

Mind in Waltham Forest

Community Counselling Service & Health & Safety

Combined Policies Procedures and Manual

CCS1 AIMS AND OBJECTIVES, DESCRIPTION AND OVERVIEW OF THE SERVICE

- 1 PURPOSE AND SCOPE
- 2 AIMS AND OBJECTIVES
- 3 GENERAL DESCRIPTION
- 4 STAFFING
- 5 NUMBERS

1 PURPOSE AND SCOPE

- i. This document describes the Community Counselling Service, its Aims and Objectives, its premises, staffing and client numbers.

2 AIMS AND OBJECTIVES

- i. The **Aim** of the Community Counselling Service is to provide a short-term non-stigmatised counselling service using a broad humanistic perspective, which is accessible to people in the local community.
- ii. The **Objectives** for the service are to provide :
 - iii. a free service
 - iv. counsellors who work using a broad humanistic perspective who may integrate theory and techniques from other therapeutic paradigms
 - v. counsellors representing a range of relevant ethnic backgrounds and language skills
 - vi. a waiting time that will be monitored and reduced where possible
 - vii. a physical environment which is conducive to the counselling process

3 GENERAL DESCRIPTION

- i. The Community Counselling Service is a service provided by MIND in Waltham Forest. The service is based at MIND's Centre in Leyton High Road, and counselling takes place in three first floor counselling rooms and in one ground floor room which is fully accessible. The service is offered during the hours of 10.15 am until 9.15 pm Monday to Friday, and on Saturdays between the hours of 10.15am to 2.00pm. The service is free.

4 STAFFING

- i. The Project is lead by the Director of Counselling.
- ii. Overall line management is provided by the Manager of MIND in Waltham Forest.
- iii. Counselling is provided by a team of Volunteer Counsellors who are in active training at diploma level or above in counselling, psychotherapy or counselling psychology.

5 NUMBERS

- i. There are approximately 20 counsellors at any one time.
- ii. There are approximately 300 clients seen during the course of a twelve-month period.

CCS2 STANDARDS OF SERVICE FOR THE COMMUNITY COUNSELLING SERVICE

Set out below are the standards that govern the Counselling Service that we provide. They set out the things that people can expect from us.

- We will be honest, courteous and respectful at all times
- We will respect people's ethnic origin, gender, age, disability, sexuality, social standing, religious beliefs, refugee status and culture - and ensure our services respond to people's needs
- We will provide a telephone referral service staffed between the hours advertised
- We will provide a counselling service that is available between the hours advertised
- We will allocate counsellors fairly on a first come basis, making sure that before we agree to provide a service we are capable of providing it
- We will attempt to ensure that clients' appointments are offered and take place within the target times laid down in the policies
- We will take recognised steps to ensure that counsellors are appointed who have the necessary skill and training to perform their work, and are safe to work with the public
- We will take steps to ensure that counsellors arrive for appointments in good time
- We will allocate counsellors taking account of any particular requirements of the client, and will ensure that clients are made aware of any waiting time implications inherent in their particular requirements
- We will ensure that clients are informed if their specific requirements cannot be met, and that alternatives are offered
- We will respect the confidentiality of information that it is given to us within the current legislative framework
- We will ensure that counsellors are supported and supervised to a level that is within current professional guidelines of the British Association for Counselling and Psychotherapy
- We will ensure that the furniture and equipment we provide are appropriate and are well maintained
- We will take all reasonable and practicable steps to ensure the safety of our clients within current health and safety legislation
- We will listen to people's views about the service they want, and keep them informed
- We will give clients accurate and up-to-date information about the services we provide
- We will treat any complaints seriously, and strive to resolve them to people's full satisfaction
- We will seek out, and act on, any opportunities to improve the service we provide

CCS3 ROLES AND RESPONSIBILITIES

- 1 PURPOSE AND SCOPE
- 2 BACKGROUND
- 3 ROLES
- 4 RESPONSIBILITIES

1 PURPOSE AND SCOPE

- i. This document describes the roles and responsibilities of the Council of Management and the staff in relation to the management and running of the Community Counselling Service.

2 BACKGROUND

- i. The Community Counselling Service is a service provided by MIND in Waltham Forest. MIND in Waltham Forest is a charity and a company limited by guarantee. As such, the Community Counselling Service is ultimately the responsibility of the membership of MIND in Waltham Forest.
- ii. The membership of MIND in Waltham Forest annually elect a Council of Management to oversee the affairs of the company on their behalf.

3 ROLES

- i. It is the role of the Council of Management to determine overall policy, to take an overview of the Community Counselling Service; to determine its structure, its target client group, its financial affairs and to appoint staff.
- ii. It is the role of the **Manager** to undertake overall management of the MIND in Waltham Forest Community Counselling Service in all its aspects.
- iii. It is the role of the staff to carry out the policy as determined by the Council of Management, as follows:
- iv. It is the role of the **Director of Counselling** to organise and deliver the services to any person who refers themselves for counselling.
- v. It is the role of the **Volunteer Counsellors** to deliver counselling services to the Community Counselling Service clients as laid down in the procedures approved by the Council of Management and to adhere to the standards of service as set out in this document.
- vi. It is the role of the **Director of Counselling** to provide supervision for the volunteer counsellors.

4 RESPONSIBILITIES

- i. It is the responsibility of the **Manager** to enact the policy of the service and to be responsible for its financial control.
- ii. It is the responsibility of the **Director of Counselling** to oversee the provision of the service, and the appointment and supervision of all counsellors
- iii. It is the responsibility of the **Volunteer Counsellors** to counsel as required within the service.

CCS4 SUPERVISION AND SUPPORT

- 1 PURPOSE AND SCOPE
- 2 RESPONSIBILITIES
- 3 SUPERVISION AND SUPPORT
- 4 CONFIDENTIALITY

1 PURPOSE AND SCOPE

- i. This procedure defines the supervision arrangements for staff and volunteers of the Community Counselling Service.
- ii. Effective organisational supervision is defined as reviewing the stresses on an individual in a relaxed, quiet, interruption free environment, as well as making clear what expectations are required from each party and monitoring progress. In addition, clinical supervision is deemed essential for all counsellors to ensure the provision of an effective service.

2 RESPONSIBILITIES

- i. The Manager of MIND in Waltham Forest is responsible for the overall implementation of supervision.
- ii. It is the responsibility of all supervisors to ensure that they have their own supervision in accordance with the requirements of their accrediting body and that they record that they keep records to demonstrate their compliance.
- iii. The Director of Counselling is responsible for ensuring that counsellors receive supervision as laid down in this policy.
- iv. It is the responsibility of the Volunteer Counsellor to behave in a professional manner and be open to the process of supervision as a key part of their client work. This means that they must demonstrate their professional commitment by ensuring that they are well prepared for this process, and allocate themselves sufficient time to participate in this work.

3 SUPERVISION AND SUPPORT

3.1 DIPLOMA COURSE COUNSELLORS IN TRAINING

- i. It is a requirement of the Community Counselling Service that all unqualified counsellors should have attended for a year or more on a recognised counselling or psychotherapy course, which leads to the accreditation/registration of one or more of the following bodies:
 - British Association for Counselling and Psychotherapy (BACP)
 - United Kingdom Council for Psychotherapy (UKCP)
 - British Psychological Society (BPS)

- ii. It is a requirement of each volunteer counsellor to arrange and fund if necessary such supervision as is laid down by the requirements of their course or accrediting/registering authority, and to record that they are doing so on Client Hours and Counselling Supervision Record Form CCS4/F1. The trainee must use a separate form for each supervisor they employ. These forms are to be kept in the Volunteer Counsellor's drop file at all times and be available for review at each group supervision session. On completion, the form is to be passed to the Director of Counselling and retained on the Volunteer Counsellors personnel records. As part of meeting these requirements, MIND provides group supervision at the rate of two hours fortnightly for every trainee. It is a requirement of MIND that such trainees attend this supervision. When, in the opinion of the Director of Counselling, Volunteer Counsellors are unable to demonstrate that they are committed to the process of supervision, then s/he shall ensure that client contact hours are reduced to an appropriate level commensurate with the level of supervision demonstrated on **Counselling Supervision Record Form CCS4/F1**, using the guidelines of their registering/accrediting authority.
- iii. It is a requirement of all supervisors to likewise keep a record of their own supervision and to do so on Counselling Supervision Record Form CCS4/F1

3.2 ORGANISATIONAL SUPERVISION

- i. The Manager of Mind in Waltham Forest will manage the Director of Counselling in respect of clinical or organisational matters.
- ii. The Director of Counselling will manage the Supervisors of the Service
- iii. On an annual basis or more frequently if this is felt to be appropriate by either the Director of Counselling or the supervisor, each volunteer counsellor will undergo an appraisal this will consist of the volunteer counsellor completing **Counselling Appraisal Form CCS4/F2** and this being reviewed by both the Director of Counselling and the Supervisor. Where appropriate a meeting is to be convened between these three parties to meet to discuss the performance of the individual and to make plans with respect to their future within the service. Where this is not deemed appropriate the exercise will be restricted to a paper review.

4 CONFIDENTIALITY

- i. Supervision is an important relationship in the life of the worker. It is essential that the boundaries of confidentiality and expectations are explored fully on both sides.

CCS4/F2 – COUNSELLING APPRAISAL FORM

NAME		
Title	First Name	Last Name

COURSE DETAILS			
College	Course Name	Enrolment Date	Current Year
If you are currently not in active training please explain why below			

ACCREDITATION DETAILS
ARE YOU CURRENTLY ACCREDITED?
If YES - what is the responsible accreditation body and your accreditation reference?
If NO - but you currently applying/ working towards accreditation. What is your accrediting organisation, what further work are your required to do to gain accreditation?
If you are not accredited and are not working towards accreditation please tick this box. <input type="checkbox"/>

CLIENT HOURS		
How many Client hours have you achieved since working for MIND or since your last appraisal?		A
How many Supervision hours have you received since working for MIND or since your last appraisal?		B
Average client hours per hour of supervision – $A \div B =$		C
If C is less than 6 as recommended by BACCP and which is MIND policy please comment below.		

QUALITY APPRAISAL

What do you feel you have learnt whilst working in the Counselling Service?

In reflecting on your learning whilst at MIND can you identify any training needs you might have?

What use have you made of supervision at MIND?

What is your personal experience of working as a counsellor in the Counsellor Service?

Have you thought of an improvements that could be made to the service?

INTERVIEW			
Present:	1.	2.	3.
Management's comments			
Signed		Date	

Counsellor's Comment's			
Signed		Date	

Action agreed on
1.
2.
3.
4.
5.

CCS5 DEPLOYMENT OF STAFF AND VOLUNTEERS

- 1 PURPOSE AND SCOPE
- 2 ROLES AND RESPONSIBILITIES
- 3 CORE STAFF
- 4 DEPLOYMENT OF COUNSELLORS

1 PURPOSE AND SCOPE

- i. This document sets out to outline the process of staff and volunteer
- ii. Deployment in the Community Counselling Service.

2 ROLES AND RESPONSIBILITIES

- i. It is the responsibility of the Manager of MIND in Waltham Forest to oversee the above process.
- ii. It is the responsibility of the Director of Counselling to deploy counsellors in order to maximise the potential of the service.
- iii. It is the responsibility of Volunteer Counsellors to provide counselling to clients on an hourly basis each week.
- iv. It is the responsibility of all staff to participate in the system, and to feedback on its effectiveness.
- v. It is the responsibility of the Director of Counselling to ensure that the procedures are followed and recorded
- vi. It is the responsibility of all staff and volunteers to make themselves available for training as directed by the Director of Counselling.

3 CORE STAFF

- i. The Administrator will provide a core administrative service for 15 hours per week at hours which meets the demands of the service

4 DEPLOYMENT OF COUNSELLORS

- i. It is a requirement of the service that each counsellor will provide a minimum of three client hours per week at a time to be determined by the Manager in conjunction with the counsellor. The Administrator will maintain a list of clients being counselled by each Volunteer Counsellor on the database.

CCS6 ENQUIRIES, REFERRALS, ALLOCATIONS, RE-REFERRALS & PRIVATE CLIENTS

- 1 PURPOSE AND SCOPE
- 2 RESPONSIBILITIES
- 3 POLICY AND PRINCIPLES
- 4 ENQUIRIES AND REFERRAL PROCEDURE
- 5 ALLOCATIONS
- 6 RE-REFERRALS
- 7 EXTENSIONS OF COUNSELLING
- 8 PRIVATE CLIENTS

1 PURPOSE AND SCOPE

- i. This procedure governs the process for dealing with referrals to the Community Counselling Service.

2 RESPONSIBILITIES

- i. It is the responsibility of the Manager to take overall responsibility for enactment of this policy.
- ii. It is the responsibility of the Director of Counselling to monitor the qualitative aspects of the service, and to make such changes to the procedure when it is in the interests of the client to do so
- iii. It is the responsibility of the Counselling Administrator to undertake the referral and allocation process

3 POLICY AND PRINCIPLES

- i. The Community Counselling Service is available to everyone who requests a service, unless another service is deemed more suitable for them. Advertising will only take place within the London Borough of Waltham Forest.
- ii. All clients who contact the Community Counselling Service will be dealt with as speedily as possible,
- iii. All clients who wished to be referred to the service will be screened and assessed as to the suitability of their needs to be met by the service

4 ENQUIRIES AND REFERRAL PROCEDURE

- i. The Community Counselling service will only accept self-referrals. Self-referrals may take the form of:
 - Telephone calls
 - Answer phone
 - Email
 - Written letters
 - Calls in person
 - Re-referrals via the counsellor

In the case of:

- Answer phone referrals
- Written referrals and contact by email,
- Re-referrals via counsellors
- ii. The staff member taking the telephone referral completes **Form CCS6F1 Counselling Initial Details**
- iii. The referral is to be clarified in writing by the Counselling Administrator using the **Form CCS6/F2 Initial Letter**.
- iv. The mailing to the client will also include **Form CCS6/F3 Counselling Referral** which has a timetable on the back; **Form CCS6/F4 Self Assessment**, **Form CCS6F5 Counselling Publicity Leaflet** and a business reply envelope.
- v. The Administrator and Director of Counselling will ensure that opportunities for referees to express their individual preferences with regard to their prospective counsellor (eg. ethnicity, gender, sexual orientation etc) will be given, together with the possible impact such preferences may have on the waiting time for the service.

5 ALLOCATIONS

- i. The Administrator will allocate clients to counsellors in date order, whilst taking account of any particular requirements of the client with respect to times available, preferred gender, sexual orientation, ethnic background or first language.

6 RE-REFERRALS

- i. Clients who have completed six sessions can re-apply for counselling at any time.
- ii. This can be done by contacting the Community Counselling Service in the manner described in Section 4 in order to re-join the waiting list. It can also be done by the counsellor completing the appropriate section of the Client contact form requesting the service to be re-offered at the final session of counselling.
- iii. Whilst it is possible for both clients and counsellors to request that they are referred to the same client or counsellor, this cannot be guaranteed, and priority will always be given to waiting list clients who are new to the service.

7 EXTENSIONS OF COUNSELLING

- i. In **exceptional** circumstances, an extension of counselling beyond the initial six sessions can be requested by the counsellor. The counsellor must complete the **Form CCS6/F6, Request For Counselling Extension** and pass this to the Director of Counselling who will make the decision. If an extension is granted, The Director of Counselling may require the counsellor to have additional clinical supervision.
- ii. Counsellors will offer clients a list of other counselling agencies and individuals when requested. **Form CCS6/F7 List of External Counselling Agencies** is maintained by the Director of Counselling. This also contains a disclaimer noting that MIND in Waltham Forest does not necessarily recommend any of the organisations or individuals listed.

- iii. Where there are requirements of individual training courses that work is undertaken beyond six sessions, the Volunteer Counsellor may offer work to selected clients, with the agreement of the Director of Counselling, for no more than 24 sessions (including the original six sessions). This application must be made by using **Form CCS6/F6, Request For Counselling Extension**. This work must be additional to the ongoing three sessions per week of short-term work that MIND requires Volunteer Counsellors to undertake.
- iv. It is the Volunteer Counsellor's responsibility to make clear the parameters of this contract to the client and ensure that the s/he is in a position to carry out this work over the agreed time period whilst a member of the Community Counselling Service.

8 PRIVATE CLIENTS

- i. Under no circumstances will MIND in Waltham Forest permit counsellors to counsel clients privately who they have worked with whilst in the Community Counselling Service. Counsellors who ignore this will be viewed by the agency as having committed an act of gross misconduct and will be subject to the appropriate disciplinary procedures.
- ii. Counsellors are also not permitted to refer clients to private counsellors who are not approved by MIWF.

CCS6/F1 – COUNSELLING INITIAL DETAILS

Client ID	_____	Date Contacted dd/mm/yy	_____	_____	_____
		Time of Contact hh/mm	_____	_____	
Name					
Title Mr,Ms.,Miss, Mrs.	_____				
First Name	_____				
Last Name	_____				
Address					
House No/Name Eg Flat 1, 2 / The Gables	_____				
Street/Road Eg Rockford Road	_____				
Region Eg Leyton	_____				Post Code
City Eg London	_____				_____
Telephone No`s					E4
Home	_____	_____	_____	7DP	
Work	_____	_____	_____		
Mobile	_____	_____	_____		
Other	_____	_____	_____		

CCS6/F2 – INITIAL LETTER

«Title» «FirstName» «LastName»,
«Address»
«Region»
«City»
«PostalCode»

Friday 14 September 2007

Dear «Title» «LastName»,

I understand that you are interested in meeting with a counsellor and have spoken to us on «Datecontacted». I have enclosed a blue leaflet which tells you about the service we offer. If after reading through this you feel that you would like to meet with a counsellor then please complete the two forms which are enclosed.

One form is a referral form on the back of which is a timetable outlining our counsellors availability. Please complete the referral form correcting any spelling mistakes of your name or address. Please also specify any other needs of which you feel we should be aware. The timetable on the back of the referral form tells you when we have counsellors available, please indicate your availability by ticking the timeslots when you would be available to see a counsellor, and we will do our best to ensure that you are allocated a counsellor at one of those times. *Please also remember that the more timeslots you tick the more likely you are to be allocated a counsellor in the shortest possible time.*

The other form is a tick box form. This is to give us an idea about how you are feeling. Please tick one of the boxes for each of the 15 questions that most closely fits how you have been feeling **OVER THE LAST WEEK** as straightforwardly as you can.

Please return the two forms using our business reply envelope and when we receive your forms back we will put you on the waiting list. Without receiving both completed forms we will be unable to offer you counselling.

We look forward to receiving both your completed forms.

Yours sincerely,
Mr. Greg Shelock, Manager
Mind in Waltham Forest.

CCS6/F3 – COUNSELLING REFERRAL FORM

REFERRAL NUMBER							
Title*		NAME*					
ADDRESS*							
PHONE NO							
PREFERRED DAYS/TIMES		(See reverse for details)					
FACILITIES NEEDED							
DATE/TIME CONTACTED*							
COUNSELLOR							
*Compulsory Field							
Where did you hear about our Service? ^{*(Please ✓)}							
Solutions Team? (NHS)		General Practitioner		Advertising		Other	
Notes from Referral Contact							

COUNSELLOR AVAILABILITY TIMETABLE

	0900	1015	1130	1245	1400	1630	1745	1900	2015
MON	No Counsellor	No Counsellor	No Counsellor	No Counsellor	No Counsellor	No Counsellor	No Counsellor	No Counsellor	No Counsellor
TUE	No Counsellor				No Counsellor	No Counsellor			
WED	No Counsellor	No Counsellor	No Counsellor	No Counsellor	No Counsellor	No Counsellor			
THU	No Counsellor				No Counsellor				
FRI	No Counsellor				No Counsellor	No Counsellor	No Counsellor	No Counsellor	No Counsellor
SAT	No Counsellor				No Counsellor	No Counsellor	No Counsellor	No Counsellor	No Counsellor

CCS6/F5 – PUBLICITY LEAFLET

Ever thought of talking to a Counsellor and want to know what to expect? Some questions and answers on the Mind in Waltham Forest Community Counselling Service.

WHAT IS COUNSELLING?

It is the opportunity to share your difficulties with a counsellor and to look at and work towards resolving your problem situation.

IS COUNSELLING FOR ME?

Many people experience difficulties in everyday life, in relationships, at home or at work. Sometimes these can get on top of you and no matter how hard you try, you seem unable to resolve them. They interfere with your life and make you unhappy. It is at this point that it may be helpful to see a counsellor.

WHAT WILL THE COUNSELLOR THINK OF ME?

Counsellors are trained to listen to you, accept and understand your feelings. They will not judge you or be critical of whatever you tell them.

IS IT CONFIDENTIAL?

Counselling sessions are confidential. In your first session your counsellor will go through MIND in Waltham Forest's policy on confidentiality and tell you about any exceptions to the policy.

WHAT HAPPENS AT COUNSELLING SESSIONS?

During counselling you can talk about whatever it is that is troubling you and the thoughts and feelings causing you worry. You can then explore, with your counsellor, the changes that you could make which would work for you.

WILL THE COUNSELLOR TELL ME WHAT TO DO?

Counsellors aim to see your difficulties as you see them and not impose any advice or treatment. In this way you make your own choices and decide what you can do to resolve your difficulties.

WHAT DO I DO TO GET A COUNSELLING APPOINTMENT?

You may either phone or call in at MIND's offices in Leyton. You will then be offered your first counselling session as soon as a Counsellor becomes available. You can also fill in a referral form online and email it to Mind.

HOW LONG ARE SESSIONS AND HOW MANY WILL I NEED?

The Community Counselling Service offers one hour sessions once a week. Usually you will meet for 6 sessions after which your needs will be reviewed.

DO YOU SEE EVERYONE WHO NEEDS COUNSELLING?

We see all those who contact us. However, after the first session we may feel that it would be more appropriate to refer someone to another organisation that is better equipped to deal with certain problems.

WHAT HAPPENS IF I MISS AN APPOINTMENT?

If you are unable to keep an appointment, please give us at least 24 hours notice during office hours. You do not have to give any reason.

DO YOU HAVE BLACK/ASIAN COUNSELLORS?

Yes we do. Please ask if you wish to have a Black or Asian counsellor. The same applies if you wish to see a man, a woman, a lesbian woman or a gay man.

HOW MUCH DOES IT COST?

The Community Counselling Service is free.

WHERE DOES COUNSELLING TAKE PLACE?

Counselling takes place in counselling rooms in a private and comfortable environment.

WHAT HOURS ARE YOU OPEN?

The Community Counselling Service operates between on Monday to Friday starting at 10:15am and finishing at 9:15pm.

On Saturday it starts at 10:15am and finishes at 1:45pm.

WHAT HAPPENS IF I WANT TO MAKE A COMPLAINT?

We believe that everyone has the right to be treated with courtesy and respect. We encourage people to come forward and complain in order that we can make sure we provide the service that people want. Please ring and talk to our Complaints Officer if you need to.

EQUAL OPPORTUNITIES

MIND actively opposes oppression and discrimination against people because of their sex, race, religion, nationality, ethnicity, disability, sexual orientation, age, religious beliefs, class, relationship status, HIV status, because they are responsible for dependants or because they are or have been in contact with mental health services.

If you would like Counselling or just need further information - you can either write, phone or Email -

MIND IN WALTHAM FOREST

388-392 High Road

Leyton, London

E10 6QE

020 8556 9621

We welcome any suggestions you have about the Service.

HOW TO GET TO MIND IN WALTHAM FOREST

There is parking in nearby Sedgwick and Buckland Rds and buses 58, 69, 97 and 158 stop outside. Leyton Underground Station is about a ten minute walk away.

CCS6/F6 - REQUEST FOR COUNSELLING EXTENSION

CLIENT NAME		COUNSELLOR	
Dates and Times of Previous Contact			
Summary of Content			
Reason for Extension			
Number of Sessions Requested			
Approval of Clinical Supervisor			
Approval of Director of Counselling			

CCS6/F7 - LIST OF EXTERNAL COUNSELLING AGENCIES

NAME	DETAILS	PHONE	FEES
1NE	Substance misuse; alcohol / drugs	020 8509 1888. Relatives: 020 8509 2255	
AIDS treatment phone line	AIDS treatment related	0845 947 0047	
Alcoholics Anonymous	Alcohol	020 7403 0888	
Alert	Discrimination, harassment or Violence helpline - advocacy & support	020 8539 3433	
Alone in London	Mediation for families service	020 7278 4224	
Anti-bullying campaign	Bullying	020 7378 1446	
Asian family counselling service	Asian community	020 8567 5616	
Asian family support & conciliation service	Asian community	020 8539 5566	
BACUP	Cancer counselling & Support	020 7696 9000	
Black people's Mental health association	Black community	020 8509 2646	
British association for counselling & psychotherapy (BACP)	General counselling - Phone to receive a list of counsellors details	0870 443 5252	Fees - some low cost.
Brooks helpline	General information about sexual health (under 25's)	0800 0185 023	Free
Careline	Counselling all age groups	020 8514 1177	
Child and family consultation service	For children and adolescents (professional referral only)	020 8509 0424	
Child Death - Helpline	Supporting parents who have lost a child of any age	0800 282 986	Free
Childline	Counselling for children	0800 1111	Free

NAME	DETAILS	PHONE	FEEs
Chinese mental health association	Chinese community mental health service	020 7613 1008 0845 122 8660 (local rate)	
Community Drug & Alcohol team	Drugs and alcohol (Mon - Fri 9.00am - 5.00pm)	020 8535 6756	
Couples psychotherapy	Private couple psychotherapy	0870 902 4878	Yes
Crest bereavement	Bereavement counselling	020 8521 2975	Free
Cruse	Bereavement helpline	0845 758 5565	Donation
Depression alliance	Depression information	0845 123 23 20	
Domestic violence	Violence by partner	01265 469 085	
Dove Bereavement counselling	Bereavement	020 8550 7085	Low fee
East London Out Project	Gay and Lesbian	020 8509 3898	
Eating disorders association	Eating disorders	01603 621 414	
Family service unit	Emotional or practical difficulties in parenting & childcare. / Women with mental health problems	020 8509 0119	
Gamblers anonymous	Gambling issues	020 7384 3040 08700 50 8880 (local rate)	
Hackney & East London Family Mediation Service	Family mediation	020 7613 1666	
Healthworks	Drugs / alcohol drop-in	0800 137 491	
Just Ask	Priority given to homeless and low income clients	020 7628 3370	Free
Larkwood Centre	Refugees & Asylum seekers Professional referral only	020 8535 6850	
Lesbian & Gay Switchboard	24 hour helpline, support, advice	020 7837 7324	
Lifeline	Victims of sexual abuse or domestic violence	01262 469 086	
London bereavement network	Bereavement	020 7700 8134	

NAME	DETAILS	PHONE	FEES
London Centre for Psychotherapy	Refugees & Asylum seekers	020 7435 0873	
London Irish centre	Irish community	020 7916 2222	
Lone parent helpline	General advice for Lone Parents	0800 018 5026	Free
Maudsley hospital - Emergency clinic	24 hr service providing assessment & support to those presenting acute mental health problems	020 7919 2047	
Medical foundation for victims of torture	Torture victims	020 7813 9999	
MIND	General counselling - 388-392 High Road, Leyton E10	020 8556 9621	Free
Miscarriage Association	Miscarriage information and support	01924 200 799	
Muslim women's helpline	Muslim women's listening service	020 8908 6715 020 8904 8193	
National debt line helpline	Debt	0808 808 4000	
National drugs helpline	Drug dependency	0800 776600	Free
National phobics society	Phobias	0161 227 9898	
NHS direct	Medical health problems	0845 4647	
No panic helpline	Panic attacks	0808 808 0545	
North East London Miscarriage group	Miscarriage	020 8500 8616	
Parent Advisor	Parents	020 7771 3940	
Phoenix counselling service	General counselling service	020 8984 9887	Fees linked to income
Qalb Centre	Asian, African, Caribbean alcohol counselling service and counselling, therapy	020 8521 5223 day centre 0208 527 0090	
Refuge	24 hour women's refuge	0808 2000 247	
Refugee council	Refugees	020 7820 3000	

NAME	DETAILS	PHONE	FEEs
Relate	Marriage counselling - also Jewish & Catholic marriage guidance organisations	020 8539 2939	Fees
Release	11am - 5.30pm legal and drugs helpline	020 7729 9904	
Respond	Support for people with learning difficulties	0808 808 0700	
Samaritans	24 hour crisis support	08457 909090	
SANDS (Stillbirths & Neonatal deaths)	National Office - Helpline -	020 7436 7940 020 7436 5881	
Sanibel counselling service	Counselling for people on low incomes. Also refer to other services. Bereavement	020 85364251	Free/ small charge
Shelterline	Housing advice 8am - midnight, 365 days a year	0808 800 4444	
Somali counselling project		020 7633 0729	
South area locality mental health team South Forest centre	21 Thorn Close, Langthorne Road, E11 Larkswood Centre	020 8535 6480 020 8535 6848	
Tavistock Centre	Refugees & Asylum seekers; psychiatric outpatients	0207 435 7111	
Terence Higgins Trust	Young people affected by HIV & related issues. Includes couple counselling.	0845 122 1200	
Turkish community project	Turkish community	020 8318 2864	
Victim Support in Waltham Forrest	Victims of crime	020 8556 6006	
Waltham Forest Haven	Incest survivors helpline	020 8539 4157	
Waltham Forest neighbour mediation scheme	Mediation for neighbours	020 8509 2320	
WCUH NHS Trust	Bereavement counselling for Waltham Forest & Redbridge residents including child loss	020 8539 5592	Free
Westminster Pastoral Foundation	Refugees & Asylum seekers	020 7937 6956	

NAME	DETAILS	PHONE	FEES
Whipps Cross Hospital, dept. of sexual health	Sexual health & counselling Mon-Fri 3.00am - 5.00pm (appointments)	020 8535 6535	
Women's health clinic/ family planning	Women's sexual health	020 8521 3631	
Young Minds	Helpline for parents & professionals	00800 018 2138	
Youth 2 Youth	Under 19 confidential helpline	020 8896 3675	
Youth counselling service	For ages 16-25. Also eating disorders	020 8509 1219	
Youth helpline	Young people	01603 765 050	

I confirm that it has been explained to me that MIND in Waltham Forest does not necessarily recommend any of the organisations or individuals listed above.

Signed.....

CCS7 COUNSELLORS' APPOINTMENTS, BOOKING SYSTEMS, RECORDING AND STORAGE OF FILES

- 1 Purpose and scope
- 2 Responsibilities
- 3 Arranging appointments
- 4 Attending Appointments
- 5 Counsellor unavailability
- 6 Booking System
- 7 Recording Details
- 8 Storage of Files

1 PURPOSE AND SCOPE

- i. This procedure describes the system whereby counsellors make and maintain contact with their clients, and record such contact within the Community Counselling Service. No other contact should ordinarily take place with counselling clients other than through the designated forms described in this policy unless by invitation of the client. In each case detailed records of that contact should be maintained.
- ii. This procedure is applicable to all counsellors working within the Community Counselling Service.

2 RESPONSIBILITIES

- i. The Manager has overall responsibility for the implementation of this procedure.
- ii. The Director of Counselling has responsibility for the day-to-day implementation of this procedure.
- iii. The Counselling Supervisors have responsibility to ensure that this policy is carried out thoroughly by each person they supervise
- iv. Volunteer Counsellors are responsible for ensuring that they know the policy, and in cases where there is doubt that they refer these to the Director of Counselling for decision.

3 ARRANGING APPOINTMENTS

- i. Once advised of a vacancy, the Administrator will automatically allocate a new client taking account of any expressed preferences of the referee.
- ii. The Administrator will assemble in a polypocket labelled with the unique reference identity number, copies of the following documents in respect of each allocated client:
 - **Form CCS7/F1 Counsellor Allocation Form**
 - **Form CCS7/F2 Offer of Appointment Letter**
 - **Form CCS7/F3 Initial Assessment Form**
 - **Form CCS10/F1 Confidentiality Policy Acknowledgement**
 - **Form CCS7/F4 Counsellors' Notes**
 - **Form CCS7/F8 Client Contact**
 - **Form Equal Opportunties Monitoring**

- **Form CCS7/F5 Core Beginning of Therapy**
 - **Form CCS7/F6 Core End of Therapy**
 - **Form CCS7/F12 End Of Therapy Form**
 - **Form CCS8/F1 User Feedback**
- iii. These will be placed in the counsellor's drop file, which will be kept in the filing cabinet located in the reception area of the office.
- iv. The Administrator will then send to the appropriate client
- **Form CCS7/F2 Offer of Appointment Letter**
 - **Form CCS7/F7 Client Response To Offer Of Appointment**
 - **Form CCS6/F5 Counselling Leaflet**
 - Business reply envelope
- v. Where the client responds in writing using **Form CCS7/F7 Client Response to Offer of Appointment** these will be placed in the client's relevant polypocket held by the counsellor. Where the client responds by phone, in person or by email a note of this response will be placed there also.

4 ATTENDING APPOINTMENTS

- i. There are five outcomes possible after the invitation to attend for counselling has been made:

a. **The client attends**

After working with the client in the first session, the counsellor must complete the following forms:

- **Form CCS10/F1 Confidentiality Policy Acknowledgement**
- **Form CCS7/F3 Initial Assessment Form**
- **Form CCS7/F4 Counsellors' Notes**
- **Form Equal Opportunities Monitoring**
- **Form CCS7/F5 Core Beginning of Therapy**
- **Form CCS7/F8 Client Contact**

The completed forms are to be placed in the relevant client polypocket and left in the counsellor's drop file.

On subsequent occasions when the client attends for counselling, the counsellor must complete **Form CCS7/F4 Counsellor's Notes** after each session.

ALSO WHETHER OR NO THE CLIENT ATTENDS FORM CCS7/F8 CLIENT CONTACT MUST BE COMPLETED ON EACH OCCASION.

This will ensure that the client status is accurately recorded in the database to allow the appropriate forms and letters to be computer **generated and sent out** which must remain in the client polypocket and be left in the counsellors drop file.

Should the Counsellor fail to complete this form then the procedures will not be followed and this will cause a disruption to the service which is to be avoided at all costs.

b. **The client defers to the following week**

Where the client cannot make the initial date of their appointment and wishes to be seen at the same day and time the following week it is the responsibility of the counsellor to confirm by phone or writing their initial meeting. The counsellor will then follow the procedure as set out in procedure a. **the client attends** above. In all other cases of being unable to meet with the counsellor at this appointed time then the client is to be informed that they will need to go through again the procedure as set out in **CCS7 Enquiries Section 4**.

Counsellors must avoid renegotiating the date and the time of future appointments outside of the parameter described in this section

c. **The client informs the service of a change in their availability**

Whether or no this is communicated by returning **Form CCS7/F7 Client Response To Letter Of Appointment**. The Administrator will re-contact the client using the procedure as set out in **CCS7 Enquiries Section 4**, but this time using **Form CCS7/F9 Change of Availability**. The Volunteer Counsellor will be automatically allocated another client for this vacancy the following week. The client will thus be given a further opportunity to set out their availability for future allocation

d. **The client does not attend and does not defer to the following week**

It is the Counsellors responsibility to record on **Form CCS7/F8 Client Contact** the fact that the client did not attend. They must also record whether or not a message was received from the client: this can be done by ticking the appropriate boxes and leaving message details where they exist in the box provided.

Where the client does not attend their initial appointment and did not advise the service of this the Administrator will send to the client **Form CCS7/F10 Non Attendance**. The Counsellor will then be automatically allocated a new client for this slot.

If a client fails to attend a session after attending their initial appointment and or subsequent appointments, then the Administrator will send **Form CCS7/F11 Change of Counselling Date** offering them a further appointment at the same time and day the following week

Where clients do not attend after receipt of this form and do not contact the service in relation to this appointment, then the counsellor must record this on **Form CCS7/F8 Client Contact**. The Administrator will then send **Form CCS7/F10 Non Attendance**. The counsellor will then be allocated a new client for this SLOT.

e. **The client ends**

The following forms are to be completed

- **Form CCS7/F8 Client Contact**

(using the appropriate boxes to indicate the number of sessions that have been completed and whether or no the client wishes to be re-referred)

- **Form CCS7/F12 End Of Therapy Form**
- **Form CCS8/F1 Client Feedback Form**
- **Form CCS7/F4 Counsellors' Notes (Final Session)**

Failure to complete these forms will result in the next allocation of client being delayed until the documents have been completed

5 COUNSELLOR UNAVAILABILITY

- i. It is the responsibility of the Counsellor to ensure that they are able to meet the requirements of taking on therapy and have allocated the necessary time to carry this out professionally. In exceptional circumstances it may transpire that the counsellor would not be available to meet with their allocated client at short notice. It is the responsibility of the Volunteer Counsellor to communicate with their client in the event of being unable to meet with their client at the appointed time. It is also their responsibility to apologise and confirm with their client the date and time of the next appointment.
- ii. In order to do this, each counsellor needs to ensure that they take a separate, personal note of the following:
 - the details of their client contact numbers
 - the details of their client addresses and any requirements about confidentialityAlso to check the available contact information with the client, to ensure that they have a reliable and effective route of communication to deal with any untoward and rare eventualities.
- iii. These details are to be taken from **Form CCS7/F1 Counsellor Allocations Form** at the time of the first appointment, and kept safely in a separate way from any client clinical notes.
- iv. On the rare occasion that a counsellor becomes unable to attend for the first appointment, and the details of the client are therefore unavailable to the counsellor, they should contact the Administrator during office hours. Outside office hours they are to discuss the situation with the Duty Officer. Attempts will then be made to contact the client and advise them of the difficulties. Counsellors are asked to be mindful of the effects on service standards and the impact on client vulnerability that occasions such as these afford and are asked to do all in their power to obviate this.
- v. MIND is conscious of the importance of keeping appointments in good time not only from a therapeutic standpoint but also to maintain the good reputation of our work and image. It is therefore anticipated that these unavoidable situations will occur rarely, and that counsellors will do everything they can to prevent such situations arising.
- vi. In order to maintain the reliability of the service, Volunteer Counsellors are required to keep the Administrator, the Director of Counselling and their clients informed of their planned absences from the service This will be done in person in respect of their clients and by completing the appropriate parts of **Form CCS7/F8 Client Contact**

6 BOOKING SYSTEM

- i. It is the responsibility of Counsellors to record all sessions of their counselling in the Bookings Diary which is located on the top of the drop file cabinet in the reception area.
- ii. Counsellors should enter their bookings in individual one-hour time slots, recording their own surname, the initials of the client and the client number. It is a requirement that Volunteer Counsellors enter known bookings at least one

week in advance. This will afford good communication between the counsellor and the client by staff who may not have access to the database

7 RECORDING DETAILS

- i. Counsellors should record accountable details in note form of every session with a client on **Form CCS7/F4 Counsellors' Notes**. They are required also to keep a record of the client status and their own status by completing on every occasion **Form CCS7/F8 Client Contact** in an appropriate way guided by the form itself.
- ii. These must be kept in the drop file and in the case of **Form CCS7/F4 Counsellors' Notes** completed within seven working days of the session, and in the case of **Form CCS7/F8 Client Contact** completed immediately after the session without fail.

7.1 LIVE RECORDINGS

- i. Where it is a requirement of a Training Course or Supervisor that a live recording of work undertaken is to be made, then the following procedure shall be followed:
 - The Director of Counselling is to be approached and the appropriateness of the proposed client is to be agreed. Care should be taken in ensuring that people with high expressed anxiety and paranoid features are not included in work of this nature.
 - The client is then to be approached by the Volunteer Counsellor, and the proposal is to be discussed. The Client is to be told:
 - a. that it is not a requirement of continued counselling in the service that s/he should agree to such a recording
 - b. that they have a right to know who will listen to the recording and to what use the recording will be put
 - c. that s/he may withdraw their consent to such recording at any time in the future or at any point in the counselling session
 - d. that the recording will be destroyed after its use in supervision or transcript completed
- ii. **Form CCS7/F13 Consent To Audio Recordings** is then to be completed and signed by all parties if the client meaningfully agrees to be recorded.

8 STORAGE OF FILES

- i. Each counsellor is allocated a drop file in the locked cabinet in the reception area, and all counsellors will receive a key to this cabinet.
- ii. All clients will be allocated a unique identity number by the Administrator. Thereafter all papers relating to the client are to remain anonymous, identifiable by this unique identity number only.
- iii. Counsellors will store all papers relating to the clients in the counsellor's individual drop file. Copies of every letter sent to a client are to be kept in the drop file.

- iv. All notes of counselling sessions, identifiable by number only, are to be retained in the filing cabinet. Should counsellors wish to take notes to work on out of the building, they should take a photocopy, leaving the original in the cabinet.
- v. Counsellors should take extreme care to ensure the security and confidentiality of all client material. Any breaches will be addressed through the disciplinary procedures.

CCS7/F1 - COUNSELLOR ALLOCATION RECORD

Client ID		
Title*		NAME*
ADDRESS*		
PHONE NO		
PREFERRED DAYS/TIMES		
FACILITIES NEEDED		
DATE/TIME CONTACTED*		
COUNSELLOR		
<p>CCS7/F2 sent for</p> <p>at</p> <p>in room</p>		

CCS7/F2 - OFFER OF APPOINTMENT LETTER

<<Title>> <<FirstName>> <<LastName>>
<<Address>>
<<Region>>
<<City>>
<<PostalCode>>

Friday 14 September 2007

Dear <<FirstName>> <<LastName>>

I am writing to offer you an appointment for counselling:

On:

At:

Please phone 020 8556 9621 and leave a message on our answer phone, or write to the address above using the attached form and stamped addressed envelope, to either confirm or offer an alternative date/time as soon as possible. If the time has become, or is inconvenient, please let us know what days and times are best suited to you and we will do our best to allocate a counsellor accordingly.

Mind tries to keep the waiting list down to a minimum and to ensure that counselling is offered to you as quickly as possible. Past experience has shown that it is necessary to remove names from the waiting list when appointments are not attended without giving prior notice of cancellation. If this happens and you still wish to receive counselling, you will need to re-refer yourself by speaking to the Counselling Co-ordinator.

Mind's offices are roughly half way down Leyton High Road. Coming from Walthamstow, they are on the left just past the Lion and Key pub. Coming from Stratford they are on the right hand side of road, half a mile past Coronation Gardens (you have to go around the Grange Park Road one-way system). Leyton Tube Station (Central Line) is a 15 minute walk away. The following buses stop nearby - 69, 97, 58 and 158. The offices are in a large light blue building with the Dove Cafe and the Marshall Centre on the front. You enter through the side entrance to the cafe and go to the office at the top of the stairs. The side entrance may be locked after 4:00pm but there is a doorbell.

Signed:

4. IS THE CLIENT PRESCRIBED MEDICATION FOR THE TREATMENT OF THEIR MENTAL HEALTH?

YES? NO?

If yes what medication?

Anti-Psychotics

Anti-Depressants

Anxiolytics

Don't Know

5. IDENTIFIED PROBLEMS (WITHIN THE LAST 6 MONTHS)

	CURRENT < 6 Months	PREVIOUS > 6 Months	CURRENT < 6 Months	PREVIOUS > 6 Months
Depression			Trauma / Abuse	
Anxiety / Stress			Bereavement / Loss	
Psychosis			Self Esteem	
Personality Problems			Interpersonal / Relationships	
Eating Disorders			Living / Welfare	
Physical Problems			Work / Academic	
Addiction				

FORM CCS7/F4 COUNSELLORS' NOTES

Date		Session No.	
Clients Ref		Counsellor	
Counsellor's Signature			

CCS7/F5 – CORE BEGINNING OF THERAPY

CLIENT ID	STAGE I					DATE GIVEN
	NEVER	SELDOM	SOME OF THE TIME	OFTEN	MOST OF THE TIME	
1.I have felt terribly alone and isolated						
2.I have felt tense, anxious or nervous						
3.I have felt I have someone to turn to for support when needed						
4.I have felt OK about myself						
5.I have felt totally lacking in energy and enthusiasm						
6.I have been physically violent to others						
7.I have felt able to cope when things go wrong						
8.I have been troubled by aches pains and other physical problems						
9.I have thought of hurting myself						
10.Talking to people has felt too much for me						
11.Tension and anxiety have prevented me from doing important things						
12.I have been happy with the things that I have done						
13.I have been disturbed by unwanted thoughts and feelings						
14.I have felt like crying						
15.I have felt panic or terror						
16.I have made plans end my life						
17.I have felt overwhelmed by my problems						
18.I have had difficulty getting to sleep or staying asleep						

	NEVER	SELDOM	SOME OF THE TIME	OFTEN	MOST OF THE TIME
19.I have felt warmth or affection for someone					
20.My problems have been impossible to put to one side					
21.I have been able to do most things I needed to do					
22.I have threatened or intimidated another person					
23.I have felt despairing or hopeless					
24.I have thought it were better if I were dead					
25.I have felt criticised by other people					
26.I have thought I have no friends					
27.I have felt unhappy					
28.Unwanted images or memories have been distressing me					
29.I have been irritable when with other people					
30.I have thought that I am to blame for my problems and difficulties					
31.I have felt optimistic about my future					
32.I have achieved the things I wanted to					
33.I have felt humiliated or ashamed by other people					
34.I have hurt myself physically or taken dangerous risks with my health					

CCS7/F6 – CORE END OF THERAPY

CLIENT ID	STAGE E					DATE GIVEN
	NEVER	SELDOM	SOME OF THE TIME	OFTEN	MOST OF THE TIME	
1.I have felt terribly alone and isolated						
2.I have felt tense, anxious or nervous						
3.I have felt I have someone to turn to for support when needed						
4.I have felt OK about myself						
5.I have felt totally lacking in energy and enthusiasm						
6.I have been physically violent to others						
7.I have felt able to cope when things go wrong						
8.I have been troubled by aches pains and other physical problems						
9.I have thought of hurting myself						
10.Talking to people has felt too much for me						
11.Tension and anxiety have prevented me from doing important things						
12.I have been happy with the things that I have done						
13.I have been disturbed by unwanted thoughts and feelings						
14.I have felt like crying						
15.I have felt panic or terror						
16.I have made plans end my life						
17.I have felt overwhelmed by my problems						
18.I have had difficulty getting to sleep or staying asleep						

	NEVER	SELDOM	SOME OF THE TIME	OFTEN	MOST OF THE TIME
19.I have felt warmth or affection for someone					
20.My problems have been impossible to put to one side					
21.I have been able to do most things I needed to do					
22.I have threatened or intimidated another person					
23.I have felt despairing or hopeless					
24.I have thought it were better if I were dead					
25.I have felt criticised by other people					
26.I have thought I have no friends					
27.I have felt unhappy					
28.Unwanted images or memories have been distressing me					
29.I have been irritable when with other people					
30.I have thought that I am to blame for my problems and difficulties					
31.I have felt optimistic about my future					
32.I have achieved the things I wanted to					
33.I have felt humiliated or ashamed by other people					
34.I have hurt myself physically or taken dangerous risks with my health					

CCS7/F7 – CLIENT RESPONSE TO OFFER OF APPOINTMENT

I am writing to confirm that the appointment that you have offered me for counselling:

On:

At::

is convenient and I shall be attending.

Signed.....Date.....

I am writing to tell you that the appointment you have offered me for counselling is not convenient:

	Please Tick
1. but I can make the appointment on the same day and same time next week.	<input type="checkbox"/>
2. as I do not wish to make use of the counselling service at the current time.	<input type="checkbox"/>
3. as my availability has changed and I will now be available on the dates overleaf.	<input type="checkbox"/>

Signed.....Date.....

COUNSELLOR AVAILABILITY TIMETABLE

	0900	1015	1130	1245	1400	1630	1745	1900	2015
MON	No Counsellor	No Counsellor	No Counsellor	No Counsellor	No Counsellor	No Counsellor	No Counsellor	No Counsellor	No Counsellor
TUE	No Counsellor				No Counsellor	No Counsellor			
WED	No Counsellor	No Counsellor	No Counsellor	No Counsellor	No Counsellor	No Counsellor			
THU	No Counsellor				No Counsellor				
FRI	No Counsellor				No Counsellor	No Counsellor	No Counsellor	No Counsellor	No Counsellor
SAT	No Counsellor				No Counsellor	No Counsellor	No Counsellor	No Counsellor	No Counsellor

CCS7/F8 – CLIENT CONTACT FORM

This form must be completed and left in the relevant poly-pocket at the end of each and every counselling session whether the client attends or not

DATE					
COUNSELLOR					
CLIENT REF NO					
CLIENT ATTENDED					
Notes enclosed	<input type="checkbox"/> tick as appropriate		Notes to follow	<input type="checkbox"/> tick as appropriate	
<i>[To be returned within 7 days]</i>					
CLIENT DID NOT ATTEND					
No Message	<input type="checkbox"/> tick as appropriate		Message received	<input type="checkbox"/> tick as appropriate	
Message details:					
A MUTUAL AGREEMENT HAS BEEN MADE BETWEEN MYSELF AND THE CLIENT FOR A BREAK IN OUR SESSIONS					
Date of next session					
A MUTUAL DECISION HAS BEEN MADE BETWEEN MYSELF AND THE DIRECTOR OF COUNSELLING FOR ME TO TAKE A BREAK FROM SEEING CLIENTS IN THE FOLLOWING COUNSELLING SLOT(S)					
Day		Time		Room	
Day		Time		Room	
Day		Time		Room	
Day		Time		Room	
Day		Time		Room	
Day		Time		Room	
Date of resumption					
THE WORK WITH THIS CLIENT IS NOW ENDED					
I have completed _____ Sessions					
The client wishes to be re-referred			<input type="checkbox"/> tick as appropriate		
PLEASE NOTE IF THIS FORM IS NOT COMPLETED THEN THE FILE WILL BE LEFT UNPROCESSED					

CCS7/F9 – CHANGE OF AVAILABILITY

«Clients_Title» «Clients_FirstName» «Clients_LastName»
«Address»
«Region»
«City»
«PostalCode»

«Client_ID»

Thursday, August 30, 2007

Dear «Clients_FirstName»,

I am sorry to learn that the day and time of the appointment for counselling we have offered you has now become inconvenient. In order for us to offer you a further appointment at a more convenient time please complete the two forms which are enclosed.

One form is a referral form on the back of which is a timetable outlining our counsellors availability. Please complete the referral form correcting any spelling mistakes of your name or address. Please also specify any other needs of which you feel we should be aware. The timetable on the back of the referral form tells you when we have counsellors available, please indicate your availability by ticking the timeslots when you would be available to see a counsellor, and we will do our best to ensure that you are allocated a counsellor at one of those times. *Please also remember that the more timeslots you tick the more likely you are to be allocated a counsellor in the shortest possible time.*

The other form is a tick box form. This is to give us an idea about how you are feeling. Please tick one of the boxes for each of the 15 questions that most closely fits how you have been feeling **OVER THE LAST WEEK** as straightforwardly as you can.

Please return the two forms using our business reply envelope and when we receive your forms back we will put you on the waiting list. Without receiving both completed forms we will be unable to offer you counselling.

We look forward to receiving both your completed forms.

Yours sincerely,

Mr. Greg Shelock, Manager
Mind in Waltham Forest.

CCS7/F10 – NON ATTENDANCE

«Clients_Title» «Clients_FirstName» «Clients_LastName»
«Address»
«Region»
«City»
«PostalCode»

«Client_ID»

Thursday, August 30, 2007

Dear «Clients_FirstName»,

I am writing because you didn't attend your appointment

On:

At::

As we need to maintain as short a waiting list as possible we have removed your name from the list. If you are having difficulties making the time or there is some other reason preventing you from attending at the moment, then please contact us as soon as possible and arrangements will be made for you to receive counselling at a time most suited to your needs.

Signed

CCS7/F11 – CHANGE OF COUNSELLING DATE

«Clients_Title» «Clients_FirstName» «Clients_LastName»
«Address»
«Region»
«City»
«PostalCode»

«Client_ID»

Thursday, August 30, 2007

Dear «Clients_FirstName»,

I am writing because you didn't attend your MOST recent appointment for counselling

On:

At::

I would like to offer you ANOTHER appointment for counselling

On:

At::

If you are having difficulties making the time or there is some other reason preventing you from attending at the moment, then please contact us as soon as possible.

If you do not confirm the appointment or if you do not turn up again, your name will be removed from the waiting list and you will have to make a new referral if you want counselling in the future.

Signed.....

CCS7/F12 – END OF THERAPY FORM

CLIENT ID

STAGE

DATE GIVEN

E

Which of the following best describes the ending of therapy?

1. Due to crisis
2. Due to loss of contact
3. Client did not wish to continue
4. Other unplanned ending
(please specify below)

5. Number of Sessions Completed

CCS7/F13 CONSENT TO AUDIO RECORDINGS OF COUNSELLING SESSIONS

Client Name:					
<p>I consent to.....making audio recordings of our counselling sessions.</p> <p>It has been made clear to me that:</p> <ul style="list-style-type: none"> • I can say NO • It is not a requirement of continued counselling in the Community Counselling Service that I should agree to such recordings • I have a right to know who will listen to the recordings, and to what use the recordings will be put • I may withdraw my consent to such recordings at any time in the future or at any point in any of the counselling sessions • I have a right to be given the original and any copies of such a recordings whenever I request this • I have a right to see a copy of written feedback that has been made on such a recording 					
Client Name		Signed		Date	
<p>I agree to record the sessions under the terms set out above, and that I have explained them to..... I believe that they have consented meaningfully and without duress.</p>					
Counsellor Name		Signed		Date	
<p>..... has discussed with me the above request, and I agree that..... may be asked.</p>					
Director of Counselling		Signed		Date	

CCS8 USER FEEDBACK

- 1 PURPOSE AND SCOPE
- 2 RESPONSIBILITIES
- 3 POLICY AND PRINCIPALS
- 4 FEEDBACK
- 5 COMPLAINTS
- 6 ANNUAL REVIEW

1 PURPOSE AND SCOPE

- i. This procedure sets out the strategy to ensure that clients have opportunities to positively influence the service.

2 RESPONSIBILITIES

- i. The Manager of MIND in Waltham Forest has overall responsibility for the implementation of this procedure.
- ii. The Director of Counselling has responsibility for carrying out this procedure.
- iii. Everyone working within the service are responsible for knowing this procedure and actively promoting it.

3 POLICY AND PRINCIPALS

- i. Where clients have an influence in the decision making of the organisation they experience more control over their lives and this increases their sense of security and well being and communicates that they are valued by the organisation.
- ii. All members of the service and Council of Management members must be committed to, and persistent in, the pursuit of this policy.

4 FEEDBACK

- i. At the first session with a client, all counsellors will go through a number of standard procedures with the client. These are laid down in **CCS7 Counsellors' Appointments, Booking Systems, Recording and Storage of Files**. All counsellors will ensure that **Form CCS8/F1 User Feedback** is passed to the client and that they are asked to complete and return it at the end of counselling.
- ii. The Director of Counselling will collate and complete a summary of these forms on a six monthly basis writing a report encompassing such written feedback that has been given by the service users.

5 COMPLAINTS

- i. Notices will be posted on the wall of the counselling rooms in order to ensure that clients are aware of MIND in Waltham Forest's Complaints Procedure. Clients attention must be drawn to the Complaints Procedure on Form CCS8/F1 User Feedback.
- ii. The Director of Counselling will treat all negative feedback as a complaint and ensure that it is processed according to that procedure.

6 ANNUAL REVIEW

- i. Both reports referred to in **section 4 ii** are to form part of the organisation annual audit. Any recommendations for changes or improvement will be reported on and then enacted through the Audit Action Plan.

CCS8/F1 – USER FEEDBACK FORM

We would be grateful if you could complete this form as fully as possible. We need this information in order to see if the service we are providing is appropriate to the people who use it, and whether there are any improvements we should be making.

Mind in Waltham Forest values the complaints that it receives about the services it provides in order that the services it provides can be examined critically and improved.

All information will be treated in confidence. Thank you for your help.

1. HOW DID YOU FIND OUT ABOUT THE COUNSELLING SERVICE?

2. (a) HOW EASY WAS IT TO CONTACT US?

Very Easy Easy Neutral Difficult Very Difficult

2. (b) IF YOU FOUND IT DIFFICULT TO CONTACT US, HOW COULD WE IMPROVE THIS FOR YOU?

3. HOW LONG DID YOU HAVE TO WAIT FOR AN APPOINTMENT?

4. DO YOU FEEL THIS WAS AN ACCEPTABLE TIME TO WAIT

Very Acceptable Acceptable Could have been better Unacceptable Very Unacceptable

5. (a) DID WE GIVE YOU APPROPRIATE HELP AND INFORMATION WHEN YOU CONTACTED US?

YES NO

5. (b) HOW COULD WE HAVE DONE MORE TO HELP YOU?

6. BEFORE YOUR FIRST APPOINTMENT, DID YOU UNDERSTAND WHAT THE SERVICE PROVIDES?

YES NO

7. AFTER YOUR FIRST APPOINTMENT, DID YOU UNDERSTAND WHAT THE SERVICE PROVIDES?

YES NO

8. HOW COULD WE IMPROVE YOUR UNDERSTANDING OF WHAT THE SERVICE PROVIDES?

9. DID YOU READ THE INFORMATION LEAFLET BEFORE YOU CAME TO USE THE SERVICE?

YES NO

10. DID YOU FIND THE BUILDING AND COUNSELLING ROOMS COMFORTABLE?

YES NO

11. WHAT DO YOU THINK OF THE ATTITUDE OF THE STAFF AT THE SERVICE?

Very Helpful and	Helpful and Supportive Supportive	Neutral	Not Helpful and Supportive
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12. WHAT WAS YOUR OVERALL IMPRESSION OF THE COUNSELLING SERVICE?

Very Helpful	Helpful	Unhelpful	Very Unhelpful
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13. HOW COULD WE IMPROVE THE SERVICE?

14. WOULD YOU LIKE A RESPONSE TO ANY COMMENTS? YES NO

15. WOULD YOU LIKE THE RESPONSE TO BE DEALT AS A COMPLAINT? YES NO

Thank you for taking the time to complete this questionnaire.

CCS9 CENTRE SECURITY

- 1 PURPOSE AND SCOPE
- 2 RESPONSIBILITIES
- 3 GENERAL PRINCIPLES
- 4 OFFICE HOURS
- 5 OUT OF HOURS
- 6 KEYS
- 7 UNTOWARD INSTANCES AND EMERGENCIES

1 PURPOSE AND SCOPE

- i. This procedure addresses the security of MIND'S offices and the Marshall Centre in relation to the Community Counselling Service.
- ii. It is applicable to all staff and Volunteers working within the Community Counselling Service.

2 RESPONSIBILITIES

- i. The Manager of MIND in Waltham Forest has overall responsibility for the implementation of this procedure
- ii. The Manager and Director of Counselling are responsible for day-to-day implementation of this procedure in relation to the Counsellors.
- iii. All Counsellors are responsible for ensuring that they are familiar with, and adhering to, the policy. In cases where there is doubt, they are to refer these to the Director of Counselling for clarification.

3 GENERAL PRINCIPLES

- i. The offices of MIND in Waltham Forest and the Marshall Centre house a number of diverse activities, all of which need to be accommodated within the security system.
- ii. The way in which the Centre is secured seeks to address the balance between community access and staff, and user safety and security.
- iii. Centre security operates at two levels, and allows for varying levels of access depending on the particular user group.
- iv. This procedure is a precaution towards ensuring that the building is only used by those entitled, and is not left open for anyone to enter at any time. For the security of staff and users, all staff must be responsible for, and carry out, these procedures.

4 OFFICE HOURS

- i. Office hours are from 10.00 am to 2.00 pm Monday to Friday. During these hours the building is open for entry to the offices and to the reception area. The Marshall Centre is also opened for pre-booked groups.

- ii. During office hours there will normally be a staff member covering the office. If a staff member has to leave the office briefly unattended, they should always ensure that the door to the office is locked using the coded lock and the dead locks.
- iii. If on occasion there is no staff available to cover the office during the hours of 10.00 am to 2.00 pm, the Duty Officer will be informed that the office is closed, the answer phone will be turned on and the office doors will be locked using both coded locks and dead locks. The door to the reception area and the downstairs side door will remain locked by way of coded locks only.

5 OUT OF HOURS

- i. The Marshall centre and counselling rooms will remain open for counselling and pre-booked community groups during the hours of 2.00 pm to 9.15 pm Monday to Friday, and on Saturday between 10.15am and 2.00pm. All offices are locked at 4.00 pm using both coded and dead locks, and there is no further access to these for Counsellors or centre users, unless the Administrator or member of the senior team is present.
- ii. The downstairs side door and reception door are also locked using coded locks only. Access to the building and reception is therefore by use of coded locks only.
- iii. All relevant files, counsellors' information and paperwork will be kept in the locked counsellors' filing cabinet in the reception area. This filing cabinet must be kept locked at all times when not in use. The counselling room booking diary is kept on top of the filing cabinet in the reception area and should not be removed.
- iv. The office reception door should be kept closed at all times when the reception area is not in use or when there is no office staff in attendance.
- v. After counselling, supervision or meetings, counsellors should leave the building by the side entrance door, locking the office reception door by way of the coded lock.
- vi. All counsellors share responsibility for ensuring that all exterior doors remain locked, both whilst in, and using, the building. They are also to ensure that the exterior doors are locked using the coded locks upon leaving, regardless of whether or not someone is in the building.
- vii. Clients who have appointments out of office hours will need to ring the side entrance door bell in order to gain entry. Counsellors should therefore ensure that they arrive before their client is due, and take responsibility for listening for the door bell. Counsellors will need to let the client in, ensuring that the door is re-locked. Once the session is finished, clients should be escorted to the side entrance door and the door relocked afterwards.

6 KEYS

- i. Counsellors are issued with a key for access to the counsellors' filing cabinet. In addition counsellors will be given security codes for the side entrance door and the reception area.

- ii. In order to ensure entry to the building, those issued with codes must at all times remember those codes.
- iii. When a counsellor ceases to work for MIND in Waltham Forest, their counselling cabinet key must be handed back to the office staff.

7 UNTOWARD INSTANCES AND EMERGENCIES

- i. Counsellors are instructed that their first responsibility is to protect their own health and safety. They are to ensure that they take steps at all time to secure this. This having been achieved they are to carry out the procedures as set out in this policy
- ii. In the event of serious incidences such as fire or serious injury, then the counsellor should contact the emergency services directly in the first instance. Thereafter they are to contact the Duty Officer whose contact numbers are set out in the reception area.
- iii. In the event of irregular or untoward instances such as utility failure or intrusion, then the counsellor is to contact the Duty Officer who will advise or attend for support as required.

CCS10 CONFIDENTIALITY

- 1 PURPOSE AND SCOPE
- 2 RESPONSIBILITIES
- 3 GENERAL POLICY AND PRINCIPLES
- 4 CULLING INFORMATION
- 5 OUTSIDE INFORMATION REQUESTS
- 6 ISSUES OF DANGER AND RISK TO OTHERS
AND SERIOUS CRIMINAL OFFENCES

1 PURPOSE AND SCOPE

- i. This procedure addresses the complex issues which arise when working within the therapeutic counselling relationship.
- ii. It is applicable to all staff and volunteers working within the Community Counselling Service.

2 RESPONSIBILITIES

- i. The Manager of MIND in Waltham Forest has overall responsibility for the implementation of this procedure
- ii. The Director of Counselling is responsible for day to day implementation of this procedure.
- iii. Counsellors are responsible for ensuring that they are familiar with the policy and for implementing the principles and in cases where there is doubt that they refer the Director of Counselling for clarification.

3 GENERAL POLICY AND PRINCIPLES

- i. People in a counselling situation need to disclose information about their most intimate thoughts and feelings if effective support is to be afforded. It is therefore of paramount importance that they have confidence in the agency's ability to deal with their personal and private issues safely and with respect.
- ii. As a general principle, the appropriate point of reference for deciding who should have access to personal information should be the client.
- iii. Information about clients should only be released to other counsellors or staff in rare instances and on the basis that they require the information to perform their own counselling work effectively .
- iv. A copy of **Form CCS10/F1 Confidentiality Acknowledgement** will be handed to all clients during their first counselling session. This sheet gives information on RED FLAG issues. Should any client disclose such issues within a counselling session, then the Manager will deal with this under these procedures to determine whsuch information and will be passed to the relevant outside agency. All clients are requested to sign that they understand the Confidentiality Policy.

- v. In the event that a client should not sign the acknowledgement form then the Counsellor must reiterate the policy and ensure that the client understands that the policy will be enacted in respect of any work done with the client. This is to be reported to the Director of Counselling in good time before the next session so that they can determine whether the client should continue to receive a service from the organisation, after a full examination of the reasons given for declining to sign the acknowledgement

4 CULLING INFORMATION

- i. Within one week of the end of each series of six counselling sessions, all written material is to be returned by the counsellor to the drop file in the counsellors' filing cabinet located in reception. Such material will be removed from the counsellors' drop file and retained for a period of six months from the date of the last counselling session. After this time has elapsed the material will then be shredded.
- ii. In respect of any computer files, the information held should be restricted to basic referral details, and these should be removed from the records after three years.

5 OUTSIDE INFORMATION REQUESTS

- i. All outside requests for information by outside agents are to be referred to the Direct of Counselling.
- ii. The Direct of Counselling will seek confirmation and consent from the client and the Manager before the release of any information.
- iii. Requests for information should only be accepted in writing and any responses should only be in writing.
- iv. A copy of the material is to be cleared with the client prior to remission whenever possible, and a copy retained on file
- v. The information should be cleared for release by the Manager of MIND in Waltham Forest on **Form CCS10/F2 Outside Information Requests**.

6 ISSUES OF DANGER, RISK TO OTHERS AND SERIOUS CRIMINAL OFFENCES

- i. The Community Counselling Service works within the law, and there may arise circumstances when in the interests of the client, relevant agencies may need to be informed by MIND in Waltham Forest. These instances are set out in **Form CCS10/F1 Confidentiality Acknowledgement** and reiterated below . The Counsellor will refer the matter directly to the Director of Counselling who will formulate a plan of action. The Manager of MIND in Waltham Forest, or in his/her absence the Duty Officer, will complete **Form CCS10/F3 Disclosure of Confidential Information** and will take responsibility for releasing such information.
- ii. The Manager of MIND in Waltham Forest or the authorising officer or in his/her absence the Duty Officer will record the reason for the decision taken.

- iii. The following typical circumstances are those in which the release of information to relevant agencies may apply:
- Acute Mental Health Crises
 - Child Abuse
 - Serious threat of harm to self or others
 - Spouse abuse/battery
 - Threat of Violence
 - Confession to a Serious Crime (eg. Murder)

CCS10/F1 – CONFIDENTIALITY ACKNOWLEDGEMENT

The Community Counselling Service is a confidential service which maintains client-counsellor confidentiality according to the Code of Practice suggested by the British Association for Counselling and Psychotherapy (BACP). The Community Counselling Service operates a Red Flag Policy to deal with issues of risk.

The relationship between client and counsellor depends upon a sense of safety and trust. As such, your sessions are always confidential. This means that your counsellor will not discuss your work with anyone else except their supervisor. If your counsellor has serious concerns about your safety or the safety of a third party, it may be necessary to inform your GP, psychiatrist (if applicable) or other outside agency. These situations are extremely rare, and your counsellor will always endeavour to inform you beforehand of any action they intend to take.

The following issues may be those in which your counsellor will wish to discuss with you further and possibly consult someone else about:

Risk of suicide or serious self harm; acute mental health crises; risk to a child's safety or well-being; current physical, emotional or sexual abuse; threats of violence; confession to a serious crime (e.g. murder).

These instances are to be recorded on Disclosure of Confidential Information Form CCS10/F3 and referred directly to the Manager of MIND in Waltham Forest or in his/her absence the Duty Manager who will be responsible for releasing such information. The Manager of MIND in Waltham Forest will record the reason for the decision taken.

Signed.....Date.....

If you choose not to sign this form, it will not prevent you from receiving counselling at Mind in Waltham Forest, however your counsellor will still abide by these codes of confidentiality.

CCS10/F2 – OUTSIDE INFORMATION REQUESTS

Client Ref:	
Name of Outside Agency:	
Nature of Information:	
I have cleared the above information for release	
Managers Signature	
Date	
I Confirm that I wish the above information to be released	
Clients Signature	
Date	

CCS10/F3 – DISCLOSURE OF CONFIDENTIAL INFORMATION

Client Ref:	
Nature of Information:	
Reason for Disclosure:	
Released to which agency?	
I have cleared the above information for release	
Manager's Signature:	
Date:	

HS1 GENERAL HEALTH AND SAFETY PRINCIPLES

1. Purpose and scope
2. Workplace
3. Equipment
4. Manual Handling
5. Personal Protective Equipment
6. Visual Display Units

1 PURPOSE AND SCOPE

1.1 All voluntary organisations have a duty to ensure good standards of health and safety for their employees, volunteers, members of their governing body and the public. This document outlines the general areas of safety precautions for which Mind in Waltham Forest, as the employer, undertakes responsibility.

1.2 Mind in Waltham Forest recognises that it has a duty to act within the Health and Safety at Work Act 1974 together with the European Directives 1992 which are:

Management of Health and Safety at Work Regulations 1992(amended 1999)
Workplace (Health, Safety and Welfare) Regulations 1992
Provision and Use of Work Equipment Regulations 1992 (amended 1998)
Manual Handling Operations Regulations 1992
Personal Protective Equipment at Work Regulations 1992
Health and Safety (Display Screen Equipment) Regulations 1992

1.3 Additionally, Mind in Waltham Forest recognises its duty under:

Fire Precautions Act 1971 and the Fire Precautions (Workplace) Regulations (amended 1997)
Electricity at Work Regulations 1989
Health and Safety (First-Aid) Regulations 1981
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
Control of Substances Hazardous to Health Regulations (COSHH)2002
Gas Safety (Installation and Use) Regulations 1998
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995

2 THE WORKPLACE

2.1 Within the workplace Mind in Waltham Forest has a responsibility:

2.1.1 to protect employees' **health** by ensuring :

- adequate ventilation
- reasonable temperature, at least 60 degrees
- suitable lighting
- clean floors, walls, furniture
- adequate seating

- no undue reaching bending or stretching when using equipment
- enough space for each person (minimum 40 square feet of floor space and 400 cubic feet of air space)

2.1.2 to promote **safety** by providing:
safe premises, floors and stairs
suitably maintained equipment
space for movement of persons
fencing of openings
safe storage for all materials and goods
safety glass in windows where appropriate
control of vehicles where people walk

2.1.3 to cover welfare by providing:

- sufficient numbers of toilets
- suitable washing facilities with hot and cold water, soap and towels
- facilities for changing clothes if required
- accessible drinking water
- suitable facilities for rest and eating
- suitable provision for non-smokers

See Operational Policy HO4 Maintenance of the Building, Furniture and Equipment

3 EQUIPMENT

- 3.1 Mind in Waltham Forest has a duty to ensure that all equipment provided by the organisation is suitable for its purpose and used only for that purpose. We will ensure it is maintained adequately and restricted only to the persons given the task of using it.
- 3.2 We will assess regularly the risks of using equipment and take any take any measures necessary to protect against potential hazards. ***See Operational Policy HO4 Maintenance of the Building, Furniture and Equipment***

4 MANUAL HANDLING

- 4.1 As an employer, Mind in Waltham Forest should avoid any manual handling operations which involve the risk of injury. A risk assessment will be carried out in all cases where employees have to carry, lift, push or pull any item/person as part of their employment. The assessment should identify any unnecessary operations. ***See HS3F1 Manual Handling Risk Assessment Form.***
- 4.2 If an operation cannot be avoided then Mind will take steps to reduce the risk of injury and provide a safe system of work. ***See HS3W1 Manual Handling Assessment.***

- 4.3 As employees, staff have an obligation to make full use of the information provided as a result of the assessment.

5 PERSONAL PROTECTIVE EQUIPMENT

- 5.1 As an employer, Mind in Waltham Forest has a duty to ensure that adequate personal protective equipment and clothing is made available where appropriate, in cases where risks to safety and health have not been controlled by other means.
- 5.2 Personal protective clothing provided will be in good condition, replaced when found defective and stored in a suitable place.
- 5.3 The employer must take reasonable steps to ensure that the equipment is used.
- 5.4 Employees are obliged to use such equipment and report any loss or defect.

6 VISUAL DISPLAY UNITS

- 6.1 As an employer, Mind in Waltham Forest must provide a suitable and sufficient analysis of the work station for those using VDUs. See ***HS4 Visual Display Units***

HS2 - CONTROL OF SUBSTANCES HARMFUL TO HEALTH (COSHH)

- 1 PURPOSE AND SCOPE
- 2 RESPONSIBILITIES
- 3 DEFINITIONS
- 4 GENERAL POINTS
- 5 COSHH RISK ASSESSMENT

1 PURPOSE AND SCOPE

- 1.1 This procedure sets out the arrangements for the control and management of substances harmful to health (COSHH) within MIND in Waltham Forest.

2 RESPONSIBILITIES

- 2.1 It is the responsibility of all staff to familiarise themselves with the guidance on COSHH materials and to attend suitable training.
- 2.2 All staff are responsible for ensuring that safe working practices and systems provided after a COSHH risk assessment are used. Additionally staff are responsible for using safety equipment provided by the organisation and adhering to the correct usage.
- 2.3 It is the responsibility of the Personnel Worker to ensure that all staff have the opportunity to attend COSHH training, and to arrange training for new members of the workforce.
- 2.4 It is the responsibility of the designated Safety Officer to ensure that COSHH risk assessments are completed and are subject to regular review.

3 DEFINITIONS

- 3.1 A Substance Hazardous to Health is any material, mixture or compound used at work, or arising from work activities, which is harmful to people's health in the form in which it occurs in the work activity. Categories specifically mentioned are:-
 - **Irritants** – Short term effects that are reversible when the substance is removed. May cause inflammation and irritation on immediate or repeated or prolonged contact with the skin or if inhaled.
 - **Corrosives** – These can irreversibly damage the body chemically, causing destruction of living tissue or burns. Such damage is not reversible and can only be treated through the regeneration of damaged skin tissue, providing that the damage is not too severe.

- **Toxic** – Affect the chemical processes within the body. The degree of damage depends on the consequences of the interference with the body's natural chemical processes. May cause serious health risks or even death if inhaled, ingested or if the substance penetrates the skin.
- **Harmful** – May on contact cause destruction of living tissue or burns.
- **Extremely Flammable** – Gaseous and extremely flammable. Use only in a flameproof area. Flash point below 0°C. Boiling point 35°C or lower.
- **Highly Flammable** – For use only within a flameproof area. Flash point below 21°C.
- **Flammable** – Flash point 21°C to 55°C.
- **Explosive** – May explode under the effect of flame or heat when dry.
- **Oxidising** – Reacts with other substances. May cause explosion or fire.

4 GENERAL POINTS

- 4.1 MIND in Waltham Forest will comply fully with the Control of Substances Hazardous to Health (COSHH) Regulations 1994.
- 4.2 All hazardous and potentially hazardous materials supplied to the organisation are subject to Chemicals (Hazard Information and Packaging for Supply) Regulations 1994 (CHIP 2). Relevant safety data sheets will therefore be required from the Manufacturer(s) of the material(s). These materials will be quarantined until the safety data sheets have been obtained.
- 4.3 Quarantined materials will not be used until the safety data sheets have been obtained, and a COSHH risk assessment completed and appropriate control measures put into place.
- 4.4 Positive action will be taken to reduce the use and storage of COSHH materials throughout the organisation. Wherever possible materials will be substituted for alternatives assessed as presenting a lower level of risk to the individual.
- 4.5 MIND in Waltham Forest will undertake to provide appropriate safety equipment to be employed whenever materials subject to COSHH are to be used.
- 4.6 COSHH assessments will be subject to regular review. Additionally assessments will be reviewed if there is any reason to doubt the validity of a current risk assessment.
- 4.7 Employees are under a duty to make full use of any system and protective safety equipment provided by the organisation after the completion of a COSHH risk assessment.

5 COSHH RISK ASSESSMENT

- 5.1 COSHH risk assessments will be completed by the Health and Safety Officer, or a nominated competent person, for all substances. A review date for the assessment will be set at the same time.

- 5.2 New materials subject to COSHH regulations are to be reported to the Health and Safety Officer as they are brought into the organisation, and a risk assessment is to be carried out as soon as is practicable.
- 5.3 The Health and Safety Officer is to be notified immediately there is any reason to doubt the validity of a current risk assessment.
- 5.4 Completed risk assessments are to be logged centrally, along with review dates. Copies of the assessments are also to be retained at the place where the materials are being used and stored, and will be available for reference along with any relevant safety material from the manufacturer of the materials(s) i.e. data sheets.

HS3 - MANUAL HANDLING OPERATIONS

- 1 PURPOSE AND SCOPE
- 2 RESPONSIBILITIES
- 3 POLICY
- 4 MANUAL HANDLING RISK ASSESSMENT

1 PURPOSE AND SCOPE

- 1.1 This procedure sets out the arrangements for Manual Handling Operations within MIND in Waltham Forest.

2 RESPONSIBILITIES

- 2.1 It is the responsibility of all staff to familiarise themselves with the guidance on Manual Handling and to attend suitable training.
- 2.2 All staff are required to inform the Health and Safety Officer of any work situation which requires a Manual Handling Risk Assessment.
- 2.3 It is the responsibility of the Line Manager, or in the case of the Forest Community Project the relevant keyworker, to ensure that the safety equipment identified is then purchased.
- 2.4 All staff are responsible for ensuring that safe working practices and systems provided after a Manual Handling Risk Assessment are used. Staff are expected to use any safety equipment provided for safe Manual Handling correctly.
- 2.5 It is the responsibility of the Personnel Worker to ensure that all staff have the opportunity to attend Manual Handling training, and to arrange training for new members of the workforce.
- 2.6 It is the responsibility of the designated Health and Safety Officer to ensure that Manual Handling Risk Assessments are completed and are subject to regular review.

3 POLICY

- 3.1 Mind in Waltham Forest will comply fully with the Manual Handling Operations Regulations 1992.
- 3.2 As far as is reasonably practicable, Manual Handling Operations where there is a risk of injury will be avoided.
- 3.3 Where Manual Handling Operations cannot reasonably be avoided, a risk assessment of all the factors; the task; the load; the working environment; and the individual capability will be carried out by a competent individual.

- 3.4 Positive action will be taken to reduce the risk of injury to the lowest level reasonably practicable, and where reasonably practicable precise information on the weight and position of the centre of gravity of a load will be given.
- 3.5 Mind in Waltham Forest will undertake to provide appropriate safety equipment to be employed whenever Manual Handling Operations are unavoidable.
- 3.6 Manual Handling Risk Assessments will be subject to regular review. Additionally, assessments will be reviewed if there is any reason, for example an injury being sustained, whilst a Manual Handling Operation is being carried out.

4 MANUAL HANDLING RISK ASSESSMENT

- 4.1 Manual Handling Risk Assessments will be completed by the Health and Safety Officer or a nominated competent person for all Manual Handling Operations. A review date for the assessment will be set at the same time.
- 4.2 New Manual Handling Operations are to be reported to the Health and Safety Officer as soon as they are introduced to the organisation, and a risk assessment will be carried out as soon as is practicable.
- 4.3 The Health and Safety Officer is to be notified immediately there is any reason to doubt the validity of a current risk assessment.
- 4.4 Completed risk assessments are to be logged centrally, along with review dates. Copies of the assessments are also to be retained at the place where the Manual Handling Operation concerned is being carried out, and will be available for reference.

HS4 - WORKING WITH VISUAL DISPLAY UNITS (VDUS)

- 1 PURPOSE AND SCOPE
- 2 ROLES AND RESPONSIBILITIES
- 3 GUIDANCE

1 PURPOSE AND SCOPE

- 1.1 This document sets out guidance on good working practices for using visual display units.

2 ROLES AND RESPONSIBILITIES

- 2.1 It is the responsibility of the Manager or Health and Safety Officer to discuss work planning strategies with all employees who use Visual Display Units, in order to provide regular breaks or changes of activity to reduce their VDU workload.
- 2.2 It is the responsibility of those individuals whose work involves the use of visual display units to adopt working practices that reduce their VDU workload.

3 GUIDANCE

- 3.1 When using a computer, as with many activities, you may experience occasional discomfort in your hands, arms, shoulders, neck, or other parts of your body. However, if you experience symptoms such as persistent or recurring discomfort, pain, throbbing, aching, tingling, numbness, burning sensation, or stiffness, **DO NOT IGNORE THESE WARNING SIGNS. PROMPTLY SEE A QUALIFIED HEALTH PROFESSIONAL**, even if symptoms occur when you are not working at your computer. Symptoms such as these can be associated with painful and sometimes permanently disabling injuries or disorders of the nerves, muscles, tendons, or other parts of the body. These musculoskeletal disorders (MSDs) include carpal tunnel syndrome, tendonitis, tenosynovitis, and other conditions.
- 3.2 Position yourself. Using your body in comfortable, not awkward postures is important. Not only can this affect your overall productivity, but also it can influence how comfortable you are while using your computer and may help you avoid MSDs. Keep in mind that changing your posture during extended tasks may also help you avoid discomfort and fatigue.
- 3.3 When working at the computer, adapt your surroundings and arrange your computing equipment to promote a comfortable and relaxed body posture.
- 3.4 Support your back:
 - Choose a chair that supports the lower back.
 - Adjust the work surface height and the chair to assume a comfortable and natural body posture.
- 3.5 Adopt a comfortable leg posture:
 - Clear away items from beneath the desk to allow for comfortable leg positions and movement.

- Use a footrest if feet do not rest comfortably on the floor.
- Adjust your chair so the seat does not press into the back of your knees.

3.6 Minimise reaching and promote comfortable shoulder and arm posture:

- Place the keyboard and mouse at the same height; these should be at about elbow level. Upper arms should fall relaxed at the sides.
- When typing, centre the keyboard in front of you with the pointing device (mouse or trackball) located close by.
- Place frequently used items within easy reach.

3.7 Adopt proper wrist and finger positions:

- Keep your wrists straight while typing and while using a mouse or trackball. Avoid bending your wrists up, down, or to the sides. Use the keyboard legs if they help you maintain a comfortable and straight wrist position.
- Type with your hands and wrists floating above the keyboard, so that you can use your whole arm to reach for distant keys instead of stretching your fingers.

3.8 Minimise neck bending and twisting:

- Centre the monitor in front of you. Consider placing documents directly in front of you and the monitor slightly to the side, if you refer to your documents more frequently than your monitor.
- Use a document holder to position documents near eye level.
- Position the top of the screen near eye level. Bifocal wearers may need to lower the screen or talk to an optician about glasses customised for computer work.

3.9 Take the following steps to reduce eyestrain:

- Place the monitor at a distance of about arm's length when seated comfortably in front of the monitor.
- Avoid glare. Place the monitor away from light sources that produce glare, or use window blinds to control light levels.
- Remember to clean the screen; if you wear glasses, clean them as well.
- Adjust monitor brightness, contrast, and font size to levels that are comfortable for you.

3.10 Adopt the following strategies to reduce the amount of effort used to operate equipment:

- Type with a light touch, keeping your hands and fingers relaxed, as it takes little effort to activate keyboard keys. Also, use a light touch when clicking a mouse button or when using a joystick or other gaming controller.
- Avoid resting your palms or wrists on any type of surface while typing. The palm rest, if provided, should only be used during breaks from typing.
- Relax your arms and hands when you are not typing. Do not rest on edges, such as the edge of your desk.
- Hold the mouse with a relaxed hand. Do not grip the mouse tightly.

- 3.11 Vary your daily workload to maintain productivity:
- Plan your work so that one activity is not performed for extended periods of time.
 - Use different input devices, such as your mouse and keyboard, to accomplish the same task. For example, to perform a scrolling task, you can use the wheel on the mouse or the arrow keys on the keyboard.
 - Work more efficiently by using software and hardware features to reduce your effort and increase your productivity. For example, you can press the Windows logo key to open the Start menu.
 - Learn about software and hardware features by reading the information that came with your software programs and hardware products.

HS5 - FOOD HYGIENE

- 1 PURPOSE AND SCOPE
- 2 ROLES AND RESPONSIBILITIES
- 3 GUIDANCE

1 PURPOSE AND SCOPE

- 1.1 This document sets out the prudent guidance to be adopted by food handlers or those responsible for the preparation of food.

2 ROLES AND RESPONSIBILITIES

- 2.1 It is the responsibility of all staff directly preparing food to familiarise themselves with the contents of The Royal Society of Health's *Essential Hygiene Course*, which they will have attended, and to adhere to such practices.
- 2.2 It is the responsibility of the Client Support Worker responsible for Resource Management to give such supervision and guidance in respect of food preparation until such time as any given Care Worker has completed *The Royal Society of Health Essential Hygiene Course*.
- 2.3 It is the responsibility of the Hotel Services Manager to give such supervision and guidance in respect of food preparation until such time as any given Café Assistant or Therapeutic Worker has completed *The Royal Society of Health Essential Hygiene Course*.
- 2.4 It is the responsibility of the Hotel Services Manager to ensure that relevant guidance is obtained from DEFRA, kept up to date, and is in regular circulation.

3 POLICY

- 3.1 All food handlers shall have completed The Royal Society of Health's ***Essential Hygiene Course*** within six months of appointment or have demonstrated that they have already passed the course.
- 3.2 Fridge and freezer temperatures are to be monitored and recorded twice daily using Form ***HS5/F1 Fridge and Freezer Temperature Chart***. Fridge temperatures must be between 1°C and 4°C; Freezers between -18°C and -22°C. If temperatures exceed these limits the relevant manager is to be informed immediately.

HS6 - FIRE SAFETY

- 1 PURPOSE AND SCOPE
- 2 RESPONSIBILITIES
- 3 FIRE SAFETY ASSESSMENTS
- 4 FIRE SAFETY TRAINING
- 5 DEALING WITH FIRE
- 6 FIRE ALARM TESTING AND MAINTENANCE

1 PURPOSE AND SCOPE

- 1.1 This procedure sets out the arrangements for fire safety throughout Mind in Waltham Forest.

2 RESPONSIBILITIES

- 2.1 The Manager has overall responsibility for ensuring compliance with this policy.
- 2.2 The Client Support Worker responsible for Housing Management (House Manager) is responsible for ensuring that Fire Safety Risk Assessments in the houses are carried out in accordance with the guidance set out in **HS6/W1 Fire Safety Assessments** and ensuring that any necessary works are carried out within a reasonable time scale.
- 2.3 The House Manager or nominated deputy has the responsibility for ensuring that fire alarm systems in the houses are maintained and tested in accordance with both the installer's instructions and any additional guidance that may be given by the Fire Prevention Officer.
- 2.4 House Managers are to ensure that the Houses have regular inspections from either the Fire Prevention Officer or an approved Fire Safety Engineer.
- 2.5 The Personnel Officer has responsibility for ensuring that Fire Safety Training is carried out in accordance with **SM2 Induction and Training** and **HS6/W2 Fire Safety Training** and that a record of this training is maintained.
- 2.6 The House Manager is responsible for ensuring that clear and understandable Fire Safety Guidance is available in all of the houses.
- 2.7 The Client Support Worker responsible for Staff Management is responsible for ensuring that all new staff at the time of their induction are given information on both basic fire safety precautions and what to do in the event of a fire.
- 2.8 The staff member who is on duty in at Southwest Road at the time of the discovery of a fire is deemed to be the Responsible Person/Fire Warden and as such should carry out their role in accordance with **HS6/W3 Dealing with Fire**.
- 2.9 All staff are responsible for following this procedure.

3 FIRE SAFETY ASSESSMENTS

- 3.1 Fire Safety Assessments are to be carried out at quarterly intervals, and additionally when any changes in the workplace or house may have an effect on fire risk or precautions.
- 3.2 Fire Safety Assessments are to be carried out in accordance with Work Instruction ***HS6/W1 Fire Safety Assessments***.
- 3.3 Additional assessments of fire safety may be carried by the Fire Prevention Officer.

4 FIRE SAFETY TRAINING

- 4.1 Fire safety training is to be carried out at least annually in accordance with work instruction ***HS6/W2 Fire Safety Training***.
- 4.2 Updated fire safety guidance will be issued to staff (by the Client Support Worker responsible for Staff Management) and service users (by the House Manager) as it becomes available.

5 DEALING WITH FIRE

- 5.1 Guidance on dealing with fire is set out in work instruction ***HS6/W3 Dealing with Fire***.

6 FIRE ALARM TESTING AND MAINTENANCE

- 6.1 Fire alarm installations are to be tested in accordance with the installer's instructions in addition to the guidance set out in Work instruction ***HS6/W4 Fire Alarm Testing and Maintenance***.

HS7 - ACCIDENTS, INCIDENTS, NEAR MISSES AND EMERGENCIES

- 1 PURPOSE AND SCOPE
- 2 RESPONSIBILITIES
- 3 GENERAL PRINCIPLES
- 4 DEFINITIONS OF ACCIDENT, INCIDENT, NEAR MISS OR EMERGENCY

1 PURPOSE AND SCOPE

- 1.1 This procedure sets out the arrangements for handling, reporting and investigating accidents, incidents, near misses and emergencies. It also describes the arrangements for determining and following up on any corrective and preventative action.
- 1.2 It is applicable to all staff working in Mind in Waltham Forest.

2 RESPONSIBILITIES

- 2.1 All staff involved in accidents, incidents, near misses and emergencies are responsible for following the arrangements set out in this procedure and for completing **HS7/F1 Incident Report Form** and forwarding a copy to the Development Officer.
- 2.2 The Development Officer, in consultation with the Client Support Workers are responsible for reviewing **HS7/F1 Incident Report Form** and for recommending and/or implementing action to correct problems and prevent their recurrence. They are also responsible for following up on such action to ensure it has been implemented and has been effective.

3 GENERAL PRINCIPLES

- 3.1 The risk of accidents, incidents, near misses and emergencies cannot be eliminated, but rigorous assessment and management of risks can help to ensure they are minimised.
- 3.2 Where an accident, incident, near miss or emergency does occur timely review of the situation and the factors that caused it can prevent - or at least - minimise risk of recurrence.
- 3.3 Staff must not jeopardise their own health or safety. They should only act within their own capabilities in assisting casualties, protecting others, preventing further problems or in making the area safe.
- 3.4 They should involve others to assist as necessary (e.g. police, fire brigade other staff, line managers etc.) and call for assistance, advice and/or support as necessary.

4 DEFINITIONS OF ACCIDENT, INCIDENT, NEAR MISS OR EMERGENCY

- 4.1 An accident, incident, near miss or emergency is defined as a situation where a resident, staff member, person visiting a MIND property or agent or contractor of MIND working with a resident:
- suffers or is suspected or alleged to have suffered significant injury, abuse or death; or
 - is put at significant risk
- 4.2 This will typically include the following situations (the list in not intended to be exhaustive).
- Any death
 - Serious injury
 - Involvement of emergency services
 - Abuse, suspicions of abuse or allegations of abuse of residents or staff
 - Food poisoning or suspected food poisoning in projects where MIND provide food
 - Missing persons
 - Gas leaks
 - Cases of Communicable/infectious disease
 - Sudden, serious illness
 - Serious accidents or near misses
 - Harassment or alleged harassment of staff or residents
 - Any fire – however small
 - Serious incidents or violent, aggressive or threatening behaviour
 - Theft or burglary
 - Floods

HS8 – CONTROL OF INFECTION

- 1 PURPOSE AND SCOPE
- 2 RESPONSIBILITIES
- 3 POLICY
- 4 INFECTION CONTROL GUIDANCE

1 PURPOSE AND SCOPE

- 1.1 This procedure sets out the arrangements for the Control of Infection within MIND in Waltham Forest.

2 RESPONSIBILITIES

- 2.1 It is the responsibility of all staff to familiarise themselves with the guidance on Infection Control and associated work instructions, and to attend suitable training.
- 2.2 All staff are required to inform the designated Safety Officer of any infection risks.
- 2.3 All staff are responsible for ensuring that good working practices and infection control systems provided are used. Staff are expected to use any personal protective equipment (PPE) provided correctly.
- 2.4 It is the responsibility of the training and development officer to ensure that all staff have the opportunity to attend Infection Control training, and to arrange training for new members of the workforce.
- 2.5 It is the responsibility of the designated Safety Officer to ensure that Control of Infection guidelines are kept up to date.

3 POLICY

- 3.1 Mind in Waltham Forest will comply fully with any Infection Control policies and guidelines as may be issued by Fundholders.
- 3.2 The designated Safety Officer will ensure that a current Infection Control Manual is maintained and that it reflects current good practice.
- 3.3 As far as is reasonably practicable, preventative measures will be taken to avoid infection risks.
- 3.4 In the event of infection, control measures to limit the spread of infection to staff, residents and members of the public will be taken.
- 3.5 Mind in Waltham Forest will comply fully with any Control Measures imposed by Environmental Health Officers, Community Infection Control Nurses, General Practitioners and, in the case of the Registered Care home, the Registration and Inspection Authority.

- 3.6 Mind in Waltham Forest will undertake to provide appropriate safety equipment to be employed whenever Infection Control measures are required.
- 3.7 The Safety Officer, or nominated Deputy will maintain the FACxx Infection Control Factsheets to ensure that they are kept up to date and reflect good practice.

4 INFECTION CONTROL GUIDANCE

- 4.1 Staff are to take note of the precautions to be taken to avoid contact with blood and other body fluids, these are set out in *HS9/W3 Spillages of Blood or Body Fluids* and *HS9/W4 Needlestick Injuries*.
- 4.2 For any activity, which could potentially involve contact with blood or bodily fluids, latex gloves will be made available. For those with latex allergy, a good quality non-powdered alternative should be made available
- 4.3 Care personnel having contact with the elderly and especially those with at risk conditions, e.g. chronic chest and heart disease and diabetes, may be the source of infection during an influenza outbreak. They are therefore recommended to have annual influenza vaccination. This can be organised by contacting their General Practitioner.
- 4.4 Transmission of food-borne infections is best avoided by ensuring that employers and employees are fully aware of the hazards involved in food. Such guidance is set out in *HS7/W4 Food Poisoning*.
- 4.5 Staff who have contracted infectious diseases or who are well are to follow any work restrictions relevant to the infection to which they have been exposed, such guidance will be obtained from the Infection Control Manual.
- 4.6 Cleaning in the Forest Community Project will be to the standard for care homes as detailed in the Infection Control Manual.
- 4.7 If in any doubt ASK FOR GUIDANCE from the appropriate line manager.
- 4.8 All instances of infection are to be reported using ***HS7/F1 Incident Report Form***

HS9 – HUMAN FACTORS

- 1 Purpose and scope
- 2 Responsibilities
- 3 General principles

1 PURPOSE AND SCOPE

- 1.1 This document sets out the range of procedures which take account of the various human factors to be taken account of within the organisation.
- 1.2 It is applicable to all staff working in Mind in Waltham Forest.

2 DETAILED GUIDANCE ON ACTION IN SPECIFIC SITUATIONS

- 2.1 A range of work instructions and other documents provide guidance on different situations that may arise and these should be referred to. They are listed at the end of the procedure.

3 RESPONSIBILITIES

- 3.1 All staff are responsible for following the arrangements set out in the various working documents listed below.

HS10 – GENERAL RISK ASSESSMENTS

- 1 PURPOSE AND SCOPE
- 2 RESPONSIBILITIES
- 3 POLICY
- 4 GENERAL RISK ASSESSMENT

1 PURPOSE AND SCOPE

- 1.1 This procedure sets out the arrangements for General Risk Assessments within MIND in Waltham Forest.

2 RESPONSIBILITIES

- 2.1 All staff are required to inform the Health and Safety Officer of any work situation which requires a General Risk Assessment.
- 2.2 It is the responsibility of the Line Manager, or in the case of the Forest Community Project the relevant keyworker, to ensure that any safety equipment identified as being required is then purchased.
- 2.3 All staff are responsible for ensuring that safe working practices and systems provided after a General Risk Assessment are used. Staff are expected to use any safety equipment provided correctly.
- 2.4 It is the responsibility of the Personnel Worker to ensure that all staff have the opportunity to attend any relevant training identified as being necessary after a General Risk Assessment has been completed.
- 2.5 It is the responsibility of the designated Health and Safety Officer to ensure that General Risk Assessments are completed and are subject to regular review.

3 POLICY

- 3.1 Mind in Waltham Forest will comply fully with the Management of Health and Safety at Work Regulations 1992 and associated Health and Safety legislation.
- 3.2 As far as is reasonably practicable, hazards which present a risk of injury will be avoided.
- 3.3 Where potentially hazardous operations cannot reasonably be avoided, a risk assessment of the risk posed by the identified hazard will be carried out by a competent individual.
- 3.4 Positive action will be taken to reduce the risks of injury from an identified hazard to the lowest level reasonably practicable.
- 3.5 Mind in Waltham Forest will undertake to provide appropriate control measures e.g. personal protective clothing, re-location of equipment in response to General Risk Assessments.

- 3.6 General Risk Assessments will be subject to regular review. Additionally, assessments will be reviewed if there is any reason, for example an injury being sustained, due to the identified hazard.

4 GENERAL RISK ASSESSMENTS

- 4.1 General Risk Assessments will be completed by the Health and Safety Officer or a nominated competent person for all identified hazards. A review date for the assessment will be set at the same time.
- 4.2 New Hazards are to be reported to the Health and Safety Officer as soon as they are identified by the organisation, and a risk assessment will be carried out as soon as is practicable.
- 4.3 The Health and Safety Officer is to be notified immediately there is any reason to doubt the validity of a current risk assessment.
- 4.4 Completed risk assessments are to be logged centrally, along with review dates. Copies of the assessments are also to be retained at the place where the hazard concerned is located, and will be available for reference.

HS11 LONE WORKING

- 1 Purpose and Scope
- 2 Definition of lone working
- 3 Lone working categories
- 4 Responsibilities
- 5 Lone Working Support Levels
- 6 Health and Safety

1 PURPOSE AND SCOPE

- 1.1 This instruction provides information and procedures for staff of MIND in Waltham Forest who are involved in working alone. The Manager and Client Support Worker responsible for staff management should be aware of the implications of lone working and of the support measures within this instruction. MIND in Waltham Forest seeks to ensure that lone workers are provided with safe and effective systems of work at all times during the course of their duties.
- 1.2 There is little, if any, legislation which states categorically that a person should not work alone. However, the Health & Safety at Work Act and the Management of Health and Safety at Work Regulations place responsibilities on the employers and managers to assess significant risks to employees and to develop support measures based on a "worst case" scenario.

2 DEFINITION OF LONE WORKING

- 2.1 Any work that is carried out in a situation where a person is working alone where their ability to summon assistance maybe compromised if they became injured or involved in an accident.

3 LONE WORKING CATEGORIES

3.1 General

Listed below are the categories of lone working that staff from the agency may fall into from time to time during the course of their duties. The explanation of each category has been kept simple in an effort not to over complicate matters. The manager and Client Support Worker responsible for staff management should be able to identify which category applies to the staff during the course of their duties. Once a category has been identified, the appropriate support should be installed locally by the line manager

3.1.1 Category One

Normal daily routine, e.g. when a member of staff is in their normal workplace, with no one in the immediate vicinity and telephones are available for communication. Movements between FCP properties which are occupied, and Duty Officer is aware of staff movements and their arrival is expected.

3.1.2 **Category Two**

Staff who carry out duties that involve the following activities within their overall task:

- a. Manual handling
- b. Work at height
- c. Work in a confined space
- d. Any work that involves unnecessary risk
- e. Emergency response

4 **RESPONSIBILITIES**

4.1 **Health and Safety Officer**

The agency will ensure that bi-annual audits of the risk assessments for lone working are completed by the Client Support Worker for Staff management. The aim of this audit is to ensure that the correct level of local support is exercised without restricting the work rate/performance of staff concerned.

4.2 **Client Support Workers**

The client support workers are responsible for the day to day safety of staff within the project houses and are required to review all working practices on an annual basis to establish categories of lone workers. Staff activities are to be risk assessed and reviewed regularly to ensure they remain continuously safe during their work activities.

4.3 **Duty Officer**

The Duty Officer is the first line of managerial support to lone workers. All Duty Officers are to note the various action levels recorded later in this instruction.

4.4 **Lone Working Staff**

The manager has a duty to provide local support measures to ensure staff safety whilst working alone. Staff working on their own should continually reassess their own personal situation and where necessary adjust their working category and action level to suit their risk level. For example, staff who is travelling between project houses and having to carry some form of load along or in the course of carrying out their task they decide to undertake work of a more strenuous type, they should adjust their lone working category for the period of that particular task. This duty to adjust lone working categories whilst working alone rests with the staff, who should also notify the Duty Officer when such occasions occur.

Risk assessments for regular lone workers are to be completed and copies of these assessments should be held by the Development Officer and the Health and Safety Officer.

Regular lone workers require better provision of support and communication, such as access to telephones to enable them to communicate with the Duty Officer.

5 LONE WORKING SUPPORT LEVELS

5.1. Duty Officers

Duty Officers need to be aware of the daily movements of staff working in the project houses. They should be prepared to respond to the needs of lone workers should a situation arise where their safety is in doubt. Occasional visits or verbal contact should be a normal managerial function to provide mutual and moral support. The following communication facilities with relevant training should be provided:

- Use of Telephones
- Use of Pager systems

If doubts, suspicions or concerns are raised regarding a lone worker the Duty Officer should take appropriate actions. Listed below are some options which are not exhaustive. The Duty Officer will have to interpret the situation and carry out a risk assessment as the situation dictates:

- Page the individual
- Establish communications via telephone
- Visit last recorded location / site
- Consider mobilising colleagues to locate the individual concerned
- Notify the Manager
- Consider contacting Police
- Combination of any of the above

If the Duty Officer is involved in locating or recovering a lone worker a report should be made and submitted to the Health & Safety Officer and the Manager, who should investigate the circumstances and, if necessary, compile a report for any other necessary action to take place, i.e. change in procedures.

5.2. Lone Workers

All staff are to ensure they understand and comply with any local support measures identified by the manager.

All staff to:

- Notify the Duty Officer of their daily movements
- Continually reassess their lone working category and adjust if
- Necessary

6 HEALTH AND SAFETY

When working on their own, staff must:

- Satisfy themselves that they know where they are going;
- Be adequately equipped and prepared (e.g. information on location,
- Ensure appropriate means of communication are maintained with the
- Duty Officer at all times
- Report all instances of threats, aggression or violence to the Duty Officer
- and ensure an incident form is completed.

HS12 - MEDICINES

- 1 PURPOSE AND SCOPE
- 2 ROLES AND RESPONSIBILITIES
- 3 DEFINITIONS
- 4 POLICY
- 5 ACQUISITION AND STORAGE OF MEDICATION
- 6 ADMINISTRATION AND RECORDING OF MEDICATION

1 PURPOSE AND SCOPE

- 1.1 This document sets out the arrangements for obtaining, supplying and monitoring medication within the Forest Community Project. It also ensures that residents are involved fully in this process and that their choices regarding medication are respected. Finally, it ensures that medication is kept under regular review by the relevant healthcare professionals involved in the care of residents.

2 ROLES AND RESPONSIBILITIES

- 2.1 The Manager will appoint the Client Support Worker responsible for co-ordinating medication. Whenever possible this worker will be a registered nurse.
- 2.2 Individual Keyworkers are responsible for determining the current medication regime for residents and ensuring that this is recorded on the relevant section of **TE2/F1 Care Planning Form**. This record will then be passed to the Client Support Worker responsible for co-ordinating medication within the Forest Community Project.
- 2.3 The Client Support Worker responsible for co-ordinating medication within the Forest Community Project will ensure that Medicine Administration Records (MARs) are set up and maintained for each resident in accordance with **HS12W1 Guidelines for the Administration of Medication**.
- 2.4 The Client Support Worker responsible for co-ordinating medication will liaise with residents' General Practitioners and the nominated pharmacist to ensure that the correct medication is supplied to each client.
- 2.5 Care Workers are responsible for completing MAR charts when medication is administered, in accordance with **HS12W1 Guidelines for the Administration of Medication**.
- 2.6 Keyworkers are responsible for monitoring resident's compliance with medication, the effects of medication and any adverse reactions and recording relevant observations. Where appropriate Keyworkers are to report these observations to the prescriber, care co-ordinator or to the Manager.
- 2.7 All staff are responsible for alerting the Keyworker or Duty Officer to any changes in a resident's presentation which may be due either therapeutic or unwanted effects of medication.

- 2.8 All staff directly involved in client care are responsible for familiarising themselves with this procedure and associated documents.

3 DEFINITIONS

- 3.1 Non prescription medications are those items that may be sold under the supervision of a pharmacist and do not require a prescription. Examples are paracetamol and simple linctus.
- 3.2 "Prescription Only" refers to medications where a valid prescription is required to obtain them. Antipsychotics are included among such medicines.
- 3.3 "Controlled Drugs" are those covered by the Misuse of Drugs Regulations 1973, these may only be obtained with a valid prescription and there are certain legal requirements for their storage, records and administration. These include drugs such as morphine and other opiates.

4 POLICY

- 4.1 Full guidance on the obtaining, storage, handling, administration and disposal of medicines are detailed in **HS12W1 to W9**. These procedures are to be adhered to at all times.
- 4.2 Under no circumstances can medication be given without consent. Where consent cannot be given, or consent is neither meaningful nor informed this matter is to be referred to the resident's care co-ordinator or appropriate other healthcare professional.
- 4.3 All staff will receive training in the recognition of the signs and symptoms of mental health problems and both the desired and unwanted effects of medication. Competency in this is to be assessed by the manager.
- 4.4 All residents of the Forest Community Project shall receive from their Keyworker accurate and appropriate information about their medication.

5 ACQUISITION AND STORAGE OF MEDICATION

- 5.1 Medication is to be acquired and stored following the guidance set out in **HS12W2 Guidelines for the Acquisition and Storage of Medication**.

6 ADMINISTRATION AND RECORDING OF MEDICATION

- 6.1 Medication is to be administered to residents following the guidance set out in **HS12/W1 Guidelines for the Administration of Medication**.

7 MEDICINES ADMINISTRATION ERRORS

- 7.1 Errors are to be dealt with following the guidance set out in **HS12W3 Medicines Administration Errors**.

HS13 – SMOKEFREE POLICY

- 1 PURPOSE AND SCOPE
- 2 RESPONSIBILITIES
- 3 OVERIDING PRINCIPLES
- 4 FOREST COMMUNITY PROJECT HOUSES

1 PURPOSE AND SCOPE

- 1.1 This policy has been developed to protect all employees, service users and other visitors from exposure to second hand smoke and to assist in compliance with the Health Act 2006.
- 1.2 It is applicable to all staff working in Mind in Waltham Forest and all users of Mind's services.
- 1.3 It is acknowledged that second hand smoke increases the risk of lung cancer, heart disease and other serious illnesses. Ventilation or separating smokers and non-smokers within the same airspace does not completely stop potentially dangerous exposure.

2 RESPONSIBILITIES

- 2.1 It is the legal responsibility of the Management to prevent people from smoking in the workplace.
- 2.2 Overall responsibility for policy implementation rests with the Manager of Mind in Waltham Forest.
- 2.3 All staff are responsible for adhering to and supporting this policy and for supporting the promotion of health in both clients homes and the workplace.
- 2.4 The House Manager has overall responsibility for ensuring the policy is implemented and monitored within FCP houses and for ensuring that all residents are made fully aware of the policy contents.

3 OVERIDING PRINCIPLES

- 3.1 It is illegal to smoke in virtually all enclosed public places and workplaces throughout England and Wales.
- 3.2 It is the policy of Mind in Waltham Forest that all our workplaces are smoke free and all employees have the right to work in a smoke free environment.
- 3.3 Smoking is prohibited in all areas of the office building, that is all enclosed and substantially enclosed areas, at Mind in Waltham Forest.

- 3.4 Smoking is prohibited in all communal areas of the Forest Community Project houses. This means the communal lounges, the kitchens, the hallways and the stairs.

4 FOREST COMMUNITY PROJECT HOUSES

- 4.1 It is not illegal for an FCP client to smoke in their own bedroom, which is deemed to be their own private space. Smoking is therefore not prohibited in these areas. However, all clients are advised that thorough Health and Safety Risk and Fire Risk Assessments have been carried out by Mind in Waltham Forest. These Assessments recommend that it would be unsafe to smoke in the bedrooms and as such Mind in Waltham Forest is advising all clients that they should refrain from smoking in their bedrooms.
- 4.2 The Health and Safety and Fire Risk Assessments are repeated and updated on a regular basis.

5 DISSEMINATION OF INFORMATION

- 4.1 Signs will be clearly displayed at the entrances to and within all workplaces.
- 4.2 Information on this policy will be
- circulated to all residents
 - circulated to all staff
 - provided to all new members of staff
 - included in the Service User Handbook

6 ENFORCEMENT

- 6.1 Non compliance with this policy will be dealt with informally in the first instances but continued non compliance may well result in formal disciplinary procedures for staff or residents of the Forest Community Project.
- 6.2 Staff should in all cases draw the person's attention to the non smoking signs and ask them to stop smoking. They should point out that they are committing a criminal offence by smoking in a smokefree premises and that both the agency and the person smoking could receive a fine.
- 6.3 If a client at Mind's offices or at a daycare service continues to smoke then they should be asked to leave the premises. If any violence is threatened by the person smoking staff should implement the agency's usual procedure for anti-social behaviour and notify the police.

7 HELP TO STOP SMOKING

- 7.1 Mind in Waltham Forest is committed to supporting those who would like to quite smoking.
- 7.2 Free support is available from
- NHS Stop Smoking Services
 - NHS Smoking Helpline

8 IN SUMMARY

- Smoking is prohibited in all areas of the office building, that is all enclosed and substantially enclosed areas, at Mind in Waltham Forest.
- Smoking is prohibited in all communal areas of the Forest Community Project houses. This means the communal lounges, the kitchens, the hallways and the stairs.
- It is not illegal for an FCP client to smoke in their own bedroom, which is deemed to be their own private space. Smoking is therefore not prohibited in these areas. However, all clients are advised that thorough Health and Safety Risk Assessments have been carried out by Mind in Waltham Forest. These Assessments recommend that it would be unsafe to smoke in the bedrooms and as such Mind in Waltham Forest is advising all clients that they should refrain from smoking in their bedrooms