1) Introduction

About Relate
Relate has over 70 years’ experience of providing relationship support, and is the UK’s leading provider. We deliver counselling, therapy, and education to over 150,000 people each year at locations all over England, Wales, and Northern Ireland. We work with couples and individuals regardless of marital status or sexual orientation, as well as adults who are not in a relationship. Relate also provides Children and young people’s counselling and Family counselling.

Our work with children & young people
Relate has been providing Children & young people’s counselling and other services for nearly 20 years. We are now the leading provider of these services in the UK, helping over 15,000 children and young people each year.

The service arose out of the wishes of adult clients who were separating and wanted their children to have access to the same type of support they were receiving. Parental separation is common, but research has shown that its effects on children can be considerable, particularly when it is handled badly and leads to protracted conflict between parents (Coleman & Glenn, 2009).

Many of the children and young people we see today are coming because of problems in their parents’ relationship, including dealing with step families, and new siblings. Others are coming because they cannot get on with their parents, or with their friends. Relationships that aren’t working affect children and young people deeply, and can have a huge impact on every area of their lives, including their behaviour at school, and their educational attainment.

We also see children and young people who feel depressed and anxious, unable to concentrate or to ‘behave’, and who may be at risk of self-harm. Where these children and young people need more intensive help, our counsellors support them while they wait for these services.

There is more information about our work with children and young people at the end of this report.
**What this report is about**

The majority of our work with children and young people is done in schools. We wanted to take the national statistics about children and young people’s emotional wellbeing and mental health, and show how they relate to an ‘average’ class of 15 year olds. In every class there are children struggling to deal with one-off events such as bereavement and ongoing issues like abuse at home. Sometimes the problems can seem relatively minor – like bullying – but they can have a devastating impact on a child’s ability to achieve at school, and be happy at home. This can have long term consequences.

This report puts the statistics into context and tells the stories of some typical young Relate clients. It also presents the evidence that emotional and mental distress in childhood and adolescence matter in both the short and long term, and that they can be ameliorated by the right services being easily available. Finally, we make recommendations for the provision of these services.

**2) Policy context**

There has been increased recent focus, in research and policy, on the emotional and mental wellbeing of children and young people, and the consequences that poor wellbeing can have in adult life. The previous government’s Every Child Matters strategy included ‘mental and emotional health’ in its aims for children, and the Social and Emotional Aspects of Learning programme is attempting to embed emotional awareness and resilience across the curriculum. The current government is emphasising the importance of wellbeing, arguing ‘quality of life matters just as much as the quality of money.’ This has led to additional questions on subjective wellbeing being added to the Integrated Household Survey (IHS) of April 2011. However, it should be noted that the government has removed the requirement that OFSTED consider how well a school protects and promotes its pupils’ wellbeing.
There is international evidence that the UK’s children and young people do particularly badly in terms of emotional and mental wellbeing. The World Health Organisation reported in 2006 that levels of mental health problems are increasing in the UK and that one in ten children in the UK will experience a mental health disorder (WHO, 2006). In 2007, UNICEF published a report on children’s overall wellbeing, which placed children in the UK at the bottom of a list of 21 developed countries (UNICEF, 2007).

Despite the interest in wellbeing, and its clear links to educational achievement, there are very few statutory requirements for schools in England to protect and promote wellbeing. The level and involvement of pastoral support, while seen by the Department of Education as a key responsibility of a school, is entirely decided by individual schools.

As a result, the support on offer for children and young people varies greatly. Currently, around 73% of secondary schools in England provide some access to a trained counsellor for students. Concerns have been raised, however, that insufficient counsellor hours led to long waiting lists, during which time students’ problems worsened (Association of Teachers and Lecturers, 2009).

Since 2007, counselling has been made available in all post-primary schools in Northern Ireland and Wales, and Scotland has committed to providing counselling in all schools by 2015. England is the only nation in the UK that has no such commitment.

### 3) A typical classroom

We have taken one typical class of young people to illustrate the ways in which young people’s wellbeing is affected, and what thousands of young people are coping with every year.
By the time these 30 young people reach their 16th birthdays:

10 of them will have witnessed their parents separate (Kids in the Middle, 2008)

3 will have suffered from mental health problems (Green et al, 2004)

8 will have experienced severe physical violence, sexual abuse or neglect (NSPCC, 2011)

3 will be living in a step family (Cabinet Office, 2008)
Many children experience more than one of the problems listed. Indeed, they are more likely to experience multiple problems once they have experienced one. Additionally, children and young people living in poverty, and in areas of multiple deprivation, are more likely to experience the death of a parent, the breakdown of their parents’ relationship, and to experience, or witness, abuse (Cabinet Office, 2008).
This is Bhupesh

“When I was 14, my mum was diagnosed with terminal cancer and two weeks later she died. I didn’t have time to adapt to the fact that she had cancer. I felt like my world had fallen apart. I had never lost a loved one before, so I had no idea what to expect, but it was one of the hardest things I think I will ever have to go through. I felt angry, alone, sad, hurt and I just started to fail to see the point of going on without my mum. I wasn’t coping at all, I found it a chore to just get up every morning. Everything I did, everywhere I went reminded me of the fact she wasn’t there, and after the shock wore off it got worse. I found it very hard to cope in lessons, I would get upset and had to leave my lessons at times. My grades dropped and I felt like everything I did was pointless. My family and friends were very helpful, but every time I told them how I felt or how upset and worried I was, I was putting more stress, worry and upset on their shoulders and I didn’t like doing that.”
This is Johnny

“I was bullied for about two years when I first started secondary school. I was the only one in my class from my primary school and I was picked on for being different. It was mainly teasing by a group of kids, but in the end it turned physical as well. I dreaded going to school. The bus was the worst bit because there were no teachers to stop it. I started skipping school whenever I could. My mum got really worried that I was ill and my form tutor phoned home to find out what was going on. I did try to bring it up, but it was so hard to talk about it with my mum. I knew it would make her worry, and that if she knew how long it had been going on, she would feel guilty for not stopping it sooner. It was only when my mum took me to the doctor that people realised how bad it had got.”
This is Anna

“When I was 13, my parents told me they were separating. I was totally devastated. I know it happens to a lot of people, and there were loads of kids in my class whose parents weren’t together, but I really couldn’t cope with it. I blamed my mum for not trying harder to make it work, and making my dad leave. I felt like my whole life had been built on something that wasn’t true. My mum and dad were so angry with each other, and they were always trying to turn me against the other parent. It was exhausting, and in the end, I didn’t want to be near either of them. I spent as much time as I could out of the house, which meant I wasn’t keeping up with my school work. I didn’t want to talk to my friends because they didn’t understand why it was such a big deal for me.”
This is Maya

“I’ve struggled with my eating for a couple of years. I was feeling very stressed and like I didn’t have control over anything in my life. I didn’t notice I was doing it at first, and when people said I had lost weight, I didn’t believe them. I felt like everything in my life would be better if only I was thin. I skipped meals at school and told my parents I had eaten on the way home so I wasn’t hungry. Eventually, my mum confronted me, but that made things worse. She made me eat meals with her, but I would make myself sick afterwards. I had no energy and I couldn’t focus at school. My grades started to slip and that’s what made my teachers notice. My friends tried to help but I couldn’t talk to them about it. They couldn’t understand that it was more complex than just about eating and I didn’t know how to explain it. I knew that people were worried about me, and that made me really sad, but I just couldn’t sort it out on my own.”
This is Hania

“My dad died when I was young and my mum got a new partner when I was 12. He moved in with us after a few months. Me and my brothers didn’t like him, so we avoided him when we were in the house. It was only after a while that I realised my mum was acting differently around him. She seemed quieter and like she was scared of him. One night he came in drunk and woke me up. I heard them arguing and went downstairs and I saw him hit my mum over the head. I ran in and screamed at him and he stormed out. After that, they would argue more and more, and it always ended the same. We told her to chuck him out, but she always told us it was impossible ‘at the moment’. I couldn’t tell anyone at school because I felt like I’d be betraying my mum. Besides that, it was just too hard to talk about. I felt guilty that we’d let it happen and I was worried we’d get taken into care if anyone found out what was going on.”
This is Anthony

“When I was 11, my dad got together with someone. My parents split up before I started school, so I was used to living just with my dad. After a while though, Jane moved in, and she brought her two kids with her. I hated having them in the house. Her kids are younger than me and they were always making loads of noise and ruining my stuff. I tried to tell my dad that I didn’t want them around, but he said I should be setting a good example because I’m older than them. It felt like no one was listening to me and I tried to avoid going home whenever I could. I got a new group of friends who were a bit older, so they didn’t have to be at home all the time. My dad started insisting that I was home by 8 in the evening, but I was so angry with him that I didn’t listen. My relationship with my dad got worse and worse and I decided to go and live with my mum for a while.”
4) Why does it matter?
There is a substantial body of evidence showing how emotional and mental health problems developing in childhood and adolescence go on to affect adults later in life. Half of adults with mental health problems first developed symptoms by age 15 years (Kim-Cohen et al, 2003). Mental ill health in childhood is also associated with poorer physical health in adulthood (Foresight Mental Capital and Wellbeing, 2008).

Over 90% of young offenders have had a mental health problem as a child (Lader, Singleton & Meltzer, 2000). Children and young people experiencing mental or emotional health problems are less likely to achieve academically, and more likely to go on to experience extended unemployment, homelessness and addiction (Children & Young People’s Mental Health Coalition, 2011).

Not all young people who experience emotional or mental health problems during adolescence go on to experience long-term problems – in fact, only a minority do. But these problems can cause young people to do badly in exams or to drop out of education altogether (Street, Anderson & Plumb, 2007), which has a serious impact on their long-term prospects. It is because of this that all young people need to be able to access support for even ‘minor’ problems, before they have the chance to do long-term damage.

The Children & Young People’s Mental Health Coalition have calculated the combined cost of conduct disorder, which is only one type of mental disorder. Conduct disorder is characterised by aggressive, disruptive and anti-social behaviour, and affects some 6% of children. The costs are estimated at £70,000 per individual over the 20-year period from age ten. This includes:
- costs to the health service, including in prescription charges and visits to A&E
- costs to the education service, including for extra support, and in terms of worsened school performance
- youth justice costs as a result of involvement with the police and anti-social behaviour
- costs associated with family breakdown, due to the strain that a severely distressed child can put on family relationships.
Conversely, good mental health is strongly associated with good educational attainment, improved employment prospects and greater capacity to maintain emotionally satisfying interpersonal relationships. Good emotional wellbeing in young people has also been shown in recent times to increase earning potential. In fact, this has been shown to be as important a factor in predicting future employment as good educational attainment at a young age (Blanden et al, 2006).

Emotional wellbeing and good mental health is also strongly associated with resilience. Resilience means being able to cope and adapt, despite setbacks and disappointments, and is a key factor in determining which children are able to move past adversity. Resilient young people are usually characterised by an ability to:

- reflect on their own thoughts, feelings, and motivations, and to make sense of them
- believe that one can intervene effectively in their own life, even in adverse situations
- engage and interact positively with others, leading to meaningful relationships (Roberts, 2009)

There is strong evidence that resilience is not a ‘magic’ quality handed out to some children and not others, but a competence that can be developed, particularly by schools. We know more about the ways in which schools, by design, teaching, and ethos, can promote these competencies and develop the three components of resilience listed above (Wetz, 2009). Speedy access to one-to-one pastoral support when a child is experiencing problems is an important part of this.

One of the most important reasons to improve emotional wellbeing for young people is simply that they deserve the best chance of being happy and emotionally stable. They are people in their own right, and not just ‘the adults of tomorrow’. Their happiness is not just a means to an end.
5) What works?

In 2008, a report by the Institute for Public Policy Research concluded that there was an ‘excellent case’ for having a school counsellor role in all schools in the UK (Sodha and Margo, 2008). The United Nations Convention on the Rights of the Child (UNCRC) also concluded that the UK government should increase funding to improve support for children and young people and that counselling in schools would be a good way to do this.

Evaluation of counselling in schools has, to date, been relatively small-scale but it is growing. Relate intends to begin the first Randomised Controlled Trial of counselling across three schools later this year. A comprehensive audit of 30 studies of the nature and outcomes of school-based counselling was carried out in 2009.

It found that 60% of participants, with an average age of 13, began counselling with ‘abnormal’ or borderline levels of psychological distress. Of these, around half made large improvements in their mental health after an average of only six counselling sessions. 80% of the students who had school-based counselling found it ‘very’ or ‘moderately helpful’. 90% of teachers said it had made a positive difference to their students in terms of attendance, ability to concentrate, motivation to study and participation in lessons (Cooper, 2009).

A previous study by Cooper of a counselling service concluded that:

‘Eight of ten teachers thought that the counselling service had had a positive effect on their pupils’ capacities to study and learn, specifically their motivation to attend class, ability to concentrate in class, motivation to study and learn, and willingness to participate in class’ (Cooper, 2006).

A small-scale study of young people aged 13 to 15 attending Relate counselling was published in 2011, to investigate whether pupils would report a reduction in psychological distress following a period of counselling. The clients involved in the project showed improvements in their wellbeing, both during the period waiting for therapy, and during therapy. The waiting list improvement (it should be noted that
waiting periods were short) indicates that knowing that there will be help available for them in the near future begins to make an immediate improvement to some young people’s lives (Hanley, 2011). One client who completed a qualitative questionnaire said of the counselling:

“I don’t think anything was unhelpful. I think all of it was good. I think all of it was brilliant. I don’t think there was anything bad about it at all.”

We believe that it is right to offer this service through schools. Young people can access counselling in schools without having to tell their parents or gain their consent. There is less stigma attached to accessing a service within school, and children and young people are more willing to see someone in an environment they are already familiar with than to make the emotional leap to going elsewhere for help.

Teachers also support this, saying they would be more likely to refer a student to a school-based counsellor, who they were familiar with, than to make the step to refer them to an external service (Association of Teachers & Lecturers 2009).
Anecdotally, we know that the pupils who use our services value them.

“It really pulled me up, and I’m just so glad I didn’t do the stuff I was heading towards. I would just say talk to someone, anyone, before you get somewhere like that.” (Girl, aged 13)

 “[The counsellor] has helped me and my family enormously. She is absolutely brilliant! I am happy to say that I now feel exactly the same as I did before mum and dad split up. Once again I love my life.” (Girl, aged 12)

“I would say to anyone, go to counselling, it helps you a lot and it helps you a lot with your feelings.” (Bradley, aged 11, attended Relate counselling in Coventry)

“Counselling helped me get my grades back up because I knew that I couldn’t give up. I knew my mum wouldn’t have wanted me to throw my life away.” (Boy, 15, attended Relate counselling in Manchester)
"I feel a lot better about myself. I am more able to deal with my problems and find it easier to talk when I need to." (Young person, attended Relate counselling in Derbyshire)

"My work was being affected because I couldn't concentrate [...] but thanks to Relate counselling I got through my GCSEs easy." (Boy, aged 16)

“I now feel it’s easier to come to terms with the deaths. I’ve accepted what’s happened and sleep better at night.” (Young person, attended Relate counselling in Derbyshire)

“Before I came to Relate I felt like a glass under a dripping tap and every drop of water was the rubbish that had happened to me. After a while my glass got full, I couldn’t cope, and I overflowed. I got really, really angry. Now by coming to see the counsellor you have taught me how to empty the glass before it gets full.” (Boy, aged 12)
What teachers and funders say

“The Relate counsellor has made such a difference to a number of our students. Her work has proven to be invaluable.” (Vice Principal)

“The service is very easy to access, reduces poor behaviour in most cases, reduces young people’s stress, and improves school performance.” (Director of Learning for Achievement)

“Until recently, [the school] had been in Special Measures but it has now been recognised as a ‘good’ school in all categories [...] our relationship with Relate has undoubtedly played a part in our journey towards improvement.” (Assistant Headteacher)

“Relate has greatly improved the outcomes for children and young people in Trafford, particularly in the area of positive mental health. Relate counselling is [...] considered an essential service.” (Trafford Children & Young People’s Service)

6) Recommendations

Our recommendations are based on the principle of early intervention. It is inevitable that many young people will experience emotional and mental health problems during adolescence, and that these will sometimes be caused by events over which they have no control, such as the separation of parents. Some of these problems will naturally remit over time – though perhaps not before they have done damage to a young person’s educational achievement. As research shows, other problems endure and become psychological disorders with lifelong effects.

In either case, it is crucial that young people can access help as soon as a problem arises, either through self-referral, or via the recommendation of someone who knows them, such as a teacher. We believe this help should be located in schools. Counselling in schools allows young people to receive support quickly and anonymously which can help them deal with their issues, and develop coping mechanisms for the future. Where a young person has more serious problems, counselling can contain the issue, and refer to more specialist services.
Relate is calling for:

- A statutory requirement on primary and secondary schools in England to provide access to a counsellor. A similar requirement is in place in other parts of the United Kingdom. In primary schools, counselling may not be a confidential process for all age groups, depending on what the school thinks is appropriate. But counsellors can lead group discussions, and circle time, and be involved in the delivery of PSHE.

- Sustained funding for all education establishments to have access to a professionally trained young people’s counsellor at least once a fortnight.

- Schools to build on the PSHE curriculum, to emphasise more strongly and more regularly the importance of developing emotional and relationship skills, and promoting resilience.

- Teachers and support staff to receive more training to spot students who may need additional emotional support.

How Relate can help

Relate currently works in over 625 schools across England and Wales, and provides a counselling service to nearly 15,000 children and young people a year, making us the leading provider of Children and young people’s counselling.

At the heart of Relate’s work with children and young people is one-to-one support to help with all kinds of issues, particularly ones that arise within the family setting. These can include the breakdown of a parent’s or carer’s relationship, bereavement, and the formation of new (blended) families or the absence of a family member from their life. Relationships with peers are also very important to children and young people, and we provide help with conflict between peers, as well as bullying.

Relate also provides Family counselling services in many schools across the country. The work that counsellors carry out with children and young people is very effective; however, if the whole family attends, it can have even more profound and lasting effects.
A number of Relate centres provide counselling for children and young people through new technology such as webcams and email. These services allow local Relate Centres to reach more schools more efficiently and economically, particularly in rural areas. The use of webcams has been successful in pilot areas, and we are now extending this provision.

Many Relate Centres provide peer mentoring training for their local schools. The training can be delivered as a bespoke package which is tailored to the school’s requirements. This may involve training pupils to become peer mentors alongside members of staff at the school, or can include a comprehensive package of training and ongoing support, in the form of regular supervision groups.

Relate also provides Lifeskills training for children and young people which teaches them communication and relationship skills and includes subjects such as, Be a Buddy, Basics of a Relationship, Getting Together and Breaking Up.

Relate can also provide training for staff such as *Counselling Skills for Non Counsellors*. This course doesn’t teach staff to be counsellors, but does give them an appreciation of the counselling process and helps them to understand some of the basic concepts.

To find out more about what Relate offers, visit [www.relate.org.uk](http://www.relate.org.uk) or call 0300 100 1234

**References**


Relate Class of 2011 Report


