

HUMAN RESOURCES

OCCUPATIONAL HEALTH COUNSELLING

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South Yorkshire
Fire & Rescue
WORKING FOR A SAFER
SOUTH YORKSHIRE

OCCUPATIONAL HEALTH COUNSELLING PROCEDURE

INTRODUCTION

1. South Yorkshire Fire and Rescue (SYFR) recognise that employees may at times experience problems of a psychological nature.
2. The cause of such problems may be related to work, home-life or may be a combination of both factors.
3. SYFR, via the Occupational Health Unit, will provide a confidential counselling service which will give psychological support to those who feel they may require it.
4. As a member of the Dignity at Work Partnership¹, SYFR is committed to promoting a positive working environment where the dignity and respect, to which all employees are entitled, is not undermined. No employee should be treated less favourably on the grounds of race, gender or gender reassignment, disability, sexual orientation, religion or spiritual belief, colour, nationality, national or ethnic origin, marital/parental status, family ties, trade union or political belief, hours worked, or any other reason, either directly or indirectly.
5. This procedure should be read in conjunction with the following documents:
 - Confidentiality Policy
 - Post Incident Support Procedure
 - Counselling Information Sheet
 - Dignity at Work Policy
 - Health and Safety Stress Reduction Guidance
 - Work Life Balance Policies
 - Stress Policy
 - OHU 's Health and Well Being Guide
 - OHU's Sleep Guide

¹The Dignity at Work Partnership is a partnership between the Government, Unite (the UK's largest union) and major public and private sector organisations. For further information on the Partnership, see www.dignityatwork.org

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SCOPE

6. The Occupational Health Unit will provide a counselling service which will be delivered by an Occupational Health Nurse Counsellor with relevant qualifications and experience in a variety of counselling theories. Counsellors will work to the Code of Practice of the British Association of Counselling and Psychotherapy.
7. Counselling is not compulsory however employees are encouraged to use the service to prevent, or reduce, long term problems or in certain cases absence and associated recovery time.
8. The Occupational Health Unit will collate and monitor incidents of workplace problems within the organisation and consider possible interventions to resolve the problems. This may involve direct discussion with employees and their line-managers.
9. The counselling service will be available to all employees. It will not be directly available to spouses or relatives of employees however, in certain circumstances, it may be considered beneficial to the case to involve a relative(s). Alternatively relatives may be given information about accessing appropriate services outside of SYFR.
10. Counselling will be a one to one contract between client and counsellor and will not form part of the client's general occupational health records.

APPOINTMENTS

11. Counselling can be accessed by the client themselves or they can be referred by their line manager, Human Resources or by a Trade Union. Individuals may also be referred by the Occupational Health Nurse Advisor or the Brigade Medical Officer.
12. Employees receiving letters regarding investigations, disciplines and performance reviews from HR will be reminded of the support provided by Occupational Health
13. Counselling is not compulsory, however if an appointment is declined following referral from a third person, this will be recorded within the occupational health record.
14. The appointment will be arranged by the Counsellor directly with the client ensuring the date time and location are appropriate for the clients' situation.
15. Availability must be arranged by the individual through their line manager, if the client is in work.
16. Following the initial assessment the Counsellor will consider whether counselling is appropriate and within their area of skills and expertise. If counselling is not appropriate, discussion with the Occupational Health Nurse Advisor will determine an appropriate referral. This may be to outside agencies that specialise in the specific field of therapy that the client requires.

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17. If counselling is considered appropriate the Counsellor will set up a written contract (Appendix 1) for counselling with the employee, this will include information about ethics and confidentiality.
18. All clients will undergo an initial assessment in order to clarify counselling boundaries, review the contract information, discuss the client's needs and agree the number of sessions that may be required. For some clients this initial session maybe sufficient, for others up to 8 – 10 sessions in line with brief therapy will be agreed, subject to review.
19. All co unselling se ssions will last a 'co unselling hour' e.g. 50 minutes face to face, except in special circumstances or when negotiated with the client.
20. Counselling will usually take place at the Occupational Health Unit, South Yorkshire Fire & Rescue HQ. Alternatively, if deemed necessary, visits by the Nurse Counsellor can be m ade t o a fire st ation, work pl ace or ot her su itable l ocation by m utual agreement. Home visits may take place in extenuating circumstances for the primary meeting with a view to holding any further appointments at a SYFR location.
21. Counselling will be interactive and will involve a variety of theoretical models to enable the client to explore their problems. Where appropriate, 'home work' may be given between sessions. Wherever possible the client should endeavour to complete these in order to work towards resolution of their issues. Progress may be hindered if these are not completed and t his will be m onitored i n order to ensu re the client is engaged with the counselling process.
22. Where work related stress is identified the procedure may involve additional meetings with Occupational Health, Management and HR to attempt to resolve the issues and gain a positive result.

RECORDS

23. The Occupational Health Unit holds confidential occupational health records on each individual employee, access to which are controlled by the Access to Health Records Act (1990) and the Data Protection Act (1998).
24. The Counsellor may also keep a r ecord of t he interaction between themselves and the client; these are referred to by the British Association of Counsellors and Psychotherapists (BACP) as process notes. These notes will be kept separate to the occupational health records and will remain within t he co unselling service. It i s the responsibility of t he C ounsellor t o ensu re t he co nfidentiality o f t hese not es i s maintained. The C ounsellor w ill k eep t he i nitial asse ssment form an d bot h t he Counsellor and the 'Client' will retain a copy of the Counselling Contract.
25. The Counsellor will m ake an ent ry i n t he occupational health record i ndicating the start of counselling and also following discharge of the client from counselling.

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CONFIDENTIALITY

26. Storage and access of occupational health records is maintained in accordance with legislation. Access to the records is only given with the employees' written informed signed consent; an exception is when they have been subpoenaed by a Court of Law. Copies of occupational health records should be dispatched immediately on receipt of a valid subpoena.
27. Any process notes that the Counsellor may keep will not form part of the occupational health record.
28. The Counsellor may, in certain situations, be required to exchange confidential information with other health professionals working within the Occupational Health Unit; this will always follow discussion with the client.
29. Client details will not be discussed outside of the Occupational Health Unit, unless withholding such information could jeopardise the safety of the client or others. The exception to this is in the context of Counselling Supervision, whereby details disclosed should not reveal the personal identity of the client.

AUDIT EVALUATION

30. Audit and evaluation are an integral part of the Occupational Health Unit; this is to enable effective monitoring of quality standards. A number of measures will enable this process to happen.
31. Counselling statistics will be recorded by the Counsellor on a monthly basis. These will be used to monitor the uptake and effectiveness of the counselling service.
32. Client satisfaction questionnaires may be sent to individuals following the end of their counselling contract. The results will be used to gauge client's perceptions of the service.

**If you require any further guidance on this document please contact the
Occupational Health Unit**



South Yorkshire Fire & Rescue
Occupational Health Unit
Counselling Contract

This contract is intended to form an agreement for a professional counselling relationship between;

██████████ **OHN Counsellor, South Yorkshire Fire & Rescue**
and

..... **(The client)**

*Failure to adhere to the agreed contract by either party may lead to the termination of the agreement.
This contract is subject to re-negotiation at any stage of the working relationship by agreement of both parties.*

Counselling Venue: Occupational Health Unit, South Yorkshire Fire & Rescue HQ. Alternatively, if deemed necessary, visits by the Nurse Counsellor can be made to a fire station/ work place or other suitable location by mutual agreement. Home visits may take place in extenuating circumstances for the primary meeting with a view to holding any further appointments at a SYFR location.

Duration of Sessions: Sessions will normally comprise of 50 minutes face to face counselling, with 10 minutes to arrange the next appointment etc.

Frequency of Sessions: Most clients will be seen by the Nurse Counsellor on a weekly or two weekly basis; the day and time may vary to accommodate shift patterns and/or commitments of both the Nurse Counsellor and the client e.g. domestic arrangements, leave etc.

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Number of sessions: All clients will undergo an initial assessment in order to clarify counselling boundaries, review the contract information, discuss the client's needs and agree the number of sessions that may be required. For some clients this initial session may be sufficient, for others up to 8 – 10 sessions in line with brief therapy will be agreed, subject to review.

Re-contracting: As the counselling progresses it may be evident that only 5 sessions and a review would be sufficient, in which case an agreement will be made between the Nurse Counsellor and the client the end the sessions. In some cases, upon completion of 8 – 10 sessions, it may be beneficial to negotiate further meetings in order to complete the work that is being undertaken.

Scope of the Counselling: Counselling will provide a safe environment for a client to explore their feelings and issues, as well as hopefully providing the client with skills to cope better. Counselling will not interfere with any internal organisational procedure. Clients coping with ongoing difficulties will be supported, however they must continue to progress their situation with the appropriate personnel, e.g. line managers, HR, union representatives etc.

Referral: It may also be possible that via the counselling work undertaken, a need may be highlighted for referral to another specialist, beyond the scope of the Nurse Counsellor's professional training and experience. Alternatively, the Nurse Counsellor may also recommend that the client consult their GP for medication or referral to an NHS consultant. This may specifically apply where a client requires a high number of sessions.

Cancellations: The Nurse Counsellor commits to keep planned appointments and would only cancel due to circumstances beyond her control or in the case of illness. As much notice as possible will be given if an appointment needs to be cancelled and an alternative appointment will be offered at an appropriate time as soon as possible after the cancelled appointment. Clients are requested to show the Nurse Counsellor the same courtesy.

Missed appointments: Initially another appointment will be offered as it is recognised that at times of stress clients may become forgetful, however if the client continues to miss pre-arranged meetings then the counselling may be terminated. The Nurse Counsellor will monitor the situation to ensure that the client is fully engaged with the process. If there is doubt, the contract will be terminated.

Late arrival: It is expected that counselling sessions will begin on time, if they commence late it may

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not be possible to extend the session and a shorter session will be offered.

Supervision: Supervision is conducted in accordance with the British Association of Counselling and Psychotherapy (BACP) guidelines. If a client's case is discussed, it will be anonymously.

Confidentiality and Ethical Practice: It is agreed that the content of the counselling will be conducted in accordance with the BACP ethical framework for Good Practice in Counselling and Psychotherapy. Should the Nurse Counsellor however, during the course of the counselling feel that the client is likely to endanger or cause harm to themselves or another person, right is retained to consult or inform an outside authority such as the client's GP or Police. Wherever possible the Nurse Counsellor will do this with the clients prior knowledge and agreement however, in exceptional circumstances, the Nurse Counsellor retains the right to act immediately to safeguard the physical safety of the client or others. If necessary the Nurse Counsellor, with the client's knowledge, may be required to liaise with the Occupational Health Nurse Advisor, HR or line management.

Homework tasks: At times during the counselling the Nurse Counsellor may ask the client to undertake tasks between sessions. Wherever possible the client should endeavour to complete these in order to work towards resolution of their issues. Progress may be hindered if these are not completed and this will be monitored in order to ensure the client is engaged with the counselling process.

Counsellors Qualifications and Experience: The Nurse Counsellor is both qualified and experienced in the field of nursing and counselling and will use a variety of theoretical models and techniques in order to best help the client.

I have read and understood the above terms and conditions and acknowledge my obligations under the contract which may be reviewed if the conditions are not adhered to.

Clients Name.....Signed.....Date.....

Counsellors

Name.....Signed.....Date.....