Guiding policies and practices

It is expected that all members agree with and adhere to the ‘Key common principles of member centres’ detailed in the Charter. The guiding policies and practices below are those that members should demonstrate commitment to, and strive towards, but may not yet have been able to fully achieve (and which in any case are subject to local law).

Availability

- Centres aim to provide a 24-hour service where appropriate, and aim to focus on peak times of demand.
- Callers can contact the centre by the best means available locally but principally by telephone, letter, e-mail, text-messaging, text-phone for hard of hearing and deaf people, or face-to-face.

Confidentiality

All information relating to a caller is considered confidential, with only the following possible exceptions:
- The centre has informed consent from a caller to pass on information.
- Medical help is called because a caller appears to be incapable of making rational decisions for him or herself.
- A court order is received requiring the centre to divulge information.
- The centre is passed information about acts of terrorism or bomb warnings.
- A caller attacks or threatens volunteers.
- A caller deliberately prevents the service from being delivered to other callers.

The centre maintains confidentiality even after the death of a caller.

Honesty

- Centres publicly state how general information relating to callers is used.
- Callers are informed of what volunteers can and cannot offer.
- Calls are not recorded, but occasionally a colleague may listen in for training purposes and/or to offer support to the volunteer engaged with a caller.
- All complaints are investigated fully and sympathetically and callers receive a response in the shortest possible time.

Emotionally Supportive

- Callers in need of centres' services are accepted without prejudice and encouraged to talk or write about their feelings, acknowledge their emotions and explore options.
- Volunteers use their listening skills, recognise the needs of callers and respond appropriately.
- Volunteers will not impose their own convictions, or influence callers, in regard to politics, philosophy or religion.
- If a caller is at risk of suicide, or in despair, follow up contact is offered.
- With a caller's permission, and after consultation with the centre leaders, a group of volunteers may be assigned to a caller, to offer support through a period of distress.
• If a caller is in need of other help, information may be passed on about other agencies (if held). With a caller's informed consent, and after consultation with the centre leaders, a referral will be made on their behalf.
• The centre welcomes appropriate referrals from other agencies or individuals.

**Carefully Structured**

• Centres aim to offer a consistent service to callers. To support this aim, the care being offered is regularly reviewed and evaluated, to ensure it encourages callers to work towards managing their lives without dependency or attachment.
• Volunteers are subject to a police record check (where possible), selected and specially trained.
• To ensure the safety and welfare of callers and volunteers, services are only available while volunteers are fully supported by a colleague and a leader.
• Volunteers should have a probationary period to enable a review for both the benefit of the volunteer and centre.
• If a volunteer deliberately prejudices the emotional or physical safety of callers, or the reputation of the organisation, this will be deemed as an act of serious misconduct for which they will be dismissed.
• Centres strive to make the service as accessible as possible to those most in need and support equal opportunities.
• They reserve the right to end a call or withdraw the service if it is being used inappropriately.

**Self-Determination**

• Callers remain responsible for their lives and do not lose the right to make decisions even if that decision is to take their own life (the application of which is dependent on the local context and legal system).