



School and community-based counselling operating toolkit

(revised 2019)

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Audience

Counselling providers and managers of counselling services; other professionals including teachers, emergency services, social workers, third sector workers and people working in youth services.

Overview

The *School-based counselling operating toolkit* was first published in 2011. At the time, the toolkit built on the *School-based Counselling Services in Wales – a National Strategy* (2008). Together, the national strategy and the original toolkit paved the way for new legislation (under the School Standards and Organisation (Wales) Act 2013), requiring local authorities to make reasonable provision of independent counselling services for children and young people aged between 11 and 18 and learners in Year 6 of primary school.

The original toolkit was a joint collaboration between the Welsh Government and the British Association for Counselling and Psychotherapy (BACP). This revised version has also been developed with input from the BACP and in close collaboration with a working group comprising counselling leads and service providers from local authorities across Wales. It reflects various changes since the original guidance was published, such as changes in law and policy, increased provision of counselling for children and young people in a community setting, and the use of online counselling.

Action required

The purpose of this consultation is to seek the views of stakeholders to ensure the new guidance meets the needs of all users.

Further information

Enquiries about this document should be directed to:

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@WG_Education



Facebook/EducationWales

Additional copies

This document can be accessed from the Welsh Government's website at

www.gov.wales/education-skills

Related documents

This guidance replaces the *School-based counselling operational toolkit* published in 2011.

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

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Ministerial foreword

This *School and community-based counselling operating toolkit (revised 2019)* has been produced to support counsellors, managers of counselling services, teachers and other professionals who regularly have contact with children and young people presenting with emotional health and well-being difficulties. It is not meant to supplant specialist training, rather it provides a quick and accessible source of reference to the general principles of best practice and signposts to other sources of support and advice.

The revised toolkit supersedes the *School-based Counselling Operating Toolkit* which was published in collaboration with the British Association for Counselling and Psychotherapy (BACP) in 2011. The 2011 toolkit laid the foundations for the development of counselling provision in schools and the introduction of legislation (still unique to Wales) in 2013 requiring local authorities to make counselling available to all learners of secondary school age and Year 6 primary school learners.

Across the UK, it is estimated that one in four children will show some evidence of mental ill health, and three children in an average-size classroom will have a mental health problem. With data from the latest Welsh Government bulletin (2017–18) showing that 11,365 young people received counselling in that year, it is now more important than ever that our learners have early and easy access to good quality counselling which is proven to help prevent emotional health issues developing or becoming more serious.

Once published, our new counselling framework will provide a valuable resource for counselling providers on the best practice in delivering the service both in school and, increasingly, in community settings. More importantly, it will promote consistency of provision and equity of access to those young people who need the service.

The new counselling framework complements our recently published guidance *Responding to issues of self-harm and thoughts of suicide in young people: Guidance for teachers, professionals, volunteers and youth services* (2019) and is a very important element in the development of the Welsh Government's whole-school and whole-system approach to supporting children and young people with emotional and well-being difficulties.

We would like to place on record our thanks to the local authority counselling leads, service providers and other colleagues who contributed to this framework, for their dedication, hard work and continued commitment to raise the standards and ensure consistency of counselling for all our children and young people. We are very grateful too, for the significant contribution of British Association for Counselling and Psychotherapy (BACP) colleagues for their help in augmenting its contents and ensuring its fitness for purpose.



A handwritten signature in black ink that reads "Kirsty Williams".

Kirsty Williams AM
Minister for Education



A handwritten signature in black ink that reads "Vaughan Gething".

Vaughan Gething AM
Minister for Health and Social Services

Background and context

Counselling in general

Counselling is one of a range of services that helps to support the health, emotional and social needs of young people, and leads to a healthy school culture, although it is not intended to replace the support provided by responsible adults in educational settings to promote the well-being of young people. Early and easy access to counselling can prevent emotional health issues developing or becoming more serious, and can build up trust and confidence to enable young people to access more specialist services if required.

Purpose

This toolkit is designed to provide practical support for counsellors and managers of counselling services and for those with day-to-day responsibility for mental health issues in schools (such as headteachers and governing bodies of all primary and secondary schools in Wales) as well as in community settings. The aim of this toolkit is to help counselling services have the information they need to provide a high-quality service, delivering value for money and improved outcomes for children and young people, and to provide other stakeholders with the information they need to work collaboratively with counselling services.

This guidance applies equally to counselling provided in schools and in community-based settings.

The Welsh Government is very grateful for the considerable help and advice from local authority counselling leads and providers across Wales in developing this toolkit, in particular:

- Alison Theaker, Rhondda Cynon Taff
- Christian Davies, Trigg, Newport
- Claire Leahey, Cardiff
- Claire Madden, Blaenau Gwent
- Dan Trevor, Denbighshire
- Lyn Herde, Pembrokeshire.

We would also like to extend our thanks to the British Association for Counselling and Psychotherapy (BACP), in particular:

- Sue Dale
- Jo Holmes
- Caroline Jesper
- Cathy Bell.

Definition of mental well-being

Mental well-being is defined by the World Health Organisation (WHO) as:

‘A state whereby individuals recognise their abilities, are able to cope with the normal stresses of life, work productively and fruitfully and make a contribution to their community.’

Background

The Welsh Government is committed to improving the mental health and well-being of children and young people. Across the UK, it is estimated that one in four children will show some evidence of mental ill health, and three children in an average-size classroom will have a mental health problem. Half of all mental health problems begin by the age of 14, and three-quarters by an individual’s mid-twenties¹. With evidence showing that this is an increasing problem, it is important that children and young people receive the help they need as quickly as they should.

Addressing such problems as anxiety, depression and conduct and eating disorders early can help avoid more serious mental health issues in later life, and can have a positive effect on the personal, social and educational attainment and ultimately the life chances of the young person. This is central to the Welsh Government’s all-ages mental health strategy for Wales, *Together for Mental Health: A Strategy for Mental Health and Well-being in Wales* (2012)².

Ensuring children and young people receive treatment in a timely and appropriate manner is not just a key priority for the Welsh Government, it also accords with the United Nations Convention on the Rights of the Child (UNCRC), in particular the following articles.

- Article 6 – All children have the right of life. Governments should ensure that children survive and develop healthily.
- Article 19 – Governments should ensure that children are properly cared for, and protect them from violence, abuse and neglect by their parents or anyone else who looks after them.
- Article 24 – Children have the right to good quality healthcare and to clean water, nutritious food and a clean environment so that they will stay healthy.

Legislative context

Mental health

From April 2013, local authorities have been required, under the School Standards and Organisation (Wales) Act 2013 (‘the 2013 Act’), to secure the reasonable provision of an independent counselling service for children and young people aged between 11 and 18 in their area and learners in Year 6 of primary school. Statutory guidance³ for local authorities, made under section 92(2) of the 2013 Act, was issued in 2013 regarding the provision of independent counselling services to children and young people. In exercising their functions

¹ www.who.int/mental_health/maternal-child/child_adolescent/en

² gweddill.gov.wales/topics/health/nhswales/mental-health-services/policy/strategy/?lang=en

³ gov.wales/independent-counselling-services-guidance-local-authorities

in relation to the provision of independent counselling services, local authorities must have regard to this guidance.

The Mental Health Act 1983 (which was substantially amended in 2007) applies in Wales and England and allows people with a 'mental disorder' to be admitted to hospital, detained and treated without their consent – either for their own health and safety, or for the protection of other people.

The main purpose of the Mental Health Act 1983 is to allow compulsory action to be taken, where necessary, to make sure that people with mental disorders get the care and treatment they need. It sets out the criteria that must be met before compulsory measures can be taken, along with protections and safeguards for patients.

In 2012 Wales implemented the four-part Mental Health (Wales) Measure 2010, although this measure does not establish any new duties on local health boards or local authorities to provide mental health treatment or mental health support services for children. However, the legislative context for the provision of counselling services for children and young people and Child and Adolescent Mental Health Services (CAMHS) includes:

- the duties of the local health board under section 1 of the NHS (Wales) Act 2006, which places a duty on Welsh Ministers to continue the promotion of a comprehensive health service designed to secure improvement (a) in the physical and mental health of the people of Wales and (b) in the prevention, diagnosis and treatment of illness
- the duties of local authorities to provide services to 'children in need' under Part 3 of the Children Act 1989
- the duties of local authorities to provide welfare services for disabled children under section 28A of the Chronically Sick and Disabled Persons Act 1970.

Safeguarding

The Social Services and Well-being (Wales) Act 2014 (section 131) strengthens existing safeguarding arrangements for children through the introduction of a new 'duty to report' to the local authority and defines a 'child at risk'. The Act, in section 130(4), defines a 'child at risk' as 'experiencing or is at risk of abuse, neglect or other kinds of harm, and has needs for care and support'. Relevant partners (defined in section 130(5) including health, police and probation will be required to inform the local authority where they have reasonable cause to believe a child to be at risk. Following such notification, local authorities will decide whether to exercise their existing duty to investigate under section 47 of the Children Act 1989. The key outcome of the package of measures under the Act is to ensure that safeguarding partners are supported by a stronger, more effective framework for multi-agency co-operation.

Well-being

In addition, the Well-being of Future Generations (Wales) Act 2015, places a duty on public bodies (including local authorities, local health boards and the Public Health Wales NHS Trust) to set well-being objectives that are designed to maximise their contribution to achieving each well-being goal, which includes the goal of a healthier Wales: a society in which people's physical and mental well-being are maximised and in which choices and behaviours that benefit future health are understood.

Welsh language

The Welsh Language (Wales) Measure 2011 ('the Measure') established a legal framework to impose duties on certain organisations to comply with standards of conduct in relation to the Welsh language. The Measure provides that Welsh Minister may, by regulations, specify standards in the following areas:

- service delivery
- policy making
- operational
- promotion
- record keeping.

From 1 April 2017 local authorities in Wales have been required to comply with Welsh Language Standards. Each local authority has to comply with the standards as set out in their compliance notice. The compliance notices were issued by the Welsh Language Commissioner in accordance with the Welsh Language Standards (No. 1) Regulations 2015⁴.

Special educational needs/additional learning needs

The current legislative framework for supporting children with special educational needs (SEN) is set out in the Education Act 1996 and described in the *Special Educational Needs Code of Practice for Wales (2002)*⁵. This establishes a system where children with SEN are provided with special educational provision (SEP) by schools and local authorities in accordance either with non-statutory school-based plans or statutory Statements of SEN.

However, when commenced, the provisions included in the Additional Learning Needs and Education Tribunal (Wales) Act 2018 will introduce a new legislative framework. Among other things, this framework will replace the terms 'special educational needs (SEN)' and 'special educational provision (SEP)' with the terms 'additional learning needs (ALN)' and 'additional learning provision (ALP)' and provide all children with ALN with a statutory plan of support – the individual development plan (IDP). The system will be described in the Additional Learning Needs Code, which will replace the *Special Educational Needs Code of Practice for Wales*. Implementation of this new system is expected to take place from September 2020 onwards.

Adverse childhood experiences (ACEs)

Adverse childhood experiences (ACEs) are traumatic events experienced before the age of 18. These experiences include those that directly harm the child (e.g. verbal, physical or sexual abuse) and those that affect the environment in which they live (e.g. living in a home where there is domestic violence, drug or alcohol abuse, mental illness, incarceration, parental separation).

Research⁶ by Public Health Wales shows that for every 100 adults in Wales, 47 have suffered at least one ACE during their childhood, and 14 have suffered four or more.

⁴ www.comisiynyddygyymraeg.cymru/English/Organisations/Pages/Compliance-notices.aspx

⁵ gov.wales/special-educational-needs-code-practice

⁶ www.wales.nhs.uk/sitesplus/888/news/40000

When children and young people experience ACEs, they are more likely to perform poorly in school, more likely to adopt health harming, risky behaviour and more likely to be involved in crime. When they have experienced a cluster of ACEs, this likelihood increases. While ACEs occur in all communities, those living in areas of deprivation are at greater risk of experiencing multiple ACEs.

ACEs also have an impact on mental health. The prevalence of low mental well-being in adults increases with the number of ACEs experienced in childhood⁷. The 2016 study by Public Health Wales found that adults with four or more ACEs were five times more likely to have low mental well-being than those with no ACEs.

The Welsh Government is jointly funding, with Public Health Wales, a centre of expertise on ACEs – the ACE hub⁸. Its objectives are to:

- raise awareness of ACEs among professionals and society
- support the development of ACE-informed approaches
- create longer-term or widespread change through informing policy and programmes.

The ACE hub is also working with the Policing Vulnerability Early Intervention Project and has developed training material for schools. By ensuring that all professionals are ACE-informed, vulnerable children and young people will be supported by a network of services that understands:

- why they may have social, emotional and behavioural difficulties
- the most appropriate means of mitigating the impact of their ACEs.

⁷ www.wales.nhs.uk/sitesplus/888/news/41957

⁸ www.wales.nhs.uk/sitesplus/888/page/96400

Case study: Liam

“My school counselling sessions saved me. They completely changed my life.”

Liam was referred to his school counsellor when he was 15 years old. He'd had a period of time out of school and struggled with anxiety and low mood. He'd found it hard to maintain friendships and generally felt he didn't fit in. Liam had worked with CAMHS in the past and taken part in a number of different workshops over the years.

He was sceptical that counselling would help and felt 'broken and unfixable', describing himself as a 'freak'. The counselling was a long-term piece of work and constantly reviewed. Liam talked of the trusting and non-judgemental relationship with his counsellor being at the heart of 'unlocking the door to his problems'.

Liam had a YP-CORE-10 score of 18 when he started counselling and a score of six when he finished. He was interviewed six months after his counselling came to an end.

“Those sessions saved me, definitely. They completely changed my life,” said Liam.

“I don't think I would have done my GCSEs if it hadn't been for counselling. I don't think I would have got where I wanted. I would have sat at home, hiding away, like I did before.

“I feel like a whole new person. It's amazing,” he added.

Liam first started to work with CAMHS when he was six years old. He was struggling with school and faced a difficult time as his brother was terminally ill.

“I felt very different from a lot of other children – I couldn't sit with them. I couldn't do school work because I couldn't focus. I felt really out of place just sitting in a normal classroom.

“From a really young age I was working with CAMHS to understand why I was acting the way I did, why I couldn't function in certain places, why I couldn't do school work.”

Liam went to various therapy groups, including one he recalls as being 'amazing' where he attended with other kids struggling with anxiety and depression like him.

During this time, he was still struggling at school and was being picked on by other kids.

“They moved me out of school because I didn't feel safe in my environment. When I was in school, I wasn't in normal classes so I didn't socialise. That just made me feel a lot worse. I felt different, I felt like a freak. I would criticise myself for everything I did.”

And finally, towards the end of year 10, when Liam was back at his secondary school, there was a breakthrough.

He began to see the school counsellor every week.

“Things picked up from there,” he said, “It was the first time I got to see someone and let everything out. It was amazing having that support.

“I’d go in and I wouldn’t feel any pressure. I’d feel relaxed. We’d talk about all sorts, including my anger, because I’d lose my temper and I’d just lash out at walls and she would sit and just listen, which helped me work out my feelings”.

“She would work with me in different ways to cope. Some sessions we’d talk heavily about problems, and other times we’d just sit and have a nice chat about how everything was going. It was amazing just to have that conversation.”

One of the major issues Liam’s counsellor helped him work through was hearing voices in his head.

Liam said: “I could hear these voices constantly, anytime I did something wrong. If I failed a test or I made a mistake they would be there constantly nagging at me and it got to the point where it would keep me up at night and it would make me feel so on edge, sitting there, hearing it.

“I didn’t want to talk to anyone else about it. But I would speak to my counsellor and say this is what I’m hearing. It was so much easier talking about it rather than sitting and coping with it alone every day.”

The work with his counsellor included a session to ‘introduce the voices into the room’. Liam and his counsellor sat in the therapy room, with an extra chair available for the voices to allow them to be present.

“It was very powerful,” said Liam.

“Letting someone see what was happening in my head and knowing that it was OK felt massive for me. I didn’t feel different or a freak like people had called me. I felt normal and OK for once. It really helped.

“I can still remember some of these sessions as if they are fresh in my mind. If I’m struggling, I think of what my counsellor said in those moments and I use that to help me cope. She taught me how to understand my feelings and not be scared of them.”

It was the fact he knew he was guaranteed regular sessions with his school counsellor, that made such a difference.

“It was brilliant because I knew that counselling was ‘my weekly thing’.

“It felt a lot easier to have those sessions frequently rather than waiting a month or so if something big had happened and not have anyone by my side to help me.

“When you’re working with someone like that, you feel a bigger bond. You’ve worked through this together.

“Having a counsellor in school is so important. People struggle with different things. People need that accessibility and flexibility that a school counsellor can provide.”

Liam secured good grades in his GCSEs, paving the way to sixth form.

“I worked so hard for year 11 to get good grades, I felt such a sense of achievement for once. With my counsellor’s help I had managed to get over everything and do my GCSEs, a thing I thought I could never do.”

Liam glows when he talks about these achievements over the past year, and how is coping with life, generally.

“I’m sleeping properly. I’m eating properly. I’m feeling better in myself. I’m not hearing anything in my head. I feel so much better”.

Liam is quick to recognise the positive impact his counsellor has had on his life and credits her for helping him to be more confident and sociable and learning different ways to cope with his anger and stress, as well as helping him when his granddad died.

But most importantly, he recognises his role in this change.

“I’m very proud of myself and how I’ve turned out. I’ve worked hard for where I’ve got to.”

Role of the counsellor

Counsellors can offer a child/young person a safe and supportive environment to talk over difficult issues in confidence and will listen to his/her views, experiences and feelings without judgement, in an atmosphere of respect and empathy, based on a secure and trusting working relationship.

Counsellors can enable the child/young person to focus on their concerns, giving them a vehicle to explore specific problems, make choices, cope with crises, work through feelings of conflict and improve relationships with others.

Whether based in a school setting, or a community-based setting, the role of the counsellor is to:

- provide a counselling service to children in year 6 and to young people aged from 11 to 18 in the local authority area
- organise and administer the counselling service, with assistance from school/community-based staff, depending on the venue
- communicate and liaise with school/community-based staff, in the best interest of the young person, whilst within the limits of client confidentiality
- encourage partnership with the child/young person's family when appropriate and beneficial
- liaise with school/community-based staff in taking and making referrals to and from other agencies
- act as a resource to schools/community-based staff by offering an insight into counselling and promoting the service where possible
- maintain accurate counselling session records and write reports as and when required
- maintain and develop professional practice through regular and ongoing management and clinical supervision and training and through involvement in service evaluation and auditing
- practise counselling in accordance with ethical principles, as a member of a counselling/psychotherapy professional body.

Types of issues brought to counselling

Children and young people may choose to access counselling for a variety of reasons, for example family, anger, stress, anxiety and self-worth.

Local authorities collect data on presenting and predominant issues. This is included in the Welsh Government's annual statistical release of counselling data⁹, which contain more detailed information on the types of issues brought to counselling.

⁹gov.wales/counselling-children-and-young-people-september-2017-august-2018

Working within an ethical framework and complaints procedure

It is expected that all counsellors and supervisors will be members of a professional body related to counselling or psychotherapy and adhere to an ethical framework or code. The code should be underpinned by ethical principles, which give guidance and standards for good practice.

More information can be found within BACP's 'Ethical Framework for the Counselling Professions' and associated supplementary resources¹⁰. Counsellors and supervisors from other professional bodies (for example the UK Council for Psychotherapy and the National Counselling Society) will need to consult their own frameworks and codes for specific details¹¹.

Key to the BACP 'Ethical Framework for the Counselling Professions' is members' commitment to ethical practice, which state that they will:

- put clients first by:
 - making clients our primary concern while we are working with them
 - providing an appropriate standard of service to our clients

- work to professional standards by:
 - working within our competence
 - keeping our skills and knowledge up to date
 - collaborating with colleagues to improve the quality of what is being offered to clients
 - ensuring that our well-being is sufficient to sustain the quality of the work
 - keeping accurate and appropriate records

- show respect by:
 - valuing each client as a unique person
 - protecting client confidentiality and privacy
 - agreeing with clients on how we will work together
 - working in partnership with clients

- build an appropriate relationship with clients by:
 - communicating clearly what clients have a right to expect from us
 - communicating any benefits, costs and commitments that clients may reasonably expect
 - respecting the boundaries between our work with clients and what lies outside that work
 - not exploiting or abusing clients
 - listening out for how clients experience our working together

¹⁰ www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/

¹¹ www.psychotherapy.org.uk/registers-standards www.nationalcounsellingsociety.org/about-us/code-of-ethics

- maintain integrity by:
 - being honest about the work
 - communicating qualifications, experience and working methods accurately
 - working ethically and with careful consideration of how we fulfil our legal obligations
- demonstrate accountability and candour by:
 - being willing to discuss with clients openly and honestly any known risks involved in the work and how best to work towards our client's desired outcomes by communicating any benefits, costs and commitments that clients may reasonably expect
 - ensuring that clients are promptly informed about anything that has occurred which places the client at risk of harm or causes harm in our work together, whether or not clients are aware of it, and quickly taking action to limit or repair any harm as far as possible
 - reviewing our work with clients in supervision
 - monitoring how clients experience our work together and the effects of our work with them.

These commitments summarise all the ethical principles, values and good practice that follow within BACP's Ethical Framework, and enable practitioners to make ethical choices within their practice.

BACP members can also access 'Good Practice in Action'¹² legal resources in respect of working in schools in England, Scotland, Wales and Northern Ireland, and general resources in respect of working with children and young people.

Counsellors, who are members of other professional bodies, will need to consult their ethical code or guidelines.

Complaints

There must be a clear written complaints procedure permitting complaints relating to services, or individual counsellors. This procedure will be uncomplicated, well advertised and will detail how it can be used. The procedure must be child friendly and accessible.

Where a service is commissioned by the local authority (LA), the service provider will have a written complaints procedure acceptable to the LA.

Recommendation

Services should employ counsellors and supervisors who are members of professional bodies relating to counselling or psychotherapy and, as such, have an established ethical code or framework and complaints procedure. These should be available and accessible to clients, schools and service providers.

Counsellors are expected to have supervision in line with their professional bodies' recommendations. BACP expects all members to have 'adequate supervision' as detailed within the Good Practice sections of their *Ethical Framework for the Counselling Professions*

¹² www.bacp.co.uk/ethical_framework/newGPG.php

(points 50-61). Further resources are available for members on supervision and are available on BACP's *Good Practice in Action* web pages. Members of other professional bodies will need to consult the guidance offered by those bodies.

Local authorities and commissioned services are advised to ensure that counsellors are 'competent to practise' with children and young people. That would usually mean that they have completed adequate core counselling training, together with specialist training for work with children and young people. BACP has produced evidence-based competences for work with children and young people (4-18 years)¹³. For example, BACP accredited core training courses have a minimum of 450 hours' teaching time. In addition to teaching time, a minimum of 100 hours supervised counselling is required, (accredited counsellors would need, in addition to their 450 hours client time, to complete a minimum of 1.5 hours supervision per month).

¹³ www.bacp.co.uk/events-and-resources/ethics-and-standards/competences-and-curricula

Accessing counselling

Inclusion and equality

The counselling service should create an environment where children and young people feel safe and accepted. Therefore, counsellors should be committed to promoting the service as being fully inclusive, ensuring equality of access and being accepting of the diversity of children and young people accessing counselling.

Protected characteristics

School counselling services need to proactively work for equality, diversity and inclusion. Children and young people who have the protected characteristics set out in the Equality Act 2010 should not be discriminated against. Such characteristics include age, disability, race, religion or belief, sex, sexual orientation, pregnancy and maternity.

Professionals working with children and young people should be aware that more girls seek counselling than boys¹⁴. However, this doesn't mean that girls have more need of counselling or have more mental health issues than boys. The mental health findings from the Millennium Cohort Study¹⁵ indicate that mental health problems are twice as common among boys aged 11 than girls, with behavioural problems occurring much more frequently among boys than girls. Schools, community settings and counselling services need to consider what they can do to encourage help-seeking behaviour among boys as well as girls.

Care should be taken with children and young people who do not identify with the gender they were assigned at birth whether they are transitioning or not. They should be addressed with the pronoun they prefer, i.e. he, she or they, at all times.

Welsh language

Since 2016, local authorities have been required to comply with Welsh language standards. The standards' main principle is that local authorities should not treat the Welsh language less favourably than the English language when delivering services and operating from day to day.

Specific standards are imposed on local authorities and they place duties on the bodies around service delivery, policy-making and operational matters. Service delivery standards cover the provision of services, such as procurement, corporate identity, meetings, and communication, and these are relevant to the delivery of counselling services for children and young people.

Additional learning needs

An inclusive education system should enable all learners to access common opportunities in ways that are relevant to their needs. This includes the need for access to counselling support. Children and young people with additional learning needs (ALN) may need counselling to be adapted to be appropriate for them.

¹⁴ gov.wales/counselling-children-and-young-people-september-2017-august-2018

¹⁵ cdn.basw.co.uk/upload/basw_120221-1.pdf

Some children and young people with additional learning needs, such as those with autism, may struggle with therapeutic interventions that require reflection and self-knowledge. Counsellors may need training and support to make these adaptations to the counselling they deliver.

Professionals working therapeutically with children and young people with complex needs are likely to need to work as part of a support network, which should include the child's parents or carers and other professionals.

Local authorities are required, under the School Standards and Organisation (Wales) Act 2013, to make reasonable provision for a counselling service for children and young people aged between 11 and 18 in their area and learners in Year 6 of primary school in their area. This includes both mainstream and special schools alike.

Other groups of children and young people with specific needs

In addition, there may be particular challenges around providing counselling services to specific groups, some examples of which appear below.

Asylum seeking and refugee children/young people

The specific needs of children and young people from asylum seeking or refugee households need to be considered. The majority of these children will be accessing schools in the four dispersal areas of Cardiff, Newport, Swansea and Wrexham. However, all local authorities in Wales have resettled refugee families and many are supporting unaccompanied minors so all schools need to be aware of these considerations.

Children and young people from asylum seeking or refugee households may have been through particularly traumatic experiences in their lives. The trauma may have been experienced in their country of origin, on the journey to the UK, or during their time in the asylum process. The incidence of onward referrals to more specialist services may therefore be higher.

Children from these backgrounds are likely to need access to interpretation services to enable them to access counselling. Schools will already need to provide classroom language support to enable these children to access education. However, it may not be appropriate or desirable to call on this support for the child to access counselling. Schools should ensure that interpretation services are available, such as Language Line, Big Word, the Wales Interpretation and Translation Service (WITS) or other provider.

Counsellors providing counselling to children and young people from asylum seeking or refugee households may find themselves emotionally affected by some disclosures. Counselling services should ensure that appropriate support is in place for counsellors responding to distressing disclosures.

Counsellors may not be aware of aspects of the asylum and refugee system before counselling someone from this background. The Welsh Government has produced the 'Sanctuary' website¹⁶ to support refugees and asylum seekers to understand their rights and entitlements in Wales. The website may also be of use to school-based counsellors.

¹⁶ gov.wales/sites/default/files/publications/2019-03/nation-of-sanctuary-refugee-and-asylum-seeker-plan_0.pdf

The Welsh Government has also published a series of guides¹⁷ around rights and entitlements for children and young people from asylum seeking or refugee households.

Deaf and hearing impaired children/young people

Counsellors need to understand the different ways to communicate effectively with deaf children and young people (by which we mean those with any level of hearing impairment). Deaf CAMHS can provide support/advice. Every deaf child/young person is different and sessions will need to be tailored to each child's particular communication needs. However, the following pointers may help.

- Many deaf children/young people rely on lip-reading and access to sound in order to communicate so it is important to ensure that a room is both well-lit and quiet. Before the session begins, the counsellor should always ask the deaf child/young person whether the room layout is suitable.
- Although breaking eye contact to make notes can be common in sessions generally, counsellors should be mindful that breaking eye contact may interrupt the flow of conversation with a deaf child/young person. If taking notes, it can be helpful to explain to the child beforehand what type of notes are being taken, why and what happens to the notes afterwards.
- Deaf children/young people will have a visual approach to the world so using visual techniques during sessions, such as demonstrations, video, flip charts, and whiteboards can be helpful.
- It is useful to write down all agreements/actions/decisions in plain language for the young person to take away, and to write down any word that either the counsellor/young person is struggling to understand.
- Be aware that lip reading or following BSL interpretation is particularly tiring. It is worth considering how the young person is finding the session and whether it is helpful to consider ways to break up the discussion.
- Some deaf children/young people may have experienced delays in acquiring language, and might be aware of having feelings, but lack the vocabulary to 'label' them and discuss abstract emotions. Drawing may help these children/young people to express emotion. In addition, some deaf young people may find abstract language challenging.
- Some deaf children/young people will be first language British Sign Language (BSL) users, in which case an appropriately qualified interpreter with experience in working with children should be used. Other deaf young people may communicate orally in lessons, but are more at ease using sign language socially and might feel happier using a sign interpreter. Given the personal and sensitive nature of counselling it is important to consider whether the young person feels comfortable with the interpreter that is booked. It is also important to ensure that the interpreter can accommodate the young person's specific communication needs (for example, some use Sign Supported English/Welsh, instead of BSL). Counsellors should maintain eye contact with the young deaf person when speaking to them, rather than with the interpreter. It might be worth meeting with the interpreter before the session to discuss how to format questions. Similarly, checking in with the interpreter to check that the pace of the session was appropriate for interpretation can be helpful.
- Sign Language communication uses facial expression to both illustrate emotion and to carry grammatical information, counsellors should be mindful of this when perceiving body

¹⁷ gov.wales/unaccompanied-asylum-seeking-children-guidance-professionals

language of a signer.

- Just like all children, deaf children may experience emotional difficulties for reasons that are unrelated to their deafness. However, it is helpful to be sensitive to the barriers that deaf young people face as a result of living in a hearing orientated society. These barriers can leave deaf young people more vulnerable to difficulties such feelings of isolation and experiences of bullying.
- More information about deafness is available from the National Deaf Children's Society¹⁸.

Children missing education

Children missing education is used to refer to children of compulsory school age who are not on a school roll and who are not receiving a suitable education otherwise than being at school (for example, at home, privately, or in education other than at school) and who have been out of any educational provision for a substantial period of time, usually agreed as four weeks or more.

Local authorities in Wales are required to make arrangements to enable them to establish the identities of children in their area who are not registered at a school and are not receiving a suitable education¹⁹. There are a number of reasons why children and young people may be children missing education such as:

- they move into a local authority area and do not register with a local school
- they are unable to attend their preferred school as no places are available and do not take up the offer of an alternative place
- they cease to attend school due to disputes, parental dissatisfaction, unofficial exclusion or removal from the school roll
- they don't complete a transition between providers, for example from primary to secondary school or from a school to education other than at school
- they move into the UK and do not register with a school
- they move into or out of the Looked After Children system or the secure estate without prior notice or planning
- they are excluded from or withdrawn from independent schools; or
- they do not wish to be found – families may change their names and move quickly from place to place within the UK
- there is always a possibility that the child or young person may be missing because they are at risk of significant harm.

Where children are missing education, it is a challenge to be able to identify them and signpost them to counselling that is available. It is difficult to estimate how many young people in Wales do not access education each year, but by not accessing education these young people may be isolated and vulnerable. The counselling service can be an important resource for engaging these young people, working on any emotional issues they may have and working towards returning them to education where there is an opportunity to break free of the cycle they may have become caught up in.

Children missing education may have had a difficult relationship with school, and may prefer to receive counselling in a community-based setting. In these circumstances, counsellors will need to work closely with the local authority's Education Welfare Service.

¹⁸ www.ndcs.org.uk/

¹⁹ gov.wales/topics/educationandskills/publications/guidance/missingeducation/?lang=en

Operational matters

Choice

For counselling to be successful, the child/young person must want to engage with it. Therefore, it is important to note that counselling is not compulsory and a child/young person may choose not to engage with or choose not to continue counselling. This approach also values the child/young person and respects their right to be informed and involved in decisions concerning themselves, in line with Article 12 of the United Nations Convention on the Rights of the Child²⁰.

For a child/young person to receive counselling, he/she 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.

Gillick competence

When a child/young person requests counselling, then a judgement needs to be made as to whether they are “Gillick competent”, taking into account:

- the maturity of the child/young person
- whether he/she demonstrates sufficient intelligence and understanding to enable him/her to understand what is being proposed, i.e. counselling
- whether he/she demonstrates sufficient intelligence and understanding of the consequences of his/her actions
- whether the child/young person understands that unless he/she receives counselling his/her well-being is likely to suffer.

If the child/young person is Gillick competent, then they can access counselling without their parent’s/carer’s knowledge or consent, and even against their parents’/carers’ wishes. However, good practice involves a partnership with parents and it would be important to explore how the child/young person could be supported in informing parents, if this is appropriate, and in line with the child/young person’s wishes.

The General Data Protection Regulation (GDPR)

If the child or young person is competent to agree to having counselling, then they need also to give informed and explicit consent to the counsellor (or counselling service) keeping records, and they will need to know the content, purpose, who will see them and length of time these records are kept for.

Further information about this and about consent for counselling can be found in BACP’s *Good Practice in Action* resources²¹, specifically GPiA 002 *Counselling in Schools*, 031 *Safeguarding children and young people*, and 105 *General Data Protection Regulation (GDPR)*.

²⁰ www.childcomwales.org.uk/uncrc-childrens-rights/uncrc

²¹ www.bacp.co.uk/events-and-resources/ethics-and-standards/good-practice-in-action

Case study: Max

“For the first time I felt I had the space to be me, to look at who I was and who I wanted to be.”

Max was in Year 11 when he was referred to the school counselling service, via a concerned teacher, for exam stress.

He had a YP-CORE-10 assessment score of 18 and was experiencing a strong sense of panic when he thought about his exams. In fact, he didn't feel he could sit his exams at all. He felt disengaged from school. He couldn't connect with his revision schedule and felt under pressure to stay on at sixth form, which in turn then triggered higher anxiety levels.

The first few counselling sessions focused on unpacking his school experience. He had been slow to read as a primary student and had never thrived academically nor felt comfortable in a school setting. He talked of being persistently bullied in his earlier years, resulting in low mood, and the impact this then had upon him.

As the sessions progressed, Max felt more confident about exploring his future options. This was an important part of his time in counselling as he had the opportunity to express himself, exploring his sense of identity in preparation for the next stage of his life. He was engaging well and, with encouragement, began spending time at home researching and applying for work and training.

During this time, his exam anxiety disappeared. He had decided not to over-worry about whether or not he could get the highest grades, as he had his sights set on a future path that was positive and aligned with his interests. With each session he arrived looking happier and more relaxed. He enjoyed spending time exploring what he was interested in and what influenced his thinking and opinions.

In the last counselling session, he expressed how much he had liked coming for counselling and how he wished he'd known about it sooner as it had been so helpful. He expressed that he had benefited from being listened to in his own right, he felt heard and not viewed as just 'another student',

Max was able to sit his exams and complete year 11.

His YP-CORE score went from 18 to 13 to 10 and then to 0. Max had seven sessions in all.

(Provided by Ceri Jones, Torfaen Young People's Counselling Service)

Referral considerations

Counselling can support the development of self-esteem, social confidence, self-identity, as well as the general emotional mental health and well-being of children/young people. In educational settings, counselling supports the emotional health of the child/young person, which underpins academic achievement and facilitates the building and management of helpful relationships.

Who can make referrals?

Mechanisms should be available for children and young people to directly self-refer through confidential and robust platforms. In the first instance, it may be beneficial to empower the child/young person (particularly a young person with an understanding of the counselling process) to self-refer. However, referral mechanisms should also be made available for other professionals or adults with a duty of care, to refer the child/young person directly into the service. The signposting and referral to counselling should be done sensitively with the child/young person. Examples of where referrals can be received from are as follows.

- Parents or legal guardians would be an important referral route into the service as this could provide an opportunity for a systemic approach to supporting the child/young person.
- Those working in the community such as social workers, youth workers, Team Around the Family, youth offending teams and other voluntary third sector workers can also be a route of referral, as can health practitioners such as GPs, health workers, nurses and professionals within CAMHS.
- In particular, staff within mainstream schools where the majority of independent counselling service venues are held, can be an important referral route into the service. Staff working in education outside mainstream schools, such as private schools and further education colleges, are also able to make referrals into the service.

At the heart of the service is confidential one-to-one therapeutic counselling provided for children/young people. Where appropriate, and with the child/young person's permission, the counsellor may liaise and consult with the referrer, or within a school environment, the school link person.

Why make a referral?

The following points should be considered when referring a child/young person for counselling.

- Has the child/young person been fully consulted about his/her referral and given the information about counselling? What are your reasons for the referral?
- Is there any other appropriate and relevant information regarding family background or other agencies' involvement, which may be helpful?
- How is this child/young person progressing in school? (Have any academic, social, behaviour changes been noted?)
- How will counselling help this child, young person?
- Has the child/young person been consulted and given their consent about whether or not their parents will be informed about the counselling?

Some common indicators for referral to counselling can include:

- standard of school work dropping dramatically
- becoming subdued or over excited
- sudden changes, marked mood swings and/or behaviour that appears out of character and/or extreme behaviour
- school refusal/drop in school attendance
- those who bully others and those who are victims of bullying behaviour, are known or who are suspected to have been sexually, physically or emotionally abused or suffered neglect
- have difficulties due to family breakdown
- peer group difficulties/relationships
- have been bereaved or suffered loss or separation
- low self-esteem
- changes in appearance/lack of self-care
- evidence of self-harm e.g. cutting
- misuse of alcohol and drugs
- cyber bullying/mobile phone separation anxiety sexting, etc
- difficulty in expressing emotions appropriately.

If the person referring is unsure whether to refer the child/young person for counselling, it may be helpful to discuss concerns with the counsellor in order to clarify the most appropriate way forward. However, this should be done in conjunction with the child/young person.

If it is clear that a referral is appropriate and agreed by the young person, then it will be necessary to contact the counselling service directly through the mechanisms that have been advertised. In an education setting this could be through a member of staff who has the responsibility for making contact with the counselling service. However, it is important that this person does not take a gatekeeper role for referrals as this is the sole responsibility of the service.

If counselling is not appropriate

There may be some instances where it may not be appropriate for a child or young person to be offered counselling, for example they may not be ready to engage in the process. There could be instances where a child/young person may be receiving treatment or intervention from higher tier services. This does not mean that counselling cannot happen but it means that counsellors should communicate with identified professionals to ascertain whether engaging in counselling will enhance or be detrimental to interventions already being received.

If there is any doubt concerning the appropriateness of a child/young person receiving counselling, then a discussion should be held to clarify the issues involved and establish the best way forward.

Risk

The child, young person or the referrer can indicate on the request for service their perceptions of the severity of impact on the child/young person's well-being and/or the level of risk. Counselling should not be considered as an emergency or crisis intervention service. Therefore, if there are serious concerns about the well-being of the child or young person there may be a need to refer instead to a GP, CAMHS or child protection.

It is also the responsibility of the referrer to inform the counsellor if the child or young person poses any risk to themselves or to others.

Involvement of other agencies

Children and young people who are currently receiving support from other agencies are still eligible to access the counselling service. At the point of referral, it is essential that the counsellor is informed if the child or young person has been seen in the past/is currently working with any other agencies such as education psychology, children's social services, behaviour support services, and the current level of involvement. It is the responsibility of the referrer to indicate to the counsellor, for example, if they know that a young person is a looked after child or is in receipt of a care and support plan.

It is good practice to ensure that in providing counselling there should be no apparent overload in the support or interventions being given to the young person in conjunction to those provided elsewhere. Where appropriate, it can be useful to discuss the case with other agencies that are providing current support, to ensure that counselling will complement current interventions. This is particularly so with work being carried out in conjunction with CAMHS. However, the counsellor should give full consideration to confidentiality and where possible, seek permission from the child/young person before discussing the case with other practitioners (see the section 'Confidentiality and sharing information').

It is also good practice to establish if the child/young person is involved in any current or impending legal proceedings. Children/young people are entitled to receive counselling during any criminal investigation or court case if they have been a victim or witness of crime²². However, it 'should be borne in mind that the professionals concerned may themselves be called to court as witnesses in relation to any therapy undertaken prior to the criminal trial²³.

In these situations, counsellors should seek guidance from the service manager, the counselling lead in the local authority and/or the child protection or safeguarding lead in individual cases, before commencing counselling with a child/young person. It is particularly advisable to observe the guidance set out by the Crown Prosecution Service in conjunction with the Home Office and Department of Health for providing therapy for child witnesses²⁴.

²² www.gov.uk/government/uploads/system/uploads/attachment_data/file/476900/code-of-practice-for-victims-of-crime.PDF

²³ www.cps.gov.uk/legal-guidance/therapy-provision-therapy-vulnerable-or-intimidated-adult-witnesses

²⁴ www.cps.gov.uk/publications/prosecution/therapychild.html

Confidentiality

There is a need for discretion and confidentiality to be observed as much as possible and respect for the young person's right to privacy. Therefore, professionals, school staff, or other people involved should take note that discussions with others regarding the referral should only take place on a need-to-know basis and, importantly, with the young person's permission (see the section 'Confidentiality and sharing information'). Although confidentiality is important, the safety of a child should always come first. Therefore, the need to protect a child will always outweigh the importance of confidentiality.

It is essential that counselling sessions are seen as voluntary and confidential and it is a means of support not a disciplinary measure for a child/young person. It should be made clear that it is an opportunity to talk about problems and worries with a view to resolving or managing them more easily.

The first session is an opportunity for counsellor and client to make a decision on whether to engage in counselling or not. Those responsible for referring the child/young person must respect the decision of the counsellor and child/young person if it is felt that counselling is not appropriate at the current time.

Practical considerations

It is important that children and young people see counselling as a service for them. Therefore, when setting up procedures, comments from children and young people should be included at all stages of the counselling process.

A robust and secure post box system, texting, telephone, drop-in, pre-printed cards with pictorial representation or other systems may be used as a way of communication. User-friendly information can be displayed and distributed as agreed, to inform children and young people about the service.

Counsellor qualifications and experience

All school counselling services want to deliver good quality, evidence-based services to meet the needs of our children and young people.

This can be demonstrated through BACP (or a similar approved body) Service Accreditation, which is the recognised quality standard for organisations providing counselling and psychotherapy services. Service accreditation demonstrates that a counselling service offers an accountable, ethical, professional and responsive service to clients, staff, volunteers and stakeholders.

To ensure services can maintain current provision and future quality and safety for the benefit of service users, all counsellors appointed to work with children and young people should hold a recognised formal counselling qualification and be competent to work with children and young people within the necessary safeguarding requirements.

Therefore, counsellors must:

- have knowledge of the theoretical basis of counselling, demonstrated by a diploma or degree in counselling, although qualifications alone are not a sufficient indication that a counsellor has adequate training and experience
- have skills that enable them to work with children and young people as demonstrated against an evidence-based competency framework, for example the BACP CYP Competence Framework²⁵
- demonstrate continuous professional development and review of practice. This can be through accreditation (with BACP²⁶ or a similar recognised professional body). Alternatively, if not accredited, counsellors need to be able to provide evidence of competency, skills and experience such as:
 - evidence of a current training and continuous professional development plan
 - evidence of annual reviews
 - evidence of supervision
 - feedback from children/young people
 - outcomes information for the children/young people they have counselled
 - be registered with an appropriate therapy association such as BACP.

Counsellors assessed as having reached the appropriate level of qualification and competence against the association's required standards can be entered on the BACP Register, which is accredited by the professional standards authority (PSA)²⁷. The PSA is itself accountable to the UK Government.

²⁵ www.bacp.co.uk/events-and-resources/ethics-and-standards/competences-and-curricula

²⁶ www.bacp.co.uk/membership/accredited-membership

²⁷ www.professionalstandards.org.uk

Safeguarding requirements

All counsellors appointed are subject to a Disclosure and Barring Service (DBS)²⁸ check.

Recommendation

Services will employ professionally qualified counsellors who have experience of working with children and young people, who access appropriate clinical supervision (from a clinical supervisor who has significant experience, training, skills and a working knowledge of counselling children and young people, and who participates in regular ongoing continuous professional development).

Given the vulnerability of the client group, it is imperative that counsellors are qualified as bullet pointed above and able to demonstrate high levels of practice skills in working with children and young people.

Trainee counsellors

Where counsellors are in training, they need to be supported by a safe system, including appropriate levels of supervision that fully meet their needs and protect the needs of the child or young person. Supervisors for trainees should have significant experience, training, skills and a working knowledge of counselling children and young people. Clients should be pre-assessed by an experienced counsellor and allocated according to the competence of the trainee, and with the full consent of the child/young person. Schools and clients should be made aware when services are provided by trainees.

Trainee counsellors who are on adult-focused training courses should be taught and assessed in the elements included in Stage 1 of BACP's Training curriculum for counselling children and young people²⁹ (or its equivalent) prior to beginning work with younger clients.

Induction

Induction arrangements must be in place in accordance with established procedures, to ensure the counsellor understands the structures, policies and processes of the institutions, organisations and agencies that they will work alongside/in partnership with. Induction arrangements should include:

- induction to staff and staffing structure
- policies plans and procedures
- staff handbook
- ethos and culture
- pastoral processes
- safeguarding: child protection policy
- safeguarding staff
- additional learning needs

²⁸ www.gov.uk/government/organisations/disclosure-and-barring-service

²⁹ www.bacp.co.uk/events-and-resources/ethics-and-standards/competences-and-curricula

- term dates
- staff training days
- client paperwork
- confidentiality
- 'Gillick' competence
- self-harm and suicide prevention
- onward referral (including medical, mental health and emergency).

Supervision of counsellors

Clinical supervision is a formal arrangement for counsellors to discuss their work regularly with someone who is qualified and experienced in counselling and clinical supervision.

All counsellors must engage in regular clinical supervision to maintain and monitor standards, and to comply with their ethical code. Counsellors will use time in a supervisory relationship to anonymously consider their cases in depth. The outcome of supervision is to promote resilience when working in such an emotionally challenging environment, and particularly to ensure counsellors work safely and effectively with clients through the highest standards of ethical practice.

Clinical supervision may be funded by the employer within the terms and conditions of employment. Where funding is not provided, employing agencies must have mechanisms in place to ensure that counsellors are engaging in clinical supervision.

Counsellors should undertake clinical supervision with a supervisor who has extensive counselling experience, knowledge and understanding of counselling children and young people, and of a school setting. While still including counselling skills, supervision requires a particular skillset that is distinct from that of counselling clients. Therefore, it is best practice for the supervisor to have a qualification in consultative supervision or extensive professional supervision experience and training within a credible organisation.

Clinical supervision is distinct from, and covers, a significant amount of additional elements than that of case management. BACP suggests that supervision includes working in depth on the relationship between practitioner and client in order to achieve desired outcomes and positive effects. This requires adequate levels of privacy, safety and containment for the supervisee to undertake this work. Therefore, a substantial part or all of clinical supervision needs to be independent of line management (point 61 of the Ethical Framework for Counselling Professions', BACP, 2018)³⁰ refers.

An example of this is where the supervisor is engaged from within the organisation but they will be independent of line management or not in a role that would create a dual relationship with the supervisee. The limitation of this arrangement is that of unseen organisational cultures that could impact on the client work. This may be difficult to observe and work through with both supervisor/supervisee working within the same organisation. Alternatively, a suitably qualified and experienced supervisor external to the organisation could be engaged to undertake the supervisory work. This person would be independent of line management and is in a better place to be independent of unseen organisational cultures. It is advisable to ensure a dual relationship does not exist between the counsellor and external supervisor.

There are several configurations of how supervision can be arranged. The typical configuration is for a one-to-one arrangement to be in place where the supervisor and counsellor meet in a private space to reflect on the counsellor's client work.

³⁰ www.bacp.co.uk/events/learning_programmes/ethical_framework/documents/ethical_framework.pdf

Counsellors may also take part in group supervision that is facilitated by a qualified and experienced supervisor. Alternatively, group supervision can be conducted without a qualified supervisor in attendance. In this configuration counsellors would consider issues of practice with their peers. However, in group supervision there may be limited time for each counsellor to present all of their necessary client work. Therefore, it is good practice for this arrangement to be in addition to the one-to-one supervision configuration with a qualified supervisor, rather than in place of it.

When considering how much clinical supervision a qualified counsellor should undertake, it is advisable to ensure that it is adequate to meet the support needed for their client work, particularly to ensure the safety of the client. The complexity and amount of counselling sessions may present intensive demands on the counsellor, and the support required should be in proportion to the demand. The level of experience of the counsellor will have a particular bearing on the amount of supervision required. This would be particularly so in terms of a trainee counsellor who would need additional guidance to that of an experienced counsellor to ensure they are providing a safe standard of service to their clients. Ethical codes may also set the minimum amount of supervision required. For example, BACP requires those counsellors that are accredited members or BACP members wishing to apply for accreditation, to achieve no less than 1.5 hours of clinical supervision each month in which they conduct client work. For trainees on BACP accredited courses, the amount of supervision is set to one hour for every eight hours of client work, a minimum of 1.5 hours of supervision a month and supervision at least every two weeks.

Line management and counselling services

Governance of the counselling service needs to cover clinical and management issues thus attending to the technical and emotional complexities of therapy or therapeutic, work as well as policy implementation and the operational detail of the work.

Governance of practitioners within a service such as a charity, agency or organisation has a specific context and setting and carries with it the responsibility of maintaining the standards of both the counselling professions and the standards of the agency or organisation. The administration of activities that contribute directly to the delivery of services is referred to as the line management of the service; its role is to ensure that the organisation meets the terms of its contracted service delivery agreement. The overall responsibility for the delivery of contracted services whether by the school, the LA or a third sector agency needs to be coordinated and overseen by a line manager. Where a school or LA contracts with an organisation or individual to deliver the counselling, both line management and clinical supervision would normally be part of the overall contract.

The aims of line management

The task of a line manager is to support people to accomplish the organisational goals and objectives for the service to ensure:

- the best possible management and ethical clinical practice
- that the organisation meets the terms of its contracted service delivery agreement
- that the policies and procedures of the organisation are implemented, to include all matters relating to risk and the safeguarding of children and young people
- the ongoing ethicality and quality of service delivery.

The roles and responsibility of line managers of a counselling service

Key to this is overseeing the work, agreeing and monitoring objectives for delivery of the service, ensuring understanding of, and compliance with, wider school or local authority policies and supporting the counsellors in their school or community setting. This role encompasses:

- recruiting, selecting and appointing suitably qualified, experienced and safety/security-checked and referenced counsellors and supervisors
- overseeing the appropriate induction of the practitioners to include safeguarding training
- providing the administrative functions necessary to support, monitor and evaluate the work of practitioners
- ensuring that organisational standards and ethics are being carried out and maintained
- ensuring the continuous provision of adequate and appropriate clinical supervision exclusive of line management by providing alternative arrangements in the event of illness or other crisis
- overseeing and monitoring the standards, procedures and ethics of the management and clinical practice of the counselling and supervision
- reviewing, monitoring and updating the standards, procedures and ethics of clinical practice

- carrying out annual reviews with counsellors and maintaining contact with clinical supervisors to reflect on their practice so as to identify training needs and/or areas of professional development
- ensuring that the quality of the service delivery is maintained and developed through regular performance reviews, monitoring of outputs and evaluation of outcomes
- ensuring that adequate provision is made for the secure maintenance of client records.

The delivery of therapeutic services involving complex and emotionally challenging work requires adequate levels of privacy, safety and containment. BACP recommends³¹ that, “Good supervision is much more than case management. It includes working in depth on the relationship between practitioner and client in order to work towards desired outcomes and positive effects. This requires adequate levels of privacy, safety and containment for the supervisee to undertake this work. Therefore a substantial part or preferably all of supervision needs to be independent of line management”.

BACP has produced an evidence-based competence framework for work with children and young people (4–18 years)³² and a supervision training curriculum³³.

³¹ www.bacp.co.uk/ethical_framework/new_ef.php

³² www.bacp.co.uk/events-and-resources/ethics-and-standards/competences-and-curricula

³³ www.bacp.co.uk/media/2044/bacp-counselling-supervision-training-curriculum.pdf

Counselling placements for trainees and post-qualified students

Background

Working therapeutically with children and young people involves an increased complexity of legal, clinical and ethical demands to that of counselling adults. It is necessary that appropriate structures are in place to ensure these demands are fully covered in regard to trainee or post-qualified student placements. Therefore, it is best practice that integrated working takes place between the agencies that have the necessary knowledge, resources and expertise to support trainee and post-qualified student placements. These include:

- fully established counselling training institutions
- local authorities (*who operate a counselling service directly to community and school settings*)
- fully established counselling organisations (*who operate a counselling service in line with BACP's Ethical Framework and have access to legal support*).

Definition

The difference between trainee counsellors and post-qualified students seeking placements in a community or school setting:

Student: a post-qualified student is a counsellor who has already completed a BACP accredited training course or an accumulative equivalent and has a recognised qualification in counselling or psychotherapy (minimum of diploma level 4 [England, Wales and Northern Ireland] and level 7 [Scotland]). A post-qualified student is an individual undertaking additional training to work with children/young people who may request a counselling placement in order to acquire practice hours towards a specialist CYP course.

Trainee: a counselling trainee is an individual studying in order to qualify as a counsellor or psychotherapist under the instruction of universities or other places of further/higher education training organisations.

BACP has produced three *Good Practice in Action*³⁴ resources for trainee counselling placements. They are 079 for trainers, 082 for organisations offering placements and 090 for trainees. They are generic for placements but do contain information about trainees working in children and young people settings.

Contracts and agreements

It is important that agreements made between all parties involved are open and transparent, and agreed before counselling begins in the community or school setting.

It is best practice for all parties (counselling service, training institution, trainee or student counsellor, supervisor, and mentor) to agree to and sign a written agreement, which clearly states the roles and responsibilities of all before the commencement of work. This agreement

³⁴ www.bacp.co.uk/events-and-resources/ethics-and-standards/good-practice-in-action

must include some mention of the relationship between all parties and how information will be shared between them.

Structure

The trainee or student must be in a placement in which there is a qualified and experienced counsellor, either working in or attached to the placement setting, and who is able and prepared to mentor the student's work. The student must also have access to a qualified counselling supervisor who has experience of counselling children and young people within a community and school setting. The counselling service should also provide management support meetings on a regular basis. The counselling service, host venue and the mentor should provide an induction programme for the trainee or student to ensure that policies, procedures and protocols for counselling practice are understood and appropriately carried out.

Assessment of cases

There should be an agreed process for assessing clients the trainee or student will counsel. These assessments should be carried out by the mentor or counselling service clinical lead. This should ensure that clients passed to trainees or students match their particular level of competence, expertise or qualification. After a period of practice experience, it may be possible for the trainee or student to undertake assessments. However, this should be carefully considered in conjunction with the counselling service lead, mentor, supervisor and the trainee or student themselves, before proceeding. After such consideration, the trainee or student could be provided with guidance in assessment methods to ensure ethical and safe work can be carried out.

Support

Three types of support are necessary for the trainee or student throughout their placement.

- **Mentorship** – The mentor should be a qualified and experienced counsellor. The mentor will offer direct guidance and support to the trainee or student and therefore should be working in or attached to the community or school setting. The mentor should encourage collaborative working relationships within the placement setting and provide opportunities for the trainee or student to experience, or have insight into, all aspects of the service within the setting.
- **Supervision** – Supervision of the trainee's or student's clinical work should be undertaken by a counsellor who is skilled and qualified in supervision, with at least two years of working within a youth community and school setting. Counselling supervision ensures that the needs of the trainee or student and their clients continue to be addressed. The frequency of supervision should reflect the amount and complexity of clinical work undertaken and the level of experience and competence of the trainee or student. It is likely that a trainee or student may require supervision at least fortnightly. Often a mix of individual supervision and group supervision can be beneficial for practitioners.

- Line management – The counselling service should provide support to the trainee or student in the form of regular support meetings. This should emulate a similar format to the line management support that is provided to employed counsellors (see the section ‘Line management and counselling services’ for detailed guidance).

Specific considerations for post-qualified students

The counselling service should check that the student requesting the placement:

- has successfully completed a Diploma in Counselling (minimum)
- has the appropriate knowledge, skills, attitude and level of competence required to work in the allocated community or school setting evidenced by qualification, certificates and references from previous employers or training organisations where appropriate
- is enrolled on a specialist CYP training course, which requires placement hours with children and young people, and has been assessed by the course as competent to begin working with CYP
- has membership of a professional organisation and is committed to work within an agreed code of ethics for practice; BACP members are required to work within its *Ethical Framework for the Counselling Professions*
- is willing to undergo a DBS check.

Specific considerations for trainee counsellors

Best practice ensures that:

- the trainee’s training course will have significant focus on child development and working therapeutically with children and young people, which is equivalent to Stage 1 of BACP’s CYP training curriculum³⁵
- the trainee has been assessed by the course as competent to begin working with children and young people
- Trainee placements are established from the 2nd year of the course at the very earliest. This allows the trainee to gain the necessary theoretical understanding and to have passed adequate classroom assessments to demonstrate readiness to work with children and young people
- the trainee initially sees a maximum of three clients per week in up to 50-minute therapeutic sessions – this client caseload may increase, with the agreement of the supervisor and mentor, as the trainee becomes more skilled
- the trainee receives the same amount of time per week as they spend in counselling for processing, record keeping, reflection and supportive consultation
- BACP³⁶ states that supervision for trainees studying on accredited courses must not be less than one hour’s presenting time to eight hours’ client work, and be delivered no less than fortnightly and no less than an overall minimum of 1.5 hours of individual supervision per month
- the mentor may be required to provide for the training institute, verification that the trainee has met the agreed placement criteria for their training course. In addition, a report on the trainee’s progress may be required.

³⁵ www.bacp.co.uk/events-and-resources/ethics-and-standards/competences-and-curricula

³⁶ www.bacp.co.uk/events-and-resources/ethics-and-standards/good-practice-in-action

Evaluation

The original contract agreed by all parties must include a process by which trainees' or students' work can be effectively evaluated. This process would include paying heed to client satisfaction questionnaires, outcome data as measured by agreed evaluation tools, and client attendance at booked counselling sessions.

Client safety

Trainees/students should inform clients (or ensure that clients have been informed) of their status. As there should be a transparency between the counsellor and client, but also reassurance for the client in order that an effective, trusting relationship be established.

Case study: Jenny

“I feel better, lighter – the feeling of impending doom doesn’t feel a problem anymore.”

Jenny, a year 10 student, had struggled with heightened anxiety due to a difficult home life. She had experienced some suicidal thoughts and was referred to counselling via her GP. She had a YP-CORE-10 assessment score of 21. Jenny shared that her mum had a drink problem, which left the teenager with a feeling of ‘impending doom’.

As the sessions progressed, she described finding one of her mum’s suicide notes and revealed the level of responsibility she felt when the police and wider family arrived. This responsibility left her feeling as though she was carrying a heavy weight, which was both exhausting and overwhelming.

Jenny continued to describe intense anxiety attacks, where she would take herself to a quiet area and crouch on the floor as a way of managing feelings of claustrophobia and panic.

She would describe walking a tightrope. She found it difficult to relax and her coping mechanisms were not always working. Jenny was also concerned about school work. She was worried that everyone expected her to do well, which added to her anxiety.

At the ninth session she was anxious and in a low mood. She felt that the feeling of doom was still there but that she had slowed her pace towards it. She found this strange but more manageable. She had explored her vulnerabilities within the previous sessions and was no longer feeling the same level of responsibility.

The following session after a break, she shared that she was learning to distance herself from it by changing the way she thought about things, *“I feel better, lighter – the feeling of impending doom doesn’t feel a problem anymore”*.

She talked of letting herself ‘*off the hook*’ as she had processed many of her feelings and reached a level of acceptance.

This was a crucial point for her, allowing herself to respond to her own needs rather than those of others. She also started mixing with different peer groups, experimenting with the newfound trust in herself.

During the 11th session, she stated she was going on holiday and was excited. Mum would be staying at her sister’s and she was fine with this. Jenny was getting on with her own life and not feeling the levels of responsibility she was once carrying.

During the last session she presented differently, she was feeling good and could not recall her last anxiety attack. Her CORE score was 12, ‘the stuff is still there, but I’m dealing with it differently’. Counselling had really helped.

(Provided by Wendi Jones - Gwynedd and Anglesey County Councils)

Working in partnership

Partnership working in the context of delivering counselling to children and young people is practised and promoted, in order to strengthen the capacity of the partners and ensure the results of the partnership will be both relevant to young people and sustainable in the long term.

A child/young person's counsellor will work in partnership at a range of locations (including schools and other appropriate venues where counselling can take place), with the agency who manages the counselling service (this may be a local authority or a voluntary sector organisation) to agreed protocols. The success of the partnership depends on the extent to which ownership, commitment and mutual accountability are shared by the organisational partners.

Identifying who is part of the partnership

All counsellors are accountable to the children and young people they are working with, and each counsellor must adhere to the ethical code or framework of their respective professional governing body. Individual counsellors and the agencies that manage them are also accountable to the host organisations who may sometimes facilitate the counselling (e.g. schools and other appropriate host organisations where counselling venues are accessed).

The example of partnership working with schools helps clarify how partnership working can be facilitated by having designated 'link' members of staff who are members of the school's senior leadership team. This will comprise regular meetings between counsellor and the link person and arrangements put in place, for example timetabling, prioritisation of at-risk young people, and what happens in the event of a counsellor being ill and how clients will be informed.

Recommendation

Counselling services should endeavour to forge strong links between schools/host organisations, agencies and their communities to benefit the service being provided to young people and children.

Despite being independent, counselling services need to take account of the views of their partners and service users to help maintain a high standard of service and ensure continuous development. An example of this would be operating a forum for children, young persons and adults; the forum for children and young persons could include past clients who would be willing to share experiences, whilst the adult forum could include school staff, local authority staff, CAMHS and other stakeholders. All perspectives could inform decisions regarding the future development of the service.

Evidence shows that schools and other agencies comment positively about how counselling supports children and young people emotionally and academically. Various initiatives that support the well-being of children and young people, such as peer support, nurture groups³⁷,

³⁷ nurturegroups.org

Childline programmes³⁸ all contribute to the health and well-being of children and young people.

Counselling can also create a positive environment to facilitate strategies for learning. Counsellors can also contribute to the pastoral care of children and young people by addressing their emotional needs.

Providing facilities in partnership

It is important that children and young people who access counselling feel safe and comfortable. The counselling should take place in a room where they will not be interrupted or disturbed. There should be a designated room for counselling that is different in look and feel to a classroom or office.

Partnership with parents/carers

When working with secondary school-age children and young people, it is not necessary to get parental or carer consent as long as the young person is deemed to be 'Gillick' competent (see the section 'Accessing counselling'). Parents and carers should be made aware of any publicity about the school counselling service and how it works when their child joins the school. Whilst it is important to work in partnership with parents and carers, this should not impinge on the confidential nature of the counselling sessions.

Working in partnership with parents/carers can benefit the counselling relationship. There should be a clearly stated policy of commitment to protect counselling confidentiality, which sets definite limits to parental involvement, decisively underpinned by both ethical and legal factors.

Working collaboratively

It is important for all professionals involved in emotional and mental health well-being provision to be well connected to and collaboratively engage to ensure the most effective and integrated response. Counsellors, psychological therapists, psychologists and other mental health clinicians' best serve children and young people when they share perspective and responsibility in meeting children's and young people's needs and ensuring therapeutic progress.

All sharing of personal information should take place within the parameters of the *Wales Accord on the Sharing of Personal Information* (WASPI) framework³⁹, which enables service-providing organisations to share personal data on a regular basis that complies with data protection requirements.

³⁸ www.childline.org.uk/get-support

³⁹ www.waspi.org

Counselling as part of a whole-school and whole-system approach

There is evidence⁴⁰ that well-being is strongly linked to educational outcomes. Children with higher levels of emotional, behavioural, social, and school well-being, on average, have higher levels of academic achievement and are more engaged in school, both concurrently and in later years. The well-being of children and young people is fundamental to their ability to learn – if they're hungry, or tired or worried or frightened they are not going to be physically or emotionally ready to learn.

The well-being of a child/young person must be at the heart of our inclusive education system. This is why well-being has been added as one of the four enabling objectives of *Education in Wales: Our national mission*⁴¹.

Schools are well placed to support the emotional health and well-being of all their learners. It's not just a question of intervening when problems start to emerge, although that is of course essential. But it's also about promoting positive well-being by helping children and young people cope with life's challenges. The new curriculum is being developed with the four purposes at its heart, one of which is to support our children and young people to be healthy, confident individuals who are ready to lead fulfilling lives as valued members of society. In addition, one of the areas of learning and experience is health and well-being.

Promoting good mental health should be given the same priority as the promotion of good physical health. It is a shared social responsibility and teachers, along with family members, are often at the front line in noticing when emotional and mental health issues begin to emerge. Addressing the root cause of a child's emotional distress can prevent more serious issues developing, and if the root cause is something that's happening in the school environment, such as bullying or exam stress, schools can tackle these underlying issues.

Children and young people who are disengaged or who show poor behaviour may be reacting to difficult circumstances. Sometimes this can be resolved with low level interventions at school, such as social and emotional learning or nurture groups. In more severe cases, schools can refer children and young people on to appropriate services, including counselling, to ensure that they receive the right support. Counselling can therefore complement the other approaches in place in schools to support the health, emotional and social needs of learners.

However, counselling must not be seen as 'stand alone' and should form part of a tiered approach to meeting the needs of the child/young person. There need to be robust assessment processes in place to ensure that counselling is the appropriate route for children and young people. If this is not the case, or if counselling has been tried but has not sufficiently met the child's or young person's needs, then there should be effective and timely referral pathways in place so that support can be escalated or de-escalated as necessary. This is the whole system approach, where agencies and providers work together, with a clear understanding of each other's roles and responsibilities.

⁴⁰ www.gov.uk/government/uploads/system/uploads/attachment_data/file/219638/DFE-RR253.pdf

⁴¹ gov.wales/sites/default/files/publications/2018-03/education-in-wales-our-national-mission.pdf

Role of the school and link person

The school

The previous section highlighted how counselling should form an integral part of a whole-school approach (as part of a wider whole-system approach) to meeting the emotional and mental health needs of children and young people, so that they are fully able to engage in their education.

Schools are well placed to support their learners' emotional health and well-being. Evidence⁴² shows that a counselling service, which provides support within an overall school strategy can be highly effective in promoting young people's welfare, supporting their learning and achievement, as well as alleviating and preventing the escalation of mental health problems. In schools, counselling can help learners to develop skills, which make personal transitions more manageable. Counsellors who are part of a whole-school approach to emotional health and well-being are in a unique position to recognise early on children who are at risk, in need, vulnerable or for whom there are potential serious mental health risks at an early age.

The school has a responsibility to:

- treat the counsellor as they would any other external professional
- inform the counsellor of any significant events (in school or in the community), which may impact on learners (as individuals or as groups)
- ensure the link person is available to meet the counsellor at agreed times on a regular basis
- support the referral process as appropriate.

The link person

Each school will have in place a link person who will take responsibility for, and be a point of contact for, the counselling service within their school. The school must ensure that the member of staff designated as the link person has sufficient time and availability to fulfil the role appropriately. The link person may or may not be the designated senior person with responsibility for safeguarding. If the link person is not the senior designated person, the counsellor should liaise with the senior designated person and report safeguarding issues to them directly (the section on 'Safeguarding').

The link person will liaise with the counsellor over any concerns regarding the well-being of learners who are currently receiving counselling; any relevant child protection issues; appointments; referrals and waiting lists for school learners; and any other issue, which may impact the provision of counselling (i.e. the physical environment used for counselling delivery (see also the next section 'Creating an effective counselling space').

⁴² strathprints.strath.ac.uk/26793/1/strathprints026793.pdf
www.bacp.co.uk/media/1978/bacp-research-on-counselling-psychotherapy-with-children-young-people-systematic-review-2013.pdf

The school/link person will provide information about, and raise awareness of, the counselling service to learners, staff, parents, governors and external agencies where appropriate.

Meetings

Whenever possible, the counsellor should be involved in any multi-agency meetings within the school regarding individual children and young people, having access to relevant information, which may assist the effective delivery of the service. However, the content of counselling sessions will remain confidential unless the welfare and safety of the child/young person and/or another is considered to be at risk (see 'Confidentiality and sharing information' and 'Safeguarding').

The school should also ensure clear links with pastoral meetings and demonstrate how counselling fits into this as part of a whole-school approach to emotional health and well-being.

Creating an effective counselling space

Appropriate resources need to be provided for the counsellor, whether the counsellor is working inside or outside the school setting.

These resources include:

- an appropriately designated room (the same one for each session if possible), which is safe, private and accessible, available at agreed times and in accordance with Health and Safety at Work policies. This will help put the child/young person at ease and ensure a consistent approach to the counselling process. It is recommended that a counselling room has natural light, but there are likely to be blinds/window covering that could be used to ensure appropriate privacy during the counselling session
- secure storage that meets GDPR recommendations⁴³ for the counsellor to keep records and have the capacity to store creative materials. The counsellor should have sole access
- use of a desk and access to a confidential telephone
- use of internet access within the room.

The appointment diary should be held by the counsellor. In schools the diary can be shared with the most appropriate member of staff, e.g. the link person or other member of staff with pastoral responsibility, to ensure that the child/young person can be notified if the counsellor is ill, and vice versa. In a community-based setting, sharing the diary may not be appropriate, and any cancelled appointments should then be managed by the counselling service. Appointments should be made by the counsellor and changed only at his/her direction, if possible in conjunction with the young client.

Children and young people have a right to privacy, and conducting counselling in a private room provides the necessary and fundamental conditions to enable the counselling process to take place effectively. As the child or young person moves through the counselling process, an appropriate, designated counselling room will provide the opportunity to express difficult emotions, such as anger or grief. The child or young person must first feel safe enough to disclose such personal and sensitive matters. If this safety is compromised the child or young person is highly likely to resist opening up to the counsellor, in fear of being seen crying or heard discussing personal information.

To ensure privacy, it is recommended that the counselling room would:

- not be overheard, to ensure conversations or louder sounds such as crying cannot permeate outside the room to the wider environment
- not be overlooked. This would include windows into the room being covered. If there is CCTV in the room it should be switched off to ensure that counselling can take place in a private environment, and that no member of school staff could view the session either live or on playback. In this instance an agreed risk assessment should be carried out beforehand with the counsellor and the school/community setting
- be away from the population of the school or community setting. This would avoid a child/young person having to navigate through a room of their peers or other persons to

⁴³ www.bacp.co.uk/bacp-journals/bacp-workplace/january-2018/an-upgrade-for-data-privacy

reach the counselling room, or being seen entering, leaving the counselling room or waiting to be seen.

Counselling delivered outside the school setting

The School Standards and Organisation (Wales) Act 2013 requires local authorities to provide an independent counselling service on the site of each secondary school that it maintains. A local authority may in addition offer counselling services at other locations, e.g. at independent schools or at a local community centre, youth centre or other community facility for children or young people who are not in school and/or wish to access counselling outside of a formal education setting⁴⁴.

When delivering counselling outside of the school setting, there are unlikely to be the same kind of support structures in place. Local authorities and counselling providers therefore need to consider a number of measures around community-based counselling for it to be delivered safely and effectively. These include:

Signposting

In order to raise awareness and promote provision, children and young people need to be made aware that counselling is available in other settings, this is covered in more depth in the section 'Raising awareness that counselling is on offer'.

Children and young people who do not attend their appointment

Where children/young people fail to attend their first appointment, there are often not the same mechanisms for following up that are in place in schools. Counselling services then need to take on the responsibility for following up missed appointments, to check whether counselling is still required and to offer another session if it is. There may be reasons for non-attendance (including risk and safeguarding factors, which may need to be explored or raised with other agencies). Counselling services need to have in place mechanisms to follow-up on non-attendance and should not automatically assume the service is no longer needed by the young person.

Lone working

Counsellors working in community settings may be delivering counselling outside usual business hours, in buildings where there is limited staffing. Counsellors should take all reasonable precautions to ensure their own safety, as they would in any other circumstances. Their employers have a duty to assess risks to lone workers and take steps to avoid or control risks where necessary. Advice on lone working is available on the Health and Safety Executive's website⁴⁵.

⁴⁴ gov.wales/sites/default/files/publications/2018-03/statutory-guidance-to-welsh-local-authorities-on-the-provision-of-independent-counselling-services.pdf

⁴⁵ www.hse.gov.uk/pubns/indg73.htm

The Suzy Lamplugh Trust has also made information available on Personal Safety at Work and Lone Working⁴⁶ and for BACP members see Good Practice in Action resource 106 on safe working.

Choice of venue

Counselling services and local authorities should consider the need to ensure the safety of counsellors and children/young people when they decide on the venue for delivering community-based counselling, taking into account:

- at what times the counselling will be delivered
- the staffing of the building at those times – will the counsellor and client be isolated?
- where the building is situated – will the counsellor and client be safe when they arrive and leave the building and its environment?
- how will risks be mitigated.

Travel by children and young people to receive counselling in the community

Children and young people accessing counselling outside the school setting will need to travel to and from the venue where counselling is being provided. Parents may provide transport but if they do not, or if they don't know that their child is receiving counselling, that child/young person will have to travel to the venue by themselves.

When offering appointments in the community, consideration needs to be given to the safety of the young person travelling unaccompanied to and from the venue where counselling is provided. Although a young person may have chosen counselling in the community, their safety and ability to access the service needs to be considered before an appointment is allocated.

Community counsellors must be clear on their reporting procedures for safeguarding issues and child protection procedures whilst working outside of a school setting. They must ensure they are clear about their duty and equipped with contact details for reporting any concerns.

⁴⁶ www.suzylamplugh.org/Pages/Category/downloadable-leaflets

Online counselling

Providing a web-based platform to reach an audience of young people who may not wish, or be able, to access face-to-face counselling or support can be an invaluable asset. This platform should complement face-to-face counselling rather than being used as an alternative. Web-based services need to be joined up with services in the wider system, within school and within the health and social care system generally, and not seen as a stand-alone service. There need to be clear pathways in place and counsellors should be expected to work as part of a team. When considering using web-based counselling, it should be borne in mind that there are several different forms.

Text based

- Synchronous communication – the client and counsellor engage in real time continuous instant messaging during a session.
- Asynchronous communication – the client and counsellor engage in time delayed email exchange or secure messaging.
- Forums – a platform for users to post messages on common topics, which can either be open for other users to view or private posts to administrators of the forum (i.e. the counsellor).

Audio/video based

- Voice Over Internet Protocol (VOIP) – the client and counsellor engage in real time voice conversation using various software packages over the internet (i.e. synonymous to phone counselling).
- Video communication – the client and counsellor use live camera and voice to conduct the counselling session.

Providing counselling on the above platforms presents similar challenges, ethical or otherwise, as face-to-face counselling. However, it also presents quite unique challenges too. Organisations engaging in online counselling need to be clear what these challenges are. It is important to be aware of the many differences involved when using different platforms, organisations and counsellors should take account of these differences before engaging in counselling online. The *Ethical Framework for the Counselling Professions* (2018)⁴⁷, states that:

We will fulfil the ethical principles and values set out in this Ethical Framework regardless of whether working online, face-to-face or using any other methods of communication. The technical and practical knowledge may vary according to how services are delivered but all our services will be delivered to at least fundamental professional standards or better. (Good Practice, point 20)

⁴⁷ www.bacp.co.uk/media/3103/bacp-ethical-framework-for-the-counselling-professions-2018.pdf

The following points are aspects to consider when engaging in online counselling. These include but are not limited to the following.

Organisational level

- Legal requirements for working in the UK and potential for clients accessing from outside the UK.
- Professional and Personal Liability Insurance.
- Digital security and data protection. Any service must meet the information governance and security standards necessary to operate a safe and secure platform. This includes data encoding, clear policies and practice around Personal Identification Data, secure case notes and safe hosting considerations amongst many others. (For further information please refer to the Information Commissioner's Office website⁴⁸).
- Consideration around the impact of anonymity – ensuring child protection requirements are met alongside the need for confidentiality.
- Protocols and technical mechanisms for supporting clients in an emergency.
- Considerations for age range of clients and how this can be enforced.
- Recruitment of trained and experienced online counsellors – a formal qualification in counselling, experience of working with young people in a face-to-face situation, plus additional training in online counselling as a minimum.
- Ongoing training for online work within a fast-moving industry.
- Technology changes quickly and organisations should be able to respond flexibly and in line with technology advancements and also in line with feedback from young people using the service.
- Supervision (considering the online experience of supervisor).
- Being available when young people want to access the service (out of office hours) and ensuring the online service has out-of-hours' management and supervisory support.
- Implementation of a social media policy that counsellors will follow.
- Health and safety risk assessment for online workers.

Practitioner level

- Technical competency (the counsellor should have adequate knowledge and experience of computer software).
- Technical competency and support from an IT team to support counsellors during opening hours.
- Assessing the client's suitability for the requested platform and their age, including Gillick competency, and in depth understanding of issues around consent and confidentiality.
- Clients must be fully informed about all aspects of the service they are receiving before they access it. Therefore, practitioners must ensure they obtain informed consent from the client and that the client is clear on the service they are accessing.
- Procedure for reconnecting with clients when there is a technical breakdown.
- How to manage the 'disinhibition effect' which may cause clients to act in a very different way online than face to face (as an example, offloading issues much more quickly than face to face).
- The role and usage of silence and how it can be managed.
- Use of social media (counsellor online presence and boundaries).
- Making clients aware of how to support their own privacy when engaging in an online counselling session.

⁴⁸ ico.org.uk/for-organisations/guide-to-data-protection/data-protection-principles

- Information technology changes quickly, so counsellors need to be ready to adapt at short notice.
- Managing risk and the limitations of intervention in some cases.
- All aspects of safeguarding in terms of a legal duty to pass on harm to self or others applies equally online as it does face to face.

Competency for delivering online therapeutic sessions is set out within BACP competence framework telephone and e-counselling⁴⁹.

⁴⁹ www.bacp.co.uk/events-and-resources/ethics-and-standards/competences-and-curricula

Case study: A.B.

A.B. is a 15-year-old female who has recently completed her GCSE examinations and is awaiting the results in order to gain entry into her chosen further education college, to study media. She had initially referred herself to our community counselling service, and whilst doing so, had been made aware of the added option of attending these sessions via our newly developed 'online' service.

There was a barrier to her ability to attend our more conventional face-to-face service due to her not having access to transport at the available times.

Client history

A.B. is the youngest of six siblings who have been raised by both parents. Several years earlier, there was a family dispute over financial matters resulting in her four elder siblings becoming estranged from her parents. This caused further controversy when A.B.'s dad was imprisoned for twelve months due to legal aspects of this financial dispute.

Assessment and presenting issues

As with all online clients, A.B. was offered the choice of either video chat or instant messaging. A.B. preferred video chat as she relies a lot on body language.

The initial assessment highlighted what seemed to be some moderate OCD traits, for instance A.B. described herself as having to check if she has done things correctly, such as switching off lights. She mentioned that she often gets other people to check for her too. In addition, A.B. gets upset and overwhelmed frequently.

In addition, during the initial assessment, A.B. spoke of how she was always the listener in her friendship group and the one who supported everyone else. She had begun to notice that this was not reciprocated, and this had left her feeling both sad and used. She spoke of having just one genuine friendship, which was mutually empathic.

Intentionality

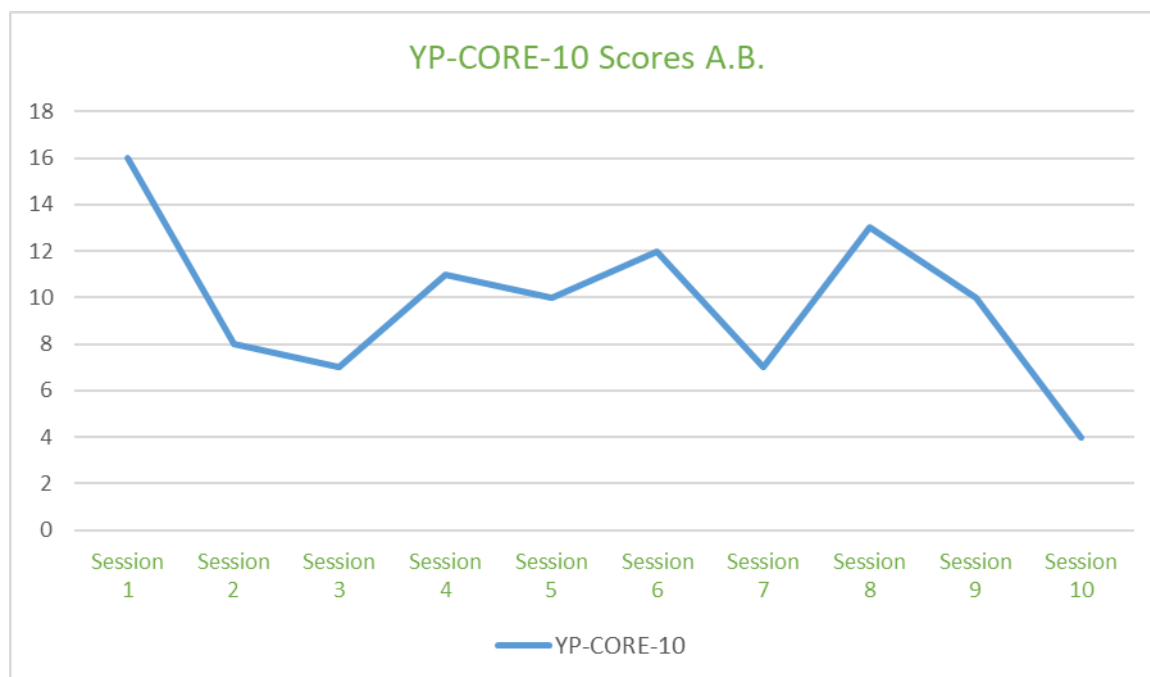
We discussed what A.B. would like to achieve from her therapy sessions. She said she would like a safe space to explore her problems, in which she feels she is being truly heard.

The Humanistic model of counselling is centred completely on the client and relies solely on creating the correct conditions, in which the client can explore their thoughts and feelings in a safe space free from the fear of being judged; the feeling of being truly heard in a congruent and empathic way. This is therefore my chosen methodology based on A.B.'s assessment of needs. Intentionality is to have built up a trusting, intimate and mutual relationship using this approach, alongside the introduction of some basic CBT tools to assist in building coping strategies to help with what seems to be moderate OCD behavioural traits.

Measurement tools

The measurement of therapeutic movement (outcomes) is to be monitored using a weekly 'Young Person's Core' (YP-CORE Outcome Measure) which is to be plotted throughout the therapeutic journey.

YP-CORE Outcome Measure has been designed to be suitable for use across a wide variety of service types, for young people aged 11-16 (secondary school age). The measure taps into a pan-theoretical 'core' of clients' distress, including subjective well-being, commonly experienced problems or symptoms, and life/social functioning.



Sessions

The initial few sessions allowed A.B. to tell her story and untangle the mixed-up emotional journey she had travelled since the breakdown of her family unit and her dad's imprisonment. These sessions also built up a timeline of when the anxiety and feelings of being overwhelmed by everything had begun, as well as the onset of double and triple checking everything she does.

As the sessions moved on, A.B. explored how she had developed her own strategies to cope with what was happening at home by almost shutting off and isolating her feelings. She found herself concentrating more on her friend's issues.

She became increasingly tied up in rescuer mode and having to mediate 'petty' fall outs within her friendship groups, desperately trying to hold the group together. This, in itself added to the pressure A.B. had felt build up inside.

A.B. and I then spent the next few sessions exploring how her negative 'self-talk' had impacted on her emotional well-being. A.B. used a weekly journal to record examples and then we would look at how these could be firstly, identified and then how she could flip these

thoughts around to become more useful and positive.

A.B. began to look at how she had blocked out her pain and how since opening up and exploring her feelings, she had begun feeling lighter and more able to cope. There was less emphasis on her fears of getting things wrong and her having to consistently keep checking everything multiple times.

We looked at different relaxation techniques and some mindfulness exercises for her to develop some practical strategies to bring her focus into the 'here and now'.

Endings

By session nine, A.B. had shown great signs of therapeutic movement and on reflection of her weeks in between sessions; it had become increasingly evident that her explorative emotional journey, along with the practical interventions she had learnt, had resulted in her becoming more resilient and her developing a healthier outlook in which she was able to focus on her college course and future life goals.

Raising awareness that counselling is on offer

It is important to ensure that children and young people and their parents/carers are made aware that counselling is available. The information provided should be clear about when services are available and give alternative support agencies/out-of-hours support and signposting for during these times or in times of crisis.

This can be achieved in an open and transparent way. For example:

In schools

- By informing Year 6 learners transferring into secondary school (during transition meetings) about the availability of counselling services in school.
- Information on counselling being readily available on the school website and highlighted on the school's social media.
- By informing parents/carers at the beginning of each school year that counselling is available in the school, using different media, e.g. the school prospectus, school newsletter, school website, social media and letters to parents.
- By including children/young people and their parents/carers in any publicity being circulated about the service.
- Information on counselling being readily available in the school foyer/library.
- Members of the school counselling team attending open evenings and parents' evenings to answer questions from learners and parents/carers, and to give the counsellor a visible presence. For parents/carers, this can demystify what can often be a method of intervention, which leaves those not directly involved feeling excluded from their child's life.

In the community

- By highlighting the existence of the counselling service through other services and activities that children and young people access regularly, e.g. youth service, leisure centres, GP surgeries, sports clubs, Girlguiding, the Scout Association, etc.
- By highlighting the counselling service through social media and through websites aimed at young people
- By including the counselling service in local directories of services

A question constantly raised and which can present many ethical dilemmas is that of parental right to know if their son or daughter is accessing counselling in the school. Whilst it is acknowledged that working in partnership with parents/carers can benefit the counselling relationship, there is the need to protect counselling confidentiality, which sets definitive limits to parental involvement, decisively underpinned by both ethical and legal factors.

The young person has a right to access counselling without their parents' consent or against their parents' wishes if they are considered to be 'Gillick competent'. Gillick competence is covered in the section 'Accessing counselling'.

Record keeping and maintenance

Counsellors need to work to professional standards by keeping accurate and appropriate records⁵⁰.

Practitioners are advised to keep appropriate records of their work with clients that are adequate, relevant and limited to what is necessary for the type of service being provided and that comply with the applicable data protection requirements.

The counsellor will keep notes about what has been discussed in the sessions and present their work to a counselling supervisor every month during clinical supervision. This will enable effective monitoring of the counselling provision taking place. Information, which could identify the school or the young person, is not provided to the supervisor.

Legal proceedings

Counsellors need to be mindful of the fact that there may be occasions where information that is disclosed in the course of a counselling session may later form part of legal proceedings or legal action, and that they may be required to give evidence or provide reports at a later stage concerning their client. In these situations, counsellors should seek guidance from the service manager, the counselling lead in the local authority and/or child protection or safeguarding unit in individual cases

School records and recording counselling information

Information regarding counselling does not form part of a pupil's school record. Counsellors should comply with the current General Data Protection Regulation (GDPR) and Data Protection Act (DPA) 2018 requirements as noted in the following paragraph relating to data protection. Further information is available from the Information Commissioner's Office (see final paragraph of this section).

Data protection

As counsellors handle personal information about individuals, there is an obligation to protect that information in accordance with the General Data Protection Regulation (GDPR) and Data Protection Act (DPA) 2018 (DPA).

The GDPR came into force in the UK on 25 May 2018. The GDPR introduces strict new privacy requirements for data controllers and data processors in handling personal data. It also provides data subjects with significantly greater control and rights over the manner in which their data are collected, shared, retained, and destroyed.

⁵⁰ www.bacp.co.uk/media/2138/bacp-confidentiality-record-keeping-clinical-reflections-for-practice-gpia065.pdf

The Information Commissioner's Office (ICO)

The ICO is the UK's independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals. Its website⁵¹ provides information on complying with DPA requirements on:

- sensitive personal data
- retention of records
- managing the security of personal data, including cloud computing.

Other factors that should be taken into account when making decisions on the retention of records include:

- the BACP Register of Counsellors and Psychotherapists, Professional Conduct Procedure⁵² (which provides guidance on making complaints to BACP) sets out that a complaint must be submitted either within three years of the ending of the professional relationship; or within three years of the date when the complainant reasonably became aware of the alleged professional misconduct; or within a reasonable time of the alleged professional misconduct
- time limits to bring an action.

Submission of data to the Welsh Government

Local authorities are required to provide anonymised information about their counselling service to the Welsh Government, in compliance with a direction issued by the Welsh Ministers under section 93 of the School Standards and Organisation (Wales) Act 2013 ('the 2013 Act'). The 2013 Act also provides that where an LA has arranged for a person to provide an independent counselling service on its behalf, the authority must give the person a copy of the Welsh Minister's direction and that person must compile the information necessary for compliance with the direction and submit it to the LA.

Importantly, the LA, or the person who provides the counselling service, must not provide information about an identified individual or provide information in such a way (either by itself or combined with other information) that it identifies an individual or enables an individual to be identified.

Further information on the submission of data to the Welsh Government is set out in the Welsh Government's 'Statutory guidance to Welsh local authorities on the provision of independent counselling services (2013)'⁵³.

The Welsh Government has published counselling data since 2013/14. At the time of writing, the latest data available are for 2017-18⁵⁴. Local authorities can use the data to improve

⁵¹ ico.org.uk/for-organisations

⁵² www.bacp.co.uk/about-us/protecting-the-public/professional-conduct/professional-conduct-procedure

⁵³ gov.wales/docs/dcells/publications/130611-independent-counselling-services-en.pdf

⁵⁴ gov.wales/counselling-children-and-young-people-september-2017-august-2018

counselling services, to identify trends, both in education settings (e.g. higher instances of bullying in some schools) and in other areas (family issues, self-harm, etc).

Confidentiality and sharing information

Confidentiality

'A client has the legal and ethical right to confidentiality, both in law and as part of the therapist's duty of care to the client, subject to certain legal limitations. The right to ask for confidentiality will depend on the mental capacity of the child client. If the child does not have the capacity to make his or her own decisions, then those with parental responsibility will have the right to make decisions, and also the right to see the child's therapy records (but note that there are certain exceptions in the Data Protection Act 2018 allowing the therapist and school to refuse disclosure of counselling records in order to safeguard the health or safety of the child or others, or to safeguard a police or other investigation in the context of child protection)'. (BACP Good Practice in Action 002 Legal Resource: Counselling children and young people in school settings)

At the beginning of a counselling relationship the child or young person and the counsellor come to an agreement about how they will work together. This would usually be set out in a contract (written in age-appropriate language) in a way that is relevant to the young person's maturity and level of understanding.

Within this contract, young people should not be offered levels of confidentiality that cannot be kept. There is no such thing as absolute confidentiality when working with children and young people; at all times safeguarding concerns will take precedence over usual confidentiality codes (please refer to the sections 'Safeguarding' and 'Record keeping and maintenance').

In addition to cases where there are safeguarding concerns, confidentiality would not be maintained when the counsellor presents their cases anonymously in clinical supervision. All counsellors are expected to discuss difficult ethical and moral decisions of reporting disclosures with their clinical supervisor and line manager.

Where there are no safeguarding concerns, the counsellor should treat in confidence all personal information about young people, whether obtained directly, indirectly or by inference. Such information includes names, addresses, biographical details and other descriptions about the young person's life and circumstances that might result in identification.

Confidentiality and parents/carers

A young person has a right to access counselling without their parents' knowledge, consent or against their parents' wishes if they are considered to be 'Gillick competent'. Gillick competence is explained in more detail in the section 'Accessing counselling'. Young people who are 16 years of age and over are covered by the Family Law Reform Act (1969), which provides legal foundation to enter therapy without parental consent.

Confidentiality in the school setting

In a school setting, there is a tension between ensuring confidentiality and allowing schools to have a holistic view of individuals and the support they are receiving, to ensure that a package of support is appropriate. Within schools, the referrer (who could be the link teacher) may have a general overview of the presenting reason in order to make the referral, however the content of sessions will remain confidential, unless the welfare and safety of the child/young person and/or another is considered to be at risk (see the section 'Safeguarding').

To maintain the child's/young person's right to confidentiality, due consideration should be given to those, other than the counsellor, who are made aware the individual is attending counselling.

The child/young person should not be questioned about the sessions they attend. The child/young person may not want other members of their family or peer group to know (for various reasons) that they are seeing a counsellor. Therefore, sensitivity needs to be given to the management of how the child/young person is given information and spoken to about counselling.

To ensure confidentiality within the wider school community, careful consideration should also be given to how the child/young person is excused from lessons in order to attend and discreetly access counselling sessions. For example, some schools support the counselling service by using a note system. This is sent to either the form or lesson teacher to remind the child/young person that they have a 'pastoral meeting' that day. This note is communicated without the teacher being made aware what the pastoral meeting is about. It is never appropriate for the child/young person to be called to their appointment via the school tannoy system.

If the teacher has knowledge that the child or young person is attending counselling, at no point should they discuss this with them, unless the child/young person raises the subject themselves.

For information on ensuring confidentiality through the use of a private counselling room, please refer to the section 'Creating an effective counselling space'.

Sharing information

Services should work with and alongside other services and agencies in a collegial manner, whilst maintaining appropriate levels of confidentiality.

Counsellors will work in a multidisciplinary way and communicate when appropriate with school staff, other agencies and specialised services. Counsellors may find it necessary to liaise with, share information, attend multi-agency meetings, or refer the young person to another agency for further help.

All sharing of personal information should be compliant with current GDPR/DPA principles and the *Wales Accord on Sharing Personal Information* (WASPI)⁵⁵ can provide a framework to facilitate this.

⁵⁵ www.waspi.org

Case study: John

“Talking about problems really can help”

John was 12 years-old when he was referred for counselling. He was presenting as unsettled and unhappy within the classroom, and angry and upset whilst at home. He would go missing during lessons, refuse to come to school or complain of illness and ask to be sent home. John had a diagnosis of ASD and was struggling to communicate and fit in with his peers.

John was unsure how counselling could change the frustration he was feeling, stating, *“What can talking about something do to help?”*

John and his counsellor began to meet regularly, building a trusting relationship and a safe space to talk. The counsellor gradually gained an insight into the difficulties he was experiencing, particularly around communicating with others and understanding the use of humour, which had often left him feeling confused and isolated.

As the sessions unfolded, John disclosed a history of verbal bullying from another student who was currently sharing his classroom support. The school had taken steps to deal with the behaviour but John had been left feeling he should ‘ignore it’. This was hard, as this was someone he saw every day, leaving him feeling more confused and often ready for a fight.

John felt worried and anxious at this perceived threat, which caused him additional anxiety, so the counsellor worked with him to explore his fight and flight responses.

He was also concerned about his school progress. He wanted to work hard and get good grades but was unable to concentrate as he felt too much was going on in the classroom, affecting his ability to focus on his work.

Having reviewed John’s school timetable, it became apparent to the counsellor that his behaviour manifested itself in the lessons that he shared with the pupil who had previously bullied him. With John’s permission, the counsellor was able to speak to his form teacher who put a plan in place to resolve the issues linked to the other student, as well as a plan for how best John could manage in class.

As the counselling sessions progressed, it was evident that John grew in confidence and had a deeper understanding of his feeling and emotions. He began to feel comfortable in the sessions and experiment with humour. This was later mirrored outside of the counselling relationship as he developed a small friendship group, interacting more with his peers and learning the skills necessary to maintain friendships.

Eventually John arrived for a counselling session with a big smile on his face. He had been given a new timetable and he’d also been moved out of the class where he felt there were issues and was placed into a different group. John was pleased that he had found a way to reduce the worries he was feeling and was able to end the sessions.

The counsellor continued to observe John around the school, often seeing him chatting to his peers, playing outside, walking to his lessons and generally engaged in school life. His school attendance improved, he was able to stay in lessons and presented as a happier child, fully engaged in school life.

(Provided by Jonathan Miller, Wrexham County Council)

Safeguarding

Key principles

Effective safeguarding arrangements should be underpinned by two key principles:

- safeguarding is everyone's responsibility - effective safeguarding arrangements require practitioners and organisations to play their full part both individually and in collaboration.
- a child-centred approach - for services to be effective, they should be based on a clear understanding of the personal outcomes for the child and what matters to them.

The rights of the child/young person should be paramount to the approach and their best interest should always be central to any action taken by practitioners.

No single practitioner can have a full picture of a child/young person or their family and support should be delivered as part of a coordinated multi-agency approach. The ability to work across agencies is essential to build a better understanding of the circumstances and the needs for care and support. Strong working relationships and a multi-agency approach can prevent needs escalating and identify when a child or family member is at risk.

Legal context

The Children Act 1989 ('the 1989 Act') and the Children Act 2004 ('the 2004 Act') provide key statutory provisions to ensure that:

- where there is reasonable cause to suspect a child is suffering, or likely to suffer, abuse, neglect or harm the local authority is required to make such enquiries as they consider necessary to enable it to decide whether it needs to take further action to safeguard and promote the welfare of the child (s47, 1989 Act)
- effective collaboration requires agencies to give appropriate priority to their responsibilities towards children and to encourage agencies to share early concerns about safety and welfare of children and to ensure preventative action before a crisis develops (s28, 2004 Act).

The Social Services and Well-being (Wales) Act 2014 ('the 2014 Act') further strengthen safeguarding arrangements in Wales and introduce a duty to report, which requires specified relevant partners to report to the local authority where a child might be at risk. A child at risk is defined as a child who:

- is experiencing or is at risk of abuse, neglect or other kinds of harm
- has needs for care and support (whether or not the local authority is meeting any of those needs), Section 130 the 2014 Act refers.

Relevant partners

Relevant partners (section 162(4) of the 2014 Act) should understand their statutory duty under section 130 of the 2014 Act to inform the local authority where there is reasonable cause to suspect that a child is at risk.

Additionally, a local authority must also make arrangements to promote co-operation between the relevant officers of the authority who exercise its own functions, this will include education. The arrangements are to be made with a view to improving the child's well-being. Therefore, everyone in education services who comes into contact with children and their families has a role to play in safeguarding children, and education practitioners are in a key position to identify concerns early and provide help for children to prevent issues from escalating.

Reporting safeguarding concerns

When working with children and young people, counsellors should report any concerns they have about the welfare of a child. If a counsellor has a concern that a young person may be at risk of harm (e.g. their safety or welfare) but is not in immediate danger or at risk of significant harm, then this must be noted and passed onto the member of staff with designated responsibility for safeguarding, or to the appropriate agencies. This may be something that the counsellor has heard, seen or had disclosed to them. These cases can be difficult to judge and therefore should be discussed with the designated person, as soon as possible, with action to be taken within the next 24 hours.

Within a school there will be a designated senior person (DSP) with responsibility for safeguarding. Where counselling is delivered in the community, safeguarding concerns should be referred on to the appropriate agencies.

If a counsellor has a concern, or a young person has made a disclosure that makes them believe that an individual may be at risk of significant or immediate harm, the counsellor must respond urgently to secure the child/young person's safety and inform the designated senior person or social services as soon as possible to inform them of the course of action.

The Welsh Government has issued statutory safeguarding guidance (*Working Together to Safeguard People: Volume 1 – Introduction and Overview*⁵⁶ and *Volume 5 – Handling Individual Cases to Protect Children at Risk*⁵⁷). This guidance covers the duty to report and the process that follows including the duty to investigate under the Children Act 1989.

Separate, but related, statutory guidance safeguarding children while in education *Keeping learners safe*⁵⁸ sets out the responsibilities of the education service in exercising its shared responsibility to keep children and young people safe in education.

Further detail on safeguarding for practitioners will be available in the national protection procedures, which will be updated to reflect changes in legislation. Meanwhile the *All Wales Child Protection Procedures* (2008)⁵⁹ provides operational guidance.

⁵⁶ gweddill.gov.wales/docs/phhs/publications/160404part7guidevol1en.pdf

⁵⁷ gweddill.gov.wales/docs/dhss/publications/180511childrenatrisken.pdf

⁵⁸ learning.gov.wales/docs/learningwales/publications/150114-keeping-learners-safe-en.pdf

⁵⁹ www.childreninwales.org.uk/our-work/safeguarding/wales-child-protection-procedures-review-group

Types of child abuse and neglect

A child or young person, up to the age of 18 years, is abused or neglected when somebody inflicts harm, or fails to act to prevent harm. This can occur within a family setting, an institution, a community setting, by someone known to them or (more rarely) by a stranger. Counsellors need to understand the different types of abuse and neglect, understand their responsibilities if they become concerned about a young person's safety or welfare, or have information disclosed to them, by the young person or someone else. Below are definitions of the types of abuse that children or young people may experience, as set out in *Working Together to Safeguard People Volume 1 – Introduction and Overview*.

The following is a non-exhaustive list of examples for each of the categories of abuse and neglect:

- physical abuse – hitting, slapping, overuse or misuse of medication, undue restraint, or inappropriate sanctions
- sexual abuse – rape and sexual assault or sexual acts
- psychological abuse (including online) – threats of harm or abandonment, coercive control, humiliation, verbal or racial abuse isolation or withdrawal from services or supportive networks (coercive control is an act or pattern of acts of assault, threats, humiliation intimidation or other abuse that is used to harm, punish or frighten the victim)
- online abuse
- neglect – failure to access medical care or services, negligence in the face of risk taking, failure to give prescribed medication, failure to assist in personal hygiene or the provision of food, shelter, clothing; emotional neglect
- financial abuse in relation to people who may have needs for care and support; possible indicators of this include:
 - unusual activity in a bank account
 - signature does not resemble the person's normal signature
 - giving a substantial gift to a carer or other third party
 - a sudden interest by a relative or other third party in the welfare of the person
 - complaints that personal property is missing
 - a decline in personal appearance that may indicate that diet and personal requirements are being ignored.

Abuse increasingly occurs through child sexual exploitation, which includes the coercion or manipulation of children and young people into taking part in sexual activities. It is a form of sexual abuse involving an exchange of some form of payment, which can include money, mobile phones and other items, drugs, alcohol, a place to stay, protection or affection. These are often done through the perpetrator posing as a boyfriend. The vulnerability of the young person and grooming process employed by perpetrators render them powerless to recognise the exploitative nature of relationships and unable to give informed consent. Counsellors should understand the signs of child sexual exploitation. Children and young people can also display sexually harmful/offending behaviour, which should also be appropriately reported. It is important to understand reporting should not be made to criminalise the child, but for the appropriate support to be sought for those involved.

Child protection register

Each local authority should produce a list of all the children resident in the area (including those who have been placed there by another local authority or agency) who are considered to be at continuing risk of significant harm, and for whom there is a care and support plan as a result of risk of abuse or harm. It is essential that police, health practitioners and educators are able to obtain this information both in and outside office hours. However, enquiries to the register must never be seen as a substitute for appropriate discussion of concern with the local authority and an appropriate child protection referral.

Care and support plans

If a child is a child in need of care and support they will have a care and support plan. This may include a care and support protection plan if they are on the child protection register. In such cases multi-agency working to support a child can be integral to the success of the care and support plan, and the counsellor may need to participate with other agencies involved in this process. This will require practitioners from education, social services and health to work together to achieve the outcomes set out in the care and support plan. Further information about this process is set out in the codes of practice and statutory guidance under the Social Services and Well-being (Wales) Act.

Safeguarding children, young people and staff

As part of the duty of care to children and young people, counsellors have a responsibility to report concerns, suspicions, observations or disclosures made to them regarding safeguarding/child protection, which involve a member of staff. It is imperative that these are taken seriously and acted on quickly.

The date, time, location and who was present should be noted, and reported. In cases of suspected abuse or allegations of abuse against school staff, counsellors will need to make a judgement as to whether it would be more appropriate for the counselling service to make onward referrals directly to the appropriate agencies, instead of reporting to the designated senior person in the school. An example would be where, for instance, an accusation is made against the school's headteacher.

Notes should also be kept of meetings/discussions, with clear agreement about what action is to be taken and by whom. If the decision is made that no further action is to be taken, this should also be recorded, with the reasons for the decision. These notes should be kept in a confidential file, in case they are required at a later date. It is important to note that written records of statements from a child or young person should be written using the child's words.

Should there be serious concerns, agencies must not make their own internal decisions about whether it is a disciplinary issue or a child protection matter. These complex considerations should only take place with the involvement of social services and the police. The police have the statutory powers and responsibility for determining whether a criminal investigation is to be undertaken.

Informing children and young people

On meeting with children/young people, issues around confidentiality and safeguarding should be made explicit during contracting.

It is important to let children/young people know, where possible before they make a disclosure, that if the counsellor has concerns for their well-being that the counsellor may need to pass that information on to ensure that they are kept safe from harm. Should a concern need to be referred on, counsellors should be open and honest with the child/young person, keeping them informed, as much as possible, of the process and steps taken to secure their safety and/or well-being (please refer to the section 'Confidentiality and sharing information').

Sharing information among professionals

Effective sharing and exchange of information between professionals is essential to safeguard children and young people (see also the section 'Confidentiality and sharing information'). Practitioners must share information in accordance with the Data Protection Act 2018⁶⁰, the General Data Protection Regulations 2016 and the common law duty of confidentiality. All of which allow for the sharing of information and they should not be automatically used as a reason for not doing so. In exceptional circumstances, personal and sensitive information can be lawfully shared without consent where there is a legal requirement or the practitioner deems it to be in the public interest. One of the exceptional circumstances is in order to prevent abuse or serious harm to others.

The Bichard⁶¹ and Carlile⁶² reports both confirm the need to be aware that concerns from a number of sources, which individually may not be of any significance, can build up a bigger picture which may suggest a child is suffering or at risk of suffering significant harm and therefore requires professionals to act to protect them. Whenever possible, consent should be obtained before sharing personal information with third parties, however information can be shared legally without consent, if a practitioner is unable, or cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.

A child's safety is the paramount consideration in weighing these interests.

Supervision

In addition to regular supervision for counsellors, where there is a safeguarding/child protection concern, line managers should make additional provision for counsellors to ensure that procedures have been followed and that support and guidance is given to the referring member(s) of staff (see the section 'Supervision of counsellors').

⁶⁰ www.gov.uk/data-protection/the-data-protection-act

⁶¹ dera.ioe.ac.uk/6394/1/report.pdf

⁶² www.wales.nhs.uk/publications/English_text.pdf

Training

All counsellors should be made aware of safeguarding procedures during induction. Counsellors should be expected to keep up to date with relevant safeguarding guidelines, policies and procedures and attend any relevant safeguarding training as identified.

Continuous professional development

Continuous professional development (CPD) is a commitment to ongoing learning that enables counsellors to develop and grow as practitioners throughout their career, keeping them up-to-date, both ethically and legally as well as contributing to client safety.

CPD within this context is additional to the core training standards outlined in the section 'Counsellor qualifications and experience'. Short CPD courses with a children and young people focus are not enough to ensure competency levels as stand-alone training when working with this age group and should always supplement core training.

CPD is one of the values of BACP's *Ethical Framework*⁶³ enhancing the quality of professional knowledge and its application, with registered BACP members agreeing to plan, record, review and reflect on their CPD in a structured way.

The BACP Register defines CPD as:

"Any learning experience that can be used for the systematic maintenance, improvement and broadening of competence, knowledge and skills to ensure that the practitioner has the capacity to practise safely, effectively and legally within their evolving scope of practice. It may include both personal and professional development."⁶⁴

The *Ethical Framework* is clear in its good practice guidance with a focus on keeping skills and knowledge up to date by:

- reading professional journals, books and/or reliable electronic resources
- keeping ourselves informed of any relevant research and evidence-based guidance
- discussions with colleagues working with similar issues
- reviewing our knowledge and skills in supervision or discussion with experienced practitioners
- regular continuing professional development to update knowledge and skills
- keeping up to date with the law, regulations and any other requirements, including guidance relevant to our work⁶⁵.

What constitutes CPD and how much should counsellors access?

Practitioners should think about any gaps in knowledge or additional skills that will help improve practice, this should include opportunities for learning that are children and young people focused and include the types of issues that come up in their practice. BACP have a specific Children, Young People and Families Division where counsellors can access useful articles via the CYPF journal as well as attend CYPF conferences where they can add workshop learning to their portfolio.

⁶³ www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions

⁶⁴ www.bacp.co.uk/membership/registered-membership/guide-to-cpd

The focus should be on outcomes, or what has been gained from CPD. However, BACP would normally expect registered members to undertake at least 30 hours of CPD a year.

Any activities that have an impact on current or future professional practice can be included, such as:

- conferences – attending or giving presentations
- e-learning CPD modules
- formal education, lectures, seminars, courses
- in-service training
- mentoring
- peer support groups
- organising specialist groups
- reading books, journals or internet articles
- supervising research
- TV and radio programmes
- workshops
- work shadowing
- writing articles or papers.

CPD should be discussed in supervision. Appraisals are also a useful opportunity to discuss CPD needs.

Other resources

MindEd⁶⁶ is a free e-learning resource for keeping up-to-date with a range of issues affecting the mental health of children, young people and families. The hub includes a MindEd counselling section, learning can be tailored to meet individual needs and has good feedback from the counselling profession.

Although MindEd is an NHS England resource, its content is applicable, accessible and relevant to counsellors in Wales and across all four nations.

BACP offers a CPD hub to members with opportunities for practitioners to develop their own learning hub resources.

⁶⁶www.minded.org.uk

Counsellor self-care

Self-care can be defined as the actions and activities counsellors engage in to take care of their physical, spiritual, emotional and mental health in order to maintain manageable levels of emotional well-being.

Self-care is the key to living a balanced life, it is something that is planned and given time for, it is an active choice rather than something that just takes place, it is a way of recharging batteries. Making time for activities such as sport, yoga or meditation, journaling, eating and sleeping well, relaxing, unwinding and enabling opportunities to laugh are all part of looking after ourselves and things we often encourage in others, practitioners need to ensure that they also do this.

Although self-care is a simple concept in theory, it is often overlooked or is the last thing considered at times of over-load. Good self-care is key to improved mood, it can lead to reduced anxiety and worries, it is about treating ourselves well and ultimately protecting against burn out. The safer counsellors are in themselves the safer they are to work with clients. Self-care therefore benefits everyone.

Elizabeth Turp, a private practitioner and accredited member of BACP, writing in *The Counsellor's Café Magazine* (2017)⁶⁷ lists 10 lessons that are useful to reflect upon when considering the need for good self-care within the profession, including maintaining strong boundaries, learning how to 'switch off' and knowing when to seek support.

Counsellors may carry caseloads that at times can feel either too much, too close to home or can become over-whelming. By learning to ask for support in times of increased stress, alongside an attuned level of self-awareness, counsellors can ensure that self-care is prioritised, whilst working within their competencies and maintaining high professional standards.

The importance of self-care is integral within BACP's *Ethical Framework for the Counselling Professions* (2018)⁶⁸, which emphasises the need to take responsibility for our own well-being as an essential component of sustaining good practice with clients by:

- taking precautions to protect our own physical safety
- monitoring and maintaining our own psychological and physical health, particularly that we are sufficiently resilient and resourceful to undertake our work in ways that satisfy professional standards
- seeking professional support and services as the need arises
- keeping a healthy balance between our work and other aspects of life.

In short, self-care includes being aware of what we do, why we do it, how it feels, and what the outcomes and benefits are. For some, this may include having personal counselling and is something explored within supervision. Seeking support, acknowledging vulnerabilities and asking for help when we most need it, all help to separate personal struggles and challenges and strengthen boundaries within client work.

⁶⁷ www.thecounsellorscafe.co.uk/single-post/2017/06/26/10-self-care-lessons-you-can-learn-from-a-Counsellor

⁶⁸ www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/ethics

BACP has published a Good Practice in Action Factsheet on Self-Care⁶⁹, available to members and accessed on their website. This resource provides information about self-care for practitioners, supervisors, service managers, trainers, trainees and others. It aims to normalise self-care, signpost to further information, inform practice and stimulate ethical thinking and discussion.

⁶⁹ www.bacp.co.uk/search?q=self%20care%20gpa&UserLocation=52.4509184%2C-1.1911167999999999

Outcome monitoring/service evaluation

Outcome monitoring is the regular measuring and tracking of client progress using standardised outcome measures. BACP encourages the collection of outcome data to monitor services, evaluate the quality of outcomes and benchmark services by comparing outcomes.

The BACP competence framework for working with children and young people aged 4-18 years old⁷⁰ lists the following competences that counsellors working with children and young people should utilise in their practice with regards to outcomes' monitoring:

- knowledge of commonly used measures
- knowledge of the purpose and application of measures
- an ability to administer measures
- an ability to select outcome measures
- an ability to regularly review the outcomes for the child/young people in relation to specified objectives.

Outcome monitoring also helps to meet the *Ethical Framework for the Counselling Professions*⁷¹ guidance to 'periodically review each client's progress and, when practicable, seek our client's views on how we are working together'.

Any monitoring of outcomes should be done ethically and in line with the *Ethical Guidelines for Research in the Counselling and Professions*⁷².

When should outcome measures be collected?

Where possible, outcome measures should be collected regularly throughout the therapeutic work – and ideally at every session – to ensure that an 'end-point' measure is collected if a client decides to terminate counselling prior to an agreed ending. However, practitioners should always use their clinical judgement to determine what is appropriate.

What outcome measures should be collected?

It is recommended that at least one outcome measure is used routinely during the therapeutic encounter. In some cases, this might be determined by a service manager, funder or commissioner.

The most commonly used measures with children and young people are:

- YP-CORE
- Strengths and Difficulties Questionnaire (SDQ)
- Child Outcome Rating Scale (CORS)
- Outcome Rating Scale (ORS)
- Goal-based measures

⁷⁰ www.bacp.co.uk/media/5863/bacp-cyp-competence-framework.pdf

⁷¹ www.bacp.co.uk/media/3103/bacp-ethical-framework-for-the-counselling-professions-2018.pdf

⁷² www.bacp.co.uk/media/3908/bacp-ethical-guidelines-for-research-in-counselling-professions-feb19.pdf

- Symptom-specific measures (e.g. Revised Child Anxiety and Depression Scale; RCADS)
- Service satisfaction questionnaire (e.g. Experience of Service Questionnaire; ESQ).

What support is available to train counsellors to use outcome measures?

MindEd⁷³ offers a free e-learning resource for keeping up to date with a range of issues affecting the mental health of children, young people and families. There are specific modules⁷⁴ on using measures including:

- monitoring change – important for client and professional alike
- using outcome measures
- using process measures.

⁷³ www.minded.org.uk

⁷⁴ www.minded.org.uk/Catalogue/TileView

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