It's time to talk about money

Evaluating the Financial Landscape of the Counselling & Psychotherapy Sector

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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.

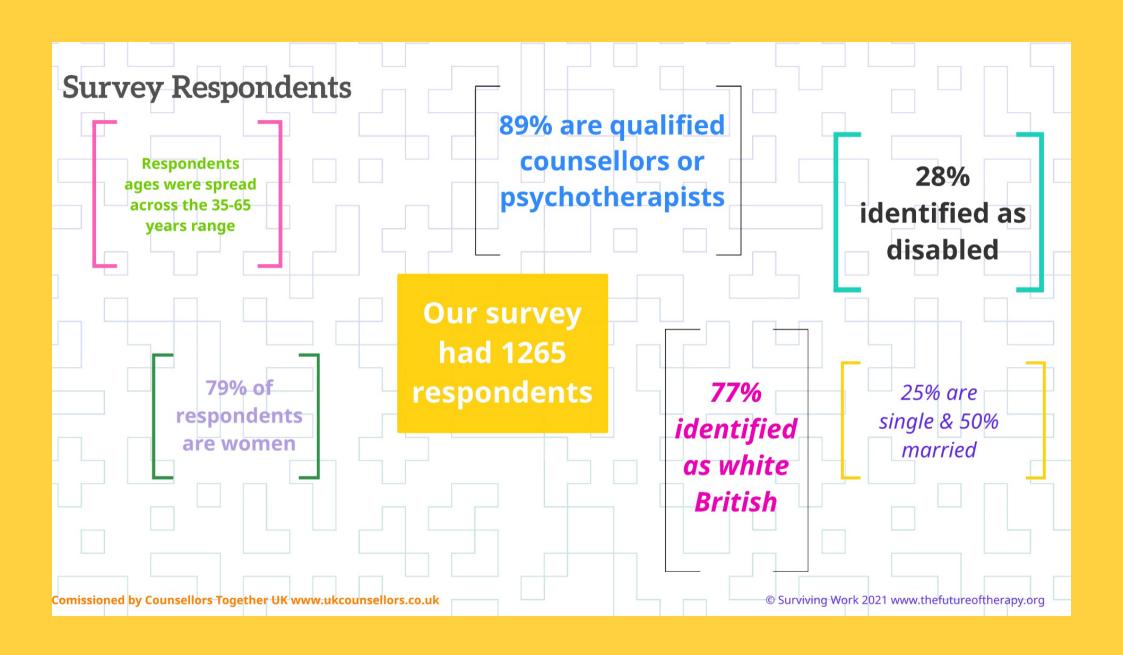
At the end of 2020 CTUK launched a survey to map the current financial landscape in the counselling and psychotherapy field, looking at the impact of Covid-19 and respondents' sense of how the financial landscape is changing, including how SCoPEd will affect their working lives. The aim of this study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

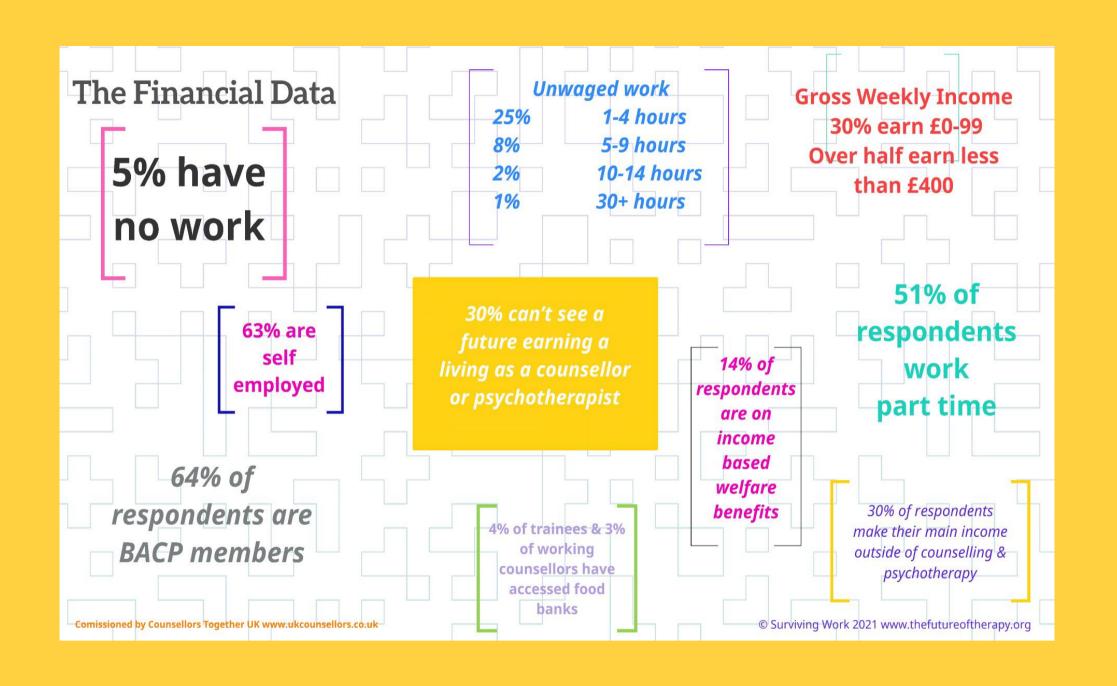
The survey and its analysis was carried out on behalf of CTUK by Dr Elizabeth Cotton, an academic and founder of Surviving Work, who has authored this report. The survey was made up of 23 questions including multiple entry and open comment questions and had 1265 respondents. All responses are fully anonymised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

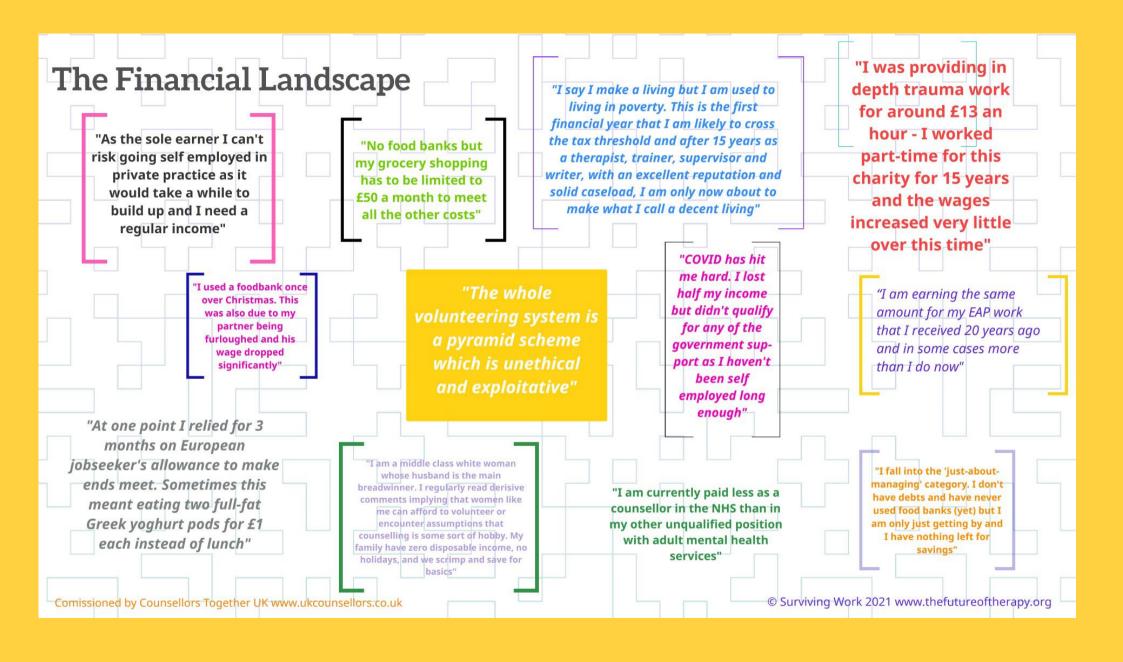
The first section of this report gives an overview of the survey results and, where appropriate comparative data from the UK to underline the specific characteristics of the financial issues for workers in the counselling and psychotherapy profession. The second section of this report looks at the impact 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.

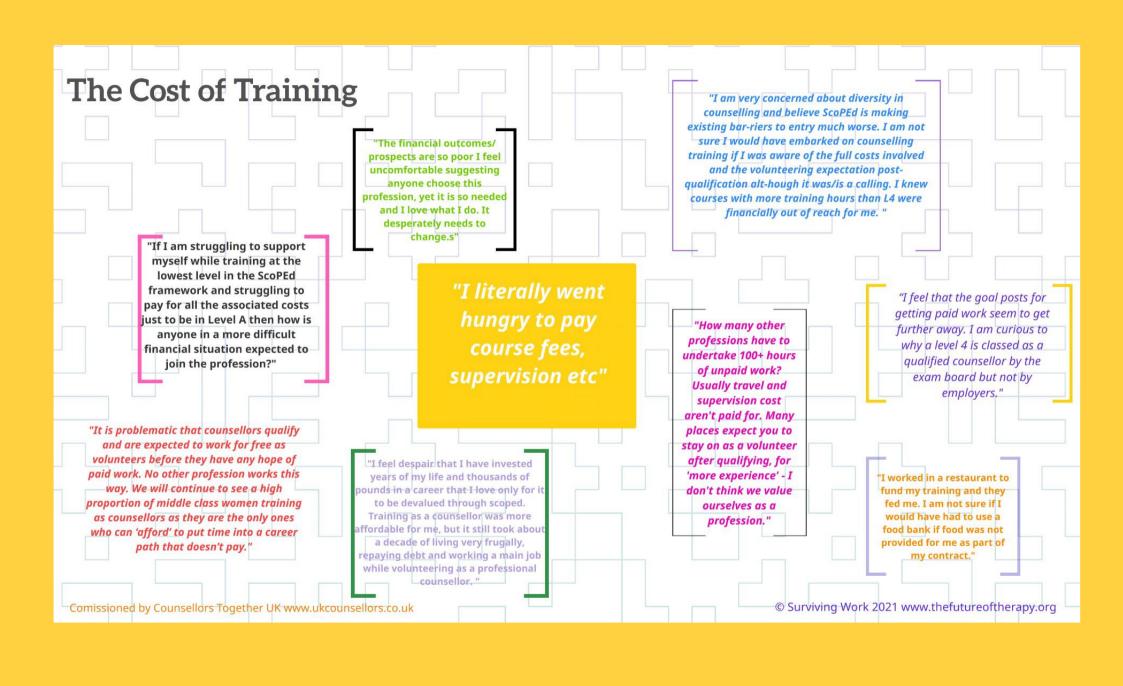
Current research and data about the UK's employment relations landscape has been included to provide some context and additional sources of information for readers.

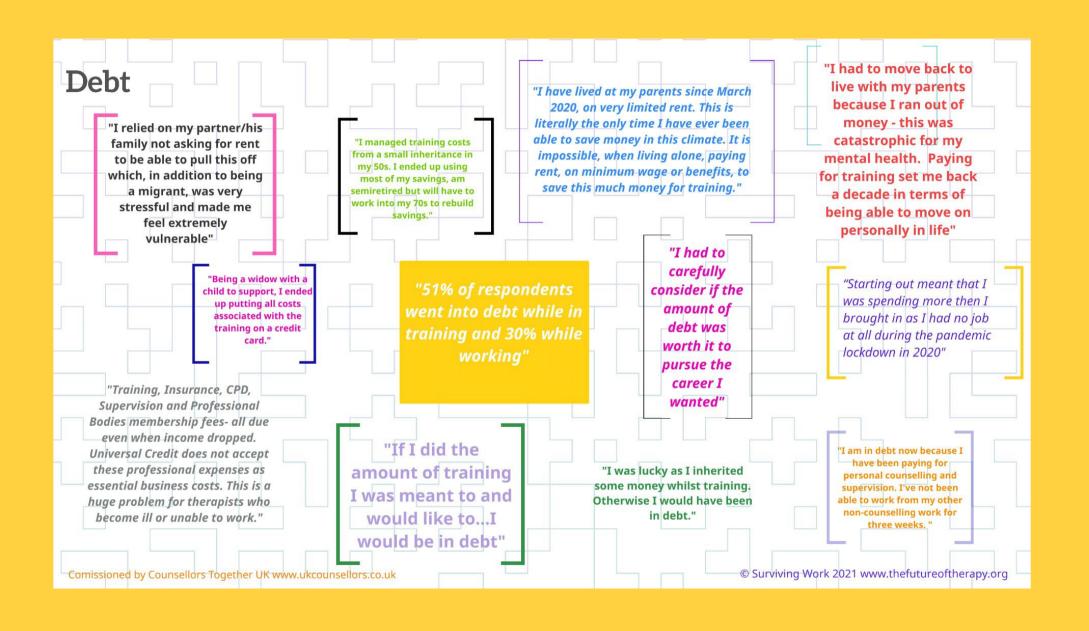


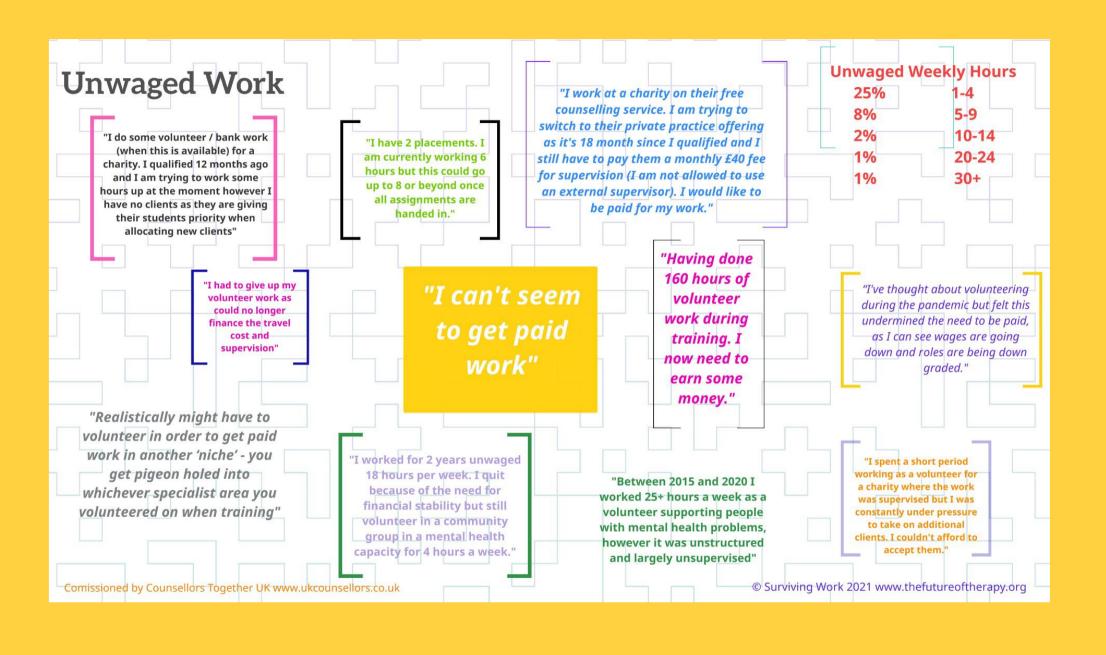














Analysis of the data

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 <u>national average</u> 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 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 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, 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 '<u>future of work</u>' 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 <u>ONS reports</u> 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 <u>scale of self-employed</u> 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 **Professional Body** BACP 64 **National Counselling Society** Not accredited 13 **Working towards accreditation UK Council for Psychotherapy Human Givens Institute Association of Christian Counsellors** Play Therapy UK COSCA (Scotland) **British Psychoanalytic Council**

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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 load 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"

was affordable
when
considering the
high hourly
rate that was
then available –
this is not the

"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."

"My training

case now I have

qualified"

"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"

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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.

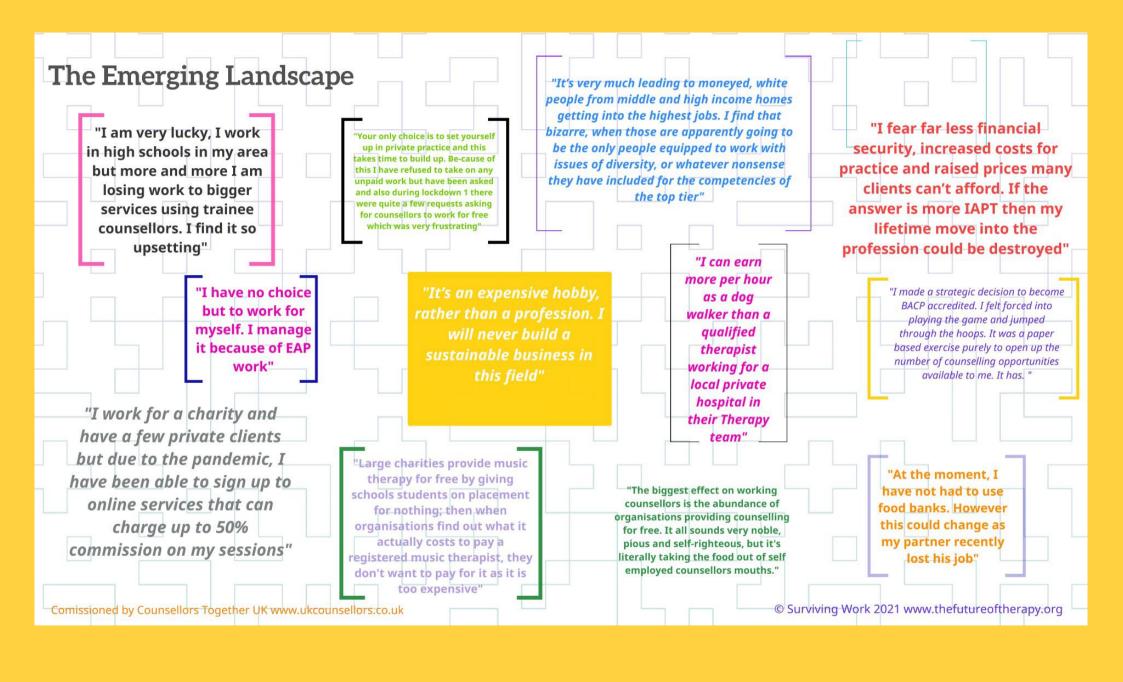
Professional bodies attempt to contain debates within professional silos, and are reluctant to take a broader perspective on jobs in the mental health sector as a whole. Students consistently demand greater preparation for waged work and support in finding clients in private practice from these bodies, 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 Implications for Therapeutic Work

In the UK 11.7 million people live in <u>relative low income</u>, 2 million officially in minimum wage jobs and 5 million working people earning less than a <u>living wage</u>. 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 <u>digital</u> <u>services</u>, 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, <u>data protection</u> 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 <u>inequalities</u> 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 <u>food banks</u> we do know that there have been 2.4 million referrals in 2020. Most graphically in the current housing crisis where an estimated <u>400,000</u> 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 <u>two-tier recovery</u> 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 and @survivingwk and set up a free resource for health care workers www.survivingworkinhealth.org. She writes about the 'Uberization' of mental health services here 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.