Supporting Children after Separation Service Agreement

This agreement supports parents to understand the guidelines and conditions which apply to the use of the Supporting Children after Separation program.

SCaSP is a specialised counselling service for children and young people up to the age of 18 who have experienced family separation. SCaSP provides an opportunity for children to discuss their experiences of separation with someone who is outside of the situation and experienced in supporting children and their worries. The program assists children to make sense of their family changes, develop resilience and equip them with strategies to deal with their unique experience

1. SCASP Service

1.1. I understand that the primary client of SCaSP is the child, and services are delivered in the best interests of the child. This includes supporting their emotional wellbeing, adjustment, and development following separation.

1.2. I understand SCASP is not a crisis service, if your SCASP counsellor is unable to support you with certain situations or issues they will refer you to a more appropriate service.

1.3. I understand and agree to remain in the venue waiting area while my child attends their session, unless they are over the age of 16 years.

1.4. I understand that SCaSP does not mediate parental conflict or resolve disputes between parents.

1.5. I understand that service is unable to proceed unless both parents provide a copy of any Family court orders or Domestic Violence orders (DVO).

2. Parent Feedback

2.1. I understand that I am responsible for booking and rescheduling all child and parent feedback sessions. I understand that if there is anything I need to discuss with my child's SCASP your counsellor, that I will book in a parent feedback session via the office number:

2.2. I understand that I can attend an optional, but recommended, parent feedback session approximately every three (3) child sessions

3. Confidentiality & Consent

3.1. I understand that SCASP maintains strict confidentiality regarding children's counselling and no information will be shared without their consent unless required due to legal or safety concerns.

3.2. I understand that best practice is for both parents to provide consent for my child to attend SCaSP, as children achieve better outcomes with support from both parents. I will discuss further with my practitioner if I have concerns around this.

3.3. I understand SCaSP cannot disclose information about the other parent or relay messages between parents.

4. Parent Acknowledgement

I acknowledge that I have read and understood the SCaSP Service Agreement and agree to the conditions outlined above. I understand that if I breach any condition of this agreement, I may be denied service.

(Please sign below and initial each page to demonstrate that you have read and understood this agreement).

Name:_____

Signature:_____

Date:_____