Annual review of accreditation 2019/20

Association of Christian Counsellors (ACC)

May 2019



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About the Association of Christian Counsellors

The Association of Christian Counsellors (ACC) registers:

- Counsellors
- Psychotherapists

Its work includes:

- Setting and maintaining standards of practise and conduct
- Maintaining a register of qualified professionals
- Assuring the quality of education and training
- Requiring registrants to keep their skills up to date through continuing professional development
- Handling complaints and concerns raised against registrants and issuing sanctions where appropriate.

As of March 2019, there were 838 registrants on ACC's register. ACC was first accredited on 26 March 2015. This is its fourth annual review and this report covers 26 May 2018 to 26 May 2019.

Background

The Professional Standards Authority accredits registers of people working in a variety of health and social care occupations not regulated by law. To be accredited, organisations holding such registers must prove that they meet our demanding Standards for Accredited Registers (the Standards). Accreditation is reviewed every 12 months.

Accreditation can be renewed by a Moderator in cases where all Standards are evidenced to be met. A Moderator can issue Recommendations and note Achievements.

Where concerns do exist, or information is not clear, a targeted review will be initiated by a Moderator. The outcome of this review is assessed by an Accreditation Panel, who can decide to renew accreditation, renew accreditation with conditions, suspend accreditation or remove accreditation. Panels may also issue Recommendations and note Achievements.

- Condition Changes that must be made within a specified timeframe to maintain accreditation
- Recommendation Actions that would improve practice and benefit the
 operation of the register, but do not need to be completed for compliance with
 the Standards to be maintained. Implementation of recommendations will be
 reviewed at annual renewal
- Achievement Areas where a register has demonstrated a positive impact on one of the four pillars of the programme; protection, choice, confidence and quality.

Outcome

Accreditation for ACC was renewed for the period of 26 May 2019 to 26 May 2020.

Accreditation was renewed by a Panel on 30 April 2019 following a targeted review of Standard 7. A Moderator had determined that all other Standards were met, but that insufficient evidence had been provided to demonstrate continuing compliance with Standard 7.

No Conditions were issued.

The following Recommendations were issued to be implemented by the submission of annual renewal documentation:

- 1. The ACC should consider developing guidelines for its registrants about whistleblowing and duty of candour. (see paragraphs 8.3 to 8.5)
- 2. The ACC should consider adding the consequences of non-compliance with CPD into its CPD policy (see paragraph 10.2 to 10.5)
- 3. The ACC should clearly document its procedure for early resolution of complaints within its policies and procedures (see paragraph 11.4 to 11.5)

The following report provides detail supporting the outcome.

Assessment against the Standards for Accredited Registers

Standard 1: the organisation holds a voluntary register of people in health and/or social care occupations

- 1.1 There were no significant changes reported or noted in the past year. ACC have reported an increase in registrant numbers.
- 1.2 The Authority found that this Standard continues to be met.

Standard 2: the organisation demonstrates that it is committed to protecting the public and promoting public confidence in the occupation it registers

- 2.1 There were no significant changes reported or noted in the past year.
- 2.2 The Authority found that this Standard continues to be met.

Standard 3: risk management

- 3.1 ACC supplied an updated risk matrix with its annual review application. When comparing the risk matrix to the one submitted last year, the team noted that the ACC had added a new risk, risk 20, unspent convictions. ACC note relevant mitigations which include following the *Ethics and Practice Framework*, specific legal requirements of work places and members being willing to undergo Disclosure and Barring checks where necessary. ACC reported that it has set up an internal panel to review any reported unspent convictions regardless of where the declaration comes from. The panel will be formed of the Chair, the Director of Counselling and Psychotherapy and one other Board Trustee. The panel doesn't have specific criteria for the assessment of the impact of unspent convictions, however will consider the relevance of the conviction to the practise of counselling, the character of the registrant and the risk to the public. This is discussed further under Standard 11.2.
- 3.2 The Authority noted that risk 2c (disrespect for client autonomy) appears to be increasing, with an inherent risk factor of 2 (likelihood 1 and impact as 2) and a residual risk factor of 4 (likelihood 1 and impact as 4). The Authority asked if the ACC had considered any further actions it could take to reduce this risk. ACC reported that it 'considers that an enhanced risk to us [ACC] as a counselling body relates to registrants who practice at the interface between counselling and Christianity. To mitigate against this, we [ACC] plan to produce a set of competencies for practicing counselling with a Christian Worldview.' ACC plan for this to be achieved in 2020 and have in the meantime published articles in its magazine Accord including The Power Dynamics of Working within your own Tribe (Autumn 2018) and Religious and Spiritual Competencies (Spring 2019). ACC reported that it is also reviewing its ethics and practice statement in 2019.
- 3.3 The Authority found that this Standard continues to be met.

Standard 4: the organisation demonstrates that it has sufficient finance to enable it to fulfil its voluntary register functions effectively including setting standards, education, registration, complaints and removal from the register

- 4.1 There were no significant changes reported or noted in the past. As part of its due diligence, the Authority reviewed records from Companies House and noted that ACC appears to be financially sustainable.
- 4.2 The Authority found that this Standard continues to be met.

Standard 5: the organisation demonstrates that it has the capacity to inspire confidence in its ability to manage the register effectively

- 5.1 There were no significant changes reported or noted in the past year.
- 5.2 ACC reported that it has begun a review of its conflicts of interest policy to be presented to its Board in June 2019.
- 5.3 In addition to the conflicts of interest policy, the Board also requested a policy and procedure for managing situations where trustees disagree with board decisions and an improved recruitment process for trustees. This would include interviews and the discussion of potential conflicts of interest before standing for election. These will also be put before the Board in June 2019.
- 5.4 The Authority request that if updated, the ACC send copies of the conflicts of interest policy to the Accreditation team once agreed by the Board.
- 5.5 The Authority found that this Standard continues to be met.

Standard 6: the organisation demonstrates that there is a defined knowledge base underpinning the health and social care occupations covered by its register or, alternatively, how it is actively developing one. The organisation makes the defined knowledge base or its development explicit to the public

- 6.1 There were no significant changes reported or noted in the past year.
- 6.2 At the last annual review, the Authority issued the following Recommendation: ACC should improve the provision of information about the development of its knowledge base for counselling to the public.
- 6.3 ACC reported that this work is in progress but has not been completed due to resource constraints. ACC has launched <u>Accord Extra</u> which is available to the public on its website. It is a place where 'spill over' articles from the printed <u>Accord</u> magazine can be published and will be a space where longer research articles relating to Christian counselling and faith in counselling can be published.
- 6.4 ACC continue to publish its *Accord* magazine which is available to both its members and the public through a subscription. Each addition has a specialist theme and contains articles from academic research, literature reviews and counsellors with a deep knowledge of a specific area.
- 6.5 ACC noted that it plans to write a bespoke piece for the website which will include extracts from relevant text and provide a bibliography for those who want to know more. How this is presented will be influenced by the work ACC is doing, looking at its branding.

6.6 The Authority found that the Recommendation had been considered and that the Standard continues to be met.

Standard 7: governance

- 7.1 ACC reported that its Executive Chair had stepped down in February 2019. ACC has confirmed that the Chief Executive role will no longer be combined with the role of the Chair. ACC has recruited a new Chair and elected a new Deputy Chair, both of whom took up their roles in February 2019, the previous Executive Chair remains a member of the Board, details of the Board members are published on ACC's website. ACC noted that it will be reviewing its structure and looking at the possibility of recruiting a Chief Executive. The Chair is assuming the responsibilities of the Chief Executive until this decision has been made. ACC intend for this review to be completed by the end of 2019.
- 7.2 ACC noted that three members of the Board resigned over the past year.

 ACC's Board now consists of seven members, one of which is lay. ACC confirmed that it is currently recruiting for new Board members with the aim of completing current interviews by the end of April 2019.
- 7.3 ACC confirmed that its governance documentation states that a quorum of three Board members is required for decisions to be made. There is no requirement for lay representation to form the quorum on the Board. However, the Register Advisory Panel (RAP) which oversees the register has a majority of lay people.
- 7.4 ACC reported that it plans to put a development training programme in place for the Board over the next 18 months.
- 7.5 ACC has created the Training Development and Accreditation Committee (TDAC). This was formed from the Accreditation Committee and the Training and Development Committee. Meetings are attended by the Director of Counselling and Psychotherapy, the Registrar, the lead assessor (or deputy) and between four and six ACC members who have expertise and experience in training and/or accreditation. The TDAC meets four times a year and reports to the Board through the Director of Counselling and Psychotherapy. The terms of reference for the group lay out the key responsibilities which include:
 - Design, development and review of registration, accreditation and audit processes
 - Formal approval of accreditation application outcomes
 - Monitor audit processes
 - Contributing to the guidelines for good practice in counselling especially in relation to insurance, supervision and CPD
 - Assessing and monitoring the quality of counselling training courses which are Recognised or Approved by ACC.
 - Identifying training needs and contributing to the delivery of CPD and other national training events – especially in support of the safe integration of Christianity and Counselling

- Forming supportive relationships with ACC's counselling training affiliates
- Liaising as appropriate with core training accrediting bodies, for example CPCAB, Open College Network etc.
- Keeping informed about regulatory and other changes and developments that impact on the practice of counselling in the U.K. This includes monitoring what is happening in other professional counselling bodies.
- 7.6 ACC reported on the stakeholder engagement activities it has carried out over the past year to raise awareness of ACC and the programme. These include: training events working with a range of organisations such as Place2Be, radio interviews with Christian broadcasters and taking part in the groups such as the All Wales Spirituality Health and Wellbeing Group.
- 7.7 The Moderator reviewed the information presented under Standard 11 relating to the organisational complaint handled by ACC. The Moderator requested that a targeted review of ACC's financial governance arrangements be carried out under Standard 7.
- 7.8 The Authority subsequently obtained further information from ACC. It confirmed that the ACC is a Private Company Limited by Guarantee. ACC's Memorandum of Association (dated 23 April 2008) published on the Companies House website provides clear information about the ACC Board's responsibilities with regards to how it can handle excess funds. The ACC acted in line with its Memorandum of Association when it decided where to allocate the funds. ACC also confirmed that it is a registered Charity and acted in line with the Charity Commission regulations.
- 7.9 The Authority noted that ACC had engaged an independent investigator to investigate the complaint and that the investigator had suggested a number of recommendations which have been taken on by the Board. The Authority noted that some of these recommendations are related to this Standard and requested that the Accreditation team review the actions taken by ACC in response to the independent investigator's recommendations at annual review.
- 7.10 The Authority found that this Standard continues to be met.

Standard 8: setting standards for registrants

- 8.1 ACC reported that it has updated its supervision guidelines to improve their layout and readability. These set out ACC's recommendations for its supervision requirements for each registration grade.
- 8.2 ACC has also agreed eligibility criteria for addition to the 'find a supervisor' facility. The criteria include:
 - a) a supervisor is recognised if they have minimum of 450 hours of supervised counselling practice and have a supervisor of their supervision practice.
 - A supervisor is qualified if they have evidence of undertaking a qualification in supervision at diploma level and accumulated 60 hours of supervision practice.

- c) A supervisor is accredited when they have gone through ACC's accreditation as a supervisor.
- 8.3 The Authority asked ACC whether it had policies and procedures around whistleblowing and duty of candour. ACC confirmed that it did not 'have guidance on whistleblowing and Duty of Candour for our registrants other than what is stated in our ethics and practice policy. We do have an invitation to fill out a Feedback Form on the Complaints section of the website which invites concerns to be raised about a counsellor with us. However, this has never been used. A more formalised concern process was suggested by Director of Counselling to RAP. The panel felt that there was an unacceptable risk associated with allowing registrants or other counselling professionals who are not registrants of ACC (e.g. supervisors) to raise issues about ACC registrants without them also being willing to go through the complaints process. This is because of the risk of malicious reporting. ACC are open to discussion with the Accreditation team about whether our registrants would benefit from such a policy and procedure and how the risks associated with its introduction can be mitigated against.'
- 8.4 The Authority reviewed ACC's Ethics and Practice framework and noted that paragraph 5.5.4 states that 'members will challenge incompetence or malpractice on the part of others whenever they become aware of it' and that section 6 details the personal qualities expected which include honesty'
- 8.5 The Authority considered ACC's response and noted that it is good practice to have guidance covering whistleblowing and duty of candour. The Authority decided to issue the following Recommendation: the ACC should consider developing guidelines for its registrants about whistleblowing and duty of candour. (Recommendation 1)
- 8.6 The Authority found that this Standard continues to be met.

Standard 9: education and training

- 9.1 There were no significant changes reported or noted in the past year.
- 9.2 The Authority found that this Standard continues to be met.

Standard 10: management of the register

- 10.1 ACC reported that it has updated its checks for new applicants to the register following a recommendation made by the RAP. ACC now check the professional and Christian identity of all applicants by emailing the applicant's supervisor, or counselling tutor if newly qualified, and their Christian sponsor. This is in addition to the qualification, insurance and safe practice declarations.
- 10.2 ACC has updated its *Continuing Professional Development Guidelines*. The minimum number of hours a registrant is expected to do to maintain their registration. With registered and accredited counsellors expected to complete 25 hours a year and registers and accredited supervisors expected to complete 30 hours a year, with the additional five hours relating to their supervision practice. The guidelines include the types of activities that could be included in a registrant's CPD.

- 10.3 The team noted that the *Continuing Professional Development Guidelines* mention the possibility of audit, but that they are silent on the consequences of not complying with the CPD requirement. The team asked whether the ACC had considered if it should include a section within the *Continuing Professional Development Guidelines* about the consequences of not complying. ACC responded that 'on application and renewal registrants have to commit to undergoing 25 hours of CPD per annum. ACC's IT application system prevents a registrant being renewed until their insurance and CPD are validated. Registrants are required to upload a log of CPD activities and the Registrar checks that these amount to 25 hours and are broadly relevant to the scope of counselling practice and are within the guidelines. Any queries are raised with the registrants on a case-by-case basis and referred if necessary to the Director of Counselling. The registrant's membership is renewed only when the CPD is judged to be satisfactory.'
- 10.4 ACC noted that it did consider placing something in the CPD guidelines when they were re-drafted about the consequences of failure to meet the 25 hours requirement. However, the ACC 'could not formulate a simple framework of consequences for failure to complete all 25 hours, or to undertake CPD that lacked relevance or other breach of the policy. There were too many potential scenarios. The way we resolved this issue was to ask registrants to contact the Registrar if they believed that there would be an issue fulfilling the requirement in any given year.' ACC reported that it is happy to include an additional sentence to state clearly that renewal is contingent on evidencing 25 hours of CPD.
- 10.5 The Authority noted that ACC carries out an audit on a sample of registrants at annual renewal each year and that it requires registrants to comply with its CPD policy to remain registered. It is important that registrants comply with the register's requirements and that the register enforces them. The Authority decided to issue the following recommendation: the ACC should consider adding the consequences of non-compliance with CPD into its CPD policy. (Recommendation 2)
- 10.6 ACC reported that it had updated its audit process and documentation. Following a recommendation from the RAP, ACC reduced the proportion of registrants that are audited every year from 20% to 10%. Registrants are randomly chosen for audit and given 12 weeks from the date of notification to submit their audit to ACC. As part of the audit, ACC require its registrants to:
 - a) detail and reflect on annual CPD
 - b) set out plans for professional development for the coming year
 - meet with their supervisor to discuss CPD element of the audit and undertake a review of other aspects of their practice such as record keeping, data protection and arrangements in case of sudden illness
 - d) confirm their Christian identity
 - e) Send completed forms with required signatures, copies of CPD certificates and an in date professional indemnity insurance certificate.

ACC's Accreditation team will review the audit and produce an audit record that is kept with the registrant's membership record. If the audit is

unsatisfactory the registrant will be provided with feedback and given time to resubmit. If the issues remain after resubmission, ACC will consider whether this constitutes a breach of their Ethics and Practice guidelines and therefore whether a fitness to practice complaint needs to be raised. ACC produced guidelines for its registrants detailing its audit process. These are sent out with the notification and the required forms.

10.7 The Authority found that this Standard continues to be met.

Standard 11: complaints and concerns handling

- 11.1 There were no significant changes reported or noted in the past year.
- 11.2 As noted under Standard 3, ACC reported that it has formalised the process by which it assesses the risks relating to registrants who notify the ACC of a complaint made against them in a relevant professional body or when a registrant declares that there have been legal proceedings against them. When this occurs, ACC will convene an internal panel consisting of the Chair, the Director of Counselling and Psychotherapy and another Board member. This panel meets at each stage of the complaint, for example when notified and when the outcome is available from the other body. ACC confirmed that it would follow the outcome of another Accredited Registers complaint unless in exceptional circumstances, where the ACC may decide to choose a different sanction. ACC will be documented this with its policies. ACC expect this to be agreed by the Board in June 2019.
- 11.3 The Authority requests that copies of the policy be provided to the Accreditation team once agreed by the Board.
- 11.4 ACC reported that it received two complaints against registrants in the previous year. ACC confirmed that it reviewed the complaints to ensure that the issues raised did not constitute a risk to public protection.
- 11.5 The Authority reviewed the <u>complaints procedure</u> and noted that it was not clear what actions the ACC could take to informally resolve a complaint. The Authority considers that it is good practice to resolve complaints through early resolution where appropriate, and that this should be clearly documented within the policy. The Authority decided to issue the following Recommendation: the ACC should clearly document its procedure for early resolution of complaints within its policies and procedures. (Recommendation 3)
- 11.6 The Authority also noted inconsistencies between the complaints procedure and the Complaints guidance for clients. For example, the complaints procedure states that 'the Executive Chair may after consulting with the RAP suspend a counsellor pending investigation, the RAP does not appear to have any other role within the process. Within the guidance for clients that is linked to from the complaint procedure, it states that when the complaint is formally received it will be referred to the RAP to decide about how to proceed with the complaint.'
- 11.7 ACC noted that 'we are aware that there are inconsistencies and inaccuracies in our published complaints policies and procedures. As a result, ACC are reviewing these with a view to presenting revised procedures and policies to

- RAP in May and to the Board in June. ACC will update our website once the new policies have been agreed.'
- 11.8 The Authority requests that copies of all the updated policies and procedures are sent to the Accreditation team once they have been agreed by the Board.
- 11.9 ACC reported that it had received one complaint against the organisation in the past year. ACC appointed an independent investigator to investigate the complaint who provided ACC with a report. ACC reported that none of the allegations were upheld but that the investigator did make some recommendations which have all been accepted by the Board.
- 11.10 ACC reported that it is also reviewing its organisational complaints policy procedure. This is due to be put before the Board in June 2019. In addition, the Board indicated that the review should include the grievance policy and procedure, guidance as to when the grievance of organisational complaints policy should be used and an alternative procedure if the complaint or grievance is against the Chair.
- 11.11 The Authority requests that if updated, the ACC send a copy of the finalised organisational complaints policy and procedure to the Accreditation team once agreed by the Board.
- 11.12 The Authority found that this Standard continues to be met.

Share your experience

12.1 The Accreditation team did not receive any responses to the invitation to share experience and did not receive any concerns about ACC during the accreditation year.

Impact assessment

- 13.1 ACC reported that it has increased its registrant fees from £126 to £130. ACC also noted that it will reduce the cost of accreditation for registrants who have completed a satisfactory audit within the previous 12 months in acknowledgment of the work involved.
- 13.2 The Authority noted the fee increase and took account of the impact of its decision to re-accredit.

Equality duty under the Equality Act 2010

- 14.1 ACC noted its continued involvement in the Memorandum of Understanding on Conversion Therapy (MOU2) that is supported by a number of the Accredited Registers. ACC reported that its Deputy Chair was selected to Chair the MOU2 Training sub group and that the Director of Counselling and Psychotherapy has been part of a panel at a conference looking at faith and identity.
- 14.2 The Authority noted the continued involvement of the ACC in this project. The Authority had regard to its duty under the Equality Act 2010 when considering the application for renewal of accreditation.