# Service Accreditation Scheme

## Accreditation of Counselling and Psychotherapy Services - Application Form

#### Please ensure that your application is suitable for assessment

Do read our [Guideline to Applying, Renewing & Maintaining Accreditation](https://www.bacp.co.uk/media/1533/bacp-service-accreditation-application-guide.pdf) before you start putting together your application. **This is available for download from our webpage or on request from BACP. Remember this application is about your counselling or psychotherapy service not about your organisation, and your application must reflect that.**

#### ****Please follow the guidance carefully to provide us with the best possible application****

**Clear, easily navigable applications with robust supporting evidence, provided as appendices, are less likely to be queried by our assessment team, meaning that a decision can be reached and returned as quickly as possible. Poor quality applications will be returned for revision and the assessment time released to other applications.**

#### Pre-assessment checks

To be accepted and sent for assessment, each application must be:

* Complete – all sections must be completed unless otherwise specified
* In date – evidence should be no older than three years
* Clearly and specifically cross-referenced – submit one copy of each document only
* Evidenced comprehensively – provide evidence for all criteria and sub-criteria
* Appendices of supporting evidence – provide a list of numbered document titles

All applications for service accreditation are assessed on their own merit, independently from any previously submitted material or correspondence. If you are re-applying or submitting a renewal application, do note that supporting evidence previously used to meet criteria may, or may not, be sufficient to meet the criteria within a subsequent application. Robust internal and external moderation and review work to maintain standards of assessment, but as services gain sophistication, the accreditation standard sharpens to meet quality and professionalism demanded.

#### Submission format

Please complete this form, save and submit as an electronic version along with all your appendices of supporting evidence – ***boxes will expand as you type into them***.

Please do not change any of the application wording. Altered text will result in an application being returned for revision before assessment can be completed.

We will require one hardcopy of your complete application to be posted to us, complete with all your appendices of supporting evidence. Please ensure that you provide the correct title of the documents you submit as supporting evidence.

If you use parts of your website as supporting evidence, please provide hyperlinks to the appropriate webpages within your electronic versions, and website screenshots within your hardcopy application.

Do remember to password protect your electronic version and post the hardcopy version to us as recorded delivery and marked confidential.

### Organisation and contact details

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| --- | --- |
| Organisational details | |
| Name of service applying for accreditation |  |
| Name of organisation provider |  |
| BACP organisational membership number |  |
| Address |  |
| Telephone number |  |
| Email |  |
| Website |  |
| Name of head person, role & email |  |
| Application contact details | |
| Name |  |
| Job title |  |
| Telephone number |  |
| Email address |  |

### Declaration of honesty

Submission of this application form from an appropriate email address and using an electronic signature, by the contact person making the application and on behalf of the organisational member, constitutes formal agreement to the statement as shown:

I declare that as far as I know, this application contains only true information. I hereby authorise the officers of BACP to make such enquiries as they consider necessary to verify the information given.

I understand that if any incorrect, incomplete or plagiarised information is discovered, our application for service accreditation may be invalidated and my application withdrawn. Such matters may also be referred for consideration under the Professional Conduct Procedure or the Article 12.6 procedure as appropriate.

I agree to the current [Terms & Conditions](https://www.bacp.co.uk/media/1567/bacp-service-accreditation-terms-conditions.pdf) for service accreditation as set out by BACP (copy available on website or on request).

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date |  |

### Service foundation details

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| Please provide an overview of your organisation and how your counselling or psychotherapy services fit into its structure. Do mention any other non-counselling services provided. |
|  |
| What is the name of the counselling or psychotherapy service that you wish to be stated on your accreditation certificate. Do note that as BACP is a professional body in the counselling and psychotherapy field, we can only accredit counselling and psychotherapy services, not the organisation, centre or agency that provides these services. Your certificate will need to reflect this. eg Uncle Bob’s Counselling Centre – Counselling Services. |
|  |
| Please confirm the catchment area your service provides counselling or psychotherapy for. |
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| Please clarify the main location of your counselling or psychotherapy service and any outpost venues, providing addresses where necessary. |
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| Please confirm the name of the individual submitting a declaration in support of your application and attach the dated letterhead or emailed statement – remember they need to be external to your organisation and have no vested interest in you gaining accreditation. |
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| **Assessor Comments** *– service to leave blank* |
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## Part A – Eligibility criteria

Part A criteria must be met before an application can be accepted for assessment under Part B of the organisational criteria

### Criterion 1 – BACP membership

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| **Be an organisational member of BACP and subject to its *Ethical Framework for the Counselling Professions* and Professional Conduct Procedure. If the service is part of an organisational member, it is the organisational member that will make the application for the accreditation of its counselling or psychotherapy service.** |
| *Guidance: If the counselling or psychotherapy service sits within a larger ‘parent’ organisation, it is the parent body that should hold BACP organisational membership, and this must be current at the time an application for accreditation is submitted, and maintained throughout the subsequent accreditation term awarded. Please state membership renewal date and confirm your counselling or psychotherapy service abides by the BACP Ethical Framework.* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

### Criterion 2 – Counselling and psychotherapy provision

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| **Provide a counselling or psychotherapy service.** |
| *Guidance: Please confirm the name of each individual counselling or psychotherapy service or project applying for accreditation and the cohort age range for each. Also confirm the counselling models used and the format, such as, but not limited to, individual face-to-face, telephone, online, text, groups, couples etc.* |
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| **Supporting evidence** – title of document(s) and appendix number(s) |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

### Criterion 3 – Number of therapists

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| **Include at least three qualified therapists who undertake counselling and psychotherapy.** |
| *Guidance: Please confirm the number of qualified therapists available to provide counselling or psychotherapy practice and give names and professional body memberships for three. (If you are a University or College service and are a current member of the BACP UC division, two qualified therapists can be used to meet this criterion.) Employed, volunteer or self-employed therapists are acceptable as long as contracts are in place for each. Students on placement cannot be used to meet this criterion.* Do*confirm if you provide student placements and if so, which service(s) applying for accreditation they work within.* |
|  |
| **Supporting evidence** – title of document and appendix number |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

## Part B – Operational criteria

### Criterion 4 – Policy

#### Criterion 4.1: Aims and Objectives

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| **A statement of aims and objectives, available to all staff and service users, must set out clearly:**   1. **The purpose of the services provided** 2. **The type of counselling or psychotherapy offered** 3. **The ethical framework adhered to** 4. **The limits of confidentiality** 5. **The context and contracting of the work (this includes payment for services, relationships with the host organisation, if relevant, and times of service availability)** |
| *Guidance: Address each point separately. Several documents may be used to meet this criterion but the information does need to be publically accessible.* |
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| **Supporting evidence** – title of document and appendix number |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

#### Criterion 4.2: Publicity

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| **All service publicity material and pre-counselling information should comply with the *Ethical Framework for the Counselling Professions* and be readily available.** |
| *Guidance: Consider all publicity materials, websites, intranets and other internet presence, and all other pre-counselling information available for clients. If intranets are in use, please print screen copies of the general information available of the counselling service(s).* |
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| **Supporting evidence** – title of document and appendix number |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

#### Criterion 4.3: Staffing

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| **Sub-criterion 4.3.1** |
| **A specified person must hold clinical responsibility for the service. They should be a member of an appropriate professional body, subject to its complaints procedure and accredited by, or be of an equivalent status, with it.** |
| *Guidance: Provide the name and membership body and number of the individual holding the clinical lead role, and confirm their current job title. Sharing clinical responsibility is not recommended as it reduces authority and can cause confusion. In formal job-share situations, one individual must be nominated. Accountability must be clear on the organisational and/or service structure and the named individual’s job description. Two clinical leads may be acceptable only where there are specialist areas, such as, but not limited to, children and young people (CYP) counselling.* |
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| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 4.3.2** |
| **A training and development policy should exist for all staff** |
| *Guidance: A policy statement or document is required. Ensure this covers all your staff (employed, volunteer, self-employed, student) and not just your therapists. You may have more than one policy document to cover all staff, as appropriate.* |
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| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 4.3.3** |
| **A clear selection procedure for counsellors or psychotherapists should exist** |
| *Guidance: A procedural document is required. If you are part of a larger organisation, a generic policy and procedure for staff may suffice.* |
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| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 4.3.4** |
| **Recruitment panels for counsellors and psychotherapists in the service must include at least one qualified, experienced therapist familiar with the work of the service.** |
| *Guidance: A clear statement to this effect is required; ideally within the staff selection procedure. If you are part of a larger organisation, a generic policy/procedure will only suffice if specific mention is made to effect this criterion’s specific requirement. A procedure specific to the recruitment of counsellors and psychotherapists may be appropriate additional evidence.* |
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| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

#### Criterion 4.4 – Equal Opportunities

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| **Sub-criterion 4.4.1** |
| **The service should be committed to equality of opportunity for its staff and for users of the service and comply with all relevant legislation. It must demonstrate a non-discriminatory approach to staff and users, irrespective of age, colour, creed, culture, disability, education, ethnicity, gender, information, knowledge, mobility, money, nationality, race, religion, sexual orientation, social class, status, etc.** |
| *Guidance A policy statement is required, clearly addressing both service users and staff. Separate policies may be appropriate.* |
|  |
| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 4.4.2** |
| **The service should define its target population and survey users using an equal opportunities questionnaire or similar procedure.** |
| *Guidance: Consider how you determine who is accessing your service to ensure you are reaching your full target population. Some method of capturing this data is required.* |
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| **Supporting evidence** – *title of document and appendix number* |
|  |
| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 4.4.3** |
| **The service should recognise its accessibility limitations and publish a strategy for addressing this** |
| *Guidance: This includes more than just disability access, but whether you are meeting your target population in full or if there are local minority groups absent, for example. A strategy document is required, showing your analysis and outlining areas for improvement; if none are required explain or show why. A strategy doesn’t need to be a large document but does need to include review dates, and it must be publically available in some way to be deemed ‘published’.* |
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| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

#### Criterion 4.5 – Evaluation & Feedback

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| **Sub-criterion 4.5.1** |
| **All aspects of the service’s work should be formally evaluated by users and staff on a regular basis that is at least annually.** |
| *Guidance: This is about the service you offer, not the counselling received. Identify how feedback is obtained from service users* and *staff.* |
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| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 4.5.2** |
| **Evaluation findings should be reviewed and appropriate changes made.** |
| *Guidance: Show how, where, when and by whom, feedback evaluation is considered* and provide *examples of changes made as a result of findings, however small, and irrespective of whether from service user, or staff, feedback.* |
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| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 4.5.3** |
| **Annual feedback should be given to users and other stakeholders.** |
| *Guidance: Ideally a published annual report or review will be routinely issued, but not necessarily. Think about how you keep service users and the public aware of the work and performance of your service, its developments and future aims, and how accessible this is to interested parties. Also consider how you feedback to other stakeholders such as funders for specific projects.* |
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| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 4.5.4** |
| **All feedback must maintain users’ anonymity.** |
| *Guidance: Feedback forms may contain the* option *for service users to provide their names but must otherwise be totally anonymous.* |
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| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

### Criterion 5 – Management and administration

#### Criterion 5.1: Service Structure

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| **Sub-criterion 5.1.1** |
| **There should be clearly defined and effective management and organisational structure, which includes a Head of Service who has knowledge and experience of the counselling and psychotherapy field and who has overall responsibility for management of the service.** |
| *Guidance: A full organisation chart is required showing job titles, employed, volunteers and student positions, if applicable. If the counselling or psychotherapy service is part of a larger organisation, a separate counselling service chart may be needed. It is the Head of the Counselling Service that requires knowledge and experience of the counselling and psychotherapy field (the job title may vary). If they don’t have this, there needs to be a clear description, and demonstration on the chart(s), of how the specific counselling and psychotherapy related aspects of the service are managed; perhaps by a Clinical Manager for example.* |
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| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 5.1.2** |
| **There should be clear lines of accountability and reporting.** |
| *Guidance: The organisational chart, and counselling service chart (if applicable), should be sufficiently clear.* |
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| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 5.1.3** |
| **Formal arrangements for financial accountability should be in place.** |
| *Guidance: If the organisation chart does not make this sufficiently clear, an annual report from a registered charity may suffice. Other evidence may be appropriate for non-charity bodies.* |
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| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

#### Criterion 5.2: Community Liaison

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| **Links with referral resources and specialist services in the community should exist.** |
| *Guidance: Consider how you direct service users to other local or national services and agencies, especially for issues not offered by your organisation. This is* not *about onward referral, but more about having information resources to hand for both staff and service users about both non-counselling or psychotherapy services, such as but not limited to housing, welfare benefits, debt issues etc, or specialist counselling and psychotherapy services a client may be able to source help from. If you do have direct links with local agencies this should be evidenced too.* |
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| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

#### Criterion 5.3: Health & Safety

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| **Sub-criterion 5.3.1** |
| **The service must comply with the current Health and Safety at Work Act and other relevant legislation.** |
| *Guidance: A health & safety policy is required, which shows awareness of relevant related legislation.* |
|  |
| **Supporting evidence** – *title of document and appendix number* |
|  |
| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 5.3.2** |
| **Therapists must be given training and best practice guidelines for potential dangerous and violent situations.** |
| *Guidance: Instances of challenging behaviour may be rare, but guidelines* and *training for therapists (employed, volunteers, self-employed and students)* is *required on how to handle and defuse (where possible) situations if they arise, either within the counselling session or elsewhere on agency grounds. For qualified therapists this will be refresher training. By ‘regular’ we mean at least once every five year accreditation term. Consider how you reach both new and existing staff. In-house or online training is acceptable. Do provide an outline of training content and dates training held.* |
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| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 5.3.3** |
| **Specific training and guidelines should be provided for those that undertake home visits.** |
| *Guidance: Confirm if your policy is not to provide home visits. This should be made clear in a policy and procedure document for staff to confirm the boundaries of the service you offer. If you do offer home counselling visits, specific guidelines* and *training is required for staff (employed, volunteer or self-employed) who do undertake home visits. Students should not be undertaking home visits. Regular refresher training is required ie at least once every five years. In-house training is acceptable.* |
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| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 5.3.4** |
| **There should be procedures that help all staff identify and deal with clients at risk to themselves or others.** |
| *Guidance: A clear procedure is required. It should provide for the assessment and handling (as opposed to treatment) of service users at risk to themselves (self-harm) or others (violence), and include administrative procedures and other relevant processes, such as but not limited to, possibility of need to breach confidentiality.* |
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| **Supporting evidence** – *title of document and appendix number* |
|  |
| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 5.3.5** |
| **Procedures must exist on how to deal with critical incidents such as dangerous or violent behaviour.** |
| *Guidance: A critical incident policy and procedure is required. This may form part of a more general accident policy and procedure and is not specific to dangerous or violent behaviour. Criterial incidents involve potentially serious acts or events. Consider how your staff are expected to react to such occurrences; what do they need to do.* |
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| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 5.3.6** |
| **All counsellors and psychotherapists (both voluntary and salaried) should be covered by Professional Indemnity and Public Liability insurance.** |
| *Guidance: A valid insurance certificate or schedule is required which specifically identifies* both *these two types of insurance cover (check small print). This may be part of one insurance policy or as separate insurance covers. If you require your therapists to have their own professional indemnity insurance, a policy statement is required, and you will also need to show how you ensure valid insurance cover is maintained.* |
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| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

#### Criterion 5.4: Administration

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| **Sub-criterion 5.4.1** |
| **All records (whether paper or electronic) should be secure and confidential.** |
| *Guidance: A policy and procedure is required to cover both paper* and *electronic records.* |
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| **Supporting evidence** – *title of document and appendix number* |
|  |
| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 5.4.2** |
| **The service should comply with the current Data Protection Act and other relevant legislation.** |
| *Guidance: A policy document outlining legal requirements for staff is required. Do check with the Information Commissioners Office (ICO) to register, or confirm if you are exempt.* |
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| **Supporting evidence** – *title of document and appendix number* |
|  |
| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 5.4.3** |
| **Appointment systems, if used, must be private and confidential.** |
| *Guidance: Consider how you ensure service user appointments are kept confidential to all but the relevant therapists, whilst enabling all staff to be aware of booked sessions.* |
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| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 5.4.4** |
| **Ownership of, and access to, service user records should be specified.** |
| *Guidance: A record keeping policy and procedure is required either as a stand-alone document or detailed within a larger confidentiality policy/procedure. This must include a specific statement to confirm who ‘owns’ the records. Typically it will be the service that owns their service user records; consider who would be subpoenaed if the need arose. The specification of ‘ownership’ should not conflict with the client’s right to access of their records under GDPR subject to confidentiality limitations.* |
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| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

#### Criterion 5.5: Management

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| **Sub-criterion 5.5.1** |
| **All service staff should have the opportunity to meet on a regular basis and to have access to suitable consultation and feedback.** |
| *Guidance: The term ’regular’ is not defined, but we would expect this to be at least once per year if not more frequently. Staff should also have the opportunity to meet for general discussion on administration and other practical issues, not just individual personal performance.* |
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| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 5.5.2** |
| **Part-time, newly qualified therapists and trainees must be supported by a permanent member of the counselling/psychotherapy staff, and training in the service systems and procedures must be given.** |
| *Guidance: An induction policy and procedure is required. There should also be a nominated person available for staff to refer to if necessary. This may or may not be the service manager.* |
|  |
| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 5.5.3** |
| **Demand on the service should be monitored and managed.** |
| *Guidance: Routine service monitoring should identify information on the number of service users, waiting times, and non-attendance, for example. Consider how problem areas are managed in the short and long terms; how, where and who, discusses service demand, and where is this recorded.* |
|  |
| **Supporting evidence** – *title of document and appendix number* |
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| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 5.5.4** |
| **There should be systems to monitor and manage the quality of therapists’ work.** |
| *Guidance: Consider how you assess the quality of your therapist work and how you manage any identified problems or concerns.* |
|  |
| **Supporting evidence** – *title of document and appendix number* |
|  |
| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 5.5.5** |
| **Staff undertaking a variety of roles must make it clear to service users and colleagues which one they are in at any given time.** |
| *Guidance: Confirm how you manage role boundaries where dual roles exists, such as, but not limited to, counsellors who undertake reception duties and managers who also provide counselling. Dual line management and supervisory roles require particular ethical considerations which you will need to explain, if in practice.* |
|  |
| **Supporting evidence** – *title of document and appendix number* |
|  |
| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 5.5.6** |
| **Grievance and disciplinary procedures must exist for all staff.** |
| *Guidance: A disciplinary and grievance policy and procedure is required. This may or not may not be combined within one document and must cover all staff (employed, volunteer, self-employed and students). Different versions may be used for different staff cohorts.* |
|  |
| **Supporting evidence** – *title of document and appendix number* |
|  |
| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

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| **Sub-criterion 5.5.7** |
| **Formal links should exist for consultation and referral between counselling and psychotherapy staff and medical and psychiatric services.** |
| *Guidance: This is* not *asking about referral routes, either into or onward from the service. You should have access to an external expert to whom you can refer to in an emergency or for advice in a more general capacity, and who is happy to act as a consultant in this manner. This need not be a formal contractual consultation route but liaison in some form needs to be clear.* |
|  |
| **Supporting evidence** – *title of document and appendix number* |
|  |
| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

### Criterion 6 – Delivery

#### Criterion 6.1: Accommodation

|  |
| --- |
| **Rooms used for counselling and psychotherapy purposes should be private and free from interruption, furnished appropriately and, when counselling is in process, used exclusively for that purpose.** |
| *Guidance: Describe your room requirements and supply photographs if you can. If you work across several venues or locations, ensure you include reference to rooms used there. Ideally you will have a risk assessment policy and procedure for all new venues, which includes assessment of suitability. Rooms used within school environments or other multipurpose venues must also be mentioned.* |
|  |
| **Supporting evidence** – *title of document and appendix number* |
|  |
| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

#### Criterion 6.2: Professional Conduct

|  |
| --- |
| **Sub-criterion 6.2.1** |
| **The service must be run in accordance with BACP’s** [***Ethical Framework for the Counselling Professions***](http://www.bacp.co.uk/ethical_framework/) |
| *Guidance: The whole application is assessed with the Ethical Framework in mind. It should be clear to all stakeholders that the Service works to the Ethical Framework and access to it should be available to interested parties – either as a printed hardcopy or as a hyperlink to the specific page on the BACP website. In addition, if you provide specialist counselling services, such as, but not limited to, children and young people, you need to describe here, how you ensure therapists and student competence to work with the cohort(s) in question.* |
|  |
| **Supporting evidence** – *title of document and appendix number* |
|  |
| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part - On hold until all criteria have been shown to be met in full  *(assessor to delete as appropriate)* |

|  |
| --- |
| **Sub-criterion 6.2.2** |
| **Where counselling or psychotherapy is not appropriate, or the service does not have the appropriate skills, users must be referred to suitable agencies eg psychiatric services, GP.** |
| *Guidance: Client assessment and onward referral policies and procedures are required.* |
|  |
| **Supporting evidence** – *title of document and appendix number* |
|  |
| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

|  |
| --- |
| **Sub-criterion 6.2.3** |
| **Counsellors and psychotherapists should monitor and develop their professional work through regular supervision and consultation, and continuing professional development.** |
| *Guidance: A supervision policy and procedure is required. A training and development policy may cover continuing professional development (CPD) but you need to consider how you monitor therapist CPD to ensure skill sets are maintained and/or developed.* |
|  |
| **Supporting evidence** – *title of document and appendix number* |
|  |
| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

|  |
| --- |
| **Sub-criterion 6.2.4** |
| **All secretarial, administration and reception support staff should work in a manner that maintains confidentiality. Reception staff must be experienced and confident in working with those in distress.** |
| *Guidance: All non-therapist should have appropriate training in confidentially and in dealing with people in distress. In-house training is acceptable.* |
|  |
| **Supporting evidence** – *title of document and appendix number* |
|  |
| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

|  |
| --- |
| **Sub-criterion 6.2.5** |
| **An appropriate client-customer complaints procedure should be available.** |
| *Guidance: A complaints procedure for all aspects of a service, not just counselling, is required. Consider how you make clients aware of it.* |
|  |
| **Supporting evidence** – *title of document and appendix number* |
|  |
| **Assessor decision & comment** *– service to leave blank* |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

## BACP Assessment summary

**Services are requested to leave this entire section blank – Assessor to complete**

*Assessor to delete sections (1), (2), (3) or (4) as required*

### (1) Accreditation awarded

*All criteria met in full – accreditation awarded, or renewed for a further, five year term (for renewals, the original award date is maintained)*

|  |  |
| --- | --- |
| **Accreditation term start date** |  |
| **Accreditation end date** |  |

### (2) Conditional pass – resubmission required

*Each element of every criterion needs to be met in order for the criterion as a whole to be passed. Each set condition will need to be fully addressed by the deadline shown in order for accreditation to be awarded. A resubmission template will be provided for your completion and return.*

#### List of conditions to be met to meet the criteria in full:

|  |  |
| --- | --- |
| **Criterion 4: Policy** | |
|  | |
| **Criterion 5: Service Structure** | |
|  | |
| **Criterion 6: Delivery** | |
|  | |
| **Deadline for resubmission to be made by:** |  |

### (3) Decision deferred – resubmission required

*Each element of every criterion needs to be met in order for the criterion as a whole to be passed. The final decision will be made following further explanation and supporting evidence made within resubmission of papers by the deadline shown, for further assessment. A resubmission template will be provided for your completion and return.*

#### List of criteria to be further considered to meet the criteria in full:

|  |  |
| --- | --- |
| **Criterion 4: Policy** | |
|  | |
| **Criterion 5: Service Structure** | |
|  | |
| **Criterion 6: Delivery** | |
|  | |
| **Deadline for resubmission to be made by:** |  |

### (4) Application unsuccessful on resubmission – new application required

*Each element of every criterion needs to be met in order for the criterion as a whole to be passed. All criteria need to be fully met in order for accreditation to be awarded following a resubmission of papers.*

*A full new application for assessment may be made as soon as the Service feels it is able to meet all the criteria in full.*

#### List of criteria to be further considered to meet the criteria in full:

|  |
| --- |
| **Criterion 4: Policy** |
|  |
| **Criterion 5: Service Structure** |
|  |
| **Criterion 6: Delivery** |
|  |

### (5) Recommendations made for future consideration

*These suggestions are made for consideration with regards to service development and improvement but are not conditional for service accreditation. You will be asked to feedback on your considerations within your first annual monitoring submission.*

|  |
| --- |
| **Criterion 4: Policy** |
|  |
| **Criterion 5: Service Structure** |
|  |
| **Criterion 6: Delivery** |
|  |

|  |  |
| --- | --- |
| Additional Assessor Comments | |
|  | |
| Report ratified for BACP by: | |
|  |  |
| Fiona Ballantine-Dykes  Head of Professional Standards | **Date** |

## Process information – to be deleted from final report:

|  |  |
| --- | --- |
| Application received *– electronic & hardcopy versions* |  |
| Submission fee paid |  |
| Eligibility criteria met *– checks completed by Office* |  |
| Ready for assessment |  |
| Office admin time *– to nearest ¼ hr sufficient* |  |
| Assessor Name |  |
| Assessor time to complete assessment *– to nearest ¼ hr ok* |  |
| Moderation required - *state 10% audit, questions or unsuccessful* |  |
| Moderator Name |  |
| Moderator time to complete assessment *– to nearest ¼ hr ok* |  |

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Review: November 2018

Version updated: August 2018