



Parental Consent Policy for Counselling

Step 2 prioritise the confidentiality of any child or young person accessing our counselling services.

In order to offer the very best services, Step 2 value building good relations with children and their families. If it is in the best interest of the child, we welcome parents being involved in the referral process and in support to access counselling.

However, if a child or young person wishes to access the service without their parents knowledge and is considered to be Gillick competent (see appendix 1), then counselling can be offered without parental consent.

This competency will be assessed in the initial counselling session, where the child's age, maturity, understanding and capability to consent or not, will be considered and reviewed.

Secondary Schools

In a secondary school setting, consent would be agreed in partnership with the school named contact, usually a designated safeguarding lead.

Primary Schools

When working with primary school age children, the school will seek parental consent on our behalf before starting therapy.

This will be given in writing using the form which can be found in Appendix 2.

APPENDIX 1

Gillick competency is often used by services to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions with regards to the service they want to access. For example, they would like to access therapeutic support but don't want their parents or carers to know about it.

We assess Gillick competence according to the following guidelines (NSPCC 2022)

- the child's age, maturity and mental capacity
- their understanding of the issue and what it involves - including advantages, disadvantages and potential long-term impact
- their understanding of the risks, implications and consequences that may arise from their decision
- how well they understand any advice or information they have been given
- their understanding of any alternative options, if available
- their ability to explain a rationale around their reasoning and decision making.

APPENDIX 2



Therapeutic Play

PARENTAL CONSENT SLIP

I give permission for(child's name)

Class/tutor group

To work with the school counsellor for a series of Therapeutic Play sessions.

I have received information about the service.

Name

Parents signature

Date



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