



Partner Policy: Minors

Introduction

WPO recognises that children and young people who have not yet reached an age where they are legally adults need a special clinical provision to ensure they are properly protected and that their parents/legal guardians are involved in the process as appropriate. A minor is defined at WPO for all countries as a person under the age of 18 (i.e., anyone who is 18 and over is considered an adult).

Policy

The provision of counselling to minors is legally controlled in many of the jurisdictions where the EAP operates (e.g., it may be mandated that only specially trained and qualified clinicians can work with minors). Local legal requirements take precedence over this policy wherever they are in place and may mean EAP counselling cannot be provided due to legal constraints.

Single Session Therapy is attempted with all participants accessing the EAP service. This includes those seeking services for minors.

Safety is the primary consideration when serving minors. Clinicians will be constantly mindful of the need to protect minors from harm and of the circumstances when a report to the Police or Child Protection Services may be required.

A minor can contact the EAP directly or a parent/guardian can do so on their behalf.

Minors cannot be referred to EAP ongoing services without parental or legal guardian involvement and written consent. Minors accessing the service directly, without parental involvement, will be checked for safety (and appropriate action taken where necessary), offered in-the-moment support and, where appropriate, signposted to other Agencies.

Individual EAP sessions cannot be offered to minors under the age of 8 (i.e., EAP sessions are available, where appropriate, to anyone who is 8 and older).

Where clinically appropriate, and with parental involvement and consent, the EAP may offer a clinical assessment with an appropriately trained and experienced practitioner, to minors who are aged 8 and above to establish their needs. This assessment constitutes the first session of the benefit. Following this assessment, the minor may be offered EAP sessions or signposted to other supports.

Wherever possible, the clinical assessment held with the minor to establish their needs, and any on-going EAP sessions arising out of that conversation, will be held in-person. Video or telephonic access will only be offered in exceptional circumstances when in-person contact is not possible; in these circumstances video counselling will be the preferred option.

The EAP cannot provide the Aware program or cCBT to a minor. Minors cannot participate in the Elevate or Pathways Programs.

EAP sessions cannot be offered to minors who are reporting risk of harm to themselves or others. When such a risk is identified the clinician will work with the parent/legal guardian to engage the minor with appropriate services. If the parent/legal guardian presents as the risk to the child, the Police or Child Protection Services will be informed as is appropriate.

Where clinically appropriate, minors can be included in the provision of family counselling from the age of 5.

A minor cannot attend Individual EAP sessions concurrently with other counselling support (e.g., Family Counselling or individual counselling with another Service Provider).

The ORS is not collected for Minors.

Minors aged 16 or 17 who are accessing the service under their own benefit, that is they are themselves employed by an eligible organisation, will be treated as adults and as such provided with all appropriate benefits available to them. Parental consent will not be sought unless the partner is unable to identify a practitioner who will accept the engagement without formal parental consent.

Minors cannot be referred to Transitional Support following the telephonic/video clinical conversation completed with their parent/legal guardian.

The Partner will ensure that the practitioners to whom minors are referred, for both assessment and ongoing EAP sessions, are appropriately trained with a minimum of 2 years' experience of working with children. Practitioners accepting these referrals will be responsible for ensuring all legal requirements for their jurisdictions, including gathering formal parental consent, are honoured.

WPO only require the consent of one parent/legal guardian to proceed with an assessment for a minor. In jurisdictions where the consent of both parents and/or all legal guardians are legally required, it will be the responsibility of the parent/legal guardian who initially accesses the service and the practitioner who accepts the referral, to ensure these are obtained.

Practitioners administering the assessment of a minor may proceed to implement their recommendations without further authorisation from the EAP. However, they must provide a written report detailing the outcome of the assessment to the EAP before any further sessions with the minor are held.

Short-term solution-focused counselling does not provide the support required for minors who have been the victims of abuse, who are diagnosed with a specific mental health issue (for example, OCD, Oppositional Defiant Disorder or Borderline Personality Disorder) or who sit on the Autistic Spectrum or suffer from Speech Pathology. In the case of a minor diagnosed with ADD/ADHD, EAP sessions may only be offered where the condition is reported as being successfully managed. Where these circumstances are reported, appropriate resources will be provided.

Clinical Practice

- When a minor contacts the EAP directly their safety is the primary consideration. The clinician will check that the minor is in a safe environment and take appropriate action if they are not. Once safety is established the clinician will provide in-the-moment support and explain the limitations of providing EAP Services directly to minors. The clinician will attempt to liaise with the minor's parent/legal guardian during the interaction. If the parent/legal guardian is unavailable, or the minor reluctant to engage them, the clinician will provide guidance that, as the service cannot provide a minor with any ongoing intervention without the formal consent of their parent/legal guardian, the minor's parent/legal guardian must call to request counselling. However, the minor can be directed to local or national resources which may be of benefit to them. These resources can be provided during or following the call.
- On occasion, a responsible adult may call the EAP with the minor present and request that the clinician provide in-the-moment support to the minor. If the minor agrees to the conversation, the clinician will check that they are in an environment where they are comfortable to talk and either provide in-the-moment support to the minor themselves or, if the clinician is untrained in providing support to minors, transfer the minor to a clinician who is appropriately trained. As part of this conversation the minor's safety will be checked. It will be explained to the minor that the provision of any further or ongoing support will need to be discussed and agreed with the responsible adult who initiated the call or with their parent/legal guardian. In some circumstances, the responsible adult may

be contacting the EAP as the representative of an organisation holding legal guardianship for the child with parental consent. Details of the service to be provided in these circumstances are held on the Case Management system.

- If a parent/legal guardian contacts the EAP seeking individual EAP sessions for a minor under the age of 8 the adult will be provided with in-the-moment support and the clinician will work collaboratively with them to establish a plan as to the best course of action to take regarding the minor. The EAP does not provide one-to-one counselling services to those under the age of 8 and will assist the adult to find appropriate resources for the minor. The adult's need to utilise the EAP benefit for continued support will be assessed and the way forward agreed.
- If a parent/legal guardian contacts the EAP seeking individual EAP sessions for a minor of 8 or over, the adult will be provided with in-the-moment support and the clinician will work collaboratively with them to establish a plan as to the best course of action to take regarding the minor. If the adult's presentation of the minor's issue(s) would seem to indicate that a short-term EAP intervention may be useful and the parent/legal guardian reports the minor is mature enough to engage effectively, the minor can be referred to a clinician trained and experienced in working with minors for a clinical assessment to establish their needs. This assessment will constitute the first session of the benefit.
- Before making the referral to an assessment, the clinician will explain the nature of the assessment process to the parent/legal guardian. It will be explained that the minor is being referred to a practitioner trained and experienced in providing short-term solution focused therapy to minors and that the parent/legal guardian will not be able to be present in the room while the assessment is conducted. The parent/legal guardian will be encouraged to remain easily available to attend the room should they be needed. Confidentiality will be explained such that the parent/legal guardian will understand that what is discussed between the minor and the practitioner will be confidential and not shared with the parent unless risk is identified. For younger children, the parent/legal guardian will need to understand that the EAP does not offer play therapy and that all communication will be verbal. Potential outcomes from the assessment will be outlined; that where the practitioner concludes an appropriate goal for short-term solution-focused therapy can be agreed, they will schedule the sessions going forward or, where such an intervention is unlikely to benefit the minor, resources, outside the EAP, will be provided. The parent/legal guardian can then decide whether the minor will be able to understand and engage effectively in the assessment. Where the parent decides the minor may not be mature enough, or yet have the verbal skills, to express their thoughts and feelings during the assessment, they will be offered resources.

- Clinicians will always be mindful of the number of sessions and the modality (i.e., in-person or via video/telephone) through which the sessions will be delivered, that are available to the minor when making their determination of whether an assessment is advisable.
- Where the practitioner delivering the assessment concludes EAP sessions are not advisable and the parent/legal/guardian wishes, with the practitioner's agreement, to proceed privately with the practitioner, a waiver will always be offered. Similarly, if the minor and their parent/legal guardian wish to continue privately with the practitioner at the end of their EAP sessions a waiver will always be offered providing the practitioner is happy to continue.
- When a stepparent or other relative contacts the EAP requesting support for a minor, they will be provided with in-the-moment support and the clinician will confirm with them whether they are the minor's legal guardian. If they are not, the clinician will complete the telephonic/video consultation, particularly with regard to ascertaining whether the minor is at risk of harm (and take appropriate steps to keep the minor safe), and explain to the step-parent or other relative that the minors parent/legal guardian will need to contact the EAP to complete a full telephonic/video clinical conversation for any referral or resources to be provided.
- On attending the clinical assessment with the practitioner, the parent/legal guardian must sign a consent form, formally confirming their consent to the clinical assessment with the minor and any further EAP sessions, before the conversation to establish the minors ongoing needs can proceed.
- Following the clinical assessment with the minor, the practitioner will schedule any further sessions as appropriate and provide the EAP with written feedback regarding the outcome. While no authorisation is required from WPO to proceed with any recommended sessions (they are at the discretion of the practitioner), the feedback from the assessment should be submitted to the EAP before the sessions take place. An EAP Case Manager will review this feedback, and, if concerned about some aspect of the report, reach out to the practitioner to clarify and agree an appropriate way forward.
- Minors aged 8 and above must attend the clinical assessment and any subsequent EAP sessions alone; the parent/legal guardian will not be present other than to have a brief conversation to discuss confidentiality, set expectations and agree session appointment times. It will be explained to the parent/legal guardian that what the minor discusses with the counsellor will remain confidential unless a risk of harm to the minor or others is identified. In these circumstances the risk will be reported to the parent/legal guardian (or the Police/Child Protection Agencies where appropriate) and the most beneficial way forward agreed.

- Any clinician accepting a referral for a minor aged 8 and above must be fully briefed around what is expected from the assessment and what the potential outcomes may be. EAP Policy regarding the counselling of minors and what constitutes appropriate boundaries and disclosures will be made clear.
- It may not always be possible to secure a clinician who will work with someone under the age of 18 without their parents' signed consent when a minor aged 16 or 17 (who are accessing the service under their own benefit and who are consequently eligible for all the benefits available under their benefit plan) is referred to EAP sessions. Clinicians making such a referral may warn the participant that in these circumstances other options may need to be reviewed with them.
- Clinicians cannot reach out to a Minor at the request of their Parent/Legal Guardian.
- Clinicians must always be mindful that this policy provides a guideline for the EAP's approach to minors. There may be occasions when a clinician feels it is clinically appropriate to demonstrate some flexibility around these guidelines for a particular case. In these situations, the case must be reviewed with Clinical Management and the way forward agreed. Where the decision is taken to go forward with a solution outside the boundaries of the policy, the clinical rationale for this will be clearly documented in the case management system.
- There may be variations to this policy for specific client organisations; these are documented on the Case Management System.
- Clinicians will explain the reasoning behind the age boundaries for the services provided to minors in clinical terms and avoid quoting the age boundaries defined in the policy as the cause for a particular service being denied or recommended, as this can cause a participant to disengage in the process before appropriate supports can be offered and agreed.

CHANGE HISTORY:

Document Original Author: Alison Brown; Vice President Global Clinical Quality

Stakeholders: Global Infrastructure, Clinical Operations, Quality, Learning & Development, Sales & Account Management.

| Change Date: | Approved by: | Subject Matter Expert(S) [SME] Utilized: | Description/Details of Change [Why & What]: |
|----------------|--------------|--|--|
| September 2020 | Alan King | Alison Brown/ Maullika Sharma/ Maria Guimaraes | Document Initially Created |
| November 2020 | Alan King | Alison Brown/ Maullika Sharma/ Maria Guimaraes | Annual Review: sessions may now be provided via telephone/video where in-person sessions are impracticable. Document updated in line with current naming conventions. |
| March 2021 | Alan King | Alison Brown/ Maria Guimaraes | Age where a minor may attend individual EAP sessions changed from 14 to 8. Practitioners to whom a minor is referred for assessment may immediately proceed to EAP sessions should these be appropriate and do not require WPO approval to do so. Practitioners must, however, provide WPO with written feedback on the assessment before any sessions are attended, such that a WPO case manager can clarify the content of the feedback if necessary. Guidance provided around how to set expectations of the service provided to parents/legal guardians such that they are properly involved in the decision to refer. Minors can be included in Family Counselling from the age of 5. Practitioners providing assessments and/or sessions must be appropriately trained and practicing with minors for at least 2 years. Intake counsellors should only provide in-the-moment support to minors where qualified to do so. Clarification around the use of waivers for minors. Clarifying the use of the EAP for minors reporting diagnosed mental health issues. Use nuances on Case Management |

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system where teachers may be in the role of the minor's Legal Guardian.

WORKPLACE OPTIONS

