

# Purple Ruler Therapy Client Assessment Policy and Procedure

Document Authors Name	Bella Ma
-----------------------	----------

Document Version Control	
Creation Date	November 2024
Last Update	
Next Review Date	November 2025

## 1. Introduction

This policy outlines the client assessment procedures under our therapy programme, focusing on Gillick competence, voluntary participation, and informed consent. The assessment ensures that:

- Clients understand the therapy programme and agree to participate voluntarily.
- Clients have the capacity to consent, in line with UK legal standards (Gillick competence test).
- Any safeguarding concerns are identified before therapy begins.

## 2. Purpose

The purpose of this policy is to:

- Ensure that clients are assessed for their capacity to understand and consent to therapy services.
- Establish a process to identify clients who may require additional support or are not ready to engage effectively.
- Align our services with the British Association for Counselling and Psychotherapy (BACP) Ethical Framework.
- Promote transparency and informed decision-making for clients and their guardians.

- Provide safeguarding measures during the assessment process.

## 3. Definition

Our clients are school-aged children or young adults. They may be referred to in our documentations as students, pupils or children.

## 4. Scope

This policy applies to:

- Therapists and counsellors conducting assessments.
- Designated Safeguarding Leads (DSLs) handling risk disclosures.
- Schools, parents, and guardians referring children to therapy.
- Administrative staff managing enrolment and data protection.

## 5. Key Principles

**Gillick Competence:** Assessing the child's capacity to understand the purpose, risks, and benefits of therapy, ensuring they are there by choice.

**Voluntary Participation:** Ensuring clients feel empowered to make their own decisions about engaging in therapy.

**Informed Consent:** Clearly explaining the therapy process, confidentiality, and its limitations.

**Safeguarding:** Identifying and addressing any risks or safeguarding concerns during the assessment process.

## 6. Assessment Procedure

### 6.1 Pre-Assessment Preparation

- School must provide a completed enrolment form with key pupil details via our [Purple Ruler Therapy Enrolment Form](#).
- Schools should provide the pupil's EHCP if available.

#### 1. Parental Consent:

- a. Parent or guardian of the child enrolled must also provide their consent via the [Parent/Guardian Consent Form](#).
  - b. This must be obtained before we can proceed with an enrolment.
2. Therapist Briefing and Reviewing of information:
- a. The assigned counsellor reviews all submitted information.
  - b. If the student has attended our Tutoring or AP programmes, the counsellor will:
    - Review lesson recordings (if available).
    - Consult past tutors on the student's engagement and behaviour.

## 6.2 Conducting the Assessment

The assessment will be conducted by a qualified counsellor, including the therapist who will be providing ongoing therapy if the student is deemed suitable to proceed. While therapists should follow the outlined steps, they may adapt the format, approach, structure, and nature of the questions to ensure they are age-appropriate and suitable for the child's level of understanding.

### Step 1: Introduction:

- a. Greet the student warmly and create a comfortable, safe environment.
- b. Explain the purpose of the session: understanding their feelings about participating in the programme.
- c. Clarify the role of the therapist and what therapy entails.

### Step 2: Explaining Confidentiality:

Clearly explain what confidentiality means in therapy, explain the child's right to confidentiality with exceptions including safeguarding concerns, court order requiring disclosure and immediate risk of harm of self or others. Ensure it is explained in an age appropriate manner.

### Step 3: Understanding the Programme:

Ask open-ended questions to gauge the student's understanding of the programme, some examples are:

“What do you know about why you are here today?”

“What do you think this programme will involve?”

Provide age-appropriate explanations where gaps in understanding are identified.

## Step 4: Exploring Consent and Voluntary Participation:

Discuss the student’ s feelings about participating, some examples are:

“Do you feel comfortable being part of this programme?”

“Is this something you feel you want to do?”

Ensure the child understands they have a choice and can express concerns or reservations.

## Step 5: Gillick Competence & Capacity Assessment

Therapists should use the following criteria to assess competence:

Criteria	Indicators of Competence	Indicators of Lack of Comp
Understanding	Can <b>describe therapy in their own words</b>	Confused, struggles to explain therapy
Decision-making	Can <b>explain why</b> they want therapy	Responses seem forced or scripted
Risk evaluation	Can <b>identify at least one benefit and one risk</b> of therapy	Cannot identify any potential risks or ben
Voluntariness	Clearly states they <b>want to</b> participate	Says <i>"I don’ t know"</i> , <i>"My teacher said I</i>
Emotional readiness	Engages in discussion, <b>comfortable with participation</b>	Appears withdrawn, anxious, or resistant

## Step 6: Safeguarding Risk Screening

All students must undergo a safeguarding check as part of the assessment. The following screening questionnaire should be used to identify potential concerns:

Risk Factor	Questions to Ask	Action if Risk Identifie
Self-harm risk	<i>"Have you ever felt so upset that you’ ve hurt yourself?"</i>	Immediate referral to <b>DSL and school</b>
Suicidal thoughts	<i>"Do you ever feel like you don’ t want to be here anymore?"</i>	Contact <b>emergency services (if imminen</b>
Abuse or neglect	<i>"Is there anything at home or school that makes you feel unsafe?"</i>	Report to <b>safeguarding lead</b>
Bullying or peer issues	<i>"Has anyone made you feel scared or uncomfortable recently?"</i>	Discuss with <b>school and parents</b>

- ◆ Any safeguarding concerns must be immediately escalated to the DSL.

## 7. Post-Assessment Procedures

Once the client assessment has been concluded, the next steps will be determined based on the child's competence, willingness to engage, and any identified safeguarding concerns. The following procedures outline the step-by-step actions required based on the assessment outcome.

### 7.1 Child is Competent, Consenting, and No Safeguarding Concerns Identified

If the child demonstrates Gillick competence, understands therapy, and agrees to participate voluntarily, the following steps will be taken:

#### Step 1: Confirming Therapy Start Date

- The therapist confirms the start date with the child and school.
- The therapist explains the therapy structure (session frequency, duration, and format).
- The child is provided with contact details for the therapist and safeguarding lead.

#### Step 2: Notifying Parents/Guardians and School

- A confirmation letter is sent to the school and parent/guardian, stating:
  - That the child has been assessed as competent and therapy will proceed.
  - The agreed therapy schedule and therapist assigned.
  - Client care team will send the following to the school:
    - Reminder of the confidentiality policy and exceptions where disclosure may be necessary
    - a service level agreement and quotation of services scheduled
    - A compilation of policies, including but not limited to GDPR, Privacy Notice, Safeguarding, Complaints etc.
    - Instructions on how to set up an account for the child to access their Therapy programme.

#### Step 3: Setting Up the Therapy Sessions

- The child is booked into their first official therapy session.

- The therapist creates a client file, securely storing:
  - The assessment record.
  - Any important contextual information from the school or parent.
  - A summary of the initial discussion with the child.

## 7.2 Child is Competent but Expresses Uncertainty About Therapy

If a child is competent but expresses doubts or hesitation, the following procedures apply:

### Step 1: Addressing Concerns in the Assessment Session

- The therapist will explore the child's doubts, asking questions such as:
  - *"What is making you unsure about starting therapy?"*
  - *"Is there anything you need to feel more comfortable?"*

### Step 2: Offering a Follow-Up Discussion

- The therapist does not force immediate participation and offers a follow-up session in two weeks.
- The school and parents are informed that:
  - The child understands therapy but is uncertain about starting.
  - The therapist will check in again before proceeding.

### Step 3: If the Child Declines Therapy

- The child's decision is respected.
- A record is made of their response.
- The school and parents are informed that the child has chosen not to proceed at this time.
- The child is offered the option to re-engage later if they wish.

## 7.3 Child Lacks Competence to Consent

If the assessment determines that the child lacks Gillick competence, the following steps must be taken:

### Step 1: Consultation with the Designated Safeguarding Lead (DSL)

- The therapist escalates the case to the DSL.
- The DSL reviews the assessment findings.
- The DSL and therapist discuss whether additional support is needed.



## Step 2: Informing the School and Parents

- A formal letter is sent to the school and parent/guardian, stating:
  - That the child has not been assessed as competent to consent.
  - That therapy cannot proceed without parental consent.
  - Recommendations for additional support or a future reassessment.

## 7.4 Child is Competent but Has a Safeguarding Concern

If the child is competent but raises a safeguarding concern, the following procedures must be followed immediately:

### Step 1: Immediate Risk Assessment

- The therapist determines urgency based on the nature of the disclosure. Further details on urgency determination is outlined in our safeguarding policy.
- If the child is at immediate risk (e.g., suicidal, experiencing abuse, serious self-harm intentions):
  - The DSL is contacted immediately.
  - The therapist does not leave the child alone until support is in place.
  - The DSL will follow protocols outlined in the Safeguarding policy.

### Step 2: Reporting the Concern

- The safeguarding disclosure is recorded in line with organisational policy.
- The DSL liaises with the school's safeguarding lead and external services as required.

### Step 3: Continuing or Pausing Therapy

- If the child is safe but requires additional support, therapy can continue with extra safeguarding measures.
- If therapy is not appropriate due to risk factors, alternative specialist referrals are made. Purple Ruler will provide the necessary information for the school and parents to determine the next appropriate actions for the child.

## 8. Child or Parent/School Disputes Assessment Outcome

If there is disagreement regarding the assessment decision (e.g., parents believe the child should have therapy despite lacking competence, or a child is competent but parents refuse consent), the following procedures apply:

## Step 1: Internal Review Request

- The disputing party (parent, school, child) can request an internal review within 10 working days.
- The Clinical Supervisor and DSL will review the assessment findings.

## Step 2: Mediation Discussion

- A meeting is scheduled with:
  - The therapist
  - The DSL
  - The parent(s)/school representative
  - The child (if appropriate)
- The assessment findings are explained in detail.

## Step 3: Final Decision

- If the review confirms the original decision:
  - The case is closed.
  - Parents and the school are notified of the final outcome.
- If the review overturns the decision, therapy can proceed with appropriate safeguards in place.

## 9. Documentation & Record Keeping:

Regardless of the assessment outcome, the following records must be securely stored in compliance with the GDPR Policy:

1. Assessment Record – A full report of the child's responses, competency evaluation, and therapist's conclusions.
2. Parental Consent Forms – Copies of all signed consent forms.
3. Communication Logs – Any written notifications sent to the school, parents, or safeguarding teams.
4. Safeguarding Reports – If a safeguarding concern was raised, the full report and actions taken.
5. Follow-Up Records – Any future assessments, reassessments, or alternative support measures.



## 10. Policy Monitoring and Review

- Annual audits will be conducted to evaluate the effectiveness of assessments.
- Feedback will be collected from therapists, schools, parents, and children to improve procedures.
- The policy will be updated annually to reflect legal or regulatory changes.

### Contact Information

#### Designated Safeguarding Lead

Bella Ma

[bella.ma@purpleruler.com](mailto:bella.ma@purpleruler.com)

01227913313