

## TCF 12b – Moving Clients Between Internal Counselling Services

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| <b>Review Date &amp; Version #</b> | September 2018 Draft  |
| <b>Owner</b>                       | Linda Owen  |
| <b>Reviewed by</b>                 | Noel Hargrave   |
| <b>Support/Co-review</b>           | Fiona di Leo  |
| <b>Date due for review</b>         | 31 <sup>st</sup> December 2019 or earlier as required by change |

The transfer of a client from one internally managed service to another may be managed under certain conditions.

N.B. The needs of the client must be regarded as paramount.

### 1. Ethical considerations.

1.1 When a client is coming to the end of time limited counselling within the Foundation – NHS, Direct, Bereavement or Low Fee 30 session Open Counselling services, they may wish to continue counselling and often with the same counsellor. While this can be arranged, certain criteria must be considered and addressed. Ethically, clients must be advised of their options and of their limitations, particularly that the move will often mean a change of counsellor.

### 2. Criteria necessary for transfer to another internal service

2.1 If the client wishes to proceed, an appropriate minimum wait time is normally required before beginning a new therapy. This allows time for the client to assimilate the work done so far and to reflect on the decision to enter into the new therapy.

2.2 Any proposal to move a client in this way must be discussed with the Supervisor and Centre Head to ensure that it is felt to be in the client's interest and that best practice is adhered to at all stages.

NB. Each case will be considered on its own merit and in certain exceptional circumstances a reduced wait time between therapies may be allowed for clinical reasons.

2.3 Confirmation of the client's wish to transfer to a new therapy will be required in writing before clinical responsibility can be transferred.

### **3. Responsibilities for Implementation**

These lie with the Counsellor, the Supervisor and the Centre Head to bring about the best decision in the interest of the client.

- 3.1 The counsellor must ensure that the client is aware of the scope and limitations of the mode of counselling they will be moving to eg. Likelihood of retaining the same counsellor, the number of sessions being offered, relevant fees payable and the wait time between current counselling and the new therapy.
- 3.2 The Centre Head will be responsible for ensuring that any application/registration paperwork is provided to the client and that this will be a new arrangement.
- 3.3 All required paper work regarding the transfer must be completed and handed to the Centre Head before a transfer can be made.
- 3.4 Where applicable, any outstanding fees owed to the Counselling Foundation for the current mode of counselling (e.g. for Direct Counselling) must be paid in full before the new counselling mode can begin.
- 3.5 It is the Foundation's continued responsibility to ensure that any information pertaining to the client is collected and kept in line with GDPR requirements.

### **4. Clinical Responsibility**

- 4.1 This remains with the Foundation via the counsellor, supervisor and Centre Head.

**See also, paperwork for compliance below.**



## Appendix 1 Client Letter of Acknowledgment

### Transfer from NHS to Foundation Services

## The Counselling Foundation Luton

**A:** Hilde Eccles House, 70-72 Princess St  
Luton LU1 5AT

**T:** 01582 732450

**E:** luton@  
counsellingfoundation.org

**W:** counsellingfoundation.org

Client Current Ref:

Address:

Date:

Dear

After discussion with your Counsellor I understand that, now your NHS counselling is coming to an end, you wish to continue counselling and to move to one of our Counselling Foundation Services.

I am writing to let you know that you will be discharged from the NHS treatment and that professional responsibility for your counselling, and for you as a client, will reside with the Counselling Foundation.

I would be glad if you would complete and sign the enclosed proforma and return one copy to me, thereby confirming your acknowledgment of these arrangements.

Yours sincerely

Centre Head  
The Counselling Foundation \_\_\_\_\_ Centre



|              |
|--------------|
| Current Ref: |
| New Ref:     |

## Transfer From NHS to Counselling Foundation Services.

**Please complete and return this proforma to confirm the following:**

I wish to continue counselling with the Foundation and I have had the options explained to me by my counsellor.

Please tick as relevant:

- I am applying for the **Direct Counselling Service** and I am aware that this is time limited to 20 weeks/sessions and that I will be charged a fee for each session as outlined on the application form.
- I am applying for the **Open Counselling Service**. I understand that this is not time limited and that I will be charged for each session as outlined on the application form.
- I am applying for the **Bereavement Counselling Service** and I am aware that this is time limited to 30 weeks/sessions and that I will be charged a fee for each session as outlined on the application form.

**I am aware of and understand the following:**

- Responsibility for my counselling will no longer reside with the NHS and transfers to The Counselling Foundation.
- It may not be possible for me to continue working with my current counsellor
- There will be a minimum wait time of 12 weeks before I will be able to resume counselling.

If possible I would like to continue with my current counsellor

I would prefer to see another counsellor

Please print your name and sign below.

Name .....

Signature.....

Name of current counsellor:.....



## Appendix 2 Client Letter of Acknowledgment

### Transfer Between Foundation Services

## The Counselling Foundation Luton

**A:** Hilde Eccles House, 70-72 Princess St  
Luton LU1 5AT

**T:** 01582 732450

**E:** luton@  
counsellingfoundation.org

**W:** counsellingfoundation.org

Client Current Ref:

Address:

Date:

Dear

After discussion with your Counsellor I understand that, now your time-limited counselling is coming to an end, you wish to continue counselling and to move our Open Counselling Service.

I would be grateful if you would complete and sign the enclosed proforma and return one copy to me, thereby confirming your acknowledgment of these arrangements.

Yours sincerely

Centre Head  
The Counselling Foundation \_\_\_\_\_ Centre



Current Ref:

New Ref:

## Moving from Direct to Open Counselling

**Please complete and return this proforma to confirm the following:**

I wish to continue counselling with the Foundation and I have had the options explained to me by my counsellor.

I am applying for the **Open Counselling Service**. I understand that this is not time limited and that I will be charged for each session as outlined on the application form

**I am aware of and understand the following:**

- I may not be able to continue with my current counsellor
- there will be a minimum wait time of 12 weeks before I will be able to resume counselling.

If possible I would like to continue with my current counsellor

I would prefer to see another counsellor

Please print your name and sign below.

Name .....

Signature.....

Name of current counsellor:.....

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Office use

12 week break observed  Reduced break\* of \_\_\_\_\_ weeks

Centre Head.....Signature.....

Date:.....

\*Exceptional circumstances only as agreed by Centre Head



Appendix 3 Clinical Supervisor

|                     |
|---------------------|
| <b>Current Ref:</b> |
| <b>New Ref:</b>     |

### Transferring a Client Between Services

Please complete this form and ask your supervisor to sign it to confirm the information given.

Counsellor:.....

Clinical Supervisor:.....

Telephone:.....

E-mail:.....

Client Name:.....

The counsellor has been seeing this client for contract counselling and the work has been supervised by me. We have discussed the suitability of the client for entering into Direct/Open counselling.

On reflection, is the client suitable for transfer to another Foundation service?    **NO**   

**YES**        I am assured that the ethical and other criteria for the transfer have been met.

Owing to special circumstances are there any clinical reasons why this client should not be asked to wait for the usual 12 week break between therapies? Please outline below.

Supervisor's signature:.....Date:.....

Please pass this completed form to your Centre Head