Place2Be NHS Quality Account

2025

Introduction and statement on quality from the Chief Executive

For the past 30 years, we have been at the forefront of pioneering the Whole School Approach, helping children and young people adopt lifelong learning tools and strategies to empower them to thrive and build coping skills that will support them throughout their lives. Working in partnership with our school communities, we know from our evidence that intervening early can make a sustained difference to children's mental health.

Our school-based services receive referrals from a variety of sources, including parents, teachers, pastoral staff, GP's, CAMHS, Social care, and self-referrals. This referral context makes a rigorous assessment process even more crucial to ensure children receive the right support from the right service at the right time. By being embedded in schools, Place2Be can also support and enable the parent community by drawing on the expertise of our mental health practitioners through 'parent partnership' sessions. In this way we are able to strengthen and empower parents and carers, mobilising a joined up 'net of consistent support' which is particularly helpful and impactful for children who are accessing targeted interventions.

Our work matters now more than ever so we are calling for a more joined up approach across education, health, local authorities and beyond to make effective use of the public pound for theseservices.

Expanding our reach deeper into the community, we are working with more children and young people from underserved backgrounds. We are also supporting an increasing number of neurodivergent children and young people. With the increasing national focus on educational and wellbeing outcomes for CYP with additional needs, we will be making it a priority in 2025-26 to spotlight the effectiveness and learning from our clinical interventions with this group.

Ensuring our clinical delivery is child-led and thereby enables the agency of children and young people, has always been central to Place2Be's approach. In keeping with our focus from last year on young people presenting with self-harm and suicidal ideation, our 'Distress and Despair' clinical spotlight has increased confidence in using our clinical safeguarding processes to effectively support this vulnerable group.

Embedding children and young people's voices and lived experience throughout our delivery is a key part of our model. This year will see the launch of the CYP participation action plan which offers a great opportunity to continue amplifying children and young people's voices and delivering services that are shaped by and with them.

As always, your feedback on our Quality Account and Place2Be practice and approach is very much valued.

With my best wishes

Catherine Roche
Chief Executive, Place2Be

Our mission is to ensure no child experiences a mental health issue alone and as a clinical team we strive to ensure our clinical services support this by being based in rigorous evidence and meet the needs of the children and young people and support their ongoing development. This year the account presents how our work already achieves great outcomes in this respect, and lays out our high aims and priorities for the year head.

With my best wishes

Dr Rebecca Kirkbride
Clinical Director

Place2Be's mission, vision and values

We are a children and young people's mental health charity with 30 years' experience of providing mental health support in UK schools. Our mission is to improve the mental wellbeing and prospects of children, their families and school communities. Our teams across the UK promote and enable good mental health and wellbeing, and support pupils to manage challenges in their lives. Place2Be's vision is for all children and young people to have the support they need, to build lifelong coping skills and to thrive.

We believe that how we approach our work is as important as the work itself. Our values shape everything we do:

- **Compassion** – We bring empathy and kindness to our work, to better understand and meet the needs of children and young people, colleagues and other stakeholders;
- **Integrity** – We demonstrate sound ethical values in all our work, and we are honest, transparent, courageous and authentic;
- **Perseverance** – We have the courage to continue in the face of adversity and do this with determination to find effective solutions;
- **Creativity** – We bring an open-minded approach and flexibility to our thinking and actions and enable others to do the same.

An overview of Place2Be's governance structure is available **on our website**.

"When I feel worried, it's like I'm in a maze and coming to Place2Be is like a person with a torch is there who is showing me the way".
Year 6 pupil

Place2Be Clinical Delivery Overview:

Who we are and who we work with.

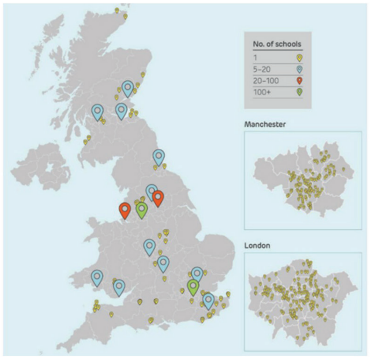
Place2Be delivers embedded services in schools and communities across the UK. We provide a range of evidence based one-to-one and group targeted interventions for children and young people, as well as targeted support for parents, mental health training for teachers and support for staff wellbeing. We currently work with over 650 primary and secondary schools to provide mental health services, supporting a school population of 350,000 children and young people. Over 17,000 UK teachers and school staff have accessed our online training programmes.

Our Reach

Working with over 500 primary and secondary schools to provide mental health services

Supporting a school population of 300,000 children and young people

Over 17,000 UK teachers and school staff have accessed our online training programmes



Who are the children and young people we see?

As a children's mental health charity providing both universal support through our Whole School Approach and evidence-based targeted interventions for individual and groups of children and young people, our practitioners work with a broad range of presentations along a spectrum of severity. However, many of our children and young people are identified as having mental health difficulties in the severe range requiring a higher level of support. In 2023-24, 55% of 4-11 year olds and 54% of 11-18 year olds assessed in our service had severe mental health difficulties according to their parents, and 49% of 11-18 year olds self-assessed with severe difficulties.

70% of pupils receiving targeted support make use of the self-referral service before, after or alongside their intervention. Being based in the school enables children and young people to access help when they need it and it is evident that some choose the self-referral service to back-up their targeted intervention. When they do so, they achieve similar outcomes in mental health improvement, but in fewer sessions, demonstrating a further benefit of our embedded whole school approach.

Reaching those in need not reached by other services

As a school-based service, embedded in the school and wider community, we reach children and young people who are traditionally underserved by statutory mental health services, and can help the health system reach these pupils. For example, 53% of those who self-referred to our Place2Talk service in 2023-24 were from global majority ethnic communities - including 15% who were Asian / Asian British, 14% who were Black / Black British, and 7% mixed ethnicity. This focus is in line with the NHS England Patient and Carer Race Equality Framework (PCREF), as we work to ensure that we are implementing concrete actions to reduce racial inequalities within our services.

Overall, 35% of children and young people who access our targeted services are from global majority ethnic communities – this includes 11% who are Black / Black British children and young people and 10% Asian / Asian British children and young people [8% mixed ethnicity and 6% other ethnic groups – largely reflective of the population of the individual schools they attend].

We support many children with Special or Additional Educational Needs (SEN/ASN) in our targeted interventions, and 28% of children aged 4-11 are known to have SEN at assessment, and 25% 11–18-year-olds, and more are yet to be identified formally as having SEN. This includes children and young people who are neurodivergent, and between 2022 and 2024 just over 1,000

children and young people we worked with were recognised by their school as having autism, ADHD or both. In total, 5% of all those who had one-to-one counselling had Autism and 4% had ADHD and 1% had both.

We provide our service in areas with higher levels of deprivation - 34% of pupils are eligible for Pupil Premium in the schools we work with compared with 21% nationally.

We get children and young people the help they need quickly

Based in a school community, our agile service delivery model allows us to prioritise children and young people referred into the service who need help urgently. We also provide support in our Place2Talk service for young people who need to see someone while they wait for an assessment or intervention to begin.

We help reduce pressure on NHS services

Research by Kings College in 2021 study found that school-based counselling from Place2Be supports children with higher complexity of needs in schools, which reduces demand on specialist mental health services such as CAMHS.

Making a difference

The work of our school-based clinical teams, delivering evidence-based targeted interventions as well as the whole school approach makes a difference to our children and young people. In 2023-24, 78% of 4–11-year-olds and 91% of 11-18 years olds had improved mental health, on one or more measure, after they had support through one-to-one counselling.

The majority of children and young people were said to be better after counselling by their parents (78%), their teachers (70%) and by young people themselves (89%).

Crucially, the children and young people themselves report that they value their experience of counselling - 96% had a positive experience (3% mixed and 1% negative).

One year 6 boy who had used the Place2Be service said, "I have been feeling angry for a long time. Talking about my anger and thinking about what makes me angry is helping me not to react so quickly, even though it is hard."

This difference is sustained

Intervening early can make a sustained difference to children's mental health. Following up children who had received the one-to-one counselling service one year after it had ended found that the improvement in mental health evident after counselling ended was maintained one year later.

When compared to a group of children who had not received Place2Be counselling, the mental health improvement in Place2Be's children was not only greater but was also estimated to continue over two years.

Helping families

By being embedded in schools, Place2Be can also support the parent community and bring the expertise of the mental health practitioner to share with parents who need guidance. Parents take advantage of this and our school-based practitioners provided over 20,000 sessions of 'parent partnership' time with parents of children in targeted interventions and the wider parent community in a year.

Additionally, 64% of children and young people who accessed one-to-one counselling had an improvement in their homelife afterwards, according to their parents.

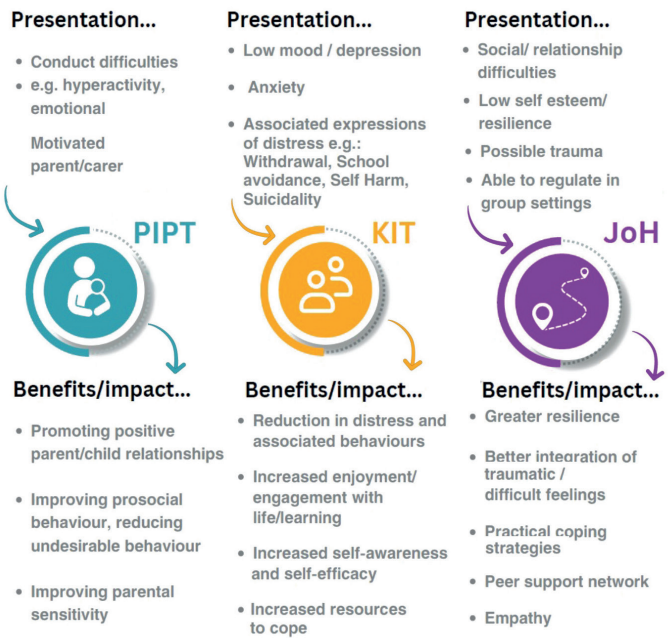
Families can access our targeted Personalised Individual Parenting Training (PIPT) parenting programme in their schools. By the child and parent working together with the family practitioner, parents/ carers experienced a significant improvement in their parenting skills. 92% of parents/ carers said that they knew what they needed to do to improve their child's behaviour after taking part (compared to 52% before) and that the behaviour of 68% of children had improved.

How we work

As well as the whole school approach, which includes universal support across the school setting, we also offer a range of targeted interventions. The intervention is identified following the assessment and formulation process and selected according to suitability and availability in each delivery setting. We aim to meet the needs on a place-based basis, ensuring we are proactive in building relationships with community partners to ensure children don't experience mental health issues alone.

Our whole school approach includes universal support across the school and a range of targeted interventions for children, and support for the adults in the wider school community.

Choosing the right intervention for the child



All of our clinical work is carried out by skilled professionals who are either qualified counsellors registered with a recognised professional body such as the BACP, or qualified Family Practitioners. In approximately half of our schools, we offer placements for counsellors in training who are supervised by our qualified staff. All our clinical work is supervised by suitably qualified clinical supervisors who are themselves supervised by our regional and national clinical leads. Our Clinical Director has oversight for all aspects of clinical delivery across the organisation. Regional Directors and Clinical Leads for our four nations and regions ensure the delivery model is responsive to need in each area we deliver services within. Our database and case management system, provides us with clear and direct oversight of every child and young person we work with, ensuring the highest standards of clinical delivery, safeguarding, and quality assurance at every level.

Our Research & Evaluation team work with these systems to collect large quantities of data to support the Clinical Director and her team in clinical decision making, in collaboration with the Place2Be Executive Team, CEO and Board of Trustees.

Our Clinical Director along with the Director of Operations reports into the Practice and Quality Committee. Chaired by Trustee, Dr Margaret Murphy, attended by CEO, Catherine Roche, and supported by additional trustees and advisors, this committee provides the governance required to ensure we are delivering clinical excellence and continuously improving our services for children and young people.

The Place2Be Quality framework and report.

Leading on from the overview of the organisation and clinical delivery in the previous section, the following report uses the Place2Be Quality Framework, based on six principles of service delivery developed and monitored to ensure our services are safe, effective, stakeholder led, equitable and founded on excellent governance and best use of resources. This provides a consistent framework to report on progress in specific areas of delivery, and on targets for the forthcoming year.

1. Safety

At Place2Be, we are keenly aware of the responsibility we hold as trusted adults providing services for vulnerable children, young people and families. We utilise a range of safeguarding processes and protocols, working in collaboration with staff in our partner schools to ensure we are providing best practice in protecting our children and young people, and promoting their safety and wellbeing. Our staff are fully trained in identifying and working with presentations involving risk and/ or safeguarding and we continue to develop in this area, especially in response to trends identified by our data.

Our progress on Safety

Following last year's successful focus on improving support and guidance for our school-based teams working with children and young people expressing their distress through suicide ideation and self-harm, in 2024-25 we have made a further commitment to enhancing our clinical response to these presentations. Clinical Supervisors now routinely explore open safeguarding concerns and risk assessments within individual/ group supervision and team meetings. To support this Clinical Supervisors and Area Managers attend termly reflective practice sessions with the safeguarding team to explore themes and access guidance to manage issues effectively as they arise.

Clinical Spotlight 2024/25 - Distress and Despair

Last year we set a priority to make young people presenting with self-harm and suicidal ideation our clinical focus for the year with the aim of further enhancing the quality of our work with this group. As part of this 'Distress and Despair' clinical spotlight and supported by funding from the Department of Health and Social Care (DHSC), 30 members of the Place2Be clinical team attended a 2-day 'ASIST' (Applied Suicide Intervention Skills Training) prevention training delivered by Papyrus. The training which took place in London at the Royal College of Emergency Medicine was attended by the Clinical Director, Regional Clinical Leads, Deputy Regional Clinical Leads and Clinical Supervisors from across the UK, along with three tutors from our Post-Graduate Diploma. This training fed into our existing clinical processes in this area, and those attending agreed they would be able to integrate it and use it to enhance existing practice.

We continue to see disclosures of self-harm and suicidality in our work with CYP in both primary and secondary schools and this demonstrates the continuing importance of maintaining a clinical focus in this area, as shown in the following clinical priorities for 2025-26.

These numbers demonstrate the continuing importance of maintaining a clinical focus in this area, as shown in the following clinical priorities for 2025-26.

2025-26 Safety priorities

1.1 Enhanced management of Risk and Safety Plans (RASPs)

As part of Place2Be's whole school approach, our clinical and safeguarding teams have been working to upskill staff in our partner schools to help them with effective safeguarding. We will work this year to further enhance through ongoing training the therapeutic use of RASP's in supporting children and young people who present with issues of self-harm and suicidality our effectiveness in protecting children and young people through reviewing and monitoring long-term RASPs and safeguarding disclosures. Monitoring will be done via clinical supervision and line management on a termly basis, and any RASPs or disclosures falling outside of these parameters will be looked at by the relevant Place2Be senior clinical team member.

1.2 Clinical Spotlight evaluation

The roll-out of the 'Distress and Despair' clinical spotlight is now complete. We have begun the impact evaluation phase via a survey of school-based staff. Feedback will be used to develop clinical KPI's for the next academic year as well as assist in prioritising training and resources for the teams. Clinical leads are reporting that the spotlight on this area has improved confidence in using our clinical safeguarding processes to effectively support this vulnerable group. By supporting staff to understand, name, and follow processes with greater assurance, we are strengthening our collective approach to managing high-risk cases. In London and West region there are examples of best practice establishing effective escalation process with Wandsworth CAMHS for our community based service. Because of the strength of the partnership and the 'step up step down' approach we have been able to manage and hold a significant amount of risk alongside CAMHS colleagues.

1.3 Cascade learning from training in suicide prevention

Learning from the ASIST suicide prevention training, delivered by Papyrus, is being systematically cascaded to school-based staff via team meetings and clinical supervision.

Key learnings have been added to materials from the Clinical Spotlight 'Working Therapeutically with Distress and Despair' meaning staff in area teams have access to the resources created along with key learning from the suicide prevention training.

2. Effectiveness

The effectiveness of our services is of utmost importance to everyone at Place2Be. We make it a priority to maintain excellent standards in data collection and analyse these in collaboration with our research and evaluation colleagues. This ensures we are on track with our mission to make sure our children and young people are offered the most effective intervention and receive maximum benefit possible from the Place2Be service.

Our progress on Effectiveness Assessment and Formulation (A&F)

Assessment and formulation (A&F) is the foundation of any intervention as it helps us understand a child or young person's problems and to select the right intervention. The information gathered in assessment and formulation can also be collated and used for secondary purposes such as informing planning of services and informing those who commission/ fund our services and to inform how we monitor our performance. The overarching goals for a rigorous system of assessment and formulation are to:

- Offer the most effective intervention for each child and young person and best use of clinical resources.
- Improve outcomes for children, young people and their families.
- Develop our own clinical knowledge and competence.
- Develop the skills of our Counsellors on Placement.

The purpose of the assessment and formulation process is to:

- Reach an understanding of the nature of a presenting issue and the contexts in which it is experienced.
- Reach a clinical judgement of the emotional and mental wellbeing of the child/ young person and how it affects their functioning and enjoyment in the school environment.
- Reach an understanding of any risks including safeguarding issues.
- Decide, based on this judgement and understanding, the most appropriate universal or evidence-based intervention to address the needs of the child or young person.
- Build a more detailed picture and evidence base for the particular strengths of different interventions for a range of difficulties.

Our school-based services receive referrals from a variety of sources, including parents, teachers, pastoral staff, GP's, CAMHS, Social Care, and self-referrals. This referral context makes a rigorous assessment process more crucial in ensuring children receive the right support from the right service at the right time.

In 2023-24 our assessment and formulation (A&F) completion rate was consistently around 95% or above. This provides assurance that the interventions we offer are based on a rigorous and evidence-based assessment of need.

Assessment and Formulation Quality Review

The first A&F Quality review was completed during summer term 2024. It identified strengths in terms of a good understanding and implementation of the '6Ps' clinical formulation framework across most regions, though some misunderstanding was still evident, with the review allowing this to be targeted by Clinical Supervisors. Overall findings were that the A&F process is now firmly embedded in Place2Be clinical delivery, broadly understood by clinical staff with scope for continuous improvement. The quality review has now been integrated as a key quality assurance component in our annual clinical delivery reporting cycle.

Data Completion Rates – Parent and Teacher

In 2023/24 our clinical teams successfully gathered paired measures, where children and young people had completed their intervention, for:

83% of 4-11 year olds and **66%** of 11-18 year olds (teacher SDQ)

79% of 11-18 year olds (Young Person SDQ)

53% of 4-11 year olds and **47%** of 11-18 year olds (parent SDQ).

Parent SDQ return rates for primary aged children have improved by 9% on 2022/23 numbers which was an area targeted for improvement in the 2024 Quality Account. However, return rates for secondary age parent SDQ has are down and this will continue to be an area of focus over the next 12 months. Overall our completion rates allow us to be confident that our outcomes reflect the majority of those who have accessed our service.

2025-26 Priorities around Effectiveness

2.1 Review of clinical effectiveness with children identified as having additional needs (SEND/ ASN/ ALN)

With the increasing national focus on educational and wellbeing outcomes for children and young people with additional needs, we will be making it a priority in 2025-26 to assess the effectiveness of our clinical interventions with this group. We'll be working in collaboration with colleagues from our research and evaluation team to analyse outcome data for children with additional needs, including those who span multiple categories of need. These are often our most complex cases, and we are interested to see how effective our interventions are with this group and whether any adjustments or adaptation is required to improve on current outcomes.

From our most recent analysis of this group in 2022-23, we know that children and young people presenting with additional needs tend to have similar outcomes to their peers. However, we hope this analysis will support continued improvement of outcomes for children and young people with additional needs, especially those with more complex presentations.

2.2 Annual quality review of Assessment and Formulation process

Following on from the success of the A&F quality review in 2023-34, we will be conducting a further review in Autumn 2025. This provides an opportunity to analyse the quality of the thinking and clinical decision-making based on the data, and for the clinical team to focus on areas in need of development identified by last year's review. We will continue to use our quality framework which utilises both qualitative and quantitative criteria to examine sample assessments and their formulations and recommendations. Clinical Supervisors will select cases for each of their supervisees, in turn reporting to their Clinical Leads on strengths, areas for development and training needs. This will allow our Senior Clinical Team to form an action plan for their area team based on the findings.

3. Stakeholder engagement/ experience

Ensuring our clinical delivery is child-led is a longstanding priority for Place2Be as a whole. We already use our 'child' voice' and goal-based outcome measures to ensure our clinical practice is child-led and each child is supported to determine the focus of the therapeutic work. This year will see the launch of the CYP participation action plan. The plan is based on the [3]Lundy model for child participation, established as a response to the United Nations Convention on the Rights of the Child. The plan has been developed by the Place2Be CYP participation steering group made up of staff from across the organisation who are leading on development of a plan to embed children and young people's voices and lived experience throughout our delivery model, for example in our research activities and through consultation with youth councils in partner schools.

Our Progress

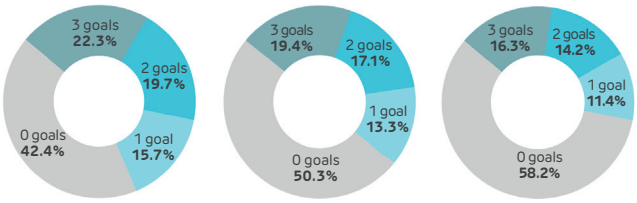
Goal Based Outcomes

In November 2024 our Research and Evaluation team conducted an analysis of Goal Based Outcome (GBO) data from one-to-one counselling sessions in 2023/24. The Goal Based Outcomes forms were introduced to SSS at the start of the 2023/24 academic year. Goals are set in an initial session (session 0) and then scored on a session-by-session basis with 0 indicating no progress towards the goal and 10 indicating the goal is met.

[3] Laura, Lundy (2007) ""Voice" is not enough: conceptualising Article 12 of the United Nations Convention on the Rights of the Child", British Educational Research Journal, 33:6, 927-942, available at: http://dx.doi.org/10.1080/01411920701657033

Completion Rates

Of the 6,773 CYP eligible for analysis*...



3,903 (58%) have at least one goal

3,369 (50%) have at least one goalwith at least one score

2,832 (42%) have at least one goal with at least two scores

*Eligible for analysis = One to One Counselling closed in academic year 2023/24 not as assessment or referral only

Note: placeholders such as "no goals set" or "N/A" were manually removed

The analysis identified considerable variation in the number of sessions between pre (T1) and post (T2) goal scores, finding that in general, the more sessions there are between scores, the greater the improvement. Overall, we found that 75% of CYP moved towards their goals (or 79% of those who had at least 6 sessions).

The percentage of CYP for whom goals and pre and post scores are available is less than 50%. We are currently working to address issues with data collection and monitor the responses on an ongoing basis. This will support us to understand and address any barriers and increase the response rate to better represent the children and young people in the service.

It appears from our analysis that the length of an intervention may influence levels of improvement. In general, as number of sessions between pre and post scores increase, so do levels of improvement. In March 2025 the Clinical Leads focused on Goal Based Outcomes for their monthly data reporting focus. Goal Based Outcomes are an important clinical tool which have a range of potential impacts on quality in our delivery. When used correctly in therapeutic interventions and assessment they enhance children and young people's engagement in the therapeutic process, ensuring their voice is at the centre of the intervention. We will continue to monitor completion rates and quality of goals in 2025/26.

Participation in Research

In May 2025, Place2Be's Research & Evaluation team presented at the British Association for Counselling and Psychotherapy (BACP) International Research Conference on 'Co-creating a qualitative interview topic guide with young people: to explore the long-term impact of a school-based counselling service'. This was a great opportunity for Place2Be to demonstrate the importance of involving children and young people in research design.

Stakeholder engagement 2025/26 priorities

3.1 CYP participation action plan

It is crucial as a children's mental health charity that we seek feedback from a diverse range of children and young people and use their voice to ensure our service remains accessible to all. This is the fundamental commitment underpinning the Place2Be CYP Participation Action Plan. As key stakeholders in the Action Plan, the Senior Clinical Team will set targets for CYP participation within clinical delivery each academic year. This will include ensuring children and young people are consulted on key decision making around service delivery and that we gather feedback from them about the service in their school. A key aim is to ensure our interventions are informed by CYP voices.

3.2 Enhance best practice and return rates for CYP voice measures

We continue to monitor return rates for Child's voice, GBO's, and other CYP voice related measures. Following some work conducted on goal setting in our parenting intervention, we will be auditing the quality of goals set for targeted interventions and, where required deliver further training on GBO's to enhance understanding and use of this measure.

3.3 Increasing the autonomy of young people accessing our service

We are reviewing and adapting our processes for gaining consent for counselling from parents/ carers of secondary aged young people. This is with the aim of giving young people more autonomy when accessing targeted interventions. This parallels young people's development from a biological, psychological and social development perspective as well as a rights-based approach, balanced alongside the important role parents have in providing information and relevant history to support the therapeutic process. This review will also look at the resources and services young people receive as part of the Place2Be service, including Place2Talk drop-in sessions, and will involve further collaboration with young people and secondary schools in adapting these as needed.

4. Governance/ Best use of resources

Our governance structures at Place2Be ensure we are held accountable for all aspects of clinical delivery, supporting us to have the right policies and guidelines in place to improve outcomes for the children, families, schools and communities we support each year. We are proud of our range of evidence-based interventions and are constantly striving to ensure these are meeting the needs of those who have the potential to benefit from the Place2Be service.

Our Progress

Following the implementation of working with NHS and good practice guidelines in 2023/24, the senior clinical team has developed a template to identify and monitor awareness across Place2Be about statutory provision in each area, supporting staff in maximising collaboration and communication with CAMHS and Mental Health Support Teams. The ongoing focus for clinical and operational teams is strengthening connections with services and commissioners in areas where Place2Be is well established in schools. Collectively, this will help deliver an effective net of support for children, young people and families.

Our 2025/26 priorities around Equity

4.1 Referral and Prioritisation Guidance for School-based staff

Having conducted a full audit of our referral and prioritisation processes we will now move to developing guidance for our school based staff on how to manage cases where there are capacity issues in the referral system. The audit looked at:

- How referrals are managed
- How cases are prioritised
- The process from referral to Assessment & Formulation completion
- Whether there is a consistent approach
- How are we managing risk if children are waiting

We are developing guidance for good practice in managing and prioritising cases where unmet need is in the system and ensuring this is recorded in our data. Once the guidance has been approved and disseminated we will re-run the audit in 2026/27 to assess impact.

4.2 Re-launch of our CBT-informed intervention (KIT) with enhanced training protocol

With anxiety and low mood still prevalent presenting issues, particularly in our secondary schools, KIT (Knowledge Insight Tools) - our CBT informed targeted intervention for young people - continues to be a development focus for the clinical team. Our KIT training package will be relaunched in summer 2025. The training has gone through a streamlining process with learnings from practice integrated into the new format. As well as using anonymised case material and practice themes that have emerged in our work, local clinical teams will now also be facilitating the training meaning that KIT is further integrated into everyday practice in clinical supervision.

5. Equity

Equity, Diversity, and Inclusion (EDI) is a priority across all areas of Place2Be. With our mission to ensure no child has to experience a mental health issue alone, it is vital we have services that are accessible for all. We monitor our services in terms of accessibility on an ongoing basis, working in line with the NHS Patient and carer race equality framework to identify and work to remove barriers to accessing our services and ensure we are meeting the needs of diverse groups.

Our progress

We have worked with colleagues in research and evaluation to understand whether there are any barriers to various demographic groups in accessing and benefitting from our services. One example of this came from a visiting qualitative researcher who we asked to investigate the experiences of Asian teenage boys in accessing Place2Be interventions, having identified this as an under-represented group. Following on from the findings of this research, as well as focus groups conducted with clinical and operational secondary settings staff, we are looking at adapting our processes around consent in secondary-age settings as this was identified as a potential barrier to accessing counselling for this group.

We will also continue to use the Assessment and Formulation quality review to identify and address any areas of bias that may exist in our assessment and screening procedures. We do this through ongoing monitoring of school demongrahic populations alongside those accessing our services.

Our 2025/26 priorities around Equity

5.1 Review remote project delivery as increasing access to Place2Be services

In January 2025, we reported on the remote delivery pilot in three settings. All were driven by the desire to provide equity, either by supporting schools in rural areas with little access to mental health services, to provide equity in accessing mental health support in school holidays, when school is not open, or to provide equity on the grounds of health when CYP require mental health support but are unable to access learning in school. Remote delivery demonstrably allows us to reach populations of CYP who would otherwise not receive these services. We have a clear protocol for use by area managers to respond to requests for remote delivery and will continue to monitor the impact of this on accessibility of our service.

5.2 Anti-Oppressive clinical spotlight

Place2Be has always been committed to addressing and removing barriers to our services. As a founding members of the industry-wide Coalition for Inclusion and Anti-Oppressive Practice for counselling and psychotherapeutic institutions and membership organisations Place2Be led on the development of the Race is Complicated toolkit commissioned by the Coalition. The toolkit is a great starting point for organisations wanting to become more aware of internal systems and processes which are racially oppressive on an individual, team and institution level and is being used across service and training providers to inform cultural changes. We are using it to inform our clinical focus for the next academic year.

We are keenly aware that there are always improvements to make in this area of our work. We know that those children and families from diverse communities are likely to have poorer mental health outcomes and we work to ensure they are represented in our service delivery. We believe it is imperative that we work to identify elements of systems, processes and structures

that are potentially oppressive and impede equitability, effectiveness and access to our service. Place2Be's mission is for all children and young people to receive the support they need, to build lifelong coping skills and to thrive. The aim of this clinical spotlight is to provide a strong focus over the 25/26 academic year harnessing insight from what we've learned through the Coalition, our extensive research, expert partners/ organisations and ethical frameworks to provide a safe and welcoming therapeutic environment where all can feel they belong and are safe to heal and grow.

With the 2025/26 spotlight already launched to the regional clinical and operations teams, we are now in the process of curating existing resources and designing content and guidance to be used to support school-based staff to enhance their anti-oppressive practice. We are creating a schedule of twilight webinars for staff and CoPs to improve cultural awareness and access to Continuing Professional Development (CPD). We will be partnering with various departments to ensure this spotlight is integrated across the organisation. We will be evaluating impact next year and using data to further improve our practice in this area.

5.3 Development of the mental health workforce

Our work towards more equitable access to our services is paralleled with our work to create more equitable access to training as a counsellor. Place2Be continues to co-Chair the Coalition for Inclusion and Anti-Oppressive Practice, a group representing the main professional bodies for counselling and psychotherapies. Also informed by our learning through the Coalition for Inclusion and Anti-Oppressive Practice, our focus has been on removing some of the barriers, including financial obstacles, through the allocation of bursaries. The bursaries are available for applicants who meet the eligibility criteria, the gateway to which is financial, with further weighting once financial eligibility is met, across a number of categories. We are also putting energy into ways to attract, welcome and retain a more representative workforce by exploring where real or perceived oppression may be limiting success on our training programmes and on our placements. This involves reflecting on all elements of our systems and processes, and the way they are implemented.

We continue to work towards an industry-wide apprenticeship standard with colleagues on our trailblazer group. With the support of funders, we are developing a blueprint for what that training route will look like when established. Specifically, we're exploring changes to the shape of our programmes where the trainee counsellor is employed by the placement site, not a volunteer in a Place2Be service.

5.4 Launch and dissemination of good practice guidance for working with involuntarily dislocated families.

With support from Save The Children, and in collaboration with psychologist Professor Renos Papadopoulos, founder and director of the Centre for Trauma, Asylum and Refugees, and Professor Panos Vostanis, we will be launching a programme to improve support for families who have been involuntarily dislocated in Autumn 2025. We will provide a good practice guide for schools, along with webinars delivered by Professor Vostanis. The webinars will be available to Place2Be staff and partner schools and will disseminate the good practice guide.

"Place2Be is a central part of our school's mental health and pastoral support. Our School Counsellor, Rebecca, is a fantastic advocate for our students and provides them with compassionate sessions that allow them to explore their feelings and experiences, whilst responding appropriately to any issues that need further follow up. Place2Be has helped in creating a culture of safeguarding within our school and students are aware of the support they can get from the service."

Assistant Headtacher

"Since coming to Place2Be, (my child) is happier; his nervous tic is gone, and he is more independent at home than before"

Parent of the child who completed his one-to-one clinical intervention.

For further information

Readers can find out more about our impact and our data by looking at the following publications:

Impact Report 2024
place2be.org.uk/impactreport

25 years' learning from practice and evaluation
bit.ly/36hmuoQ

Royal Patron
HRH The Princess
of Wales

place2be.org.uk