



CODE: WORKING CONDITIONS FOR QUALIFIED COUNSELLORS AND PSYCHOTHERAPISTS

PREAMBLE

While there are many good employers among therapy providers, where therapy providers do not meet high standards of care for their clients and therapists this should be challenged. PCU has already come across several significant failures of care, ranging from abrupt closure of service without provision for either clients or practitioners, through to inadequacy or failure properly to apply grievance and whistleblowing procedures, to cultures of wholesale bullying, tyranny and harassment.

We would like to emphasise that a culture exists where qualified therapists are being asked to work without remuneration. PCU is absolutely clear that we believe that qualified therapists should be paid for their work. It is not acceptable for qualified therapists to work on a “voluntary” basis, and we robustly support our members that wish to challenge this situation. We would like to call on all regulatory bodies, and educational bodies to be active in pushing forward a change of culture in this respect.

The practice of counselling and psychotherapy, working intimately with people’s most raw and vulnerable feelings, cannot simply be treated generically alongside the whole range of other activities (services). It needs specific provisions in a number of areas; and equally, some systems which would be best practice in many environments can only be applied very carefully and with attention to each unique situation. An organisation which provides therapy needs to work in a therapeutic style; and managers and other staff who are not trained therapists need to become informed about what therapy is and what its special needs are; there also needs to be a strong presence on the board of trustees of people with therapeutic training. This is the context for much of what follows.

We want existing and prospective counsellor and psychotherapists to know that organisations which have signed up to this code are safe and supportive places to work; and if organisations have not signed up, we will encourage counsellors and psychotherapists to ask why. Of course in specific cases some of what follows may not apply, and this will be understood when organisations sign up. Nor are organisations expected to be able to make an instant leap to following everything in this code: it will be an ongoing work in progress.

THE CODE

We invite providers (the employer or commissioning service) to sign up to the following code (much of which some of the best are already meeting).

1. Qualified therapists are to be paid for the work that they do. This should include remuneration for therapy work, administration, supervision, mandatory training, in-work travel expenses and other associated costs including work outside the consulting room that is necessary for their practice.
2. The employer or commissioning service should inform psychotherapy or counselling workers about the Psychotherapy and Counselling Union, and should be informed about the Psychotherapy and Counselling Union and they should be allowed and be encouraged to join and be represented by a union.
3. It is vital that there is a safe procedure for employees to report bullying, misconduct and harassment to someone with authority but outside their direct line of management – for example, a trustee, but preferably through an external reference person.
4. Disciplinary procedures must be carried out and provided to all workers at induction, and copies available to reference at all times. These procedures must be carried out in a timely and efficient way, with defined deadlines for each stage. Practitioners must be informed in writing at an early stage exactly what they are accused of, and how it contravenes organisational rules. They must be entitled to have a union representative or other supporter present at any meetings and hearings. There should be an appeal procedure in place.
5. Practitioners are entitled to either individual or group clinical supervision - the choice being based on therapeutic principles not cost - as well as line management supervision. Whether clinical supervision is in-house or external, practitioners should have a choice of supervisors.
6. While organisations are of course entitled to define their therapeutic frame - the length of treatment, for example – they must also recognise that the practitioner has a privileged understanding of what the work with each particular client requires (which may be very different from how it initially appeared), and must take serious account of their input, together if necessary with that of their external supervisor.
7. The organisation should recognise that there are situations such as suicide risk and abuse where there may be a conflict between safeguarding and autonomy, and between reporting risk or abuse and maintaining client trust. The requirement to report abuse or suicidal ideation, for example, cannot be applied in a rigid tick-box way: reporting the client's story too soon or without their consent may simply lead to concealment, or indeed replicate the abuse. Therapy needs to work towards a situation where the client is willing and ready for the story to be taken outside the therapy room. This is not dereliction of duty, but the exact opposite.
8. There must be a detailed plan in place should the organisation have to close its doors either temporarily or permanently, with trustees or other suitable individuals

responsible for informing practitioners and clients, making sure that every client is offered a final session with their therapist, and helping them find therapy elsewhere.

9. Sessional workers should be able to predict and plan around the number of hours they will be working. Zero hours contracts or the equivalent are unacceptable. The practitioner should be paid when the client does not attend without cancelling appropriately.
10. Practitioners experiencing burnout or trauma must be treated sympathetically and offered support, with at least a financial contribution from the organisation to whatever counselling or psychotherapy they may need, and with the maximum possible recovery period before their job is at risk. This is an occupational hazard and should be treated as such.
11. Psychotherapy and Counselling roles should be filled by fair recruitment processes
12. Organisations should monitor diversity of both counsellors and psychotherapists and proactively work towards fair representation and inclusion
13. Organisations should provide Counsellors and Psychotherapists with clear written contracts and pay against defined, benchmarked payscales