# Service accreditation scheme

## Application form B – Operational criteria and visit

The application process for accreditation consists of two parts. Part A - eligibility, must be met in full **before** we can accept submission of Part B of the application process. All criteria constituting Part B – operational, must be successfully met in full **before** we can proceed with the assessor visit. The final assessment report and decision will be issued on completion of Part B.

#### **We strongly advise that you read our** Guide to applying **before you start putting together your application. Remember this application is about your counselling or psychotherapy service, not about your organisation and your application must reflect that.**

#### To ensure that your application is suitable for assessment, please:

* **follow the guidance provided in this form for each criterion**
* ensure you complete all sections of the form, unless requested to leave blank for assessor use
* do not change any of the application wording. If you alter text, your application will be returned for revision before we can complete assessment
* complete and submit this form as an electronic document in Microsoft Office Word format *–* boxes will expand as you type into them*.*

**We will return poorly presented or incomplete applications for revision.**

Please email [accred.service@bacp.co.uk](mailto:accred.service@bacp.co.uk) when you’re ready to submit your application, We will send you a personalised link to a secure folder where you can upload all your application documents (no password protection required).

#### BACP Fair processing notice

BACP is committed to complying with the GDPR and the DPA 2018. We only use the information you give us for the purposes specified on this form and laid out in detail in the BACP privacy notice. We will only hold the information for as long as we need it to carry out the task for which it was given. You have rights under current legislation to limit or prevent the processing of your data and to have access to this information. We never sell your personal information to third parties but may need to share your details with suppliers who work on our behalf. To find out more about how we use your personal data, any third parties we may share it with and your rights in relation to it, [see our privacy notice](https://www.bacp.co.uk/privacy-notice/).

#### Declaration of honesty

By submitting your application, you are confirming that you have read and agreed to our **Terms and conditions** for service accreditation.

You are also declaring that, as far as you know, your application contains only true information and that you authorise the officers of BACP to make such enquiries as they consider necessary to verify the information given.

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

|  |  |
| --- | --- |
| **Application submission date** |  |

#### Organisational details

|  |  |
| --- | --- |
| Name of organisation |  |
| BACP organisational membership number |  |
| Email |  |
| Website |  |
| Service applying for accreditation |  |
|  | |
| Application details | |
| Name of contact |  |
| Job title |  |
| Email address |  |
| Telephone number |  |
|  | |
| Name of individual who submitted Part A |  |
| Date of assessment report for Part A |  |
| Have any changes been made to eligibility? If yes, please outline and attach relevant evidence. | |
|  | |

## Practitioners and staff

#### Criterion B1 – Practitioner recruitment

#### Sub-criterion B1.1

**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.

**Supporting evidence** –title of document and appendix number

|  |
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|  |
| **Assessor decision and comment** *–* service to leave blank |
| Met - Not met - Met in part (assessor to delete as appropriate) |

#### Sub-criterion B1.2

**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 within the staff selection procedure. If you are part of a larger organisation, a generic policy/procedure will only suffice if it includes specified requirements for recruiting practitioner staff. 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* |
|  |
| **Assessor decision and comment** *– service to leave blank* |
| Met - Not met - Met in part (assessor to delete as appropriate) |

#### Criterion B2 – Staff safety

**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 practitioners, whether employed, volunteer, sessional and trainee, 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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| What guidance do you provide to practitioners and when? |
|  |
| What training do you provide for your new and existing practitioners, and when was the last refresher training held? |
|  |
| Do you have a lone working policy and procedure, if not please say why? |
|  |
| Supporting evidence – title of document and appendix number |
|  |
| Assessor decision and comment *–* service to leave blank |
| Met - Not met - Met in part (assessor to delete as appropriate) |

#### Criterion B3 – Home visits

**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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| What guidance and training do you provide for your new and existing practitioners and when was your last refresher training held? |
|  |
| If you don’t provide home visits, where do you confirm this in writing? |
|  |
| Supporting evidence –title of document and appendix number |
|  |
| Assessor decision and comment *–* service to leave blank |
| Met - Not met - Met in part (assessor to delete as appropriate) |

#### Criterion B4 – Practitioner ongoing appraisal

**There should be systems to monitor and manage the quality of therapists’ work.**

**Guidance:**

This is about management of staff. Consider how you assess the quality of your practitioners work and how you manage any identified problems or concerns, for example with a capability procedure.

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| Briefly outline appraisal and capability processes |
|  |
| Supporting evidence –title of document and appendix number |
|  |
| Assessor decision and comment *–* service to leave blank |
| Met - Not met - Met in part (assessor to delete as appropriate) |

#### Criterion B5 – Practitioner supervision and CPD

**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.

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| Briefly outline your supervision requirements, provision and monitoring |
|  |
| Please outline how do you monitor practitioner CPD fulfilments |
|  |
| Supporting evidence –title of document and appendix number |
|  |
| Assessor decision and comment *–* service to leave blank |
| Met - Not met - Met in part (assessor to delete as appropriate) |

#### Criterion B6 – Staff meetings

**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 purposely 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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| Confirm what regular staff meetings to you have in place |
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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) |

#### Criterion B7 – Induction and support

**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 for all staff. There should also be a nominated person available for newly qualified and trainee practitioners to refer to if necessary. This may or may not be the service manager.

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| --- |
| Please outline your induction and support system for staff and practitioners |
|  |
| Explain what additional support you offer newly qualified practitioners and trainees |
|  |
| Supporting evidence –title of document and appendix number |
|  |
| Assessor decision and comment *–* service to leave blank |
| Met - Not met - Met in part (assessor to delete as appropriate) |

## Client focus

#### Criterion B8 – Therapy environment

**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. Rooms used within school environments or other multipurpose venues must also be mentioned, and where venues may change on a frequent or regular basis, we would expect to see a venue risk assessment procedure that includes room specifications. If you work therapeutically in outdoor environments, how do ensure privacy and deal with any interruptions.

|  |
| --- |
| Describe your requirements for therapy rooms/environments in all locations |
|  |
| Supporting evidence – title of document and appendix number |
|  |
| Assessor decision and comment *–* service to leave blank |
| Met - Not met - Met in part (assessor to delete as appropriate) |

#### Criterion B9 – Appointment systems

**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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| --- |
| Provide a brief outline of your appointment system |
|  |
| Supporting evidence –title of document and appendix number |
|  |
| Assessor decision and comment *–* service to leave blank |
| Met - Not met - Met in part (assessor to delete as appropriate) |

#### Criterion B10 – Non-practitioners

#### Sub-criterion B10.1

**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-therapists should have appropriate training in confidentially and in dealing with people in distress. In-house training is acceptable.

|  |
| --- |
| How do you ensure non-practitioner staff fit these needs? |
|  |
| 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 B10.2

**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.

|  |
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| If there are dual roles in your service, how are they ethically managed? |
|  |
| Supporting evidence –title of document and appendix number |
|  |
| Assessor decision and comment *–* service to leave blank |
| Met – Not met – Met in part (assessor to delete as appropriate) |

#### Criterion B11 – Safeguarding

**There should be procedures that help all staff identify and deal with clients at risk to themselves or others.**

**Guidance:**

A clear policy and procedure is required. This needs to include all relevant processes, such as (but not limited to), the possibility of need to breach confidentiality.

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| --- |
| Outline how safeguarding issues are addressed for the vulnerable (adult or otherwise) |
|  |
| Supporting evidence –title of document and appendix number |
|  |
| Assessor decision and comment *–* service to leave blank |
| Met - Not met - Met in part (assessor to delete as appropriate) |

#### Criterion B12 – Client demographic

**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. Remember to think about your area and the range of individuals you may access your service – remember equality, diversity and inclusion (EDI).

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| How do you capture this information? |
|  |
| Supporting evidence –title of document and appendix number |
|  |
| Assessor decision and comment *–* service to leave blank |
| Met - Not met - Met in part (assessor to delete as appropriate) |

#### Criterion B13 - Assessment and onward referral

**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 must be in place. Onward referral may rarely be needed but always maintain the possibility, whether to alternative specialist counselling services, mental health services or other non-counselling support services.

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| --- |
| Supporting evidence –title of document and appendix number |
|  |
| Assessor decision and comment *–* service to leave blank |
| Met - Not met - Met in part (assessor to delete as appropriate) |

#### Criterion B14 – Record keeping and access

**Ownership of, and access to, service user records should be specified.**

**Guidance:**

Typically, it will be the service that owns their service user records as that affords some control; consider who would be subpoenaed if the need arose and who is responsible for the destruction of records. The specification of ‘ownership’ does not conflict with the client’s right to access of their records under GDPR, subject to confidentiality limitations.

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| Please confirm where you state who owns user records and practitioner notes |
|  |
| What access restrictions are in place |
|  |
| When and how do you explain service users’ rights to access their records and notes |
|  |
| Supporting evidence –title of document and appendix number |
|  |
| Assessor decision and comment *–* service to leave blank |
| Met - Not met - Met in part (assessor to delete as appropriate) |

#### Criterion B15 – Community links

**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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| What resources are staff able to use to direct service users to for additional support outside of the counselling service? |
|  |
| Supporting evidence –title of document and appendix number |
|  |
| Assessor decision and comment *–* service to leave blank |
| Met - Not met - Met in part (assessor to delete as appropriate) |

#### Criterion B16 – Medical and psychiatric links

**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 contractual consultation, but a liaison route needs to be clear.

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| How do you ensure links with medical services if necessary? |
|  |
| How do you access psychiatric advice if and when needed? |
|  |
| Supporting evidence –title of document and appendix number |
|  |
| Assessor decision and comment *–* service to leave blank |
| Met - Not met - Met in part (assessor to delete as appropriate) |

## Delivery and evaluation

#### Criterion B17 – Aims and objectives

**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:**

All this information must be publicly accessible. Several documents may be used to meet this criterion.

|  |
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| Where do you state the purpose of the services provided? |
|  |
| Where do you confirm the type of counselling or psychotherapy offered? |
|  |
| Where do you confirm the Ethical Framework is adhered to? |
|  |
| Where and how do you outline and confirm the limits of confidentiality? |
|  |
| Where and how do you confirm the context and contracting of therapy? |
|  |
| Supporting evidence – title of document and appendix number |
|  |
| Assessor decision and comment *–* service to leave blank |
| Met - Not met - Met in part (assessor to delete as appropriate) |

#### Criterion B18 – Equality, diversion and inclusion (EDI)

**The service should recognise its accessibility limitations and publish a strategy for addressing this**

**Guidance:**

This is not just about disability access - how do you use the data captured above, are you inadvertently excluding anyone from your target population? A strategy document is required, showing your analysis and outlining areas for improvement -if no action is possible or required, explain why. A strategy doesn’t need to be a large document but does need to include review dates, and it must be publicly available in some way to be deemed ‘published’, for example within your annual reports, on your website, or embedded within another public document.

|  |
| --- |
| How is your strategy made publicly available? |
|  |
| Supporting evidence *–* title of document and appendix number |
|  |
| Assessor decision and comment *–* service to leave blank |
| Met - Not met - Met in part (assessor to delete as appropriate) |

#### Criterion B19 – Publicity

**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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| --- |
| Detail all ways and means you publicise your counselling or psychotherapy service |
|  |
| Supporting evidence – title of document and appendix number |
|  |
| Assessor decision and comment *–* service to leave blank |
| Met - Not met - Met in part (assessor to delete as appropriate) |

#### Criterion B20 – Service evaluation

#### Sub-criterion B20.1

**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 not just about the counselling received but about the service you offer overall.

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| How is feedback obtained from your staff (employed, volunteer and sessional)? |
|  |
| How is feedback obtained from your service users? |
|  |
| Supporting evidence –title of document and appendix number |
|  |
| Assessor decision and comment *–* service to leave blank |
| Met - Not met - Met in part (assessor to delete as appropriate) |

#### Sub-criterion B20.2

**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.

|  |
| --- |
| What opportunities do staff have to feedback anonymously to the service |
|  |
| Supporting evidence –title of document and appendix number |
|  |
| Assessor decision and comment *–* service to leave blank |
| Met - Not met - Met in part (assessor to delete as appropriate) |

#### Criterion B21 – Impact of feedback

**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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| --- |
| How is feedback evaluated and where is it discussed? |
|  |
| Provide examples of what changes been made as a result of feedback |
|  |
| Supporting evidence –title of document and appendix number |
|  |
| Assessor decision and comment– service to leave blank |
| Met - Not met - Met in part *(assessor to delete as appropriate)* |

#### Criterion B22 – Service demand

**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.

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| --- |
| Who is responsible for monitoring demand and how is demand monitored and managed? |
|  |
| Supporting evidence –title of document and appendix number |
|  |
| Assessor decision and comment *–* service to leave blank |
| Met - Not met - Met in part (assessor to delete as appropriate) |

#### Criterion B23 – Sharing feedback results and actions

**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.

|  |
| --- |
| Briefly explain how you provide feedback on the work or your service |
|  |
| If you are not a publicly accessible service, how do you feedback to service users? |
|  |
| Supporting evidence –title of document and appendix number |
|  |
| Assessor decision and comment *–* service to leave blank |
| Met - Not met - Met in part (assessor to delete as appropriate) |

#### Criterion B24 – Ethical Framework

**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* and our range of Good Practice in Action Resources in mind.

|  |
| --- |
| Self-statement |
|  |
| Assessor decision and comment *–* service to leave blank |
| Met - Not met - Met in part – Decision on hold until all criteria have been shown to be met in full (caveat required as all resubmitted papers are assessed with the Ethical Framework in mind) (assessor to delete as appropriate) |

Thank you for your submission. Please upload this form and all supporting evidence into your dedicated accreditation secure portal. Email us at [accred.service@bacp.co.uk](mailto:accred.service@bacp.co.uk) to confirm when you have done this.

**Please leave the section below blank for BACP to complete.**

**BACP Assessment & assessor visit report**

#### Visit details

|  |  |
| --- | --- |
| Date held |  |
| Video conference or in-person |  |
| Service attendees & roles |  |
| BACP accreditation assessors |  |

#### Summary of visit and assessment findings

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#### Accreditation awarded

Each accreditation is awarded for a period of five years, but is renewed annually, with all criteria being assessed over each five-year accreditation within an annual rolling review submission.

|  |  |
| --- | --- |
| Date |  |
| Term end date |  |

#### Conditions to be met

Where a service does not meet a criterion in full, a condition will be set in order for your accreditation to be awarded. A condition(s) return form will be provided for you to complete and submit along with the additional evidence required by the deadline stated. If you have any questions about these, please email us at [accred.service@bacp.co.uk](mailto:accred.service@bacp.co.uk)

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|  | | |
|  | **Deadline for resubmission** |  |

#### Recommendations

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 rolling review of your five-year accreditation term.

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#### Date of first annual rolling review

Your very first annual review will consist of a consultation with your assessor, not a criteria related submission. We will send you an invitation to arrange a suitable date and time, five months before this deadline. Further details will be provided.

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#### Date of report

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**Notice**

The counselling or psychotherapy service described in the materials assessed and this report, including but not limited to its structure, staffing, policies and procedures and venue(s), is the service which BACP has assessed against the service accreditation criteria. Any changes made to this service other than those specified by BACP may invalidate its accredited status unless the changes are approved by BACP in advance. Should the provider wish to make changes to the accredited service, it should notify BACP immediately.

BACP does not accredit its organisational members. Service accreditation is awarded only to professional counselling and psychotherapy services provided by BACP organisational members.

The published terms and conditions for service accreditation apply to all services currently accredited under this scheme. The terms and conditions are subject to change and maybe updated from time to time as notified by BACP. It is the service’s responsibility to keep up to date with current requirements. See our Service accreditation terms and conditions.

A service may not continue to be accredited if it fails to meet all criteria for the service accreditation scheme.

Created: May 2021

Reviewed: May 2022