



Module:

Customer Care

Customer Care

Contents:	Page:
Customer care general rules	1
Consultation	2
Procedure for consultation	3
Subsequent visits	4
Keeping records	5
Contraindications	6 &7
Data Protection Act	8
Sale of Goods Act 1979	8
Trades Description Act	10
Treating Children	10,11,12,13
Advertising	15
Giving a presentation	16
Demonstration	17
What to take with you	18
Personal safety	19, 20, 21

Contacting Lucis College:

Your tutor and your assessor (Shirley O'Donoghue or Phil O'Donoghue) can be contacted:

By telephone: 01306 882291

By fax: 01306 640806

By email: Shirley@lucisgroup.com

Customer Care Information Pack

At all times adhere to the Health and Safety at Work Act, COSHH and Industry Code of Practice for Salons and Clinics, AHCO code of conduct and policies.

Ethics.

The following is a general set of moral rules and codes of conduct that a professional practitioner should abide by.

- * Always conform to accepted standard of moral values and rules of conduct.
- * Maintain professional confidentiality regarding client's case histories and other individuals at all times.
- * Refrain from criticising or finding fault in the work of a fellow practitioner or any member of the medical profession.
- * If a client is having current treatment for the same condition elsewhere, encourage the client to ask the medical or healthcare professional if they have any objections to the client receiving treatment.
- * Never recommend that a client discontinue any drugs he or she may be taking. The decision must be taken by the patient and GP.
- * Never diagnose or offer cures for specific conditions.
- * Confine treatment to your own particular therapy, do not offer other advice unless qualified to do so.
- * Refer your client to another therapist or their GP if you feel that it is appropriate.
- * Observe rules of conduct and standards as indicated by the governing body.
- * When you accept a client into your care you are obliged to give the most fitting treatment of which you are capable.
- * Observe good and safe practice at all times.

Professionalism

- * Appearance should always be neat and tidy.
- * You may wear a uniform to give a professional image (might help to distance yourself)
- * Hair should be secured away from the face.
- * Hands and arms should be free from jewellery other than a wedding ring.
- * Open cuts should be covered with a dressing.

Professionalism

- * Hygienic working practices are adhered to according to legislation.

- * Always wash hands in front of your client before and after treatment.
- * Avoid becoming emotionally involved with your client.
- * Complete the treatment within a given time to ensure that clients are not kept waiting and also to ensure financial productivity.

The Importance of Consultation

The consultation is extremely important for you to decide on your client's needs and suitability for treatment.

You should always be able to ensure that your client is not contraindicated to the treatment, identify the needs of your client and identify your client's expectations.

You should not diagnose a medical condition or offer a cure for any condition.

Carrying out the Consultation.

You should **OBSERVE** - body language
QUESTION
LISTEN

For your client's assessment you should consider the following:

Physical Health Problems - is your client contraindicated in any way?

Emotional Health - does your client need uplifting or relaxing?

General Lifestyle - is your client suffering from work related stress or physical problems?
Home related stress or physical problems?
Lead a busy / sedentary lifestyle?
Like to socialise? Sleep well?

Diet does your client eat a healthy diet?
What is the average weekly intake of alcohol?
Does your client smoke?

Exercise - does your client exercise regularly?

The Importance of Consultation

Personality - is your client outgoing or shy?

Procedure for consultation

- * Welcome, reassure and make your client comfortable. Position yourself and your client so that they can make eye contact. The therapist should treat the client with a friendly, relaxed and reassuring manner to make the client feel at ease.
- * Observe your client's body language.

Explain the importance of consultation and the need for intensive questioning

Explain the importance of consultation and the need for intensive questioning. Questions and answers should be communicated in a clear and tactful manner.

- * Allow your client time to ask you questions and make sure that you listen to anything that you are told.
- * Explain the benefits of the Therapy and the procedure you will follow.
- * Agree on a suitable treatment with your client.
 - Record the information that has been discussed and obtain your client's signature on the record card. Record keeping is an important part of the treatment as it is a contractual agreement between the therapist and the client to confirm that the treatment can take place and also to meet with your insurance requirements. It also enables the therapist to be able to reference the treatment details and history of client.
 - It is important to gain the client's agreement to meet with insurance requirements in the event of a problem occurring during the treatment and to ensure that the client is fully aware of what the treatment entails.
 - Explain healing crisis (contra actions)
 - Allow your client time to ask you questions and make sure that you listen to anything you are told. This is the most important part of the consultation due to the following:

Procedure for consultation

Allow your client time to ask you questions and make sure that you listen to anything you are told. This is the most important part of the consultation due to the following

It enables the therapist to build a rapport with the client.

It enables the client to discuss any areas they are unsure about.

It helps the client to fully understand the treatment to be administered.

It helps to clarify any points and agree the objectives and preferences with regard to the treatment.

It helps the client to feel at ease and relax during the treatment.

It may in some instances allow the client to change their mind about their treatment.

It helps nervous clients to have confidence in their therapist.

It helps to allay any anxieties the client may have about their treatment.

It allows the therapist time to check for any obvious skin conditions that are visible.

It helps remind the therapist about the previous treatment.

Information about previous contra-actions may help to avoid more if cause is known.

It can inform other therapist carrying out the client's treatment.

Subsequent Visits

- * Obtain the client's record card and refresh your memory about the treatment.
- * Welcome your client, observe body language and ask about any effects from the last treatment.
- * Record all information.
- * Decide and agree on the treatment for this session.

After each treatment you should record any reactions to the previous treatment and how the current treatment was carried out. This information must remain confidential.

Keeping good client records:

Information from the Federation of Holistic Therapists

United Kingdom Central Council for Nursing, Midwifery, and Health Visiting (UKCC) Set of guidelines for record keeping used by nurses treating clients with complementary therapies. These guidelines state that client records should:

- Be factual, consistent and accurate
- Be written as soon as possible after an event has occurred, providing current information on the care and condition of the client.
- Not include abbreviations, jargon, meaningless phrases, irrelevant speculation and offensive, subjective statements
- Be accurately dated, timed and signed
- Be readable on photocopies (black ink)
- Be written, whenever possible, with the involvement of the client
- Be written in terms that the client can understand
- Be consecutive
- Identify problems that have arisen and action taken to rectify them.

It is also important information is not altered. If the therapist discovers the wrong information was recorded, a line should be put through that information, it should be initialled and then the correct information written down. Nor should any attempts by the therapist to cover what was previously written be covered by 'Tipex' or heavy blocking out, as this could arouse suspicion. What was erroneously recorded should still be legible.

What should be recorded?

- Age, address, telephone number and date of birth
- Medical information such as illness, allergies, weight, special diets, alcohol consumption
- Current fitness / exercise regimes
- Medical/ surgical history

A space should be left on record sheets for 'Other' there may be physical or psychological condition or a matter that the client has not been asked about that could have a bearing on their treatment.

Some therapists will also get their clients to complete a "Comments" sheet at the end of each treatment. Return visits: therapists should ask if there has been any change of circumstances which should then be updated on the client's record sheet.

Good record keeping is not only essential in order to defend oneself against potential litigation; it is also an indication of effective communication between client and the therapist and shows professional care. It is peace of mind for both client and therapist.

Contraindications: information from the Federation of Holistic Therapists

There are still many grey areas in the field of complementary therapies and sadly contraindications is one of these. The majority of therapists would no doubt feel much happier if there were a universally recognised, black and white list of contraindications, that not only stated which conditions make treatment a definite 'no-no', but also gave some guidance as to how the therapist should proceed if the client's GP gives permission to treat. Sadly, no such list exists, and it probably never will, for a number of reasons.

Conflicting professional opinion: Although more research papers are being published than ever before on the subject of alternative and complementary therapies, concrete evidence that 'Treatment A will have This Effect on Condition B' is still sadly lacking.

There are various (and valid) reasons as to why this is the case, but ultimately it means that in the absence of scientific proof, different 'experts' are called upon for their professional opinion, and the professional opinion of any expert will vary according to their background, level of expertise and adversity to risk. The end result is that certain conditions may or may not be classed as a contraindication - depending on the training and qualification you received, the lecturers who trained you, the books you have read, and the hundreds of other therapists and health professionals you will speak to throughout the course of your career. So what is the way forward?

The nature of contraindications

By definition, a contraindication is "a symptom or condition that makes a particular treatment or procedure inadvisable". However, in the case of complementary therapies, a contraindication does not necessarily mean "do not treat", but rather, "seek doctors' permission and proceed with caution". This is especially important when the client has a condition for which he or she is receiving medical attention and/or prescribed medication, e.g. cancer, diabetes, hypothyroidism, epilepsy, or high blood pressure. (Other 'circumstances' that require the same level of caution include pregnancy and withdrawal from substance misuse.)

Some contraindications, e.g. 'local' contraindications, will not require doctors' permission, but the therapist needs to apply some common sense. For instance, if a client has a recent insect bite that is accompanied by a rash, swelling, and a slight temperature, then simply 'working around' the bite is not enough - treatment should be suspended and the client advised to seek medical attention.

Obtaining permission to treat

When a client has a contraindication to treatment, it is the medical professionals responsible for that individual's care who are in the best

position to advise whether or not treatment is permissible. In some cases, the client's doctor or care team may even offer guidance on how and when treatments need to be modified (e.g. if the client has cancer and is being cared for in a hospital or hospice that has a relevant treatment policy in place.)

Obtaining permission to treat:

GP permission can be sought in writing by the therapist or verbally by the client, but the client should sign a disclaimer stating that verbal permission was obtained.

Should a doctor refuse permission to treat, for whatever reason, then the treatment should not go ahead. This still applies even if the client is happy to forego GP permission and is willing to sign something to that effect. But what if GP approval is obtained and the therapist is unsure how to modify the treatment?

To treat, or not to treat

First of all it is important to highlight that if the therapist does not feel confident enough to perform the treatment, or believes it would be inappropriate, then he or she is under no obligation to treat. If a therapist is having doubts about treating a client with a particular contraindication, it is usually because of one of the following:

Lack of experience or confidence

This often applies when the therapist is newly qualified and is not from a medical or similar background, in which case it may be better to build up more experience and confidence before treating clients with contraindications, especially those of a more serious nature. Further recognised training (e.g. in the specific field of interest, such as aromatherapy and pregnancy) is highly commendable.

Poor understanding of the contraindication

It may be that the therapist has been practicing for a number of years, but is simply unfamiliar with a particular contraindication - namely what it is, how it affects the various body systems and what impact treatment may have on the client's condition and general health. If it is not possible to obtain guidance from those health professionals responsible for the client's care, then it is best not to treat. Again, if it is a condition of particular interest to the therapist, then appropriate training may be worth considering.

Concerns regarding insurance

Whilst it is always important for a therapist to know under what circumstances he or she will be covered to treat certain contraindications, it is equally important to consider the potential risk to the client. "Well, I'll do the treatment because if it does go wrong I'll be covered" is not as sensible as "If I go ahead with treatment, could I

potentially harm my client?” If every therapist had the former attitude, then the cost of insurance cover for therapists would rise in line with claims being made for negligence, and the safety of complementary therapies would be continually called into question. (Sadly, the media and general public do not always appreciate that the safety of most treatments tends to lie in the hands of the therapist rather than the therapy.)

Treating someone with a contraindication

Once GP permission has been obtained, the therapist should proceed with extreme caution, especially if it is the first time he or she is treating the client. Therapists are advised:

- to make the treatment much shorter
- not to use firm pressure or any of the more ‘stimulating’ techniques
- to use less products (e.g. halve the percentage of essential oils being used).

Therapists should ask the client at regular intervals during the treatment if they feel OK and are happy to continue with treatment. If the client feels at all unwell, then the treatment should be abandoned as soon as possible.

Before any further treatments take place, it is vital that the therapist determines whether the client experienced any contra-actions after the first appointment. If so, then the therapist needs to consider very carefully whether it is safe to continue providing this particular therapy to the client. As contraindications can come and go and vary in intensity, the therapist should also ask if any circumstances have changed since the previous treatment (e.g. operations, changes in medication, different symptoms, etc).

If the client did not experience any contra-actions, then the therapist may wish to consider gradually increasing the length and intensity of each treatment, but only where appropriate.

First, do no harm

It is important for therapists not to get caught up in semantics and to focus on whether treatment could potentially affect the health and safety of the client, regardless of how big or small the ailment and whether it is or isn't a ‘local’, ‘general’ or ‘true contraindication’. As a rule of thumb, anything that is outside Perfect Health or The Norm should be carefully considered by the therapist before any form of treatment takes place.

There are so many variables involved in the provision of a treatment that it is never going to be a simple case of ‘yes, you can treat that person, and this is how’, or ‘no you can't treat that person, full stop’. It will

depend on: the type of treatment; the type of contraindication and how severe it is; the client's age and medical history; how the client is feeling that day; how experienced the therapist is; the therapists background; and much, much more. Remember:

- Get the doctor's/consultant's/midwife's permission if the client is under their care
- If permission is obtained, modify the treatment and proceed with caution
- Always check for contra-actions
- Always keep accurate written records of treatments.

Customer Care information Pack

THE DATA PROTECTION ACT 1984

This Act requires that all personal data be protected. Even if the information is just a list of names and addresses, a business needs to be registered with the data Protection Register.

Once registered all staff are expected to carry out good information handling practices.

REMEMBER:

- All information of a personal nature should be obtained and processed lawfully and fairly
- Information should be held solely for treatment specified reasons
- Use information only for those purposes and disclose it only to p [people who have a legal right to it
- Only hold data, which is adequate and relevant
- Ask your client's permission to transfer their name and address and telephone number from the consultation form to a separate box card database to be used solely for contacting them to inform them of special offers/promotions or appointment cancellation.

SALE OF GOODS ACT 1979 - THE SUPPLY OF GOODS AND SERVICES ACT 1982.

As consumers of products and services, clients do have rights under the Sale of Goods Act 1982.

This legislation identifies the contract sale, which takes place between the retailer and the client/customer.

Both the above Acts cover consumer rights including goods being of merchantable quality, the conditions under which goods may be returned after purchases and whether goods are fit for their intended purpose. A

client disappointed with a treatment could take action against the salon/clinic/therapist if it was proved that reasonable care had not been taken under the terms of the Supply of Goods and Services Act.

Remember:

- Always keep all literature relating to treatments accurate and up to date
- Never make any claims which cannot be substantiated
- Be wary of making unrealistic claims for treatments that you cannot substantiate. Any statement that you make may be held to express your term of contract with the consumer and, if not achieved you could be found in breach of contract.

TRADE DESCRIPTION ACT 1968

This Act prohibits the use of false descriptions or to sell or offer the sale of goods, which have been described falsely.

This act covers advertisements such as oral descriptions; display cards and applies to quality and quantity as well as to fitness for purpose and price.

It is important to understand its provisions, where the description is given but another person repeats it. Thus to repeat a Manufacturer's claim is to be equally liable.

REMEMBER: this act interacts with The Supply of Goods and Services Act 1982.

Treating Children-information from the Federation of Holistic Therapists

As the number of children seeking holistic, sports and beauty treatments continues to rise, therapists need to be asking themselves whether it is safe or appropriate to treat a client under the age of sixteen.

If you have not yet been asked to treat someone under the age of 16, it will simply be a matter of time until you are. Whether it is pollution, poor diet, problems at home, peer pressure, or Pop Idol to blame, more children are visiting the treatment couch than ever before. Some of these children have genuine reasons for wanting a treatment, such as the little boy whose eczema has flared up because Mummy has had a new baby, or the girl who is being teased at school because of her dark facial hair. Others, however, simply want bronzed limbs or body piercing, so that they can impress their friends or make a personal statement. But whether these pint-sized clients appear to have genuine needs or not, the responsible therapist has a lot to consider before they agree to carry out a treatment.

1. How old does the child have to be?

At the moment there is no legal minimum age at which a person can receive a holistic, sports or beauty treatment. However, therapists intending to treat someone under the age of 16 need to ensure that they are practising in accordance to a number of Government Guidelines and Acts¹⁻³ that are concerned with the welfare and safety of children. [As this article can only provide an overview of matters relating to the treatment of children, Members are strongly advised to carry out further research into this area if it is likely to affect their practice as a therapist.

2. Do I need the child's consent?

Yes. It is important to establish that the child wants the treatment on a voluntary basis, and that they have not been pushed into making a decision by an over-bearing parent or guardian. If the child makes any indication that they do not wish to have a treatment, then you should not treat them under any circumstances.

3. Do I need written consent?

The law does not yet state that consent needs to be given in writing, but in the event of a legal battle, it may help your defence if the young client has signed their consultation form. However, a signature alone indicates very little. Consent, written or otherwise, is only valid if the client has a clear understanding of:

- what the treatment will involve
- the possible benefits and risks (including contra-actions)
- the alternatives, if there are any.

4. What if the child changes their mind?

Quite simply, the therapist needs to abandon the treatment as soon as it is practical to do so. This could well mean that the client is left with just one ear pierced, or half a leg waxed, but your priority is not to get the job 'finished' - it is to uphold the health, safety

5. What if the child is physically unable to give consent?

According to the Department of Health's (DOH) Reference Guide to Consent for Examination or Treatment¹, aimed at health care professionals: "Where a child lacks capacity to consent, consent can be given on their behalf by any one person with parental responsibility or by the court [...] The power to consent must be exercised according to the 'welfare principle': that the child's 'welfare' or 'best interests' must be paramount. Even where a child lacks capacity to consent on their own

behalf, it is good practice to involve the child as much as possible in the decision-making process."1 This would apply in special instances, e.g. if the child has a severe learning disability, and the parent wishes them to have a holistic treatment.

6. Do I need parental consent?

Yes. "a minor should not be examined or treated unless a parent or guardian is present or has given written permission". Indeed, this is a sensible precaution, even if you are not VTCT qualified. As is the case with the young client, ensure that the parent fully understands what the treatment will involve. If the parent is not accompanying the child to the consultation/ treatment (see section 8), then written permission from that parent can be in the form of a letter.

7. What if I'm not convinced that the parent has provided written consent?

Under these circumstances, it would not be unreasonable to contact the parent by telephone to confirm that they have read and completed the letter themselves.

8. Does the child need to be chaperoned during the treatment?

Yes. Never be alone with someone under the age of 16, irrespective of whether you are providing a manicure, an initial consultation, or an aromatherapy massage. For your own protection, you need an adult to witness your actions at all times. The chaperone does not necessarily have to be the child's parent, but should be a responsible adult. If you are working on a child in a public context, where there are lots of adults and witnesses present (e.g. in a college salon or on a football pitch), then a personal chaperone is not necessary. However, you do need to advise someone in close proximity that you are treating a client under the age of 16, and that you would like them to 'witness' the work you are carrying out.

9. Do I need to modify the treatment?

At FHT, we provide our Members with insurance cover for the practice of over 80 treatments. To discuss how each treatment should be modified would obviously be beyond the remit of this article - particularly as other variants will be involved (such as the age of the child, their medical history, physical and mental maturity, the experience of the therapist, and so on).

However, all therapists need to bear in mind that children are generally more sensitive than adults, and therefore most treatments will need to be modified in order to take this into account. It is always best to err on the side of caution, providing young clients with the most basic and gentlest of treatments to begin with, so that you can gauge their response. Therapists should also avoid any techniques that might be construed as 'invasive', and areas such as the groin, the buttocks, and chest should not be treated unless absolutely necessary, e.g. a sports therapist may be required to work on a groin injury in a young footballer.

Where appropriate, the young client should be given a patch test in order to highlight whether or not they have sensitivity to the products you will be using. In particular, Aromatherapists would be well advised to keep the use of essential oils to a minimum when massaging children. Stick to: the 'safe' oils; simple blends containing just one or two pure essential oils; a 1% dilution or less, depending on age. Don't forget there are safer, alternative ways to use essential oils - e.g. in a diffuser, inhalation, drops on the pillow, etc.

10. What if I feel a treatment is inappropriate, even if it is 'legal'?

Remember - you are not obliged to treat any client, irrespective of who has given consent (be this the client, their parent, or their GP). If you believe a treatment is unethical, inappropriate, or potentially unsafe for somebody under the age of 16, then do not carry out the treatment. Examples may include: piercing an infant's ears; performing a bikini wax; or the provision of UV treatments. If in doubt, a good measuring stick is to ask the question: "will this treatment improve the well-being of the client?"

Some therapists worry that if they refuse to treat a young client on ethical grounds, that person may then go to someone else who is less professional, or even attempt to carry out the treatment on themselves. However, this is not a good reason for giving a treatment against ethical or professional principles.

11. What if I think the child is the victim of abuse?

If the child discloses that they are being (or have been) abused, the therapist has a moral and professional obligation to report this to the appropriate authorities. If you are a student or employee, you should inform your lecturer or employer, who will then take appropriate action (e.g. contact the local social services or the NSPCC). If you are self-employed, or in any doubt about who to report your concerns to, call the NSPCC Child Protection Helpline for confidential advice on: 0808 800 500. Therapists SHOULD NOT quiz the young client themselves. While it would be acceptable to make a comment such as 'that's an unusual bruise', the therapist must not pursue the matter if the child doesn't share any details. It is also important not to jump to conclusions - bruises may be the result of a fall during play time, and withdrawn, or edgy behaviour may indicate that they are nervous about the treatment. Always try to

put the child at ease, but do not make physical contact with them unless it is a necessary part of the treatment. Try to steer the young client away from inappropriate behaviour, such as cuddles or play-fighting. This may sound harsh, but you have a responsibility to protect the interests of both you and your client.

12. Do I need to have a 'police check' to work with children?

If you are employed by, or working under the 'banner' of, an organisation that is registered with the Criminal Records Bureau (CRB), you may be asked to apply for a 'Standard' or 'Enhanced Disclosure'. This is quite the norm if you are working for example in a college, hospital, or junior athletics club, where your work would involve contact with persons under the age of 16, or vulnerable adults. At present, therapists are unable to apply for any level of Disclosure on a voluntary basis - though this will be possible when the CRB introduce the 'Basic Disclosure' service some time in the future. However, this level of Disclosure will only contain information relating to 'unspent' criminal convictions. For more information, visit the CRB website and related links at: www.crb.gov.uk, or call their Information Line on: 0870 9090 811.

With thanks to the NSPCC and CRB for their assistance with this article.

- DOH: "Reference guide to consent for examination or treatment"; Ref. no. 24811; March 2001. A free copy can be ordered from the DOH Publications Line on Tel: 08701 555 455, or downloaded from: <http://www.doh.gov.uk/consent/refguide.pdf>
- DOH: "Seeking consent: working with children" Ref. no. 25752; Nov 2001. A free copy can be ordered from the DOH Publications Order Line on Tel.: 08701 555 455, or downloaded from: <http://www.doh.gov.uk/consent/guidance.htm>
- Relevant Acts in the UK include:
Children Act 1989; Social Service Act 1970 (Section 7); Protection of Children Act 1999; Youth Justice and Criminal Evidence Act 1999; Care Standards Act 2000; The Children (Leaving Care) Act 2000; ECHR (Human Rights Act 1998); Sex Offenders Act 1997;

Advertising - The Limits

Few newly qualified therapists are lucky enough to leave College with a long list of regular clients, and finding new business can be tricky when you are new to the field and have little experience. It can often be disheartening when adverts are placed in newspapers and directories, cards are placed in shop windows and notice boards, letters and leaflets are sent to GPs and health/fitness centres - and there is little or no response. Although these are all very good forms of advertising, unfortunately they each have their limitations. Firstly, an advertisement - whether it is placed in a newspaper or directory - will generally only be read by someone who has already decided that they want a particular therapy: it will not reach the other 9 out of 10 potential clients who often think it would be a great idea, but never quite get round to doing

anything about it: they feel they're too busy, they can't afford it, or they aren't too sure what a treatment would actually involve. Secondly, most people who are looking at advertisements in shop windows or on notice boards tend to be looking for bargains or ways to make money, and so are unlikely to spend more on something they consider to be a luxury. And as sad as it may seem, most of the letters and leaflets that are sent to GPs or Health/ Sports Centres very rarely make it past the bin at reception: they receive the same letters and leaflets every week, with the only changes being the colour of the paper and the name at the bottom.

Why a Presentation?

A presentation is generally a much friendlier and more flexible format in which to market yourself. An advert is a good way to provide the basics, but there is very little space in which to put across any information other than your name, the treatments you can offer and a contact number. And although leaflets allow you slightly more room in which to put price or treatment details, they too are limiting. Where all printed literature fails is that it is a one-way means of communication: the client is unable to ask you questions, or meet you face to face before they meet you in view of having a treatment. Once qualified, therapists are used to seeing a whole variety of bodies, but clients who have never had a treatment will probably be a little apprehensive about disrobing themselves or being touched or looked at closely by a stranger. Allowing somebody the opportunity to meet you face-to-face, in the comfort of a group, and without feeling that they are obliged to book a treatment could significantly increase your chances of securing a regular client in the future. So how do you go about it?

Your Target Audience: It may be that you already have in mind some people you could group together or a particular venue where you could hold a presentation. Don't feel that you have to aim for a large number of people, or that your audience has to be of a certain calibre to make the whole thing worthwhile. Having the undivided attention of a dozen football players or a particular group of patients in a sports or health centre would be great, but so would an attentive audience of four or five friends of a friend who are all suffering from the stress and strains of everyday life and would benefit just as much from the services you have to offer. It is more than likely that you already know somebody who could gain the interest of some of their friends or work colleagues on your behalf. If that isn't the case, then try to make some contacts.

Your Target Audience: For instance, if you are qualified in Baby Massage, and there is a Mother and Baby session held at the local community hall every Wednesday, pop along one evening and speak to whoever runs the group. Ask them how they feel a presentation and free demonstration would be received by the mums, briefly explaining some of the benefits Baby Massage has to offer. If they have any reservations, then accept that, and perhaps offer them a leaflet and business card, and suggest that if they ever have the opportunity, maybe they'd be kind

enough to ask their group how they would feel about a presentation in the near future.

But most importantly, don't feel dejected if people don't always appear interested. If you start to get into the habit of asking new clients how they found out about you, you will most probably discover that it is largely 'word-of-mouth'. At least that person who runs the Mother and Baby Group now has your details, so that if any members of the group ever ask about Baby Massage, she or he would be able to produce your contact number and be able to tell them that you seemed "nice . . . friendly . . .", etc. In fact, you would have reached the same objective (gaining a new client) by just trying to organise a presentation!

Giving a Presentation

There are several things that will affect the way you structure and plan your presentation, including the ability, concentration span and age of the group members, the number of therapies you wish to cover, and how much time you have been allocated. Keep all of these in mind while you are planning your talk as this will have impact on the content.

Image is All

It is also important to remember that the success of your presentation will rely heavily upon the way in which you present yourself. You are offering a personal service, and so it is you as a person they will be judging foremost: they will be looking at the way you are dressed, the way you speak, whether you are confident and know your subject, and so on. Above all, they are trying to establish whether you are approachable, and if they would be happy to come to you for a treatment. For this reason, it is vital to get across a professional image as soon as possible.

- Arrive in plenty of time to 'set up' before the group members start to filter in
- Ensure you are dressed appropriately (overall, ICGT, FHT badge, hair back, no jewellery, etc)
- Ensure personal hygiene (clean, short finger nails, fresh breath, etc)
- Greet people with a smile and a 'hello' as they enter the room.

The Content of Your Presentation

There are no hard and fast rules about what should or shouldn't be covered in your presentation, or in what order things should be presented. However, there are some basic areas that need to be addressed: Who you are It is more than likely that the person who 'runs' the group will give you a brief introduction, but it certainly wouldn't hurt to tell them a little about who you are and your background, though it is important to stick to what is relevant. If you have experience in your field, then tell them a little about this. If you are newly qualified, then mention that you have a professional qualification from the largest awarding body for holistic therapies in the UK (if it's a VTCT qualification

you hold). About the treatment Tell them a little bit about the history of the treatment (e.g. when and where it was believed to have first been used, when it was first introduced to this country, etc). Explain the underlying principles, and how the therapy actually 'works'.

Who would benefit

Describe the numerous benefits your treatment(s) have to offer, and try to link these to your audience. You could also address the issue of contra-indications, advising your audience which conditions can be worked around (cuts, warts, eczema, etc) and ones that would require their Doctor's permission and perhaps a modified approach (high blood pressure, cancer, epilepsy, etc).

What a treatment would involve

Explain how long a treatment would take, where it would take place, and what would be involved. Tell them about the consultation form they will need to complete with you, what items of clothing would need to be removed, how their modesty would be protected, what areas of the body you would be working on, and the type of products you will be using, etc.

Demonstration

If it is possible, give a potted demonstration of the treatment, ensuring that the person you are demonstrating on has no contra-indications. For this reason it may be an idea to take a model with you who you know is safe to work on, though practising on a member of the group is a good icebreaker. Obviously it doesn't need to be a full treatment, but enough to give your audience an idea of what to expect.

Questions and answers: *Allow* some time at the end of the presentation for people to ask you questions, either as part of the group or on an individual basis. It may be that they will ask you something you do not know the answer to: be honest, and tell them you would be happy to find out the answer for them.

What to Take With You

Depending on the nature of your presentation, you may wish to take some literature or equipment with you to help get across some of the key points you wish to make. If it is a formal presentation, OHPs (over head projections) or slides may be useful, though not essential: a flip chart and some mounted posters can get across the same information and have less margin for technical error. If you are taking any electrical equipment, check that it is working properly and allow yourself plenty of time to set this up before the group assembles. Other items you may wish to take with you include:

Leaflets/Business Card

It is unlikely that your audience will want to take home a handful of notes and diagrams, but a simple leaflet or two detailing the treatments you offer, their benefits and cost will prove useful. Obviously, anything you give to them should contain your name and contact details. If you do have other printouts or leaflets, you can always take these with you and hand them to anyone who shows an express interest in the treatments you have to offer.

Couch and products

It is always an idea to take with you as much of the equipment and products you would ordinarily use for your treatments as is practicable. Take samples of the typical oil blends or creams, etc, that you would use so that they can pass these around and feel and smell these for themselves. The more you can appeal to their different senses, the more you will hold their interest, and the more they will get a genuine feel for what is essentially a tactile service.

Appointment book

Take your appointment book with you so that you can immediately secure appointments with those that are interested in having a treatment. Perhaps offer them a discount if they book that day/evening as a little incentive. Closing Your Presentation Make sure that you thank the group for their time, and tell them that you hope they found your presentation enjoyable. Extend the invitation for further presentations if any of them have other groups of friends or colleagues that may like to find out more about the treatment(s) you have to offer. And of course thank whoever was responsible or helped you to get the group together in the first place: maybe you could offer them a small gift or a free treatment if you feel the event went particularly well. Do not be surprised if at the end of what you thought was a very successful presentation you come away with no extra appointments in your diary: this does not mean the talk was a failure. It is unlikely that you will ever know to what degree that presentation has helped your business in the near or distant future. The object is to get yourself known in the community as the friendly, professional therapist whose contact details are always close to hand.

Do

- Tell them what level of insurance you have and that you are a Member of a professional organisation
- Take enough leaflets, pens, products, etc, for the whole group (plus extra)
- Explain that the benefits can be immediate, but may take several treatments
- Justify the cost via the benefits
- Ask them for feedback.

Don't

- Baffle them with therapy jargon if it's not necessary
- Lead them to assume you are medically trained if you are not
- Give the impression that you can diagnose, unless medically trained
- Make unrealistic claims about your treatments
- Make derogatory remarks about the medical profession or other therapists.

Personal Safety and the Lone Therapist

In 1986, estate agent Suzy Lamplugh, 25, went to meet an unknown client at a vacant property in London. The ex-beautician never returned from her mid-day appointment. The nation was shocked, and according to the BBC website (www.bbc.co.uk) Suzy's disappearance "became the most well-publicised missing person case since that of Lord Lucan in November 1974". Suzy Lamplugh's body has never been found, but she is presumed murdered, and was formally declared dead by police in 1994.

This case, though 17 years old, highlights the potential dangers faced by lone workers, especially those who meet strangers in an unfamiliar or 'private' environment, e.g. estate agents, district nurses, health/ social workers . . . and therapists. Fortunately, the Suzy Lamplugh case remains extreme and rare of its kind (perhaps with thanks to the information services provided by the Suzy Lamplugh Trust), but all the same, personal safety is not something that should be taken for granted. Diana Lamplugh, Suzy's mother, is quite convinced that her daughter would still be alive and well today if she had taken just a few, simple precautions, and had trusted her instincts. If you are a therapist who works alone, then please take the time to read through the following information, and to pass it on to others who you think may benefit.

Advertising your services

One way of avoiding situations that pose a threat to your personal safety is to try and prevent them from happening in the first place. When it comes to advertising your services, be very careful about the 'image' you are putting across, and the information you are providing, as both could invite calls and possible bookings from less than desirable clients. Of course, the very word 'massage' may be all it takes to trigger unwanted attention, but considering the following points may be of some help:

Personal Safety and the Lone Therapist

The wording

It is important that promotional literature and adverts reflect your professionalism. Avoid over-familiar or ambiguous wording, such as "Let Diana massage your troubles away", "free extra treatment", or "deep/ penetrating massage". This style of writing is one typically used by prostitutes masquerading as therapists, and could therefore invite calls

from people who want the sort of ‘services’ that you do not offer. Try to use words such as “professional” or “therapeutic” instead.

Graphics/ design

Avoid using illustrations of naked bodies, particularly if these include bare breasts, or have a sensual overtone. Use the logo of the LC or FHT council you belong to (e.g. ACHO, ICHT, IFHB, HFST, PACT) as this will act as a ‘hallmark’ of your professionalism

Contact details

Be careful about putting your home address or phone number on promotional literature, particularly if you are not sure whose hands this will fall into. If possible, use a mobile number which can be turned off or switched to answering service should someone start to pester you. Save your address for genuine clients who have called and booked an appointment, and only if they need your home address, e.g. you work from home. (If you are a Limited Company, you may need to supply your home address on invoices, business letters, etc, if you do not have a separate business address.

Contact Companies House for further information on Tel: 0870 333 3636.)

Before the appointment

If you are a mobile therapist, there are a few ‘safety checks’ you should carry out before the appointment:

- Ring the client to confirm the treatment date and time, thus establishing that the contact number they have given you is genuine. Do not fix an appointment with a client who is not willing to give you a contact number
- Prior to the appointment, make sure someone knows where you are going and how long you are likely to be. Give them a contact number that you can be reached on. If any of these details change, be sure to inform that person. The idea is that you will then be ‘missed’ if you do not report back at a certain time
- If you own a mobile phone, take this with you so that you are able to call for help if necessary.

Visiting a client:

When you visit a client in an unfamiliar environment (e.g. their home), be extra vigilant and consider the following guidelines:

1. If you are a female therapist, think about wearing trousers as part of your uniform as opposed to a dress, as this is more practical for setting up equipment and is also less revealing
2. Take your ACHO , FHT Membership card with you, or some other form of ID, as your client may ask to see this

3. Be relaxed yet confident in your manner from the very moment you meet your client. This helps to establish a safe, professional boundary
4. Do not enter the house unless the client is there. If a man has made a booking on behalf of his wife, be sure that you see her before you enter the property
5. Allow the client to invite you in to their home, and let them lead you through the house to the treatment area. As harmless as it may seem to take their directions of "Go ahead - its the room just down the hall on the right there", lone workers are generally advised not to walk through unfamiliar premises with their back to the person being visited

Make a mental note of how the client closes the front door, and be sure that you can retrace your steps to make a quick exit if necessary

6. Ensure that the amount of 'personal space' between you and the client is maintained at a comfortable level. Do not make unnecessary physical contact with the client. Similarly, If the conversation turns suggestive, end it politely but assertively so that client knows exactly where they stand
7. Drop it into the conversation that you need to finish the treatment on time as you have arranged to meet someone not long after the appointment
8. Do not spread your belongings out in case you need to make a hasty retreat. (If you feel your personal safety is being threatened, simply grab your essentials, e.g. a bag that contains your keys and phone, and leave - do not start worrying about how you're going to collapse your couch! If you are home-based, simply terminate the treatment and ask the client to get dressed and go.)
9. Where possible, try to position your work station so that there is nothing between you and the nearest exit (e.g. have one end of the treatment couch facing the door so that you can leave the room regardless of which side of the client you are working on).
10. If you are a home-based therapist, make it evident that someone (preferably your partner) is in the house, or is due home soon - even if this isn't the case.

Never expose yourself to risk, if you feel uncomfortable at the initial contact do not feel obliged to offer treatment-**always listen to your intuition.**