

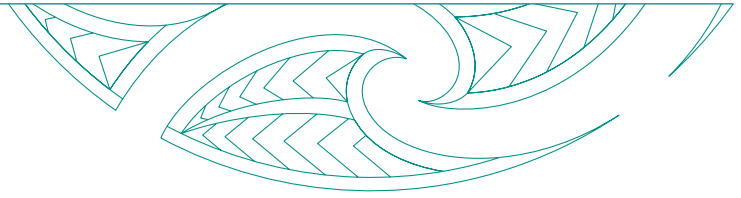


Someone to talk to: Evaluation of Counselling in Schools



FINDINGS REPORT





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Executive summary

Students' mental health is strongly linked to their engagement, achievement, and school attendance. Counselling in Schools is an initiative which began in 2021 with the aim of providing evidence-based counselling support in primary, intermediate, and small secondary schools, to help young people thrive at school.

The Education Review Office looked at the effectiveness of Counselling in Schools, how well it reached the students it is targeted at, the impact it had, and some lessons for counselling programmes in the future. We found that counselling improves students' mental health, and we also saw some encouraging signs of improved learning and wellbeing more widely.

What is Counselling in Schools?

The Counselling in Schools – Awhi Mai Awhi Atu programme (Counselling in Schools) was rolled out in primary, intermediate, and some small secondary schools. It's available in selected schools in many regions, with a particular focus on schools with the greatest need.

Counselling in Schools involves working with community providers to develop a counselling approach that meets the needs of each school. Counselling within the programme involves a mix of individual, parent and whānau, group, and whole school sessions. The aim is to improve mental health for children and young people with mild to moderate needs, in an accessible setting – and for students who need a higher level of support, referrals are made to other services.

The Education Review Office (ERO) wanted to understand how effective Counselling in Schools has been. We evaluated it over three years. We were especially interested in:

- how well it reached the students it is targeted at
- the impact it had on students
- lessons we can learn for implementing counselling programmes in the future.

Key findings

Finding 1: Mental health needs for children and young people are rising, and it is impacting on their learning outcomes.

Worryingly, emotional distress among children is increasing. For children aged 14 or younger, it is estimated to have increased from 9 percent in 2016/17 to 13 percent in 2022/23.¹ The ongoing impacts of Covid-19 are a likely driver.

As well as being concerning for children's wellbeing, this also matters for their school achievement. Increased emotional distress and mental health needs have been found to significantly impact learning outcomes.

How effective was the implementation of Counselling in Schools?

Finding 2: The Counselling in Schools programme has evolved to be a mix of models that delivers mental health and social support to students.

Counselling in Schools offers a variety of types of counselling for students who need support. These are made available on the school site:

- 77 percent of Counselling in Schools sessions are individual sessions.
- 14 percent are group sessions.
- 1 percent are whole school sessions.

In schools, most referrals are made by teachers. Three in 10 of the programme's counsellors have a counselling accreditation, six in 10 have some other accreditation (e.g., as occupational therapists), and the rest have no accreditation. Nine out of 10 Counselling in Schools counsellors are supervised by a registered counsellor. We know from international evidence that accreditation matters. A large-scale analysis of 107 studies shows that being a licensed counselling professional does make a difference to the quality of counselling – although there were benefits noted from non-licensed counsellors too. In our study, we heard that it was important to match the type of counsellor to the specific needs of the school.

How well did the programme reach the target students?

Finding 3: The programme successfully reaches primary school students in low socioeconomic areas who are in psychological distress. It reaches some groups who do not typically access counselling, such as Māori students and boys, but reaches lower numbers of Asian, Pacific, and MELAA students.

Encouragingly, the programme is reaching the students who most need support. Eight out of 10 schools where students can access Counselling in Schools are in low socio-economic areas, reflecting the programme's aim to reach schools with higher need.

Individual students are referred to counselling for a range of reasons, including behaviour (24 percent), anxiety, stress, or trauma (16 percent), and relationships (15 percent). Seven in 10 (71 percent) students entering counselling are identified as being in distress, meaning that their pre-test mental health score represents the level of distress that is typical of those entering therapeutic services.

Māori students make up 60 percent of students receiving counselling. The proportion of Māori and NZ European/Pākehā students that access counselling is the same or higher than the school roll. But Pacific (8 percent), Asian (2 percent), and MELAA (1 percent) (Middle Eastern, Latin American, African) students are under-represented. This could mean that different approaches are needed to make sure that students of these ethnicities are being supported with mental health needs.

More boys access Counselling in Schools (55 percent) than girls (45 percent). This could be because school staff usually refer students for observable issues like behaviour (the most common referral reason), and boys are twice as likely to be referred for behaviour compared to girls.

Finding 4: The programme may not be reaching students who do not show signs of distress.

Three-quarters of referrals to counsellors are made by school staff, and one-quarter of students are referred due to their behaviour. Students are also referred for a wide range of other reasons, including grief and anxiety. ERO found that students with more hidden signs of distress are less likely to receive support, as it is harder for teachers to observe their distress.

What was the impact on students?

Finding 5: Counselling in Schools successfully reduces psychological distress for students, particularly for students who have more severe distress, and these improvements are sustained.

Encouragingly, eight in 10 students (80 percent) report improved psychological health after receiving counselling, and students with the most psychological distress have the largest improvement. Of the 71 percent of students who entered counselling reaching the clinical cutoff for distress, almost half no longer reach the cut-off for psychological distress at the end of counselling. This is a very positive outcome.

The greatest improvement is for students who experience the most severe distress before starting counselling. Ninety percent of those with the highest severity of mental health distress at the start improve.

This improvement lasts. Ninety-one percent of teachers and 98 percent of parents and whānau report students' mental health improves following counselling. Four in five teachers (80 percent) report the improvements are still evident after six months, and three-quarters (74 percent) of parents and whānau say their child continues to show the improvements to mental health that they gained through counselling.

Finding 6: Counselling in Schools also shows signs of improving students' attendance, engagement, and learning progress.

Improvements in mental health are key to improved attendance, engagement, and learning.

Nationally, learning progress is not consistently measured. In primary schools, however, in our study, teachers report there are improvements in learning progress for over half of students who receive Counselling in Schools support. This was measured using the Learning Engagement Measurement Tool (LEMT), which is a rating-scale assessment designed by ERO to measure individual shifts in learning engagement. The tool looks at presence (attendance), participation (in learning and with others), and learning gains (achievement and progress). For more information about the LEMT, see our technical report: <https://www.evidence.ero.govt.nz/documents/technical-report-evaluation-of-counselling-in-schools>. Eight out of 10 students, and nine out of 10 parents and whānau agreed that counselling improves students' learning progress.

Teachers also report improvement in attendance for four in 10 students who attended counselling. Overall, seven out of 10 teachers (68 percent), eight out of 10 students (84 percent), and 9 out of 10 parents and whānau agree that the Counselling in Schools programme improves students' attendance (91 percent).

These improvements are sustained over time, reflecting sustained improvements to mental health. For example, six out of 10 parents and whānau (61 percent) say better attendance is sustained even after their child finishes counselling.

Finding 7: Students who entered counselling with the highest mental health needs are also most likely to see improvements in attendance and in their learning progress.

Students with the highest mental health scores had the biggest improvements to their attendance after counselling (61 percent), compared to 35 percent of other students with the lowest mental health scores. Mental health concerns are one of the biggest individual drivers of whether a student attends school regularly or not.^a

Students with the highest mental health needs are also more likely to see improvements in their learning. Two in three students (67 percent) with the highest mental health needs on the counselling pre-test saw improvements in learning progress from pre- to post-counselling, compared to 56 percent of students with the lowest mental health needs.

Finding 8: Teachers report that Counselling in Schools improves overall classroom behaviour.

Classroom behaviour is a major problem in Aotearoa New Zealand.^b Students, teachers, and parents and whānau all report that Counselling in Schools leads to improvements in students' emotional regulation and behaviour. Three in four teachers (76 percent) also report improvements in wider classroom behaviour due to counselling.

Students told us they learn strategies to manage their emotions, such as ways to keep themselves calm, express their emotions effectively, and navigate relationships. Teachers also told us that the counsellors provide them with strategies and tools to use with students to improve their behaviour.

What have we learnt from the Counselling in Schools programme?

Our evaluation highlights some key lessons for programmes that support primary-aged students' mental health.

Lesson 1: Investing in psychological support in primary schools can reduce distress and improve learning, attendance, and behaviour outcomes.

The findings of our evaluation show a range of strongly positive outcomes from the Counselling in Schools programme. Students who receive support show significant

a ERO (2022). *Missing out: Why aren't our children going to school?* <https://www.evidence.ero.govt.nz/documents/missing-out-why-arent-our-children-going-to-school>

b ERO (2024). *Time to focus: Behaviour in our classrooms.* <https://evidence.ero.govt.nz/documents/time-to-focus-behaviour-in-our-classrooms>

gains in their psychological health, and this has a lasting, positive impact. Those students with high levels of distress show the most improvement – meaning that the programme is having success in its aim to impact those students who need it most. It's also encouraging that we saw improvements in students' attendance, behaviour, and learning progress. Taken together, our findings support investment in mental health support in schools for young students.

Lesson 2: Counselling in primary schools works best when on the school site, and when students receive more than three hours of support.

Students, teachers, and parents and whānau, all report that having counsellors on-site means better access, particularly for those in remote areas, and improves the uptake of counselling.

It is also important to provide a significant amount of counselling. Students who receive at least three hours of counselling are more likely to show improved mental health, learning, and engagement outcomes.

Lesson 3: Having multiple referral pathways by teachers, students, and parents and whānau, is potentially important in order to capture students who do not exhibit obvious signs of distress.

Three in four (75 percent) students are referred to counselling by school staff. The next most common referral pathways are through parents and whānau (14 percent) and self-referrals (4 percent). We heard that teachers are more likely to pick up observable issues such as behaviour, leading to the high referral rates for behaviour (24 percent of all referrals), than less observable issues such as grief.

A range of ways that students can be referred for counselling is important to help ensure that less observable issues are picked up. This relies on strong relationships between the school and students or parents and whānau, so that they have the information they need to self-refer or refer their children.

Lesson 4: The programme is promising but we need to understand more about which elements are key to success to be sure it can be effectively replicated in a wider range of schools.

Counselling in Schools is a promising programme. Positive impacts on mental health are equal to, or better than, other national and international school-based counselling programmes.

However, Counselling in Schools is currently delivered in different ways. ERO recommends there to be more development of the programme specifications to understand the value for money, and what elements are key to success, and therefore essential in order to replicate its success in a larger variety of schools.



About this report

Students' mental health is strongly linked to engagement, achievement, and school attendance. Counselling in Schools – Awhi Mai, Awhi Atu is an initiative which began in 2021 with the aim of providing evidence-based counselling support. The programme was designed to enable flexibility in providing different approaches for counselling in primary and intermediate schools

This report looks at the Counselling in Schools initiative, including access to the programme, the mental health and learning and engagement outcomes for students, and the lessons learnt for implementation.

Mental health needs for children and young people are rising, and it is impacting on their learning outcomes.

Mental health for young people is getting worse. The most recent New Zealand health survey showed that significant emotional problems among 3 to 14-year-olds are increasing, from 9 percent in 2016/17 to 13 percent or 111,000 children in 2022/23.² The ongoing impacts of Covid-19 are a likely driver.

Poor mental health in children impacts their educational outcomes.³ Good mental health is needed to enable learning and educational progress. It helps with paying attention in class and managing challenges at school. Poorer mental health effects attendance and engagement and it can lead to lower educational attainment and leaving school earlier.

The Education Review Office's (ERO) report 'Missing out'⁴ on school attendance found that 46 percent of parents were likely to keep their children out of school if they have mental health challenges.

Counselling in Schools

Counselling in Schools was introduced to improve mental health outcomes for students at primary, intermediate and in some small secondary schools. It was established to improve mental health for children and young people, with mild to moderate needs, in an accessible setting on school grounds.

Counselling in Schools is available in most regions, with a particular focus on schools with the greatest need. Those schools then work with community providers to develop a counselling approach that works for their school environment and based on the needs of the school. 'Counselling' is used broadly, with a mixture of individual, family, group and whole-school sessions. For students who need a higher level of support, referrals are made to other services.

Why we looked at Counselling in Schools

ERO is responsible for reviewing and reporting on the performance of early learning services, schools, and kura. As part of this role, ERO looks at how the education system supports schools to provide quality education for Aotearoa New Zealand's students.

ERO's report on the impact of Covid-19 identified an increasing impact on student mental health, which then impacted on their education. It is important to understand how to effectively support these students, so ERO has evaluated Counselling in Schools to build the evidence base.

This report describes what we found about Counselling in Schools initiative over its three years of operation. We highlight the experiences of students who access counselling through the initiative, counsellors and providers involved, teachers and school staff who refer and have students accessing the initiative, and the parents and whānau of students receiving counselling.

This report is accompanied by a detailed technical report that provides more information on what we found, the data we draw on and how we conducted our evaluation.

What we looked at

ERO has conducted a three-phase evaluation over three years (Term 4 2021-Term 2 2024), and all three phases have informed this report. Phase One gave an early update on access to the initiative and implementation lessons. Phase Two provided another update on access and implementation of the initiative and early findings into the impacts on students' mental health and learning and engagement. In Phase Three we looked at three key questions:

- 1) What was the impact of the initiative on students' wellbeing/hauora; students' engagement and learning; and classroom behaviour?
- 2) To what extent did the initiative increase access to counselling for primary school students? For whom? Was access equitable?
- 3) What are some lessons learnt about implementation of this initiative?

The earlier reports can be found here:

- Phase 1 findings: <https://ero.govt.nz/sites/default/files/media-documents/2022-07/CiS%20summary%20of%20findings%20for%20proactive%20release.PDF>
- Phase 2 findings: <https://ero.govt.nz/sites/default/files/media-documents/2023-06/Summary%20of%20Findings%20-%20slides.pdf>

Where we looked

This report looks at the Counselling in Schools initiative within primary and intermediate schools (while the programme does operate in a small number of secondary schools, we excluded this data from our evaluation).

In this report, we use the term counsellors to refer to the practitioners who are contracted by community-based providers to schools as part of the Counselling in Schools initiative. Counselling practitioners include both practitioners who are registered with a progressional body, and those who are not registered but working under the supervision of a registered counselling practitioner.

How we gathered this information

Across each phase of the evaluation, we gathered information through:

Phase 1	Phase 2	Phase 3
Administrative data	Administrative data	Administrative data
Surveys of:	Surveys of:	Surveys of:
→ 40 schools	→ 128 students	→ 330 students
→ 8 providers	→ 69 parents and whānau	→ 47 teachers
Interviews and focus groups with:	→ 85 schools	→ 72 providers
→ principals/school leaders	→ 35 providers	→ 70 parents and whānau
→ provider managers and counsellors	Case studies of 5 primary schools	Interviews with:
Document analysis of guiding documents and School Delivery Plans of case study schools		→ 4 counsellors and managers
		→ 9 teachers
		→ 6 school leaders

Report structure

This report is divided into five chapters:

- **Chapter one** describes how Counselling in Schools is being delivered in schools
- **Chapter two** considers whether Counselling in Schools is reaching those students who need it
- **Chapter three** looks at the impact of Counselling in Schools on students' mental health
- **Chapter four** looks at the impact of Counselling in Schools on students' attendance, learning and engagement
- **Chapter five** looks at the lessons learnt from the evaluation of Counselling in Schools.



Chapter 1: How is Counselling in Schools being delivered?

Counselling in Schools has grown over time, with more providers and schools participating year on year. The programme combines several models to deliver mental health and social support to students. The number of hours received, and the accreditation of counsellors can vary from school to school.

What we did

In this chapter, we look at the different ways Counselling in Schools is delivered in schools.

This section sets out:

- 1) where Counselling in Schools is being delivered
- 2) the delivery models that are used as part of Counselling in Schools
- 3) the referral pathways that are used
- 4) who is delivering counselling.

What we found: An overview

Counselling in Schools has grown year on year, both in the number of providers and schools participating. In 2022, there were 141 participating schools and nine providers, in 2023 there were 215 schools and 42 providers, and in 2024 there are 243 schools and 44 providers.

The Counselling in Schools programme is a mix of models that delivers mental health and social support to students. Individual sessions make up three out of four sessions (77 percent). Fourteen percent are group sessions, and 1 percent are all of school sessions. The remainder is made up of whānau sessions (5 percent) and class sessions (3 percent).

Most schools use staff referral as their primary or only referral pathway. Three in four students (75 percent) are referred to counselling by teachers or school staff, the next most common referrer is whānau (14 percent), followed by self-referrals (4 percent).

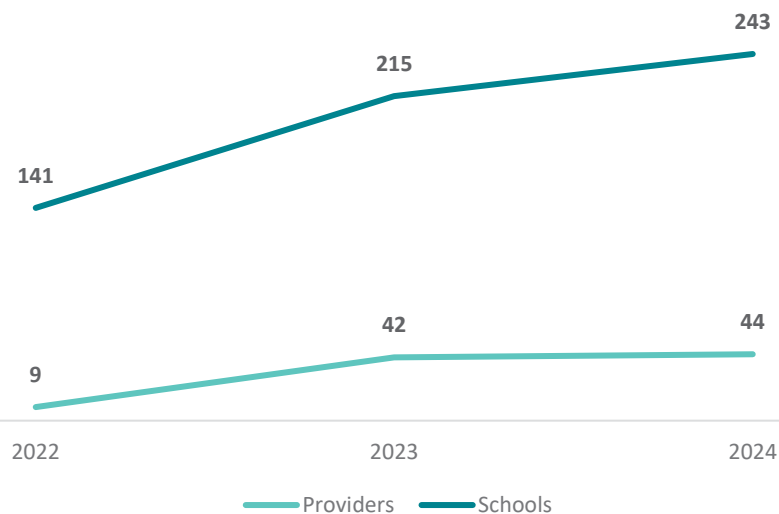
Only three in 10 counsellors have a counselling accreditation, but nine in 10 counsellors have an accreditation. Three in 10 counsellors have a counselling accreditation, six in 10 have some other accreditation, and 15 percent have no accreditation.

1) Where is Counselling in Schools being delivered?

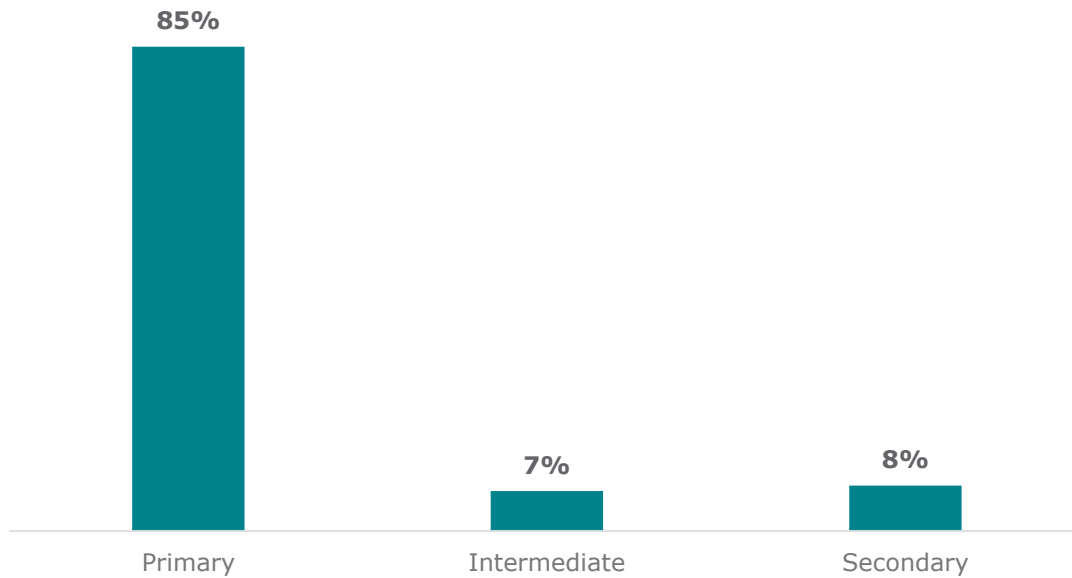
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Figure 1: *Number of providers and schools over time*



Primary schools make up the majority of schools participating in the initiative (85 percent). Secondary schools make up 8 percent of the participating schools, whilst intermediates make up 7 percent (some intermediate aged students in Years 7-8 are in primary and secondary schools).

Figure 2: *Participating schools by type*

Almost all (97 percent) of schools participating in Counselling in Schools are state schools, and the remaining three percent are state integrated schools.

This evaluation looks at the impact on primary and intermediate students.

From this point forward, the analysis focuses on primary and intermediate school-aged students (Years 1–8), to fit the scope of the evaluation and allow comparisons. See technical report for further detail: <https://www.evidence.ero.govt.nz/documents/technical-report-evaluation-of-counselling-in-schools>

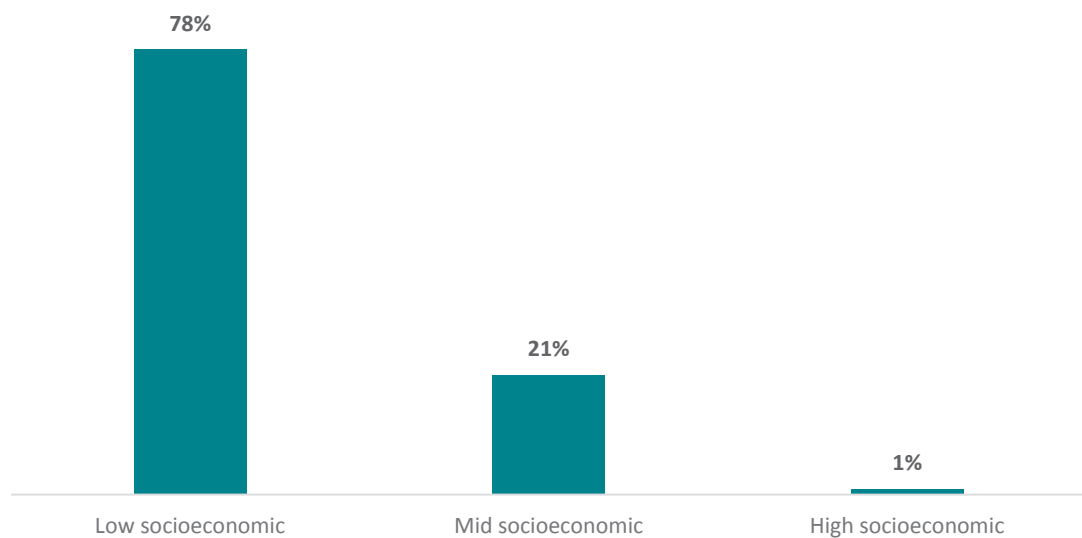
Counselling in Schools has been piloted in many regions but not all. Counselling in Schools has the most coverage in Hawkes Bay/Gisborne (48 percent of schools in that region) and Northland (28 percent of schools in that region). Counselling in Schools does not operate in Bay of Plenty or Nelson/Marlborough/West Coast and is only in three schools in the Auckland region. Regions without Counselling in Schools may access counsellors through Mana Ake (where available) or private providers, although this is not always possible due to financial or capacity limitations.

Region	Participating schools	Total schools
Northland	39	141
Auckland	3	497
Waikato	39	248
Bay of Plenty	0	169
Hawkes Bay / Gisborne	74	153
Taranaki / Manawatu / Whanganui	28	210
Wellington	17	248
Nelson / Marlborough / West Coast	0	113
Canterbury	14	255
Otago / Southland	19	214

Most schools participating in Counselling in Schools are in low socioeconomic areas.

Eight in 10 participating schools (78 percent) are schools in low socioeconomic areas. Just 1 percent are schools in high socioeconomic areas.

Figure 3: Schools participating in Counselling in Schools by socioeconomic area



Schools were selected in order to meet the needs of children most impacted by Covid-19 impacts and socioeconomic disadvantage. The decisions were made based on the Equity Index,^c as it helps to determine the number of students who are disadvantaged in each school, as well as other existing supports schools have in their community.

2) What delivery models are being used as part of Counselling in Schools?

We asked schools and providers about the different ways that counselling is delivered. We were interested in which models of referral and delivery work well, as well as challenges and barriers.

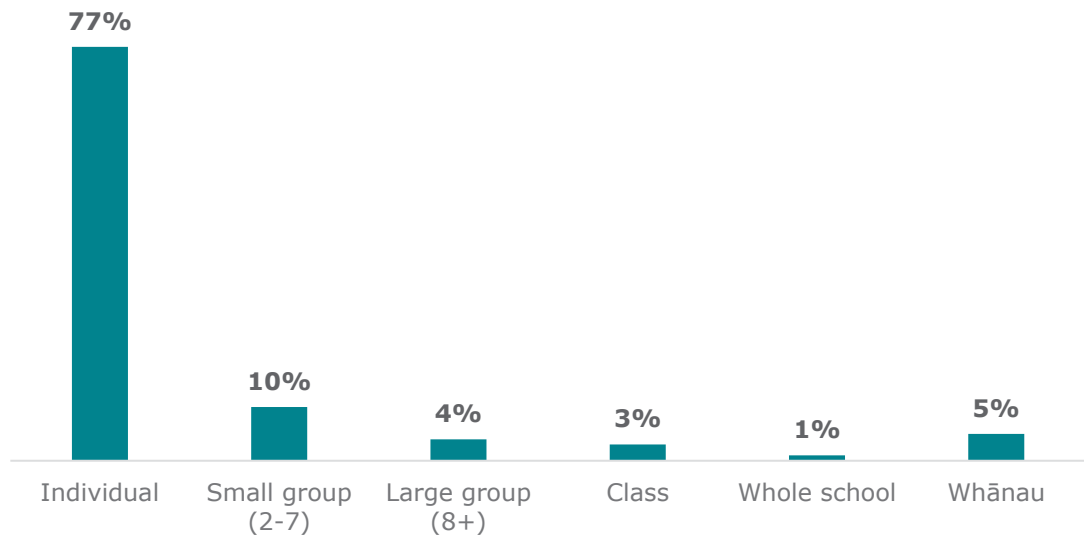
Different providers offer different types of sessions. These differ in both session type, and the number of sessions, with some providers limiting the number of sessions to six, whilst others deliver based on need and may reach a high number of hours with students who have the greatest need.

Individual sessions are the most common type of session offered by the Counselling in Schools programme, making up three in four sessions (77 percent). Individual sessions are one on one sessions with a student and a counsellor. Individual sessions are designed to allow students to develop a trusting relationship with a counsellor, talk in a safe environment, and maintain confidentiality whilst addressing issues specific to the student.

There are different types of group sessions offered, depending on the provider and the intention of the counselling. The most common is small group sessions (10 percent), involving between two and seven students. Large group sessions (4 percent) are sessions with groups of eight or more students. Group sessions are often used for lower-level needs of large groups or as appropriate for specific purposes (e.g., forming friendships, teaching accountability). Class sessions (3 percent) and whole school sessions (1 percent) are also used by some providers, although these do not happen often.

Whānau sessions are the third most common, making up 5 percent of all sessions. Whānau sessions are often used when working with parents and whānau is necessary to further understanding the case of the child, or when there is a need to create a trauma-informed response to support the child at home. These sessions usually involve whānau members coming into the school to meet with the counsellor and the student together. Based on Ministry of Education feedback, we understand that some whānau sessions occur as part of 'individual sessions' depending on the provider.

^c To measure disadvantage in this report, we use the Equity Index (EQI) which is used to determine a school's level of equity funding, based on the socio-economic barriers faced by the students at the school. The EQI replaced the Decile system from the beginning of January 2023.

Figure 4: *Session types*

“Sometimes I am scared to talk at the start but by end I am having a really good conversation.”

STUDENT

“[The counsellor] also organises a girls group whom she noticed may not have friendships in the playground. So, she got them together and they make cool things together.”

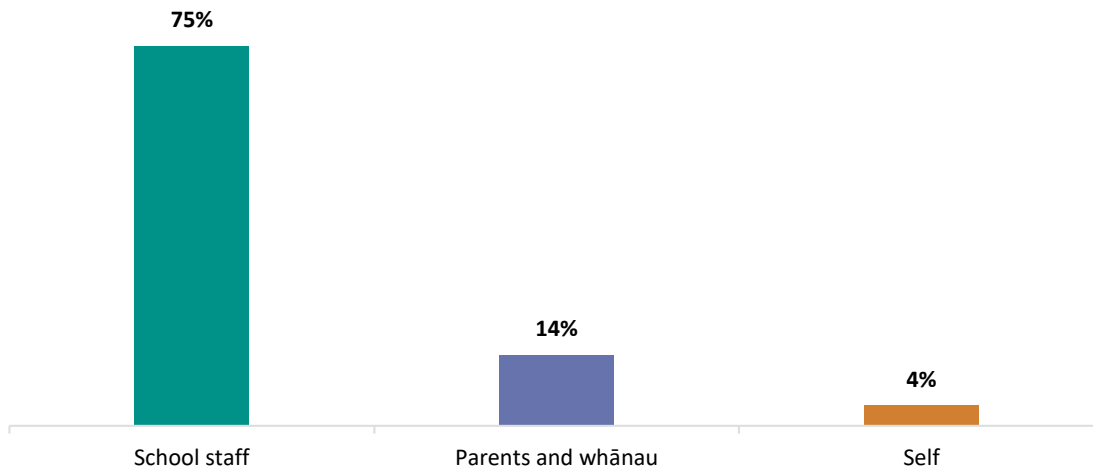
SCHOOL LEADER

“We can get kids doing things in isolation on their own. But remember, they go back to their class and they go back to people around them. That’s why I’m really big on group sessions.”

COUNSELLOR

3) What referral pathways are being used?

The most common way students are referred to Counselling in Schools is through **referral by teachers or school staff**. Three in four students (75 percent) are referred to counselling by teachers or school staff, the next most common referrer is whānau (14 percent), followed by self-referrals (4 percent).

Figure 5: Referral type

We know from our interviews that Counselling in Schools staff work regularly with school staff to build relationships and understand the process of referral. Many schools use principals as the primary referrer as teachers raise issues or suggest students that may benefit from counselling. Parents and whānau are able to find out about referral processes through school communications such as newsletters. Their contact with Counselling in Schools is comparatively limited, which likely explains the lower proportion of whānau referrals – they are less aware of the programme.

“Referrals come from us and from the families as well. And we pick those things up from conversations after school, usually parent teacher interviews. It’s quite organic how that happens.”

PRINCIPAL, SMALL SCHOOL

We heard that students are more likely to refer themselves when counsellors are visible in the school, for example, at break times and home time. In some cases, the counsellor and school staff would have to visit families for consent to access the service.

“The children can turn up at my door.”

COUNSELLOR

“For morning tea time and the sports break I’m in there. On lunch break I’ll often have an apple and walk around, so I’m accessible.”

COUNSELLOR

Referral works best when there is a reduction in stigma and high uptake from children, parents and whānau, and schools about counselling. This ensures multiple referral pathways, such as self, peer and whānau referrals.

“I think some of our parents hadn’t had a great time at school themselves. So, it makes them reluctant to engage with us.”

SCHOOL LEADER

“[Parents] won’t come to us. We have to go to them. We’ll knock on their door. We’ll phone call them if the phones work.”

SCHOOL LEADER

ERO found some counsellors have already been employing strategies to reduce stigma through different branding of the service, advertising, allowing informal visits from children, or building trusting relationships with families.

4) Who is delivering counselling?

Only three in 10 counsellors have a counselling accreditation. Six in 10 have some other accreditation, and the remainder have no accreditation. Regardless of accreditation, over nine in 10 (94 percent) receive supervision at least monthly.

The original intent of the initiative was to have registered counsellors delivering the service. As part of design changes intended to meet community needs, the decision was made to expand the criteria to include practitioners who are registered with a professional body (for example, Counsellors; Social Workers; Occupational Therapists). In addition, to reflect the diverse contexts and needs across schools, communities and regions, practitioners who are not registered with a professional body were also included.

They are required under contract to work under the supervision of a registered counselling practitioner and to have an appropriate qualification. As part of these changes, The Ministry of Education also shifted from a more traditional version of counselling that was considered to better suit the school environment and included Rongoā Māori Practitioners or facilitators of equine therapy.

ERO found that depending on the approach of the individual provider, they seek to recruit different professionals (with different qualifications) to Counselling in Schools. We found that some providers pursue a 'holistic approach' and may be more likely to recruit professionals who are not accredited counsellors but have other qualifications (e.g. in occupational therapy or paediatrics). Other providers told us that they will only recruit non-counselling professionals if they have done additional counselling training. In some cases, people without counselling qualifications are recruited due to a lack of qualified candidates, particularly in areas with high demand or remote areas.

“We try to come up with what the school wants and what they feel would be important. So there’s no real strong differentiation in the type of provision, be it arts therapy, occupational therapy or counsellor. It’s more about the type of person and matching to the school.”

PROVIDER

“For some schools [in a rural place] it’s notoriously hard to find a counsellor.”

PROVIDER

We did not have sufficient data from this evaluation to determine if qualifications of counsellors made a difference. Overseas research on school counselling (107 studies) shows a significant improvement in quality when counselling interventions are delivered by licensed professionals.⁵

Conclusion

Counselling in Schools is delivered in varied ways across the country to meet the needs of the children it serves, and reflecting the practical realities of the school it operates in.

The programme is a mix of models that delivers mental health and social support to students, with a mixture of individual, group, whānau and whole of school settings. Most schools use staff referral as their primary or only referral pathway. Only three in 10 counsellors have a counselling accreditation.



Chapter 2: Is Counselling in Schools reaching the children who need it?

Counselling in Schools is intended to reach children and young people with mild to moderate mental health needs, particularly in schools in lower socioeconomic areas. We have found it is successful in achieving that.

What we did

In this chapter, we look at whether Counselling in Schools is reaching the students who need support by examining student and school characteristics based on administrative data, survey data and focus group discussions.

This section sets out:

- 1) the age of students accessing counselling
- 2) the socioeconomic context of students accessing counselling
- 3) psychological needs of children accessing counselling
- 4) the ethnicity of students accessing counselling
- 5) the gender of students accessing counselling.

What we found: an overview

The programme reaches primary school students who are in psychological distress.

Seven in 10 (71 percent) of students entering counselling meet the ‘clinical cutoff’ for distress.

The programme may not reach students who do not exhibit signs of distress.

Three-quarters of referrals to counsellors are made by school staff, and one-quarter of students were referred due to their behaviour.

The programme is reaching students in low socioeconomic areas. Eight in 10 participating schools (78 percent) are schools in low socioeconomic areas. Just 1 percent are schools in high socioeconomic areas.

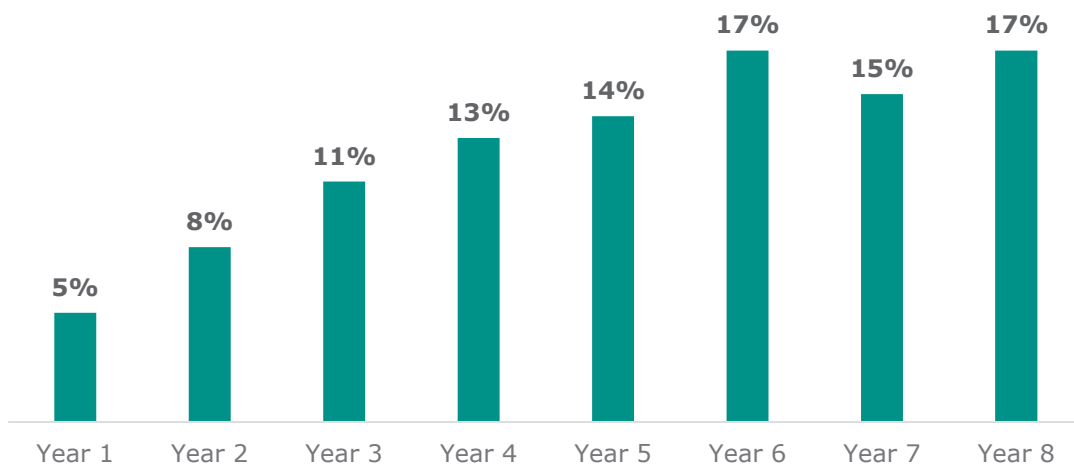
It reaches some groups who do not typically access counselling, such as Māori students and boys. Fifty-five percent of those accessing Counselling in Schools are boys and 45 percent are girls. Six in 10 students (60 percent) accessing Counselling in Schools identify as Māori, similar to the average Māori roll for schools enrolled in the programme (58 percent).

It reaches lower numbers of Asian, Pacific, and MELAA (Middle-Eastern, Latin American, African) students. Pacific students make up 8 percent of those accessing Counselling in Schools, less than the school roll of 14 percent. Asian students make up only 2 percent of those accessing the service yet make up seven percent of the roll. MELAA students make up one percent of those accessing Counselling in Schools and 2 percent of the school roll.

1) How old are the students accessing counselling?

Counselling in schools is most commonly accessed by students in Year 5 to 8. One in three students (33 percent) accessing counselling are in Year 7 or 8, and another one in three (31 percent) are in Year 5 or 6. Thirteen percent are in Years 1 or 2 and 23 percent are in Years 3 or 4.

Figure 6: *Students accessing Counselling in Schools by year group*



2) What is the socioeconomic context of students accessing counselling?

Most students participating in Counselling in Schools are in low socioeconomic areas. Eight in 10 participating schools (78 percent) are schools in low socioeconomic areas. Just 1 percent are schools in high socioeconomic areas. See Chapter 1 for more information.

Typically, students in low socioeconomic areas are from more disadvantaged areas, and there is a correlation between child poverty and increased levels of mental health need.⁶

3) What are the psychological needs of children accessing counselling?

Most students are entering counselling with higher mental health needs. Seven in 10 (71 percent) of students entering counselling meet the ‘clinical cutoff’ for distress,^d as indicated by their pre-counselling score on the Child Outcome Rating Scale (CORS). This indicates that Counselling in Schools is successfully reaching children with mental health needs.

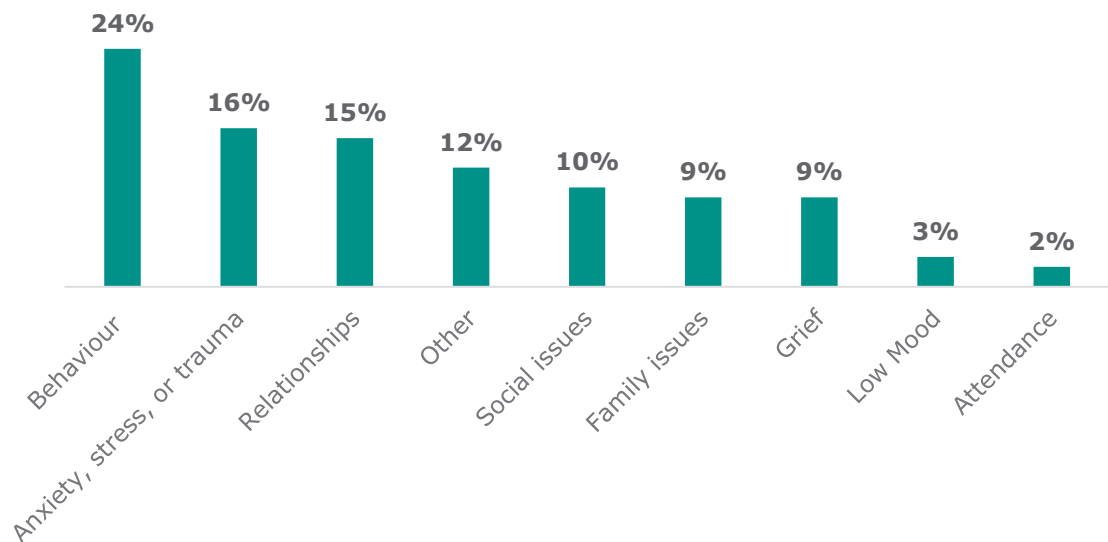
The programme may not reach students who do not exhibit signs of distress.

Students are referred to Counselling in Schools for a range of reasons and are often referred for more than one reason. We also heard that there can be many factors underlying a referral, which is not captured by the referral reason.

The most common reasons for referral to Counselling in Schools are behaviour, anxiety, stress, or trauma, and relationships. The top three referral reasons are:

- behaviour (24 percent)
- anxiety, stress, or trauma (16 percent)
- relationships (15 percent).

Figure 7: Referral reasons



^d Meeting the ‘clinical cutoff’ means that based on their CORS score they have a score similar to people typically entering counselling services. The CORS is not used as a screening tool for access to Counselling in School services.

We found that behaviour is key referral reason because it is easily observable, and it impacts others in the school. Less observable issues, like grief and loss, are more likely to be picked up where schools have built a trusting relationship with parents and whānau, but they can be missed.

“Every child is evaluated on a needs-basis, from the behaviours that they were displaying and the level of disruption they were causing. If someone’s really highly in need, they’ll be prioritised over other people.”

TEACHER

4) What are the ethnicities of students accessing counselling?

Counselling in Schools reaches some groups who do not typically access counselling, such as Māori students and boys, but reaches lower numbers of Asian, Pacific, and MELAA students.

Māori and NZ European/Pākehā students are accessing Counselling in Schools at levels comparable to or above the school roll. Six in 10 students (60 percent) accessing Counselling in Schools identify as Māori, similar to the average Māori roll for schools enrolled in the programme (58 percent). This may reflect the referral processes working for Māori, although it is worth noting that Māori students are more likely to have mental health needs. Nearly half (47 percent) identify as NZ European/Pākehā, compared to 41 percent of the school roll.

Pacific, Asian and MELAA students are less likely to attend Counselling in Schools. Pacific students make up 8 percent of those accessing Counselling in Schools, less than the school roll of 14 percent. Asian students make up only 2 percent of those accessing the service yet make up 7 percent of the roll. MELAA students make up 1 percent of those accessing Counselling in Schools and 2 percent of the school roll.

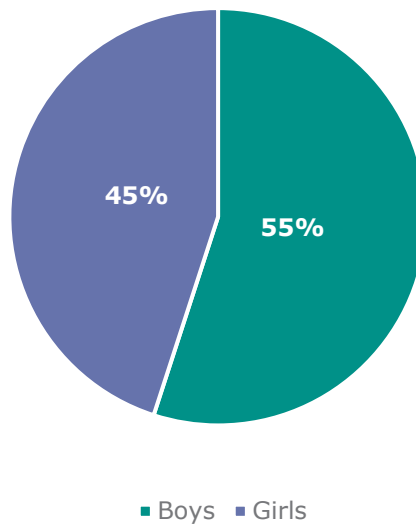
The lower uptake of Counselling in Schools by Pacific, Asian, and MELAA students may indicate that more responsive approaches are needed to ensure that students of these ethnicities are being supported with mental health challenges. Other research has identified that this is common among mental health service access, and identifies an opportunity to strengthen counselling in schools delivery.

Ethnicity	Receiving Counselling in Schools	Total roll of participating schools
Māori	60%	58%
NZ European /Pākehā	47%	41%
Pacific	8%	14%
Asian	2%	7%
MELAA	1%	2%

5) What gender are the students accessing counselling?

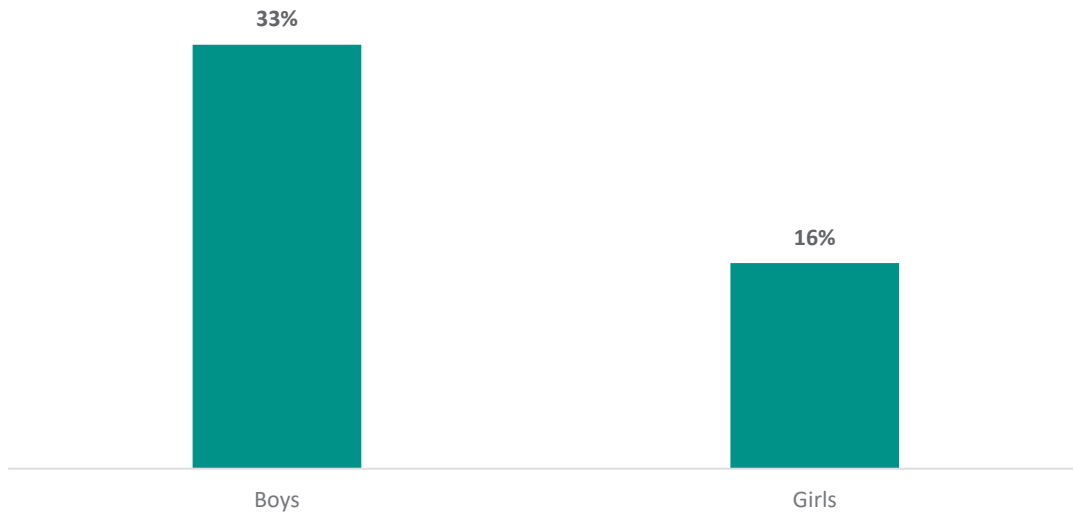
Boys are slightly more likely to access Counselling in Schools than girls. Fifty-five percent of those accessing Counselling in Schools are boys and 45 percent are girls.

Figure 8: *Students accessing Counselling in Schools by gender*



School staff most commonly refer to Counselling in Schools for observable issues, such as behaviour (the most common referral reason). This likely contributes to more boys accessing Counselling in Schools than girls as boys are twice as likely to be referred for behaviour compared to girls. One in three boys (33 percent) are referred to counselling for behaviour, compared to 16 percent of girls.

Figure 9: *Percentage of referrals for behaviour, by gender*



Conclusion

Counselling in Schools is successfully reaching primary school students who are in mental health distress.

It reaches some groups who do not typically access counselling, such as Māori students and boys, but is less successful in reaching Asian, Pacific, and MELAA students.





Chapter 3: What is the impact of Counselling in Schools on students' mental health?

Counselling in Schools is focused on improving the mental health outcomes of students, therefore the impacts on their mental health are a key measure of how the programme is working for students. Students, teachers and school leaders, and parents and whānau all report positive and sustained impacts on students' mental health.

This section sets out what we found out about how Counselling in Schools is impacting students' mental health, whether improvements in mental health are sustained, and which students are seeing mental health improvements.

What we did

In this section, we look at the overall and sustained impact of Counselling in Schools on students' mental health outcomes, from the perspective of students, teachers, and parents and whānau.

This section sets out:

- 1) the impact on students' mental health
- 2) the sustained impact on students' mental health
- 3) where there are differences.

What we found: an overview

Eight out of 10 students (80 percent) report improved mental health at the end of counselling, compared to when they started. Eight percent report no change in mental health on the CORS while 12 percent report a decline in mental health at the end of counselling.

Many students, teachers, and parents and whānau told us that counselling helped them across a range of mental health outcomes. Students report improvements in how they feel in themselves (96 percent), understanding their feelings (94 percent), managing their feelings (93 percent), and getting along with others (85 percent).

Eight in 10 teachers report that impacts on students' mental health are sustained six months after counselling. This includes teachers' reports of student wellbeing (80 percent), students' ability to manage emotions (84 percent), and students' friendships (73 percent).

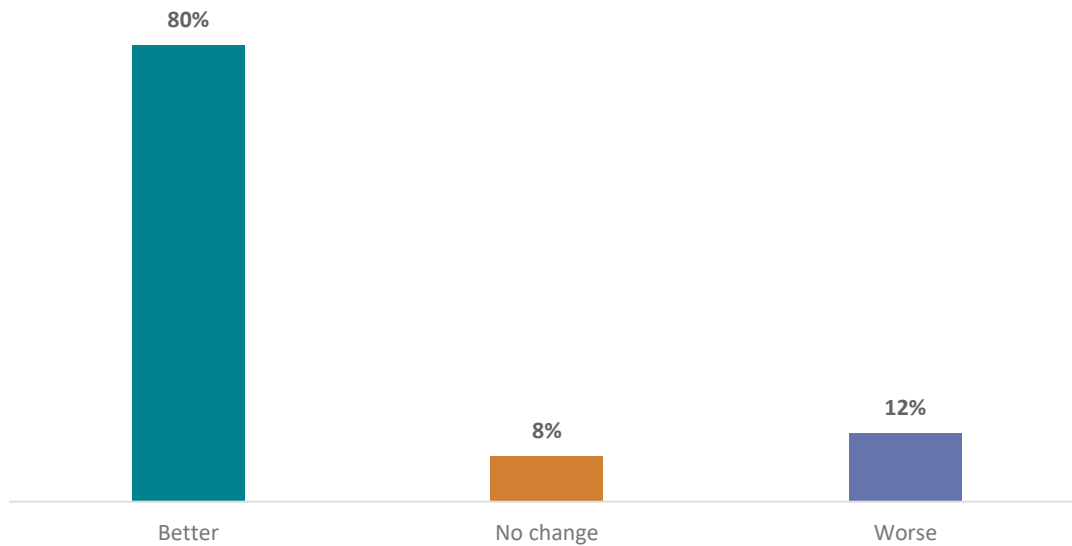
Those with the greater mental health needs entering counselling were more likely to report improvements in their mental health. Those in the lowest category of mental health reports on the counselling pretest were the most likely to show improvements in mental health (90 percent), compared to those in the middle category (81 percent), or highest category (64 percent).

1) What is the impact on students' mental health?

Eight out of 10 children (80 percent) improve mental health at the end of counselling, compared to when they started. Students participating in Counselling in Schools completed an assessment of their mental health (CORS) at the beginning of counselling and at the end, allowing us to measure the changes from pre to post-counselling.

Eighty percent improve, 8 percent report no change in mental health on the CORS whilst 12 percent report a decline in mental health at the end of counselling. Changes in mental health may also be due to outside factors rather than counselling.

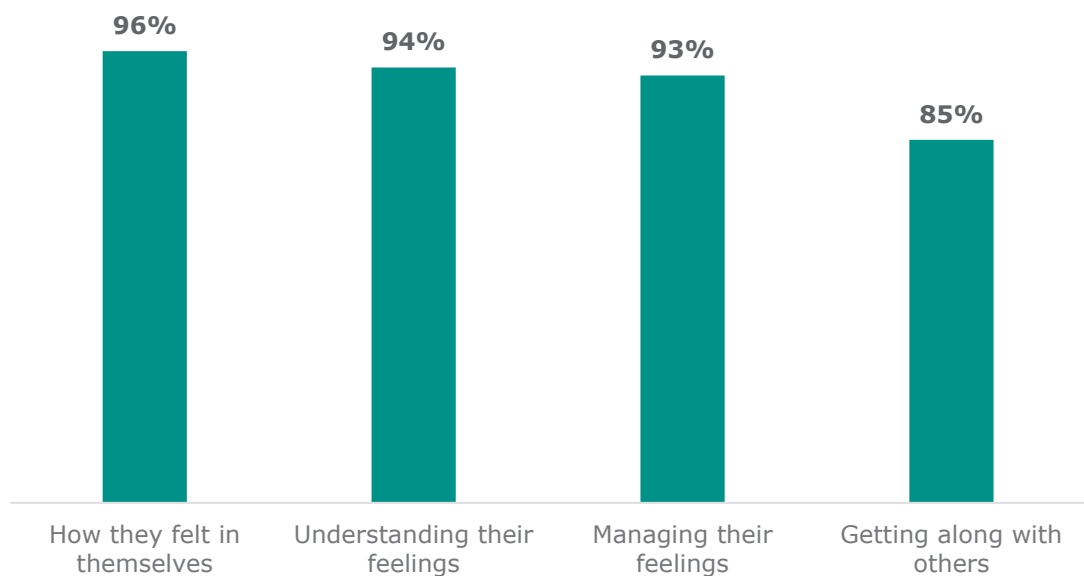
Figure 10: *Mental health improvement across all students from pre- to post-counselling*



Students' view

The vast majority of students told us that counselling helped them across a range of mental health outcomes. This included how they felt in themselves (96 percent), understanding their feelings (94 percent), managing their feelings (93 percent), and getting along with others (85 percent).

Figure 11: Student's self-reporting of mental health outcomes



We heard from students that they learned:

- improved self-regulation including how to keep themselves calm
- how to understand their emotions and express them effectively
- how to develop self-esteem and confidence
- how to set boundaries and navigate their relationships effectively.

“I learnt different calming techniques and how to express my feelings.”

STUDENT

“Knowing that I have a voice and can express myself to my friends. Knowing that I can pick who to have as friends and don't need to just follow.”

STUDENT

“I learned about friendships, speaking up if there were things I didn’t like. I learnt that I could control my emotions and get into class in the mornings, and I could get support from my friends.”

STUDENT

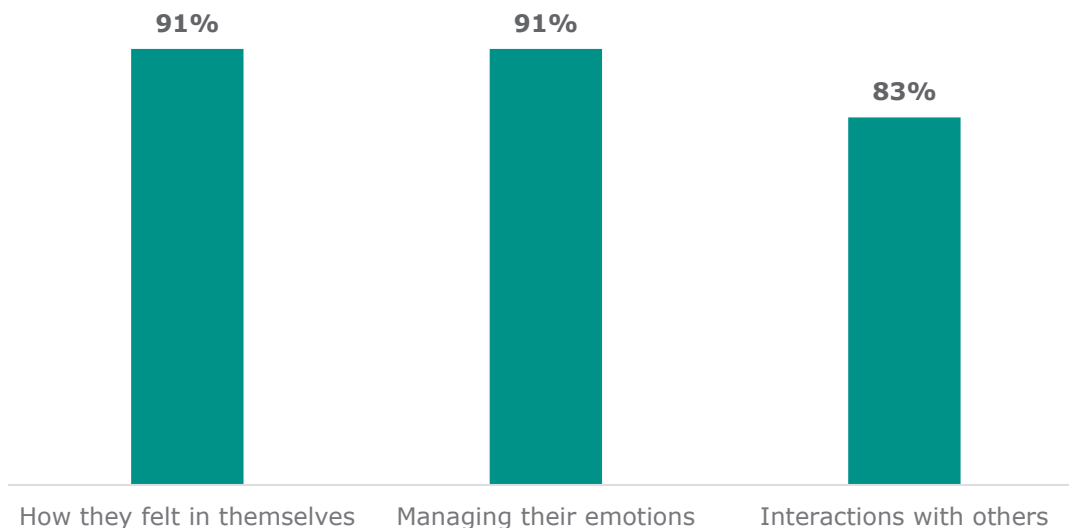
“I have developed on how to control my emotions from getting out of hand at my brother and people at school.”

STUDENT

Teachers’ view

Teachers report that students most commonly improve in how they feel about themselves and in their ability to manage their emotions. Nine out of 10 teachers observe improvements in how students felt in themselves (91 percent) and managing emotions (91 percent) following counselling. Additionally, 83 percent of teachers report that students’ interactions with others improved following counselling.

Figure 12: *Teachers’ report of students’ mental health outcomes following counselling*



We heard from teachers and school leaders that students would feel lighter and happier immediately after coming out of counselling. Additionally, teachers reported that students have been able to proactively use strategies and tools (i.e., without being prompted) to regulate their emotions in the classroom.

“They seemed happier and like they had a weight lifted off their shoulders.”

TEACHER

“Students had some good strategies and knew what to do if they were starting to feel like they were getting out of that zone. Then they could just go straight away and do those strategies, and then they’d go back into to the learning, usually without me prompting.”

TEACHER

Parents and whānau views

Nearly all parents and whānau see improvements in their child’s mental health because of counselling. Nearly all parents and whānau see improvements in their child’s wellbeing (98 percent) and confidence (95 percent) following counselling. Nine in 10 see improvements in their child’s ability to manage their feelings (89 percent) and in their friendships (91 percent).

Figure 13: *Parents and whānau report of students’ mental health outcomes following counselling*



Whānau attributed an improvement in wellbeing and confidence to:

- their child developing a trusting relationship with their counsellor, particularly in the way that this allowed their child to feel safe to talk to the counsellor
- their child learning to understand emotional literacy, language, and readiness to talk with whānau, teachers, and friends about how they feel.

“My child has someone to talk to outside the family circle that is just for them, so they are able speak through their thoughts and feelings. Having a person removed from the situation that can be the child’s voice.”

PARENT

“She has learnt how to take herself away if she’s feeling upset or frustrated about something and has learnt how to tell me how she is feeling within herself.”

PARENT

2) What is the sustained impact on students’ mental health?

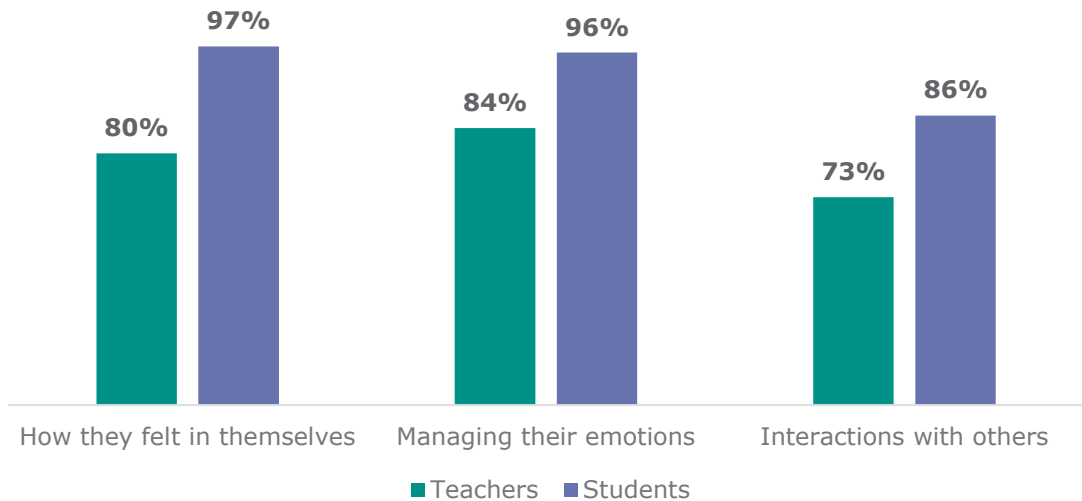
Students’ view

Almost all students report that the impacts on their mental health are sustained three months or more after counselling. Three months or more after counselling, over nine in 10 students report sustained improvements in how they feel in themselves (97 percent), their ability to understand their feelings (95 percent), their ability to manage their feelings (96 percent) and over eight in 10 report sustained improvements in their friendships (86 percent).

Teachers’ view

Eight in 10 teachers report that impacts on students’ mental health are sustained six months after counselling. This includes teachers’ report of student’ wellbeing (80 percent), students’ ability to manage emotions (84 percent), and students’ friendships (73 percent).

Figure 14: Teachers' and students report of sustained impact on students' mental health outcomes



Teachers and school leaders reported that impacts on well-being are sustained, or more likely to be sustained, if:

- there are occasional follow-ups after the students finish counselling as it allows them to be reminded of the tools and strategies they learned in counselling (and to re-engage with the service if necessary)
- strategies to self-regulate are used consistently across both school and home
- students know that support is available and can seek help proactively when they need it
- complementary support is provided from different services.

“I feel that there should be a succession of follow-up sessions to ensure the learning has become consolidated and tamariki have retained what has been taught.”

SCHOOL LEADER

“Teachers are hugely important. Interaction with the children and the support that they provide them and the interventions that they have are hugely important if other services are involved, well, that’s helping as well.”

COUNSELLOR

“The father was certainly learning techniques as well.”

TEACHER

Teachers and school leaders report that when impacts are not sustained, this can often be attributed to:

- unexpected events that may trigger changes in mental health (e.g., within home life)
- complexity of cases (e.g., with other underlying health or developmental issues).

“I think when things are all going okay, those strategies are working well. But when something major happened, they just weren’t enough for that student. That’s hard if something major happens in the home.”

TEACHER

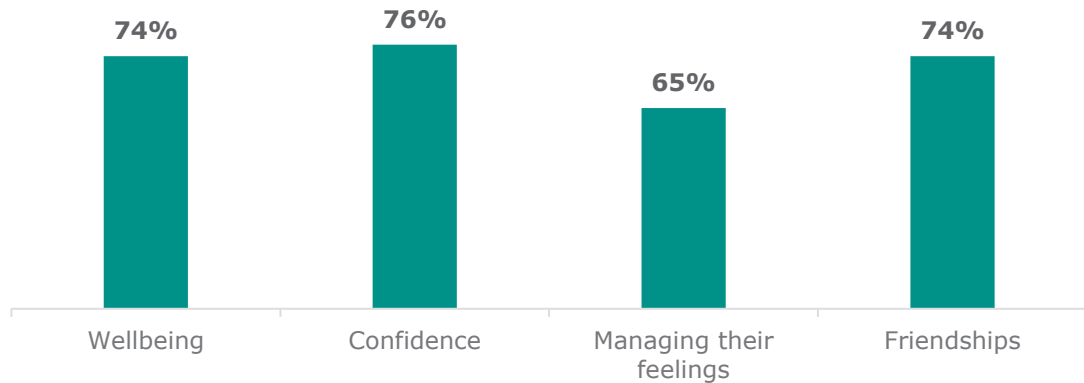
“In a couple of the boys that we had last year, disappointingly, the playground behaviour, the fighting and regulation didn’t stop. But I don’t know if I ever expected it to [stop], because I think [the issue] is bigger than what we can provide for.”

SCHOOL LEADER

Parents and whānau view

Parents are largely positive about the sustained impacts of counselling for their children, but less so for emotional regulation. Three in four parents report that impacts are sustained six months after counselling for improvements in their child’s wellbeing (74 percent), confidence (76 percent), and friendships (74 percent). Two in three (65 percent) report that the improvement in their child’s ability to manage their emotions is sustained.

Figure 15: *Parents and whānau report of sustained impact on students' mental health outcomes*



“My child is changing right before my eyes like a flower blossoming. There’s not been so many tantrums anymore. She’s not taking it on herself when the grown-ups are having a bad day.”

PARENT/WHĀNAU

“My child seems to have made a couple of friends and has been able to keep friendships going.”

PARENT/WHĀNAU

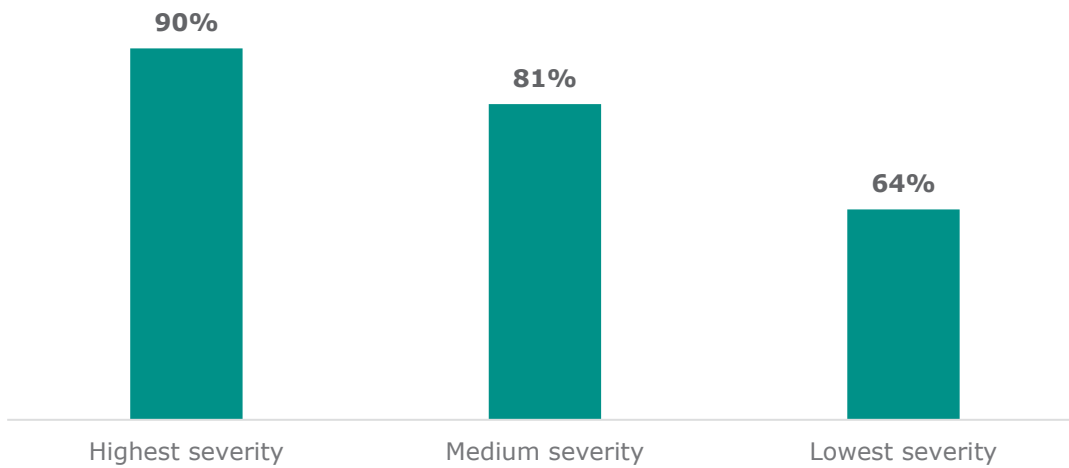
3) Where are there differences in impact?

Students in the most psychological distress had the largest improvement.

Of the seven in 10 students (71 percent) who enter counselling in distress, almost half (43 percent) are no longer in distress by the end of counselling. Of the students that met the clinical cutoff for distress, two in five (43 percent) showed a clinically significant change, meaning a 5 point or more improvement from pre-counselling to post-counselling. That is, they no longer met the clinical cutoff for distress at the end of counselling.

Those students with greater mental health needs entering counselling were more likely to see improvements in mental health. Those entering counselling with the highest category of mental health scores (highest severity) on the pretest were the most likely to show improvements in mental health (90 percent), compared to those in the middle category (81 percent), or highest category (64 percent). Additionally, three in four (75 percent) of those in the lowest category showed changes of at least 5 points on the CORS from pre to post-counselling.

Figure 16: *Mental health improvement by mental health severity before counselling*



Conclusion

Counselling reduces psychological distress, particularly for children who start in clinical distress, this is reported by students themselves, teachers, and parents and whānau.

Students, teachers, and parents and whānau report improvements in overall mental health, ability to understand their emotions, ability to manage their emotions, friendships, confidence. Students learn a range of skills and tools that they can utilise outside of counselling, such as for regulating their emotions proactively in the classroom.

Students, teachers, parents and whānau also report that the impacts on students' mental health are sustained. They report lasting impacts in students' wellbeing and improvements in aspects such as emotional regulation continue even six months after finishing counselling.

Importantly, the improvements are most substantial for students with the most severe mental health reasons.

Mental health is a key driver of engagement and progress in education. In the next chapters we explore the impact of counselling on educational outcomes.



Chapter 4: What is the impact of Counselling in Schools on students' attendance, learning, and engagement?

Students' mental health is linked with learning, engagement, and school attendance outcomes. Counselling in Schools is primarily focused on mental health outcomes; however, it also has impacts on students' attendance, learning, engagement as well as overall classroom behaviour.

Counselling in Schools shows signs of improving students' attendance and learning progress. Teachers also report that having the programme in the schools improves classroom behaviour. These improvements are often sustained according to students, teachers, and parents and whānau.

What we did

In this section, we look at the impact of Counselling in Schools on students' attendance, learning, and engagement using measurement tools, and hearing the perspective of students, teachers, and parents and whānau.

This section sets out:

- 1) the impact of counselling on attendance
- 2) the impact of counselling on learning
- 3) the impact of counselling on engagement
- 4) the impact of counselling on classroom behaviour
- 5) where there are differences in impact.

What we found: an overview

To measure impact on learning outcomes we surveyed teachers, students and parents and whānau. We also use data from the Learning Engagement Measurement Tool (LEMT) to collate teachers views of individual students.

Teachers reported improvement in attendance for four in 10 students who had attended counselling, and improvements in learning progress for over half of students. Eight in 10 students (84 percent) reported that their own attendance had improved as a result of counselling. This was backed up by parents and whānau, nine in 10 reported that counselling had improved their child's attendance at school.

Students, parents and whānau also reported improvements in student learning, engagement, and attendance. These improvements were sustained over time. Students' LEMT scores indicate an improvement in learning progress for over half (57 percent) of students. This improvement was seen by the majority of students, teachers, and parents and whānau and seen to be sustained. We heard that these improvements often stem from students' improvement in focus and effective communication.

Classroom behaviour is a major problem in Aotearoa New Zealand. Three in four (76 percent) teachers reported improvements in wider classroom behaviour due to counselling. Eight in 10 teachers (78 percent) report that engagement improved for the wider class after students began counselling, and six in 10 (61 percent) report that achievement improved.

Students told us they learnt strategies to manage their emotions and teachers told us that students use the strategies and tools they have learnt. Students told us about some of the strategies that they use to manage their emotions such as breathing techniques, talking to teachers and students when they feel angry, when to take time to control emotions or walk away from situations.

Students who entered counselling with the highest mental health needs are more likely to see improvements in attendance and in their learning progress. Over half (61 percent) of students with the lowest mental health scores on their counselling pre-test had improvements to their attendance after counselling, compared to 39 percent of other students.

Teachers also told us that the counsellors provided them with strategies and tools to use with students who were misbehaving. We heard from teachers and school leaders that improvements in relationships as a result of counselling are a large reason for the improvements seen in behaviour. This is also enabling students to work together and communicate more effectively.

1) What is the impact of counselling on attendance?

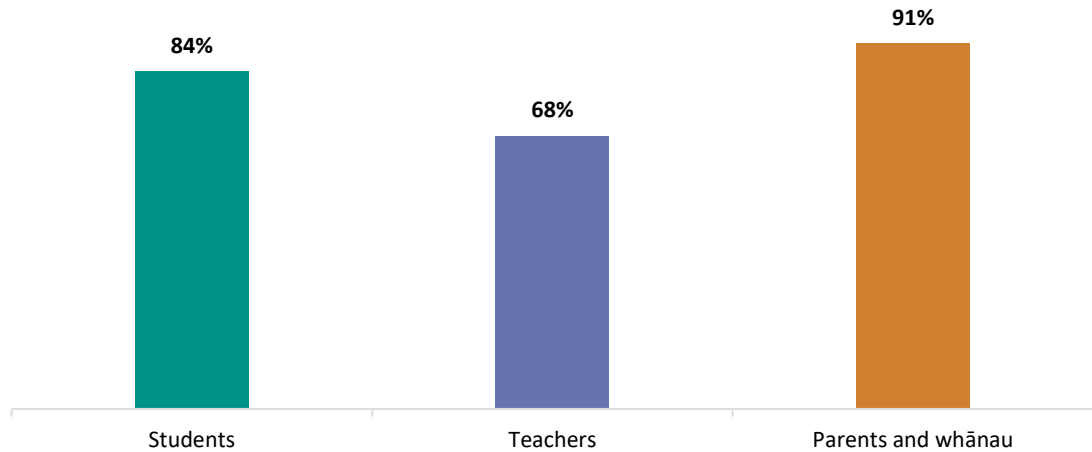
To measure improvements in attendance, we used a survey of students, teachers, and parents and whānau.

Overall impact on attendance

Students, teachers, and parents and whānau were all positive about the impacts of Counselling in Schools on attendance. Teachers report over four in 10 students (44 percent) show improvement in attendance from pre to post-counselling.

Eight in 10 students (84 percent) reported that their own attendance had improved as a result of counselling. This was backed up by parents and whānau, nine in 10 reported that counselling had improved their child's attendance at school.

Figure 17: *Counselling improved attendance at school by survey respondent*



We heard that improved attendance often stems from the high uptake of counselling among children and the value of the counselling being school based, with children attending school more to attend counselling sessions.

“[I am] making plans to return to school.”

STUDENT

“[Students] looked forward to the sessions and knew when it was coming up.”

TEACHER

“It’s great that my child has support and his feeling are validated at school and in a school environment. It gives him confidence to come to school.”

PARENT

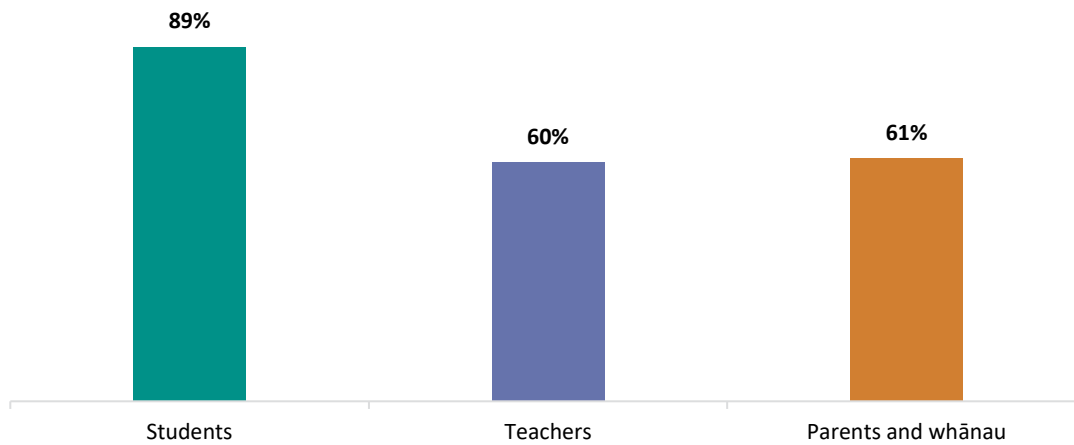
“One of the children I support, he seems to always be there on the days that I’m there, but other days he’s not.”

COUNSELLOR

Sustained impact on attendance

Students are most positive about the sustained impacts of counselling on their attendance. Nine in 10 (89 percent) report that their improvements in attendance were sustained at least three months after finishing counselling. Six in 10 (60 percent) teachers report that the improvements in attendance were sustained six months after finishing counselling. Six in 10 (61 percent) parents and whānau also reported that attendance improvements remained after their child finished counselling.

Figure 18: *Improvements in attendance at school were sustained over time*



In the longer term, students told us they want to be in school more as they see it as a safe place to be in as a result of counselling services. Similarly, teachers told us that children are less anxious about going to school when they know there is a counsellor at school whom they can talk to confidentially and safely.

“I have a safe person that I can go to talk about things that I don’t want everyone to know, helping me be better at [setting] boundaries and staying in school.”

STUDENT

“[Students] have a change of outlook on going to school.”

TEACHER

2) What is the impact of counselling on learning?

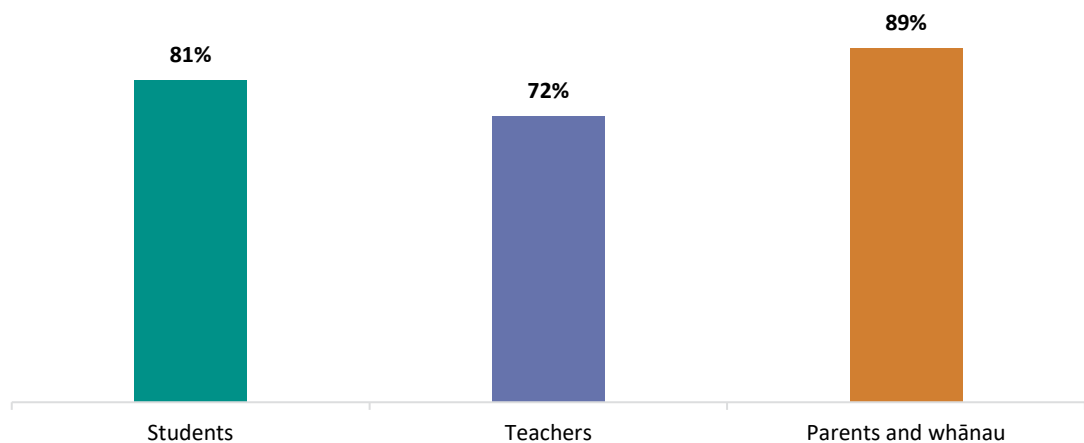
Overall impact on learning

To measure improvements in attendance, we used a survey of students, teachers and whānau. It was not possible to use schools' assessment data to measure impact on learning.

The majority of students show improvements in learning from pre- to post-counselling. Over half (57 percent) of students show improvements in learning progress from pre- to post-counselling as reported by students, teachers, and parents and whānau.

In surveys, eight in 10 students (81 percent), seven in 10 teachers (72 percent), and nine in 10 parents and whānau (89 percent) reported improvements in learning progress as a result of counselling.

Figure 19: *Counselling improved learning progress by survey respondent*



Students told us that their learning progress had improved due to their ability to communicate more effectively with their teachers.

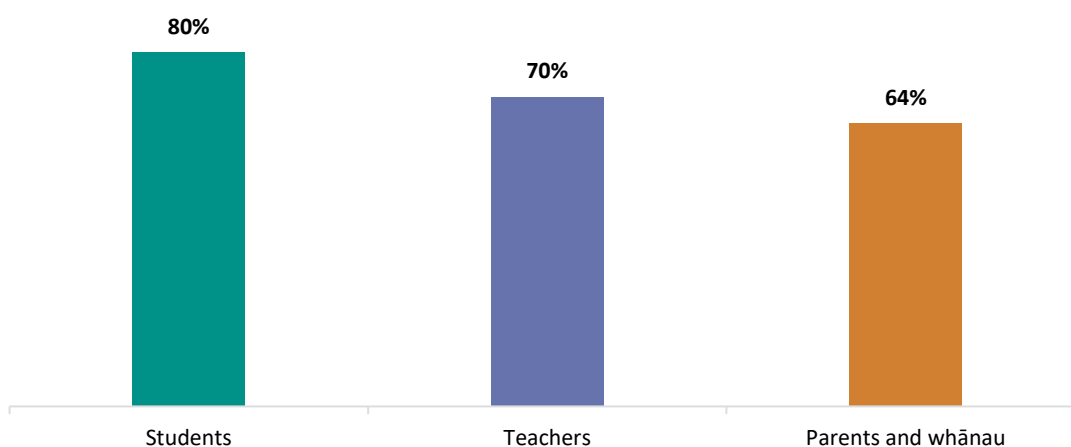
“[Students] open up more, and communication improves both socially and academically. [They are] more confident to make learning mistakes and ask for help.”

TEACHER

Sustained impact on learning

The improvements seen in learning progress are largely sustained, according to students, teachers, and parents and whānau. Eight in 10 students (80 percent) say that the improvements they saw in their own learning were sustained at least three months after counselling. Teachers are also positive, with seven in 10 (70 percent) reporting that impacts are sustained six months after students finish counselling. Parents and whānau are slightly less positive with two in three (64 percent) reporting that the impact on their child's learning progress remained after finishing counselling.

Figure 20: *Reports of sustained improvements in learning progress*



3) What is the impact of counselling on engagement?

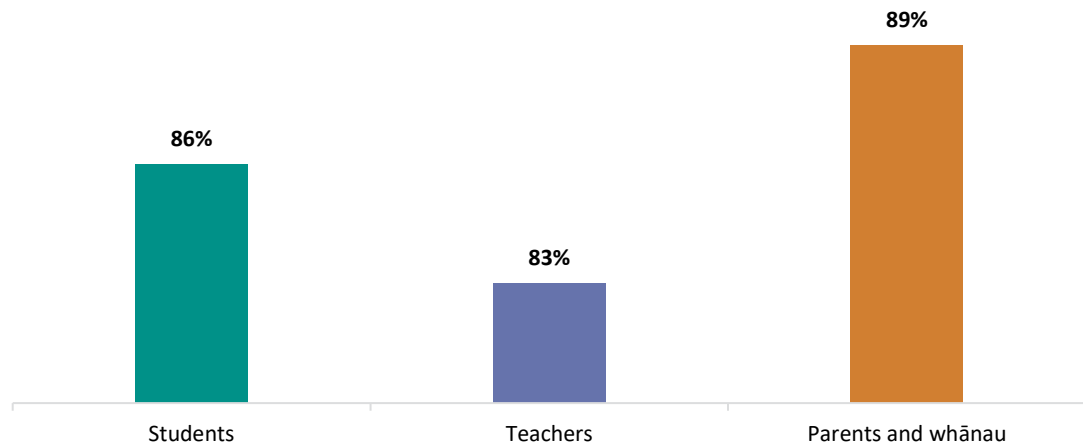
Overall impact on engagement

To measure improvements in engagement, we used a survey of students, teachers, and parents and whānau. It was not possible to use schools' attendance data to measure impact on attendance.

Most students show improvement in engagement from pre- to post-counselling.

Six in 10 students (60 percent) show improvements in engagement on the LEMT. Students, teachers, and parents and whānau all report positive impacts on engagement. Nearly nine in 10 students (86 percent), eight in 10 teachers (83 percent), and nine in 10 parents and whānau (89 percent) report improvements in students' school engagement.

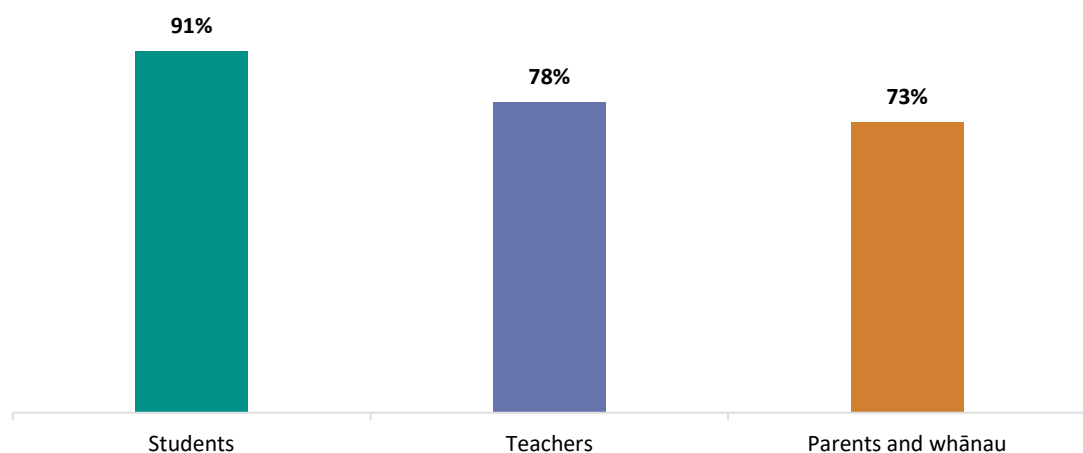
Figure 21: Reports of improvements in engagement



Sustained impact on engagement

The improvements seen in engagement are largely sustained, according to students, teachers, and parents and whānau. Nine in 10 students (91 percent) say that the improvements they saw in their own engagement were sustained at least three months after counselling. Teachers are also positive, with eight in 10 (78 percent) reporting that impacts on engagement are sustained six months after students finish counselling. Parents and whānau are also positive with seven in 10 (73 percent) reporting that the impact on their child's engagement remained after finishing counselling.

Figure 22: Reports of sustained improvements in engagement



Similar to immediate learning engagement impact, school leaders and teachers attributed sustained impact to students:

- having better relationships with their peers
- feeling more confident in themselves, leading to a greater willingness to work independently, in groups, and to try out new activities.

“For some of the students referred there have been very positive changes in their behaviour, attitude and belief in themselves as a learner and valued member of our class.”

TEACHER

“[My child] has become more open with learning and participating in group activities.”

PARENT

4) What is the impact of counselling on classroom behaviour?

Good classroom behaviour is critical for creating learning environments in which students can learn and achieve, and teachers can be most effective. In ERO’s 2023 report *Time to focus: Behaviour in our classrooms*, we found that behaviour is a major problem in Aotearoa New Zealand schools and consistently worse than most other OECD countries.

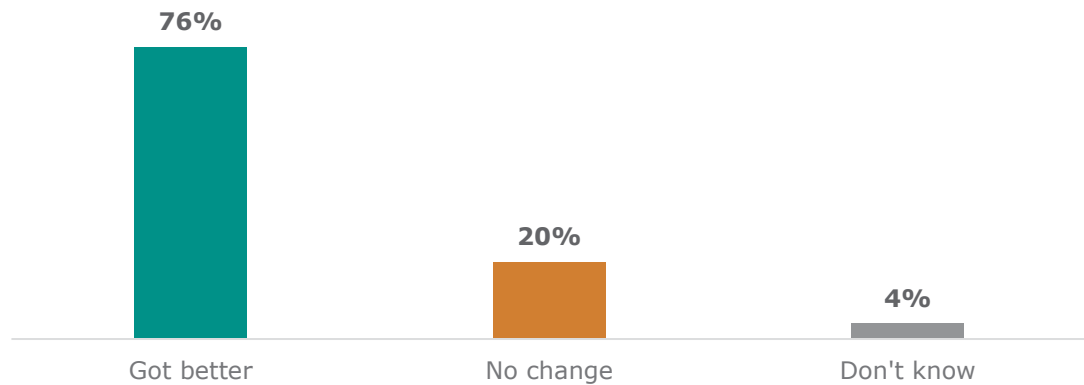
Teachers are spending large amounts of time dealing with classroom behaviour. Three-quarters of teachers (74 percent) and just under two-thirds of principals (63 percent) report that challenging behaviour in the classroom impacts students’ progress to a large or very large extent.

Behaviour is the most common referral reason for students participating in Counselling in Schools. One in four students (24 percent) are referred to the programme for behaviour as outlined in Chapter 2.

Some of these behaviour-related referrals may be linked to a stand-down process. We heard that for students with high behavioural needs there are also high levels of standdowns. Some schools have re-entry requirements for stood-down students which often include time with a counsellor.

Three in four teachers (76 percent) report that behaviours in the wider class got better as a result of counselling. We heard from teachers and school leaders that improvements in *relationships* as a result of counselling are a large reason for the improvements they see in *behaviour*. With counsellor support and strategies, students can improve their ability to work together and communicate more effectively.

Figure 23: Teachers' report of behaviours for the wider class following counselling



“We often work with the children that are going to make the biggest difference for the whole classroom in terms of disruption and the other kids' learning.”

COUNSELLOR

“The behaviours of the ākonga that have received counselling has changed for the better. In turn this has had a positive impact in the classroom with kaiako focussing on learning rather than behaviours.”

TEACHER

Students told us about some of the strategies that they use to manage their emotions such as breathing techniques, talking to teachers and students when they feel angry, and when to take time to control emotions or walk away from situations. Similarly, we heard from teachers that many students are able to adopt the tools and strategies they learnt in counselling to proactively manage their emotions in the classroom.

“I learnt not to be rude and to try and control my feelings.”

STUDENT

“They're able to process what they're going through a bit more, whereas before it was punch first talk later.”

COUNSELLOR

As students' behaviour improves, we heard that teachers could spend less time managing behaviours and can focus more on teaching. We also heard that teachers could pick up strategies and tools from counsellors, to be able to support students while in class.

“The counsellor has been right there to have a casual conversation with teachers and discuss things out. The teacher walks away with a strategy or a new way to look at problem solving.”

SCHOOL LEADER

“We've been trying to layer in more whole class support for teachers, to create that kind of support structure as a whole school.”

PROVIDER

We also heard from a school leader that since participating in Counselling in Schools they have seen a reduction in the number of stand-downs for behaviour.

“At the time that I applied for Counselling in School, I had stood down 22 students, all for violent behaviour, assault on students, reckless endangerment of other students in the class. I've got this year, maybe three or four stand-downs. So, we are regulating down.”

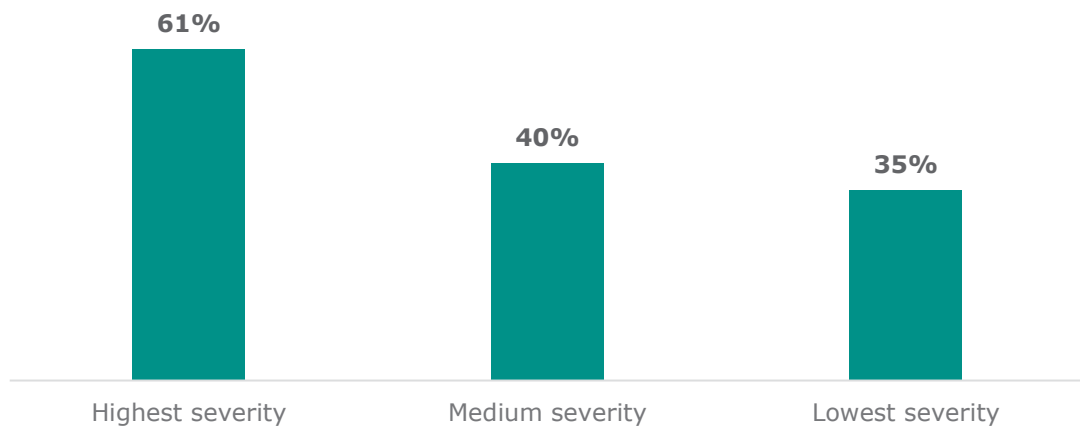
SCHOOL LEADER

5) Where are there differences in impact?

Students who entered counselling with the highest mental health needs are more likely to see improvements in attendance and in their learning progress.

Though most students are not referred for attendance, over half (61 percent) of students with the lowest mental health scores on their counselling pre-test had improvements to their attendance after counselling, compared to 39 percent of other students. This is encouraging and reflects what ERO found in our 2023 report *Attendance: Getting back to school*, that parents' and whānau mental health concerns for their child is one of the biggest individual drivers of whether a student attends school regularly or not.

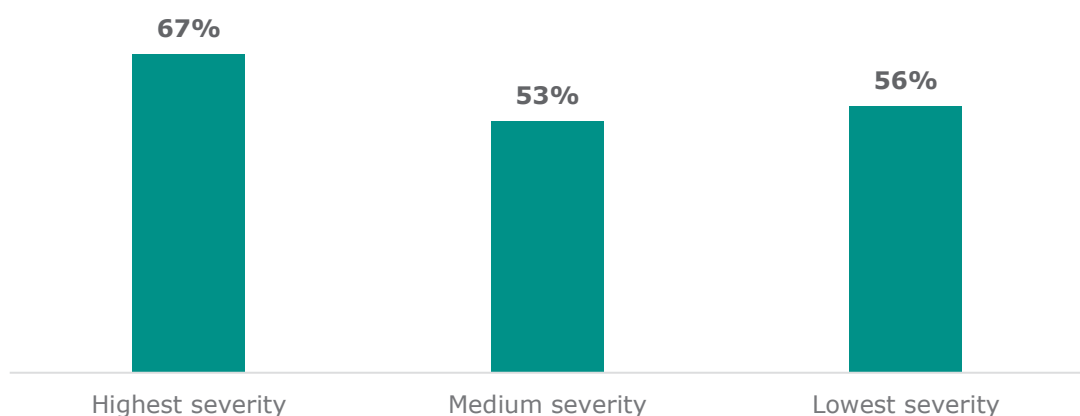
Figure 24: *Percentage of students who showed improvements in attendance by mental health severity*



Impact on learning for students with the highest-needs students

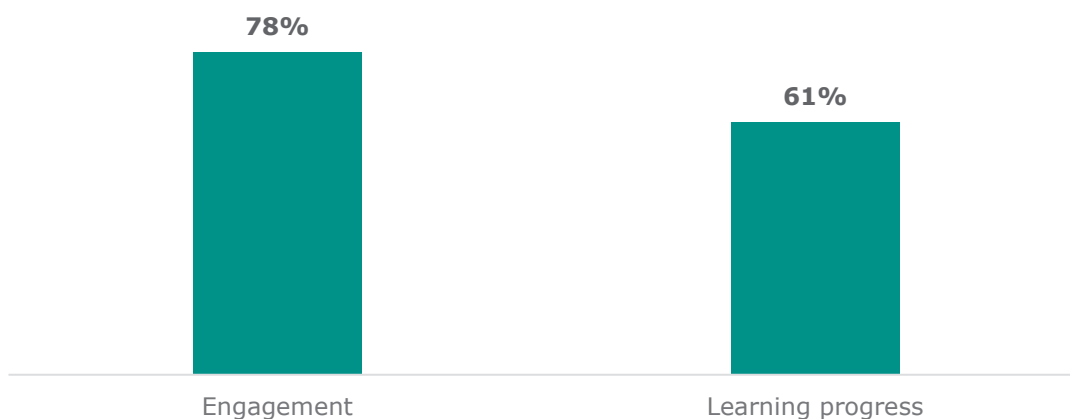
Those highest-needs students are more likely to see improvements in their learning. Two in three students (67 percent) with the lowest mental health scores on the counselling pre-test saw improvements in learning progress from pre- to post-counselling, compared to 54 percent of other students.

Figure 25: *Percentage of students who showed improvement in learning progress by level of need*



Teachers see improvements in engagement across the wider class as a result of counselling. Eight in 10 teachers (78 percent) report that engagement improved for the wider class. Given the links between engagement and achievement⁷, it is unsurprising that six in 10 teachers (61 percent) also report that achievement for the wider class also improved as a result of Counselling in Schools.

Figure 26: *Teachers reporting that classroom engagement and learning progress improved*



“Students stopped leaving the classroom, reduced disruptions, reduced teacher needs for behaviour management and increased learning time.”

TEACHER

Conclusion

Students, teachers, and parents and whānau see improvements in students’ presence at school, progress in their learning, and their participation in class, all groups are also positive that the impacts are sustained.

Counselling in Schools is helping to address classroom behaviour, which is a significant problem in Aotearoa New Zealand. It is supporting positive behaviour outcomes for classrooms, and engagement is improving as a result. Classrooms are experiencing less disruption and are therefore more able to learn due to the improvements made by students in counselling. Teachers are also seeing positive impacts on their practice as a result of working with counsellors, increasing the potential to strengthen outcomes.

Counselling in Schools appears to be making a positive contribution to schools. In the next chapter we will explore lessons learnt and opportunities to build the evidence base.



Chapter 5: What have we learnt?

One of the key reasons that the Counselling in Schools programme is effective is its delivery. This section includes findings from across each of the three phases of ERO's evaluation over three years, on what has supported effective delivery and what the barriers have been, particularly for schools and providers.

What we did

In this section, we look at what factors are important for schools and providers to successfully deliver Counselling in Schools, that have been identified through each of the three phases of this evaluation.

Overview

By looking across findings from all three phases of our evaluation over three years, we have identified four key lessons for the ongoing development of Counselling in Schools and other similar initiatives. The four lessons are:

- 1) Investing in psychological support in primary schools can reduce distress and improve learning, attendance, and behaviour outcomes.
- 2) Counselling in primary schools works best when on the school site, and when students receive more than three hours of support.
- 3) Having multiple referral pathways, for example by teachers, students, parents and whānau, is potentially important in order to capture students who do not exhibit obvious signs of distress.
- 4) The programme is promising but it needs to be more tightly specified to be sure it could be effectively replicated in a wider range of schools.

Lesson 1: Investing in psychological support in primary schools can reduce distress and improve learning, attendance, and behaviour outcomes.

The findings of our evaluation show a range of strongly positive outcomes from the Counselling in Schools programme. Students who receive support show significant gains in their psychological health, and this has a lasting, positive impact. Those students with the highest levels of distress show the most improvement – meaning that the programme is successful in supporting those students who need it most.

Counselling also leads to improvements in students' attendance, behaviour, and learning progress. Taken together, our findings offer an important lesson about the benefits of investment in mental health support in primary schools.

Lesson 2: Counselling in primary schools works best when on the school site, and when students receive more than three hours of support.

Finding a suitable in-school venue for counselling helps with the successful delivery of the programme. Students, teachers, and parents and whānau told us that having counsellors on-site means better access for those in remote areas and improves the uptake of counselling.

We heard that it was important to have dedicated, safe spaces for counselling sessions. In interviews across all three phases, participants spoke about the value of having a counsellor who was regularly available within the school, and was visible and accessible for students. We heard that this helps to normalise counselling, reducing stigma so students feel more comfortable accessing counselling.

Building strong relationships is important to help counsellors understand and become part of the school community. Relationships with school staff, the students, and parents and whānau are important for counsellors to:

- understand the school context
- build trusting relationships
- be part of the school community.

We also found that it's valuable for counsellors to have opportunities to collaborate and fit in with other services provided by the school, including school nurses and Resource Teachers Learning and Behaviour. Much of this responsibility falls to the school, but counsellors can work to:

- ensure that other school services are being engaged where necessary
- collaborate with the other staff and connections in the school on a student-by-student basis so that needs are being met.

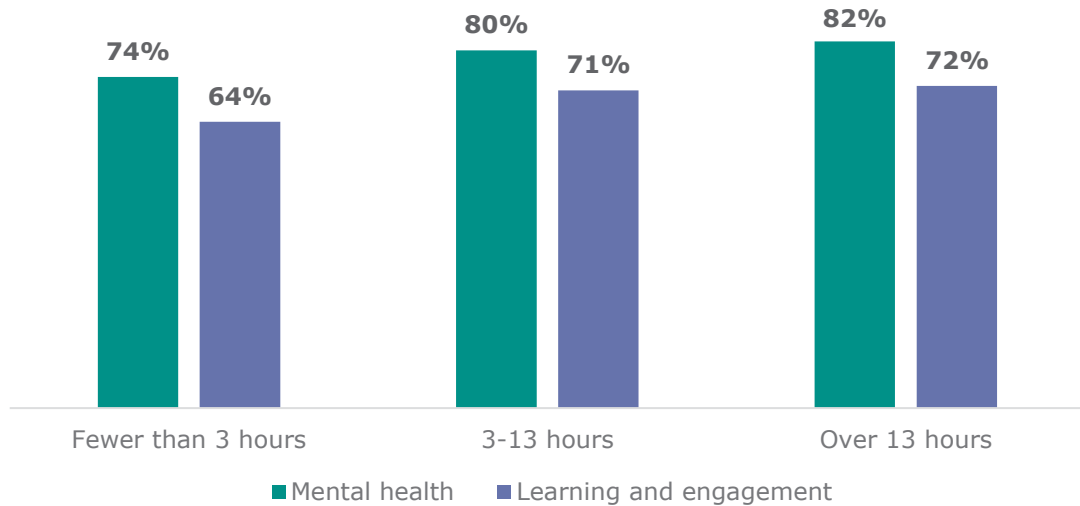
“The school has been very welcoming and receptive; whanau and children are well engaged.”

COUNSELLOR

More counselling hours positively impacts students' learning and engagement, as well as their mental health. Students who receive three or fewer hours of counselling are less likely to show improvement on and learning and engagement (64 percent), compared to those who receive from three to 13 hours (71 percent). Those who receive more than 13 hours are the most likely to have improved outcomes with seven in 10 (72 percent) reporting improvement in learning and engagement.

More hours makes a difference to mental health outcomes too, though not to the same extent as for learning and engagement impacts. Seventy-four percent of those who receive fewer than three hours see an improvement in mental health, compared to eight in 10 of those who receive three to 13 hours (80 percent) or over 13 hours (82 percent).

Figure 27: *Percentage of students who improved in mental health and learning and engagement, by number of hours in counselling*



We heard strong feedback from many students that they would like more sessions but are unable to receive them. Some providers offer a fixed number of sessions (e.g., six sessions for each student).

“[The child] was so excited to go [to counselling] and then she got told it’s finished. And she had a meltdown.”

TEACHER

“[I’d like] to have more days that we can go to our counsellor or have no limit because some people could just be starting to open up and then their time was up.”

STUDENT

“My child was just starting to benefit from the sessions when they stopped.”

WHĀNAU

Counsellors who provide fixed sessions can also refer students to further support services, which are mostly external to the school. However, we heard that some students and parents and whānau feel more comfortable to continue with counsellors with whom they already have a relationship.

Lesson 3: Having multiple referral pathways by teachers, students, parents and whānau, is potentially important in order to capture students who do not exhibit obvious signs of distress.

Three in four (75 percent) students are referred to counselling by school staff. The next most common referral pathways are through parents and whānau (14 percent), and self-referrals (4 percent). We heard that teachers are more likely to pick up observable issues such as behaviour, leading to the higher referral rates for behaviour (24 percent of all referrals), than for less observable issues such as grief.

“Kids are quite good at masking, and teachers don’t always have that time to really have those conversations.”

SCHOOL LEADER

A lesson to take forward is that there is value in having a *range* of ways that students can be referred for counselling, as well as through their teachers, to help ensure that less observable issues are picked up. This relies on strong relationships between the school and students or parents and whānau, so that they have the information they need to self-refer or refer their children.

Lesson 4: The programme is promising but we need to understand more about which elements are key to success to be sure it can be effectively replicated in a wider range of schools.

Counselling in Schools is a promising programme. It shows similar impacts on mental health as international examples of school-based counselling, and higher than the initial evaluation of Aotearoa New Zealand programme Mana Ake. When we consider other positive outcomes from Counselling in Schools (for example, improvements to learning progress, and the impacts of improved behaviour), this indicates a high level of effectiveness compared to other initiatives.

Local comparison with Mana Ake

In terms of overall improvement in mental wellbeing, Counselling in Schools is delivering a bigger increase in mental health outcomes than the Mana Ake programme. When comparing the difference that the two programmes make to children’s outcomes on average, Counselling in Schools shows a higher increase (7.03 points out of 40 on the CORS, compared to 5.12 out of 36 for Mana Ake). In terms of their ‘overall effect size’, which broadly measures how much of a difference the programme makes in terms of mental health, Counselling in Schools also compares well to Mana Ake (with a positive effect of 1.0 compared to 0.81 for Mana Ake).

We note that these programmes are different in terms of aims, target population, delivery approach, and context, as Mana Ake is focussed on psychosocial recovery. Refer to the companion Technical Report for more detail: <https://www.evidence.ero.govt.nz/documents/technical-report-evaluation-of-counselling-in-schools>

International comparison

When compared to overseas studies, Counselling in Schools performs well. The effect size for Counselling in Schools (0.85) is similar to studies of the effectiveness of counselling in schools in the US and UK.

ERO looked at large-scale studies from the US⁸ and UK,⁹ that bring together many evaluations of in-school counselling programmes. The US study found a *medium* overall impact on mental wellbeing for students that received counselling (effect size of 0.45), and the UK's showed a *large* overall impact (0.87). Counselling in Schools' impact is similar or better than what they found in the US and UK.

Comparison between the impact of Counselling in Schools on mental wellbeing with overseas examples

Initiative	Effect size
Counselling in Schools	0.85
UK research into counselling in schools	0.87
US research into counselling in schools	0.45

Replicating in other schools

Counselling in Schools is currently delivered in many different ways. This means that, while there are clear indications of effectiveness, it is hard to know exactly which components of the Counselling in Schools programme are the most important, in order to replicate its success in a larger variety of schools.

ERO recommends more development of the programme to understand both value for money and what elements are key to success and therefore essential to replicate. Having a more tightly specified delivery model, and tracking groups of students whose mental health outcomes can be compared over time, will enable greater understanding of what particular elements of the model are key to its success.

Conclusion

Counselling in Schools' approach to delivery is clearly effective in improving students' mental health and other important outcomes. Providers and schools can benefit from the lessons we have learnt from this evaluation, including around delivering counselling on school grounds and integrating counsellors with the school. It is also beneficial when students are able to access more than three hours of counselling. A broad approach to referrals is likely to support the meeting of a wider range of student needs.

There are limitations in the scope of this current evaluation. To inform more detailed understanding on the efficacy of Counselling in Schools we would recommend a more tightly specified model and tracking groups of students with mental health outcomes.



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