



Counsellors Together UK is an organisation which dedicates itself to understanding and addressing the inequalities which exist within the counselling and psychotherapy profession. Since its inception in 2017, Counsellors Together UK has become increasingly aware of the deeply ingrained and complex mechanisms which perpetuate a culture of volunteerism. As this knowledge unfolded, it became clear that it was not an issue with a singular source but one which was a series of institutional and systemic factors working dynamically to maintain the status quo.

At the point of inception the nature of these processes and how they worked together were unnoticed. Much of the profession bought into an ideal of professional 'success' as dependent on personal responsibility rather than the ability to access the systems which support progression and professional status.

Counsellors Together UK's work has been to make the unknown known. This started with discussions amongst a small group of counsellors and has grown into being the UK's largest counsellors campaign group with over 7700 members. We work across multiple levels of the sector as well as operating within the political arena to affect change and increase knowledge of equality issues within counselling and psychotherapy.

At the end of 2020 CTUK launched a survey to map the current financial landscape in the counselling and psychotherapy field, looking at the impact of Covid-19 and respondents' sense of how the financial landscape is changing, including how SCoPEd will affect their working lives. The aim of this study is to stimulate a debate about the financial situation of counsellors and psychotherapists across the UK and build the work of CTUK.

The survey and its analysis was carried out on behalf of CTUK by Dr Elizabeth Cotton, an academic and founder of Surviving Work, who has authored this report. The survey was made up of 23 questions including multiple entry and open comment questions and had 1265 respondents. All responses are fully anonymised and have been securely stored in line with GDPR regulations.

The first section of this report gives an overview of the survey results and, where appropriate comparative data from the UK to underline the specific characteristics of the financial issues for workers in the counselling and psychotherapy profession. The second section of this report looks at the impact of SCoPEd on the future of training and work. In the third section we raise some future workforce issues that will have a long term impact on this financial landscape including the impact of digitalization, working conditions and wages, ethical practice and the organizing challenge ahead.

Current research and data about the UK's employment relations landscape has been included to provide some context and additional sources of information for readers.



# Survey Respondents

Respondents  
ages were spread  
across the 35-65  
years range

89% are qualified  
counsellors or  
psychotherapists

28%  
identified as  
disabled

Our survey  
had 1265  
respondents

79% of  
respondents  
are women

77%  
identified  
as white  
British

25% are  
single & 50%  
married

## The Financial Data

**5% have  
no work**

**63% are  
self  
employed**

**64% of  
respondents are  
BACP members**

### Unwaged work

25%  
8%  
2%  
1%

1-4 hours  
5-9 hours  
10-14 hours  
30+ hours

**30% can't see a  
future earning a  
living as a counsellor  
or psychotherapist**

4% of trainees & 3%  
of working  
counsellors have  
accessed food  
banks

**Gross Weekly Income**  
**30% earn £0-99**  
**Over half earn less  
than £400**

**14% of  
respondents  
are on  
income  
based  
welfare  
benefits**

**51% of  
respondents  
work  
part time**

30% of respondents  
make their main income  
outside of counselling &  
psychotherapy

# The Financial Landscape

"As the sole earner I can't risk going self employed in private practice as it would take a while to build up and I need a regular income"

"No food banks but my grocery shopping has to be limited to £50 a month to meet all the other costs"

"I say I make a living but I am used to living in poverty. This is the first financial year that I am likely to cross the tax threshold and after 15 years as a therapist, trainer, supervisor and writer, with an excellent reputation and solid caseload, I am only now about to make what I call a decent living"

"I was providing in depth trauma work for around £13 an hour - I worked part-time for this charity for 15 years and the wages increased very little over this time"

"I used a foodbank once over Christmas. This was also due to my partner being furloughed and his wage dropped significantly"

**"The whole volunteering system is a pyramid scheme which is unethical and exploitative"**

"COVID has hit me hard. I lost half my income but didn't qualify for any of the government support as I haven't been self employed long enough"

"I am earning the same amount for my EAP work that I received 20 years ago and in some cases more than I do now"

"At one point I relied for 3 months on European jobseeker's allowance to make ends meet. Sometimes this meant eating two full-fat Greek yoghurt pods for £1 each instead of lunch"

"I am a middle class white woman whose husband is the main breadwinner. I regularly read derisive comments implying that women like me can afford to volunteer or encounter assumptions that counselling is some sort of hobby. My family have zero disposable income, no holidays, and we scrimp and save for basics"

"I am currently paid less as a counsellor in the NHS than in my other unqualified position with adult mental health services"

"I fall into the 'just-about-managing' category. I don't have debts and have never used food banks (yet) but I am only just getting by and I have nothing left for savings"

# The Cost of Training

"The financial outcomes/prospects are so poor I feel uncomfortable suggesting anyone choose this profession, yet it is so needed and I love what I do. It desperately needs to change.s"

"If I am struggling to support myself while training at the lowest level in the ScoPEd framework and struggling to pay for all the associated costs just to be in Level A then how is anyone in a more difficult financial situation expected to join the profession?"

**"I literally went hungry to pay course fees, supervision etc"**

"I am very concerned about diversity in counselling and believe ScoPEd is making existing barriers to entry much worse. I am not sure I would have embarked on counselling training if I was aware of the full costs involved and the volunteering expectation post-qualification although it was/is a calling. I knew courses with more training hours than L4 were financially out of reach for me. "

"I feel that the goal posts for getting paid work seem to get further away. I am curious to why a level 4 is classed as a qualified counsellor by the exam board but not by employers."

**"It is problematic that counsellors qualify and are expected to work for free as volunteers before they have any hope of paid work. No other profession works this way. We will continue to see a high proportion of middle class women training as counsellors as they are the only ones who can 'afford' to put time into a career path that doesn't pay."**

"I feel despair that I have invested years of my life and thousands of pounds in a career that I love only for it to be devalued through scoped. Training as a counsellor was more affordable for me, but it still took about a decade of living very frugally, repaying debt and working a main job while volunteering as a professional counsellor."

**"How many other professions have to undertake 100+ hours of unpaid work? Usually travel and supervision cost aren't paid for. Many places expect you to stay on as a volunteer after qualifying, for 'more experience' - I don't think we value ourselves as a profession."**

"I worked in a restaurant to fund my training and they fed me. I am not sure if I would have had to use a food bank if food was not provided for me as part of my contract."



# Debt

"I relied on my partner/his family not asking for rent to be able to pull this off which, in addition to being a migrant, was very stressful and made me feel extremely vulnerable"

"I managed training costs from a small inheritance in my 50s. I ended up using most of my savings, am semiretired but will have to work into my 70s to rebuild savings."

"I have lived at my parents since March 2020, on very limited rent. This is literally the only time I have ever been able to save money in this climate. It is impossible, when living alone, paying rent, on minimum wage or benefits, to save this much money for training."

"I had to move back to live with my parents because I ran out of money - this was catastrophic for my mental health. Paying for training set me back a decade in terms of being able to move on personally in life"

"Being a widow with a child to support, I ended up putting all costs associated with the training on a credit card."

**"51% of respondents went into debt while in training and 30% while working"**

"I had to carefully consider if the amount of debt was worth it to pursue the career I wanted"

"Starting out meant that I was spending more than I brought in as I had no job at all during the pandemic lockdown in 2020"

"Training, Insurance, CPD, Supervision and Professional Bodies membership fees- all due even when income dropped. Universal Credit does not accept these professional expenses as essential business costs. This is a huge problem for therapists who become ill or unable to work."

"If I did the amount of training I was meant to and would like to...I would be in debt"

"I was lucky as I inherited some money whilst training. Otherwise I would have been in debt."

"I am in debt now because I have been paying for personal counselling and supervision. I've not been able to work from my other non-counselling work for three weeks."

# Unwaged Work

"I do some volunteer / bank work (when this is available) for a charity. I qualified 12 months ago and I am trying to work some hours up at the moment however I have no clients as they are giving their students priority when allocating new clients"

"I have 2 placements. I am currently working 6 hours but this could go up to 8 or beyond once all assignments are handed in."

"I work at a charity on their free counselling service. I am trying to switch to their private practice offering as it's 18 months since I qualified and I still have to pay them a monthly £40 fee for supervision (I am not allowed to use an external supervisor). I would like to be paid for my work."

## Unwaged Weekly Hours

25%	1-4
8%	5-9
2%	10-14
1%	20-24
1%	30+

"I had to give up my volunteer work as could no longer finance the travel cost and supervision"

**"I can't seem to get paid work"**

**"Having done 160 hours of volunteer work during training. I now need to earn some money."**

"I've thought about volunteering during the pandemic but felt this undermined the need to be paid, as I can see wages are going down and roles are being down graded."

**"Realistically might have to volunteer in order to get paid work in another 'niche' - you get pigeon holed into whichever specialist area you volunteered on when training"**

"I worked for 2 years unwaged 18 hours per week. I quit because of the need for financial stability but still volunteer in a community group in a mental health capacity for 4 hours a week."

"Between 2015 and 2020 I worked 25+ hours a week as a volunteer supporting people with mental health problems, however it was unstructured and largely unsupervised"

"I spent a short period working as a volunteer for a charity where the work was supervised but I was constantly under pressure to take on additional clients. I couldn't afford to accept them."

## Gross Weekly Income 2019 & 2020/21

	2019	2020/21
	%	%
£0-99	36	30
£100-199	13	14
£200-299	13	13
£300-399	10	11
£400-499	8	10
£500-599	7	7
£600-699	3	4
£700-799	3	2
£800-899	2	3
£900-999	2	2
£1000+	3	4

## Analysis of the data

The demographics of the sector revealed a familiar picture of 79% women, ages clustered between 35-65 years with 28% describing themselves as disabled, higher than the UK national average of 18%.

There has been only a small shift in income patterns during the pandemic, with many therapists continuing to earn low weekly wages. The survey reported that 30% earn between £0-99, with over half earn less than £400 per week (gross income) which is the median earning for employed people in the UK.

This is partly explained by the high percentage of people working part-time (51%). This in turn is partly explained by the high level of disabled workers in the sector at 28%, 34% of whom work part-time higher than national average of 23% disabled workers who work part-time.

The very high levels of part time work convey a mixed picture of insecure income linked to insecure patient numbers. For many this is a situation of involuntary underemployment in private practice, supplemented by temporary work such as Employee Assistance Programmes (EAPs) and short term contracts within IAPT. However there is also a common practice of working part time in order to practice safely and manage the levels of distress experience in the consulting room. The IAPT model for example, and the digitalisation of therapeutic work all increase the intensification of work with high case loads up to 8 clients per day. Traditionally the sector has recommended a maximum working hours but there is now only a weaker set of BACP guidance that outlines the ethical issues, creating de facto a system where there is no standard maximum case loads (Therapy Today, October 2019 Volume 30 Issue 8).

There is a very high percentage of people at 63% working on a self-employed basis where weekly incomes are significantly lower and more insecure. There is also a relatively high percentage of respondents who are not working at all in the sector (5%) with 30% earning the main bulk of their income outside of counselling and psychotherapy. This is a very high percentage of counsellors and psychotherapists who have to subsidise their work through work outside of the sector or from family incomes. Connected to this 51% of respondents went into debt while training and 30% in debt while working.

Low earnings also relate to the widespread use of unwaged work within the sector. 36% of respondents work unwaged, a system that has traditionally been part of most training courses, and is a way of gaining sufficient clinical hours for membership of the psychotherapy and counselling professional bodies. The honoraries in our survey worked across the range of public and private mental health employers, including services set up to respond to the Covid-19 impact on healthcare workers. Although the largest section of unwaged work was relatively low at 1-4 hours per week this is likely to

underestimate the real cost to counsellors and psychotherapists who will in addition have to attend supervision for these clients and, if clients are not seen in the same location on the same day, consist of working for free across a number of days and therefore reducing the possibility of maintaining paid work in other jobs.

Unsurprisingly then, 14% of respondents receive income based welfare benefits with 4% accessing food banks while training and 3% while working as counsellors/psychotherapists. As a result of these financial realities, a high level of 30% of respondents cannot see a future earning a living as a counsellor or psychotherapist.

## The data in context

There is no workforce data or monitoring of working conditions for those working for non-NHS providers in the UK's mental health sector. Such data as does exist is for workers directly employed by the NHS, but, given that 63% of respondents are self employed this only gives us a partial picture of what is

happening in services. This lack of data is compounded by the reluctance of staff to talk about their working conditions, in part because of insecurity but also fear of victimisation within the profession.

This CTUK survey, and previous surveys carried out by [www.thefutureoftherapy.com](http://www.thefutureoftherapy.com), show a clear prevalence of low waged, unwaged and precarious work in counselling and psychotherapy. It is important to understand that the UK is a low wage economy defined as earning less than two-thirds of median hourly pay. The introduction of the minimum wage and the National Living Wage in 2016 has done much to decrease the percentage of people earning below minimum wage rates but in the UK the insecurity of income is the key characteristic. Low pay in relation to hourly earnings fell to 16.2% in 2019, the lowest since the ONS data collection began in 1997 with a UK average of £15 per hour. But although the percentage of people in the UK on low hourly pay is 14%, the percentage on low weekly pay is 28% indicating the significance of low numbers of paid hours/clients for counselling and psychotherapy incomes.

Despite the 'future of work' debates the image of self-employment – in the case of therapy principally related to private practice – continuously underestimates the insecurity of income that self-employed workers face. The ONS reports that self-employed workers on average earn £240 per week - approximately half the average income of their employed equivalents.

What the data shows is that the counselling and psychotherapy sector exhibits the precarious characteristics of the UK labour market such as wage insecurity, while underlining its specific characteristics, such as the scale of self-employed and unwaged therapeutic work. It is this financial landscape that must now inform the current professional debates and negotiations about the future of therapy.

# Professional Membership of Respondents

<i>Professional Body</i>	<i>%</i>
<i>BACP</i>	<i>64</i>
<i>National Counselling Society</i>	<i>40</i>
<i>Not accredited</i>	<i>13</i>
<i>Working towards accreditation</i>	<i>11</i>
<i>UK Council for Psychotherapy</i>	<i>9</i>
<i>Human Givens Institute</i>	<i>1</i>
<i>Association of Christian Counsellors</i>	<i>1</i>
<i>Play Therapy UK</i>	<i>1</i>
<i>COSCA (Scotland)</i>	<i>1</i>
<i>British Psychoanalytic Council</i>	<i>1</i>

# Professional Training

"I was homeless at 16. I worked full-time during my first degree in Psychology. Had I been middle class, I would have gone on to do clinical psychology. Had I the money I would have moved to London and done psychoanalytic training or not gone to psychology in the first place"

"I could only afford to do a university based course as I could get a student loan where the re-payment would be affordable while building a client base. Had money not been an issue I would have chosen a very different course"

"I made the decision to go to university and apply for additional student finance as I came directly from disability benefits to training and so could not afford any routes that required my paying entirely myself. I was only allowed two years of Student Finance funding and so had to crowdfund the remaining years fee"

"It feels like the goal posts are constantly being moved and it's disheartening. 4 years study with over 100 hrs of clients and over 100 hrs of personal therapy and supervision plus life experience isn't enough to get recognised as competent. Only way to get out is to pay more money to learn"

"I would have loved to have done a degree but it cost too much. I did level 4 because it cost less but I nearly quit a number of times because of all the extra costs on top"

"As a trainee in person centred who falls under working class, I find it a failure that counsellors tend to be those who are white middles class"

"My training was affordable when considering the high hourly rate that was then available – this is not the case now I have qualified"

"From the view of Rogers, that every client is accepted in their own right, we need to be making the training available to every type of trainee."

"I had to train part time to be able to afford it. I have no family or partner safety net so had to work throughout. I was not entitled to any financial support at the time with it being part time"

"It's bleak. Over subscribed therapy courses churning out volunteer counsellors that perpetuate a volunteer culture and limits professional development"

"I wasn't sure to get a psychology degree or counselling diploma. The counselling diploma was much cheaper, and I naively thought would gain me employment rather than a degree."

"I am only able to earn a living as a therapist now because my partner was earning throughout my training and in my first 5 years in practice, because we were financially able to buy a house with a room in it I can practise from, and because we could afford childcare while I was training"



## The Professional Landscape and SCoPEd

The Scope of Practice and Education for the counselling and psychotherapy professions (SCoPEd) is a proposed competency framework for setting standards for counsellors and psychotherapists to practice in the UK. This was adopted by three of the largest psychodynamic professional bodies – principally driven by the BACP, UKCP and BPC - although smaller professional bodies are currently participating in sector wide discussions about SCoPEd. Part of the regulation of therapists is to arbitrate on the 'quality' of training and clinical experience required to practice.

Although the concerns about the impact of SCoPEd are mixed and often under-represented as 17% of respondents did not feel they knew enough about it to really answer this question and 17% did not feel it would affect them. That in itself is an indicator of how important the work of CTUK in raising awareness about SCoPEd is, to make sure that the interests of all

counsellors and psychotherapists are genuinely represented within this consultation period.

For those respondents who had a view on SCoPEd 47% felt that their employability would be lower. This is a staggering scenario that is presented here where the minority who are informed about SCoPEd believe it will have a catastrophic affect on their income. Further, 40% anticipate a decline in diversity within a sector already with low representation which should raise alarm bells about the prospect of a genuine agreement to SCoPEd and the consequences of implementation.

Importantly even amongst the 64% of respondents registered with the BACP who are relatively protected from the negative impact of SCoPEd there is widespread recognition that the consequences of this system will be to create a hierarchy of

practitioners favouring psychotherapy and leading to a downgraded system of counselling.

SCoPEd is creating artificial competition between counsellors and psychotherapists, the purpose of which is to embed the need for more training and more expensive training. As a consequence, instead of protecting the thousands of highly qualified counsellors and psychotherapists from the sector wide downgrading of clinical services and jobs, the strategy seems to be one of ring-fencing the status of psychotherapists and protecting those trainings accredited by the professional bodies.

Although this system of professional membership is voluntary, SCoPEd nudges the sector towards a de facto monopolization of what remains of the psychotherapeutic sector within the three largest professional bodies leaving the widespread downgrading and 'Uberization' of mental health services unchallenged.

As the CTUK's campaign to debate the future of SCoPEd highlights, the SCoPEd proposal was passed on the basis of a

membership consultation within just three professional bodies engaging 13-15% of their memberships. Unsurprisingly now that the implications of this policy are becoming clear, the workforce has engaged critically with SCoPEd.

The major professional and training bodies have acted as a conservative force in their role of maintaining the current system of training and professional registration within the sector. There continues to be an over-supply of psychological and psychotherapeutic training, and the number of people being trained in long-term mental health qualifications has no apparent relationship to the availability of paid employment. Within mental health services approximately 45 per cent of workers will come from a mental health nursing background, but many will also have undertaken Continuing Professional Development and further training, often in counselling and psychodynamic trainings. The vast majority of psychotherapeutic trainings are self-funded, as, increasingly, are clinical psychology trainings. Despite the decline in decent jobs, the training industry continues to be robust, and it is increasingly directed towards attracting international students, and promoting a model of post-qualification working life in private practice.

The work of the child psychotherapists offers one exception to this professional landscape: some years ago they managed to secure NHS recognition and funding for their training. Although the number of trainees in the UK remains small, most trainees go into CAMHS, although some will now find work in schools. Currently, clinical roles in CAMHS are likely to be held by trained child psychotherapists, but as the funding stream is cut it is likely that these roles will be downgraded, as in adult services.

The gap between institutional training and support and the real needs of graduates in securing full-time and paid employment remains large. Universities providing clinical training have not explicitly addressed the decline in employability in the mental health sector; while the independent training bodies have not addressed the decline in UK students who can afford lengthy trainings involving years of unwaged work (apart from in the marketing of courses to international students or offering specialist and CPD courses). Moreover, critical debates about the downgrading of work and the lack of paid work are not encouraged within these institutions, for fear

of raising systemic and potentially unsolvable problems within the training model.

The professional and training bodies continue to offer the same model of professional training and development that has essentially been in place for the last thirty years. The issue of the costs of training, and the levels of honorary work involved in completing training and professional registration, is, however, the subject of an emerging internal debate, and some bodies, such as the UKCP and CTUK are attempting to develop policies around unwaged work. However, there is no radical agenda for change in response to the widespread downgrading of mental health jobs within the professional institutions.

Professional bodies attempt to contain debates within professional silos, and are reluctant to take a broader perspective on jobs in the mental health sector as a whole. Students consistently demand greater preparation for waged work and support in finding clients in private practice from these bodies, but, as with other insecure sectors - such as the creative industries -

the realities of working life are not fully addressed at an institutional level. The realities of securing paid employment with potential for progression and setting up in private practice - the main alternative to waged work - are only superficially addressed during training. This helps to obscure the financial reality that, for newly qualified counsellors and psychotherapists, self-employment offers a bleak prospect for earning a living wage.

This absence of action on the part of the psychological and psychotherapeutic professional bodies is related to the internal tension between their roles: they function both as regulators and gatekeepers of mental health work and as membership organisations to defend members' interests. None so far has taken a lead in coordinating the many organisations involved in representing mental health workers to establish a platform to negotiate wages and working conditions more broadly across the sector. Further, they have not attempted to challenge the IAPT model, but instead the BACP has attempted to dominate the promised growth in NHS jobs in response to the pandemic. Within most of these organisations

there exist outspoken individuals and networks that make important challenges to their institutions; and there is a growing acceptance by members that the protection of their professions will involve opening up to difficult debates about money and jobs.

To read the original CTUK report on SCoPEd click [here](#).

# The Emerging Landscape

"I am very lucky, I work in high schools in my area but more and more I am losing work to bigger services using trainee counsellors. I find it so upsetting"

"Your only choice is to set yourself up in private practice and this takes time to build up. Be-cause of this I have refused to take on any unpaid work but have been asked and also during lockdown 1 there were quite a few requests asking for counsellors to work for free which was very frustrating"

"It's very much leading to moneyed, white people from middle and high income homes getting into the highest jobs. I find that bizarre, when those are apparently going to be the only people equipped to work with issues of diversity, or whatever nonsense they have included for the competencies of the top tier"

"I fear far less financial security, increased costs for practice and raised prices many clients can't afford. If the answer is more IAPT then my lifetime move into the profession could be destroyed"

"I have no choice but to work for myself. I manage it because of EAP work"

"It's an expensive hobby, rather than a profession. I will never build a sustainable business in this field"

"I can earn more per hour as a dog walker than a qualified therapist working for a local private hospital in their Therapy team"

"I made a strategic decision to become BACP accredited. I felt forced into playing the game and jumped through the hoops. It was a paper based exercise purely to open up the number of counselling opportunities available to me. It has."

"I work for a charity and have a few private clients but due to the pandemic, I have been able to sign up to online services that can charge up to 50% commission on my sessions"

"Large charities provide music therapy for free by giving schools students on placement for nothing; then when organisations find out what it actually costs to pay a registered music therapist, they don't want to pay for it as it is too expensive"

"The biggest effect on working counsellors is the abundance of organisations providing counselling for free. It all sounds very noble, pious and self-righteous, but it's literally taking the food out of self employed counsellors mouths."

"At the moment, I have not had to use food banks. However this could change as my partner recently lost his job"

## The Implications for Therapeutic Work

In the UK 11.7 million people live in relative low income, 2 million officially in minimum wage jobs and 5 million working people earning less than a living wage. The growth of the 'gig economy' and widespread use of insecure work such as zero hours contracts and self-employment is the current battle line in employment relations with sustained attempts, driven by trade unions and industrial relations networks such as the Institute for Employment Rights, to rethink regulation based on a model of direct and traditional employment relationships.

The counselling and psychotherapy employment landscape will continue to be shaped heavily by the emergence of digital services, including within IAPT itself, and digital employers.

We can anticipate the emergence of large and new digital providers and online platforms as key 'employers' for counsellors and psychotherapists.

One aspect of remote working is the link to work intensification – a model of targets and performance management already

introduced through the IAPT model but significant for digital workers evidenced in research about call centres and teleworkers, a type of work organisation now much more clearly relevant to counsellors and psychotherapists. This restructuring of work raises with it issues of confidentiality, data protection and surveillance which will need to be managed both at individual and professional levels.

As the pandemic continues the issues around the safety of face to face work and the clear financial pressures for those working in private practice to return to this way of working remain in tension. Although therapy work is not alone in the difficulties of measuring and minimising the risks there does need to be an acknowledgement of the competing interests at play. Particularly with such a high level of self-employment and insecure hours of work, even if the hourly rate is relatively high, the lack of consistent income along with minimal state support

in relation to sickness or absence is going to hit this sector hard.

As the financial crisis and large scale job losses start to emerge the impact on the profession will be a double blow. The hit will be both in terms of paid jobs within the sector but also on family incomes where paid work outside of counselling and psychotherapy has subsidised working without sustainable pay. In the survey approximately 16% of respondents said they did not claim benefits because of family support which highlights the impact of job loss both direct and indirect of the pandemic and 30% earned the majority of their income outside of their therapeutic work.

One of the consequences of the Covid-19 pandemic has been the exposure of inequalities right across our society where occupation, wages and working conditions are often mapped onto class, race, sex and geography. The crisis has disproportionately affected the most vulnerable groups both in terms of health risk but also finances. The Trussell Trust recorded a rise of one third in use of food banks – although we do not

know how many people have had to regularly use food banks we do know that there have been 2.4 million referrals in 2020. Most graphically in the current housing crisis where an estimated 400,000 eviction notices will be served this year affecting a disproportionate number of low paid and part time workers and areas of the UK where there are already higher levels of deprivation.

The pandemic has exposed the possibility that in a period of crisis, a financial logic promoted by actors with the greatest financial interests will come to dominate the healthcare sector . Within the therapeutic professions this is signalled by the rapid emergence of digitalized services and the related 'Uberization' of mental health services. This fast changing mental health and wellbeing landscape means that the discussions about wages and working conditions within counselling and psychotherapy have to be more informed and explicit in order for us to navigate what is likely to be a deepening of existing professional splits.

Working at this intersection of work and vocation requires taking a view beyond our own disciplines or professional positions and engaging in debates about the future of therapy as a profoundly political project. It means seeking workforce data and clarity about the hard industrial facts of employment law, the professional debates about skills and ethics and the social science research about the future regulation of work in an emerging system of digitalization and algorithmic management. It is only through this interdisciplinary lens that the specific professional prospects for counsellors and psychotherapists can be understood and navigated.

It is widely understood that this will be a two-tier recovery where existing inequalities are exposed and deepened. It is

not a coincidence that the CTUK has carried out this survey because of its interest in the inequalities within the profession that are at play here. More importantly CTUK offers a space for counsellors and psychotherapists to raise these difficult issues, such as income and professional standing, in a way that attempts to find consensus and joint platforms for campaigning and relating to the institutions of mental health. It is this everyday work of organising and relating to people within the profession that is a matter of profound importance as we navigate through the pandemic and attempt to carve out a sustainable basis for counselling and psychotherapy in practice.



## Author Biography

Dr Elizabeth Cotton is a researcher at Cardiff Metropolitan University researching employment relations and mental health. She has worked as Head of Education for a Global Union Federation in the extractive industries and as an unwaged psychotherapist in the NHS. She is an Editor-in-Chief of the British Sociological Association's AJG4 journal Work, Employment & Society. She blogs as [www.survivingwork.org](http://www.survivingwork.org) and @survivingwk and set up a free resource for health care workers [www.survivingworkinhealth.org](http://www.survivingworkinhealth.org). She writes about the 'Uberization' of mental health services here [www.thefutureoftherapy.org](http://www.thefutureoftherapy.org). Elizabeth is a newly appointed member of the Health and Safety Executive's (HSE) Science, Engineering and Evidence Assurance Committee (SEEAC) and a Trustee of the British Sociological Association.