



**OFFICIAL REPORT**  
AITHISG OIFIGEIL

# Education and Skills Committee

**Wednesday 9 September 2020**

**Session 5**



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**EDUCATION AND SKILLS COMMITTEE**

**20<sup>th</sup> Meeting 2020, Session 5**

**CONVENER**

\*Clare Adamson (Motherwell and Wishaw) (SNP)

**DEPUTY CONVENER**

\*Daniel Johnson (Edinburgh Southern) (Lab)

**COMMITTEE MEMBERS**

\*Dr Alasdair Allan (Na h-Eileanan an Iar) (SNP)

\*Kenneth Gibson (Cunninghame North) (SNP)

Iain Gray (East Lothian) (Lab)

\*Jamie Greene (West Scotland) (Con)

\*Ross Greer (West Scotland) (Green)

\*Jamie Halcro Johnston (Highlands and Islands) (Con)

\*Rona Mackay (Strathkelvin and Bearsden) (SNP)

\*Alex Neil (Airdrie and Shotts) (SNP)

\*Beatrice Wishart (Shetland Islands) (LD)

\*attended

**THE FOLLOWING ALSO PARTICIPATED:**

Laura Caven (Convention of Scottish Local Authorities)

Neil Findlay (Lothian) (Lab) (Committee Substitute)

Jennifer King (Association of Directors of Education in Scotland)

Barry Syme (Association of Scottish Principal Educational Psychologists)

**CLERK TO THE COMMITTEE**

Gary Cocker

**LOCATION**

The Robert Burns Room (CR1)



## Scottish Parliament

### Education and Skills Committee

*Wednesday 9 September 2020*

*[The Convener opened the meeting at 10:00]*

### Interests

**The Convener (Clare Adamson):** Good morning, and a warm welcome to everyone attending remotely and in the room to the 20th meeting in 2020 of the Education and Skills Committee. I remind everyone to turn their mobile phones and other devices to silent for the duration of the meeting.

We have had apologies from Iain Gray MSP, so I welcome to the committee a substitute member, Neil Findlay MSP, and ask him to declare any interests.

**Neil Findlay (Lothian) (Lab):** I am a former schoolteacher and a member of the Educational Institute of Scotland.

**The Convener:** I remind members that social distancing measures are in place in committee rooms and across the Holyrood campus. I ask that we all take care to observe those measures during the meeting, including when entering and exiting the committee room.

## Decision on Taking Business in Private

10:01

**The Convener:** Under agenda item 1, I ask the committee to decide whether to take in private the final item on the published agenda, which is a discussion of the evidence that we will take today. Are members content to do so?

**Members** *indicated agreement.*

## Counsellors in School Education

10:01

**The Convener:** The next item on the agenda is a return to our investigation into counsellors in school education. This morning, we are taking evidence from the Association of Directors of Education in Scotland, the Convention of Scottish Local Authorities and the Association of Scottish Principal Educational Psychologists. I warmly welcome Barry Syme, treasurer and executive committee member of ASPEP; Laura Caven, policy manager for children and young people at COSLA; and Jennifer King, network chair for children and young people, additional support needs services at ADES.

Our witnesses are attending remotely, so I ask members and witnesses to leave a short gap between contributions to ensure that broadcasting can activate the appropriate microphones.

I also remind members to direct their questions to particular witnesses, where appropriate. If they do not, I shall put the question to the whole panel. Witnesses are welcome to state that they have nothing that they wish to contribute, but if they wish to come in, it would be helpful if they indicated that to the clerks.

I invite Laura Caven to make an opening statement on behalf of the witnesses.

**Laura Caven (Convention of Scottish Local Authorities):** Thank you, convener. I thank the committee for inviting us to speak to you today on behalf of local government. We also thank you for maintaining a focus on mental health and wellbeing at this time.

The committee will be aware that health and wellbeing is central to the recovery curriculum. It is one of its three key components, alongside literacy and numeracy. As we are all aware, learning is compromised if health and wellbeing are compromised.

Pre-Covid, and after the publication of the 2018-19 programme for government, the Scottish Government was working with COSLA and partners on a range of measures that were aimed at enhancing mental health and wellbeing. Those are rooted in getting it right for every child, and they include increased and improved training resources and offers for school staff, along with access to counsellors via schools for children and young people over the age of 10.

A set of principles for delivery was developed and agreed politically, and one of the most important of those was that counselling should be provided as part of a range of approaches to support children and young people in line with

GIRFEC. Work began on that last year, with full roll-out intended for September this year.

Covid will undoubtedly have had an impact on delivery timescales, but it is important to note how local authorities, partners and the wider community have worked together to support children and young people throughout the period of school closures. We have seen innovative approaches, with technology being used to provide support and contact, and we saw a range of online and printed resources being developed and shared. We also saw young people themselves doing a lot to support each other. They were using technology better than any of us could.

There are a lot of lessons that we could learn from these past few months. We also know, however, that many children, young people and adults really struggled. There is therefore a lot of work to be done to help people to rebuild and recover not only their learning but their confidence, their trust and their relationships.

Once again, I thank the committee for keeping the important issue of wellbeing at the forefront of all our minds.

**The Convener:** Thank you. Before we move to questions from members, I will open with a question. This policy was in place, and the requirement for it in our schools was identified, before we had even heard of the possibility of Covid. Is the policy still fit for purpose, given that we know that mental health and wellbeing have been dramatically affected during the Covid outbreak?

**Barry Syme (Association of Scottish Principal Educational Psychologists):** I believe that it still is fit for purpose. We have had counselling in schools for many years in various authorities, and it is welcome that there is now the offer across Scotland. We have learned a lot from Covid, and I think that that we will discuss this morning how we deliver the policy remotely.

We also have to think about how to build resilience into the system in future contracts so that we can have other ways of working. Some providers of existing counselling services have done incredibly well, but we have to think ahead about how we would use the service, as Covid will be around for quite a while. We need to think in different ways about how we do remote counselling. A lot of evidence is coming through from providers that young people want face-to-face counselling and that they would rather wait for that than try counselling remotely. I think that there are other issues that we could explore.

**The Convener:** Does Ms Caven want to come in?

**Laura Caven:** I do not think I have anything to add to that.

**The Convener:** Ms King?

**Jennifer King (Association of Directors of Education in Scotland):** I support what Barry Syme has said. We need to have that adaptability as we go through the further procurement and implementation of our services. There are things to be learned from Covid, but your question was whether the intent of the policy is still relevant. I would say that yes, it absolutely is.

**The Convener:** We now move to questions from the committee.

**Beatrice Wishart (Shetland Islands) (LD):** Good morning. Barry Syme, you have touched on remote delivery and resilience as we go forward. There is an issue around young people not having been able to access technology or digital platforms. How would you propose getting around that?

**Barry Syme:** There are several ways in which we need to think about that. In my experience, even when young people were involved in counselling and providers had had contact with them, when they tried to get through to a young person, it was via the parents. Some young people had real difficulty in that the parents were not necessarily allowing them to contact the counsellors. Also, at the time that a counsellor made contact, the young person might have been sleeping. How to maintain contact with young people on a personal level is an issue that we have to think about.

We also have to look at community resources, such as libraries and other community venues where a young person can access information technology. Some local authorities have rolled out the provision of information and communications technology, such as iPads. That is another opportunity. We need to think about how to give young people maximal opportunity to access technology.

**Beatrice Wishart:** I ask the same question of Jennifer King.

**Jennifer King:** I support what Barry Syme said. The issue is also about there being an element of choice for young people in how they want to experience counselling, although we have to have some flexibility in case we have to scale up or down, depending on what happens with Covid. For example, in our local experience, although young people had a desire to get back to face-to-face counselling, a number of them—particularly if a face-to-face relationship with the counsellor had already been established—preferred to move to having counselling by phone as an alternative to virtual or digital counselling. If the counselling

relationship has been established first, that may strengthen the young person's element of choice in being able to continue that relationship by means other than face-to-face contact.

**Beatrice Wishart:** Laura Caven, do you have any comments?

**Laura Caven:** I would add that there is a wider commitment to digital access for children and young people, which I think the committee had details of a couple of meetings ago, around access to Chromebooks and other forms of technology. We know that there are issues, for example, with broadband access, which is being considered not only with regard to counselling or access to support, but in the wider context.

We have had feedback that some children and young people are finding that messaging, rather than speaking, is preferable. They find that being able to message a counsellor or whomever they are accessing for support is a more convenient method of using technology, especially if they are in their house and do not want to be overheard. As I said earlier, we receive a range of learning, and the need to improve digital access for everyone in Scotland is certainly on our radar.

**Beatrice Wishart:** That is helpful. I have another question, which I can ask now.

**The Convener:** Please go ahead.

**Beatrice Wishart:** If the additional counsellors who are needed are people who are already trained, do we know exactly who they are and what they are doing at the moment? If their role is shifted towards counselling for children, will that have a negative impact on other mental health services, such as psychological therapies for adults, for which we know there is a waiting list? Who is already in the system, and how might other services be impacted?

**Barry Syme:** I am not sure that I can really answer that question, because I do not have the data. My focus, certainly in Glasgow, has been on working with larger providers. I therefore cannot say where on the ground the workforce will be coming from. Anecdotally, I know that there are adult counsellors who are retraining via universities and other providers to move into the sector. However, the issue is more about the complexity—which might be explored this morning—around whether a commission service or a more localised service is used. The matter is quite complicated.

**Beatrice Wishart:** That is understandable.

**Laura Caven:** Alongside the work around counsellors, I know that Scottish Government colleagues were working with the Scottish Qualifications Authority and other bodies to consider how they could develop qualifications for

counsellors who are currently working with adults, but who perhaps want to train to support children and young people. That does not answer the question, but the matter is on the Government's radar. I know that the committee is speaking to the Deputy First Minister next week, and he might have more details on that. In developing that commitment, there were conversations with the registering bodies—Counselling and Psychotherapy in Scotland and the British Association for Counselling and Psychotherapy—around the routes through which people could qualify to become counsellors and the number of counsellors available. That might be something that the committee wishes to explore.

**Jennifer King:** It is a question that needs further consideration as part of a wider, whole-system approach to mental health and wellbeing. It might also be worth considering the issue within the framework for community mental health and wellbeing support and services. It is too early to say, and we do not have the details, as Barry Syme said, but it is something to keep an eye on, in consultation with the organisations that Laura Caven referred to.

**Beatrice Wishart:** Thank you.

10:15

**Daniel Johnson (Edinburgh Southern) (Lab):** I remind the committee of my own diagnosis and the fact that I am a trustee of the ADHD Foundation.

My questions are principally around service design and how counselling will integrate with other activities in schools. As our panellists are no doubt aware, the Morgan review was published in June this year and states, with reference to widening access, that there is a good deal of scepticism and disappointment about the way in which GIRFEC is operating.

My question is informed by that, and the desire to ensure that this works. What is being done to ensure that the new school counsellors integrate with the rest of the school's approaches and practices so that counselling is part of a whole-school approach? That is very much the tenor of the Morgan review when it asks how we can improve provision for ASN. I put the question to Ms King in the first instance, but I am happy to hear from the other witnesses.

**Jennifer King:** I am speaking also from the perspective of Tayside, where we are currently looking at the service design with providers. It is a key requirement that we ask providers to give us evidence of how they are integrating into the school system. That would include the staged intervention process in terms of getting it right for

every child. I suppose that that is the starting point.

For the services that have been in the early stages of implementation or piloting in our area, the feedback from the schools that I work with has been that counselling services and their leads have worked very closely with the leads in schools to ensure that the counselling service is not stand-alone but is based on looking at the overall assessment of a young person's wellbeing, and on making well-informed judgments about which young people will benefit from counselling, because we know that for some young people, counselling is not the right intervention.

Again, we are in the relatively early stages, but we are confident that, for the authorities and schools that already have it under way, counselling is working within the staged intervention framework. The role of the counselling co-ordinator in each local authority will provide us with some moderation and quality assurance.

**The Convener:** Does Mr Syme want to come in on that?

**Barry Syme:** Thank you, convener. I agree entirely with Jennifer King. Counselling has to fit within the staged intervention framework. In the local authority where I work, we take a tiered approach, as many others have done, in which there is a wide range of offers around mental health. Counselling would be one of the significant offers, but it has to fit within that framework.

My view as a psychologist is that counselling works very well for some young people, but you have to be ready to take counselling. You have to have the emotional skills and literacy to be able to talk through your problem. Just shoehorning somebody into a service is not necessarily going to benefit them. Young people mature, and as they go into secondary school they become more willing to look at person-centred counselling. However, younger children may struggle. We have to have a much broader offer. That is why there tends to be a mental health framework in local authorities, and counselling fits very well within that. However, it has to be identified as a specific tier of intervention—probably a tier 2—and you have to be very clear about the point at which you should move on if counselling is not working.

**Daniel Johnson:** I am interested in following up on Mr Syme's point. He is absolutely correct to say that there is a limit to what counselling can provide and that there are questions about its appropriateness for certain individuals.

What work has been done to consider how counselling integrates with services outside the school? In particular, are direct referral pathways to child and adolescent mental health services in



place, and how are those working? That will clearly be a vitally important step.

**Barry Syme:** If we go back to GIRFEC's principle of putting the child at the centre, we should ask what the barriers are to that young person's wellbeing and then think about a system around them. A lot of local authorities' education services have either multiagency support teams, or joint support or joint assessment teams. There has to be ownership of a young person's problem at that level and a decision has to be made about where the best place is for them.

A referral that goes to child and adolescent mental health services should then be facilitated through that service. If there is a delay in accessing CAMHS, support should still be put in place so that counselling or some other form of therapy might be offered as an interim intervention. One of the concerns that I raised when I was involved with the evaluation of CAMHS was that the majority of referrals—probably 70 per cent—come via general practitioners, so families with issues have to go to their general practitioner who necessarily has to make a referral to CAMHS. At the end of the day, the child is still in school and a support mechanism should still be in place around that situation.

We are getting much better at that system but there is still a piece of work to do. Counselling services will probably fit in with the multiagency joint support and joint assessment teams.

**Daniel Johnson:** I have one final question around the theme, which relates to the declaration that I made at the beginning. I obviously take a keen interest in neurodevelopmental disorders, and I regularly ask this question when I talk about the subject: what do we mean by mental health? I am sometimes concerned that we are just talking about anxiety and depression which, although clearly important, are often—in my view—symptoms of other underlying issues, conditions and situations.

What is the scope of the counselling service? What is being done to ensure that it encompasses things such as ADHD, autistic spectrum disorder or other neurodevelopmental disorders and that it integrates with relevant and appropriate services?

**Jennifer King:** It is an interesting question. We probably have something to learn from the recent framework that the Welsh Government and BACP have developed, which recognises that the neurodevelopmental needs that some young people have should be taken into account.

One of the critical things that we expect of any counsellor and counselling service is their clinical judgment and their capacity to formulate an analysis of the young person's need, irrespective of their diagnostic label. We certainly expect, and

look for, that analysis in any provider's model of delivery.

We need to take account of not just the diagnostic label but how that young person presents and what barriers they might have. As we progress to a national level around the issue, it would be helpful to us to learn from the Welsh model.

**Rona Mackay (Strathkelvin and Bearsden) (SNP):** In answer to Daniel Johnson, Jennifer King talked about what I think she referred to as the Tayside framework, in which she has been involved. I accept that, as you said, you do not have exact data, but do you know what the consistency of services is like throughout Scotland?

**Jennifer King:** I cannot give an exact picture of that. I referred to Tayside, because I work for Dundee City Council which, with two other authorities, is taking a Tayside-wide approach, for which there is a rationale.

According to early indications from some of those providers, and from the conversations that ASPEP and ADES have had, a range of big providers—big organisations—are already working in a number of authority areas across Scotland. Some authorities have a blend of such providers with in-house provision, or people who are employed directly by the council. Those of us who work on a larger scale have had to take into account procurement processes. That is another factor in how far we have progressed, taking account of Covid, obviously.

I cannot give exact data on that. We might need to refer that back to our colleagues in Government.

**The Convener:** I ask Ms Caven whether COSLA has a picture of that across Scotland?

**Laura Caven:** Can I clarify what is meant? Is it about the delivery of the specific commitment on counselling or about the wider mental health support that is available for children and young people?

**Rona Mackay:** It was really about the wider mental health counselling throughout Scotland. Do you have any indication of that?

**Laura Caven:** From an earlier survey that was carried out by Government colleagues, we know that a range of approaches are being taken to support children and young people. The Government did a bit of work to ascertain what was going on to support children and young people during the period of school closures. All local authorities and their partners were doing a great deal to ensure that support was available, and they took differing approaches, which might

have involved technology, physically distant visits and supporting families or parents.

I do not have figures, but we know that local areas in Scotland have very diverse needs and so need diverse solutions and approaches. Support is available, but it will be different depending on where someone is.

**Neil Findlay:** Ten years ago, I was a support for learning teacher. Making referrals to educational psychologists was a frustrating process, and usually resulted in extremely long waits for pupils to be assessed. Has that changed, at all?

This week, my local newspaper highlighted the situation in the NHS Lothian area, where 60 per cent of young people have been waiting for more than four and a half months for their first mental health consultation, having been referred, and 19 per cent—which amounts to 472 children—have been waiting for more than a year.

Anecdotally I hear that MSPs, councillors and others are being approached by more and more families who have children with mental health problems, and with more acute mental health problems. I am sure that members who are round the table will have experienced that. It has certainly been the case over the period during which I have been an MSP. The situation in Lothian is absolutely dreadful for families who are desperate for help. To me, the situation seems to be getting significantly worse, instead of better.

Will you comment on the fact that 20 per cent of young people are waiting longer than one year for their first referral and 60 per cent are waiting for more than four and a half months, when they should be treated within 18 weeks?

**The Convener:** I will put that to the panel, although I am not sure that it is covered by the subject that they are here to talk about. I ask Mr Syme to come in.

**Neil Findlay:** The point that I am making is that we need a joined-up approach. When schools, social work or others are referring young people for mental health consultation via the national health service, if they face that situation, that will have a massive impact when the child goes to school the following day, week or for the next year not having seen anyone.

10:30

**The Convener:** I appreciate the point, but I am not sure whether the panel will take a view on that. I will go to Mr Syme first.

**Barry Syme:** I take Mr Findlay's point, but I am afraid that I cannot comment on referrals to CAMHS, because it is outwith my remit.

The work that I am involved with strategically in my local authority is on early intervention. I fully accept that there are challenges once young people reach tier 3 or tier 4. Overall, we have to work towards building more capacity among staff and allowing them to support young people before problems arise. I accept that, with Covid, that is an incredible challenge, but some of the work that we have been doing, particularly through the west regional improvement collaborative, in which eight local authorities are working together on mental health strategy and policy, is about trying to build capacity among staff and looking at other support and services, one of which is counselling.

We are also training support-for-learning workers in awareness of mental health, suicide prevention and self-harm. We are not trying to turn people into specialists, but they need to have enough confidence to ask a young person how they are feeling. It is about schools being nurturing enough so that young people feel that they can approach people, because they have relationships with them, and can talk to them about their difficulties.

I know that I have not answered your question about the waiting lists. I have been focusing on mental health for the past six or seven years, and I think that we have a real opportunity at the moment, because the issue is on the agenda and people are actually talking about it, but not as an illness. We are looking at how we accept that everyone has mental health and everyone's mental health changes every day.

**Dr Alasdair Allan (Na h-Eileanan an Iar) (SNP):** Can the panel say anything about the workforce planning that will have to go into this exercise of provision around the country and the training that will be involved? Have local authorities and others collaborated with each other to give some shape to what the workforce planning might look like across the country?

**Laura Caven:** I refer Dr Allan to the work that has been done on qualifications for people who wish to support children and young people in this way. I mentioned that in my earlier answer.

It might be better for Barry Syme or Jennifer King to comment on collaboration between local authorities.

**Jennifer King:** In Tayside, the three local authorities have collaborated in our approach to counselling, first of all in the Tayside emotional health and wellbeing strategy. However, as far as workforce planning is concerned, our intention in collaborating was to ensure that the three local authorities were not in direct competition with one another for counsellors and counselling services, and a collaborative procurement process has heavily supported that.

We have had early discussions with one of the local universities in the area in relation to looking ahead to next year and the number of qualified counsellors who will be coming out of its programme. That is probably as far as our collaboration on the workforce planning of counsellors can take us at the moment. However, to go back to the procurement process, it is a requirement that we ask all providers to evidence how they will be able to meet the requirements, provide continuity of service delivery during the term of the contract period and manage their workforce planning.

It goes back to partnership. The responsibility lies with the provider, but the local authority—in our case, it is done collaboratively—has responsibility to work with the provider and provide quality assurance. Further work will probably need to be done, in consultation with the universities. We have started a conversation about that with one of our local universities.

**Barry Syme:** There has been collaboration, certainly within ASPEP. Some time ago, we came together and produced a position paper and guidance on counselling, which has been adopted by local authorities. Depending on their size, local authorities are restricted by procurement regulations. In Glasgow, where I work, we looked at the empowerment agenda and allowing schools to deal with counselling, but we could not do that because of the value of the contract. We have been working on that procurement contract for months—we are now in September and we started last November—and we are now at the point of going out to tender.

We have to look at the risks of employing individual counsellors as against a commissioned service. Like certain other large authorities, we want to commission a service so that the risk around employability and quality assurance is taken on by that organisation. We have not necessarily done any workforce planning. We rely on the larger third sector organisations to take that on board, so we have not been looking at it.

**Dr Allan:** Can anyone say anything about the rural weighting that is associated with the funding as part of that planning or forward-thinking exercise? Perhaps that is for Jennifer King. Obviously, some schools will be allocated some hours of a person rather than all that person's hours. Do the witnesses have anything to say about the specific needs of schools in relation to deprivation and where that fits into the thinking as you make plans for the new policy?

**Jennifer King:** I am speaking from a Tayside perspective again, but we recognise the diversity across the country and we have asked providers to take rurality into account where it is a factor, and similarly for deprivation. The guidance is clear

that the policy is about schools and young people having access to counselling services and not necessarily having one counsellor per school, because we have to take into account the different demographics. Both factors have been taken into account. We ask providers to demonstrate their knowledge of the local context in which they will be working, so they would need to take account of either or both of those factors.

**Laura Caven:** The established process for any new moneys and additional commitments that local government is asked to deliver was followed. The settlement and distribution group considered the distribution of funding and a rural element was added to that. The issue was certainly considered. An important part of that is that, further down the line—I cannot recall the exact timeframe—the matter will be revisited to ensure that the weighting is still correct in the distribution of the funding.

**Barry Syme:** We can go back to the situation pre-counselling funding and consider how much money was being spent by local authorities on mental health support using the pupil equity fund, particularly in relation to local authorities with high levels of deprivation. For example, we find that headteachers in Glasgow—where 58 per cent of young people are in Scottish index of multiple deprivation 1 and 2 areas—were using pupil equity funding to support mental health. I simply highlight that there is a clear demand in relation to mental health support in deprived communities.

**Dr Allan:** My next question is on a completely different issue, but it is a related theme, and it builds on a point that Mr Johnson made about the differing needs of young people. I refer to the evidence that Children 1st submitted. Although neither Children 1st nor I make this point to take away from the importance of mental health services, it states that it is

“particularly concerned by the way that some children and young people are presenting at universal services with requests for support around anxiety, depression and associated behaviours with their distress being interpreted as mental illness in need of medication.”

However, as it goes on to explain, and as others have pointed out, in many cases, those young people have practical problems in their lives for which they are looking for solutions.

How is that being factored into everyone's thinking and into the planning around providing for counsellors to ensure that other options are looked at, not least liaising with families? That is perhaps a question for Mr Syme initially.

**Barry Syme:** That is an excellent question and an issue that we have been considering. There has to be a linkage between the family support strategy and the support in health and social care partnerships and education services. Counselling

has to link in with that, because I agree entirely that, if the family is in crisis, the young person will be in crisis. We therefore need to think about how to support the family. Some local authority interventions, particularly in the earlier years, focus not simply on the child but more broadly on how to support the family, because families are really struggling. The two have to join up.

A prime example of that is the next three-year mental health strategy in Glasgow, which is a joint strategy between the health and social care partnership and education services. The services will be joined up and we will therefore be able to identify where the gaps are. For example, we may have counselling for a certain number of young people, but are other forms of support required? That is the example of Glasgow; I do not know how it is elsewhere. Nonetheless, I agree with the Children 1st submission.

**Jennifer King:** I agree with those comments. I add only that, in that joining up, we should be mindful of the further implementation of the community mental health and wellbeing supports and services framework, which has a wider systems approach and takes into account the needs of families. That is another lens through which we have to consider the issue and is about seeing the young person as part of their family or community system. There is an opportunity to do that with that new framework and funding.

**Jamie Halcro Johnston (Highlands and Islands) (Con):** I will comment quickly on the points that Beatrice Wishart made in relation to small communities in which there are limited resources. Although the policy is important, we have to ensure that, where there is a limited number of qualified counsellors, resources are not simply shifted around and taken from one part of the system to another.

It was interesting that, when I was listening to the radio—[*Inaudible.*—]the shinty team in Fort William had committed suicide over the past 20 years. There is a real issue with adult—particularly, male—mental health and suicide in the Highlands and Islands. I therefore make the point that it is vital that we ensure that resources are not simply shifted around in some of those areas.

My question is perhaps for Laura Caven and Jennifer King. In relation to the Scottish Government's target, are you confident that the counsellors will be in place across Scotland by the new deadline of the end of October?

10:45

**The Convener:** I am afraid that the audio was not working, because your microphone was not on, so the question was not picked up and

broadcast to our panel. Would you mind repeating it, Mr Halcro Johnston?

In fact, we will move on to a different area, although we will come back to you when the technology is fixed, Mr Halcro Johnston. I am sorry about that. I will go to Mr Gibson.

**Jamie Halcro Johnston:** That was one of my better contributions, as well.

**The Convener:** It seems that the microphone is fixed now, so we will stay with Mr Halcro Johnston and I will come back to Mr Gibson.

**Jamie Halcro Johnston:** I am sorry—this may feel like déjà vu for the people who are in the committee room.

Beatrice Wishart highlighted the issue of small communities in which there are limited resources in relation to mental health counselling, and I made the point that we have to be careful to ensure that those resources are not simply moved from one part of the system to the next. I mentioned the case in Fort William, where six members of one shinty team have committed suicide over the past 20 years, and I noted that there is a real issue around mental health in the Highlands, particularly among young men.

I then asked a question—which is probably for Laura Caven and Jennifer King—about the Scottish Government's target for counsellors to be in place, which has been moved, by a month, to the end of October. Is the panel confident that the new target will be met?

**Laura Caven:** On the October target, I note that a number of local authorities and schools had counselling and access to counsellors in place prior to the commitment being made. That has taken place over a number of years through PEF and wider commitments on mental health.

Before the Scottish Government made a commitment on the October date, officials did a survey to establish whether it was doable, and they have fed back that they are confident that there will be access to counsellors through schools in October. Although the full delivery as it will look in its final state might not be in place by October, there will certainly be access.

The other point to remember is that the policy is one part of a wider system of supports that are in place or being developed. For example, I referred to the wider training resources for people who are supporting children and young people. Public Health Scotland and NHS Education for Scotland have been doing a great deal of work to ensure that information is available so that anyone who works with or supports children and young people can up their level of knowledge and confidence. The policy is one of a wide range of supports that are available for children and young people.

Returning to the question about the October target, we are confident that there will be access to counsellors, even if it is not in the state that it will be when the provision is completely in place. Things such as procurement timelines have inevitably been delayed by the pandemic in some cases. Nonetheless, there is certainly the commitment and will to continue moving forward. Everyone is aware of how much of a pressing issue it was before Covid and of how much more of a pressing issue it will have become.

**Jamie Halcro Johnston:** I will come in quickly before Jennifer King does, because this question is for her as well.

Laura Caven said that there might not be a full roll-out in October, but access will be in place. In which areas is it difficult to do the full roll-out and what are the barriers? Are certain councils having difficulties in accessing the personnel or is there a lack of resource? What are the reasons for the lack of full roll-out in certain areas, and are you aware of where those areas are?

**Laura Caven:** I cannot give you the names of the local authorities; I do not know that because that is not COSLA's role. We are a membership organisation that represents members, so members do not report to us in that way. Procurement and training delays and recruitment have been barriers over the past few months. You might want to explore that with Scottish Government colleagues.

**Jennifer King:** Although we are looking towards the deadline and the importance of having access to counselling, the scale and pace have to be balanced with ensuring that those of us that are working within procurement frameworks make well-informed decisions and that we are confident that the model can be delivered with the counselling providers that are coming forward. We have to get it right. That is as important as sticking to any deadline and scaling up quickly simply to have a service.

We have a duty to be mindful of the value of the awards that are being made. I realise that not all local authorities will necessarily be going through a procurement process as some of us are, but it is a robust process. Being able to collaborate and have moderation gives us a good insight into what we need in order to have a sustainable service, which is as important as immediate implementation. We have to look beyond the immediate period of implementation and consider whether we have something that will be sustainable and resilient over the period of the funding.

There are lessons for us in relation to the length of time that counselling has been implemented in Wales over a 10-year period. Successive lessons

have been learned from that and counselling has been sustained in Wales for a number of years. We should look at the issue for the long term. I understand that October is in our minds as a deadline, but the provision has to last a lot longer than the next few months.

**Jamie Halcro Johnston:** Obviously, the plan was meant to be delivered by the end of this month, but it has understandably been pushed back. Are you confident that all councils are now aware of the model that they are looking to roll out? The suggestion that I get from your answer is that there is still consideration of how the policy will be delivered in some places.

**Jennifer King:** I was just implying that there will be different models, depending on the demographics and how local authorities take it forward.

**Kenneth Gibson (Cunninghame North) (SNP):** Way back in February, the British Association of Counselling and Psychotherapy said, in evidence to the committee that, in relation to councillors, "the workforce is there". However, we have already heard from Mr Findlay about long waiting lists for people to access those councillors. Has the £12 million that was allocated in the last financial year been fully utilised? If not, do local authorities have the flexibility to roll that into the current financial year? And does the panel believe that the £16 million for this year and anything left over from last year will be fully utilised?

**Laura Caven:** The waiting lists that were referred to related to CAMHS waiting times and do not relate to the school counselling commitment. On the waiting times question, even when children are waiting to be seen by someone, they are still in school or receiving support in some way, and when they are being seen they are still in school and receiving support in some way. It is not the case that someone would necessarily be waiting without any support at all. I just wanted to clarify that the waiting times that were referred to did not relate to school counselling.

Locals authorities were able to carry forward the funding, and that was down to local processes and decisions. I cannot comment on the processes of individual local authorities.

**Kenneth Gibson:** Connect has said that 57 per cent of the parents that it surveyed had concerns about the mental health of their children. Is there sufficient resource—of both people and finance—to deal with that? I take on board what Ms Caven said about waiting lists, but is it not the case that young people who are at school often have to wait a considerable amount of time to be seen by CAMHS? How will that be helped by the new system in which they are seen in schools? Will that reduce waiting times or will it simply be

matched by increased demand? What do people think about that?

**Jennifer King:** It is early days for getting any baseline measures for waiting times. We are working with counselling services and counsellors in schools that are part of the school system and the wider community system, and the counselling is aimed, as Barry Syme has said, to be implemented in tier 2 of that system or at an earlier level of intervention.

The longer-term aim is that young people will not need to have access to CAMHS, although that will not be the case for every young person. It will depend on who is eligible for counselling and who is the best fit to make use of such counselling. There will also be some young people who need a direct referral to CAMHS, albeit through a staged intervention process and in consultation with the staff and parents who know them well.

There will also have to be some correlating. Counselling might not be the only key factor affecting the CAMHS waiting list, because, as we have said, there are other interventions and supports in place for schools. However, we hope that it will be a contributing provision. We will work with our colleagues and CAMHS to ensure that those young people and families who are referred to CAMHS have access to the service within a reasonable time and that they are the right families for referral.

There is further work to be done within our mental health and wellbeing frameworks. In our local consultation with CAMHS and GPs we want to ensure that we have made the right judgments when we are referring families to CAMHS. Counselling will be another source of assessment information about young people and what interventions will be right for them and their families.

**Barry Syme:** I would love to think that, if we had high-quality counselling services and lots of provision, there would be a reduction in referrals to CAMHS. There is not a linear progression between having anxiety and ultimately ending up in CAMHS.

In my experience, a lot of young people who end up in CAMHS have not been through any support system at all. For some reason, they have had a sudden crisis or they are just not known to support services. It is difficult to say that expecting a correlation between having supports such as counselling in place and seeing a reduction in CAMHS over a short period of time is realistic.

11:00

I like to think of it as a whole-system approach, of which counselling is one part but in which we

also focus on universal awareness raising of mental health, positive mental health and relationship building before we start to look at tier 1 and tier 2 systems, which are supports within schools before someone gets to counselling. Someone might still require one-to-one counselling or evidence-based group work—a lot of the evidence that we see is that young people prefer to work in groups as opposed to being extracted from class, because there can be stigma attached to that.

We have to work broadly on the supports, which all of us who are here are doing. Counselling is one aspect of support for some young people, and it will prevent some young people from getting referrals to CAMHS, but it is actually about taking a whole-system approach.

**Laura Caven:** My point builds on the points that have been made. We need to be quite clear that this service is separate from child and adolescent mental health services. They are both part of the whole system, but we are not looking at counselling as clinical support that CAMHS might provide. Counselling can be provided for a range of reasons, and we are not looking at it as something that someone would require a diagnosis to access. It needs to be seen as quite separate from CAMHS.

On the relationship between waiting times and counselling, we do not know what is going to happen there, because so many other factors are at play. We need to make sure that we are seeing this counselling as part of the whole system but quite separate from the interventions that would be offered by CAMHS.

**Kenneth Gibson:** Mr Syme, you spoke earlier about the increase in remote working because of the pandemic. Beatrice Wishart also touched on that in her questioning. We have been given a list of the funding allocations to each local authority, but they were set prior to the pandemic. Has there been an increase in costs for the delivery of counselling services because of Covid? If so, do you think that the allocation of funding should be revisited?

**Barry Syme:** I am sorry, but I do not have any information about that nationally. I cannot comment on that, unfortunately.

**Kenneth Gibson:** [*Inaudible.*—considers that, in areas that are not remote, such as cities, one would have thought that the costs of delivery of the service would be less expensive if the service is face to face rather than remote, because you do not have to supply all the equipment that goes along with remote working. I also would have thought that the time taken to do counselling would be increased because of the palaver of getting connected to systems and so on—MSPs

and witnesses know all about that. Therefore, I wonder whether the balance and the amount of funding should alter.

For example, of the £16 million that was allocated for this year, £1.44 million was allocated just for the 32 service managers, at £45,000 each. The remaining 91 per cent would, I imagine, be for salaries, training and so on. Clearly, if there were a need for a remote application that had not been envisaged for, say, Edinburgh and Glasgow—although it might have been envisaged for Orkney, Shetland and the Western Isles—the funding would have to be revisited. The capacity for counselling would surely have to be reduced if the funding remained as it was.

**Laura Caven:** We lost you a little bit there, but I think I can partly answer that question. As I said earlier, a weighting was given to the distributional funding in relation to the existing reality—that was a consideration.

On the issue of changes to courses as a result of Covid, we have not considered that specifically in relation to the counselling commitment, but there is a commitment to revisit the distribution of the funding at a later point.

I do not have the figures for the costs of technology and so on, but I can come back to you on that, if that is helpful.

**Kenneth Gibson:** As I mentioned earlier, we have been given a list of the allocations for each year for every local authority. Is there flexibility in the system to change those allocations if, for example, the demand for the service in a local authority greatly exceeds or is much less than what was anticipated? The sums are allocated right up to 2022-23—for a full four years. As they are laid out, it looks to me as if that is simply what the allocations will be. Is there flexibility in the system? If not, what should the system do in order to cope with the potential changes?

**Laura Caven:** COSLA and the Scottish Government have an agreed process for the distribution of funding. It would be handled by the settlement and distribution group, which is a joint local government/Scottish Government group. That group would consider the policy intent and the quantum, and it would then decide how best to meet the policy intent through the funding. We would not be looking at a system whereby one local authority that faced a lower demand would not receive its share of the funding.

As you say, you have before you the allocations of funding for this particular commitment. However, local authorities are also doing a lot outside that commitment to support children and young people's mental health. Indeed, they are using attainment challenge funding and other sources of funding to enhance the support that is

available. The issue that we are discussing is one part of a wider system of support that people can access. Therefore, the figures before you have are not the full picture of what is being spent to support children and young people's mental health.

**The Convener:** I have a supplementary question for Ms Caven, but you might have to get back to us with the answer. I am a little confused. Mr Gibson has been talking about the figures for this policy, and there has been discussion of training staff to provide and support the service. We are talking about British Association for Counselling and Psychotherapy counsellors, and we know that the training course to become a BACP counsellor costs around £7,000 and that it costs around £2,000 for someone to retrain. Is there any funding available to people who want to go through that process?

You have talked about the SQA, the various qualifications that are coming through the system and the discussions that you have had with universities. Are you saying that there are other qualifications that would meet the needs of this policy and that will be available to people who want to retrain, or are you talking simply about BACP counsellors?

**Laura Caven:** The qualifications that I referred to earlier are something that Scottish Government colleagues are looking into, and I do not have the detail to hand. However, I can find out more information for you and get back to you in correspondence.

I emphasise that, although there is a commitment with a defined pot of money around it, it is part of a wider system of support that is available on the ground. We cannot view this policy in isolation.

**The Convener:** Thank you. We will move to Mr Greene and then Mr Neil.

**Jamie Greene (West Scotland) (Con):** Most of my questions have already been asked, convener, including in supplementary questions. They are, anyway, probably best directed to Government ministers.

**Alex Neil (Airdrie and Shotts) (SNP):** I have a question for the three witnesses. Has there been an overall profiling of demand for these services? For example, we know that demand is very high and that it has got higher during the Covid period, but are there certain pinch points, such as particular ages? I do not mean age groups such as 13 to 16 or 16 to 18, but ages such as 13 or 16, or when young people are transitioning from primary to secondary school. Are there particular ages at which demands for services are much higher?

Is demand for services also, as one would expect, much higher in areas of poverty and deprivation? Are there certain geographies involved? This morning, we have heard reference to a problem in the Highlands among adults in the shinty-playing community. I do not think that we understand the reasons for that at the moment, but are there particular geographies, other than those defined by poverty and deprivation, where there are pressure points? Is there a profile for demand? Is there anywhere we can see the trends and how the pattern of demand for services is changing over time?

**Barry Syme:** It very much depends on whether a contract was already in place. In Glasgow, where, for a number of years, school counselling services have been provided by health improvement and the third sector, we have significant data as part of the contract. In the procurement for that contract, we specified the reporting on that, in order that we could identify who was going through the service and at what stage.

We also need to look at the age and stage of the young person involved, because a 10-year-old is very different from a 16-year-old with regard to their development and ability to talk about their emotional issues. Therefore, we have to think more broadly about the type of counselling support that is needed. A number of providers focus specifically on secondary schools and adults, while a few providers, such as Place2Be, focus on primary schools. Place2Be would argue—as it did in its submission—that some of the group work, individual therapy and working with families is more effective.

We have to build up a picture but not only by local authority. It would be ideal if we could identify what is working across Scotland, because quality assurance around counselling and mental health interventions is really important. It is not just about saying that a young person has been referred and seen; it is about the pre-test, post-test and long-term outcome of that. There is an opportunity to talk about how we would do that piece of work across Scotland to figure out what works. Would it be done on a demographic basis? Is the issue to do with deprivation or rurality? There are a lot of questions that I cannot answer, but, if we do that work properly, there are possibilities.

**Laura Caven:** I will make some wider points around engagement with children and young people. The committee will be aware that the youth commission on mental health services published a report last year that looked at what supports young people said they required or wished to receive. One of the key findings was that they wanted to be involved in developing those supports. They also wanted to have

someone that they knew would be there and that they could trust. That is an important point to remember.

Another key point is that a participation officer is associated with the children and young people's mental health and wellbeing programme board. That officer's role is to ensure that the voices of children and young people feed directly into the programme board and inform the range of supports and interventions that are available. The programme also has an advisory board, which is co-chaired by a young person and a youth organisation chair, and a lived experience panel is in development. We are trying to make sure that the voices of children and young people are central to the supports that are developed.

11:15

**Jennifer King:** I will add to what Laura Caven has said and to Barry Syme's point about the need for outcome measures that, over time, will give us data on what the profile looks like in a local authority area and across Scotland. We hope that, when it is under way, the health and wellbeing census will provide us with useful data, along with what providers will be reporting at a local level. In the future, we could have a very rich picture. The health and wellbeing census was put on hold due to Covid, but a number of pathfinder or early adopter authorities were ready to implement it this year.

**Alex Neil:** Those responses were very helpful. The fundamental points that are being made are that, at the moment, across the country, we do not have an up-to-date national picture of the problem or an analysis of where the worst problems exist, and we do not know how effective what we are doing is in addressing the problem.

We should always have a preventative strategy in health, in order to prevent problems from arising in the first place. For that strategy to be effective, we need comprehensive and regularly updated data, as the three witnesses have identified. Their answers have been extremely helpful and provide follow-up potential for the committee.

Kenny Gibson touched on my next point. What is the relationship between what we know about where the problem is most acute and allocation of resources? Other issues are involved, including the cost of delivering services in rural areas, which is usually much higher than it is in urban areas. Is there a standard formula for how the money that we are talking about this morning it is distributed among local authorities, or has there been an attempt to direct the resources primarily to areas that have the greatest challenges?

**Laura Caven:** I think that I said earlier that the process between the Scottish Government and



local government is that the settlement and distribution group meets and considers the policy intent alongside the funding that is available and the factors that might impact on delivery of the policy. It considers, for example, the rural element and a range of other factors. It is not the case that there is only one method by which funding is distributed. The policy intent and the best way to meet it through distribution are carefully considered.

**Alex Neil:** My final question also builds on what Kenneth Gibson asked. Clearly, that funding is just part of the overall funding for mental health and associated services for our young people. Is the big picture of funding—including all the strands of local and national funding, and non-governmental sources—readily available anywhere? Are there big pictures for each local authority and across Scotland of how much money is being directed, where and for what purposes it is being directed, and the timescales for that investment?

**The Convener:** I think that that question is for Laura Caven.

**Laura Caven:** The short answer is no. That is a really difficult question to answer, if you think about the range of factors that can prevent a person from experiencing distress or mental illness. We could take that to the extreme and ask what youth services are available, or what green space is available. A range of factors can impact on someone's mental health and wellbeing, so we need to consider the overall picture in relation to prevention and early support.

Last year, or the year before, Audit Scotland looked at what was being spent on CAMHS and psychological therapies, and we can look at what attainment funding and so on is being spent on mental health and wellbeing, so there are bits of the picture. It is very difficult to answer the question of what is spent overall on supporting someone's mental health and wellbeing, because individual factors come into play. Without clearly defining what we want to measure in relation to funding, we might struggle a wee bit. More could probably be done on that.

**Alex Neil:** [*Inaudible.*—should be very clear about what we are trying to achieve. If we specify what we are trying to achieve, surely we can relate funding that is allocated for that purpose to outcomes. We can establish where we are getting value for money and where we need to do things better and different.

**Laura Caven:** I agree. If we measure the funding that is spent for a specific purpose, we might have a better idea of the areas that we are looking to measure.

**Ross Greer (West Scotland) (Green):** I would like to pick up on a couple of issues that have

come up during the session. Barry Syme might be the best person, in the first instance, to talk about the workforce issues that were brought up earlier, but others might also have thoughts.

Has restoration of the bursary for educational psychology had the desired effect, or do you expect it to have the desired effect, of ensuring that we have a sustainable pipeline of people coming into the profession to fill the counselling posts that are being created?

**Barry Syme:** There are two separate issues. Educational psychologists are not counsellors; the professions are quite different, as you will be aware. I think that we are about to see a significant improvement in the educational psychology workforce due to reinstatement of the bursary and the partnership funding. Currently, 29 year 3 psychologists are on placement this year doing their stage 2 qualification, and a further 60 people—30 in year 1 and 30 in year 2—are to start. Therefore, within the next three years, we will have an additional 89 psychologists, which is a quarter of all educational psychologists across the country. Compared with where we were in 2009, that is a huge improvement.

I can only see that benefiting mental health services. When ASPEP analysed a week's work in, I think, 2015, we found that 33 per cent of our work at that point related to mental health interventions or training. I would say that the figure is much higher now. I can guess that it would probably be beyond 50 per cent.

Educational psychologists will complement that work by advising schools on the best options for counselling. There could be a broad range of offers, including person-centred counselling for adolescents, and play therapy, drama therapy and group work counselling at primary level. Educational psychologists are well placed to help schools to identify the best interventions, whether that is counselling or another intervention that might relate to referral to mental health services or to a third sector organisation.

I do not know whether I have answered the question, but reinstatement of the partnership funding has led to a huge improvement. The quality of the third-year trainees who are coming off the masters course is superb, so there are some real positives.

**Ross Greer:** That is excellent. Other witnesses might want to reflect on that, but I have quite a few other questions on which I am keen to hear their thoughts. Jennifer King, in particular, might be able to comment on a point that Barry Syme mentioned earlier, about the need for more emotional literacy. At whatever age and stage the young people who are being supported are at, it is

critical that they are able to talk about what they are going through.

A couple of years ago, the committee did an inquiry into personal and social education in our schools, covering health and wellbeing. On the back of our inquiry, a review was carried out by Education Scotland, and the Government accepted all the recommendations in that review. Part of our inquiry, and part of what came out in the review, concerned the need for far more consistency in education around mental health, so that young people have the vocabulary to discuss their own mental health and have a basic level of awareness of good and bad mental health, of where issues might occur and of where to go for support. I think that it was two years ago when the recommendations were all accepted.

I am interested to hear whether you believe that improvements are now being made, or that plans are in place to implement improvements, to provide consistent mental health education that gives young people the confidence, and even just the basic vocabulary, to talk about what might be going on for them, so that, having been educated in the area, they know to go and get support.

**Jennifer King:** Personal, social, health and economic education—PSHE—and its delivery through our schools is critical in a number of ways, as has come through in many responses. We are supporting a much-widened system, and the efficacy and effectiveness of counselling will partly depend how good the other parts of the system are. That is certainly the case for PSHE. We have briefly referred to implementation of whole-school nurture approaches, which include the key principle of giving children the language and vocabulary to communicate their needs, while also ensuring that adults are attuned well enough to understand what children are communicating.

There are a range of age-and-stage approaches in our schools on which schools have refocused since they returned full time in August. That has included some national awards. One of my schools referred to the national 5 qualification in health and wellbeing and described how a number of pupils had engaged with it, through referring to their understanding of it for themselves and for their peers.

Through the quality assurance framework HGIOS 4—the fourth edition of “How Good is Our School?”—we would consider the extent to which schools are self-evaluating and improving in that area. As I said, there has been a refocusing on those approaches in light of what has happened. That is a critical part of the system that we have been speaking about.

**Laura Caven:** I will highlight one more thing. Alongside its commitment on counselling in the

programme for government, the Scottish Government committed to increasing and improving training resources and offers for school staff, and to widening access to counsellors. As well as that on-going work, there is a national group that is made up of a range of partners working in schools, which is examining the resources that are available for staff and pupils so that learners can develop their knowledge of mental health. That work is on-going at national level, and a great deal of work is also on-going locally. Some of the best resources are those that have been developed by children and young people themselves, based on their own experiences. It is a priority for the group that it learns from those and shares them among schools and local authorities.

**Ross Greer:** Is any of the additional training that came out of the previous work, and the on-going work to develop it, becoming available? I am aware that we have experienced significant disruption in what would have been a period of preparation, but I am also aware that it has been quite some time since the last round of funding for mental health first aid training was made available for school staff. I would be interested to hear whether any of what is coming through that pipeline is available now. If not, over what timescale do you expect that training to become available for teachers and other staff?

11:30

**Laura Caven:** I believe that mental health first aid training is still available for people who work in local authorities. Also, as I said, Public Health Scotland and NHS Education for Scotland are developing a range of resources and training offers for people who work with children and young people. The children and young people’s mental health and wellbeing programme board also has a specific workstream on workforce training.

I do not know the timescales that Mr Greer is looking for, but I can perhaps follow up with information on that.

**Ross Greer:** That would be great. Thank you.

I have a final question, if there is time, convener. I am aware that there might not be.

**The Convener:** No—you are fine.

**Ross Greer:** This is an open question to all the panellists. We could have more lockdowns across the country, although I hope not. At the start of the meeting, we touched on how counsellors and other staff have supported people during the national lockdown. In the event of further localised lockdowns or—God forbid—another national lockdown, are adequate resources in place for

counsellors to support young people remotely, if no one is in the school setting?

**Barry Syme:** I do not have firm evidence, but I believe that we are now in a much better place. Lockdown happened very quickly. At that point, certainly in my profession, hardly anybody was using videoconferencing, but it is now a daily occurrence. We are clearer about security using videoconferencing and various applications. Schools are now in a better place. Because lockdown happened very quickly, schools had to respond and contact vulnerable families, which they did throughout the lockdown period—certainly, my local authority did.

If lockdown were to happen again, we have learned lessons from the past few months and are now probably in a better place to deal with it. The virtual approach is not perfect, because nothing is better than face-to-face contact. It is really difficult—I have done it and I know that it is a hard task—to read the body language of a young person, particularly if the internet connection is poor.

There is also the confidentiality aspect. A young person might be reluctant to talk about and share personal issues if their family is around, even if they are supportive. Many young people who were in counselling before lockdown did not take up virtual counselling because of such concerns. In planning for the future, we should consider how to deal with that, if we cannot have face-to-face contact.

We should also consider at what time of day we should provide counselling. Many young people might function better later in the day or in the evenings, so we need to consider how that works with counselling. We have to think about the practicalities.

I hope that that answers your question.

**Jennifer King:** I agree with Barry Syme. We have certainly learned how adaptable services can be, and staff in schools, along with those who provide counselling, have demonstrated that. Local authorities have, in procurement processes, asked providers to demonstrate how adaptable and flexible they can be in relation to using a more virtual approach and to not having face-to-face counselling if it is not feasible—although they should also be able to return to that, as many are beginning to do. Platforms such as Attend Anywhere have been helpful in allowing that.

The only thing that I would add is that we need to ensure that services are accessible. For example, numbers of British Sign Language users are perhaps small across Scotland, but we need nevertheless, from an equalities perspective, to ensure that we use platforms that are accessible to them. Arguably, we are in a better place than

we were before, so let us hope that we do not go back.

**Laura Caven:** I come back to something that I said earlier, picking up on Barry Syme's point that young people may not want to speak on the phone or via a digital platform or videoconference because they are in their home and there may be other family members around. Some local authorities have mentioned that they have used messaging services such as WhatsApp or something similar so that young people can message back and forth. Some of the feedback from children and young people has emphasised that that is how they communicate with their friends—it is second nature to them to communicate in that way, rather than face to face. They would prefer to do that rather than be in a room with someone.

That brings me back to a point that we need to keep in mind in developing or delivering any of these support initiatives. Every young person is different and has a different communication style or way in which they would like to be supported. We need to ensure that we root our approach in GIRFEC, deliver what each young person and their family will be looking for by way of support and make sure that the support that is provided is right for them.

**Rona Mackay:** Good morning, panel. My question is for Jennifer King. Will there be an impact assessment for Covid in relation to children who have additional support needs?

**Jennifer King:** Will you clarify whether you are referring to counselling or speaking more generally?

**Rona Mackay:** I am speaking generally. Are there plans to do such an assessment? In an earlier session—I think that I am right in saying this—Councillor McCabe said that there would be an impact assessment for Covid. Do you know about that? Is it part of your remit?

**Jennifer King:** I am not sure that I can fully answer that question—it might be better for Laura Caven to answer from a COSLA perspective with regard to anything to which Councillor McCabe had agreed.

**Rona Mackay:** I will go to Ms Caven, but I am perfectly happy for you to take that question on board and come back to us if you do not have the answer now.

**Laura Caven:** I will pick up on the point briefly. There is a Covid-19 children and families leadership group, which is jointly chaired by the Scottish Government and the Society of Local Authority Chief Executives and Senior Managers, and it is leading an exercise on lessons learned from Covid-19 in the context of the wider impact

on children and young people. That is not specifically about additional support for learning, but it is certainly specific to children and young people with regard to the support that they might need as we move forward.

**Rona Mackay:** If it is possible for the witnesses to come back to the committee on the point about children who have additional needs—if you know of anything that is happening in that area—that would be great.

I have a further question, which Barry Syme might be able to answer, on the practicalities of counselling in schools. Do children come to you? Do they know how to access a counsellor? Are they referred by their parents or by a teacher? Perhaps you can give us a picture of how that works.

**Barry Syme:** It very much depends on the contract that is in place. For example, in my experience of working in a contract framework in a secondary school, a referral would be made either by the young person directly or via their pastoral care teacher or year head. Normally, the pastoral care teacher or year head would be aware of some of the issues, because they would have spoken about the matter beforehand.

That brings us back to the point about staged interventions. There would be an initial discussion, or the parents may contact the school and say that their young person is having issues or whatever. A referral would then be made to the counsellor in school, and it would be agreed at what point the young person would attend—whether they would be extracted from class or at some other point during the day. Sometimes, counselling is offered during lunchtimes—it depends.

The approach is very much based on the geography and layout of the school, but also on the timetable and when the young person is available. We do not want to be continually removing a young person from classes in the same subject, because they would miss so much work. There is also the stigma of having to leave the class, because most of the other young people in the class will be aware that the person is going somewhere else.

We have learned from previous contracts that there needs to be more flexibility. It is part of the Scottish Government's guidance that there should be 52 weeks of provision, taking away Christmas; in other words, counselling should also be available outwith school terms. It would have to be provided in the school or in a community venue, but that should not be a problem given that most secondary schools are open throughout the year.

There are also restrictions to do with how information is kept, how it is recorded and the feedback that is provided. We would always look

for a feedback loop. The young person is referred to the counsellor, who would agree with the young person how many sessions they would have, and there would probably be some pre and post-counselling tests. That might involve carrying out a wellbeing assessment or using the young person's CORE assessment, which is a clinical before and after assessment that is used to measure change.

There needs to be some method of recording that in the child's plan. For example, it could be mentioned in the pastoral notes that the young person has attended counselling. They might attend counselling for six or 12 sessions in their second year, and they might revisit that a couple of years later. It should be borne in mind that mental health is not a static thing; it changes over time.

It is a case of being as flexible as possible. That is one reason for the length of time that it has taken some local authorities to go through the procurement process, because it is difficult to get the various requirements into a framework that will meet the needs of all of the authority's young people. We are not talking only about secondary-age children. At primary level, the issue is more complex, because the counsellor would probably come to the school only once every few weeks, whereas some of the secondary schools in Glasgow will, in effect, have a full-time counsellor, based on their allocation.

Does that answer your question?

**Rona Mackay:** It does, but there are a few more points of detail that I would like to ask about, if you do not mind. If a young person wants to approach a counsellor directly, do they just email them? If they say that they do not want their parents to know, would the school be duty bound to tell the parents? How does that work?

**Barry Syme:** Again, it depends on the age group. In the past, in primary schools, depending on the provider, the young person might have put a note in a box to say, "I'm not feeling very happy about things. Can I speak to the counsellor?" It will depend on the relationship. If a counsellor is contracted to be in the school for two days a week, they will be part of the furniture.

At the secondary level, if a young person wants to speak to the counsellor and they feel that their parents should not be informed, that would be acceptable as long as we adhered to child welfare and protection guidelines. That would be the case if the young person was saying that they were being abused or that they had significant problems.

The councils must be very clear about the level that they work to. If the young person starts to talk about self-harm or having suicidal thoughts, there probably needs to be a further discussion about

whether that is an appropriate case for counselling. Many highly skilled counsellors are very good at that—they do not keep working on the same problem when the young person might need a higher level of mental health support. In such cases, they would refer the young person to CAMHS.

In an ideal world, there would be a joined-up approach whereby, if the young person was going through school counselling and the counsellor thought that the case needed to be escalated to a higher level, it would lead to a referral to CAMHS. A lot of the work will already have been done, as the young person's history will have been taken and so on. Again, that is written into the contract.

**Rona Mackay:** How long do the sessions with the child or young person last, roughly?

**Barry Syme:** It would depend on the counselling approach. Some councils will offer six sessions, some might offer 12 or 16, and some might offer just a couple. It very much depends on the counselling approach that is adopted. Various approaches are taken; it is not definitive.

Longer-term counselling can be problematic because there is drop-off. A young person might have a session that they do not attend because, at a certain point, they feel better, with the result that they do not have to complete the counselling. There is not a one-size-fits-all approach; it needs to be more flexible than that.

**Rona Mackay:** Thank you. That is helpful.

I have a final question. If Mr Syme cannot answer it, maybe someone else on the panel can. Who has overarching responsibility for co-ordinating everything so that we know what is happening Scotland-wide? It seems that everybody is off doing their own thing. Is there a body that is responsible for co-ordinating all the work that is being done?

**Jennifer King:** At the moment, all the local authorities have fed back their interim plans, and we expect to provide further feedback directly to the Scottish Government. Beyond that, I could not say more about co-ordination at the moment. Through my network and through ASPEP, the local authorities are sharing updates on where we are at. I do not know whether Laura Caven can add anything.

**Laura Caven:** In an informal sense, the information that is shared with the Scottish Government will come back to the children and young people's mental health and wellbeing programme board for it to consider. It is taking an overarching approach that involves looking at not just counselling but the community wellbeing supports and the wider school support. The programme board will consider that, too.

**The Convener:** That concludes our questioning. I thank all the witnesses for their attendance. It has been a very interesting session.

We will take our final agenda item in private.

11:46

*Meeting continued in private until 12:13.*



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