**Working Agreement – Supporting Parents, Carers and Families**

**Calm Cabin Counselling is a therapeutic service which can offer support to parents, carers and families including young people aged 14-18, either in person at 23 School Hill, Ashcott, TA7 9PN or online. Seeking This document sets out the structure of a working agreement so that there is clarity and transparency about what this service can offer and how Calm Cabin Counselling will endeavour to support parents, carers and families.**

**Enquiries and understanding the needs of clients**

On receipt of an enquiry, preliminary contact will be made, as soon as possible, via telephone, text or email. If the service has availability, a phone call may be arranged to gather more information about what the client is looking for and whether Calm Cabin Counselling can offer appropriate support. Any material shared will be held confidentially by Calm Cabin Counselling\*. If after this first conversation the client wishes to proceed, then if appropriate the other family members will also be contacted in preparation for an initial consultation in person or on zoom. The purpose of the initial consultations is to offer an opportunity for all parties, parents, carers and family members and the therapist to explore whether Calm Cabin Counselling is the best service to meet their needs of to set out the structure of the support in a way that offers clarity for both parties.

**Appointments**

Calm Cabin Counselling can offer appointments on Tuesdays, Wednesdays and Thursdays from 8.30 am to 6.30 pm. Sessions can be arranged on a weekly fortnightly or monthly basis. Calm Cabin Counselling takes regular breaks during the school holidays and this will be negotiated with clients giving at least 3 weeks’ notice.

*\*please see additional Privacy Statement and section in this document on Safeguarding*

There will be an initial agreement of working for 6 sessions, with an opportunity to review how things are progressing on the fifth week. If any of the clients wish to terminate the support prior to this agreed time, it is preferable if they give at least a weeks’ notice which allows time to work towards a satisfactory ending.

For immediate and essential contact regarding scheduling of appointments between sessions please text **07929083485**. For longer communication between sessions please email [calmcabincounselling@protonmail.com](mailto:calmcabincounselling@protonmail.com).

If sessions need to be cancelled, Calm Cabin Counselling would appreciate at least 24 hours’ notice. Please call or text 07929 083485 or email [calmcabincounselling@protonmail.com](mailto:calmcabincounselling@protonmail.com). With exceptions for illness or unforseen circumstances, if a client cancels within less than 24 hours’ notice then they are still liable for the fees for the missed session. Calm Cabin Counselling will endeavour to honour all scheduled sessions but if, unexpectedly, a session cannot go ahead, clients will be contacted as soon as possible and the session will be rescheduled.

**Fees**

Calm Cabin Counselling fees are £50 per for an hour’s parent, carer, family support. Shorter sessions may be agreed at £40 for 40 minutes or £30 for 30 minutes. Limited concessions are offered for those on a lower income. If you would like to discuss this please raise this during the initial consultation to consider appropriateness and availability.

All fees must be paid in cash or by bank transfer on the day of the appointment to: **Mrs H L Luckins 20-99-40 20268488**

**Confidentiality**

The content of sessions is confidential between the therapist and the clients. All therapists have a supervisor who they meet monthly to share and review their client work. To maintain client confidentiality, when clients are discussed in supervision they are known only by forename. In session notes, which are recorded electronically after each session and saved on a password protected device, clients are referred to by their initials only. Sometimes during an online session, notes may be hand-written during the session and these are also anonymised by using the client’s initials and stored in a file in a locked filing cabinet.

**Safeguarding**

Calm Cabin Counselling offers support to parents, carers and families . If there are concerns about the safety of, or risk of significant harm to, a client or anyone else it may be necessary to break confidentiality in order to access suitable support for those at risk of harm. Once a safeguarding concern has become apparent this will be immediately addressed within the session with the client present, with the intention of coming to some collaborative agreement about how to proceed to ensure client and others safety. If the client is unhappy about sharing the concern with others, then in the best interest of the client or others Calm Cabin Counselling may contact the local safeguarding children board [Somerset Safeguarding Children Partnership](https://sscb.safeguardingsomerset.org.uk/working-with-children/local-protocols-guidance/)  , local safeguarding adults board  [Somerset Safeguarding Adults Board](https://ssab.safeguardingsomerset.org.uk/adult-safeguarding-procedures-intro/)  or the parent, carer’s, family member’s GP or if the client is under 18 years and not Gillick Competent [Gillick competency and Fraser guidelines - Care Quality Commission](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-8-gillick-competency-fraser-guidelines)  then an appropriate adult with parental responsibility for the client.

**Privacy Statement**

Calm Cabin Counselling is registered with the [Information Commissioner's Office (ICO)](https://ico.org.uk/) and Mrs Helen Louise Luckins is named as the data controller. Calm Cabin Counselling will need to keep some personal records. Clients’ name - forename and surname - along with mobile numbers and email will be stored electronically on a mobile phone which is password protected. This applies to parents and carers of children under the age of 16 and some young people 14 to 18 years. Calm Cabin Counselling will keep a paper or electronic copy of these details which will not be shared with anyone and will stored securely online or kept in a locked filing cabinet. Session notes will be anonymised and when being discussed in supervision, clients will be identified by their first name only to maintain confidentiality. After parent, carer, family support has ended the clinical notes will be archived for 7 years before being destroyed. Please read the separate ***Privacy Statement*** for more detailed information about how data is stored.

**Client Satisfaction**

Many people seek parent, carer, family support because they are going through difficult times and Calm Cabin Counselling will always endeavour to work in the best interest of all clients and supervisees. If you are feeling in any way dissatisfied with your therapy, please make contact as soon as you feel something has arisen, so that things can be discussed and hopefully resolved as soon as possible. Calm Cabin’s therapy is guided by the [BACP Ethical Framework](http://www.bacp.co.uk/ethical_framework/).

If you are happy with this agreement then please sign below.

🞐 I agree to this Working Agreement .

🞐 I have read the Privacy Statement and agree to Calm Cabin counselling holding my name, contact details and GP details in a secure place to comply with General Data Protection Requirements.

1. Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parents , carers, family member over 16 ) date \_\_/\_\_/\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name of client (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parents , carers, family member over 16 ) date \_\_/\_\_/\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name of client (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parents , carers, family member over 16 ) date \_\_/\_\_/\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name of client (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Therapist - Helen Luckins ) date \_\_/\_\_/\_\_\_\_

* Please add more signatures if necessary

**Please complete information overleaf**

**To be completed by each family member seeking support, including young people age 14.-18**

**Parent, carer, family member’s full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent, carer, family member’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date or birth \_\_/\_\_/\_\_\_\_\_ ( if client age 14- 18)**

**Email address (if family member age 14-18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone numbers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**GP details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Surgery \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GP address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent, carer, family member’s full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent, carer, family member’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date or birth \_\_/\_\_/\_\_\_\_\_ ( if client aged 14-18)**

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**Surgery \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GP address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent, carer, family member’s full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent, carer, family member’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date or birth \_\_/\_\_/\_\_\_\_\_ ( if client age 14-18)**

**Email address (if family member 14-18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**GP details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Surgery \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GP address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* *Please add more contact details if necessary.*