SCHOOL COUNSELLING POLICY 2026- 2027

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1. Introduction

This policy outlines the procedures and guidelines for the provision of school-based counselling and mentoring services. It aims to ensure that students receive appropriate emotional and psychological support while maintaining a structured and effective service delivery.

2. Scope of Service

The school counselling, and mentoring services are designed to provide short-term support for students experiencing emotional, psychological, or social difficulties. The service is not a replacement for long-term therapeutic interventions but serves as an accessible resource within the school setting.
We offer a range of services including, but not limited to:

- Counselling – including CBT and Psychodynamic approaches
- Mentoring and Wellbeing Support
- Small group wellbeing sessions
- External support groups
- Art based wellbeing support

3. Maximum Length of Provision

Each student may access between 6 to 12 weeks of counselling and 6 weeks of mentoring. In exceptional cases where further intervention is deemed necessary, an extension may be granted following a review process, which will involve consultation with the student, parents/guardians (where appropriate), and relevant school staff.

4. Triage Process

All referrals to the school counselling service will undergo a triage assessment to determine the level of need and urgency of intervention. The triage process includes:

- Initial referral by a teacher, parent/guardian, or self-referral by the student.
- An assessment by the designated mental health professional to evaluate the nature of the concern.
- Allocation of appropriate support (counselling, mentoring or signposting to external services if needed).
- Prioritisation based on urgency and risk level.

5. Waiting List System

Due to the demand for counselling services, a waiting list may be implemented. The system will operate as follows:

- Priority will be given to students in crisis or those assessed as high risk.

- Students on the waiting list will be provided with interim support, including self-help resources and check-ins by school staff where possible.
- The waiting list will be regularly reviewed to reassess students' needs and update their priority status accordingly.
- If a student does not attend 3 sessions due to non-engagement, the place will be offered to another student in need.

6. Confidentiality and Safeguarding

Confidentiality is a key principle of the service, with the following exceptions:

- If a student is at risk of harm to themselves or others.
- If there are safeguarding concerns that require reporting under child protection laws.
- If a legal obligation requires disclosure of information.

In such cases, appropriate safeguarding procedures will be followed, and relevant authorities will be informed as necessary.

7. Contact Information

For more information about the counselling and mentoring services, students and parents/guardians can contact the school's designated mental health lead.

8. Mental Health Warning Signs and Staff Response

All staff should be alert to potential warning signs that a student may be experiencing mental health difficulties. These may include, but are not limited to:

- Significant changes in behaviour, mood or personality
- Withdrawal from friends, family or previously enjoyed activities
- Difficulty sleeping or changes in sleep patterns
- Changes in eating habits or weight
- Decline in academic performance or engagement
- Increased absence or lateness
- Physical signs of self-harm (e.g. unexplained cuts, burns, bruises)
- Expressing feelings of hopelessness, worthlessness or suicidal thoughts
- Increased anxiety, panic attacks or emotional outbursts
- Difficulty concentrating or making decisions
- References to ending their life or "not being here anymore"

When staff identify any of the above warning signs, they should follow the guidance for speaking to students and reporting a safeguarding concern on CPOMS (speak to the student, listen to them, log on CPOMS, clearly documenting concerns, dates and observations).

If a staff member believes a student is in immediate danger of harming themselves or others they must stay with the student, call 999 if there is an imminent risk, alert a DSL as appropriate. Please refer to the Safeguarding and Child Protection Policy.

9. Quality Assurance and Safety of Interventions

9.1 Professional Standards

All counsellors and mentors must:

- Hold appropriate professional qualifications (e.g. BACP accreditation for counsellors)
- Be registered with relevant professional bodies
- Maintain professional indemnity insurance
- Receive regular supervision
- Complete annual CPD
- Hold enhanced DBS checks

9.2 Evidence-Based Practice

All interventions must be:

- Evidence-based and age-appropriate
- Culturally sensitive
- Aligned with best practice guidance (BACP, UKCP, NHS)

9.3 Monitoring Effectiveness

Effectiveness is monitored through:

- Initial and final wellbeing assessments (e.g. SDQ, WEMWBS)
- Session notes documenting progress
- 3-weekly reviews during intervention
- Student, parent and staff feedback
- Annual service evaluation to governors

9.4 Appropriateness Assessment

Before starting any intervention, assess whether:

- The intervention suits the student's needs and developmental stage
- School-based support is appropriate, or external referral is needed
- Parental consent is required and obtained

10. Parental Involvement and Consent

10.1 When Consent Is Required

Parental consent **must** be obtained for:

- All students under 13
- Students aged 13-16 who lack Gillick competence

10.2 Students Aged 13-16

Counsellors will assess Gillick competence (understanding of counselling, confidentiality limits, ability to consent). Where competent, students may consent independently, but we will:

- Strongly encourage parental involvement
- Explain benefits of parental support
- Document the decision

10.3 Students Aged 16+

Presumed to have capacity to consent independently, though parental involvement is still encouraged where appropriate.

10.4 Exceptions to Parental Involvement

Parents may not be involved where this would increase risk (e.g. safeguarding concerns, honour-based abuse, forced marriage). Such decisions must be:

- Made with the DSL
- Based on risk assessment
- Clearly documented
- Regularly reviewed

10.5 Students Questioning Their Gender

We will:

- Actively involve parents/carers unless this would constitute greater risk
- Take time to understand the student's thoughts and feelings
- Be aware of potential vulnerabilities (complex mental health needs, relationship difficulties)
- Work collaboratively with parents and professionals
- Follow school policy and KCSIE 2026 guidance (paragraphs 252-282)

10.6 Keeping Parents Informed

Where consent obtained, parents will receive:

- Notification when support commences
- General progress updates (maintaining confidentiality)
- Invitations to review meetings where appropriate
- Information if significant concerns arise

11. Addressing Specific Safeguarding Concerns

During counselling sessions, staff will be alert to specific safeguarding concerns including, but not limited to:

- Online Safety and AI
- Serious Violence and Weapons
- Child Exploitation (CSE/CCE)
- Impact on Young Carers
- Medical Conditions
- Harmful Sexual Behaviour (HSB)
- Concerning behaviour towards peers

Counselling staff will report any concerns to the DSL, logging information on CPOMS, following appropriate safeguarding procedures.

12. External Referral Pathways

Sometimes it is appropriate for a student to receive help from external agencies such as CAMHS, Early Help, Social Care, School Nurse, GP and other support groups. This will be the case when long-term therapy is required, there are complex mental health needs, or safeguarding concerns. In these situations, the school will work with parents/carers to ensure that appropriate referrals are made. While waiting for these referrals, the school will continue to monitor wellbeing and safety, maintain regular contact with students/parents/carers, provide interim safety plans and support where appropriate.