support, in that order. The most desired resource endorsed was art/play therapy, followed by counsellor/psychotherapist, psychologist (other than NEPS), Rainbows programme and Roots of Empathy programme. A preference for all of these services to be onsite was evident.

Conclusions and Recommendations

This study sought to investigate the demand for and provision of school counselling in primary schools in Ireland, through an online survey conducted with 1,282 school principals (or their designated respondents) across Ireland and interviews with twelve principals and nine counsellors where on-site counselling was available within schools. This is the first such study in Ireland and provides an overview of the presenting psychological, emotional and behavioural needs of children attending primary schools in Ireland, the nature of services accessed in responding to those needs, the nature of counselling service provision in schools and the challenges and benefits experienced in providing such services.

Primary school children are presenting with a significant range and severity of complex psychological difficulties at primary school level. In addition, a significant minority of schools (22.3%) experience 'critical incidents' of a serious nature, placing additional stress on schools and most likely having a significant impact on children in the schools, exacerbating the need for professional intervention. In addition to those children who are more visibly struggling with psychological distress, school principals referred to concerns about those children who 'fall between the cracks', that is, high functioning children who may appear withdrawn or anxious but because they remain outwardly well-behaved, do not come to the attention of those in charge. The vigilance of mainstream teachers was cited as crucially important for the identification of vulnerable children and subsequent provision of necessary supports.

The challenge of responding to these needs, in the absence of a national school counselling service, is one that requires schools and the counsellors or agencies with which they are involved, to 'go above and beyond' in helping children to navigate their way through the primary school years. Teachers were described as feeling overwhelmed and ill-equipped, in terms of training and remit, to deal with the complex needs of children. Mainstream, resource and learning support teachers frequently fall into the role of counselling children and parents, a role which they are unqualified to provide.

School principals in almost one third of schools are pushing the boundaries of the limited resources available to them to employ counsellors to provide a service on-site. While schools strongly rely on services such as NEPS and the School Completion Programme, neither of these agencies have a formal brief for providing professional counselling services to children. This study has

clearly established that there is minimal provision of school-based counselling currently on offer in a small number of primary schools in Ireland. Such provision is concentrated in urban schools and is accessed and funded on an ad hoc basis. Counsellors provide one to one counselling, workshops for parents, and support for teachers. The ad hoc nature of counselling provision and delivery at present, while appearing to provide some benefits, is underfunded, under resourced and is not supported by national policy.

Children who have attended on-site counselling were described as more confident, more outgoing, showing improvements in emotion regulation and interactions with others both in the classroom, in the wider school environment and in the home, resulting in being more calm in the classroom, and better able to engage with learning. The presence of a counsellor on-site was also described as a support for teachers both in how they respond to children in their classroom and in promoting self care among teachers. The findings of the study support the argument for school based counselling allowing ease of access for children and parents, de-stigmatising the experience of attending counselling, and add to the growing body of evidence for the association between school-based counselling and significant reductions in psychological distress (Cooper et al., 2015).

These findings are in line with a recent study into mental health provision in European schools (including Ireland), which concluded that the lack of a national policy and funding are serious barriers to mental health and wellbeing provision together with staff capacity, lack of specialists and the quality of links with external agencies (Patalay et al., 2016). This European study also indicated that secondary schools were more likely to have a mental health and wellbeing school policy and better links to external agencies and suggested that fostering these links with primary schools might prove beneficial, given the increasing focus on and relevance of earlier screening and intervention for this cohort of children. Findings from the present study suggest that links with external agencies could be improved in Ireland with accessibility and communication being identified as key barriers to good links.

The primary school system in Ireland does have a mental health policy *Well-being in primary schools: Guidelines on mental health promotion* (DES, HSE, DoH, 2015) that emphasises the importance of a whole school approach in promoting mental health in children and of schools developing their own mental health policy. There is no reference in this policy to any plans to develop school based counselling in Ireland. In recent years, there has been an increased focus on developing counselling services as an integral part of

promoting mental health in Ireland but this focus has been primarily on adults and older youth.. The Counselling in Primary Care (CIPC) service was allocated €7.5 million to facilitate access to time-limited counselling for adults over 18 years. The HSE has also committed to implementing the recommendations of the National Task Force on Youth Mental Health. The report of the National Task Force is awaited at the time of writing but in its minutes of May 2017 meeting (National Task Force on Youth Mental Health, 2017), one of the proposed actions was to ensure the provision of counselling in third level institutions in Ireland, again focussing on an older age cohort with no proposed actions in relation to primary school aged children. The National Centre for Youth Mental Health, Jigsaw, received over €11 million in funding during 2015 and 2016 to provide youth mental health services for young people aged 12 to 25 (www.annualreport2016.jigsaw.ie). The HSE national service plan for 2016 committed to funding of €8 million for "therapy services for young people" (p.8) but it is unclear at the time of writing what progress had been made in developing such services. A priority action for the HSE in 2017 in their national service plan commits to "establish cross divisional governance arrangements for the development and delivery of primary care based counselling services for those aged under 18 years" (p.27). No consideration appears to have been given to school based counselling.

Strenths and limitations of this study. The strength of this study was its considerable response rate (1,282, 39.4% out of 3,256 primary level schools in Ireland) and its use of a mixed methods design. The robust response rate enables us to capture the landscape of psychological difficulties in primary school children in Ireland for the first time. The significant response rate is testimony to the interest of primary school principals in the issue of children's mental health. Completing an online questionnaire and participating in interviews in the midst of a busy working schedule is a further example of 'going above and beyond' –identified in this study. The use of a mixed methods design has enabled us to enrich the findings by presenting in depth information about how schools respond, the challenge of responding, the struggles involved in securing access to support for children and the extent to which schools go 'above and beyond' in responding to children's needs.

This study did limit itself to investigating the views of primary school principals and counsellors who provide on-site counselling in primary schools. It would be helpful to ascertain the views of parents and children who either engage in school based counselling, access counselling off site or those who have not accessed counselling of any form. It would also be helpful to access

teachers' views and experiences of responding to children's needs and those of key stakeholders, such as external agencies that provide services to primary school aged children and governmental agencies involved in the primary education sector.

Attempting to capture the prevalence of psychological difficulties is challenging when accessing such information through third parties. In this study, we provided respondents with a list of difficulties and asked respondents to endorse which difficulties were typical of children's presentation in their schools, to facilitate ease of completion. There is however a risk of over-endorsement in using these types of questions. Seeking to ascertain information in relation to the five most prevalent issues was an attempt to capture the most pressing issues that children present with. The prevalence of family issues in response to both these questions gives us some confidence in the reliability of the results. It was also a challenge to capture information on counselling in a context where several mental health promotion and intervention programmes are typically provided in the primary school context. We wished to capture information about these programmes as well as information about counselling provision. This may however have contributed to some confusion as to what was meant by the term 'counselling'. Finally, it would have been helpful to gather more information in the survey on the qualifications and expertise of on-site counsellors. Interview data (which was gathered after the survey) revealed that many schools access trainee counsellors or other professionals who provide counselling but do not have formal counselling training.

Recommendations

The findings of this study have four key implications for policy and practice and are reflected in the recommendations from this study.

1. Given the range and extent of complex difficulties experienced by primary school children, and the excessive burden being placed on primary schools to respond to such needs, urgent action is needed to develop a national framework to inform the development of counselling services for primary school children.

Recommendation 1: A national policy on counselling for primary school children should be developed. Such a policy should address the nature of school counselling that is appropriate for primary school children, the nature

of accommodation suitable for such activity, funding mechanisms for such provision, and the qualifications of personnel providing such counselling. The needs of school staff to be supported in coping with the societal and cultural changes that impact on the delivery of primary education in schools should also be a consideration. A national policy could also assist schools in formalising their own school policy pertaining to children's mental health and wellbeing, and in identifying the needs of their own particular school.

2. Given the growing international evidence for the benefits of school based counselling, in particular accessibility, de-stigmatisation, and support for children, teachers and parents; the level of interest among primary school principals in Ireland in a school based service; and the ability of primary schools in Ireland to accommodate such provision, such counselling provision should be based within the school setting.

Recommendation 2: Counselling for children should be based on-site in primary schools in Ireland, in line with international best practice and in light of the proven demand for such a service.

3. Given the prominence of 'family issues' and 'parental separation/divorce' as a presenting difficulty for primary school children in Ireland and internationally, such counselling should have a family focus whereby the child's difficulties are seen in the context of overall family functioning and counselling is targeted at promoting family functioning.

Recommendation 3: School based counselling should be systemically informed and targeted at promoting family functioning.

4. Given the role of school counsellors interviewed in this study in relation to supporting parents in their parenting role and supporting teachers and principals, it is imperative that school counsellors are appropriately qualified for the role of school counselling and all that it entails.

Recommendation 4: Professionals providing school based counselling should be appropriately qualified for this role.

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