

## Counselling Policy

***This policy addresses issues in relation to:***  
*Safe and Supportive Environment – Student Welfare 3.6.2*

***(See also Policies on Welfare, Behaviour Management and Anti-Bullying)***

*"Childhood and adolescence can be very stressful times and, like adults, young people sometimes need to talk to an understanding, independent person who will not judge them."  
(The British Association for Counselling and Psychotherapy, 2004)*

### Rationale

Counselling is a way of helping people through talking and listening. Students are encouraged to express their feelings and thoughts about their problems so they can understand themselves and their behaviour better and improve ways of coping.

Counselling involves an undertaken agreement between parties involved (parents or students) and a commitment to privacy and confidentiality is emphasised.

### Role of the Student Counsellor:

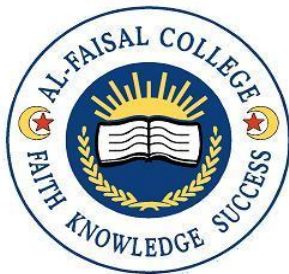
The Student Counsellor works with students, staff and parents to counsel them on student related issues such as:

- Behavioural concerns: both at school and at home
- Emotional problems: anxiety, grief, depression, low self-esteem, stress
- Family issues: separation/divorce of parents, parenting difficulties, parent-child or sibling relationships
- Peer and social issues: bullying, peer relationships, peer pressure, social skills, orientation of new students
- Developmental issues: resolving problems, making choices, coping with changes, gaining insight and understanding, growing as a person
- Academic concerns: goal setting, motivation, time management, organisation, note making, preparing for tests and exams, exam strategies, coping with stress and effective use of the study planner.
- Extra support during difficult times

### Referral Process

Al-Faisal College values the social and emotional development of its students. Early intervention may prevent deterioration in emotional wellbeing, behaviour and attitude. Counselling can also enhance student's self-esteem and ability to cope more effectively in school.

School counselling is a targeted service, following identification or recommendation by teachers, Deputy Principal (primary), Welfare Advisors (secondary), Head of Welfare (secondary) and the Principal. Teachers can use the



checklist “Behaviour Traits” (appendix) to identify whether students are exhibiting concerning behaviour and need to be referred to the Student Counsellor.

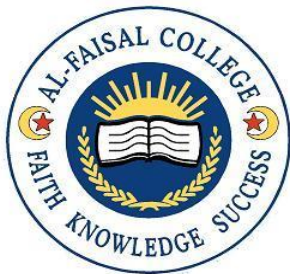
Although behavioural issues and conduct management issues can take its toll on teachers and the whole class, behaviour issues should be dealt with according to the school's Behaviour Management Policy. If the issues cannot be dealt with via the use of effective teacher and classroom strategies, a referral to the school counsellor may be appropriate. All referrals should be in writing via the school counsellor referral form (appendix).

Students may access counselling through one of the following avenues:

- Students may visit the counsellor independently to discuss issues relating to school work, peer and social issues, emotional issues, personal problems or extra support during difficult times.
- Teachers and other members of staff may refer students through the school counsellor referral form.
- Parents wishing to access counselling for their child must discuss the matter with the Deputy Principal (primary), or the Head of Welfare (secondary). The Deputy Principal or the Head of Welfare may then refer the student via the school counsellor referral form.

## Counselling Sessions

- Following a referral, the Student Counsellor will make initial contact with the student.
- The initial session provides an opportunity for the students to learn more about counselling. They will be told that it is voluntary and the counsellor will always do what is in the best interests of the students.
- The Student Counsellor will also have an informal discussion with the students to make a preliminary assessment, which will be of use for future work.
- The students will continue to meet the Student Counsellor regularly, according to their needs as determined by the Counsellor.
- Individual counselling sessions will vary in length depending on the age of the students, the development of the students or other needs.



## Confidentiality & Records

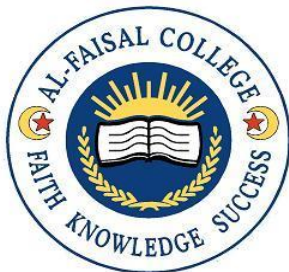
Appropriate confidentiality will be maintained by the counsellor, with relevant information only released in the following circumstances:

- The school Principal or their delegate requests information or files concerning a student at the school.
- There is a concern that the student will cause himself/herself harm.
- There is a concern that the student will cause harm to another person.
- The student discloses criminal activity such that it may impact on the welfare of the student or others or the reputation of the School.
- It is required by the law (for example, subpoenas, court orders).

Irrelevant information about the student's family situation, history or other information which, will not in any way be of assistance to the student's progress, should not be disclosed with the class teacher or other staff members. School counselling files will be kept securely in the Counsellor's office.

Date of Policy:  
January 2018

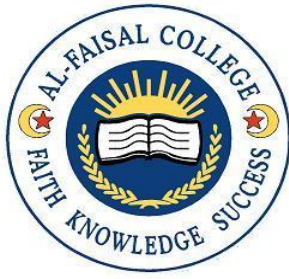
Proposed review date of  
policy:  
January 2020  
*or earlier where amendments in  
legislation require immediate policy  
reviews*

**Behaviour Traits**

<b>NAME:</b>	<input checked="" type="checkbox"/>	<b>CLASS:</b>	<b>DATE:</b>
--------------	-------------------------------------	---------------	--------------

**Tick the following box(es) if students exhibit or are experiencing any of the following issues**

<b>Abuse</b>		<b>Racial/Cultural</b>	
Emotional		Discrimination	
Neglect		Identity	
Physical		Pressures from cultural expectations	
Racial		Others (specify)	
Sexual			
Violence/Assault		<b>Relationships - Family</b>	
Others (specify)		Bereavement / loss/ grief	
		Dysfunctional family	
<b>Health</b>		Parent (s)	
Disability		Parental needs/expectations	
Drugs		Siblings	
Eating disorder		Split family/separation issues	
Illness		Step family	
Others (specify)		'Looked-after' children	
		Adoption	
<b>Personal/Self</b>		Behaviour at home	
Anxiety/Stress		Others (specify)	
Dangerous behaviour			
Depression		<b>Relationships - Other</b>	
Gender and sexuality		Bereavement / loss/ grief	
Identity		Inappropriate sexual behaviour	
Obsessive compulsive habits		Isolation/loneliness	
Post-traumatic stress		Peer relationships	
Self esteem		Others (specify)	
Self harm			
Transitions – changes in puberty		<b>School</b>	
Anger		Attendance difficulties	
Personal organisation		Behaviour	
Inhibited emotional development		Experience of school / levels of stress	
Others (specify)		Emotionally vulnerable	
		Relationships with staff	
		Victim / Bullying	
		Learning difficulties	
		Others (specify)	



Date: \_\_\_\_\_

Dear Mr. and Mrs. \_\_\_\_\_

Your child \_\_\_\_\_ of class \_\_\_\_\_ has been referred to the school counsellor. Your child's teacher/s have noticed that your child

- ☐ is experiencing academic difficulties
- ☐ appears unhappy
- ☐ has difficulty controlling his/her anger
- ☐ would benefit from attending a social skills development group
- ☐ would benefit from behaviour management lessons
- ☐ other: \_\_\_\_\_

Following the request of your child's class teacher/s and with my approval, the school counsellor would like to meet with your child. The aim of this meeting is to help your child resolve the difficulties that he/she is currently experiencing. Your child will be required to attend regular sessions with the school counsellor.

If you have any queries and would like to discuss this further, please feel free to contact me. Please note that appropriate confidentiality will be maintained. I assure you that the intent of such sessions is to improve the educational opportunities for your child and others in the school.

Please sign the permission slip below and return it to the school office as soon as conveniently possible. Please note that you may withdraw your consent at any stage.

Yours sincerely,

Principal

-----

I \_\_\_\_\_ as the parent/ legal guardian of \_\_\_\_\_

[Print Name]

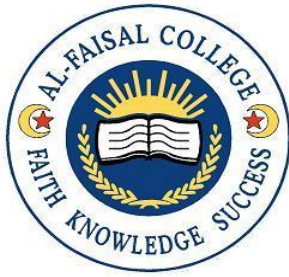
[Child's Name]

in class \_\_\_\_\_ give consent for my child to receive counselling by the school counsellor,

[Child's Class]

Parent Signature: \_\_\_\_\_

Date \_\_\_\_\_



## Referral Form

Student's Name: \_\_\_\_\_

Student's Age: \_\_\_\_\_

Student's Grade: \_\_\_\_\_

Referring Person: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

**Communication Problems****Never****Sometimes****Always***Expressive Language*☐☐☐

(problems in grammar, limited vocabulary)

*Receptive Language*☐☐☐

(difficulty with comprehension, not following directions)

**Classroom Behaviour****Never****Sometimes****Always**

Overly energetic, yells out, out of seat

☐☐☐

Very quiet, uncommunicative

☐☐☐

Acting out (aggressive, hostile, rebellious, destructive, cries easily)

☐☐☐

Inattentive (short attention span, poor on-task behaviour)

☐☐☐

Doesn't appear to notice what is happening in the immediate environment

☐☐☐

Poor peer relationships (few friends, rejected, ignored/abused by peers)

☐☐☐**Academic Problems****Never****Sometimes****Always**

Reading (poor word attack, comprehension)

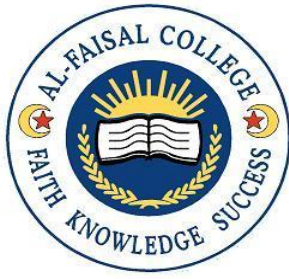
☐☐☐

Writing (illegible, reverse letters, doesn't write)

☐☐☐

Spelling (cannot spell phonetically, omits or adds letters)

☐☐☐

**Physical Problems****Never****Sometimes****Always**

Gross Motor coordination (poor hand eye, manual dexterity)

☐☐☐

Visual (cannot see blackboard, squints, rubs eyes, holds book too close)

☐☐☐

Hearing (unable, to discriminate sounds, asks to have instructions repeated, turns ear to speaker, often has earaches)

☐☐☐

Health (example: epilepsy, respiratory problems, etc)

☐☐☐**Treatment Currently Received****No****Yes****Frequency**

Speech Therapy

☐☐

\_\_\_\_\_

Physical Therapy

☐☐

\_\_\_\_\_

Psychological Therapy

☐☐

\_\_\_\_\_

Occupational Therapy

☐☐

\_\_\_\_\_

Medications (if yes, list type)

☐☐

\_\_\_\_\_

**Other Problems:**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How have you tried to solve these problems?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature and position of referring person** \_\_\_\_\_