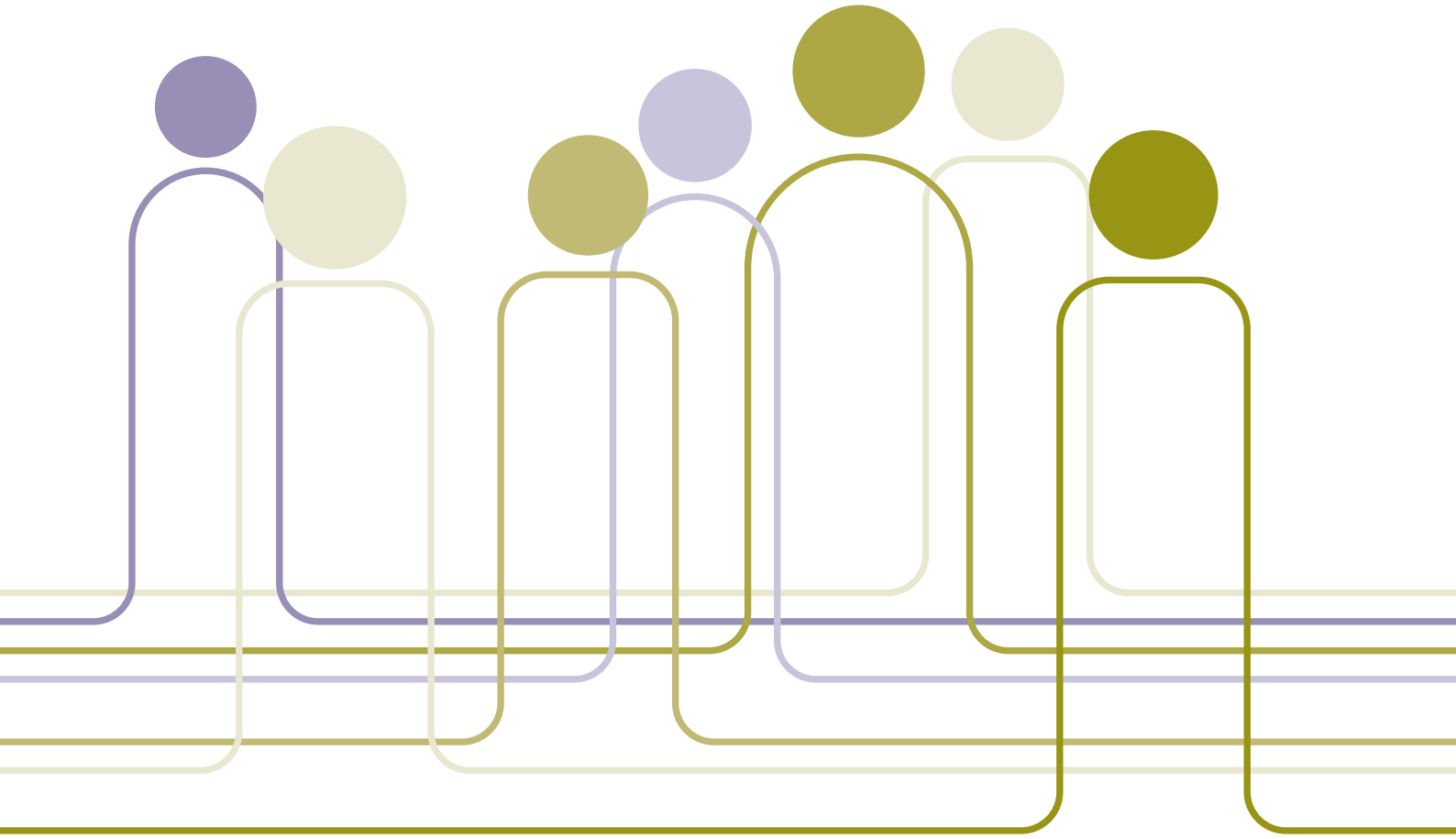
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Working with children and young people in the counselling professions



Fact sheet

Ethics in Practice

Ethics in Practice 014
Fact Sheet

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T: 01455 883300 **E:** bacp@bacp.co.uk **www.bacp.co.uk**

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References in this resource were up to date at the time of writing but there may be changes in particular to the law, government departments, government policies and guidance, websites and web addresses. Organisations and agencies may also change their practice or policies, so please be alert for any changes that may affect your therapy practice.

In this resource, the term 'practitioner' is used generically in a wider sense, to include the practice of counselling, psychotherapy, coaching and pastoral care. The terms 'therapist' or 'counsellor' are used to refer to those trained specifically as psychotherapists and counsellors.

1 Introduction

The relationship we build with children and young people (CYP) provides an important foundation for therapy, creating a space in which they can feel heard, respected and safe enough to engage in the therapeutic process. Working ethically within this relationship asks that we be attuned to issues of safety, identity and our clients' developing autonomy, as well as recognising the power and responsibilities we hold as practitioners. This resource explores some of the ways that this relationship and the work we undertake together may differ from therapeutic practice with adults, including the specialist knowledge, skills and legal responsibilities that working with CYP requires. It considers the complexities of working with clients whose independence is developing and who may be part of multiple systems. It also recognises that despite these differences, our professional responsibilities must stay grounded in the same principles – building therapeutic relationships that are safe, respectful and collaborative, and using the *Ethical Framework* (BACP, 2026) to guide our ethical decision-making.

The resource is structured around the lifecycle of therapeutic work with children and young people. We will consider what needs to be in place before the work begins, while establishing the therapeutic relationship, during the work, and as the work comes to an end. Throughout, we will look at how the *Ethical Framework* (BACP, 2026) can inform our thinking and help us develop a rationale for the decisions we make. The aim is not to provide simple answers to ethical challenges but to support and encourage reflection about the decisions we may have to make. Finally, we will look at how this process can be applied in practice through case studies, ending with questions designed to support your ethical reasoning.

In this resource, 'children and young people' refers to those under the age of 18.

2 Working therapeutically with CYP

2.1 Before the work begins

Working with children and young people requires specific skills in building relationships and facilitating emotional expression with young clients. We need to understand developmental processes and work sensitively with children whose development doesn't match their chronological age. An understanding of attachment theory (Bowlby, 1997) can also inform us about how children's early experiences might influence their current expectations of relationships – at home, in school and with us in the therapy room.

Developmental knowledge should include awareness of neurodevelopmental differences, disability, communication, and how culture and experience shape children's development and communication. It should also recognise the growing evidence around the influence of the mother's experiences during pregnancy on later development (Mandl, 2024). We should consider what adaptations might be necessary to make therapy accessible to these clients (Core Responsibility 1.1d: BACP, 2026).

The *Ethical Framework* states that we must be competent to deliver the services we offer (Core Responsibilities 2.1, 4.1: BACP, 2026). This means considering whether we have the appropriate qualifications, training and knowledge before beginning the work. BACP's (2026) *Competence Framework and Curricula* is a helpful guide to understanding the specific skills that may be needed and provides some helpful e-learning resources.

Play and creative activities can be useful therapeutic tools, giving children a safe way to express their feelings without words, especially if they find it difficult to talk about how they feel. Useful creative approaches include storytelling, puppetry, sand tray, music and clay. If you intend to offer specialist play or arts-based therapeutic approaches, you should ensure that you have the knowledge and experience to do so.

You must also ensure that you have a supervisor who is experienced in working with children and young people (Core Responsibility 4.3: BACP, 2026).

If you plan to work with specific presentations – for example with young people struggling with disordered eating – you should ensure that your supervisor has the knowledge and experience needed to oversee your work, and seek additional, specialist supervision if necessary.

There are specific legal considerations when working with this age group, and before we undertake any work, we must have a clear understanding of our legal responsibilities (Core Responsibility 3: BACP, 2026). This may affect how we establish and maintain the therapeutic relationship, share information and make decisions, particularly in safeguarding situations. This is covered in more detail later in Section 2.

Relevant BACP legal resources include:

Legal Resource 002: *Counselling children and young people in school contexts in England, Northern Ireland and Wales*

Legal Resource 026: *Counselling children and young people in school contexts in Scotland*

Legal Resource 031: S*afeguarding children and young people in England, Northern Ireland and Wales*

Legal Resource 052: *Understanding child protection in Scotland*

Legal Resource 053: *Understanding the children's hearing system in Scotland.*

Depending on your role and setting, you may need a criminal-record check. In England and Wales, this may include an enhanced DBS check. Further information can be found online for practitioners in England and Wales, Scotland and Northern Ireland.

If you intend to work with CYP where adoption-related issues are the primary focus, you should understand whether the service you are providing falls within the regulation of adoption support agencies. In England, adoption-related counselling for children may require Ofsted registration, although there are exemptions, including where adoption support is provided under contract to a local authority or adoption agency.

You should check the current Ofsted guidance and establish whether the service you are providing requires registration before accepting these referrals (Ofsted, 2025). Adoption work can involve issues relating to identity, abuse, loss, separation, attachment, belonging and relationships with birth and adoptive families, and you should ensure you have the appropriate knowledge, skills and experience to work with these issues. For further information, see resource LR 003: *Working with adoption law within the counselling professions in England and Wales*.

You will need to ensure that you have adequate insurance for your role (Core Responsibility 4.2: BACP, 2026). Note that some insurance companies will only insure you to work with children if you have the relevant qualifications.

If you intend to work as an independent practitioner, you will be directly responsible for handling personal data so you should ensure that you register with the ICO as a data controller.

2.2 First contact

The way that we manage our first contact with clients sets the tone for a therapeutic relationship that feels attuned and respectful (EF 2026, Section A). While the process may vary according to the context of the work, it is likely that the first contact you will have with a young client will be through a referral, either made by themselves or by someone else. Where the referral is made by someone else – perhaps a teacher, parent or carer – it is important to be mindful that the child or young person may have a different understanding of the reason for referral, may not agree with it or may not feel they need therapeutic support. Respecting their wishes and giving them a sense of choice and control can help to build trust and create the conditions for therapeutic work, should they decide they would like to take part (B: BACP, 2026).

Depending on the context, young clients may also be able to self-refer. A young person under the age of 16 may not need parental permission if they are deemed competent enough to make their own decisions – often referred to as 'Gillick competent'. They must understand what therapy involves and have clear, age-appropriate information on which to base their decision. For further information on capacity and consent issues, see Mitchels and Bond (2026).

In all cases where the child or young person is not deemed competent to consent to therapy, consent from a person with parental responsibility will usually be required. Where more than one person has parental responsibility, the consent of one parent will normally be sufficient. However, if you become aware of a disagreement between parents about a child attending therapy, this can present an ethical dilemma for which there may not be a clear right answer. It is important to consider the circumstances carefully, including the child or young person's wishes and best interests, and to think through the options with the support and guidance of colleagues, supervisors or other appropriate professionals.

If you receive a referral that you feel is beyond your competence and skills, you have an ethical responsibility to refer on or to seek expert guidance to support you in the work.

2.3 Beginning the therapeutic relationship

Establishing the conditions for young clients to begin to develop trust in the relationship is an important part of the early work. It is therefore essential that this includes transparent, age-appropriate conversations about contracting, ensuring that they understand what we are offering, how confidentiality works, the limits to this confidentiality and what is likely to happen in circumstances where there are safeguarding concerns that need to be shared (Core Responsibilities 1.2, 2.4, 3.3; A, B: BACP, 2026).

We should provide clients with an accessible, developmentally appropriate written agreement (Core Responsibility 1.2b: BACP, 2026). For younger children, this might include simple words and images discussed together. Where consent from a person with parental responsibility is required, they should also receive appropriate written information about the therapeutic agreement. Where a young person is able to consent to therapy themselves, the contract should be made with them.

Children and young people have their own data protection rights and should receive age-appropriate information (UK GDPR). We should provide clear and accessible information about how their personal data will be used, including what information we will hold, why it will be held, how this will be stored, who may have access to it and under what circumstances it might be shared.

Parents and others with parental responsibility do not automatically have unrestricted access to information shared in therapy; decisions about access should take into account age, capacity, confidentiality, the best interests of the child and any safeguarding responsibilities (ICO, 2026). For more information on this, see Section 2.4.

Where therapy takes place in a school or other organisational setting, it is important to understand and communicate any additional privacy and information-sharing arrangements that apply within that setting. Children and young people should be made aware of these arrangements in a clear and age-appropriate way, including any differences between the confidentiality offered within the therapeutic relationship and the organisation's wider information-sharing responsibilities (Core Responsibility 3.1: BACP, 2026).

More detailed information on contracting can be found in EiP 014.1 C*ontracting with Children and Young People in the counselling professions in England, Wales and Northern Ireland*. Further information and guidance on using children's information is available on the Information Commissioner's Office website. You can also read guidance for mental health leads providing school-based counselling on the BACP website.

2.4 The therapeutic work

The development of a safe, trusting and responsive therapeutic relationship is central to the work, and practitioners need to consider how their approach can be adapted to the child or young person's developmental stage, individual needs and capacity to engage. Research indicates that a range of therapeutic modalities are effective when working with children and young people, including CBT, play therapy and humanistic approaches (Pilling *et al.*, 2020; Trotta *et al.*, 2024; Cooper, 2026). A recent study (Warwick *et al.*, 2023) also suggested that different approaches might be better suited to different age groups. Play therapy was found to work particularly well for younger children, and CBT for older children. This was attributed to differences in developmental level and language skills required for engagement in different modalities.

Whatever modality you use, it is important to understand and have in place the safeguarding and child protection policies and procedures that apply to the setting and role you are working in (Core Responsibility 2.4, BACP 2026). This includes knowing who has responsibility for safeguarding, how to raise a concern and what to do if you are concerned about a child or young person's safety. Depending on the circumstances and your location, this may include contacting your local Multi-Agency Safeguarding Hub (MASH). You should also understand the circumstances in which you may need to contact the police or other relevant agencies. You should ensure you have current safeguarding training appropriate to your role and setting. Safeguarding training is offered by Local Authority training providers, and organisations such as the NSPCC and Barnardo's.

If a child or young person makes a disclosure to you, it is important to allow them the space to talk without asking any leading questions. You may be the first person that they have shared this information with, so offering them an attuned and compassionate response should be a priority. Where appropriate, explain clearly what you are going to do next. Ideally, they will agree for you to share the necessary information. However, there may be circumstances where concerns about safety means that information needs to be shared without their consent.

Risk is not something we can assess once and then set aside. Children and young people's circumstances can change, so assessing risk requires ongoing curiosity, reflection and review. Safeguarding decisions are rarely straightforward and often involve complex judgments about risk, confidentiality and information sharing. It is important that you do not manage these decisions by yourself, and that you find support through supervision (Core Responsibility1.4c: BACP, 2026). At times when this support is not available, or if you would like another space to discuss concerns, BACP's Designated Safeguarding Officer can be contacted at safeguarding@bacp.co.uk.

As soon as possible after the disclosure or safeguarding concern has come to light, you should keep a clear record of the concern, including the information that led to the concern, the decisions made and the actions taken. Your notes should be factual, relevant and proportionate, and should distinguish between what the child or young person has said and your own observations.

You should reflect carefully on what information needs to be shared, and who it needs to be shared with. If you are unsure about any aspect of this process, you can seek support from your supervisor and, where relevant, advice from a safeguarding lead. You must ensure that safeguarding information is stored securely and can be accessed when needed.

See LR 031: *Safeguarding children and young people within the counselling professions in England and Wales* provides further guidance on confidentiality, managing risk, safeguarding dilemmas and disclosure. Section 11 includes a disclosure checklist to help you consider whether information needs to be shared.

For members working in Scotland see Legal Resources 052: *Understanding child protection in Scotland* and Legal resource and 053: *Understanding the children's hearing system in Scotland*.

In addition, you should understand the safeguarding issues associated with female genital mutilation (FGM). There is a mandatory reporting duty that applies to specified professionals in England and Wales when they become aware of a known case involving a girl under 18 through disclosure (Home Office, 2020). If you suspect that a child may be at risk of FGM, or if they disclose information outside the mandatory reporting duty, you should follow safeguarding procedures and seek further advice. You can find more details on the UK Government's website, and the NSPCC offer a support helpline for professionals.

The way we record information is also an important ethical consideration. The records we keep should be relevant, factual and proportionate, particularly where information could cause harm or affect trust if accessed by the young person or others.

We should keep clinical notes in accordance with the requirements of our setting, our professional responsibilities and data protection law. The nature and level of information recorded may vary according to the context. For example, a school may require practitioners to keep a brief record of attendance and themes covered, while a private practitioner may keep more detailed clinical records. Before beginning work, we should understand who holds the records, who can access them and how long they will be retained (Core Responsibility 3.2: BACP, 2026).

Children and young people have rights in relation to their personal information under data protection law. In England, Wales and Northern Ireland, whether a child is able to exercise these rights themselves depends on their level of understanding. Where a child is deemed competent, they can request to see their notes themselves or authorise someone else to do so *on their behalf*. Where a child is not deemed competent to do this, the person with parental responsibility is able to do this on their behalf, unless there is evidence that this would not be in the child's best interests. In these circumstances, we should centre our decision-making around the child, considering our duty of confidence to them, the potential consequences of sharing – or not sharing – their notes, and their own views about what they feel should happen (ICO, 2026).

There may be situations where other agencies request access to your young clients' notes, and it is important to understand under what circumstances you are obliged to comply. For instance, you are not generally required to share a child's notes simply because the police or CPS request them, but you must comply with a court order or a request made by someone with the appropriate legal authority (Boughton, 2026; Bond and Mitchels, 2021). When information does need to be shared, this should be handled with honesty, sensitivity and respect. Explaining what will be shared and the reasons for this can help to preserve trust and reduce the impact on the therapeutic relationship (B: BACP, 2026).

Finally, working with complex situations, safeguarding concerns and the competing needs of children, families and other professionals can be extremely stressful. Our commitment to ethical practice should also include a commitment to ourselves – maintaining a work-life balance that supports our wellbeing and resilience, recognising when we need support, and knowing where and how to find it (Core Responsibility 2.3: BACP, 2026). For more information on self-care, see further resources on the BACP website.

2.5 Working with others and the wider context

Working with children and young people often involves working with others in their lives, each with different needs, expectations and responsibilities.

For example, parents may want to understand what is happening in therapy, schools may want to know about safeguarding concerns and a Family Support Worker may have information that is relevant to our work. Our job is not to necessarily meet every expectation but to decide what involvement is appropriate and beneficial to the young client and the therapeutic relationship.

Depending on the age of the client you are working with, the setting you are working in, and the context of the therapy, parents and carers may be involved in different ways. This may vary depending on your theoretical orientation and training, as well as the needs and preferences of your client. Some approaches like Dyadic Developmental Psychotherapy (DDP) and Child-Parent Psychotherapy (CPP) involve working directly with the parent-child relationship. Even when parents and carers are not involved in the therapeutic sessions, it can be helpful to consider whether some contact might support your client's wellbeing. Research suggests that appropriate involvement of parents can contribute to improved relationships and therapeutic outcomes (Haine-Schlagel, 2015; Kurzweil, 2023).

When working in schools and other organisations, it is particularly important to understand the different roles and responsibilities of those involved. We should know who holds the records, what information may be shared and with whom, and we should communicate this to our clients in language they understand. Where organisational expectations conflict with the young person's expectations of confidentiality, we should seek to clarify this rather than allowing uncertainty to develop in the therapeutic relationship.

Working with others also means thinking about professional boundaries and power. Practitioners working in schools may encounter clients and their families in other parts of school life or the local community. We should consider whether these relationships could affect our objectivity or ability to act in the child or young person's best interests and use supervision to explore the possible impact on the therapeutic relationship (Core Responsibility1.3: BACP, 2026).

2.6 Endings

Endings are an important part of therapeutic work with children and young people, and the way a therapeutic relationship ends can have significant meaning for young clients, particularly those who have experienced loss, disrupted relationships or unexpected endings. A planned ending has the potential to provide a different experience – an opportunity to reflect on the work you have undertaken together, to celebrate progress and to be present with any of the difficult feelings saying goodbye can evoke (Core Responsibility 4.5: BACP, 2026).

We should always try to give as much notice as possible to allow time to prepare for an ending. This might include talking with our clients about what the ending means to them, what they have found helpful or difficult, and what they would like to remember or take from the work. For younger children, creative activities can provide a meaningful way of marking an ending – perhaps making something together that they can take away with them or decide whether they would like the practitioner to keep something they have created. If your client has created artwork during your sessions together, you should also discuss whether they would like them to be kept with you or if they would like to take them home. If they ask for you to keep their artwork, you will need to be clear about what will happen to their work (i.e. safe disposal), especially if storage is an issue.

It can also be helpful to think about what the young person may need after therapy has ended. This might include identifying people or services they can turn to for support, discussing strategies or resources that they could use themselves, or making an onward referral where further therapeutic support is needed.

Some endings will not be planned. Where this is due to circumstances in our own lives, for example illness, we should take steps to minimise disruption and harm wherever possible, including communicating openly with the child or young person and supporting a transition to another practitioner or service.

Where a young person's needs have moved beyond our competence, we should seek supervision and consider referral to someone with the necessary skills and experience. Any referral should be discussed with the young person in an age-appropriate way wherever possible.

Our responsibility to our clients does not end with the final session. We need to ensure that records are kept, stored and eventually disposed of in accordance with data protection law and the requirements of our setting. For private practitioners, UK data protection law does not give a specific timeframe for keeping counselling records. Instead, it states that personal information should not be kept for longer than is necessary for the purpose for which it was collected (UK GDPR). We therefore need to have a clear policy about how long we will keep records and should take into account the possibility of clients returning to therapy, safeguarding considerations, potential legal or professional proceedings and the requirements of our professional indemnity insurance.

3 Applying ethical principles to practice

One of the challenges of working with children and young people is that it can involve balancing different or even competing ethical responsibilities, as decisions about confidentiality, parental involvement, safeguarding or information sharing rarely have straightforward answers. In these moments, it is our responsibility to identify the relevant Ethical Principles and Core Responsibilities, consider the impact of different options and seek supervision if needed. The case studies below illustrate the kind of dilemmas we may encounter and highlight that there is not always a clear right or wrong decision. What is most important is that we are able to demonstrate a clear and considered rationale for the decisions we make (A: BACP, 2026).

3.1 Case study one: Sahar

Sahar is a newly qualified psychotherapist working in private practice, who transitioned from secondary school teaching to working therapeutically with adults last year. She is contacted by Ella's mother, who was given Sahar's details by a friend and ex-colleague at the school she used to teach at.

Ella is 12 and struggling with increasing anxiety and difficulties attending school after her parents' separation and the ongoing conflict between them. Although Sahar's psychotherapy training was with adults, she feels confident that her teaching background means she will already have many of the skills needed to work with this age group and accepts the referral.

Ella's mother provides consent for the therapy and signs the relevant agreement, which does not include information about Sahar's qualifications or specific experience of working with children and young people therapeutically.

At the beginning of the work, Sahar simplifies the language in the contract she uses with adults to make it accessible for Ella, and they read through it together. They agree that, unless there is a significant safeguarding concern, the content of their sessions will remain confidential. As the work progresses, they develop a strong therapeutic relationship, and Ella begins to feel safe enough to explore the impact that her parents' separation is having on her.

Ella's father then contacts Sahar. He was not involved in the original contracting and is unhappy that he was not consulted about the therapy. He asks about Sahar's qualifications and is concerned that she is not appropriately trained to work with young people. The following day, he emails Sahar asking to see Ella's therapy notes and states that he does not consent to her continuing therapy.

Ella tells Sahar that she wants to continue with the therapy because it has become an important and trusted space for her. Her mother also wants the counselling to continue. Sahar is unsure how to respond to the disagreement between Ella's parents. She is also concerned about how she should respond to the father's request to see her notes, and the impact it would have on her work with Ella. She knows that ending the therapy may be upsetting for Ella and is concerned that she may feel let down if the work stops.

Questions for reflection

- Sahar's previous experience as a teacher gave her confidence that she could work therapeutically with a 12-year-old, despite her psychotherapy training being with adults. What should she have considered before accepting the referral?

  Why is it important to provide accurate information about your qualifications, experience and competence, and how might you assess when your skills and experience are adequate for working with CYP?

- Sahar adapted the language in her adult contract but did not make it clear to Ella that there may be circumstances under which her parents could request to see her notes. How would you manage the request from Ella's father so that the decision made is in her best interests?

- Ella wants to continue therapy, while her parents disagree about whether it should continue. What should Sahar consider when responding to the different views of Ella, her mother and her father? How can we ensure that young clients are meaningfully involved in decisions about their therapy while also considering the rights and responsibilities of those with parental responsibility?

3.2 Case study two: Jay

Jay is a counsellor working for a charity that provides a counselling service in a secondary school. Max is 15 and is referred to him by his head of year following several teachers noticing that he has become increasingly withdrawn and irritable in class and had occasionally left lessons without explanation. Jay assesses Max as being Gillick competent and in their first session together Max agrees to counselling and understands that what he discusses will normally remain confidential, but that information may need to be shared if there are concerns about his safety or the safety of someone else.

After several sessions, Max tells Jay that he has been drinking alcohol with older friends at weekends and sometimes stays out later than his parents believe. He says he doesn't want anyone at school or his parents to know because he is worried they will stop him going out completely. He is clear that he does not intend to harm himself or anyone else and Jay decides there is no immediate safeguarding concern.

The school's pastoral lead subsequently asks Jay for an update, saying that the school is funding the sessions and needs to know whether counselling is 'working'.

The pastoral lead also asks whether Max has disclosed anything that might explain his recent behaviour. The charity's service agreement with the school states that information may be shared where necessary to support pupils, but the boundaries around what this means have not been discussed.

Questions for reflection

- Max has disclosed that he is drinking alcohol with older friends and staying out later than his parents realise, but Jay does not identify an immediate safeguarding concern. What should inform Jay's judgment about the level of risk? How might he continue to respect Max's confidentiality while remaining alert to changes in risk or circumstances that might require him to reconsider his decision?

- The school is funding the counselling, and the service agreement with the charity allows information to be shared where necessary to support pupils, but the boundaries of this have not been discussed with Max. What should Jay consider when deciding what information, if any, to share with the pastoral lead? How could the confidentiality arrangements have been made clearer at the beginning of the work?

- The pastoral lead asks whether counselling is 'working' and whether Max has disclosed anything that might explain his recent behaviour. How should Jay balance the school's legitimate interest in Max's wellbeing with Max's expectation of confidentiality? What information might be appropriate to share, and what could the potential consequences be for Max and the therapeutic relationship if more information is disclosed than is necessary?

Helpful resources

Barnardo's: www.barnardos.org.uk/work-with-us/commission-us/safeguarding-training

Gov.uk Safeguarding Children: www.gov.uk/government/publications/working-together-to-safeguard-children--2

ICO: https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources

NICE, CYP Mental health: https://stpsupport.nice.org.uk/cyp-mental-health/index.html

NSPCC: www.nspcc.org.uk/keeping-children-safe

The British Association of Play Therapists: www.bapt.info

The British Association of Art Therapists: www.baat.org

The UK Trauma Council: https://uktraumacouncil.org/training

About the author

Ali Harper is a qualified teacher and a registered and Accredited member of BACP. She has worked as a child counsellor across a range of settings, including schools and charities. She currently works in private practice in Devon with adults and young people, alongside providing tutoring and academic support for trainee counsellors and psychotherapists.

This resource draws on information from the original version, written by Julie Lanyon-Hogg, MEd, an educational psychotherapist, counsellor and supervisor.

References

BACP (2026a) *Ethical Framework for the Counselling Professions.* Lutterworth: BACP

Boughton, E. (2026) *The Big Issue: Your Notes, Your Rights* [online]. https://www.bacp.co.uk/bacp-journals/therapy-today/2025/articles-december/the-big-issue (Accessed: 28 August 26)

Bowlby, J. (1997) *Attachment and Loss: Volume 1: Attachment.* London: Pimlico

Cooper, M. (2026) *Essential Research Findings in Child and Adolescent Counselling and Psychotherapy: The Facts are Friendly.* 2nd edition. London: Sage

Haine-Schlagel, R., Walsh, N.E. (2015) 'A Review of Parent Participation Engagement in Child and Family Mental Health Treatment'. *Clin Child Fam Psychol Rev* 18, 133–150. https://doi.org/10.1007/s10567-015-0182-x

Home Office (2025) *Mandatory reporting of female genital mutilation: procedural information.* Available at: www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information (Accessed: 13 August 2026)

Information Commissioner's Office (ICO) (2026) *What rights do children have?* Available at: https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/childrens-information/children-and-the-uk-gdpr-old/what-rights-do-children-have (Accessed: 1 September 2026)

Kurzweil, S. (2023) 'Involving parents in child mental health treatments: survey of clinician practices and variables in decision making', *American Journal of Psychotherapy*, 76(2), pp. 64–71. doi: 10.1176/appi.psychotherapy.20220025

Mandl, S., Alexopoulos, J., Doering, S., Wildner, B., Seidl, R. and Bartha-Doering, L. (2024) 'The effect of prenatal maternal distress on offspring brain development: A systematic review', *Early Human Development*, 192, 106009

Mitchels, B., Bond, T. (2021) *Confidentiality and Record Keeping in Counselling and Psychotherapy.* 3rd Edition. London: Sage

Ofsted (2025) *Adoption support agencies registration policy.* Available at: www.gov.uk/government/publications/register-an-adoption-support-agency/adoption-support-agencies-registration-policy (Accessed: 4 September 2026)

Pilling, S., Fonagy, P., Allison, E., Barnett, P., Campbell, C., Constantinou, M., Kendall, T. (2020) 'Long-term outcomes of psychological interventions on children and young people's mental health: A systematic review and meta-analysis', *PloS one*, 15(11), e0236525

Trotta, A., Gerber, A. J., Rost, F., Robertson, S., Shmueli, A., & Perelberg, R. J. (2024) 'The efficacy of psychodynamic psychotherapy for young adults: a systematic review and meta-analysis', *Frontiers in Psychology*, 15, 1366032

Warwick, L. A., Lenz, A. S., Branch, M. L., & Lemberger-Truelove, M. E. (2023) 'A meta-analysis of common factors in child therapy interventions', *Journal of Child and Adolescent Counseling*, 9(2), 170-191.