

# COUNSELLING SERVICES

## INFORMATION AND HOW TO CONTACT



Counselling services at Kinross Wolaroi School are provided by Ms Rebecca Anderson and Ms Melissa Gazzard. Rebecca is a Registered Psychologist and Melissa is an accredited Mental Health Social Worker. Both Rebecca and Melissa have extensive training and experience in child and adolescent mental health. The Counsellors are available to work with students, staff and parents to address academic, socio-emotional and behavioural issues which impact on student wellbeing. Any issue that might impact on a student's wellbeing could be helped by speaking with a Counsellor, including:

- Behaviour concerns
- Depression
- Anxiety
- Learning difficulties
- Family problems
- Grief and loss
- Stress
- Social skills
- Concerns about eating or body image

While sometimes you may wish to call the Counsellors directly, your first point of contact for most concerns would be your child's Teacher in the Preparatory School or Head Tutor for Students in the Senior School.

The counselling service is available for students from Kindergarten to Year 12.

The School Counsellors support whole school practice and are members of the Wellbeing Team. Services provided include:

- Individual student support / counselling for a range of issues
- Classroom observations
- Assisting teachers to support students with learning, behavioural or mental health needs
- Liaising with parents regarding students
- Supporting students with mental health issues who are being treated by external clinicians
- Preventative and early intervention initiatives
- Contributing to the professional learning of teachers and school staff in areas of Mental Health and Wellbeing
- Working with Student Academic Services

## CONTACTING THE COUNSELLORS

Parents are welcome to phone and talk about their concerns to make an appointment to come in and speak with a Counsellor. Alternatively you can email [counsellors@kws.nsw.edu.au](mailto:counsellors@kws.nsw.edu.au) The Counsellors are available between 8.30am and 5.00pm Monday to Friday.

Students are able to come and make appointments themselves via Student Support Suite or email.

## CONFIDENTIALITY

The School Counsellors offer a confidential service respecting the individual's privacy. However, in certain circumstances, parents and appropriate staff will be contacted:

- The student reveals information about harm to himself/herself or to another person.
- The student or another person may be in physical danger.
- The student consents to others being informed about certain information.
- Records are subpoenaed by a Court.

The School Counsellors work as a part of the Wellbeing Team, and with permission will share relevant information with the child's teacher/s and other staff who work with the child.

## DATA COLLECTION

Kinross Wolaroi School collects information about students and their families when necessary to:

- Educate students
- Support students' social and emotional wellbeing, and health
- Fulfil legal requirements, including to:
  - Take reasonable steps to reduce the risk of reasonably foreseeable harm to students, staff and visitors
  - Make reasonable adjustments for students with disabilities (anti-discrimination law)
- Enable our school to ensure effective management, resourcing and administration
- Fulfil statutory functions and duties
- Comply with reporting requirements

Some student records may be shared with the AIS for auditing and funding purposes. This information is de-identified and only essential information is shared.

Student counselling files are stored securely in accordance with AHPRA regulations.

## EXTERNAL REFERRALS

In some instances it may be more appropriate to refer students and their families to professionals outside the school who are able to offer specialist assistance, for example paediatricians, private psychologists, psychiatrists, community mental health services or other allied health professionals. The School Counsellors have strong networking relationships with local providers and can assist with referrals to a range of services.

## PARENT/GUARDIAN PERMISSION TO ACCESS SCHOOL COUNSELLING SERVICE

Parents will generally be contacted before a Counsellor sees a Preparatory School student, and parents will be given feedback about the content of appointments.

As an approximate guide, students from around 14 years of age can expect confidentiality regarding counselling appointments, with the exception of serious self-harm, harm to others or the requirements of mandatory reporting under Child Protection legislation or the Crimes Act.

Students in years 11 and 12 are generally considered able to make their own choice about accessing the School Counselling service. Students who request confidentiality will be encouraged by the Counsellors to inform significant adults about their situation. In this instance parents may be contacted by the Counsellors if there are issues of risk / harm or if the student consents to parents being contacted.

If you have any questions about the Counselling Service please contact us directly

**Rebecca Anderson**  
(Monday – Friday)

Email: [randerson@kws.nsw.edu.au](mailto:randerson@kws.nsw.edu.au)  
Phone: 02 6392 0356

**Melissa Gazzard**  
(Monday – Thursday)

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# COUNSELLING SERVICES

## CONSENT FOR COLLECTION AND SHARING OF INFORMATION



Name of student: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

### I provide consent for the School Counsellor to:

- Obtain information from; and/or
- Release information to the following professionals.

#### 1. Name of professional:

Profession: \_\_\_\_\_  
GP / Specialist / Psychologist / Psychiatrist / Other

If other, please specify: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### 2. Name of professional:

Profession: \_\_\_\_\_  
GP / Specialist / Psychologist / Psychiatrist / Other

If other, please specify: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please specify any information you **do not** consent to have released / obtained (eg diagnosis, personal history):

\_\_\_\_\_  
\_\_\_\_\_

I have been informed and understand how this information will be used.

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

Name: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

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

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## CONSENT FOR SCHOOL COUNSELLOR INVOLVEMENT



Name of student: \_\_\_\_\_

Student year level: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

**I consent for my child (named above) to access the School Counsellors' service.**

I understand that I may be given feedback regarding the Counsellor's involvement with my child and any school based strategies developed and implemented to support my child at school.

I have read and understand the information regarding data collection and confidentiality.

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

Name: \_\_\_\_\_

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