

9. CONCLUSION

- 9.1. The practitioner survey confirmed that much good practice was taking place and that many counsellors were seeking to improve their practice. However, the evidence suggested that a significant proportion of the practitioner workforce had received limited training and preparation to undertake counselling. Evidence from the small sample of service users indicated that some poor practice existed.
- 9.2. The results of the literature review, surveys, and contributions from the reference group and other sources confirmed the need to build public confidence in counselling and similar forms of psychological intervention. This can be achieved by promoting high quality professional practice, which is competent, ethical and verifiable. The introduction of statutory regulation, stringent recruitment arrangements, encouragement of widespread accreditation, improvement of training, supervision and monitoring standards and the promotion of good evidence-based practice will be important components in the achievement of this objective.

10. RECOMMENDATIONS

All of the Report's recommendations are listed below, not in the order in which they appear in the text but grouped where they relate to each other. Each recommendation is referenced to where it appears in the text.

1. All counsellors and psychotherapists should be subject to statutory regulation and registration. (2.20)
2. The statutory arrangements for the regulation of all counselling and psychotherapy practitioners under development in Great Britain should also be introduced here. (8.5)
3. Agreeing a set of common national standards will be a core task for the new statutory regulation body. Until it is established, all practitioners should work to the existing standards and codes of ethics and practice of the current professional bodies and continue to evaluate their practice against these standards. (6.8)
4. Pending the introduction of statutory regulation, all counselling and psychotherapy organisations and lone practitioners should be affiliated to a recognised professional body that promotes codes of ethics and practice and provides an independent complaints procedure. (3.21)
5. In anticipation of statutory regulation, all practitioners should seek appropriate qualifications and accreditation with a professional organisation of their choice, such as the British Association for Counselling and Psychotherapy (BACP), the Irish Association for Counselling and Therapy (IACT), the Association of Christian Counselling (ACC), the United Kingdom Council for Psychotherapy (UKCP) or the Irish Council for Psychotherapy (ICP), to enable them to independently validate their competence. (3.6)
6. In anticipation of statutory regulation, all counselling and psychotherapy organisations should ensure that their practitioners possess or are pursuing appropriate qualifications and accreditation with a professional organisation such as BACP, IACT, ACC, UKCP or ICP, as a means of securing minimum standards for a quality service. (5.4)
7. Organisations should review the continuation in practice of unqualified counsellors or psychotherapists not intent on seeking qualification or accreditation. (3.7)
8. Course content and titles need to be rationalised, clearly indicating whether a course prepares graduates for competent practice on graduation. When established, the statutory regulating body will set the criteria for qualification and practice. In the meantime, training organisations should collaborate to establish where each course fits into an agreed qualifications framework. Trainers must

- provide students with explicit guidance concerning the level of practice-competence attainable on completion of every course. (4.7)
9. There should be wider availability of accredited courses locally. Training providers should examine the standards of their current practitioner courses and plan to meet the accreditation standards required by BACP or IACT. (4.4)
 10. All practising counsellors and psychotherapists must undergo regular supervision. The duration of supervision should be in proportion to the volume of client work undertaken and the experience of the practitioner. Supervisors should be practising and experienced counsellors or psychotherapists. Supervision practice should conform to the BACP or IACT codes of ethics and practice for supervision. (4.16)
 11. All courses that include client work must ensure that satisfactory supervision arrangements are in place for all students. Supervision practice should conform to the BACP or IACT codes of ethics and practice for supervision. (4.12)
 12. Statutory regulation will impose minimum training and qualifications criteria for practitioners. Until regulation is in place, employers of counsellors and psychotherapists must ensure that recruitment arrangements are stringent, that the background of successful candidates is checked and that new practitioners can produce satisfactory evidence of their competence. Employers should ensure that only therapists whose qualifications and experience meet the training and supervision standards set out by the relevant professional organisations, are eligible for appointment. (2.23)
 13. Organisations working with children should be subject to the Pre-Employment Consultancy Service (PECS) and any new arrangements within the terms of the *Protection of Children and Vulnerable Adults Bill*, due to be brought forward in 2002. Practitioners must have a child protection policy that is compatible with local child protection policies and a complaints procedure that is easily accessible to children. (3.12)
 14. Organisations without indemnity cover should address this shortcoming as a matter of urgency, in anticipation of future statutory regulation requirements. (3.22)
 15. Organisations employing counsellors and psychotherapists must maintain full and accurate records on the background, experience, qualifications, accreditation status and supervision arrangements of all practitioners (5.5)
 16. Service users should be encouraged to enquire about their prospective counsellor's or psychotherapist's qualifications and to use only those practitioners who subscribe to the professional bodies' recognised codes of ethics and professional practice. (6.9)

17. Practitioners should always negotiate and draw up a clear contract with their clients, preferably in writing. The *BACP Code of Ethics and Practice for Counsellors* states that the terms and conditions on which counselling is offered should be made clear to clients before counselling begins. Subsequent revision of these terms should be agreed in advance of any changes. (2.7)
18. All practitioners must provide written information for service users that outlines key information concerning contracts, charges, proposed length of contact, complaints procedures, the practitioner's qualifications, accreditation status and details of how to contact an independent accreditation body in the event of an unresolved complaint. (6.10)
19. Prioritisation of waiting lists should be adopted as a policy by all organisations and implemented by all counsellors and psychotherapists. (3.18)
20. Practitioners should ensure that their practice is evidence-based on the latest published outcomes of research studies that are appropriate for their client's assessed needs. (2.10)
21. Health and social services and other statutory service providers of free counselling and psychotherapy services should ensure that a quality service is easily accessible, particularly to those individuals without the means of access to private services. (2.14)
22. Organisations which offer or fund befriending services must ensure that these services meet basic standards to warrant the safety of service users and the confidence of those making referrals. (7.10)
23. Given that 72% of the organisations surveyed for the Review deal with Troubles-related problems, these organisations should ensure that their practitioners receive specialist training for this sensitive area of practice. Organisations should ensure that practitioners are well supported and supervised in this work. Trainers should ensure that courses for work in this area are evidence-based and reflect currently accepted best practice. (7.7)