

Therapeutic Plan

Intent:

The Green Room is committed to improving children and young people's mental health and well being. According to The Royal College of Paediatrics and Child Health, half of all mental health conditions in adults start before the age of 14 and 75% before the age of 24. One in eight children aged between 5 and 19 has at least one diagnostic mental health problem. According to a large mental health survey in the USA, one in three mental health problems in adulthood are directly connected to an adverse childhood experience (ACE). There is a strong association between poor mental health and SEN. Children with diagnosable mental health disorders are between 2 and 4 times as likely to be identified as having an SEN as children with no mental health disorder. Today's children and young people are considered to have worse mental health outcomes compared to previous generations.

Our school based counselling is most effective where it is delivered as part of a whole school commitment to improving mental health and wellbeing. We recognise that effective counselling is part of a whole school approach to mental health and wellbeing; emotional health is everyone's business. The Green Room School emphasises the importance of promoting positive mental wellbeing. We use various strategies to support pupils who are experiencing high levels of psychological stress, or who are at risk of developing mental health problems. This includes teaching through curriculum subjects such as relationships education, relationship and sex education, PSHE; counselling; positive classroom management; developing social skills; working with parents/carers; and peer support. This whole school approach aims to improve wellbeing and resilience whilst reducing the stigma around mental health by an effective pastoral system and a clear and committed school leadership. Our approach aims to provide protective factors in order to interrupt the trajectory from childhood adversity to negative impacts.

The Green Room's Values of Curiosity, Change and Kindness are embedded within our culture. Good mental and emotional wellbeing is an integral part of our young people's holistic development. This allows us to play a crucial role, working alongside health, community and voluntary services, in helping to support good mental health and in preventing and identifying mental health issues in the young people in our care.

Implementation:

Our trauma informed practices and interventions aim to provide protective factors that include a staff of emotionally available adults, group and one to one coaching, robust safeguarding, regularly reviewed emotional risk assessments, trained school counsellors, targeted PSHE sessions, the 'Inspiring Change' programme (GRC), the 'Who are You?' sessions (GRW), clear expectations around the protect/relate/regulate/reflect model and a clear system and processes

in place for identifying possible mental health problems, including routes to escalate and clear referral and accountability systems.

One of the benefits of school based counselling is that children and young people do not need a clinical diagnosis to access it. Presenting emotional or behavioural concerns, identified at an early stage, can be reasons to access counselling. Counselling is conducted on a one-to-one basis, and is based on 'humanistic' or integrative principles. These approaches to counselling aim to provide young people with an opportunity to talk through their difficulties in a welcoming and supportive environment, and to find their own ways of addressing their issues

There are a number of ways in which The Green Room uses counselling, including to complement and support other services. The key areas are:

- As a preventative intervention
- For assessment purposes
- As an early intervention method
- As a parallel support alongside specialist CAMHS support

Identifying pupils in need of support

- All students will be assessed for the school counselling service
- All information collected on each student will be used to inform a 'triage' system called the 'need matrix'
- Each student will be assessed by SLT/pastoral team/school counsellors and rag rated by two distinct measures: their apparent need to access the service and the likelihood of them engaging in the service
- This assessment leads to a shared decision about whether counselling is the most appropriate way forward; the kind of counselling that may be provided; and/or whether the child or young person should be referred on for a more comprehensive assessment of their mental health by specialist services
- A working document will contain the plan for accessing the service and will evolve as clients move through the triage process

Need Matrix

- The information used in the assessment will include:
 - Information gathered by the school from parents/carers and the young person during the admissions and interview process
 - Information from education, health care plans
 - Information on past therapeutic input
 - Information from pupil profiles
 - Information from previous schools

- Information from other services such as CAMHS, Social Care, voluntary organisations etc
- Any common indicators for referral identified by staff/parents/carers*

Referrals

- The most effective referral systems enable self-referral by pupils as well as by teachers and support staff.
- Referral mechanisms are also made available for other professionals or adults with a duty of care to refer the child/young person directly into the service.
- The signposting and referral to counselling should be done sensitively with the child/young person.
- The Green Room School ensures that pastoral support staff are involved in these arrangements.
- However it is important staff do not take a gatekeeper role for referrals as this is the sole responsibility of the counselling service.
- Referrals by parents or carers and peers are also considered.
- While in many cases school based counselling will be a helpful first or parallel intervention, there may be some children and young people whose mental health issues need clinical treatment by an appropriate specialist mental health professional.
- Some children and young people may attend counselling while they are also attending specialist mental health services elsewhere.
- Occasionally the school counsellor supports the child or young person in between specialist mental health service appointments, or while waiting for treatment to begin.
- In this case each service should know that the other is involved and communicate any significant developments to them (normally with the child or young person's and parent's or carer's permission)
- Counselling is not considered as an emergency or crisis intervention service. Therefore, if there are serious concerns about the well-being of the child or young person there may be a need to refer instead to a GP, CAMHS or child protection.
- DfE guidance on Mental Health and Behaviour in Schools includes information on how to identify and refer children and young people whose issues need clinical treatment - the guidance is in the further reading section of this document.
- Having a designated lead for mental health, as recommended in the D of E's Future in Mind report within the school is an effective way of supporting access to the service.
- At GRW (including GRC) the lead for mental health will be Jess Lamont. She reports to Elizabeth Mowse who is the overall lead for The Green Room Schools.

Counselling in Practice

- Sessions will vary in time - usually the length of one school period, depending on the individual's needs
- Counselling offered is open-ended, with no maximum to the number of sessions offered.

- Some children and young people may only need to attend for a few sessions whilst others may need support for much longer.
- The Green Room School and counsellors will make joint decisions about how the sessions are run, manage the caseload and potential waiting lists.
- This will depend on a number of factors, including the amount of counselling time available, the extent of other wellbeing and pastoral support offered by the school, and the likely demand and need for counselling support
- Children and young people with SEND need counselling approaches that are adapted and 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 to.
- 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 are adapted to take this into account.
- Counsellors have training and support to make these adaptations to the counselling they deliver.
- All therapeutic staff are qualified and experienced and are properly trained, supported, professionally supervised, insured and working within agreed policy frameworks and standards, and accountable to a professional body with a clearly articulated complaints procedure.

Choice

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

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

Gillick competence

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

- the maturity of the child/young person
- whether they demonstrate sufficient intelligence and understanding to enable them to understand what is being proposed, i.e. counselling
- whether they demonstrate sufficient intelligence and understanding of the consequences of their actions

- whether the child/young person understands that unless they receive counselling their well-being is likely to suffer.

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

Inclusion and equality

The Green Room School's counselling service creates an environment where children and young people feel safe and accepted. Counsellors are committed to promoting the service as being fully inclusive, ensuring equality of access and being accepting of the diversity of children and young people accessing counselling.

Confidentiality

- Ensuring confidentiality between the child or young person and counsellor is crucial to the success of the relationship and the outcomes of counselling.
- Child protection concerns and the welfare of children and young people will, at times, need to take precedence over confidentiality.
- This is discussed in detail at the beginning of the work with a young person in the 'contracting' element of the first session.
- All students along with parents and carers sign Registration Forms when they join The Green Room School. An excerpt of the form below details the confidentiality agreement and therapeutic process.

Confidentiality Agreement

Confidentiality		
<p>Therapy is accepted as part of the process of education at The Green Room and we try to dispel any stigmas attached to it. Everyone needs therapy in one sense or another, whether it is through talking, playing sport, being creative or otherwise.</p>		
<p>Every young person is offered Therapeutic Support on a one to one basis. This is a confidential process and the information you give is held in the strictest of confidence and shared only with a clinical supervisor who quality assures the work being done with you, to ensure you are receiving the best service possible.</p>		
<p>Confidentiality will only be broken if there are serious concerns around your or another persons well being and harm that may be happening or could happen. In these cases, concerns will almost always be talked through with you first before any information is shared. The only time you will not be informed first would be in the unusual circumstance where this may increase the risk of harm to the person.</p>		
<p>Notes are written up after each session in order to inform the therapeutic process and kept in a locked filing cupboard accessed solely by your therapist.</p>		
<p>A record of attendance, the risk assessment and care plan and any relevant themes are shared on a need to know basis in view of providing you with support.</p>		
<p>I (the parent/carer) understand and agree to my child receiving one to one Therapy and to the above confidentiality procedures.</p>		
<p>I (the young person) understand and agree to receiving one to one Therapy and to the above confidentiality procedures.</p>		
Young Person:	Signature:	Date:

Risk Assessments

The purpose of risk assessments are to:

- promote the health and safety of pupils, staff, parents and visitors
- safeguard the welfare and pastoral care of all pupils

Risk assessments will be completed on all students. Where a concern about a pupil's welfare/wellbeing is identified, the risk to that pupil's welfare/wellbeing will be assessed, appropriate action will be taken to reduce the risks identified, this will be recorded and then regularly monitored and reviewed.

In view of this, a risk assessment will be completed on all new starters within 4 weeks of joining The Green Room School. All risk assessments will be completed in collaboration with at least 2 members of the pastoral/counselling team. The assessments will indicate the risk with a short narrative, a rag rating for each issue and a plan to mitigate that risk as far as is possible. The risk assessments will also include the date and initials of all participants involved. The information obtained through this process and the action agreed will then be shared, as

appropriate, with other staff, parents/carers and third parties in order to safeguard and promote the welfare of a particular child or of pupils generally.

In school, the risk assessments will be shared with all staff via Arbor to read. This sharing of knowledge will also involve a discussion with all staff during the weekly staff meeting, where the assessment's risks and plans will be discussed at length and understood. Each issue that is rated as red will not only be shared with staff but with parents/carers too and third parties if appropriate.

The assessments will be reviewed at the twice termly counselling review meetings and updated if necessary. The assessments are a 'living' document and can be amended at any point if a new or altered risk becomes apparent. If any of the ratings change staff will be notified and parents/carers or third parties too if applicable. Any amendments will be made on a new document in order for the previous assessment to be archived. This ability to review the past assessments and the plans previously put in place for the pupils identified ensures we are able to monitor the efficiency of the measures put in place on a regular basis.

The school lead for mental health is responsible for reviewing the assessments and ensuring they are kept up to date.

RISK ASSESSMENT for Arbor

Interaction with the Pastoral System

Pastoral systems within The Green Room School have responsibility for the wider welfare of pupils and counselling services are considered within this context. There are clear links between counselling services and pastoral care, and an understanding of how counselling fits within the school's approach to emotional health and wellbeing. There is regular communication and six-weekly meetings between counselling services and the pastoral care team which is helpful to ensure effective information sharing and referrals. The pastoral and SEND support systems link with counselling support as well as with external specialist services; pupils are regularly monitored by a number of interventions, both to identify those with issues or in high risk groups, the effectiveness of interventions deployed. There are also regular opportunities for training and support for staff in these roles.

Impact:

The Green Room School ensures that there are effective quality assurance frameworks in place. This gives a clear picture of the prevalence of issues and referrals to counselling, and the impact of counselling on children and young people's outcomes.

It will also allow the ongoing assurance of the quality and performance of the counselling service. This is managed with care and thought – data collection needs should not impinge on confidentiality requirements, and feedback on the counselling needs to be handled very sensitively.

The impact of the counselling service is reviewed at regular intervals with meetings between SLT, pastoral and counselling teams where outcomes are measured by a rag rating system.

Counsellors are required to have clinical supervision which focuses on ensuring safe and effective practice. All supervisors are trained and qualified in supervision. Counsellors have regular (1:6 ratio) one to one supervision, group supervision and weekly peer to peer supervision within all three Green Room settings.

All counsellors have line management within the school, overseeing the work; agreeing and monitoring objectives for delivery of the service; ensuring understanding of, and compliance with, wider school policies; and supporting the counsellor as part of the school community.

The Green Room School ensures that routine outcome data is collected, by way of clinical logs and Strength and Difficulties Questionnaires, not only to assess the impact of the counselling on the child or young person but also to assess the effectiveness of the service as a whole.

Appendix

Further Reading

<https://stateofchildhealth.rcpch.ac.uk/evidence/mental-health/prevalence/>

<https://www.kidcentraltn.com/support/crisis-services-for-children/adverse-childhood-experience--protective-factors.html>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497825/Counselling_in_schools.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1069687/Mental_health_and_behaviour_in_schools.pdf

<https://gov.wales/sites/default/files/publications/2020-06/school-and-community-based-counselling-operating-toolkit.pdf>

* some common indicators for referral may include:

standard of school work dropping dramatically • becoming subdued or over-excited • sudden changes, marked mood swings and/or behaviour that appears out of character and/or extreme behaviour • school refusal/drop in school attendance • bullying of others or being a victim of bullying behaviour, being known or being suspected to have been sexually, physically or emotionally abused, or of suffering neglect • difficulties due to family breakdown • peer group difficulties/relationships • bereavement or suffering loss or separation • low self-esteem • changes in appearance/lack of self-care • evidence of self-harm, e.g. cutting • misuse of alcohol

and drugs • cyber bullying/mobile phone separation anxiety/sexting, etc. • difficulty in expressing emotions appropriately.