Competency Framework for Working with Children and Young People
The National Counselling Society (NCS) acknowledges that counselling children and young people (CYP) is different in many ways from counselling adults. We believe that those who undertake counselling work with children and young people need specialist knowledge, skills, and abilities.

We have developed this framework to support our members who work with children and young people and for those who aspire to do so in the future. In keeping with the NCS ethos, our framework is intended to be straightforward, accessible, and user-friendly.
Introduction

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1. Acknowledgements: National Counselling Society - Children and Young People Competence Framework

We are extremely grateful to Kate Day (Independent Consultant and Fellow of NCS) and Jyles Robillard-Day of KRD Training, Counselling & Consultancy who have authored this competency framework. It was peer reviewed by members of our Professional Standards Committee.

The framework is intended to be used in conjunction with our suite of Good Practice Guidance [GPG] documents which was written by Karen Cromarty (Independent Consultant and Fellow of NCS) and peer reviewed by Caroline Gardner (The Academy at Shotton Hall) and Edith Bell (Director of Counselling at FamilyWorks Northern Ireland).

Whilst much of the guidance within the Good Practice Guidance suite is applicable to under 11s, the guidance is specifically aimed at practitioners working with 11-18 year olds. This framework extends our support for members working with both under 11s and 11-18 year olds.

It is not a substitute for a specialist training, but aims to give an indication of the scope of knowledge and abilities required by counsellors working with this client group. It offers a valuable reflective tool which members can use to assess their current knowledge and skills and identify areas for continuing professional development. It is also intended to support members in demonstrating to clients and employers that they are equipped to work safely and effectively in this area.
In devising our framework, we have drawn on, and acknowledge, the extensive, valuable and freely available work done by other organisations including:

- The BACP and the Expert Reference Groups: 'Competencies for work with children and young people (4-18 years)'
- CORE at UCL: 'Competence Frameworks'
- CAMHS: 'Competence Framework'
- NCS: 'Good Practice Guidance: Working with Children and Young People'
- NCS: 'Code of Ethical Practice'

The information and framework of these documents was a primary source of material. To highlight every occasion that text has been transposed, would distract the reader. In order to acknowledge the great work of the organisations and the provenance of the material, this should be read as a global citation of their work.

In the framework we reference to, and recommended a number of other valuable sources including MindEd, a no-cost, easily accessible, high-quality, online learning resource. The learning programme has a vast and comprehensive range of material relating to children and young people's mental health.

We would also like to thank the following people for their support with this project: Sarah Lord (BA Cons, PGCE, MNCS) for her expert consultancy on SEND and Susan Widlake and Lisa Webb for their patience and diligence in proof reading the documents.
The Competency Framework for Working with Children and Young People is in addition to the competency framework that counsellors need to provide counselling services to adults. It is therefore a pre-requisite that counsellors understand and work to the training standards and the NCS Code of Ethics before endeavouring to work with children and young people. This document will set out additional competencies that a counsellor needs in order to work with children and young people.

All of these competencies are underpinned by the fundamental principles of the NCS. These principles can be used to make a ‘best clinical judgement’ and a practitioner of NCS will need to demonstrate that they have considered these principles in their ethical practice and decision making, especially discussing them with their supervisor.

The core counselling principles of the code are:

1. Working towards the good of clients and doing no harm (Beneficence and Non-Maleficence). Practitioners hold the welfare of clients central to their work and so commit to avoiding harm.
2. Being trustworthy and responsible (Fidelity). Practitioners endeavour to establish trust with their clients and the community in which they work. Therefore, practitioners not only honour the trust placed in them by their clients and the community but also act in a respectful, professional and ethical manner when representing their profession.
3. Respect for the dignity and rights of the client (Autonomy). Clients have the right to self-determination and to be shown dignity and respect for making their own lawful decisions.
4. Justice. Practitioners are aware of their own judgments based on their own experiences, and need to take precautions (including supervision) to provide a service that is not restricted by their own prejudice and limitations of experience. This also means showing respect for diversity of persons, without prejudice to colour, race, belief, gender, sexuality, social context, and mental and physical abilities.
5. Integrity and self-responsibility. Practitioners work to be as honest, truthful and accurate as possible. They are also responsible for looking after their own needs and health. So, a practitioner will only commit to a practice that they can offer being aware of own expertise, training, health and wellbeing and let the client know if anything changes.
The NCS believes that all counsellors who work with children and young people must have specialist knowledge, skills and abilities. These attributes are usually gained from specific, dedicated training, focused on counselling children and young people, and subsequently supplemented by relevant Continuing Professional Development (CPD). The NCS also acknowledges that some counsellors have gained significant experience from working with children and young people over many years in lieu of specific training and can evidence that they meet the competencies set out in this framework.

Counsellors must be able to continuously self-monitor their practice and recognise the limits of their own competence. When an individual counsellor finds themselves in a situation that is outside their level of competence, they must be able to explain this to the client and work with them to find more appropriate support. This may be an onward referral to another service or agency that is more suitably equipped to deal with the client’s specific needs. Many counsellors find that talking through these issues in supervision is very helpful. Not only can the different options for the client be considered, but the supervisor and supervisee can then consider other aspects of the case such as whether the initial referral for counselling was appropriate for the client’s needs, and assess if further CPD or training would benefit the counsellor.

The CYP Competency Framework has been divided into sixteen sections. Counsellors must note that this is for ease of reference. All sections and competencies carry equal importance when counselling children and young people.
3. Legal framework and considerations

Counselling children and young people does not stand in isolation; rather the intervention is underpinned by a legal framework, consisting of a number of differing laws and policies relating to children, some of which vary across the four home nations of the UK. Whilst counsellors working with this young client group are not expected to be experts in the law, they need to have an awareness and some knowledge of the legislation and policies that apply to their clients, the settings in which they deliver their counselling, and their own accountability to the law.

3.1 Capacity and informed consent

3.1.1 Knowledge of Gillick Competency and Fraser Guidelines.

3.1.2 Ability to use own judgment to establish whether a child or young person has the mental capacity to make an informed choice. The child or young person must have “sufficient understanding and intelligence to enable him or her to fully understand what is proposed” (Lord Scarman, 1985, Gillick Competence).

3.2 Parental rights

3.2.1 Knowledge of the key parts of the Children’s Act 1989/2004 and other legislation with regard to the primary carer’s responsibility for the welfare of a child.

3.2.2 Knowledge of the key legislation regarding counselling within the context of adoption.

3.3 Participation

3.3.1 Knowledge of the legal rights of the CYP to have their views taken into account with regards to their own welfare.

3.3.2 Article 12 of the Convention on the Rights of the Child states that children have the right to participate in decision-making processes that may be relevant to their lives and to influence decisions taken about them - within the family, the school or the community. As such, young people in therapy ought to be included in decision making processes that affect them. This is particularly pertinent when counsellors are considering sharing information with other professionals such as a designated teacher for child protection.

3.4 Child protection and safeguarding

3.4.1 Counsellors working with children and young people must make themselves fully aware of their obligations as set out in law and guidance, as well as their duties within their contracts of employment.

3.4.2 Counsellors must undertake suitable safeguarding training.
The key counselling competencies needed to work with Child Protection and Safeguarding are shown in Section 5.

3.5 Mental health
3.5.1 Providing therapy in the context of current mental health law is complex, and counsellors must have knowledge of the legislation and guidance that is relevant to them in whichever country of the UK they practise.

3.6 Education
3.6.1 Children and young people who face barriers to their learning often need additional support within their education. A counsellor must have knowledge of the legislation and guidance which relates to this, with children having rights to access services and additional support to meet their needs.
3.6.2 Counsellors working with young clients will need to be familiar with any additional needs a child may have, and consider how this could affect the counselling work with the young person.
3.6.3 Additional needs could be due to disabilities, physical or emotional health, socio-economic factors.
3.6.4 Knowledge of primary diagnosis for Special Educational Needs and Disabilities (SEND).
3.6.5 Ability to discuss needs with a Special Educational Needs and Disabilities Coordinator (SENDCO) in a school setting or with the child or child’s parents in other settings.
3.6.6 Knowledge of where to signpost for additional support.

3.7 Data Protection
3.7.1 The Data Protection Act 2018 implemented the General Data Protection Regulation (GDPR). This has requirements that cover all aspects of processing personal data gathered within the counselling relationship. Counsellors must make themselves aware of these requirements and comply with them in their practice.
3.7.2 Knowledge regarding the legal framework for the disclosure of client information and notes.

3.8 Equality
3.8.1 The law relating to equality is complex but counsellors must have knowledge of it and be able to implement the overarching principles. As a basic principle young people have a right to be treated fairly and protected from discrimination when accessing counselling.
3.8.2 Knowledge of the requirement to make reasonable adjustments for disabled service users.
3.9 Disclosure and barring service (DBS) checks

3.9.1 Counsellors who wish to work with children in England and Wales must have an Enhanced DBS certificate; those in Scotland will need an Enhanced Disclosure from Disclosure Scotland; and colleagues in Northern Ireland will need an enhanced check from AccessNI.

3.9.2 Whilst not a legal requirement to have a DBS if working in private practice, the NCS see this as an ethical requirement.

3.10 Pre-trial therapy

3.10.1 Knowledge regarding the legal and ethical framework surrounding pre-trial therapy.

3.10.2 Ability to liaise with the Crown Prosecution Service (CPS) (often via the police) for guidance when requested to support and child or young person whom may be a witness in a criminal trial.

3.10.3 Knowledge that if a child or young person in therapy indicates that they may be involved in a possible court case in the future, then this must be explored immediately with the police and/or CPS.

3.10.4 Ability to make the child or young person aware that case notes may be subpoenaed by the court.

REFERENCES, SUGGESTED FURTHER READING AND RESOURCES:

Capacity and consent:

- Department of Health Mental Capacity Act (2005) Summary Document
- Age of Legal Capacity (Scotland) Act 1991
- NSPCC (2009) Gillick competency and Fraser guidelines

Parental rights and responsibilities:

- GOV.UK Parental rights and responsibilities
- Children Scotland Act 1995
- The Parental Responsibilities and Parental Rights Agreement (Scotland) Amendment Regulations 2009

Participation:

- Article 12 of the Convention on the Rights of the Child
REFERENCES, SUGGESTED FURTHER READING AND RESOURCES:

**Child protection and safeguarding:**

Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children (2018)


Department for Education (2015) What to do if you’re worried a child is being abused: advice for practitioners

Department for Education (2018) Working together to safeguard children: A guide to to interagency working to safeguard and promote the welfare of children

NSPCC (2020) Child Protection in Northern Ireland

Criminal Justice (Scotland) Act 2003

**Mental health:**


Mind: The Mental Health Act review (2018)

The Mental Health (Care and Treatment) (Scotland) Act 2003

The Mental Capacity Act (England / Wales) (2005)


National Institute of Mental Health

Northern Ireland Human Rights Commission

**Education:**


Special educational needs overview

Special educational needs - changes to the law (England) (2007)

**Data Protection:**

Data Protection Act (2018)

REFERENCES, SUGGESTED FURTHER READING AND RESOURCES:

Equality:
The Equality Act 2010
Equality Act Guidance

Disclosure and barring service checks:
DBS England and Wales
Disclosures Scotland
Disclosures Ireland

Pre-trial therapy:
Pre-trial therapy: Crown Prosecution Service

Further reading:
Bond T, 2016, Standards and Ethics for Counselling in Action. Fourth edition. SAGE
Kirkbride R, 2016, Counselling Children and Young People in Private Practice. Karnac. Chapter Five

Children’s rights:
England | Scotland | Northern Ireland | Wales

Suggested MindED sessions:
412-017 Applying the Law
413-022 Confidentiality, Consent, Capacity and Ethics
413-009 Rights and Responsibilities Frameworks
410-053 Legal and Ethical Frameworks
410-056 The Mental Health Act
412-013 Participation in Counselling
Section 3: Legal framework and considerations
4. Child and adolescent development and transitions

It is essential that all counsellors working with children and young people understand the significance of child development and attachment theory and the child or young person’s ability to navigate social, emotional, cognitive and behavioural tasks at different developmental stages. Gaining competency in the key developmental stages and transitions for a child and young person and how these relate to their social, emotional, cognitive, psychosexual and physical development is crucial. Equally crucial is the understanding how the child or young person’s development is affected by the environment that surrounds them (eg family, social, economic, educational, cultural and religious structures).

4.1 Knowledge of child and adolescent development

4.1.1 Knowledge of the needs of children and young people in relation to their physical, social, cognitive and emotional development e.g. need for attachment relationships, education, appropriate patterns of diet, sleep and exercise.

4.1.2 Knowledge of normal child and adolescent development and its impact on behaviour and an ability to draw on knowledge of theories of child and adolescent development including:

- Physical development (including brain development in the first years of life and the interaction of this development with affective experiences and deprivation), sensory and psychomotor development
- Cognitive development (intelligence, language and symbolisation, the Piagetian model, mentalisation, awareness of self and others)
- Social and emotional development (emotional intelligence, interpersonal competence, identity and moral development at adolescence, compassion and self-management, the impact of the social context)
- An ability to draw on knowledge of age-appropriate and problematic behaviours
- An ability to draw on concepts of developmental stages, including physical, affective and interpersonal, cognitive, language and social milestones
- An ability to draw on knowledge of the effects of developmental transitions e.g., onset of puberty
- An ability to draw on knowledge of the interaction between different aspects of a child/young person’s development and between individual and contextual factors such as people and circumstances
4.2 Knowledge of attachment theory and child and adolescent development

4.2.1 Knowledge of attachment theory and its implications for:

- Child/adolescent development, via the concept of internal working models and the links between attachment status (i.e., secure vs insecure), cognitive, emotional and social development
- The development of parent-child, sibling and peer relationships
- The development of emotional well-being, self-regulation, mental health and mental health problems
- The development of resilience (i.e., the ability to cope with stressful and adverse experiences, including difficult interpersonal experiences)
- Children and young people who are adopted or looked-after. (see 7.8)

4.3 Influence of parent/carer

4.3.1 Knowledge of the influence of the parent/carer

4.3.2 Knowledge of the impact of pre-natal and peri-natal environment on infant and child development

4.3.3 Knowledge of parenting styles and their influence

4.3.4 Knowledge that the parent/carer’s communication, interaction and stimulation of their child interact with the child’s development, attainment and developing mental health

4.3.5 Knowledge that effective forms of parental/carer engagement change as children and young people develop

4.3.6 Knowledge that the balance of influence from parents, peers, authority figures and others alters as the child or young person develops

4.3.7 Knowledge of factors that make it harder for parents/carers to offer consistent or positive parenting (e.g., emotional and cognitive immaturity, mental health difficulties (particularly substance misuse), loss, abuse, social adversity or negative experience of parenting in their own lives)

4.3.8 Knowledge of the positive effects of parent/carer support on:

- Attachment relationships
- Child and adolescent development.
4.4 Play activities

4.4.1 Knowledge of the importance of play for all aspects of social, cognitive and emotional development

4.4.2 An ability to assess whether a child’s level and type of play is broadly normative for their age group

4.4.3 Knowledge about effective ways of stimulating play activity in children/young people (e.g., by providing them with appropriate materials and by descriptive commenting)

4.4.4 Knowledge of the value of child-led rather than adult-led play activity

4.4.5 An ability to draw on knowledge of the positive and negative impacts of electronic media on child development.

4.5 Family development

4.5.1 An ability to draw on knowledge that the child/young person and their family needs to be viewed in a number of different contexts including:

- Their family and other significant relationships
- Their social and community setting
- The professional network(s) involved with them
- Their cultural setting
- The socio-political environment.

4.5.2 An ability to draw on knowledge of different family structures and compositions

4.5.3 An ability to draw on knowledge of the family lifecycle and the ways this varies across social contexts and cultures, so as to understand the developmental tasks of specific families.
4.5.4 An ability to draw on knowledge of the potential impact of significant family transitions both on the child/young person and their family (e.g., birth of a new family member, starting school, bereavement, separation, divorce).

4.5.5 An ability to draw on knowledge of the potential impact on families of social adversity (e.g., loss, abuse, social change, socio-economic disadvantage, health inequality).

REFERENCES, SUGGESTED FURTHER READING AND RESOURCES:

- Competence map for child and adolescent psychotherapists: Association of child psychotherapists: June 2017
- Knowledge of development in children, adolescents and of family development and transitions: CAMHS COMPLETE LIST OF COMPETENCES FOR CHILDREN AND YOUNG PEOPLE: UCL

Suggested MindED sessions:

- 410-003 Introducing Child Development
- 410-008 Family Life Cycle
- 410-003 Introducing Child Development
- 410-004 Attachment and Human Development
- 410-009 Child Development Theories
5. Child and adolescent mental health conditions

Counsellors working with children and young people should have a knowledge and awareness of mental health difficulties when working with this client group, always work within their own competence, and be prepared to seek specialist support for children and families when necessary.

5.1 Ability to promote well-being and emotional resilience

5.1.1 Knowledge of the factors that promote emotional resilience and well-being eg high levels of social support, good physical health, high self-esteem, sufficient sleep, secure attachments with care-givers

5.1.2. Ability to use knowledge to use directive therapeutic interventions, such as giving guidance, suggestions and advice to promote positive developments

5.2 Knowledge and awareness of mental health problems

5.2.1 Knowledge of the range of mental health and neuro-developmental issues

5.2.2 Knowledge of how mental health and neuro-developmental issues emerge and present in children and young people

5.2.3 Ability to ascertain when emotional difficulties turn into more serious mental health problems

5.2.4 Knowledge of the classification and diagnostic criteria for child and adolescent mental health in the main classification systems - The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the International Statistical Classification of Diseases (ICD-10)

5.2.5 Knowledge of one’s own competence and the ability to know when to seek consent to refer to another service eg CAMHS

5.2.6 Knowledge of known and planned transitions that can increase emotional stress on children and young people e.g., educational transitions

5.2.7 Knowledge of triggers that can impact mental health eg changes in the family such as divorce or bereavement

5.2.8 Knowledge of risk factors that can impact on mental health eg suffering from a long term physical illness, having a parent/carer with a mental health disorder, being bullied

5.2.9 Knowledge of the influence of normal child development and developmental psychopathology on the ways in which mental health issues present
5.2.10 Knowledge of the impact that mental health problems can have on individual development e.g., ability to study, ability to maintain intimate relationships

5.2.11 Knowledge of the incidence and prevalence of mental health presentations across different cultures, ethnicities and social classes.

5.3 Knowledge of psychopharmacology

5.3.1 Knowledge of the role of prescribed medication in the treatment of adolescent mental health problems

5.3.2 Knowledge of the benefits and risks of medication

5.3.3 Knowledge of the evidence regarding the use of medication on its own and using medication in tandem with therapeutic interventions

5.3.4 Ability to discuss mental health medication with the young person, their families and related health professionals.

REFERENCES, SUGGESTED FURTHER READING AND RESOURCES:

Working with Children and Young People - Good Practice Guidance: National Counselling Society


Department of Health and Public Health England. Promoting emotional wellbeing and positive mental health of children and young people

HeadMeds - Straight talk on mental health medication: Young Minds: 2019
Counsellors working with children and young people are required to assess the child/young person’s needs and challenges throughout the counselling process. This assessment is best practised collaboratively and in partnership with the child.

6.1 Understanding the fundamental principles of the counselling assessment

6.1.1 An ability to help the child/young person to identify and express their own therapeutic goals, hopes for counselling and how these can be achieved

6.1.2 Knowledge that the primary goal of the assessment process is to both empower and improve the life of a child or young person

6.1.3 An ability to validate the child/young person as a ‘whole person’ and value their perception of their situation

6.1.4 Allow the child/young person a crucial voice throughout the therapeutic process. Help them to gain perspective, to make informed choices and be an active participant in the changes they are wishing to make

6.1.5 Help the child/young person foster resilience to identify strengths and resources as well as areas of personal challenge ie pathology and deficit

6.1.6 Ability to assess the level of present or potential risk for a child/young person. An ability to draw on knowledge of risk assessments, minimising and managing risk plans

6.1.7 Knowledge of the child/young person’s needs and the initial and continual assessment of suitable interventions

6.1.8 An ability to make an onward referral for the child/young person where counselling is not deemed appropriate

6.1.9 Knowledge of local and national assessment procedures eg Integrated Assessment Framework (IAF).
6.2 Ability to attune to the needs of the individual child or young person when carrying out an assessment

6.2.1 An ability to assess the child/young person’s level of understanding and functioning and adjust the assessment accordingly

6.2.2 An ability to recognise the key developmental stages and needs of a child/young person and how these impact on assessment and the therapeutic alliance

6.2.3 An ability to adapt methods, interventions and language in the sessions to reflect the child/young person’s level of understanding eg using fewer verbal skills to gather information and employing more creative, visual and therapeutic play techniques with a primary age child

6.2.4 An ability to draw upon the skills of an interpreter in counselling when the child or young person does not speak the same language as the counsellor

6.2.5 An ability for the counsellor to obtain further knowledge in human with a key focus on child and adolescent development

6.2.6 An ability to understand the theories and disciplines that explain child and adolescent counselling and development. An ability to integrate this learning into practice and ensure that all relevant CPD, research and literature are kept up-to-date.

6.3 Ability to involve the child and young person in the counselling assessment process

6.3.1 Ability to work within a child-centred framework when discussing the nature of the assessment with the child or young person

6.3.2 Understand that communication needs to be developmentally appropriate. Explain the need to gather relevant information eg explaining to a child why it is helpful to gain a wider perspective of their lives (by inviting them to draw or use figures in the sand to tell the counsellor more about their family members)

6.3.3 Ability to fully understand the child/young person’s experience and worldview

6.3.4 Ability to engage and actively listen to the child/young person’s viewpoint in the assessment process with non-judgment
6.3.5 Ability to respond to the child/young person’s core communication by reflecting, summarising and exploring ways in which the child/person wishes to move forward

6.3.6 Proficient in explaining to the child/young person the realms of confidentiality and its limits (especially important when sharing information with Safeguarding Leads or other agencies such as Child Protection Services and CAMHS).

6.4 Ability to conduct a generic assessment

6.4.1 An ability to help the child/young person to set realistic and achievable goals for counselling

6.4.2 Competent in discussing with the child/young person their motivation for counselling support

6.4.3 Ability to articulate with child/young person (age appropriately) any concerns or misconceptions the child/young person may have in regards to counselling or the process itself

6.4.4 An ability to develop a clear overview of the child/young person’s life, past history, present situation, support/social systems, significant vulnerable factors and stressors eg Adverse Childhood Experiences (ACEs)

6.4.5 An ability to assess and respond to the child/young person’s wishes and desired outcomes for counselling i.e., facilitating child-centred interventions/models and language that are most suited to the developmental needs and capabilities of the child/young person

6.4.6 An ability to explain to the child/young person the benefits of counselling, the treatment options and choices available to them

6.4.7 An ability for the counsellor to reflect on when counselling may not be appropriate or beneficial to the child/young person eg when a child/young person does not wish to engage in counselling or the child/young person’s needs are not primarily psychological.
6.5 An ability to assess the child/young person’s presenting issues in counselling

6.5.1 An ability to identify and discuss with the child/young person their main reasons and concerns for attending counselling e.g., difficulties in their family, relationship/identity issues, anxiety, risk taking behaviours or depression.

6.5.2 An ability to elicit and expand on information in regards to the child/young person’s concern: ability to explore potential causes, experiences, triggers, people or situations that may cause the child/young person to be further concerned and/or distressed.

6.5.3 An ability to provide opportunities for the child/young person to reflect upon the nature of the problem and provide their own solutions.

6.5.4 Ability to help the child/young person to develop an understanding of the distinctive changes or differences between how they may cope or react in different situations and circumstances.

6.5.5 An ability to draw on knowledge and assess how these difficulties are impacting upon the child/young person in their daily life, such as the degree to which they affect the child/young person’s interactions with others and their social, emotional, mental, academic and physiological functioning.

6.5.6 An ability to assess the needs of a child/young person in counselling and draw on specific knowledge and skills when working in this area.

6.5.7 Ability to discuss areas such as:

- Drug and solvent use and misuse
- Mental health conditions
- Body image and eating issues
- Self-harm
- Gender identity, sexuality and sexual relationships
- Contact with legal services
- Risk management and reduction
- Specific and significant emotional issues that relate to the child/young person’s experience (individual or group setting).
6.6 An ability to celebrate with the child/young person their strengths and resilience

6.6.1 An ability to assess the child/young person’s coping mechanisms, stress tolerances and level of functioning in terms of their resilience

6.6.2 An ability to evaluate the child/young person’s level of understanding and adapt the language and methods accordingly

6.6.3 An ability to identify the child/young person’s achievements in counselling e.g., noticing both overt or subtle cues to change, confronting difficulties, noticing when things are working well

6.6.4 An ability to engage the child/young person in what they hope to achieve in their life and help them to acknowledge their strengths and abilities.
6.7 An ability to develop a systemic view of the child/young person’s life story to further engender understanding

6.7.1 Helping the child/young person to identify primary sources of support within their family/extended family or the social and cultural system in which they exist

6.7.2 Helping the child/young person gain a perspective on their situation and the relationships they encounter

6.7.3 An ability to encourage the child/young person to be emotionally alert and aware of the nature and quality of these relationships and their level of impact eg helping the child/young person to identify stressors or issues that contribute to their difficulties. Helping the child to get a sense of what they feel can help them to understand what happens on an unconscious level in relationships

6.7.4 An ability to draw on knowledge of the child/young person’s ability to cope in education, their strengths as well as their challenges.
6.8 An ability to understand the social and cultural context of the child/young person

6.8.1 An ability to obtain information about the child/young person’s life perspective and the environment they live in. Considerations are:

- Involvement in different peer groups
- Specific mental health concerns relative to the social or cultural context
- Social, cultural, racial and religious influences and background
- Potential stressors and protective factors in relation to the problems the child/young person is presenting
- Cultural influences on parenting practices, gender roles and family values.

6.8.2 An ability for the counsellor to maintain knowledge of family dynamics, hierarchy, bias in assessments, and discriminatory practices that may impact their client

6.8.3 An ability for the counsellor to recognise and be aware of their own cultural values and biases: A counsellor must be cognizant of any cultural values or bias that they possess and recognise their limits of practice

6.8.4 An ability for the counsellor to monitor their own psychological process when working with the child/young person throughout the assessment process. Knowledge of the impact of one’s own feelings, personal experiences and life history and their influences on the child and the therapeutic process.
6.9 **An ability to use assessment tools and measures**

6.9.1 Knowledge of available assessment tools and an ability to use them during the counselling process

6.9.2 Ability to interpret the information gathered by the measurement or the tool eg as an indication of whether the counselling is benefiting the child/young person

6.9.3 Knowledge of how to use the assessment tools and an ability to ensure that they are appropriate for the age and the developmental stage of the child or young person

6.9.4 Ability to explain to the child/young person the purpose of the assessment tool and to use it in a collaborative manner

6.9.5 An ability to share the outcomes of any assessment and to discuss its impact on any future interventions.

See Section 9 ‘Evaluation and Measured Outcomes’
**6.10 An ability to manage assessments with younger children and their parents/carers**

6.10.1 An ability to draw on knowledge of child development and the different transitional stages

6.10.2 An ability to draw on knowledge of attachment theory and the significance of relationships and its impact on neurological, emotional and social development of the child

6.10.3 An ability to assess the impact of child development and attachment history and how this relates to the needs and behaviours of the child

6.10.4 An ability to gauge and assess how certain behaviours such as self harm, bedwetting, outbursts of extreme irritability and drastic mood changes may be linked to the emotional distress and/or difficulties of the child

6.10.5 An ability to include parent/carer and/or referrer’s information about the child/young person in the assessment process

6.10.6 An ability to hold the parent/carer and/or referrer’s view of the child/young person’s difficulties in mind in the assessment process

6.10.7 Ability to recognise the significant influence of the family/systemic context on the child/young person’s development and behaviour

6.10.8 Ability to involve the parent/carer in the counselling where deemed appropriate and/or beneficial to the needs of the child/young person eg parent/carer participation can improve attachment and bonding and includes sharing opinions, asking questions, and providing one’s point of view on a problem or offering solutions.
REFERENCES, SUGGESTED FURTHER READING AND RESOURCES:


McLaughlin and Holliday (2014) Therapy with Children and Young People: Integrative counselling in schools and other settings. Sage

**Suggested MindED Sessions:**

- 413-027 Conducting a Developmental Assessment
- 413-027 Overview of Diagnostic Assessment
- 413-017 Doing an Evidence-based Assessment
- 413-055 Assessment of Family
- 413-033 Neuro-cognitive, Developmental and Functional Assessments
7. Specific competencies for counselling children and young people

Ethical practice with this particular client group will involve counsellors:

- Acting in accordance with the trust placed in them by their clients
- Respecting their clients’ rights to autonomy, despite their young age
- Acting in the best interests of their clients to promote their well-being
- Striving to mitigate any harm to clients
- Being committed to providing fair and equitable services for all of their clients.

Many of these principles can be challenging to apply when working with children and young people, given that their age and circumstance (e.g., being within a school setting) can often seem to be at odds with these values. However, counsellors who strive to work to this ethical stance will be serving their clients well, often empowering them as they experience this ‘different’ relationship with an adult.

The NCS believes that all counsellors who work with children and young people must have specialist knowledge, skills, and abilities. This specialist knowledge is in addition to their knowledge of the basic competences for humanist counselling. These additional attributes are usually gained from specific, dedicated training, focused on counselling children and young people, and subsequently supplemented by relevant CPD.

Counsellors must be able to continuously self-monitor their practice and recognise the limits of their own competence. When an individual counsellor finds themselves in a situation that is outside their level of competence, they must be able to explain this to the client and work with them to find more appropriate support. This may be an onward referral to another service or agency that is more suitably equipped to deal with the client’s specific needs.
### 7.1 Before the initial appointment

7.1.1 Knowledge of Gillick competency and the need, in private practice, to obtain written consent from an appropriate adult before the first session where the client is either under the age of majority or are classified as having special needs and vulnerabilities.

7.1.2 Knowledge of the need to have a current Full Disclosure DBS Certificate.

7.1.3 Ability to provide the child/young and/or parents/carers with information about the service to help reduce any anxiety prior to the first meeting. This must be appropriate for the developmental stage of the child or young person.

7.1.4 Knowledge of the need, in private practice, to provide the parent/carer with information prior to the initial session eg payment terms, drop off procedure (see section 13).

7.1.5 Knowledge of the need for a calm space to support the client.

### 7.2 Confidentiality, capacity and consent

**Confidentiality:**

7.2.1 Knowledge of the legal, ethical and service provider frameworks regarding confidentiality.

7.2.2 Knowledge of national and local policies, procedures and protocols regarding child protection.

7.2.3 Knowledge of the relevant legislation relating to parent/carer rights and responsibilities.

7.2.4 Knowledge that children or young people under the age of 16 who are deemed capable of giving consent have the same rights to confidentiality as an adult.

7.2.5 Ability to maintain children and young people’s confidentiality when parent/carer or other professional seeks information which is deemed confidential to the client.

7.2.6 Ability to explain to the child or young person the principles of confidentiality and the circumstances in which it can be breached.

7.2.7 Ability to seek the consent of the child or young person to share information when the counsellor believes this would be beneficial for the client.

7.2.8 Knowledge that the safeguarding needs of a child/young person take precedence over issues of confidentiality and consent.
7.2.9 Knowledge that it is appropriate to breach confidentiality when withholding information could:
- Place someone at risk of significant harm
- Prejudice the prevention, detection or prosecution of a serious crime
- Lead to unjustified delays in making enquiries about allegations of significant harm to a child / young person or adult.

**Capacity:**

7.2.10 Ability to judge a child or young person’s capacity to give informed consent, and assess whether they can consent to their own therapy or not

7.2.11 Knowledge that a young person aged 16 or over is presumed to have the capacity to give consent, unless there is evidence to the contrary

7.2.12 Knowledge that a child under 16, who is able to understand and make their own decisions, is able to give or refuse consent

7.2.13 Knowledge that the capacity to give consent is a “functional test” and is not dependent on age. Capacity to consent depends on the child or young person:
- Being capable of understanding what counselling is
- Having sufficient intelligence and understanding to give consent
- Being capable of making up their own mind.
Consent:

7.2.14 Ability to gain informed consent from the child/young person or parents/carers by:
- Being able to describe what the counselling intervention is, in a way that can be easily understood
- Explaining the possible benefits and potential risks of the counselling intervention
- Describing what alternatives may be available.

7.2.15 Knowledge that valid legal consent to a counselling intervention must show that:
- The person giving consent must be legally competent to do so
- The consent must be freely given
- The person consenting must be suitably informed.

7.2.16 Knowledge that children or young people have the right to withdraw or limit consent at any time.

7.3 Contracting and record keeping

To demonstrate professionalism, to protect themselves and clients, and to avoid future confusion and misunderstanding, it is good practice for counsellors to undertake collaborative contracting with each new client. This will need to be done in a way that is appropriate for the child, young person, and/or parent/carer, and will cover many dimensions of the work. Care and attention to detail at this first stage of the counselling relationship can encourage respect and trust between counsellor and client and the parent/carer, as well as being practically helpful.

Counsellors need to be skilled in developing contracts. For those children and young people who have the capacity to consent, the contract will be made with the young client themselves; for those who lack capacity to consent, it will be with those who have parental responsibility.

7.3.1 Knowledge of the legal and ethical issues of setting a contract
7.3.2 Ability to engage the child or young person in discussing the contract in an age appropriate manner
7.3.3 Ability to explain and discuss issues of confidentiality in an age appropriate manner
7.3.4 Ability to discuss hypothetical confidentiality scenarios with the child or young person
7.3.5 Knowledge of confidentiality and reporting structures of the setting in which they are counselling e.g., a school’s policy and protocols

7.3.6 Knowledge and ability to ensure that the contracting process is collaborative

7.3.7 Ability to discuss and explain procedures for non-attendance at a counselling session and the number of sessions where the service provider stipulates a maximum amount

7.3.8 Ability to explain a clear, understandable and transparent complaints procedure

7.3.9 Knowledge that it is good practice to have a written contract with the child or young person and/or parents/carers

7.3.10 Knowledge of ethical good practice to maintain accurate records of the counselling process

7.3.11 Knowledge of GDPR regarding the storage of records and who and when they can be accessed

7.3.12 Ability to explain clearly to the child or young person how long the records will be kept and when they can be accessed.

7.4 The therapeutic alliance and therapeutic goals

All counsellors must have the skills to create a therapeutic alliance through attention-giving, observing, listening and responding.

7.4.1 Ability to encourage the child or young person to express and discuss their views on counselling and their participation

7.4.2 Awareness of the potential power imbalance between the counsellor and the child or young person. Ability to promote equality in the relationship by following a collaborative approach

7.4.3 Ability to use language that is appropriate for the developmental stage of the child or young person

7.4.4 Ability to allow the child to express themselves without correcting their language

7.4.5 Knowledge of non verbal communication and whether it is appropriate for the developmental stage of the child or young person

7.4.6 Ability to help the child or young person express their wishes, needs, behaviours and goals associated with feelings and emotions

7.4.7 Knowledge of creative interventions that can be used to enable the child or young person to express themselves
7.4.8 Ability to use humour, metaphor and popular culture to build a rapport and relationship with the child or young person. Encourage the child or young person to express emotions in frameworks that are familiar to them.

7.4.9 Ability to understand the child or young person’s interpretation of the world they live in and their frame of reference.

7.4.10 Ability to “hold” the emotions of the child or young person and to work with them to identify ways to manage strong emotions which can be overpowering the process of change.

7.4.11 Ability to agree achievable goals with the child or young person and to review and renegotiate these goals as the counselling progresses.

7.5 **Therapeutic models, approaches and skills**

All counsellors will have a clear understanding of humanistic counselling and the models and interventions that can be used in practice. Counsellors are also bound by the overarching code of ethics of the NCS.

7.5.1 Ability to encourage the child or young person to express and understand their emotions.

7.5.2 Ability to work with the child or young person to reflect on their emotions.

7.5.3 Ability to help the child or young person understand the connection between emotional responses and external situation and/or past events.

7.5.4 Ability to maintain a child-centred framework throughout counselling.

7.5.5 Ability to use creative interventions where appropriate.

7.6 **Engagement and communication**

A counsellor must have the ability to engage and communicate not only with the child/young person but also with their systemic world in order to offer the maximum support:

7.6.1 Ability to engage with all family members in a non-judgmental way and to value each person’s opinions and perspective.

7.6.2 Ability to clearly explain to the child/young person and family the purpose of the meeting and the boundaries of information sharing.

7.6.3 Ability to explain confidentiality and when information may be shared with other agencies or services.
7.6.4 Ability to pace the meeting to the capability of the group and to clearly explain and summarise information

7.6.5 Ability to tailor language to suit the developmental age of the child or young person.

7.6.6 Endeavour to remove or minimise any barrier to participation eg language, physical barriers due to disability, location, timetabling

7.6.7 When there is a language barrier, the ability to engage and work via an interpreter

7.6.8 Ability to create an environment where all participants feel able to ask questions

7.6.9 Ability to explain the counselling process and to remove any stigma about attending counselling.

7.7 Background, culture and diversity

To work in a cultural competent manner a therapist must recognise their own culture and how it influences their relationship with the child or young person, then understand and respond to the culture that is different from their own.

7.7.1 Knowledge of the potential significance for the therapeutic process of differences in background and culture, including:

- Ethnicity
- Culture
- Gender and gender identity
- Religion/belief
- Sexual orientation
- Socio-economic deprivation
- Class
- Age
- Disability
- Family configuration e.g., divorce, step-parent, adoption.

7.7.2 Knowledge that the impact of culture and diversity is individualised for each child or young person

7.7.3 Knowledge that it is stigmatising and discriminatory views that are problematic and not the diversity itself

7.7.4 Ability to value all children and young people equally whilst being aware of discriminatory attitudes in themselves and others
7.7.5 Knowledge of social, economic and cultural factors that may restrict access to services, including language, mistrust of statutory services, stigma surrounding mental health, socio-economic status and disability

7.7.6 Knowledge of the impact of socio-economic circumstances on development and mental health in children, young people and parents/carers

7.7.7 Ability to gain knowledge of culture and beliefs of a specific socio-economic group if members of the group are regularly seen within the service

7.7.8 Ability to work collaboratively with the child/young person and their parents/carers to gain an understanding of their culture and belief systems

7.7.9 Ability to work in a manner that is culturally sensitive, relevant and consistent

7.7.10 Ability to support the client when their life experience "straddles" different cultures

7.7.11 Ability to adapt interventions when there is evidence that a given community responds poorly to a particular intervention

7.7.12 Ability to adapt communication when require by the child or young person eg language barrier, disability (see Section 7)

7.7.13 Knowledge of how to work competently with different forms of communication and how to work effectively for the child or young person when using an interpreter

7.7.14 Knowledge of how to develop the service delivery to minimise inequality of access

7.7.15 Ability to take into account a child or young person’s culture and socio-economic background when interpreting the results from standardised measurement and assessment tools.

7.8 Counselling with the context of adoption

7.8.1 Knowledge of the Adoption and Children’s Act 2002 and the 2010 amendments:

- An individual counsellor who provides counselling support under contract with an Adoption Support Service does not need to register with Ofsted
- An individual counsellor wishing to provide adoption related counselling in private practice must register with Ofsted
- Individual counsellors who are part of a partnership must register even where they only provide services to a local authority or registered adoption support agency.
7.8.2 Knowledge that a counsellor does not to be registered as an Adoption Support Agency if the child or young person is adopted but the primary concern and presenting issues are not related to adoption.

7.8.3 Knowledge that if adoption related issues emerge after the therapeutic relationship has been established but are not the primary focus of the counselling then registration is not needed.

7.8.4 Knowledge that if the primary concern of counselling is or becomes about adoption related issues then the counsellor must make it clear to the child or young person of their right to access Adoption Support Services.

7.8.5 Ability to seek advice from a practitioner registered to provide Adoption Support Services.

### 7.9 Endings and service transition

7.9.1 Knowledge of national and local guidance on the assessment of risk for a child or young person when ending the therapeutic process in relation to: child protection, risk assessment and management, consent, confidentiality and information sharing.

#### Planned endings

7.9.2 Ability to discuss endings from the start of therapy. In particular where the number of sessions is prescribed by the service provider eg a school offering a maximum of six sessions per child.

7.9.3 Ability to assess any risks for the child or young person during or after the therapeutic relationship.

7.9.4 Ability to engage with the child or young person’s feelings and emotions regarding the ending and to manage any disappointment with the number of sessions offered and any anxiety about managing without the counsellor’s ongoing support.

7.9.5 Knowledge of the impact that past negative endings can have on the child or young person’s reaction to the ending of the therapeutic relationship.

7.9.6 Ability to work with the child or young person to explore the process - to celebrate breakthroughs and to reflect on more painful material that may have emerged during the therapeutic relationship.

7.9.7 Ability to work with the child or young person to develop strategies for self-support after the counselling has ended. Knowledge of self-help material.
Section 7. **Specific competencies for counselling children and young people**

7.9.8 Ability to prepare the child or young person for the transition to another service

7.9.9 Knowledge of local services that the child or young person can access/be referred to at the end of the current counselling contract eg CAMHS, school pastoral team, adult mental health, support offered by local and national charities.

**Unplanned endings**

7.9.10 Where the setting allows, an ability to discuss with the child or young person and their parents/carers (when appropriate) the reasons for deciding to end the counselling earlier than planned

7.9.11 Ability to ascertain whether the decision to end early was solely the decision of the child or young person or whether they were influenced by others

7.9.12 Ability to discuss with the child or young person the reasons for leaving counselling early and to see if any of the barriers and concerns can be removed

7.9.13 Ability to ascertain if leaving counselling early poses any increased risk to the child or young person and to follow national and local risk protocols if deemed necessary

7.9.14 Where the child or young person was not self-referred, knowledge of how and when to contact the person who made the referral

7.10 **Working with groups**

Counsellors are often asked, especially in a school setting, to facilitate group interventions to assist with issues such as anger management or anxiety. Therefore it is important that counsellors working with children and young people have the skills and training to work in group settings.

7.10.1 Knowledge of models for group interventions and the ability to match the intervention to the needs of the group

7.10.2 Knowledge of the target group and the main presenting issue that is being addressed

7.10.3 Ability to assess the demand for the group and to plan accordingly eg room size, number of facilitators

7.10.4 Ability to promote the group and encourage engagement by the target group

7.10.5 Knowledge of any barriers to participation and the ability to adjust to endeavour to minimise/overcome these barriers

7.10.6 Ability to plan and structure the group
7.10.7 Knowledge of group process in order to maintain the safety of the group. Ability to explain and explore group process with the children and young people

7.10.8 Ability to respond effectively to distractions and dangers for the group eg formation of sub-groups, regular non-attendance by a delegate

7.10.9 Ability to end the group safely and to put in place follow-up actions if needed

7.10.10 Ability to reflect on the group process and the knowledge to make changes when needed.

**7.11 Supervision**

Supervision plays a key role in counselling children and young people. The supervision process offers the counsellor experiential learning and development and provides a layer of protection for the client.

7.11.1 Ability to confirm that the supervisor is suitably skilled with specialist knowledge of counselling children and young people

7.11.2 Ability to be honest with the supervisor about current competence

7.11.3 Ability to discuss with the supervisor when you have concerns about competency regarding an aspect of the therapeutic process and to recognise personal limitations in order to protect the welfare of the client and oneself

7.11.4 Ability to work with the supervisor to develop skills and understanding and to follow the guidance of the supervisor

7.11.5 Ability to reflect on the supervision process, one’s learning and your own psychological responses to the issues being presented by the child or young person

7.11.6 Ability to acknowledge when supervision does not meet the quality expected eg supervisor’s guidance is not meeting ethical standards or the supervisor’s knowledge is not suitable for the current client group.

**REFERENCES, SUGGESTED FURTHER READING AND RESOURCES:**

- Good Practice Guidance - working with Children and Young People: National Counselling Society
- DH (Department of Health) (2013) Information: To Share or not to Share
- Working together to Safeguard Children: Department for Education, 2018
Competencies for CYP Counselling

Section 7. **Specific competencies for counselling children and young people**

**Corum Children's Legal Centre. Offering children confidentiality: Law and guidance**
**NSPCC Learning - Child protection and safeguarding information, advice and research**
Kirkbride R, 2016, Counselling Children and Young People in Private Practice. KARNA
Bond T, 2016, Standards and Ethics for Counselling in Action. London: SAGE. Chapter 15
Introduction to adoption support agencies: Ofsted, 2015
The Adoption and Children Act: UK Government, 2002

**Suggested MindED Sessions:**

401-0011 Capacity and Consent
412-002 Key Differences Between Counselling Adults and Children
413-022 Confidentiality, Consent, Capacity and Ethics
410-053 Legal and Ethical Framework
401-0012 Confidentiality
412-023 Contracting
412-016 Record Keeping, Data Protection and Access to Records
412-017 Cultural Competence in Counselling
Children and young people with SEND may need counselling approaches to be adapted to be appropriate for them. The way they communicate about anxieties, worries and distress can be different and therefore requires different approaches in order to understand and respond. Some children and young people with SEND, such as those with autism, may struggle with therapeutic interventions that traditionally require reflection and self-knowledge, so interventions may need to be adapted to take this into account. Counsellors may need training and support to make these adaptations to the counselling they deliver.

The issues children with SEND may need support with may arise as a direct consequence of their learning difficulty or disability. Counsellors need to be confident at dealing with the wide range of challenges children and young people face because of their specific needs. Counsellors also need to be aware that children and young people with SEND may present with challenging behaviour, but the underlying cause of this behaviour may be mental health issues, so counselling rather than behaviour management may be more appropriate.

Good practice in supporting pupils with complex needs is to ensure that parents/carers are aware of, and involved in, decisions on packages of support. Professionals working therapeutically with children and young people with complex needs should consider how to balance confidentiality with the benefits of engaging parents/carers, seeking permission where necessary from children and young people to share relevant information with their parents/carers.

8.1 Capacity and informed consent

8.1.1 An awareness that the nature of the child’s SEND may impact their ability to give informed consent and that this may not be typically age-appropriate

8.1.2 Ability to communicate effectively with the child, parents and education professionals (SENDCo) to assess capacity

8.1.3 Ability to present information to the child in a way that they can engage with and understand, irrespective of difficulty
8.1.4 An awareness that a young person with identified SEND will continue to be supported by the local SEND services until the age of 25 and the transition from children’s to adult services may vary between authorities. The counsellor should familiarise themselves with the Local Offer in order to support this transition which is usually planned from the age of 14.

8.2 Parental rights and responsibilities

8.2.1 An ability to communicate effectively with parents to better understand the child’s SEND

8.2.2 An awareness of the need to balance client confidentiality with disclosure to parents where safeguarding takes priority, and an understanding that this may be different for children with specific SEND

8.2.3 Knowledge of Gillick competence and its application to children and young people with SEND.

8.3 Participation

8.3.1 An awareness that the specific SEND relating to the child could present barriers to participation which need to be considered and overcome

8.3.2 Ability to work with parents, education staff and health professionals to identify and overcome these barriers where possible

8.3.3 Ability to adapt working practices where necessary

8.3.4 An ability to use language and resources appropriate to stage of development rather than chronological age

8.3.5 Ability to adapt the physical environment to the needs of the child (eg providing a low-stimulatory environment for those with sensory needs relating to hyper-arousal)

8.3.6 An ability to reflect and review participation throughout the process and recognise when the advice of other professionals and/or parents should be sought

8.3.7 An ability to signpost to, and liaise with, other professionals and outside agencies to support the specific area of need

8.3.8 An awareness of the four main categories of SEND: cognition and learning, sensory and/or physical needs, communication and interaction, social, emotional and mental health.

8.4 Child protection and mandatory reporting

8.4.1 Knowledge that children with SEND can be particularly vulnerable to abuse and neglect
8.4.2 If working in schools, a counsellor must have read ‘Keeping Children Safe in Education Part 1, 2020’. KCSIE is updated annually and counsellors should read each update on release
8.4.3 Knowledge of Early Help systems in their local area for vulnerable children and families
8.4.4 Ability to be able to signpost to relevant agencies for Early Help support.

8.5 Mental health
8.5.1 Knowledge that social, emotional and mental health (SEMH) is a category of SEND and that where this is stated on an EHCP or SEND plan, formal or informal contributions to termly or annual reviews may be required
8.5.2 Ability to assess any improvement or deterioration in mental health and communicate this information to parents/carers and professionals as appropriate
8.5.3 An ability to provide written contributions to requests for statutory assessment or to annual review meetings.

8.6 Education
8.6.1 Ability to communicate effectively with education providers involved in the child’s care in order to have a coordinated approach to meeting their needs
8.6.2 Knowledge of the School SEND offer and its implications for own practice
8.6.3 Knowledge of the graduated approach to SEND (SEND Code of Practice, 2015)
8.6.4 Knowledge of the ‘assess, plan, do, review cycle’ and an ability to participate at all stages.

8.7 Data protection and access to information
8.7.1 Knowledge that language and means of communicating GDPR rights may need to be adapted according to the cognitive development of the child.
REFERENCES, SUGGESTED FURTHER READING AND RESOURCES:

Special educational needs and disability code of practice: 0 to 25 years - statutory guidance for organisations which work with and support children and young people who have special educational needs and disabilities: Department for Education, 2015

Counselling in schools: a blueprint for the future - Departmental advice for school leaders and counsellors. Department for Education 2016

Equality Act: UK Government, 2010

Keeping children safe in education - statutory guidance for schools and colleges: Department for Education, 2020

Suggested MindED Sessions:

411-011 Introduction to special educational needs

411-012 Presentation and assessment of children with special educational needs
9. Risk assessment and child protection

Comprehensive statutory guidance now exists across the UK to help and support professionals working with children to promote their welfare and protect them from harm. There is an extensive child protection and safeguarding agenda operating across all four nations. Whilst each country of the UK has its own country specific legislation and guidance relating to safeguarding and child protection there is a principle that exists UK wide which is that all adults share responsibility for protecting children.

Therapists who work in local authorities, health services, and any other agencies or services regulated by child protection legislation have a duty to comply with child protection procedures.

Therapists who work in private practice, and often by definition have less professional support and guidance around them, should make themselves familiar with the national and local safeguarding and child protection provisions, and practise according to these.

All therapists working with children and young people must have Level 1 safeguarding training. It is viewed as good practice to develop knowledge by achieving Level 2 safeguarding training.

For the counsellor to be effective in child protection it is imperative that they have the ability to integrate all the skills in this framework into their practice. No competency is a stand-alone skill.

9.1 Legal considerations, policies and procedures

9.1.1 Knowledge of the national child protection laws and standards and an understanding of when to take appropriate actions

9.1.2 Knowledge of national and local child protection policies and procedure

9.1.3 Knowledge of local and organisational protocols regarding information sharing. An ability to assess the confidentiality of the child or young person against the reporting protocols
9.1.4 Knowledge of the statutory responsibilities of all adults to keep children and young people safe from harm. An ability to draw upon information in different settings (e.g., parent/carer, teacher, support worker).

9.1.5 An ability to continually assess one’s own knowledge and to ensure that it is up to date with any changes or amendments to any laws, policies or procedures regarding child protection and child welfare.

9.2 Risk assessment

9.2.1 An ability to draw upon the principles of child protection and the legal and ethical requirements.

9.2.2 Knowledge of the benefits of early intervention and the use of preventative and therapeutic interventions. “Providing early help is more effective in promoting the welfare of children than reacting later.”

9.2.3 An ability to maintain a child-centred approach, maintaining the needs and welfare of the child or young person as the primary focus whilst working collaboratively with parents/carers.

9.2.4 An ability to tailor risk assessments to the needs and particular circumstances of the child/young person and their family. To ensure that a generic tick box risk assessment is not used.

9.2.5 Knowledge that risk assessment is a continual process and should be regularly reviewed.

9.2.6 An ability to consider the child/young person’s development needs and the parents’/caregivers’ ability to meet these needs. All assessments need to be age appropriate.

9.2.7 An ability to draw upon knowledge of child development and the interactions of family and the influence of external factors.

9.3 Ability to recognise possible signs of abuse and neglect

9.3.1 An understanding of the concept of significant harm and the threshold that must be met to justify intervention in the best interests of the child.

9.3.2 Knowledge that significant harm can be a one-off incident, a number of minor incidents, an accumulation of concerns or a combination of all of these.

9.3.3 An understanding of the areas in which abuse and neglect can manifest e.g., physical abuse, emotional abuse, sexual abuse, neglect, delayed development, gang exploitation (NSPCC - Types of abuse).

9.3.4 An ability to recognise signs of possible abuse and neglect.
9.3.5 An ability to recognise that children and young people display signs of abuse in different ways

9.3.6 An ability to recognise family, social and contextual risk factors which may put the child or young person at risk of abuse or neglect

9.3.7 An ability to maintain a chronology of events that have given rise to concerns and the knowledge of when and with whom to share these concerns.

9.4 Actions when the need for child protection has been identified

9.4.1 Ability to ensure that all actions are within the framework of the law

9.4.2 Ability to ensure national, local and organisational procedures and protocols are followed

9.4.3 Ability to work collaboratively with children and young people and their families where possible

9.4.4 Ability to maintain records and to present information highlighting concerns for the welfare of the child or young person

9.4.5 Knowledge of when to report concerns (thresholds) and the correct agency/person to share these concerns with. Awareness of how to refer to the local Multi-Agency Safeguarding Hub

9.4.6 Ability to communicate clearly with the child or young person the reasons for reporting concerns and the skill to support the child or young person with this process. The child or young person can often express anger as they may view reporting as a break in the confidentiality agreement

9.4.7 Ability to work with and contribute to a multi-agency approach to child protection

9.4.8 Knowledge of the multi-agency approach and the roles and responsibilities of its members

9.4.9 An ability to maintain support for the child or young person where appropriate and to support the family if appropriate.

9.5 Support and supervision

9.5.1 It is important that the counsellor practises self care throughout the process and seeks the support of supervisors and peers

9.5.2 The counsellor must be aware of the limits of their knowledge and seek immediate support and guidance if in any doubt about the actions which need to be taken to look after the welfare of the child or young person

9.5.3 Ability to assess and confirm that the supervisor is sufficiently qualified and experienced to supervise the work with children and young people.
REFERENCES, SUGGESTED FURTHER READING AND RESOURCES:

Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children
Good Practice Guidance - Working with Children and Young People, National Counselling Society
Co-operating to Safeguard Children and Young People in Northern Ireland; Department of Health, NI; 2017
NSPCC: Child Protection System in the UK
Department for Education (2015) What to do if you’re worried a child is being abused: advice for practitioners
NSPCC (2013): No-one noticed, no-one heard
NSPCC: Types of Abuse
Department for Education (2020) Keeping children safe in education
Mitchels B and Bond T, 2014, Confidentiality and Record Keeping in Counselling and Psychotherapy. London: SAGE. Chapter Three
Corum Children’s Legal Centre

Suggested MindED Sessions:
412-024 Risk Assessment
410-054 Safeguarding
413-029 Assessing and Managing Risk
If counselling is to be valued and succeed as a profession, it must be able to demonstrate its effectiveness. Clients, potential clients, commissioners and the general public must have faith and trust in the intervention, and believe that investment in it - whether that is time or money or both - will have tangible benefits.

Knowing if a counselling intervention is effective or not is fundamental when delivering services – and so to work ethically counsellors must evaluate their work. Using measurement tools in therapy is one way to do this.

Counsellors need to be aware of the current tools available and possess the knowledge of how and when to use the measurement tools.

10.1 Knowledge of the types of measures that counsellors can use with children and young people

10.1.1 Measures used in outcome evaluation that are sensitive to therapeutic change and focus on a particular area of a young person’s functioning like their feelings or behaviours; for example, YP Core, Goodman’s Strengths and Difficulties Questionnaire (SDQ)

10.1.2 Measures used to evaluate the client’s experience of therapy, and cover aspects that they find helpful and unhelpful within the counselling session; for example, Child Outcome Rating Scale (CORS), Outcome Rating Scale (ORS)

10.1.3 Measures used to assess particular clinical symptoms; for example, Revised Children’s Anxiety and Depression Scale (RCADS) to measure symptoms of depression and anxiety

10.1.4 Service satisfaction questionnaires to evaluate how clients experienced the whole of the service offered, including the physical environment; for example, Experience of Service Questionnaire (ESQ).

10.2 Knowledge of the correct measurement to use to fulfil the purpose

10.2.1 Ability to match the purpose of the measurement with the correct tool

10.2.2 Ability to assess if the measurement is needed from different perspectives (e.g., the child’s, parent’s, teacher’s and therapist’s view)

10.2.3 Ability to assess the need to assess the client’s functioning in different environments such as home and school and in respect of which type of symptoms, for example their feelings or behaviours.
Section 10. Evaluation and measured outcomes

10.3 Knowledge of the application of the measures

10.3.1 Knowledge of the procedure for administering, scoring and interpreting the measures

10.3.2 Ability to assess if training or a qualification is needed to administer a particular measurement too

10.3.3 Knowledge of the confidentially regarding the results of the measure and how the results should be shared

10.3.4 Ability to assess if a child or young person needs assistance in completing the measurement and ability to assess the level of assistance, to ensure that it does not become counsellor-led

10.3.5 Ability to assess the child or young person’s attitude to the measurement and their behaviour whilst completing the questions. The knowledge of how these attitudes and behaviour could impact on the results

10.3.6 Knowledge that a variety of measurement tools/perspectives need to be used to fully assess the complexities of the child or young person’s functioning.

10.4 Knowledge of the use of diaries and frequency charts

10.4.1 Ability to facilitate the use of systematic recording by the client to help identify the function of a specific behaviour, what leads up to the behaviour and what happens afterwards. The ability to identify triggers for the behaviour pattern

10.4.2 Ability to facilitate and explain the use of behaviour diaries and frequency charts to parents/carers

10.4.3 Knowledge of when to use a graduated approach for the information recording. The use of a simple recording system which is made more complex over time as the users become accustomed to its use

10.4.4 Ability to review the diaries/frequency charts with the child or young person and the parents/carers

10.4.5 Knowledge of how to extrapolate useful information from the systematic recordings (e.g., frequency of behaviour, triggers, levels of distress).

10.5 Knowledge of the use of star charts

10.5.1 Ability to design star charts which reinforce positive behaviour and how the charts can draw a child’s attention to desired behaviours

10.5.2 Ability to explain the use of star charts and to review the results with children/young people and parents/carers.
REFERENCES, SUGGESTED FURTHER READING AND RESOURCES:

Working with Children and Young People - Good Practice Guidance, National Counselling Society


Rupani P, Cooper M and McArthur K, A study of client goals and goal achievement within school-based counselling, in BPS Division of Counselling Psychology Annual Conference 2012: Leicester


Suggested MindED Sessions:

412-025 Using Outcome Measures
412-026 Using Process Measures
412-043 Concluding Counselling
412-003 Counselling Children and Young People: A Client Study
410-066 Monitoring Change: Important for Client and Professional
11. Working within schools

Good practice guidance states that counsellors working in schools are required to have specific skills and knowledge. Careful planning and preparation is necessary to establish and maintain effective counselling in individual schools. Schools are busy communities and usually operate at a fast pace. They have their own systems, structures, policies and procedures, with their core business being the teaching and learning of pupils.

Often, the most straightforward aspect of school counselling is the clinical work with the young client within the counselling room. What can be more problematic for the counsellor is being able to provide their service within the context of school life – understanding the systems, being knowledgeable about the setting, and integrating their practice in a way that enhances the school experience for pupils and staff.

11.1 Partnership working

11.1.1 Knowledge that effective partnership when working in a school relies upon counsellors understanding the unique culture of the school and its ethos

11.1.2 Knowledge of, and an ability to align the counselling service to the philosophy and aims of the school including:

- The ethos, culture and values of the school and how this relates to counselling
- The Governance and organisational structure of the school
- The staffing structure and an understanding of the differing roles, responsibilities and hierarchies of teaching/support staff
- Knowledge of and abidance by school policies and procedures (eg safeguarding, child protection, confidentiality)
- Knowledge that the duty of care to children and young people ultimately lies with school. Counsellors have a responsibility to communicate with school managers where issues of risk and safeguarding arise
- Knowledge of rewards and discipline policies (eg attendance, behaviour management, uniform, exclusion)
- Assessment systems used by the school (eg statutory tests, examinations)
The ways in which students are grouped (e.g., year groups, tutor groups) and key transition stages (e.g., early years, primary, secondary, sixth form, college)

Process of external inspections (e.g., Ofsted, ISI, Estyn, HMI, ETI) and the impact they have on the school community.

11.2 School’s pastoral care systems

11.2.1 Detailed knowledge of the pastoral care system and pastoral care team

11.2.2 Knowledge of the impact the school context and pastoral systems will have on the counselling service including:

- Access and referral to the service
- The management of client confidentiality
- The scheduling of appointments
- The physical environment in which counselling takes place
- The level of privacy provided by the service, i.e., that teachers and peers may be aware a pupil is attending counselling
- The client’s understanding of the purpose of counselling
- Client autonomy.

11.3 Impact upon other school systems

11.3.1 Knowledge of the ways that a counselling service can impact upon other school systems:

- Increasing the levels of emotional literacy
- Promoting talking about problems as a way of resolving them
- Promoting greater awareness of mental health issues
- Reducing the stigma associated with psychological problems
- Promoting a more holistic view of pupil development and well-being
- Supporting staff development.
11.4 Communication across the school context

11.4.1 Ability to communicate effectively, both orally and in writing, with a number of different stakeholder groups (including school management, school staff, other professionals, children and young people, parents/carers, and school governors) in order to:

- Clarify the role of school-based counselling services
- Describe the potential benefits of school-based counselling
- Explain the codes of practice that apply to counselling
- Publicise and encourage pupils to make use of services
- Explain how a service operates and how to access it
- Give clarity, and describe levels and limits of confidentiality and information sharing. Knowledge of the principles of confidentiality and consent in order to manage the tension between the need to share information and the need for client confidentiality.

11.4.2 Ability to report, both written and oral, to school management/pastoral team any general trends observed by the counselling team (e.g., increased self-harm, anxiety)

11.4.3 Ability to manage out-of-session contact with clients around the school campus.

11.5 Working collaboratively across the school context

11.5.1 Ability to work collaboratively with school management to establish a clear understanding of the purpose of counselling, its codes of practice and role within the school

11.5.2 Ability to establish a ‘link person’, usually a member of the senior management team, to provide support and liaison with the counselling service

11.5.3 Ability to work closely with ‘link person’/school to develop processes and protocols for:

- Referral
- Managing waiting lists
- The positioning of the counselling room
- Missed appointments
- Out of hours provision (including any safeguarding issues that arise outside of school).

11.5.4 Ability to work with professionals from services and agencies external to the school (See Section 12)

11.5.5 Ability to liaise with the ‘link person’ as to which data to include in any end of term and/or annual report prepared by the counsellor
11.5.6 Ability to use a variety of forms of systematic feedback to evaluate and develop the counselling service

11.5.7 Ability to be pro-active and plan with clients how they can access help during school holidays should they need it.

11.6 Promoting emotional health in schools

11.6.1 Ability to work collaboratively with the senior management team/pastoral team to devise and implement a programme of social and emotional learning

11.6.2 Ability to understand the constraints to implementation eg time, staff commitments, support from senior management team, school ethos

11.6.3 Ability to explain the rationale and potential benefits of emotional health promotion to educational staff, support staff, pupils and their families

11.6.4 Ability to integrate social and emotional learning within existing programmes and structures

11.6.5 Knowledge of school-based emotional health promotion programmes, their evidence base and the likely benefits and limitations of different delivery methods

11.6.6 Knowledge of the age-appropriateness of each programme and the ability to ensure the correct programme is used (e.g., age of children/young people, levels of ability, primary target of the intervention).

11.7 Implementation of Prevent programmes

11.7.1 Knowledge of the Prevent Duty

11.7.2 Knowledge of the systems in place at the school to adhere to the Prevent Duty

11.7.3 Knowledge of the reporting structures should a concern arise

11.7.4 Ability to advise on the development and implementation of a Prevent Programme and to ensure the programme is age-appropriate

11.7.5 Ability to advise on how to deal with challenges to the programme should they arise (e.g., students not engaging with the programme, challenging behaviour from a student, timetabling)

11.7.6 Ability to advise on the importance of evaluation of the programme (pre/post implementation)

11.7.7 Ability to provide verbal and written feedback to the school faculty on the effectiveness of the programme should it be requested.
REFERENCES, SUGGESTED FURTHER READING AND RESOURCES:

- *Working with Children and Young People - Good Practice Guidance*, National Counselling Society
- *School and community-based counselling operating toolkit*, Welsh Government, revised 2020
- *Mental health and behaviour in schools: Department for Education*, 2018

**Suggested MindED Sessions:**

- 412 – 004 *Counselling in Schools*
- 412 - 006 *Counselling in Secondary Schools*
- 412 – 003 *Counselling Children and Young People: A Client Study*
- 412 – 005 *Counselling in Primary Schools*
12. Working within the voluntary and community context

The voluntary sector plays a significant role in the provision of mental health care to children and young people. Some young people accessing third sector services have disengaged from statutory services and have significant mental health difficulties as well as a range of other needs.

When working in third sector settings, counsellors need to understand the organisation’s governance and management structures, as well as its policies and procedures. Knowledge of referral protocols and any limitations on the delivery of therapy is important, as is working collaboratively with colleagues across the organisation.

12.1 Knowledge of the organisational structure

12.1.1 To be most effective, counsellors working in a third sector context, will need to be able to draw on knowledge of the organisation’s governance and management structures, including its:

- Values, principles, mission and purpose
- Principal funders
- Strategic and business plans
- Trustees and their legal and financial responsibilities
- Management/organisational structure.

12.1.2 The counsellor must ensure that the organisation’s ethos and policies do not conflict with the NCS’s code of ethical working and practice.

12.2 Knowledge of the operational context

12.2.1 Counsellors will also need to understand, and work within, the organisation’s operational context, including:

- Children and young people’s referral routes into the service
- Cross-referral protocols with other agencies
- Any limits to the counselling relationship or the scope of work undertaken as a consequence of the operational context
- Alternative appropriate services and interventions that may be relevant to the young person’s identified needs.
12.3 Knowledge and implementation of policies and procedures

12.3.1 Counsellors in the third sector will need to draw on knowledge of the organisation’s policies and procedures, and have the capacity to put these into practice, including:

- Staff policies
- Policies governing the delivery of the counselling service, such as confidentiality and management of personal data, child protection and safeguarding
- Policies for monitoring, reviewing and evaluating the services offered by the organisation
- Systems for collecting and responding to service user feedback
- The distinction between, and different functions of, line management and clinical supervision.

12.3.2 An ability to complete statistical and other records identified by the organisation as part of its audit and governance structure

12.4 Collaborative working

12.4.1 An ability to collaborate with others within the organisation and often with those external to the service. An ability to:

- Understand the roles, responsibilities and expertise of other staff members within the organisation
- Understand the roles, responsibilities and expertise of professionals they come into contact with who are external to the service (such as specialists within statutory mental health teams)
- Contribute to professional meetings, and professional development training events.

REFERENCES, SUGGESTED FURTHER READING AND RESOURCES:

- Working with Children and Young People - Good Practice Guidance, National Counselling Society
- Voluntary and community sector (VCS) counselling provision for children, young people and young adults in England: BACP 2013

Suggested MindED Sessions:

- 412 – 008 Counselling in the Community
- 412 – 010 Counselling and other Services
13. Working within and across other agencies

A decision to work across agencies should be founded on the basis that the collaboration and ensuing work will benefit the welfare of the young person.

13.1 Involvement of other agencies and services

13.1.1 Ability to determine when counselling may not be appropriate for the child or young person. For instance:

- A counsellor may undertake an initial assessment of a client and consider that counselling is not suitable at this stage. For example, the client has been ‘sent’ for counselling and does not want to attend
- A counsellor recognises that an individual case is complex and outside of their competence, and realises, often in supervision, that their continuing involvement with the client is no longer appropriate
- A client may not be responding to a counselling intervention, showing no sign of improvement
- The case is related to issues about the client’s adoption, and the counsellor is not registered for this work.

13.1.2 Ability to determine when other interventions could supplement counselling e.g., simultaneous referral to a drug and alcohol worker

13.1.3 Ability to collaborate with agencies and services already involved with the child or young person prior to the referral to a counsellor

13.1.4 Knowledge of the benefits of early intervention and of communicating with other agencies at an early stage, before problems have escalated

13.1.5 Knowledge that, wherever possible, onward referral should be discussed with the child/young person (and if appropriate their families).
13.2 Knowledge of other agencies

13.2.1 Ability to draw on knowledge about what services are available in their locality and their geographic location

13.2.2 Knowledge of the referral protocols to access the service

13.2.3 Knowledge of the service provider’s policies and procedures relating to confidentiality and information sharing

13.2.4 Knowledge of the interventions offered by the service provider

13.2.5 Information regarding the contact details of key staff

13.2.6 Knowledge of the roles and responsibilities of the staff that the child/young person or their families may have contact with

13.2.7 Knowledge of any financial payment or donation that may be expected (for non-statutory services)

13.2.8 Knowledge of the procedures and protocols for raising concerns when the child or young person is at risk of harm to themselves, at risk of harm to others or at risk of harm by others

13.2.9 Knowledge of common assessment procedures eg Integrated Assessment Framework, Local Assessment Processes

13.2.10 Knowledge of common recording procedures across agencies and service providers eg shared IT systems/databases.

13.3 Knowledge of roles, responsibilities and communication for effective inter-agency working

13.3.1 Ability to define clear areas of responsibility in relation to the child or young person e.g., assessment, planning of work, ongoing monitoring and review

13.3.2 Ability to communicate effectively with other professionals and agencies and provide written and oral reports and feedback

13.3.3 Ability to contribute in inter-agency meetings and to negotiate aims, objectives and processes

13.3.4 Ability to explain the counselling approach being used and the assumptions/observations of the client that suggest this approach/intervention

13.3.5 Ability to understand and navigate any conflicts of interest which may arise.
13.4 **Information sharing**

13.4.1 Knowledge of the principle that information sharing must be necessary, proportionate, relevant, accurate, timely and secure

13.4.2 Ability to judge the risks and benefits of sharing or not sharing information and the ability to evaluate this on a case-by-case basis

13.4.3 Ability to seek advice if in doubt about sharing information

13.4.4 Ability to seek the consent of the child/young person if they possess the capacity for consent

13.4.5 Knowledge of when it is appropriate to share information without the child/young person’s consent

13.4.6 Ability to maintain contemporaneous notes of information sharing to include child/young person’s consent, reason for sharing information and with whom it was shared

13.4.7 Ability to assess when a request for the sharing of information should be refused.

13.5 **Knowledge of local policies and relevant legislation**

13.5.1 Knowledge of the organisation’s policies on confidentiality and information sharing both internally and between agencies

13.5.2 Knowledge of national and local child protection standards, legislation, policies and protocols

13.5.3 Knowledge of national and local policies and procedures for the assessment and management of risk

13.5.4 Knowledge of local and organisational procedures for when a client fails to attend an appointment.
REFERENCES, SUGGESTED FURTHER READING AND RESOURCES:

* Working with Children and Young People - Good Practice Guidance, National Counselling Society
* Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children: HM Government, 2018
* Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers: Department for Education: 2018
* Working together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children: Department for Children, Schools and Families: 2018
* Getting it Right for Every Child: The Scottish Government: 2017

**Suggested MindED Sessions:**

412-011 Counselling and Specialist CAMHS
410-002 People Working in Child Mental Health
413-024 Working Across Organisations
14. Counselling children and young people in private practice

There are a number of differences between counselling in private practice and in counselling in a school or organisation. One of the key differences is the level of interaction with the parents/carers. In schools the referral generally comes via the school staff or a self-referral and the counselling process can be undertaken with little or no involvement of the parents/carers. In private practice the referral, in most cases, comes from the parents/carers and their support is needed to proceed with counselling.

14.1 Engagement and communication

14.1.1 Ability to explain the purpose and process of counselling to the child or young person in a manner appropriate for their age and developmental stage

14.1.2 Ability to agree with the child or young person how to manage out of session contact in the local area i.e., does the client wish to be acknowledged or not

14.1.3 Ability to agree with the child/young person and/or parents/carer’s methods of communication e.g., appointments, cancellations

14.1.4 Ability to explain policy on social media contact e.g., not accepting a friend request on social media from the child/young person or the parents/carers

14.1.5 Ability to engage with parent/carer prior to first session. Information to be communicated (written and/or oral) will include:

- Length of session
- Drop off and collection times and procedures
- Payment details
- Non-attendance
- Confidentiality and the counselling process.

14.1.6 Ability to clearly explain to the parents/carers the requirement for confidentiality and how and when information can be shared

14.1.7 Ability to explain the therapeutic process to parents/carers and actions they can take to help the process e.g., it may not be appropriate to question the child/young person about the session when they are collected, sharing information on healthy coping strategies
14.1.8 **Ability to build a supportive relationship with the parents/carers whilst ensuring that the child or young person and the therapeutic relationship remain at the core of the process**

14.1.9 **Ability to include parents/carers in reviews when appropriate.**

14.2 **Child protection and safeguarding**

14.2.1 **In private practice counsellors are not covered by statutory law but for ethical practice they must have protocols in place regarding child protection and safeguarding**

14.2.2 **Clear knowledge and understanding of national and local child protection and safeguarding law, policy and procedure**

14.2.3 **Knowledge of local contact details for reporting of child protection and safeguarding concerns**

14.2.4 **Knowledge of the law regarding counselling adopted children.**

14.3 **Local support network**

14.3.1 **Knowledge of local support for additional or onward referral**

14.3.2 **Ability to refer to and liaise with additional services**

14.3.3 **Ability to follow up any referral and to work in a collaborative manner eg with GPs, CAMHS, Early Help services**

14.3.4 **Ability to communicate with the child or young person’s school if appropriate and/or requested by the child.**
15. Working with younger children and therapeutic play

NCS recognises that counsellors working with the four-ten age group require specialist training in this area of expertise. The following competences do not qualify a person to become a play therapist which has its own designated and certified training. The following abilities outline some of the core competencies required for counsellors using ‘play in practice’ with this age group. These competencies can be used along with other creative interventions when working with young people.

15.1 An ability to draw on theoretical approaches and the role of play when facilitating play in practice

15.1.1 An ability to draw on knowledge from key contributors (historical/contemporary) in therapeutic and child-centred models such as Margaret Lowenfield, Melanie Klein et al

15.1.2 An ability to interpret contemporary evidence-based research to inform the choice of interventions to match the needs and developmental stage of the child

15.1.3 An ability to develop a good understanding of the psychological theories that underpin the practice of play in therapy, such as integrative and psychodynamic

15.1.4 An ability to draw on knowledge of the significance of play in therapy with children ie that the role of play is crucial to the child’s emotional, social, physical and cognitive development and understanding. As a child uses play as a medium through which to communicate, learn about the world and further develop a sense of self

15.1.5 An ability to draw on the knowledge, theory and practice of a humanistic child-centred approach when using play:

- Ability to relate these models to the change process during play in therapy i.e., the use of symbolic play to assimilate and accommodate change
- Knowledge of theories of attachment and how different attachment relationships/styles experienced by the child can manifest during the use of play in therapy i.e., the importance of play as a tool to offer a secure base for relationships
- Knowledge of the differing stages a child goes through when using play in the practice room e.g., building a relationship, participation, resistance/reluctance
- Knowledge of how adverse past or current childhood experiences impact on the child’s process and their ability to engage with play
Section 15. Working with younger children and therapeutic play

15.1.6 Knowledge of Axline’s Eight Basic Principles which guide non-directive therapeutic contact. The principles are:

- The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible
- The therapist accepts the child exactly as they are
- The therapist established a feeling of permissiveness in the relationship so that the child feels free to express their feelings completely
- The therapist is alert to recognise the feelings the child is expressing and reflects those feelings back to them in such a manner that they gains insight into their behaviour
- The therapist maintains a deep respect for the child’s ability to solve their own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child’s
- The therapist does not attempt to direct the child’s actions or conversations in any manner. The child leads the way, the therapist follows
- The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognised as such by the therapist
- The therapist establishes only those limitations that are necessary to anchor the therapy in the world of reality and to make the child aware of his/her responsibility in the relationship.

15.1.7 An ability to understand the role and use of play as a therapeutic intervention. The power of metaphor/symbolism and how transference commonly manifests in therapeutic play i.e., the significance of a child choosing certain figures/toys/images to represent the feelings, thoughts and behaviours of themselves or their perception of others.

15.2 An ability to draw on knowledge of the child-counsellor relationship - effective engagement and facilitation

15.2.1 An ability to speak to the child and explain the purpose of play in the therapy room in an age or developmentally appropriate manner

15.2.2 An ability to select with the child an age/stage appropriate creative medium or play activity to suit the individual’s abilities, needs and therapeutic objectives

15.2.3 Ability to assess when the creative medium or play activity selected does not meet with the social, emotional, physical or cognitive needs or age of the child
15.2.4 An ability for the practitioner to draw on developmental perspectives and theory relevant to the significance of play in therapy i.e., the role of play and the use of play as a therapeutic metaphor and/or the use of play in therapy to listen to the child’s story, raise awareness and promote change.

15.2.5 Knowledge of cultural diversity and the influence it may have on the child’s play and that different cultures view place in a variety of ways. The play materials in the therapy room must be accessible to children from diverse cultural backgrounds.

15.3 **Building a therapeutic relationship**

15.3.1 Ability to explain to the child in an age-appropriate manner the purpose of counselling and the use of therapeutic interventions.

15.3.2 Ability to listen to the concerns of the child, parent/carer/family and to review the family history and any stresses they may have experienced.

15.3.3 Ability to develop a cooperative and inclusive working relationship with the parents/carers. Including the ability to recommend changes such as communication style.

15.3.4 Ability to assess if further information is needed from school/other significant adults and to seek child, parent/carer permission to do so.

15.3.5 Ability to contract with the child and/or the parent/carer for the therapeutic work and to agree therapeutic goals, objectives, boundaries and rules.

15.3.6 Ability to create a warm and trusting environment so that the child feels comfortable, safe and heard.

15.3.7 Ability to monitor any power dynamics/imbalances at play between the adult and child relationship. Knowledge of and the ability to hold the balance between the autonomy of the child and the counsellor’s overall responsibility of the counselling process.

15.3.8 Knowledge of the importance of setting boundaries and limits for the child during therapy e.g., acceptable levels of physical behaviour, treatment of toys and equipment.

15.3.9 Ability to explain the limits and boundaries to the child in an age/developmentally appropriate manner.

15.3.10 Ability to understand the underlying feelings and reasons for a child trying to challenge/exceed boundaries and limits that have been set.
15.4 The use of play and creative materials

15.4.1 Knowledge of how to manage the play room environment:
- Ensure health and safety standards are adhered to
- Carry out any necessary risk assessments
- Ensure the space is private during the session
- Ensure materials/toys can be accessed by the child without the intervention of the counsellor
- Ensure confidentiality is maintained in the use and storage of materials used by the child.

15.4.2 Ability to facilitate the use of a variety of play and creative tools e.g., art and craft materials, sand tray, musical instruments, puppets, sensory play, dressing up props

15.4.3 Knowledge of evidence-based research and the ability to use this to inform the process, choice of materials and appropriateness of an intervention

15.4.4 Ability to maintain a child-centred perspective during the sessions

15.4.5 Ability to allow the child to choose materials and to lead the play

15.4.6 Ability to communicate with the child through verbal and non-verbal expression, including:
- Active listening
- Empathic responding
- Paraphrasing
- Reflecting and summarising.

15.4.7 Ability to work with metaphor - both client-led and counsellor-led

15.4.8 Ability to use and respond to humour during the session ensuring that it matches the developmental level of the child

15.4.9 Ability to plan effective endings for the therapeutic process and to communicate these clearly to the child and/or parents/carers.
Section 15. Working with younger children and therapeutic play

15.5 Self-awareness and supervision

15.5.1 Ability of the counsellor to be conscious of their own process during the sessions and to be self-reflective

15.5.2 Ability to work with transference and counter-transference. Knowledge that this can also include the parents/carers

15.5.3 Ability of the counsellor to work within their own level of competence and within limitations of the role

15.5.4 Ability to onward refer when needed and knowledge of how and who to refer to for additional support for the child

15.5.5 Ability to use supervision to aid and improve practice.

REFERENCES, SUGGESTED FURTHER READING AND RESOURCES:

Axline, 2012, Play Therapy - The Inner Dynamics of Childhood, Read Books Ltd
Axline, 1989, Play Therapy, Churchill Livingstone
Ethical basis for good practice in Play Therapy: British Association of Play Therapists
Axline, 2018, Dibs in Search of Self, Plunkett Lake Press
Barnes, 2004, The Healing Path with Children, Play Therapy Press Ltd
Landreth, 1991, Play Therapy - The Art of the Relationship, Accelerated Development
West, 1996, Child Centred Play Therapy, 2nd edition, Hodder Education
REFERENCES, SUGGESTED FURTHER READING AND RESOURCES:

Carey, 1998, Sandtray Therapy with Children and Families, Jason Aronson
Carr, 2016, The Handbook of Child and Adolescent Clinical Psychology, Routledge
Vanfleet, Sywulak, Sniscak, 2010, Child-Centred Play Therapy, Guildford Press

Suggested MindED Sessions:

412-032 Facilitating Emotional Expression
412-033 Working with Emotional Meaning
412-034 Introducing Creative and Symbolic Methods
412-035 The Range of Creative and Symbolic Methods
There are a significant number of additional considerations to make when working online as opposed to working face to face. Much of the way in which online work is to be conducted remains the same whether working with adults or children and young people, however there are some additional considerations when working with children and young people about which counsellors must be aware. Before embarking upon an online therapeutic relationship with a client, it is important that their suitability for online working has been assessed.

Practitioners should know the contact details for any relevant organisations or services should a safeguarding need arise. The plan for what should happen in an emergency must be part of the contract with the client.

16.1 General considerations

16.1.1 Ability to assess the client’s suitability for online working
16.1.2 Ability to work with other organisations and services in the instance of a safeguarding issue or emergency
16.1.3 Knowledge of working therapeutically online through appropriate training that meets the practitioner’s needs
16.1.4 Understanding of dis-inhibition online, transference and counter-transference specific to the online relationship
16.1.5 Ability to undertake a risk assessment at the start of each session including:
   - Location of the client
   - Who else might be present in the room or nearby area
   - What they can do if the session is interrupted.
16.1.6 Know how to contact the safeguarding lead available at the time the session is taking place
16.1.7 Ability to contract clearly, including all elements of working online between all parties
16.1.8 Understand how to manage changes in the therapeutic dynamic if moving from face-to-face work to online work.
16.2 **Technological Competence**

16.2.1 Practitioners should be sufficiently competent in using the technology (e.g., device, platform or platforms) upon which they have chosen to deliver their service.

16.2.2 An ability to draw on alternative means of communication in the event that the primary method of communication fails.

16.2.3 Understanding that any technological support provided by a third party, such as the service provider or another organisation, must respect client confidentiality.

16.2.4 An understanding of the importance of staying abreast of any changes and updates made by their chosen platform provider to ensure a safe and reliable service, as well as staying informed about any security threats, encryption, and privacy status.

16.2.5 The ability to locate and understand the technical information required to uphold the requirements in this section.

16.2.6 Practitioners must be competent in understanding and utilising adequate virus protection, firewalls, password-protected Wi-Fi and any other tools that are available to protect the data and connectivity from becoming compromised.

16.3 **Data Protection**

16.3.1 Knowledge of any agency Data Protection Impact Assessments (DPIA) that may have been put in place by a school or organisation.

16.3.2 Knowledge of how to undertake a DPIA prior to providing online counselling with children and young people if one has not already been put in place by a school or organisation involved in the provision of counselling. Considerations include:

- **Ownership of the device used to contact the client; the therapist, the organisation**
- The platform used and any related security risks
- The platform used and any age restrictions
- Any guidance from the Department for Education that affects the organisation or the pupil consent from parents or guardians
- If consent is not obtained, the risks for either providing or not providing therapy documenting informed consent by way of assessing Gillick competence (or another method).
16.3.3 Knowledge of the General Data Protection Regulation and Data Protection Act 2018 (GDPR), and the responsibilities under this Act

16.3.4 Registration with the Information Commissioners Office (ICO).

16.4 Security and privacy

16.4.1 Ability to liaise with schools or organisations to create safe spaces in which children and young people can access counselling services online if needed

16.4.2 Ability to evaluate other modes of offering therapeutic support i.e., via telephone, IM service, SMS, if the client is unable to undertake video therapy

16.4.3 Ability to ensure use of end-to-end encrypted platforms

16.4.4 Vigilance against intrusion upon the session by a third party, for example by being overheard or overseen, the gaining of access to the session electronically (stolen passwords, links etc), or using unencrypted software and connections and being hacked. Practitioners are directly responsible for protecting the end-to-end communication; this responsibility does not lie with the client

16.4.5 Ability to create your own private space in which neither you or the client can be overheard

16.4.6 Ability to ensure that their clients have access to the information about how to stay safe online and keep their connection private and secure.

REFERENCES, SUGGESTED FURTHER READING AND RESOURCES:

School and community-based counselling operating toolkit (revised 2020), Welsh Assembly

Working online with children and young people (2020), BACP

Undertaking remote teaching safely (2020), NSPCC

Coronavirus (COVID-19): safeguarding in schools, colleges and other providers (2020), Department for Education
Competencies for CYP Counselling