Aspire in School Counselling Policy

Whole school context

School based counselling is likely to be most effective where it is delivered as part of a whole school commitment to improving mental health and wellbeing. Emotional health is everyone's business and schools will want to consider the following areas of school practice and how they can work together to best support pupils.

Improving wellbeing and resilience

Aspire Academy Trust believe that schools have a vital role to play in supporting the wellbeing of their pupils. We have high aspirations for all children and young people. We want schools to develop qualities like confidence, resilience and motivation in their students. In other words, to ensure that young people are prepared for adult life. These character traits support academic attainment, are valued by employers, and support children and young people to make a valuable contribution to society. Activities to support children and young people to develop these qualities, in particular resilience, will contribute to making children and young people happy at school and engaged with their learning.

It is widely recognised that the capacity to cope with adversity and even be strengthened by it – resilience – is an important factor in children and young people's wellbeing. Evidence shows that these coping strategies are learnable and teachable. Resilience is relevant for all children and young people, not just those who might be considered vulnerable. Schools will have a range of activities in place to support this. These range from those with a direct focus on mental wellbeing, for example, using mindfulness techniques, to others which build character and provide emotional fulfilment, for example the Duke of Edinburgh award, music and cultural activities. Other activities encourage teamwork and healthy living, for example, sport and physical activities.

The DfE is also supporting a range of programmes through its Voluntary and Community Sector grants which will inform the future funding, commissioning and delivering of mental health services. They include: resources, information and training for schools, young people and families; specialist support for vulnerable groups; helplines, online services and apps; and projects that support emerging outcomes from the Future in Mind report.

What is counselling and how can it help children and young people?

Counselling is an intervention that children or young people can voluntarily enter into if they want to explore, understand and overcome issues in their lives which may be causing them difficulty, distress

and/or confusion. A counselling relationship has identified boundaries and an explicit contract agreed between the young person, counsellor and, where appropriate, parent or carer.

Good mental and emotional wellbeing is an integral part of children and young people's holistic development. When this development is inhibited, counselling can be an effective and important resource. The aims of counselling are to: assist the child or young person to achieve a greater understanding of themselves and their relationship to their world; to create a greater awareness and utilisation of their personal resources; to build their resilience; and to support their ability to address problems and pursue personally meaningful goals.

What is school based counselling?

The British Association for Counselling and Psychotherapy (BACP) define school based counselling as: 'a professional activity delivered by qualified practitioners in schools. Counsellors offer troubled and/or distressed children and young people an opportunity to talk about their difficulties, within a relationship of agreed confidentiality.'

How can school based counselling help children and young people?

Counselling can be beneficial in a number of ways, for example it can help:

• reduce the psychological distress that children and young people may experience as a result of facing a range of life difficulties, such as being bullied or experiencing bereavement;

• support young people who are having difficulties within relationships, for example, with family or with friends;

• young people who are having difficulty managing their emotions, such as anger; and

• as part of a graduated response to decide whether or not to put SEN support in place where difficulties are caused by events such as bullying or bereavement.

Counselling environment

Counselling needs to take place in a safe, private and welcoming environment. A welcoming environment will: help children and young people to get the most out of counselling; the counselling should take place somewhere free from distractions or interruptions; and the child or young person needs to feel comfortable with the counsellor. If possible the counselling room should be in an area where it isn't obvious the pupil is going there to attend counselling. Counsellors will also need access to secure storage for record-keeping, use of a desk and access to a confidential telephone. It can be helpful for the counsellor to have access to the school's management information system. Aspire counsellors will access each school's own unique policy and systems.

Consent

A consent letter is posted out to the parent/carer of the child upon receipt of the referral following an initial meeting with the parent/carer. Once this has been returned, an initial assessment appointment will be made between the School Counsellor and the young person.

For a young person to be eligible to receive counselling, s/he must understand the nature of counselling and be able to make a valid verbal counselling contract, including the ability to understand the principle of confidentiality and the need for this to be overridden where the young person is alleged to be at risk of harm from self or other.

Consent may be given by the child *without* the parent/carers' involvement, if the child is deemed *Gillick competent.

Confidentiality

Ensuring confidentiality between the child or young person and counsellor is crucial to the success of the relationship and the outcomes of counselling. A frequent concern raised by children and young people who have not experienced counselling services is that others will be informed about what has been discussed in sessions. While counsellors are used to working within confidentiality codes, they will be aware that there is no such thing as absolute confidentiality when working with and children and young people. Child protection concerns and the welfare of children and young people will, at times, need to take precedence over confidentiality. The counsellor should explain confidentiality and its limitations at the start of a counselling relationship and, if necessary, will regularly remind the child or young person of these limits as counselling progresses.

Confidentiality issues will also vary according to the age of the child or young person and whether they are considered Gillick competent (see box below). Where they are not, and this will apply to most primary age children as well as to some of secondary age, parents or carer's consent will need to be given before they access counselling. However, the consultation itself should remain confidential, subject to any safeguarding concerns. It will be important for schools to ensure that parents or carers and school staff understand the principles of confidentiality and consent. Equally counsellors will recognise when they need to encourage children and young people to share with their parents or carers what is being discussed.

Gillick competence

The Fraser Guidelines set out the criteria that should be met before practitioners provide a service to under 16s without parental consent – the assessment of young people against these guidelines is often referred to as assessing whether the young person is Gillick competent. Young people under the age of 16 can consent to medical treatment if they have sufficient maturity and judgement to enable them to fully understand what is proposed. This was defined in England and Wales by the House of Lords in the case of Gillick vs West Norfolk and Wisbech AHA and DHSS in 1985.

Supervision

All counsellors need to engage in regular clinical supervision to maintain and monitor standards and to comply with their ethical code. School counsellors should undertake counselling supervision with a supervisor who has experience and understanding of children and young people and of the school setting.

Referral Systems

In school referral will be managed by the Aspire counsellor and a member of the school's SLT or SENDCo. All referrals will be discussed with and agreed with the parents/carers and the young person (unless they are deemed to be Gilleck competent)

Referrals will be evidenced through the criteria highlighted in the referral forms and an initial assessment using assessment tools such as Thrive, Boxall or SDQS will be carried out by the counsellor which will form the basis of the input. A number of sessions will be agreed upon as well as when and where the sessions will take place. The sessions will normally be about 10 -12 in total with a midpoint review as well as a more formal review at the end of the process. Sessions will be approximately 30 – 40 minutes long. SLT and the counsellor will review the impact of the counselling sessions at a midpoint and again at the end of the period. This will be part of the quality assurance process which will be part of the counsellor's performance management. The school's SENDCo and or SLT will feed into this process also.

The school will make the counsellor aware of any additional needs that a pupil may have. The counsellor will have all the necessary back ground information on pupils with SEND as well as those who are Looked After and those who have safeguarding concerns. The counsellor and SENDCo will meet regularly to discuss cases loads and prioritise any cases which may arise as a matter of urgency.

Sharing Information

The Counselling Service will work in a multi-disciplinary way and communicate with school staff, other agencies and specialised services, whilst maintaining an appropriate level of confidentiality. Counsellors may find it necessary to liaise with, share information or refer the young person to another agency for further help. This will be done in liaison with the school, pupil and parent/carer.(see below for further detail relating to information sharing)

Information sharing

The DfE has published Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents or carers. The guidance provides an expectation of how professionals use, protect and share information, and encourages professionals to think about how they share information locally, as the team structures and processes used by professionals may vary across the country.

The guidance includes a myth-busting guide for agencies and individuals, which aims to dispel common myths and barriers when sharing information. The document Working Together to Safeguard Children has also been revised and updated, and together this guidance aims to ensure information is shared appropriately, effectively and at the right time.

NHS England have published a Mental Health Services passport for children and young people. The aim of the passport, which was developed by young service users working with professionals, is to help young people using mental health services, or parents or carers with younger children, to own and communicate their story when moving between different services.

Record Keeping

The school adopts a Data Protection policy in accordance with the Data Protection Act 1998, and it is updated as necessary to reflect best practice in data management. *Please refer to Aspire Data Protection Policy*. Each young person's records are kept under an anonymous ID number and stored in a locked cabinet, in a locked room then school.

Access to Records

The young person has a general right of access to educational records, as a 'data subject' set out by the DPA 1998, and this includes confidential counselling material. A parent/carer however does not have this right, and in accordance with Section 4(3) 6(1) of the DPA 1998, any disclosure or processing of such material 'is unwarranted in any particular case by reason of prejudice to the rights and freedoms or legitimate interests of the data subject' (i.e. the child concerned). The counselling service would consider any request against the child's wishes, to be undermining the child's own right to privacy and confidentiality.

Counselling records, including process notes, may be requested by the courts during hearings about the welfare of children. If the School Counsellor is given a court order to appear in court or produce their process notes, they may obtain legal advice so that they can make representations to the court in the appropriate manner, to limit disclosure of non-relevant sensitive client information.

Child Protection

If a counsellor has potential child protection concerns, this could lead to a breach of confidentiality in the interests of the child's safety. Therefore, as part of the initial assessment, the counsellor will explain the

procedures and possible consequences of involvement by other agencies, and seek the client's views and consent. The counsellor will adhere to the school's safeguarding and CP policy.

Complaints Procedure

In the first instance all complaints should be raised with the school following the usual school complaints procedure which can be found on the school website.

If necessary, complaints alleging a breach of professional standards will be dealt with in accordance with the procedures outlined by the BACP (British Association of Counselling Professionals).

September 2017

This document is in line with DfE guidance.

Counselling in schools: a blueprint for the future

Departmental advice for school leaders and counsellors