

**Connect-Ed**

**Mental Health Services for Schools**

# **Schools Manual**

**November 2021**

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# 1. Introduction

This document is designed to provide information and guidance for schools commissioning Connect-Ed services. The document is live and will be updated as necessary. It should be read in conjunction with supporting documents referenced.

## **(i) The case for counselling in schools**

In 2020, 1 in 6 children and young people in England had a diagnosable mental health problem. The prevalence of mental health disorders increases with age, and the factors associated with mental health disorders are often environmental and social. However, just as these factors can act as a risk, they can also act as protective factors for young people's mental health. (Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey. NHS. October 2020)

Mental health problems in early life will act as a potential barrier to a child or young person achieving their potential. For example, according to the DFE, pupils who have a mental health problem are more likely to be excluded from school than their peers (DFE SEN Absence and Exclusion: additional analysis 2016). This highlights the importance of intervening early to prevent the development of mental health problems, and how taking opportunities to provide children with supportive environments early can be key for ensuring good mental health.

The Taskforce on Mental Health in Society (2015) reported that "All children should be able to access professional, qualified counselling and therapy services in their school or college in an age-appropriate form". The Taskforce identified that certain types of intervention can be hard to access through formal CAMHS, but can prevent problems subsequently becoming more serious, and that school is where over two-thirds of children say they would rather see a counsellor.

Research published in January 2021 found that child led counselling in schools led to significant reductions in pupils' psychological distress over the long-term. The study also found pupils who were offered counselling experienced significantly improved self-esteem, as well as large increases in their achievement of personal goals. The study found child led counselling to be a particularly appropriate 'first line' intervention within a school context, where a diverse array of mental health challenges may exist ([https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(20\)30363-1/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30363-1/fulltext)) .

## **(ii) About Connect-Ed**

Connect-Ed is delivered by the Catholic Children's Society (CCS), a registered charity that works with children of all faiths and none. Our school counselling service was established in 1986 and we have over 35 years' experience of delivering professional counselling services in schools. We operate across London and the South East and have qualified and experienced counsellors/therapists working in approximately 80 primary, secondary and special schools. We also work in alternative provision supporting pupils excluded from mainstream education.

Our services are child led and creative and our team includes Child & Adolescent Psychotherapists, Play Therapists, Counsellors, Dramatherapists, Dance & Movement Psychotherapists, Art Psychotherapists and Music Therapists. In this document we use the generic term 'counsellors/therapists' to refer to all mental health professionals working for Connect-Ed.

We believe that working in partnership to deliver early intervention for mental health and emotional difficulties will give the child or young person the best opportunity to achieve their full potential. The services we offer include the following:

- A creative and flexible approach tailored to the requirements of the school.
- Qualified and experienced counsellors/therapists based on-site in schools for an agreed number of days per week during term-time.
- Supporting a 'whole school approach' to emotional well-being and mental health, through offering bespoke training and consultation for school staff and parents. Ensuring staff in school are trained and supported to enable early intervention with mental health problems.
- Support for schools in accessing and using other services and working in partnership with external services such as social care and CAMHS.
- Supporting schools with safeguarding by sharing experience and expertise.
- Access to our Crisis Fund, which provides immediate financial support for families facing a crisis in their lives.

For more information about the services we offer schools please see the links below:

School staff mental health training:

<https://www.cathchild.org.uk/Connect-Ed/mental-health-training/>

Rainbows Bereavement Support Programme:

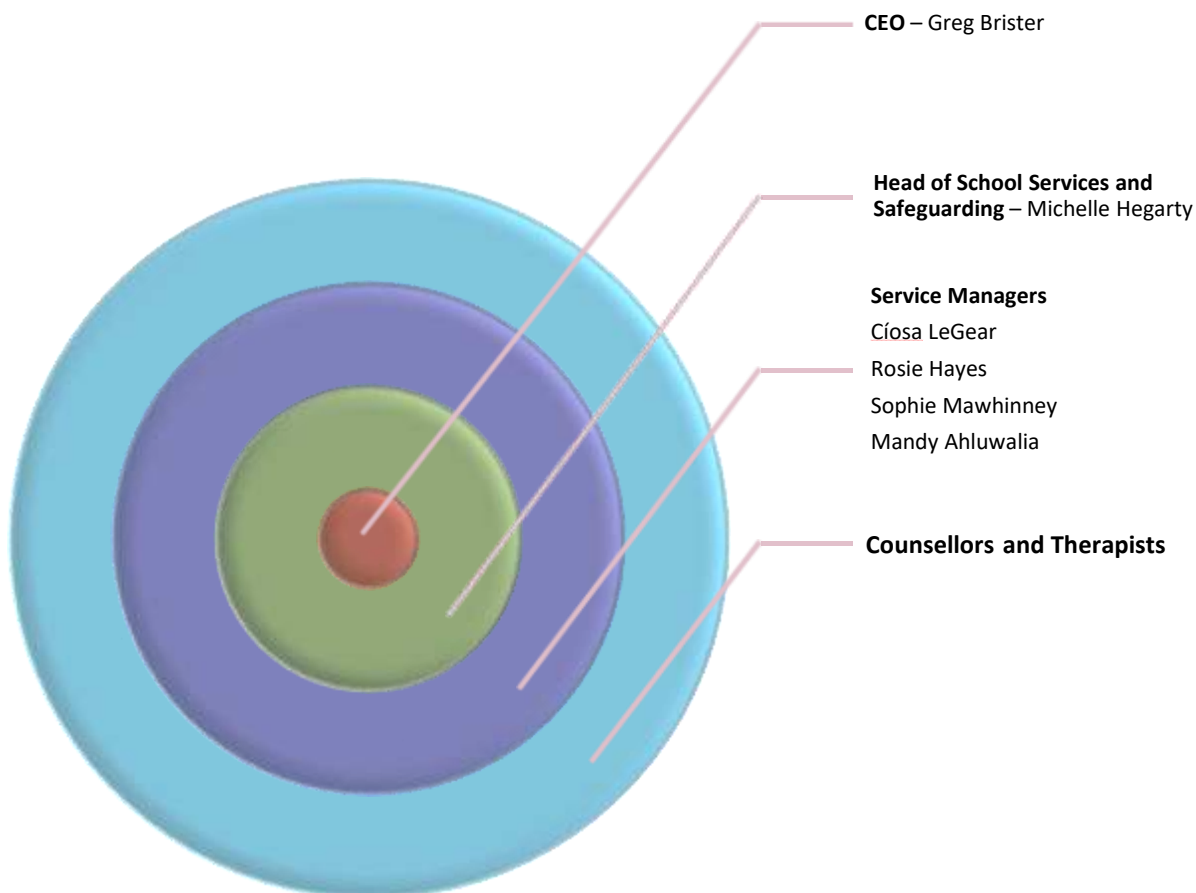
<https://www.cathchild.org.uk/rainbows-bereavment-support-programme/>

Crisis Fund:

<https://www.cathchild.org.uk/crisis-fund/>

We also have a dedicated website for our Connect-Ed service: [www.ccsconnected.org.uk](http://www.ccsconnected.org.uk)

The management structure and lines of reporting for our Connect-Ed School Counselling Service are outlined below. All counsellors/therapists will have a Service Manager allocated to them who will act as their line-manager and main point of contact.



### **(iii) Ethics statement**

All our counsellors/therapists must be registered with an appropriate professional body such as BACP, and as such, will work in line and within the ethical framework of their professional body and the policies and procedures of CCS.

## 2. Child protection and safeguarding

### **(i) Policy & Procedures**

During the delivery of Connect-Ed services, children may share information with our staff regarding incidents or experiences which may be harmful to them. This information may be disclosed directly (i.e. verbally) or indirectly (through physical evidence, behaviour, play or presentation). It may also be disclosed by another child, or by parents or carers raising concerns about children.

Connect-Ed staff will follow the school's safeguarding policy and procedure and will additionally follow:

- CCS Child Protection and Safeguarding Policy
- Safeguarding and Child Protection Procedures: Schools Services

Both documents can be found here: <https://www.cathchild.org.uk/policies>

### **(ii) Confidentiality and information sharing**

The boundaries of, and limits to, confidentiality will be clearly set out with the child/adult/parent at the start of Connect-Ed's work. It will be clear that the designated child protection officer in the school will need to be informed if there are concerns about the child's safety. The duty to safeguard children and share information about child protection concerns takes priority over all other considerations.

Once a safeguarding concern has been raised with the school, the school must provide the counsellor/therapist or a manager with updates on any actions taken. Given the part-time nature of service delivery there may be times when a manager with safeguarding responsibility from Connect-Ed will need to contact the school for an update on safeguarding cases.

Any information shared with the school must be securely held by the school on a confidential basis, in accordance with its own data protection obligations.

### **(iii) Safer recruitment**

Our staff will not start work with children without receipt of two satisfactory references and an enhanced DBS check. Staff's DBS status is checked annually and safeguarding training is provided for all counsellors/therapists and managers.

#### **(iv) Assessing Risk: Self-harm and suicide ideation**

When a child discloses self-harm or suicide ideation or intention, this will be reported through the usual safeguarding processes. The counsellor/therapist, with the support of their Service Manager, will conduct a risk assessment and safety plan with the child. This will be shared with the school and will be most effective where all the adults in the child's life work in partnership.

### **3. Diversity, Inclusion and Anti-Racist Practice**

Connect-Ed is committed to ensuring that all our services are accessible to children, young people and families who are in need of them. Our staff will work with schools to ensure that the service is inclusive and sensitive to the community's needs.

### **4. Setting up the service**

#### **(i) Initial set up**

Work to set up a new service in a school starts with discussions between managers and school leaders, who will decide upon the needs of the school and how the service can best meet them. A suitable space in the school will be agreed, together with the school Link Person (see information on this role below). The school will be informed of the referral and assessment process. Priorities and targets will also be agreed for the first year of the service, along with a programme of monitoring progress against these.

Please see our 'Setup check list' which our counsellors/therapists will refer to when establishing the service: <https://www.cathchild.org.uk/wp-content/uploads/2021/01/7.-Setup-checklist.pdf>

#### **(ii) Service Level Agreement**

The Service Level Agreement (SLA) is the contract between the school and CCS. This agreement includes the specific provisions agreed between CCS and the school to facilitate the delivery of the service.

#### **(iii) Room and equipment**

The therapeutic space will be agreed in advance of the start of the service. The room must be of reasonable size, ventilated and appropriate for holding confidential discussions. The room must be solely available to the counsellor/therapist during their contracted hours, and when delivering clinical sessions.

Basic materials such as stationary and craft materials to support the delivery of the service should be provided by the school. Connect-Ed will provide counsellors/therapists with any further resources/materials needed and a secure space to store these at the school will be required.

#### **(iv) Introduction of the counsellor/therapist**

Once a counsellor/therapist is allocated to the school a meeting will be arranged for them with the Head Teacher, Link Person and Connect-Ed Service Manager to agree an action plan for introducing the service to the school.

- The counsellor/therapist must be provided with a copy of the school's key policies and procedures, including Safeguarding/Child Protection, Health & Safety and Fire Safety.
- A meeting structure for the counsellor/therapist and Link Person will be agreed, along with a plan for review of the service throughout the first six months.
- The Service Manager and counsellor/therapist will agree a programme of management meetings during the first six months, based upon the service and the needs of the counsellor/therapist.

#### **(v) Role of the Link Person**

The Link Person is a key role; they should be a member of school staff with allocated responsibility to be the main communicator of information between the counsellor/therapist and the school (including staff, children and parents). This person is often the Head Teacher, the Deputy Head, SENCO or Head of Pastoral Care.

#### **Responsibilities:**

- Co-ordinate referrals for the counsellor/therapist – gather referrals either via parents/carers, school staff or pupils (if self-referrals are permitted).
- Where appropriate, seek parental consent for the child to access the service (in some instances, the counsellor/therapist will seek parental consent directly).
- Inform the counsellor/therapist of any other professionals/services the referred child/family is involved with.
- Be available for regular (fortnightly) meetings with the counsellor/therapist to discuss new referrals and current cases.
- Provide (with support from colleagues) regular updates to the counsellor/therapist on the child's progress, and any issues arising for them at school or at home that would impact on the piece of work (e.g. if the child is on their last warning before being excluded, or parents have recently separated).



- Take responsibility for following through with any referrals to external agencies (e.g. CAMHS, family services) that the counsellor/therapist recommends.
- Provide updates on news and events occurring within school e.g. exam periods, crisis situations which have occurred, school performances etc.
- Invite/inform the counsellor/therapist of any pastoral support meetings or staff meetings which occur in school.
- Provide support for the counsellor/therapist to resolve any issues that arise in relation to the running of the service.
- Ensure the counsellor/therapist has access to any resources or equipment required e.g. phone, stationery, photocopier and internet.
- Ensure the counsellor/therapist has access to online monitoring or safeguarding systems used by school (e.g. CPOMS) and school IT systems, where possible
- Advocate for the school counselling service.

**Additional responsibilities that are required when initially setting up and establishing the School Counselling Service in school:**

- Assist the counsellor/therapist to become established in school – introduce them to staff and pupils and provide a tour of the school
- Dedicate time to the counsellor/therapist to discuss how the service will run in school i.e. referral process, appointment times, introducing and meeting with parents (as appropriate), pastoral meetings, Link Person meetings etc.
- Provide access to resources/facilities in the school and key school policies including Child Protection/Safeguarding and Health and Safety.

## 5. Referrals and Assessments

### (i) Referrals

Leaflets are available for parents and school staff which explain more about how our service operates. These may be helpful to encourage referrals and can be found here: <https://www.cathchild.org.uk/connected-information-consent/>

A referral form should be completed by the school when a referral is made: <https://www.cathchild.org.uk/wp-content/uploads/2021/01/9.-Referral-Form.docx>

To ensure the service is as accessible as possible, parents/children should be encouraged to speak with the Link Person if they would like to access the service. The counsellor/therapist should then work closely with the Link Person to assess and prioritise those children for whom counselling/therapy is appropriate. In secondary schools, where the child is deemed Gillick competent, there may be a system whereby

students can self-refer. This should be discussed with the Service Manager to ensure appropriate procedures are in place to manage this.

Where onward referrals are appropriate (for the parent or child), counsellors/therapists will work with the school and/or parent to facilitate this. These may range from signposting a parent to a particular service that may benefit them, to sharing information with the DSL so that they can make a referral to social care.

It is our policy that the school should make formal referrals to outside agencies, such as CAMHS or social care. Counsellors/therapists may be asked to contribute to the process, and this can be discussed with the Service Manager.

## **(ii) Work requiring line-manager approval**

### *Adopted children*

Connect-Ed are not able to work with adopted children where the adoption is the presenting issue. Adoptive families have a right to request an assessment of adoption support needs through the local authority placing the child, or the local authority where the child lives. If you are unsure whether adoption is the presenting issue, please discuss the case with your Service Manager.

Local authorities and regional adoption agencies can apply for therapeutic funding for eligible adoptive and special guardianship order families. Details of this, and a register of private therapists working with adopted children, can be found at: <https://www.gov.uk/guidance/adoption-support-fund-asf>

Further information on support for adopted children and their families can be found at:

- The directory of registered organisations: <https://www.casa-uk.org/>
- PAC-UK: <https://www.pactcharity.org/>
- Chroma: <https://wearechroma.com/>
- Family Futures Adoption Support: <https://www.familyfutures.co.uk/>
- Tavistock & Portman: <https://tavistockandportman.nhs.uk/>
- Body and Soul Charity: <http://bodyandsoulcharity.org/about/>
- Coram: <https://www.coram.org.uk/>
- South London and Maudsley: <https://www.slam.nhs.uk/national-services/child-and-adolescent-services/adoption-and-fostering-service/>

### *Children with relatives working at the school*

If a child is referred who has a relative working for/at the school (e.g. teacher, meal time supervisor, T.A, Governor), this will need to be discussed between the Service Manager and Link Person. This is in order to determine the appropriateness of the referral and whether there is a potential conflict of interest and blurring of professional boundaries.

### (iii) Assessment and formulation

The counsellor/therapist will assess the suitability of the referral by following our assessment and formulation process set out here: <https://www.cathchild.org.uk/wp-content/uploads/2021/01/10.-Assessment-Formulation-Guidance.pdf>

In addition, counsellors/therapists may use their own assessment process relevant to their training and clinical orientation. Assessment and formulation is a crucial part of the service offered and is a helpful tool for ensuring that the service offered to the child is the right service at the right time. If the service is not suitable, then the counsellor/therapist or Service Manager will support the school in thinking about the options of support for the child or young person.

### (iv) Consent

Decisions on who can give consent for counselling/therapy to take place are guided by ethical and legal frameworks such as the Gillick/Fraser guidelines, BACP ethical frameworks and the Mental Capacity Act.

**Primary Schools:** For children in primary schools, parental consent must be obtained from those who have legally recognised parental responsibility to make decisions regarding the care and control of the child. Consent will be gained from both parent/carers wherever possible. Consent will not be assumed on the part of a child. The child will be adequately informed of the nature of the counselling/therapy and exceptions to confidentiality. They will then choose whether to consent or assent to participate (in a manner appropriate to the competency of the child).

**Secondary Schools:** For pupils in secondary schools, it is best practice to involve parents/carers wherever possible. Consideration must however be given to the circumstances of that child/young person, and the protocol agreed with the school. We can only accept consent provided solely by the child/young person where:

- We have agreed in advance with the school that this is acceptable.
- The student is considered by the counsellor/therapist to be competent to make an informed decision, in accordance with the 'Gillick/Fraser Guidelines'.

**All schools:** Prior to counselling/therapy commencing our counsellors/therapists will work with the school to ensure:

- Pupils are adequately informed about the nature of the service being offered and consent forms are completed (see <https://www.cathchild.org.uk/connected-information-consent/>)
- Age-appropriate Privacy Notices are shared and discussed so pupils are clear on how we use and store their personal data (see <https://www.cathchild.org.uk/connected-privacy-notices/>)
- Clients understand the limits to confidentiality.

**Lunchtime drop-in sessions:** Generally, parents/carers must opt-out if they do not want their children to access this service. A template letter schools can send to parents/carers so they are aware of how to opt out can be found here: <https://www.cathchild.org.uk/wp-content/uploads/2021/01/19.-Lunchtime-drop-in-opt-out-letter-template.docx>

## 6. Record keeping and information sharing

### (i) Record keeping and the Salesforce CRM

All Connect-Ed records are kept securely on an electronic Customer Relations Management (CRM) system. Records are kept for seven years or until the child's 21st birthday, whichever is later. In the event of safeguarding concerns, or where there is any possibility of litigation, records may be retained for longer. Please refer to our Privacy Notice for further information (see above).

### (ii) Audio/visual recording

Our counsellors/therapists cannot undertake any audio or visual records during sessions. The only exception to this is for music therapists. Under BAMT and HCPC Standards of Proficiency, music therapists should be able to review the musical material of sessions, with audio and visual recordings aiding reflection in Clinical Supervision. This will only take place after the relevant consent forms have been completed. All recordings are stored securely, are only shared with clinical supervisors (and parent/carers where appropriate) and are deleted once the therapy work has ceased.

### (iii) Subject Access Requests and legal/court proceedings

There may be instances where information kept on a child's file is requested by the child, or a family member on behalf of a child. This is known as a Subject Access Request (SAR) under GDPR. Information may also be requested for a police investigation or court purposes. Each request will be carefully considered to ensure CCS complies with our legal obligations as set out in the Data Protection Act 2018.

### (iv) Multi-Agency working, information sharing and GDPR

A written statement to schools outlining our commitment to GDPR and how we use and retain personal data can be found here: <https://www.cathchild.org.uk/wp-content/uploads/2021/01/18.-School-Counselling-Service-and-Data-Protection.pdf>

## **(v) Professional practice**

All Connect-Ed staff must adhere to the following:

- The clinical work delivered cannot be used to support any training or research being undertaken, unless specific agreement has been provided by the relevant Service Manager and the school. This includes using case studies for research purposes or publications.
- Staff must not advertise or provide any private practice/services they offer in the schools they are employed you to work in.
- If staff have been introduced to children/parents through their role in a school they must not be taken on as private clients.
- The employment contract for Connect-Ed staff states that they must not work privately for the school they are employed in; this is also included as a clause in the SLA.
- No information or data pertaining to children and families may be stored on private databases or devices.

## **7. Outcome measures and reporting**

### **(i) Clinical outcome measures**

Connect-Ed uses the Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) and Young Persons Clinical Outcomes in Routine Evaluation (YP-CORE) as quantitative outcomes measures. These help us evidence the effectiveness and impact of work to funders, schools and other stakeholders. More information on these measures can be found at:

#### **HoNOSCA**

<https://www.corc.uk.net/outcome-experience-measures/health-of-the-nation-outcome-scales-for-children-and-adolescents/>

#### **YP-CORE**

<https://www.corc.uk.net/outcome-experience-measures/core-measurement-tools/>

### **(ii) Feedback forms**

Feedback is crucial to help support the continuous improvement of our service. It is also important to help schools gain insights into the impact this work is having. School staff, pupils and (where appropriate) parents/carers will be asked complete feedback forms at the end of each intervention.

### **(iii) Annual review of service and report to school**

An annual review of the service will take place in order to review the performance of the service during the previous year and set goals and targets for the year ahead. The review should be attended by the Link Person, a member of school's Senior Leadership team (SLT), the Service Manager and the Counsellor/Therapist. This should be planned well in advance to ensure that the relevant people will be able to attend.

## **8. Management and supervision**

### **(i) Management**

Each counsellor/therapist will have a designated Service Manager to provide line-management. During management meetings the following areas will be covered:

- Support with delivering the service within the school environment.
- guidance on Connect-Ed policy and practice
- professional development
- performance management.

### **(ii) Clinical Supervision**

Clinical supervision is a professional requirement for all staff working clinically. Clinical Supervisors are required to:

- Hold a diploma (not a certificate) in clinical supervision or alternatively, be able to evidence at least five years postgraduate experience.
- Provide evidence of their safeguarding training, experience, qualifications, membership and insurance.
- Enter into a formal contract.
- Discuss any queries and concerns with the Service Manager.
- Input into the counsellor/therapist's annual performance review.

## **9. Remote working**

There may be circumstances (such as during the Covid-19 pandemic) where counsellors/therapists offer a remote service via video platforms and/or telephone check-ins. We have produced detailed guidance on remote working for Connect-Ed staff which is available here: <https://www.cathchild.org.uk/wp-content/uploads/2021/01/16.-Remote-Working-Guidance.pdf>

## **10. Connect-Ed Staff: Management and attendance**

### **(i) Line-management**

Schools will have regular contact with the Service Manager at Connect-Ed. The Service Manager is there to help ensure the service is delivered effectively and is meeting the needs of the school. If there are ever any issues or concerns which cannot be resolved directly with the counsellor/therapist, these should be raised with the Service Manager as soon as possible to ensure they are addressed promptly.

### **(ii) Training**

Connect-Ed provides annual CPD opportunities for counsellors/therapists delivered during the school holidays. In addition, in line with the SLA, up to three days a year of CPD may be delivered during contracted hours in term time. Schools will be notified well in advance of this. Staff are also responsible for their own continuing professional development and staying up to date with best practice.

### **(iii) Working days**

Staff are expected to be in school on INSET days and are responsible, during strike days, to make arrangements to be in school.

Staff are contracted to work 8:30 – 4:30 with an hour for lunch. Staff will provide approximately five clinical contact hours per day (clinical assessments, counselling/therapy sessions, drop-in sessions, reflective practice for staff, parent groups etc.). This allows time for consultations with parents/carers, school staff and external agencies (where appropriate), as well as whole school work and clinical record keeping. This is a guide only and the service will be tailored to the needs of the school and the delivery model agreed between the Service Manager and the school.

### **(iv) Sickness**

Where staff are unwell and cannot attend work, they must telephone the school as early as possible on the first day of sickness and speak directly to the School Link Person.

### **(v) Absence to attend medical, dental and hospital appointments**

Wherever possible, Connect-Ed staff will arrange their medical, dental or hospital appointments outside normal working hours (this does not apply to antenatal or postnatal appointments).