Introduction

This chapter discusses the relationship between the child, the school and counselling, drawing upon an ecological approach. We argue that counselling involves taking account of and engaging with the family, the school and the wider community, as well as the child. Research on the emotional wellbeing of children and adolescence is examined and its connections to the ecological framework explored, together with the ensuing implications for the role of the school and counselling. The final section looks in more detail at the role of counselling in schools, including describing the history of counselling therein, and the evidence for its effectiveness.

The ecological or ecosystemic approach

Human beings create the environments that shape the course of human development. Their actions influence the multiple physical and cultural tiers of the ecology that shapes them, and this agency makes humans – for better or for worse – active producers of their own development. (Bronfenbrenner, 2005: xxvii)
This quotation from Bronfenbrenner contains many of the key ideas in his ecological theory, namely that development is a dynamic process of exchange between persons and their environments, we have agency as human beings, and human relationships matter. Urie Bronfenbrenner, who studied child development, children and their families, and was the co-founder of Head Start in the USA, brought together the work of Kurt Lewin (who saw behaviour as the result of an interaction between the person and their environment) and Lev Vygotsky (who emphasised the interaction between child and adults in learning) to shape his ecological systems theory of development. Bronfenbrenner was interested in the influences in a child’s life and development, and the interplay that existed between the complex systems of relationships that formed the surrounding environment. He suggested that there were critical factors in each child’s development, and these were the context, time, process, and the individual’s personal attributes. In doing this he was challenging the then practice of only studying ‘the strange behaviour of children in strange situations with strange adults for the briefest possible periods of time’ (Bronfenbrenner, 1974: 3). He saw the environment as a nested and interconnected system, similar to a series of Russian dolls, at the heart of which was the child or individual. This person would possess developmentally important personal attributes.
that invited, inhibited or prevented their engagement in a sustained and progressively more complex interaction with, and activity in, the immediate environment (Bronfenbrenner, 2005: 97).

The remaining systems are both near and far, but all of these will influence a child’s development. As is shown in Figure 1.1 the nearest is the *microsystem*, and this consists of the child’s immediate environment (i.e., the family, school, peers, and the immediate neighbourhood). The second system, the *mesosystem*, often defines and constrains the microsystem: this is the culture or subculture of the family or the school. The third system is the *exosystem*, which in turn influences the previous two systems: this is the wider social context of the government, the education system, the economic systems, and the religious system. The final and most distant system is the *macrosystem*, which is the overarching ideology and legal system. These more distal systems clearly influence the child’s immediate environment. Lastly, the *chronosystem* is the dimension of time. What we are concerned with in this chapter is the emotional ecology of each child and adolescent in school, and how this ecology works to influence children’s wellbeing and development.

**The emotional ecology of child and adolescent wellbeing**

The topic of how society, and schools in particular, influence adolescent wellbeing is a large one, and as such it is not possible to cover this fully in one chapter (although Chapters 5 and 6 explore some aspects further). Adolescence is a unique time in the life-course because there is such huge growth and development. It is the transitional period between childhood and adulthood, and as transitional periods are a time when individuals are more sensitive to environmental inputs these assume a critical role (Mulye et al., 2009: 8). Recent research on adolescent wellbeing in the UK does however tell us something of how the systems around the microsystem work together. The Nuffield Foundation (2012; see also Hagell, 2012) has recently completed a major programme of research reviews examining how young people’s lives have changed since the 1970s, and whether these could further inform our understanding of the increase in adolescent mental health problems that has occurred in the last thirty years. The main social trends identified in the UK included:

- Increases in the proportion of young people reporting frequent feelings of depression or anxiety. This figure doubled between the mid-1980s and the mid-2000s. For boys aged 15 to 16, rates increased
from approximately 1 in 30 to 2 in 30. For girls they increased from approximately 1 in 10 to 2 in 10.1 (Collishaw et al., 2010).

- Increases in parent-rated behaviour problems: for example, approximately 7 per cent of 15 to 16 year olds showed high levels of problems in 1974, rising to approximately 15 per cent in 1999 (Collishaw et al., 2007).

- A similar rate of increase in 'conduct disorders' (mainly non-aggressive antisocial behaviour like lying and theft) for boys and girls, and for young people from different kinds of background.

- Encouraging signs of a levelling-off in these trends post-2000. For example, there was no rise in the level of emotional problems such as anxiety and depression amongst 11 to 15 year olds between 1999 and 2004 (Maughan et al., 2008). However, there are hints that the rates of some of the underlying causes might climb with the rise in youth unemployment and growth in poverty after the 2008 financial crisis and policy responses (Nuffield Foundation, 2012: 1).

The macrosystem level was seen as having growing influence and an area for increasing research. The school was described as a key social institution, as was the family and part-time employment. The key social trends identified as affecting young people's wellbeing were: how they spent their time; education; shifts in substance use; and changes in family life. Young people spend much more time in education nowadays and this has been accompanied by a collapse in the youth labour market, especially since 2008. By 2000 the majority of young people were in full-time education rather than work. These factors affect how they experience many things and the nature of their time use. Larson et al. (2002) have highlighted some of the differences in the nature of the experience. So, for example, in work a young person is likely to experience authority and hierarchy in a different way from that of education and as a result will learn different things. They are also spending much more time with their peer group in educational settings. In addition, the nature of school experience has also changed over the last twenty years: for example, there has been a growing emphasis on testing and attainment, more participation in examinations, and young people are staying on at school longer. How these trends impact upon their wellbeing requires further work, but there are different implications for different groups. The trend towards more time being spent in education means having a different structure to the day, and young people not in education, employment or training (NEET) are those with the least structure. The implications for wellbeing of less interaction with adults, due to less time in work environments, of less structure, more unstructured time and more peer interaction, merit further research. However, we do know that there is a need for a clear structure from education to work,
for managed transitions, and that this is not a straightforward pathway in our society. Transitions can be a time of vulnerability for young people, and especially for those who are most vulnerable, and in this case that encompasses those who are without education or employment (the NEET category).

Bronfenbrenner (2005) showed that factors interact and in this way the changes in how time is spent will be affected by other trends. Substance use has also altered amongst young people. There is greater availability of alcohol and other drugs, and yet there is also some evidence that levels of consumption have decreased recently. However, absolute levels of alcohol use amongst 11 to 15 year olds are higher than in most other countries and characterised by early onset, high volumes of intake, and binge drinking: ‘Alcohol and substance use have been linked to depression, anxiety and conduct problems in young people’ (Nuffield Foundation, 2012: 5). For the first time ever in the UK, adolescent mortality rates have overtaken those of infants aged between 1 and 4 years old (2012: 10). The emotional wellbeing of young people is also a public health issue.

Family structure has also undergone big changes (e.g., family reconstruction and increased breakdown, smaller family size, and more women going out to work). However, these are not necessarily the cause of emotional distress rather where there are high levels of conflict there is more likely to be distress. Conduct and emotional disorders increased over the last twenty years in all family types, but the rates in non-intact families tended to be higher than in intact families (20% in 2011, compared to 12% in 1999: Nuffield Foundation, 2012: 5). The Nuffield Foundation suggests that around 15 to 39% of the increased rates can be attributed to family causes and the rest to other factors. Parental stress has also increased during this time, as have self-reports on the quality of parenting. Most young people feel that their parental care is of a high quality (2012: 5).

This brief examination of the Nuffield study shows clearly the interrelationship between the various elements making up the system. The relationships described are trends and not causal, but they show the importance of looking at social trends to shape our understanding and work with emotional wellbeing in children and adolescents. So where does school feature in this landscape?

The role of the school in emotional wellbeing

General international comparisons of child wellbeing have focused upon the UK’s poor record in comparison to other rich nations (UNICEF, 2007), placing the UK and USA in the bottom third on all
measures except for the measure of health and safety in the UK. These
statistics prompted much concern and soul searching in the UK (e.g.,
*The Good Childhood Inquiry* was generated from the UNICEF research;
see Layard and Dunn, 2009). The part played by schools in this has also
been hotly debated. There has long been an assumption that schools
should be, and indeed are involved in, developing emotional wellbeing,
and that as Resnick (2000: 159) has written, this involves ‘the inten-
tional, deliberative process of providing support, relationships, experience
and opportunities that promote positive outcomes for young people’.
There was in the late 1990s a surge of interest in, and focus upon, emo-
tional wellbeing. The most populist example was Daniel Goleman’s
(1996) concept of ‘emotional intelligence’, which showed that in terms
of success in life and work the place of emotional or social competence
is more centre stage than academic attainment. Recently there has
been a move to promote healthy development through schooling and to
go beyond a problem-based focus (Resnick, 2000).

There have been both heated debates and policy initiatives related to
the school role: some have argued vehemently that there is a rise in ‘a
therapeutic ethos’ within schools, and that this is ‘turning children,
young people and adults into anxious and self-preoccupied individuals
rather than aspiring, optimistic and resilient learners who want to
know everything about the world’ (Ecclestone and Hayes, 2009: i);
other responses have included major policy initiatives aimed at devel-
oping emotional wellbeing, and placing counselling services within
schools as part of mainstream provision for young people.

Policy makers have seen school as an important site for the development
of emotional and social wellbeing, with the last Labour government’s
policy *Every Child Matters* (DFES, 2003), the *Social and Emotional Aspects of
Learning* (DFES, 2005) programme from the Department for Education,
and the Department for Health’s (2004) wellbeing initiative the most
recent prominent examples. The 1988 Education Reform Act (ERA) set
education within the context of the spiritual, moral, cultural, mental and
physical development of pupils and society, and also imposed a require-
tment to care for young people and ‘prepare them for the opportunities,
responsibilities and experiences of later life’ (Department for Education,
1988: 2). There is currently some discussion about whether personal,
social and moral education should be statutory, however this is a highly
debated and contentious area of both the curriculum and schools’ role.

As has already been shown, we have a body of research on young
people and the changes in their behaviour and emotional ‘problems’
(e.g., Rutter and Smith, 1995; Collishaw et al., 2010), and we also have
a body of research on young people and schools’ role in shaping identi-
ties and academic performance. However, we have little highly focused
research on the contribution that schools make to adolescent mental
health or wellbeing. This is, Gray et al. (2011: 1) argue, largely due to omission and the lopsided nature of research on educational outcomes. So what exactly do we know using the research we have to hand?

We know that when young people are asked, they rate school as playing a crucial part in their social and mental lives (Rudduck and Flutter, 2004: 76; Pople, 2009: 17–18). They value friendships and their relationships with teachers, as well as opportunities to have good experiences of mastery and learning. They are concerned about the school environment and the difficulties that can arise from relationships, especially bullying (McLaughlin et al., 2012). The school as a site for social developmental and interaction is a key one for young people.

We know also that effective schooling is a key asset for young people, enhancing their personal, social and emotional wellbeing and efficacy, and that school has an educative role of in terms of the personal and social aspects of development. We know as well that the capacity to form friendships and be engaged with school life and learning impacts upon wellbeing, but we also know that schools can intervene to improve those aspects of development, especially for vulnerable groups who may not have the resources that have encouraged this development elsewhere (McLaughlin et al., 2012). This interconnection between the psychosocial and the academic or cognitive aspects of learning and schooling was first shown when Rutter (1991) demonstrated the long-term psychosocial effects of successful schooling, showing the chain reactions that occur. If a child leaves school with a sense of mastery and competence in skills, this will have an effect on their later capacity to be employed, be a good enough parent, and have a good enough partnership. Thus engaging in school life and learning is in itself emotionally and socially important.

Research by Smith (2006: 4) showed the long-term implications and power of good attachment in schools. In his study of youth transition and crime in Edinburgh, he found that the attachment to school was:

related to young people’s behaviour more widely in school and more widely to delinquent and criminal conduct. Amongst these variables the most important dimension was attachment to teachers, but the belief that school success will bring later reward was also important. Attachment to teachers at age 13 was (also) related to lower levels of misbehaviour and delinquency at age 15. (2006: 4)

This has been more fully discussed elsewhere (McLaughlin and Clarke, 2010), but it led Roeser and colleagues to conclude that ‘Perhaps the best mental health intervention teachers can implement in middle schools is good teaching’ (2000: 458). If a young person feels that they belong in the classroom and school, that they are being successful in some aspects of learning, that they have some mastery and agency,
then it is likely that they will have good feelings about themselves both as learners and people. They may then develop some resilience in struggling with problems and require some support along the way.

We know that schooling and learning are emotional and that emotion plays a large part in whether children can learn effectively. Views on learning now acknowledge the personal, social and emotional nature of learning (Greenhalgh, 1994; James and Pollard, 2006) and how emotional difficulties can affect this. We know that teaching is also a deeply emotional experience (Salzberger-Wittenberg et al., 1999) and that such emotion is not a problem area in teaching and learning but a central dimension to school life.

Gray et al. (2011: 21–43) concluded that despite the need for much greater research on the part that schools play in the development of emotional wellbeing there was evidence to support the notion of the ‘supportive school’ having a relationship to emotional wellbeing. The supportive school was characterised by students having a good connectedness to that school. There were five identified aspects to school connectedness:

1. Supportive relationships with peers and teachers.
2. Levels of young people’s satisfaction with schools.
3. Young people’s sense of membership of a learning community.
4. How schools handle academic pressures and the stresses associated with them.
5. Whether schools can make themselves accessible to young people by ‘thinking small’, and creating units that embue them with a sense of connection.

These elements emerge as having a strong part to play in emotional wellbeing, and suggest that paying wider attention to the school as a whole is necessary if emotional wellbeing is being considered.

From the preceding discussion it is clear that there is a strong, formative and long-lasting relationship between what happens in school between people, in the classroom and in the general school processes, and young people’s social and emotional wellbeing. So what part does counselling in schools play in developing good mental health and emotional wellbeing?

Counselling in schools, mental health and emotional wellbeing

Counselling in schools has been seen to have a key role in emotional wellbeing and this has existed in different forms for many years. This
section begins by describing the historical trends in counselling in schools over the last sixty years and then explores the issues around definition, role and effectiveness. It also draws heavily on historical reviews by Baginsky (2004) and McLaughlin (1999). What can be discerned from these two reviews is that there are many ideas and models that are deeply interconnected. How in different times the role of education, and particularly the role of the school in relation to the care of the child, is perceived, acted out and measured; all these elements have impacted upon how counselling is seen and defined. How one constructs the role of counselling in schools is heavily dependent upon a connected view of the purposes of education, the role of the teacher, and the nature of care in schools. It is also linked to the wider conceptions of boundaries and professionalism in the socio-political context of the time. Increasingly, the adopted or dominant model of the nature of knowledge and research effectiveness is impinging on counselling practice too.

An historical account

The notion of counselling in schools grew out of a tradition of ‘pastoral care’, or the notion that schools had some responsibility for the emotional wellbeing of their pupils (King, 1999; Baginsky, 2004). Child guidance and educational psychology preceded the arrival of school counsellors in the 1950s, while the 1960s saw a growth spurt in the employment of counsellors in schools. A government report on raising the school leaving age (the Newsom Report in 1963) proposed counsellors in schools, and thus training courses at universities in Keele and Reading were established, and the seminal ideas of Carl Rogers and others in the USA began to shape viewpoints in the UK. In addition, many people had gone out on scholarships to study counselling practices in the USA. Therefore, in the 1960s there was a growth of counsellors in schools, the beginning of a training network, and a deep interest in pastoral care in schools, and this was seen as part of the teacher’s role that needed developing (McLaughlin, 1999; Baginsky, 2004). This continued throughout the 1970s and into the 1980s with an expansion in centres of counsellor training, and by 1977 Baginsky had reported that published research showed there were 351 counsellors employed in schools in England and Wales, though with 54% of them located in nine local education authorities (2004: 2).

Come the mid-1980s there was a huge change in the political context. The new Conservative government had a philosophy of education that did not include an expansion of the personal and social education
occurring in schools, or an increased emphasis on a wider role for teachers. This was seen as a highly contested area of education, and together with huge financial cuts the outcome of this pincer movement was a huge reduction in school counsellors (McLaughlin, 1999).

During the late 1990s and into the 2000s there was an increase in, and development of, counselling and counsellors in schools. There was also an increased ‘professionalisation’ of counselling. The growth in counselling provision was connected to developments within and outside of schools. During this period the pressure on teachers and teachers’ time grew, largely due to increased centralised control and bureaucracy. In 2003 the unions and the government negotiated a shift in terms and conditions. This agreement with the DfES (entitled Raising Standards and Tackling Workload: A National Agreement) aimed to improve the work-life balance for teachers after many years of rising concerns over excessive teacher workloads. As a result of this national agreement they would work a directed number of hours, classroom assistants would be employed, and many of them were given pastoral duties. There was also an emphasis on the ‘teaching’ aspect of being a teacher which gave rise to a change in many teachers’ perceptions of the boundaries of their role: and this could be said to have become more restricted and narrow. Schools therefore had to find different ways of responding to the needs of young people, and one way in which they did that was to employ support staff. Many of these were given pastoral roles, and in addition counselling and support services became the province of specialists.

The 1990s were a time of extraordinary educational change. The educational reforms brought with them numerous impacts and many of these fell on vulnerable young people. Exclusion rates rose and this can be credited to an array of complex factors: competition between schools; the aforementioned changes to teachers’ conditions of service; changes to the curriculum; and an increased emphasis on standards and standardisation (Baginsky, 2004; McLaughlin, 1999; Watkins, 1999). The high inspection regime, accountability and competition between schools had made vulnerable pupils, particularly those with emotional and behavioural difficulties, less able to be maintained in ‘comprehensive schools’, and so many vulnerable children were located in specialist units and schools which were outside the mainstream school system. Recently there have been very different trends and these could be said to be pulling in various directions. There has been a greater increase and acceptance of counselling and counselling approaches in schools, greater use of specialist counsellors, and less incorporation of what Hamblin (1974) and others have called ‘applied counselling skills’, or ‘first level skills’, which he saw as the province of all teachers. However, this is not to say that the relational aspects of teaching are not highly valued today.
The other big change, which mirrors the field of practice generally, has been the shift from person-centred approaches towards a wider array of theoretical models and techniques. The use of cognitive approaches has increased in schools and many of the techniques are widely understood. There has also been the large-scale adoption of counselling in various parts of the United Kingdom, and most notably in Wales where in April 2008 the Welsh government rolled out the National Strategy for School-based Counselling Services, informed by Pattison et al’s (2007) report, which had identified ‘standards of practice and the frameworks needed to deliver high quality and sustainable services’.

The Welsh strategy aimed to ensure that counselling services were available in all Welsh secondary schools, along with the piloting of primary school services in four local authorities. This is the biggest systematic attempt to adopt counselling in schools in the UK to date. There are many other organisations (such as the Place2Be and Kids Company) that are engaging in therapeutic work, but the Welsh example has been large scale and evaluated at the various stages. The conclusions of the evaluation were that:

Participation in counselling was associated with large reductions in psychological distress; with levels of improvement that, on average, were somewhat greater than those found in previous evaluations of UK school-based counselling. Key recommendations are that permanent funding mechanisms should be established to embed counselling in the Welsh secondary school sector, with consideration given to its roll-out into primary schools. (Hill et al., 2011: 6)

In this strategy school-based counselling is viewed as ‘a skilled way of helping young people with personal and developmental difficulties provided by professional practitioners’ (2011: 7). It aims to give them opportunities to:

- discuss difficulties in a confidential and non judgemental atmosphere
- explore the nature of their difficulties
- increase their self-awareness
- develop a better understanding of their difficulties
- develop the personal resources needed to manage their problems
- develop strategies to cope with change. (2011: 10)

The work of counselling is mostly with individuals, but includes working closely with school staff and agencies to provide a complementary service to other interventions in school ‘that support and promote young people’s emotional health and wellbeing’ (2011: 10).
In the most recent UK study of counselling in schools Cooper reviews the field and acknowledges that the term counselling in schools is 'Increasingly ... being reserved for the activities of professionally trained counsellors (2013: 3). He also cites the British Association for Counselling and Psychotherapy’s definition of school-based counselling, which is ‘a professional activity delivered by qualified practitioners in schools. Counsellors offer troubled and/or distressed children and young people an opportunity to talk about their difficulties, within a relationship of agreed confidentiality’ (2013: 3). Counselling in the UK is characterised by a relational approach, as opposed to the guidance emphasis of US counsellors in schools, and is mostly individual rather than group or family focused.

Cooper concludes that ‘school-based counselling is one of the most widely delivered forms of psychological therapy for young people in the UK’, that it is highly valued by young people and those involved in their care, and it ‘appears to be producing positive effects (2013: 22). The strength of school-based counselling is that it can provide ‘an easily accessible mental health intervention for:

any young person struggling with difficulties in their lives, and particularly those who may have no-one else to turn to’. (2013: 22)

At the beginning of this section, the question of the part counselling in schools plays in developing good mental health and emotional well-being was posed. There is now strong evidence to show that counseling in schools is successful in reducing the distress of young people and is successful as a site for this work. There are also well developed models now for working in schools and on a large scale in both primary and secondary schools.

Conclusion

If we take a critical look at the field and return Bronfenbrenner’s ecological approach, what other reflections can we make? Twenty years ago (McLaughlin, 1993) I argued for three elements: an educative function [i.e., to develop students personally and socially in the context of the school]; a reflective function [i.e., an exploration of the possible impact of and contribution to personal and social development and mental health of practices in the classroom and other aspects of the school community]; and a welfare function [i.e., the responsibility to plan for and react to issues which impact on students’ welfare]. These functions are still very important, but the words we use today may well have changed in the interim, and thus ‘welfare’ is not much in evidence
Nowadays, and instead we have the ‘care or therapeutic function’. It is this third function which seems to have become dominant and largely the province of a specialised service made up of professional counsellors. Paralleling this is a shift in terms of the language in which counselling in schools is discussed, with a move towards a more medicalised language and model. There has also been a shift towards the dominance of the medical or experimental mode of research, so the NICE model as the benchmark of good research is threaded through much of the discussion in BACP documents for example.

I began with a quotation from Bronfenbrenner, who argued that:

Human beings create the environments that shape the course of human development. Their actions influence the multiple physical and cultural tiers of the ecology that shapes them, and this agency makes humans – for better or for worse – active producers of their own development. (Bronfenbrenner, 2005: xxvii)

If this is the case then the function that needs most development, and which has largely disappeared from the discussions on counselling in schools, is the reflective one. In a greatly altered educational landscape dominated by accountability and measurement, one which is affecting the wellbeing of our young people (Gray et al., 2011), this reflective function is a brave one for counsellors to engage in. It is interesting to note that many of the early pioneers in counselling and counselling in schools became interested in, and wrote about, the learning process and schools as organisations for health or good guidance communities. Examples of this are Rogers’ Freedom to Learn for the 80’s or William Glasser’s Choice Theory in the Classroom. These books go beyond a discussion of working with individuals and engage in a wider discussion of how schools and their values and processes can engage in, and impact upon, the wellbeing of young people in their care. This element of the discussion is not very visible and given the research on the power of the school as an organisation to impact upon the wellbeing of young people, then this is a significant loss.