

# Éist Student Counselling and Wellbeing Service

# PURPOSE

The purpose of this document is to describe the main procedures associated with the provision of services and activities of the Counselling Department.

# RESPONSIBILITY

Overall clinical and administrative responsibility for this process is held by the Head of Counselling. The Head of Counselling is supported by a Deputy Head of Counselling, Counsellors, Assistant Psychologists (APs), trainee and intern psychotherapists, and administrative staff. The provision of service is provided by the collaborative input of all counselling staff.

# PROCEDURE

The primary procedures associated with the delivery of the Student Counselling Services include*.*

1. Drop-in Facility
2. Appointment Allocation
3. Child Protection
4. Students at Risk
5. I-Grade Policy
6. Supervision (group & external individual)
7. Case management meetings
8. Team meetings

**A: Drop-in Facility**

Access to the counselling service is via the Drop-in Facility. Drop-in runs once daily (Monday to Friday during semester) for a period of two hours from 10:00–12:00 noon. Drop-in is facilitated by the Assistant Psychologists (who are supervised by the Head of Service who is a Clinical Psychologist or the Deputy Head who is a Counselling Psychologist).

**B: Appointment Allocation**

Students are placed on a waiting list following their drop-in session. This waiting list identifies whether a student needs a ‘Priority’ appointment; a ‘Once-off’ appointment; ‘Counselling’ sessions; or low-level support with an AP. The waiting list is held on the CoreNet system which is accessible to the Administrator, APs, and the Head/Deputy Head of Counselling.

**C: Child Protection**

The student counselling service has direct involvement with students who have been or are currently experiencing some form of abuse. In instances where it is clearly established that a child could be at risk the team member is obliged under statutory guidelines to inform the necessary authorities, in accordance with the child protection policy as laid down by the University of Limerick, [TUSLA](https://www.tusla.ie/children-first/publications-and-forms/), and the Safeguarding Statement of the counselling service. A comprehensive ‘Child Protection and Welfare Report Form’ or ‘Retrospective Abuse Report Form’ is completed by the staff member with the Head/Deputy Head of Counselling. The Designated Officer of the University is then notified that a report has been made. A list of such referrals is held on an electronic database within the service.

**D: Students at Risk**

A significant number of students will present to the Counselling Service with a high level of risk, specifically regarding suicidal intent. In all such cases a rigorous screening takes place to establish the degree of risk, a longer assessment is scheduled when necessary (the ‘Collaborative Assessment for the Management of Suicidality’). Available supports are identified as well as possible referral options. At times, it may be prudent to breach confidentiality with the student and to inform family members of the concerns. A comprehensive report is completed and included on the student’s electronic file in all instances of high risk and breaking of confidentiality. All students are informed of this possibility at the beginning of drop-in so that it is not a surprise should it need to happen. All counselling staff play a key role in managing students at risk.

**E: I-Grade Policy**

Detailed information on the I-Grade Process is available in UL’s Handbook of Academic Regulations and Procedures, produced by Academic Registry. Details specific to I-Grade applications sought through the UL Éist Student Counselling Service and Wellbeing can be found on [this I-Grade Application link](https://ulsites.ul.ie/studentaffairs/counselling-service-applications)

**F: Supervision (Group and external individual clinical supervision)**

All full-time clinical staff attend mandatory individual supervision according to their respective accreditation body’s code of ethics. Monthly group clinical supervision with an external supervisor is also provided to the full-time counsellors. In addition, they attend a weekly in-house group supervision provided by the Deputy Head of Counselling to discuss any complex cases. Assistant Psychologists are provided with weekly in-house supervision with the Head of Counselling.

**G: Case Management Meetings**

All clinical members of staff (full-time, part-time, trainees, interns, and Assistant Psychologists) attend a bi-weekly meeting with the Deputy Head of Counselling to discuss their caseload. Where necessary, clinical staff can call a one-to-one meeting with the Head/Deputy Head of Counselling to discuss any concerns within their caseload.

**H: Team Meetings**

Team meetings, chaired by the Head of Counselling, are held bi-weekly where all Éist Counselling and Wellbeing staff attend (both clinical and administration - full-time, part-time, trainees, interns, Assistant Psychologists). Standing items include updates related to the service, wider division, and quality.

# DOCUMENTATION

Documentation on all procedures can be accessed on the Counselling Service’s SharePoint system. Due to the confidential nature of Counselling Service’s work, only members of the service have access to this SharePoint site.

# RECORDS

Records are held by the counselling service for the period of seven years in accordance with the [University’s Records Management and Retention Policy](https://www.ul.ie/policy-hub/sites/policyhub/files/user_media/documents/RecordsManagement%26RetentionPolicy_0.pdf). Any personal data that is used as part of this process is processed in accordance with the General Data Protection Regulation (GDPR) / Data Protection Acts 1988-2018 and [the University of Limerick Data Protection Policy](https://www.ul.ie/policy-hub/sites/policyhub/files/user_media/documents/policies/Data%20Protection%20Policy.pdf).

# PROCESS VERIFICATION

Evaluation of the Counselling Process effectiveness is carried out using internal audits. Changes to the process are put in place as required and as appropriate.

# REVISION HISTORY

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| **Revision No.**  | **Date revised**  | **Approved by:**  | **Approval date & meeting**  | **Details of Change**  | **Process Owner**  |
| 1  | 2 Oct ‘13  | Quality Team  |   | *Initial Release*  | D Aherne  |
| 2  | March ‘19  | Counselling Team  | Team meeting 07/03/19  | Changes to following processes: - Drop-In  - Electronic records - Case notes - Paperless system  | Dr Lucy Smith  |
| 3  | Sep ‘19  | Counselling team  | Team meeting 26/09/19  | - COREnet update - New SA logo  | Dr. Lucy Smith  |
| 4  | Feb ‘20  |   | Team meeting 13/02/2020  | Change of one sentence for clarity under ‘Appointment allocation’.  | Dr. Lucy Smith  |
| 5  | September ‘21  | Counselling team  | Team meeting  30/09/21  | Changes to all sections to include capturing working practice during COVID  Addition of supervision, case management and team meetings under ‘Procedure’.  | Dr. Lucy Smith  |
| 6  | January ‘23  | Counselling team  | Team meeting 02/02/23  | -Removal of reference to COVID based working practices to reflect on campus working - Removal of reference to hard copy records -Update of COREnet data retention (CSI) -Replacement of old SA logo to new logo  | Dr. Lucy Smith  |
| 7 | March ‘23 | Counselling team | Team meeting 30/03/23 | Updated to shorter version within the new KBP template | Dr. Lucy Smith |