

NCPS ANNUAL MEMBER SURVEY 2025



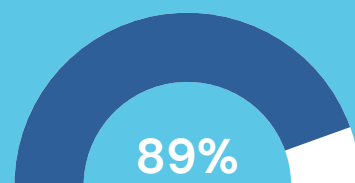
Summary

In early 2025, we invited our members to share how things are going: for them, for the profession, and for their clients. This year's Member Survey builds on the strong engagement we saw in 2024, and once again gives us a clear picture of what's working well, where we can do more, and how the landscape of counselling & psychotherapy is shifting and changing, impacted by both internal and external factors.

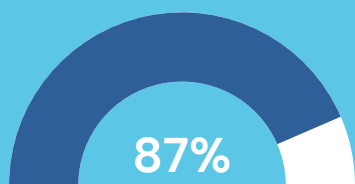
Many of the key themes from last year remain, with encouraging consistency across satisfaction levels and renewal rates. Once again, **89% of respondents said they would recommend the Society** to friends and colleagues – a near-identical figure to last year's 90%, and a powerful reminder of the trust our members place in us (thank you!). Similarly, **87% of members said they're very likely or certain to renew**, matching the previous year's figure of 85%. Feedback on our Membership Services team also remained strong, with **85% rating their experience as Good or Very Good**. A huge, huge thanks to our Membership Services team for continually providing such excellent service.

While the headline satisfaction remains high, members also made clear where they'd like to see more from us. Familiar themes from last year – such as **calls for lower-cost CPD, improved Directory visibility, and more accessible accreditation routes** – were echoed again in 2025. Interest in NCPS-arranged networking events also remains high, with **59% of members in favour this year**, compared to 60% in 2024.

89% of respondents would recommend the Society to friends and colleagues



87% of members are very likely or certain to renew their membership



One area where we've seen a slight improvement is awareness of our campaign work (up from 40% in 2024 to **45% in 2025**), but it's still clear that we need to do more to share what we're working on and how members' feedback is shaping our advocacy work.

Similarly, while nearly 79% of members felt well-informed about Society updates, **only just over half felt adequately informed about wider world developments**, echoing a similar gap in last year's report.

This year's survey dug a little deeper into the pressures faced by both practitioners and clients. The impact of NHS waiting times continues to grow: **over 70% of members reported seeing clients who turned to private therapy due to NHS delays**, and **nearly 80% had supported clients who'd completed NHS Talking Therapies but still needed help**. For some members, these clients now make up over half of their caseload – information which will directly inform our campaign priorities.

Members also told us more about the financial realities of practice: **barriers like high rental costs, low referrals, and income instability** were frequently mentioned. And while many members continue to offer **reduced-fee or voluntary counselling**, this generosity exists against a backdrop of systemic underfunding and personal financial strain.

Finally, we explored members' views on **artificial intelligence and technology**. Awareness is growing: up from around half of members last year to 82% of members indicating some level of awareness, but direct impacts on **practice remain limited**. While a small number see potential benefits, more members expressed concern about future impacts, particularly around ethics, data, and the human connection at the heart of therapy. We're working on guidance to support members in understanding how to use and work with technology effectively, and so are interested to see how this develops over time.

As ever, we're grateful to everyone who took the time to share their views. Your insights continue to help shape the future of the Society and the profession. With thanks to Jack Eddy for his support in analysing the data.

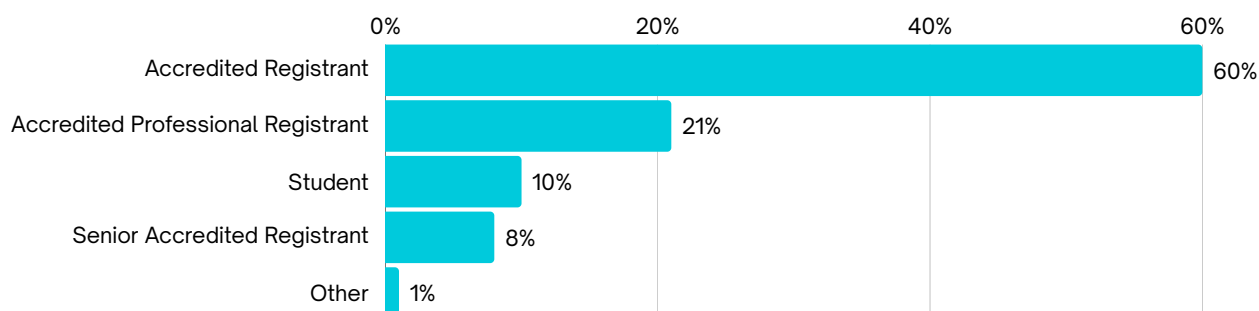
Jyles Robillard-Day
CEO

**SUPPORTING COUNSELLORS,
PSYCHOTHERAPISTS, THE PUBLIC
AND OUR PROFESSION**

Your Membership

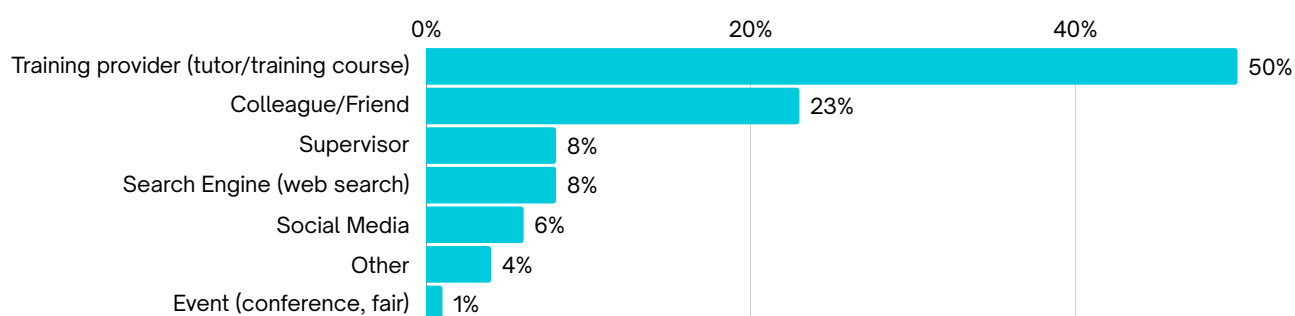
Membership Grade Distribution

Accredited Registrants form the single largest group, followed by Accredited Professional Registrants, and then Students. Senior Accredited and Fellow grades together account for under ten per cent.

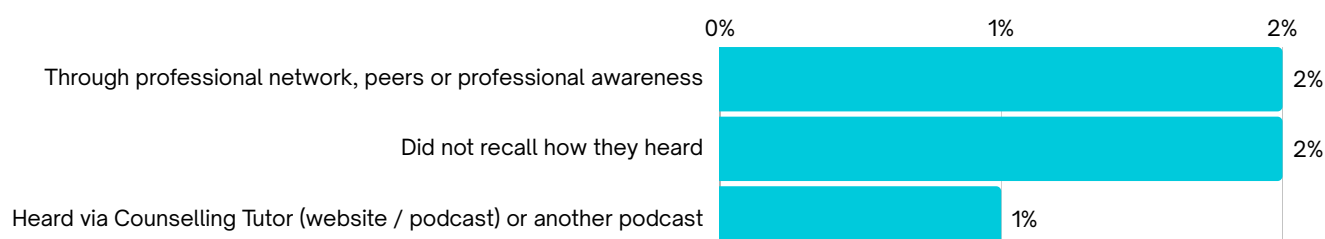


How Members First Heard About the Society

Nearly half of respondents (50%) first encountered us via their training provider or tutor. Just under one quarter (23%) discovered us through a colleague or friend, while supervisors, social media and search engines each introduced us to a smaller proportion of members.



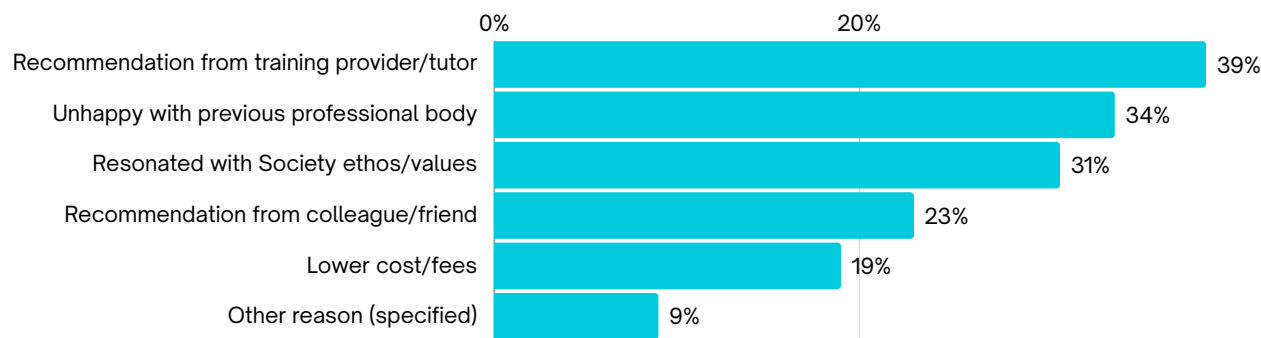
4% of respondents answered "other", and of that a number gave us more information. Most of those told us that they first heard of the Society through what they term professional networks or through overall professional awareness.



Motivations for Joining

39% joined on the advice of a training provider and 23% on a colleague’s suggestion. 34% switched because they were dissatisfied with a previous professional body, and almost as many were drawn by our ethos (31%). 19% cited lower fees, while others praised the accessible accreditation route or needed our membership for course requirements.

What attracted you to join the Society?



9% of respondents answered “Other”, indicating that they were attracted to join as it was required by a particular training course or for their job; while others stated that they preferred the NCPS over other bodies for various reasons, including shared values or ethos.

Multiple Professional Memberships

Dual or triple affiliation is commonplace: 45% of respondents hold additional memberships, while 55% do not.

Are you a member of more than one professional body?



Readership of Counselling Matters

78% read the magazine. Only 22% saying they do not. This suggests very high engagement with the member magazine.

Do you read our Counselling Matters Magazine?



Desired Changes to the Magazine

While most respondents (68%) felt that no changes were necessary, describing the magazine as clear, relevant and well designed, a sizeable minority did propose alterations. Of this latter group, many supplied additional written comments.

Is there anything you would change about the Counselling Matters Magazine?



Suggestions included a printable edition, greater readability (including an audio option), including job listings and training opportunities, changes to the magazine length and frequency, and more contributor diversity.

Suggestons:

- Provide a print/hard copy of the magazine
- Improve readability & accessibility
- Include job listings or training opportunities
- Add more diverse voices and content
- Adjust magazine length or frequency
- Provide more in-depth, research-based content
- Improve layout / structure of the magazine
- Include content on professional issues (e.g. SCoPEd)

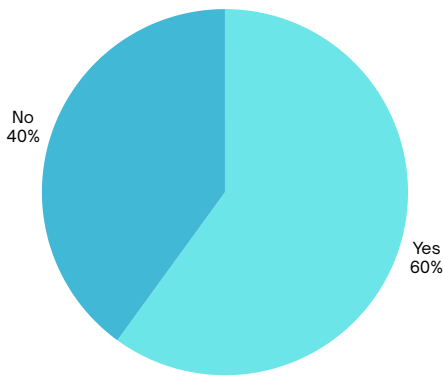
Topics Members Want Covered

Of the topics members wanted covered, neurodiversity led the list, followed closely by advanced work with trauma, the ethical use of AI, and practical guidance on establishing a private practice. Some asked for coverage of young people’s mental health, stress, and self-esteem, as well as bereavement/grief and addiction. Members also asked for deeper coverage of inclusion, research, and supervision.

Awareness of Specialist Accredited Registers

60% of members said that they are familiar with the registers, while 40% said that they were not. While a clear majority of members express familiarity, it would still suggest a potential need for increased awareness and communication.

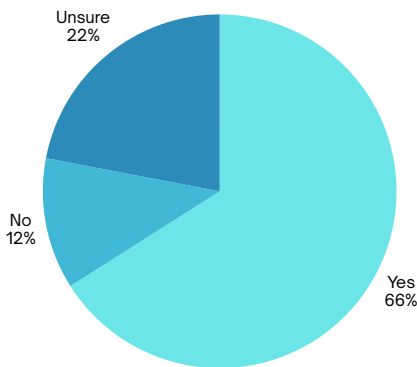
Are you aware of our Specialist Accredited Registers?



Satisfaction With CPD Opportunities

Two thirds (66%) of respondents were happy with the range of CPD we sign-post, with only 12% saying that they were not satisfied. 22% stated that they remain unsure what is available. This shows generally positive satisfaction, with some uncertainty or lack of awareness among members.

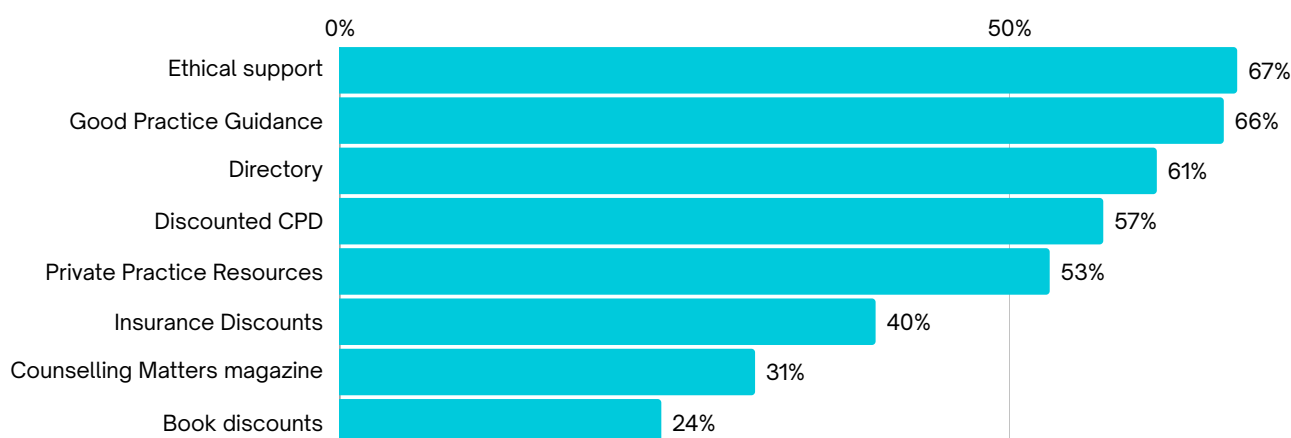
Are you happy with the range of CPD opportunities signposted by the Society?



Benefits Rated Most Important

67% of respondents felt that the ethical support we provide is the most important benefit, edging just ahead of our GoodPracticeGuidance at 66%. The Directory (61%) and discounted CPD (57%) were the next most valued, confirming that practical, day-to-day benefits matter more than one-off perks. Moderate importance was given to insurance discounts (40%) and the Counselling Matters magazine (31%). Book discounts were less commonly rated as important (24%).

What current membership benefits are important to you as part of your membership?



8% of respondents answered "other". Of these responses, professional membership credibility or requirement was highlighted most frequently, alongside other benefits that respondents mentioned including networking opportunities, advocacy and representation, the responsiveness of the Society, other discount schemes, and the low cost of membership.

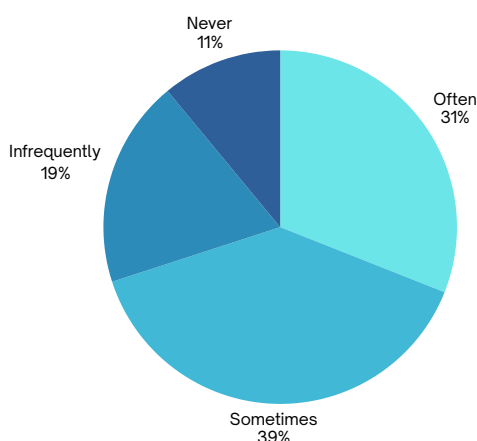
Suggestions to Enhance Benefits

When asked for suggestions to enhance the benefits available to our members, the vast majority (70%) of respondents had no changes to suggest, which we hope means that they are broadly satisfied with the Society. Of those that did put forward suggestions, lower fees, richer CPD and a more SEO-friendly directory topped the wish-list. Members also asked for clearer guidance on progressing through accreditation grades and additional partner discounts on insurance, software, and clinical supervision.

Networking Frequency

When asked about networking with other professionals, 30% stated that they networked often, with 39% saying they did so “sometimes”. 19% said that their networking was infrequent. Only 11% said that they never networked. Around seven in ten counsellors network at least occasionally, though frequency varies.

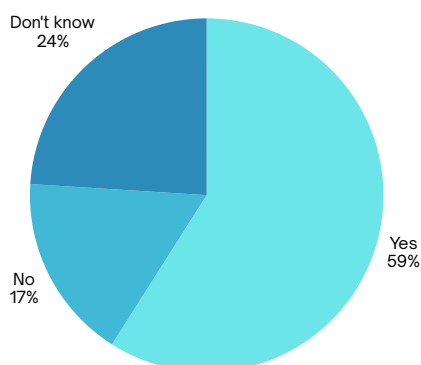
Do you currently network with other counsellors & psychotherapists?



Appetite for Society-Arranged Meet-Ups

A majority of members expressed interest in formal meet-ups organised by the Society. 59% would like the Society to organise formal meet-ups; only 17% were opposed. The remaining 24% were unsure or “Don’t know”. There is clearly substantial enthusiasm for Society-facilitated networking events. This mandate will shape our 2025 events calendar.

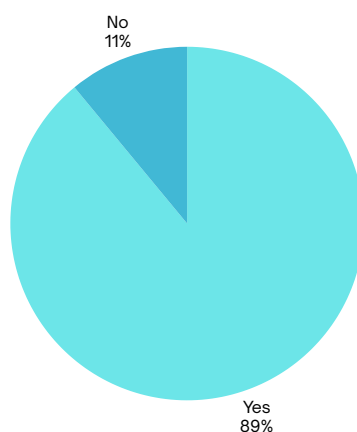
Would you like formal meet ups to be arranged and publicised by the Society so that you can meet with other counsellors in your area?



Likelihood of Recommending the Society

When asked about their likelihood of recommending the society to others, a resounding 89% responded that they would endorse membership to a friend or colleague, mirroring last year's figure. Only about 11% indicated they would not. This is a very positive indicator of member satisfaction and the Society's reputation.

Would you / do you recommend the Society to friends / colleagues?



Why Members Would (or Wouldn't) Recommend

The majority of respondents said they had recommended, or would recommend, the Society to others: particularly to colleagues, supervisees, and student counsellors. Many members described doing this regularly, citing a strong sense of alignment with the Society's ethos, values, and approach to member support.

A recurring theme across responses was the Society's approachability and person-centred ethos. Members valued the tone of communication, ease of contact, and the sense that their concerns are listened to and acted on. Phrases such as "friendly", "supportive", "not hierarchical", and "feels like a community" came up repeatedly. Key reasons members said they would recommend the Society included clear, compassionate, and timely communication from staff; accessible and cost-effective accreditation processes; a wide range of CPD opportunities; an inclusive and ethical approach to membership; a strong emphasis on transparency and accountability, and being treated as individuals, not just membership numbers.

Some members noted that they often recommend the Society as one of several options, encouraging others to explore what fits best for their individual practice and values. Others said they actively introduce students or colleagues to the Society, particularly when they feel it offers a more nurturing and relational experience of professional membership.

A number of responses also highlighted areas for further development. These included calls for greater public recognition of the Society in certain employment contexts; more clarity on accreditation timelines and outcomes; improved responsiveness in peak periods, and increased visibility around work on equality, diversity, and inclusion.

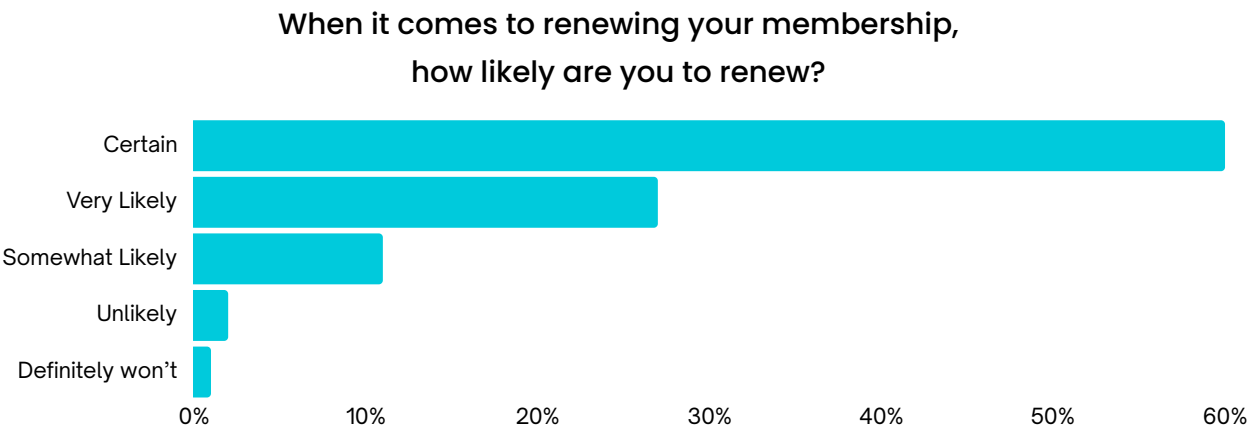
While a small number of members expressed hesitations around recommending the Society, often due to concerns about the profession as a whole, or particular experiences with accreditation or policy decisions, many still described a general satisfaction with membership and a belief that the Society is evolving in the right direction.

Overall, members who recommend the Society most strongly often do so because they feel respected, heard, and supported. The relational tone and accessible structure of the Society were seen as core strengths that members are proud to share with others.



Likelihood of Renewal

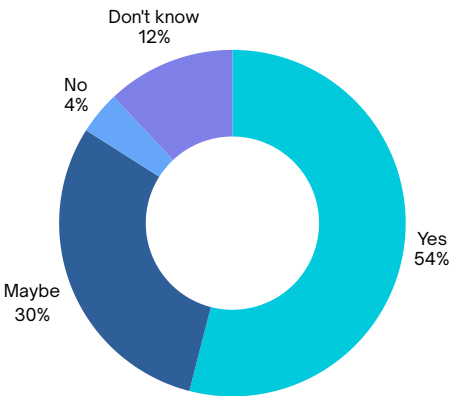
Members were asked how likely they were to renew their membership, and a large majority indicated that they would renew. 60% said they were certain to stay, with a further 27% very likely. 11% are “Somewhat likely”, while only 2% said they would be unlikely to renew. A tiny proportion of respondents (<1%) said that they definitely would not renew.



Feeling Heard by the Society

When asked if they thought the Society listens to their concerns, just over half (54%) feel the Society does listen. 12% said they did not know and 20% answered “maybe”, with only 4% saying that they didn’t feel the NCPS listened to them. While a majority have confidence in being heard, a significant minority are uncertain, indicating room for us to improve our communication or show our responsiveness.

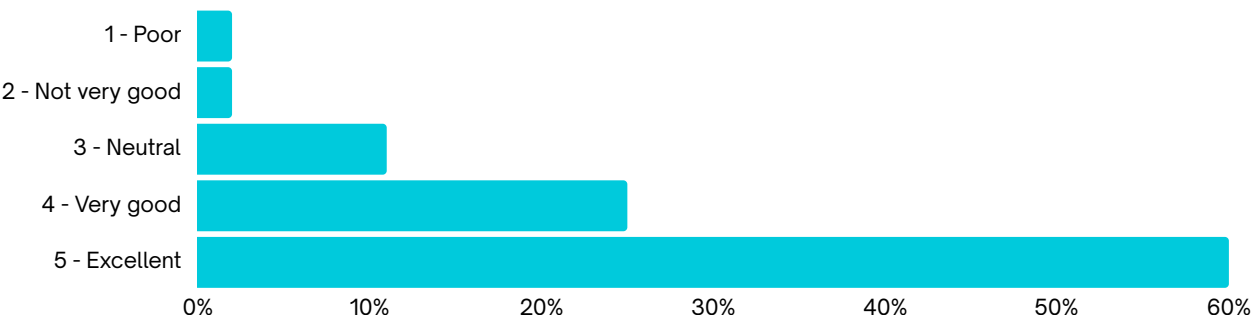
Do you feel like the Society listens or would listen to your concerns?



Experience of Membership Services

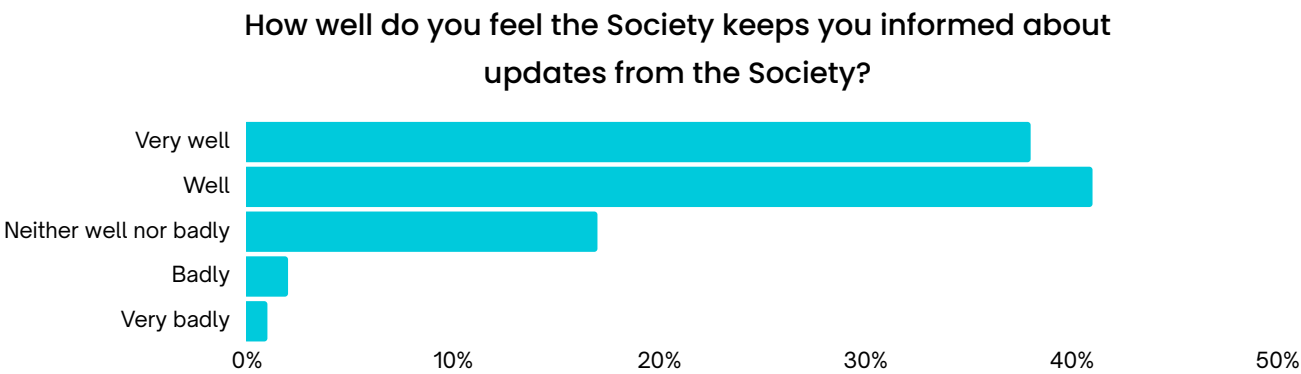
Members who have had contact with membership services were asked to rate their experience out of five (1 – very poor; 5 – excellent). 37% of respondents had not been in touch with the Membership Services team, but of those who had been, 60% rated their experience as excellent, and an additional 25% rated it “Very Good”. 11% described the service as neutral, while only 2% rated it as not very good, and 2% rated it as very poor. It’s heartening to know that 85% of respondents experience our service as very good or better, however we will still work to improve the experience for all of our members.

If you’ve contacted our Membership Services team, how would you rate your experience? (1 being poor, 5 being excellent)



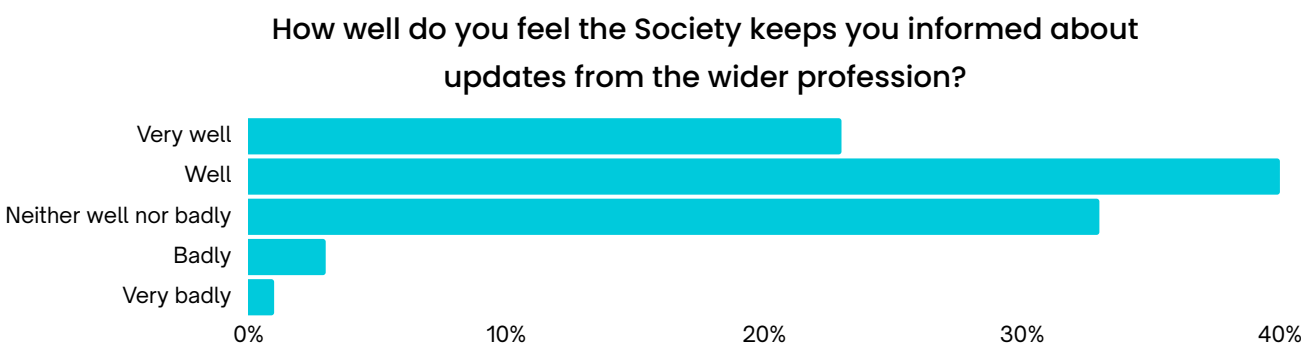
Keeping Members Informed About Society Business

When asked how well the society keeps them informed, four in five said they felt well briefed on internal matters, with 41% rating it “well” and 39% “very well”. 17% rated this as neither good nor bad, while only 2% and <1%% giving a rating of bad and very bad, respectively.



Updates From the Wider Profession

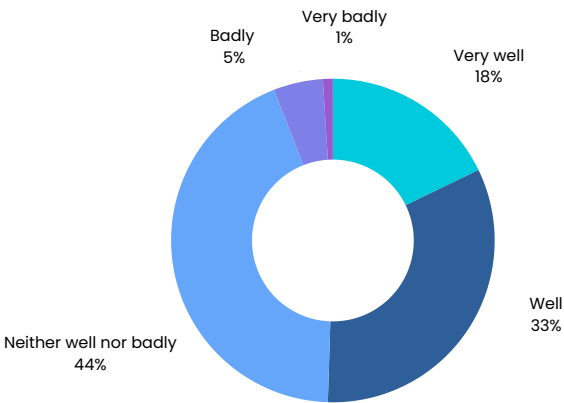
When asked how well the NCPS kept them updated on the wider profession, a majority still felt informed, though less so than for internal updates. The largest group of respondents felt informed, with 40% saying they were well informed and 23% very well informed. However, while only 3% said they felt poorly informed, <1%% very poorly informed, 33% stated that they were neither well nor poorly informed. This would suggest that, while standards are still high, more needs to be done to engage members on wider issues affecting the profession.



Broader World Issues That Impact Counselling

Members were also asked about how well the NCPS keeps them informed of about updated relevant to the profession from the wider world. Perceptions were lower here. Less than half feel well informed – with 18% and 33% feeling very well informed and well informed respectively. A sizable proportion (44%) were neutral in feeling neither well nor badly informed. This suggests the Society could improve communication about wider-world issues impacting the profession. Despite this, only 5% and 1% felt the Society was bad or very bad at keeping members informed of these issues.

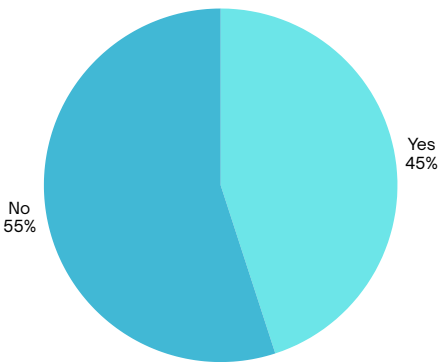
How well do you feel the Society keeps you informed about updates relevant to the profession from the wider world?



Awareness of Our Campaigns

When asked about their awareness of the campaigns that the NCPS undertake, less than half of respondents (45%) knew about the Society’s advocacy efforts. The slight majority (55%) were not aware of this campaign work. This shows us we need to do more to ensure members are aware of our work.

Are you aware of the campaign work that we do?



Campaign Areas Members Want Us To Pursue

The dominant request in terms of areas for the Society to campaign was in improving pay rates. Debates around statutory regulation and improved access to counselling for marginalised groups also topped the agenda , alongside a desire for robust engagement with the evolving SCoPEd framework.

Desired Campaign Focus:

Improving pay rates & funding for counsellors

Opposing or influencing SCoPEd framework

Diversity & inclusion in the profession

Improving therapy access for low-income groups

Debates around statutory regulation / protected titles for counsellors

Raising public awareness / destigmatisation

Research Priorities Suggested by Members

When asked for topics for research, the most suggestions were for researching Artificial Intelligence in therapy. Other topics included diversity and culturally-informed practice, working with neurodivergent clients, trauma and PTSD outcomes, research into young people's mental health, and demonstrating counselling's effectiveness.

Research Topics:

Impact of AI on counselling

Children and young people's mental health

Neurodiversity (autism, ADHD in therapy)

Diversity & culturally-informed practice

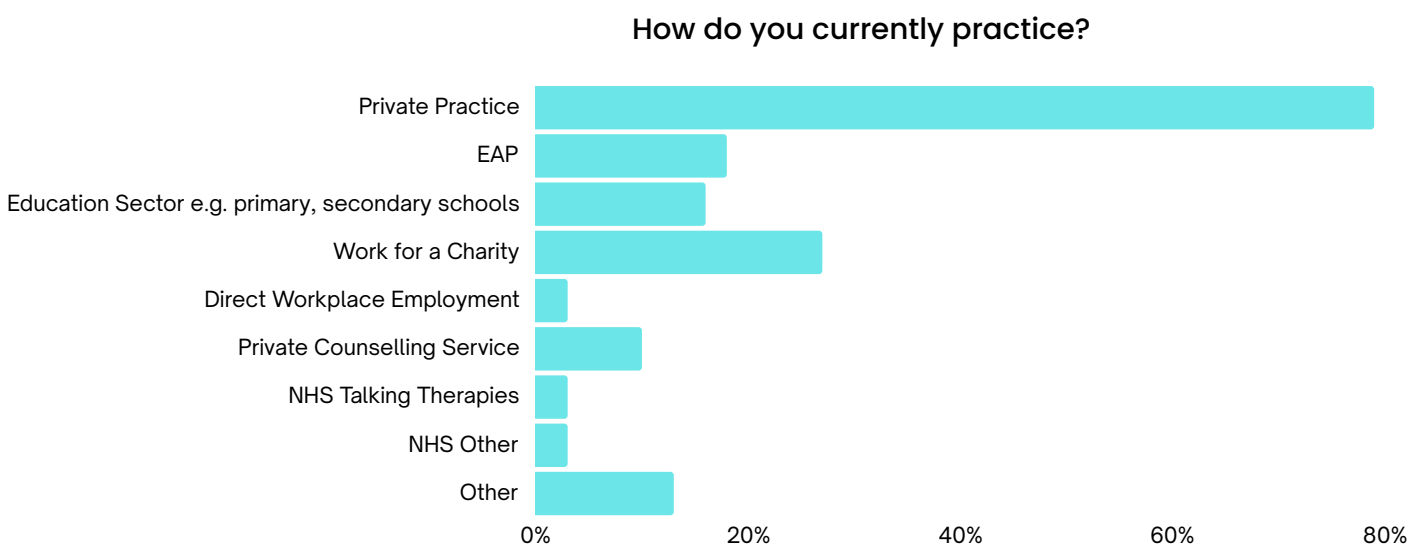
Trauma and PTSD treatment outcomes

Evidence base for counselling effectiveness

Your Practice

Settings in Which Members Work

Members were asked to provide information on their practice settings. A large majority of members work in private practice, with 79% of respondents working in this way. A significant number also work for a Charity or non-profit organisation (27%). Employee Assistance Program (EAP) work was reported by 18%. 10% work for a private counselling service company.



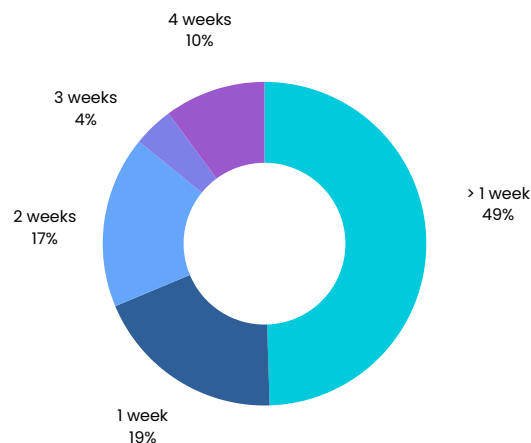
13% answered “other”. Some indicated they were students or in-training placements, others in supervision, management, or teaching/academic roles, others in prisons or military placements.



Wait Times for Private Clients

For those that work in private practice, members were asked an additional question on waiting times. 49% reported their typical waiting time for new clients is under 1 week. 19% have roughly a 1-week wait. 17% reported about a 2-week wait, and 4% have around a 3-week wait. The remaining 10% have 4 or more weeks wait on average for new private clients. This indicates that a majority (roughly 85%) of practitioners can schedule new clients within two weeks, though a notable minority have longer than a month wait times.

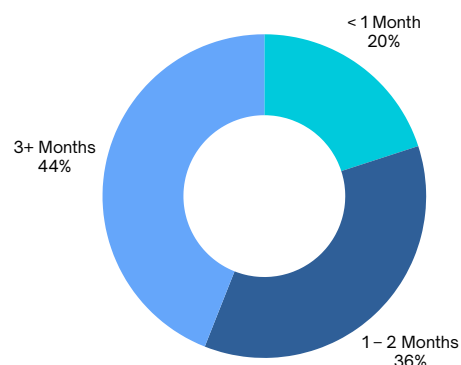
What are your current waiting times for Private Practice Work?



Waiting Times in Organisational Settings

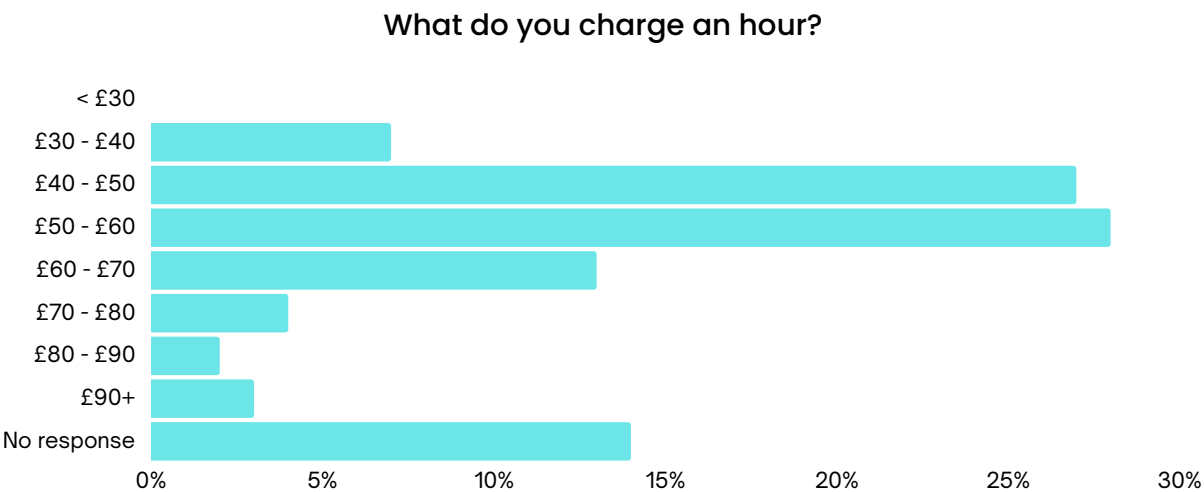
By contrast, among those working in an organizational context (such as NHS, charity, etc.), 20% of respondents that work within an organisation said the average wait for clients is less than 1 month. 36% reported 1–2 months, and 44% reported 2–3 months.

What are the current average waiting times for support in the main organisation you work for?



Typical Private-Practice Fee

Private practitioners were asked about their practice fees. Rates varied, but clustered in the mid-range. The most common fee brackets were £40 – £50 and £50–£60 per hour, with 27% of respondents in each bracket citing that this is how much they charged. 13% charge £60–£70, and 7% charge £30–£40. None of the respondents charge under £30, and 9% charge over £70. 3% of respondents charge over £90 an hour.

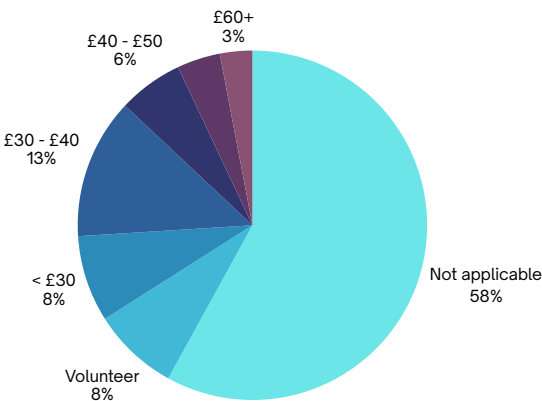


Pay for Employed Roles

For EAPs, charities and other roles, just under one-fifth of respondents (8%) indicated they work voluntarily (unpaid). Among those paid, the most common pay rate was £30–£40 per session (38%). 25% reported being paid under £30 per session. Smaller segments receive £40–£50 (17%) or £50–£60 (11%). 10% are paid above £60 per session in these contexts.

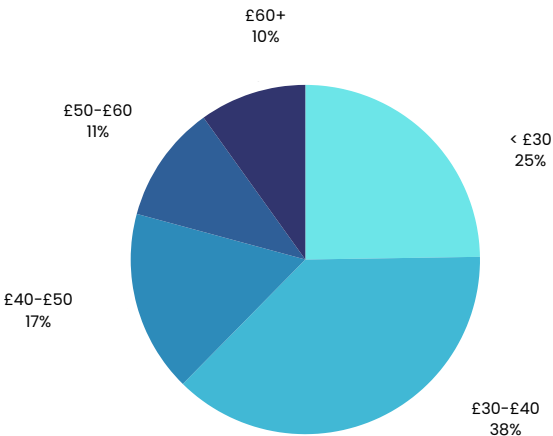
Total respondents pay, including volunteers:

If you work for an Employee Assistance Program (EAP) / Charity / Other organisation, what do you get paid per session?



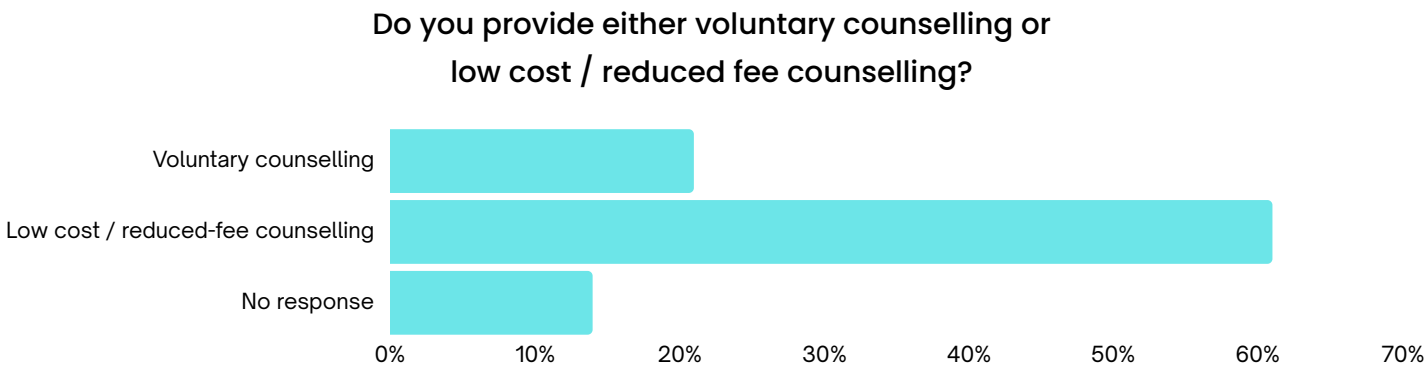
Percentages for those who are in paid roles:

If you work for an Employee Assistance Program (EAP) / Charity / Other organisation, what do you get paid per session?



Voluntary or Low-Cost Provision

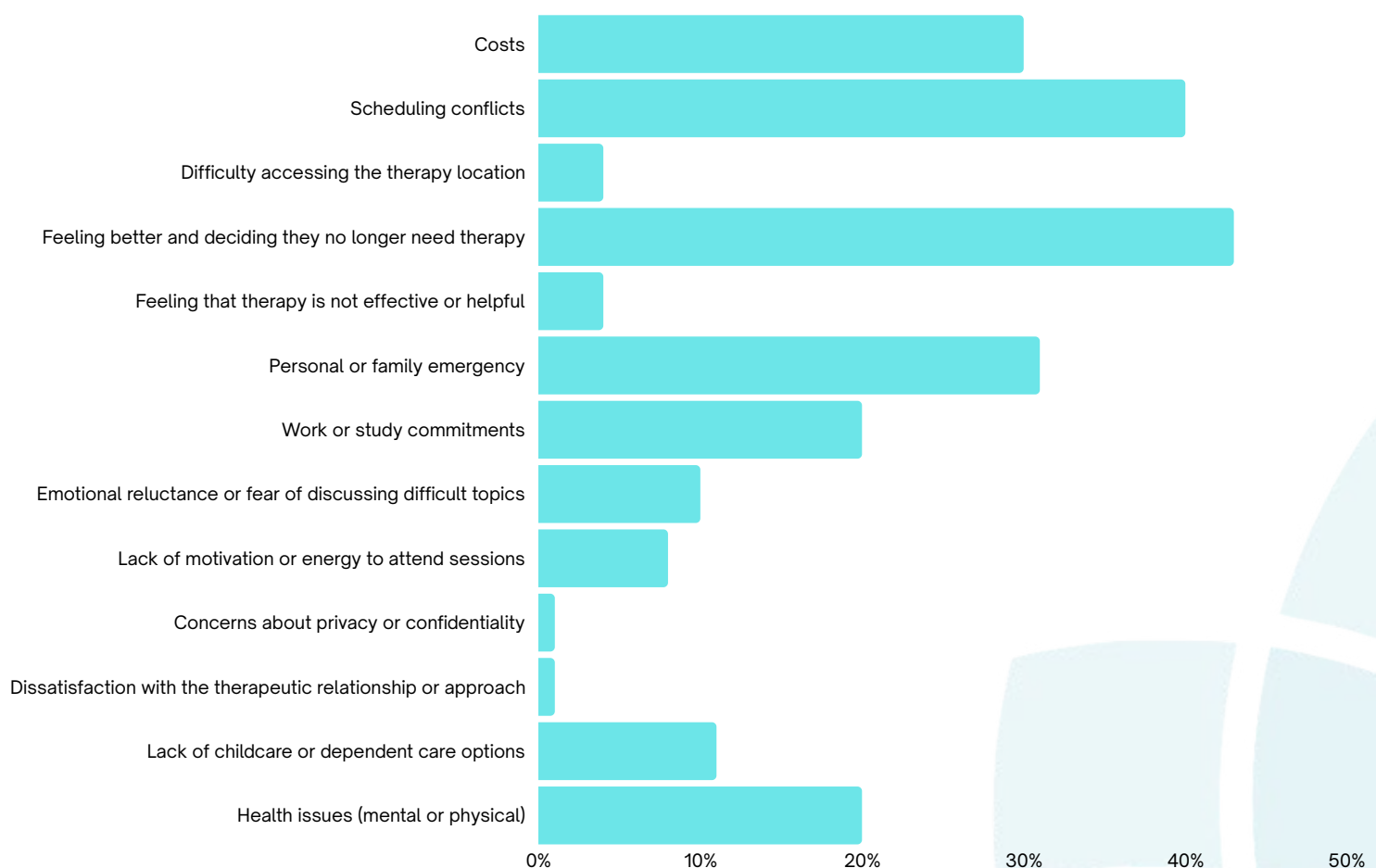
When members were asked if they provided voluntary or low cost counselling, a majority (61%) confirmed they offer reduced-fee places, while 21% provide entirely voluntary counselling.



Why Clients Cancel

Members were asked to provide the three most common reasons for client cancellations or no shows. The top reason was clients “feeling better and deciding they no longer need therapy”, selected by about 43% of respondents. Nearly as many (40%) chose scheduling conflicts or availability issues. Personal or family emergencies were next (31%). Cost of therapy was a major factor as well (30%). 20% cited work or study commitments and, similarly, 20% mentioned health issues (mental or physical) affecting attendance. Other notable reasons included lack of childcare (11%), clients’ emotional reluctance/fear of engaging (10%), and lack of motivation (8 %). Less frequently chosen were practical issues like difficulty with transport (4%) and clients feeling therapy is not effective for them (4%). Very few attributed cancellations to dissatisfaction with the therapist/approach (1%) or privacy concerns (<1%).

What are the most common reasons your clients or potential clients give for cancelling therapy or non-attendance?



Barriers Practitioners Face

When asked what the biggest barriers practitioners faced, the most commonly reported barrier was limited referrals from other services (e.g. GPs, NHS) – cited by 35% of respondents. Close behind was the high cost of renting therapy premises (34%), and concerns about personal financial sustainability/ income from practice (33%). Balancing therapy work with other commitments (e.g. family or other jobs) was a barrier for 25% of respondents. Difficulty finding suitable therapy premises (22%) and clients cancelling or not attending sessions (19%) were also notable issues.

Financial costs related to practice were also prominent: cost of supervision (17%) and professional body membership fees (12%) were mentioned frequently, as were insurance costs (6%). 15% highlighted lack of support from other services (like social services or NHS pathways) and administrative workload (14%). The emotional strain of the work was cited by 14% as well. Fewer saw challenges with online therapy technology (5%) or VAT/tax issues (4%) as major barriers. Only 2% felt a lack of access to supervision was a big issue.

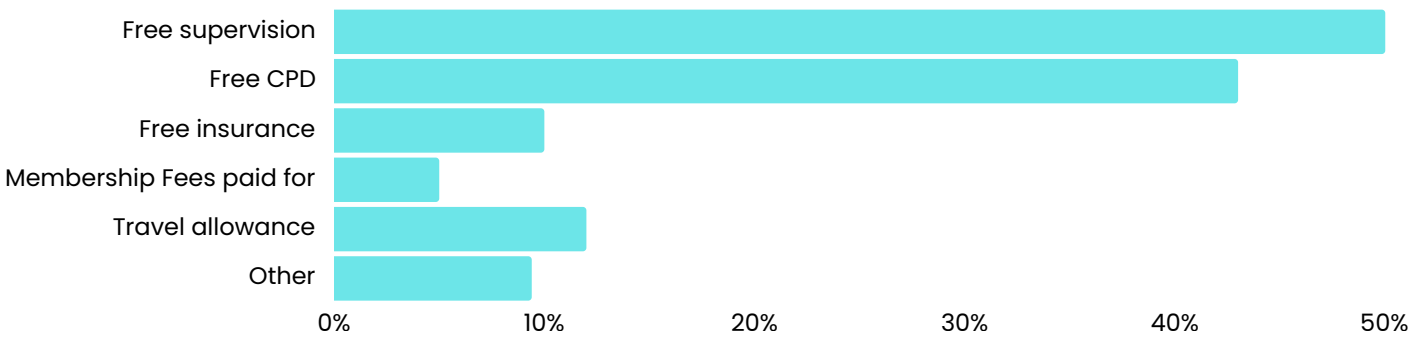
What do you feel are the biggest barriers to providing therapy as a practitioner?



Employer-Provided Benefits

Members were asked about what employer benefits were available to them. Where available, free supervision (72%) and funded CPD (62%) were by far the most common perks.

What other benefits do you get as part of working for your main organisation? (Of those to whom the question was applicable)



1% of respondents answered “other”. Of those who elaborated on this answer, two highlighted flexible work arrangements, while others mentioned equipment or resources being provided, insurance or indemnity or a clinical training allowance.

Other benefits:

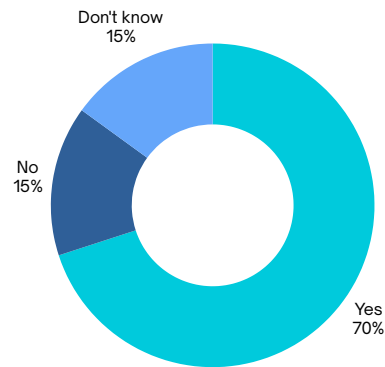
- Flexible work arrangements
- Equipment or resources provided
- Insurance or indemnity paid by employer
- Clinical training allowance
- Weekly ethics discussions
- Free personal therapy



NHS Talking Therapies

When asked whether they had seen private clients that were trying to access support via the NHS but ended up accessing private therapy due to NHS Wait times, a large majority (70%) of respondents confirmed that they had such clients. 15% responded “No”, and 15% “Don’t know”. This indicates that many practitioners are seeing clients who were unable to get timely help in the NHS and turned to private therapy, highlighting the impact of NHS wait lists on private practice.

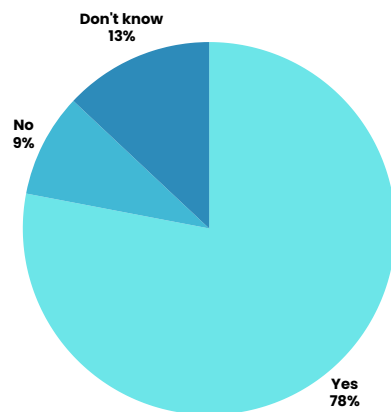
Have you seen private clients that were trying to access support via the NHS but ended up accessing private therapy due to NHS Wait times?



Post-NHS Therapy Continuation

Members were also asked whether they had continued to see clients who attended NHS Talking Therapies, but who felt they needed further support through private therapy. An even larger proportion (78%) answered that they have seen clients after NHS Talking Therapies who still needed help. Only 9% said they had not, with 13% answering “Don’t know”. Nearly four in five respondents have clients coming from NHS Talking Therapies seeking additional therapy – a strong indication of unmet continuing needs after NHS provision.

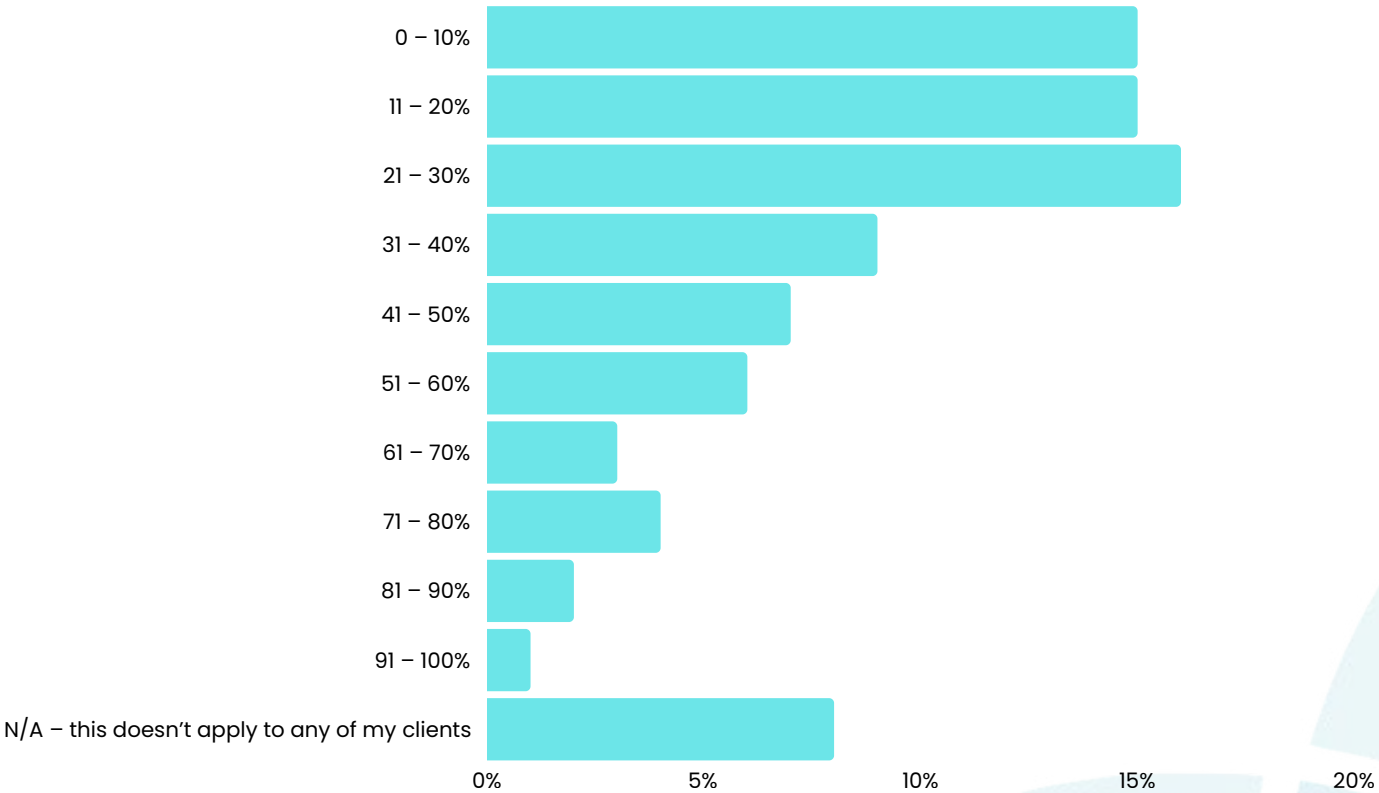
Have you seen clients who have accessed NHS Talking Therapies and attended therapy, but felt they needed further support from private therapy?



Proportion of Caseload Still Needing Help After NHS Therapy

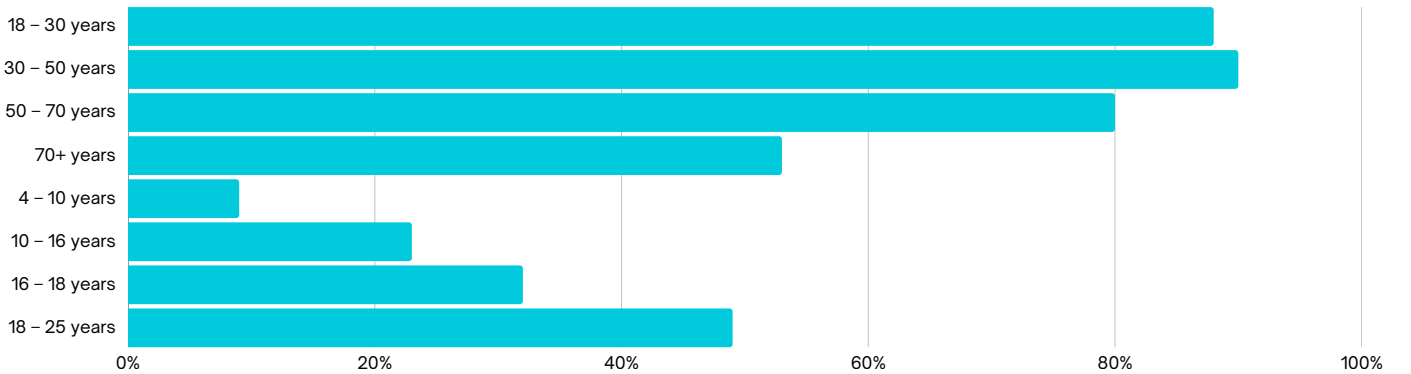
For those that said they did see clients after NHS Talking Therapies, around 16% estimated that they represented about 21-30% of their clients. About 15% of respondents estimated only 0-10% of their clients fall in this category, and 15% said 11-20% of their clients. 16% report that over 50% of their clients have needed further support after having attended therapy through the NHS Talking Therapies programme.

If you answered ‘Yes’ to the above question, what proportion (roughly) of your clients does this apply to? What percentage of them have needed further support after having attended therapy through the NHS Talking Therapies programme?



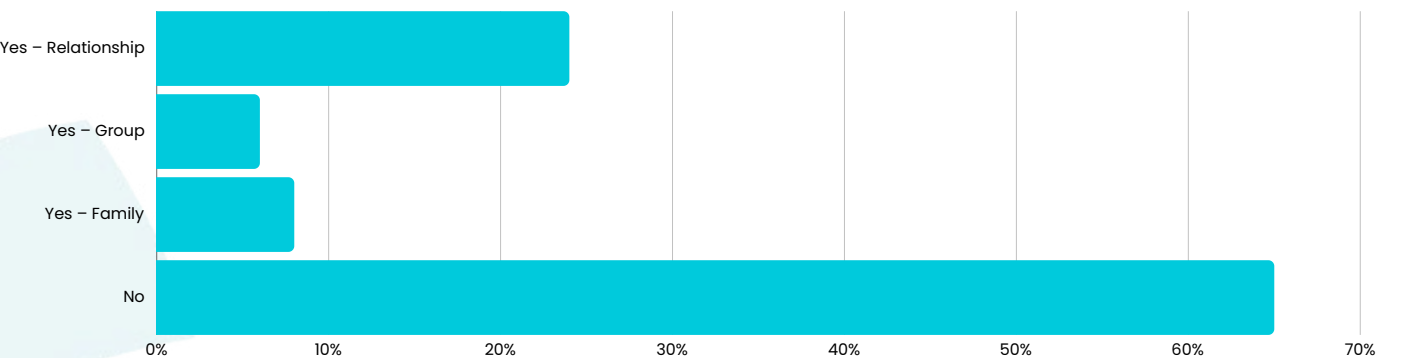
Client Age Range

The vast majority of respondents work with adults 30–50 (90%) and 18–30 (88%). A large portion also see older adults 50–70 (80%), and over half see 70+ seniors (53%). In terms of younger clients: 32% work with older teens (16–18), and 23% with adolescents 10–16. Only 9% see children aged 4–10. These results show that while most practitioners serve adults across a wide age span, a minority work with children and adolescents.



Working With More Than One Client

Members were asked whether they worked with more than one client at a time. 66.9% responded that they did not work with multiple clients, they only work one-on-one. 25% stated they work with relationship pairs (couples), 8.4% work with families, and 6.3% with groups.



A small proportion of respondents (3%) said "Other". Of those responses, three said they worked with parent/child or family subgroups; practiced co-therapy; included a support person or trainee in sessions. Some respondents mentioned that they will offer one-off sessions with a family member, but don't practice this way normally.

Other responses:

Working with parent/child or family subgroup

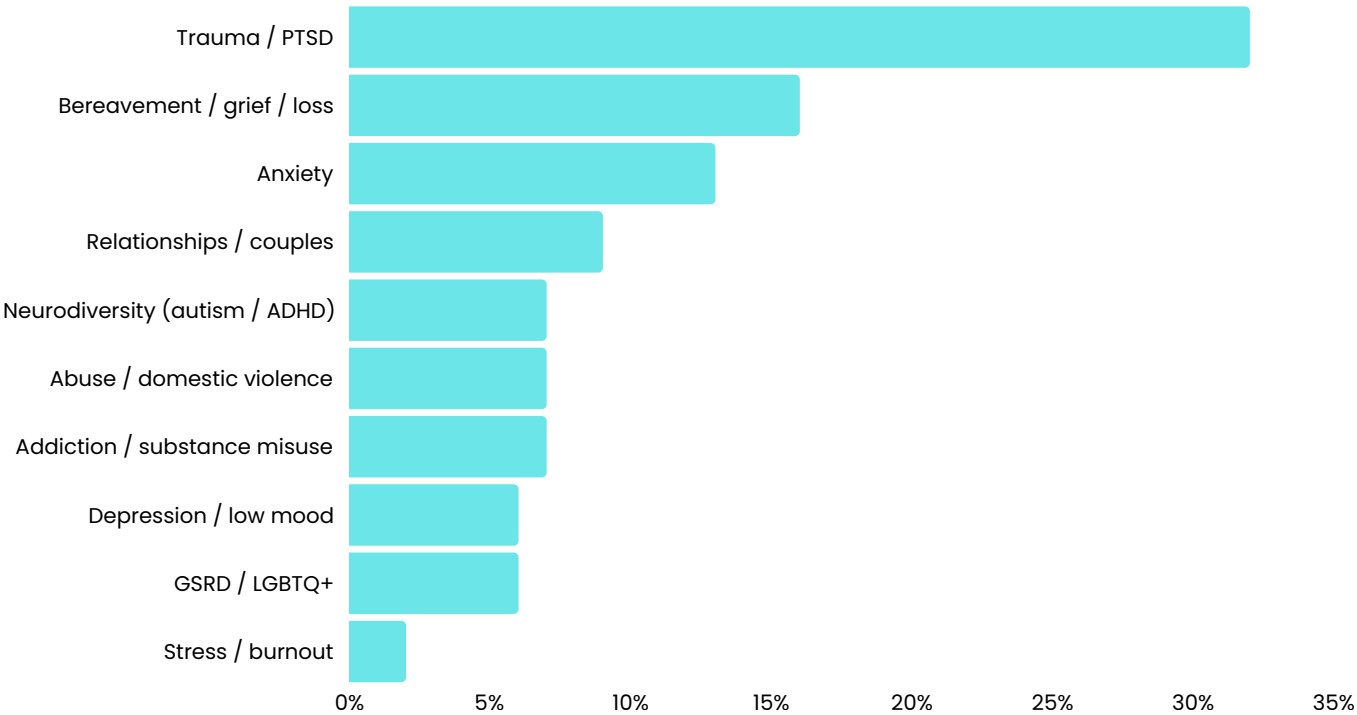
Donation and surrogacy teams

Co-therapy or other collaborative arrangements

Including a support person / interpreter or trainee (to observe) in sessions

Areas of Specialism

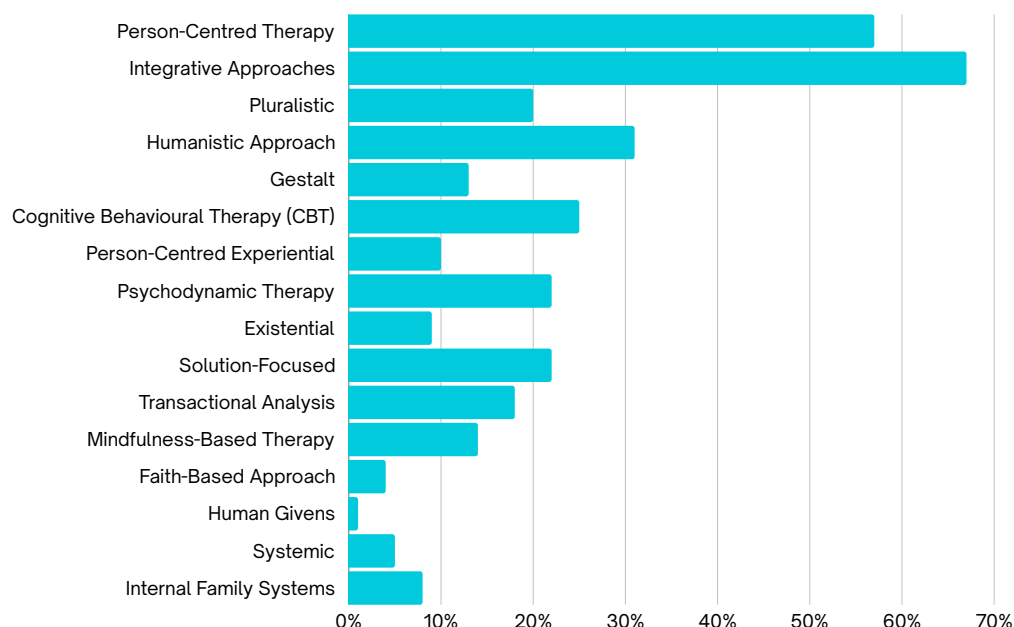
According to members, their most common areas of specialisation were Trauma / PTSD (32%) and Anxiety (13%). Bereavement/Grief was also common (16%). Many listed Depression (6%) and Addiction (7%). Specialisation in relationships/couples work was noted frequently as well (9%). Gender, Sexuality and Relationship Diversity (LGBT+/GSRD) was mentioned by around 6% respondents, and neurodivergent clients (autism, ADHD) by 7%, while Abuse/Domestic violence is a specialism of 7% of respondents.



Primary Therapeutic Modalities

Members were also asked about their primary therapeutic modalities. An Integrative approach was the most frequently selected, used by 67% of respondents. The next most common was Person-Centred Therapy (57%). 31% identified as practicing a Humanistic approach. Cognitive Behavioural Therapy (CBT) is practiced by 25%, and Psychodynamic Therapy by 22%. 22% use Solution Focused Therapy methods. Transactional Analysis (TA) was indicated by 18%. 14% practice Mindfulness-based Therapy, and 13% Gestalt therapy. Smaller numbers use Person-Centred Experiential approaches (10%), Existential therapy (9%), or Internal Family Systems (8%). Less common were Systemic approaches (5%), Faith-based approaches (4%), and Human Givens (1%).

Which modality / modalities best describes your practice?



12% indicated that they used other modalities. Of this group, the most common modality was an Eclectic or integrative approach, followed by creative or arts therapy. There were a variety of other therapies indicated, including:

Eclectic/integrative approach

Creative/arts therapy modality

EMDR (Eye Movement Desensitisation and Reprocessing)

Schema Therapy

Compassion-Focused Therapy (CFT)

Somatic or body-oriented therapies

Transpersonal/Psychosynthesis

Cognitive Analytic Therapy (CAT)

NLP (Neuro-Linguistic Programming)

Hypnotherapy

Play therapy

Adlerian

REBT

DBT

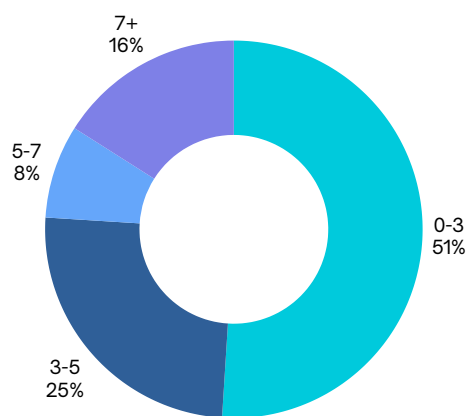
Emotional therapeutic counselling

Ecotherapy

Monthly Enquiry Volume

When asked how many, on average, referrals or enquiries they receive per month, over half of respondents (51%) reported getting 0–3 client enquiries per month. A quarter (25%) receive 3–5 enquiries monthly. 8% get 5–7 per month, and roughly 16% receive 7 or more enquiries in an average month. These figures show that enquiry volumes vary, but for most practitioners the inflow of new client enquiries is modest (fewer than 5 per month for about 76% of respondents).

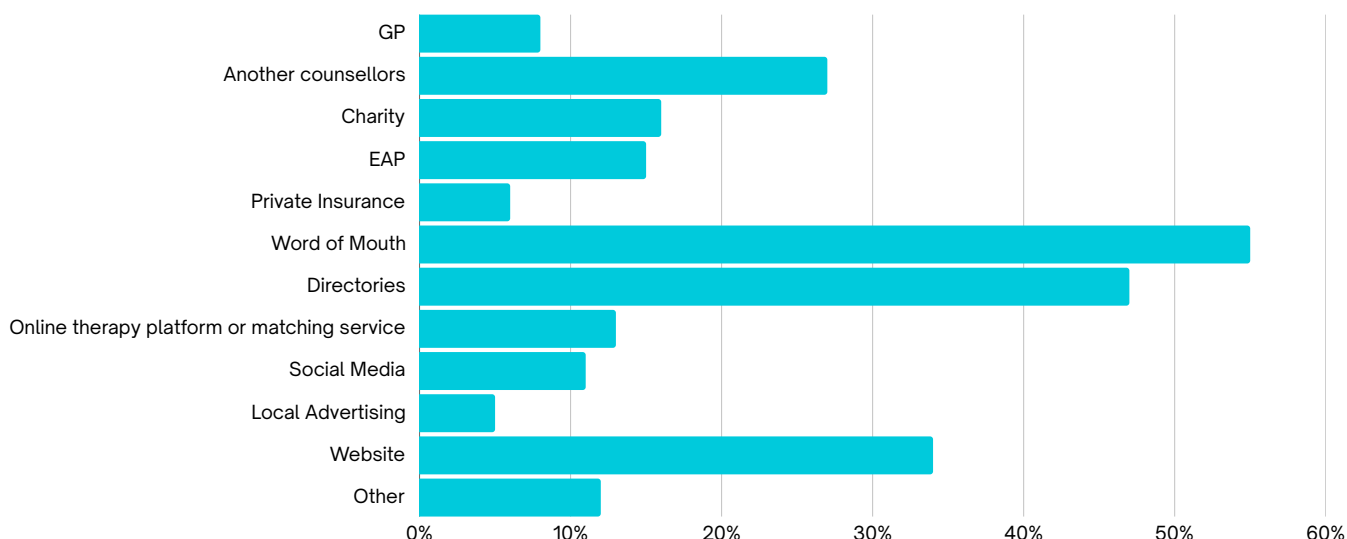
On average, how many client enquiries / referrals per month do you receive?



Where Referrals Come From

When asked about the sources of their client enquiries or referrals, the number one source of new clients was word of mouth – cited by almost two-thirds (62.9%) of respondents. The next most common referral source was directories (such as the Society’s directory or counselling directories), at 54.1%. Having a personal website was also shown to be important (38.7%). 30.9% answered that they get referrals from other counsellors or therapists. Charity or organisational referrals account for 18.4%, and EAP providers 17.4%. Online therapy platforms/ matching services were a source for 14.5%. Social media brought in clients for 12.2%. GP or primary care referrals accounted for 9.7%. Private health insurance referrals were less common (7.3%), while local advertising (e.g., flyers, local media) only accounted for 6.1%. These results underscore the importance of personal networks and online presence (directories/websites) as key referral routes.

Where do your enquiries / referrals come from?



12% of respondents stated “other”. Of these responses, the most common answer provided was community organisations and other support groups. Other responses included:

Community organisations or support groups

School or educational sources

Probation or court services

Social services

Secondary NHS services

Police/Victim support

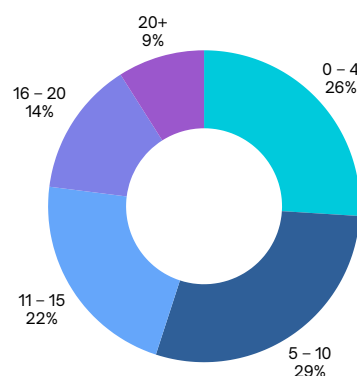
Other professional referrals

Personal networking

Clients Seen Per Week

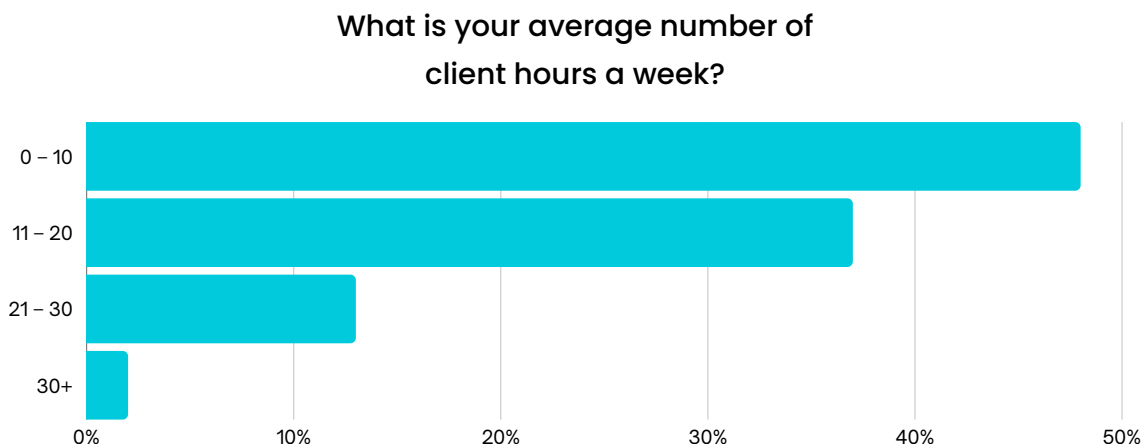
Members were asked about their weekly client load. About 26% answered that they see on average 0–4 clients per week. The largest segment, 29%, see 5–10 clients weekly. 22% handle 11–15 weekly clients. 14% see 16–20 clients per week, and only 9% see more than 20 clients in an average week. As such, the majority of respondents manage ten or fewer weekly clients, with a smaller but substantial group (around 37%) seeing more than 10 clients per week. This suggests many members are part-time or have moderate caseloads, while a minority carry very high caseloads.

On average, how many clients a week do you see?



Weekly Hours Spent on Client Sessions

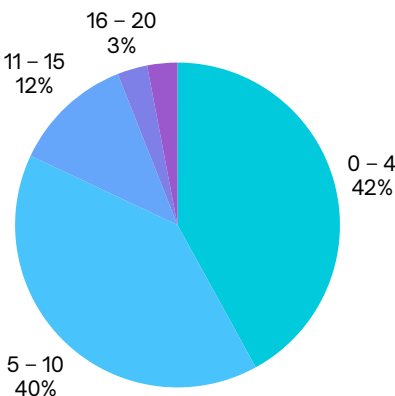
This is further borne out by the hours spend in client sessions per week. Nearly half of respondents (48%) spend 0–10 hours weekly in client sessions (face-to-face hours). Another 37% spend 11–20 hours per week with clients. About 13% spend 21–30 hours, and only just over 2% spend over 30 hours in sessions per week.



Time Spent in other work (such as Admin, supervision)

Responses here were fairly split between 0–4 hours (42% of respondents) and 5–10 hours (40%). 12% spend 11–15 hours on administration, supervision, and other tasks weekly. Only 3% spend 16–20 hours, and 3% spend over 20 hours on these activities. This suggests that for most, administrative and ancillary duties take up around the same or less time than client work. A majority (81%) keep these tasks to under 10 hours per week.

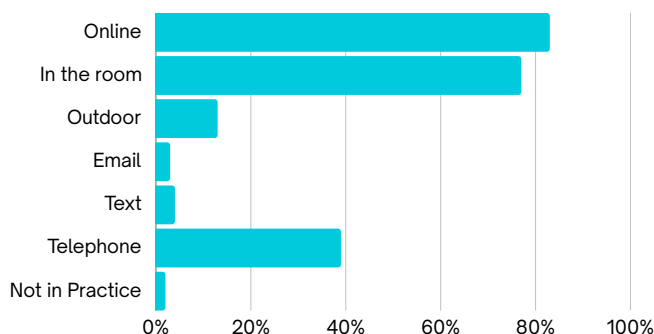
How many hours a week do you spend on everything else – e.g. admin, supervision, CPD?



Modes of Delivery

When asked how they practice, the majority of members responded that they practice online (video/Internet), 83% conduct online therapy. Similarly, 77% practice in person (“in the room”). A significant number use the telephone for sessions (39%). Far fewer use text-based therapy (4%) or email therapy (3%). Outdoor therapy (e.g. walk-and-talk) is offered by 13% of respondents. Only 2% indicated they are not currently practicing.

How do you practice?



0.7% of respondents selected “other mode”. Of those responses, the most frequent modes indicated were combination or blended modes and home visits or peripatetic practice:

Combination/blended modes

Home visits or peripatetic practice

Therapy via written letters / postal correspondence

Asynchronous digital communication (e.g. pre-recorded video or audio as part of therapy)

Personal networking

Public / community venue sessions

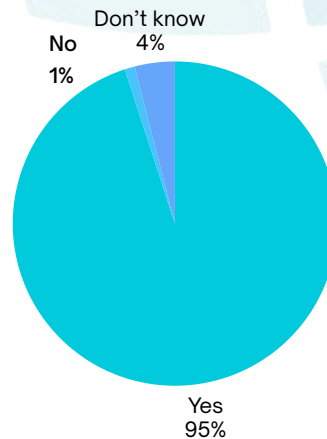
Live text-based chat (using instant messaging chat as a modality)

Virtual reality platforms (using VR technology)

GDPR

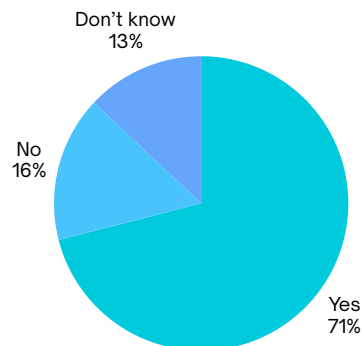
Members were asked about their compliance with GDPR. An overwhelming 95% of respondents answered "Yes", they comply with data protection regulations. Very few said they did not comply (<1%, only 10 individuals). This indicates near-universal compliance or awareness of GDPR among members, with only a few unsure or non-compliant.

Do you comply with GDPR regulations?



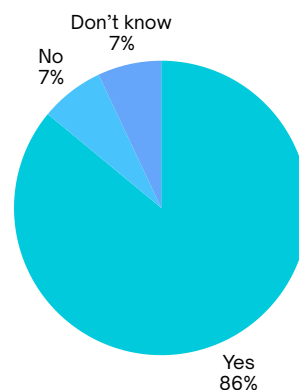
When asked if they were registered with the ICO, 71% said they are, 16% said they're not, and 13% don't know.

Are you registered with the ICO?



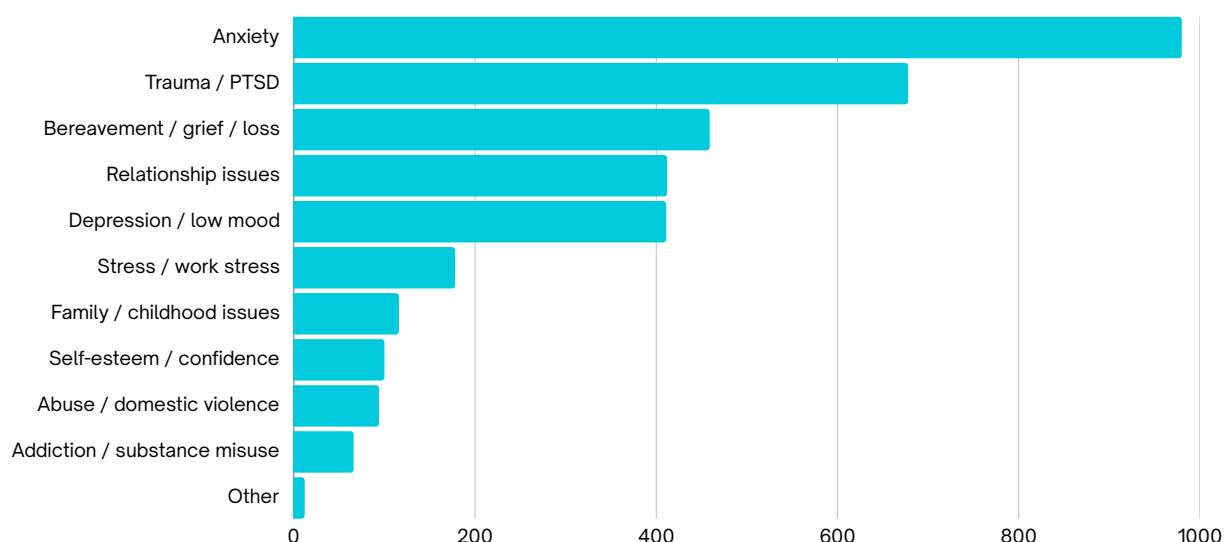
86% of respondents have a data protection / privacy policy, while 7% do not have one, and 7% don't know if they have one or not.

Do you have a data protection / privacy policy?



Most Common Presenting Issues

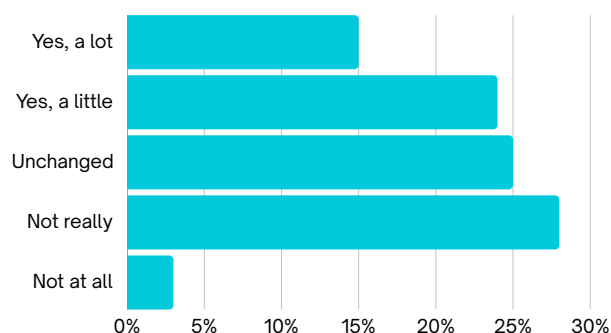
When asked what the most common issues presented by clients, Anxiety was by far the most common, followed by Trauma / PTSD. Other common issues were relationship problems, depression and bereavement/grief – each of these appeared very frequently in responses. Many also cited stress (often work-related or general) and low self-esteem as common client themes. Issues like abuse/trauma histories, family and childhood issues, and addiction were mentioned often as well.



Change in Presenting Issues Over the Year

Members were asked to elaborate on this issue, specifically around whether there had been a noticeable change in the general presenting issues over the past 12 months. Half of respondents indicated some level of change. 15% said presenting issues have changed “a lot,” and 24% said “a little”. An additional 28% responded “Not really” (implying a very slight change). Meanwhile, about 25% felt issues have largely unchanged”, and 3% said there had been no change at all. In other words, roughly one in four saw no real change, one in six saw significant changes, and the remainder noticed minor or moderate shifts in what clients are bringing to therapy.

Has there been any noticeable change to the general presenting issues your clients are bringing to therapy over the past 12 months?



How have things changed?

We asked, for those who noted that things had changed over the past 12 months, how they had changed. Respondents reported a marked increase in the complexity and intensity of presenting issues brought by clients over the past 12 months. Anxiety remains the most commonly cited concern, with many noting a rise in acute and chronic symptoms linked to financial pressures, burnout, relationship difficulties, and a general sense of uncertainty about the future. Alongside this, there has been a significant rise in clients identifying as neurodivergent, particularly with traits or diagnoses of ADHD and autism. Many clients are arriving with a greater awareness of neurodiversity, often self-diagnosed or navigating long NHS waiting lists, and are seeking therapeutic support that statutory services are unable to provide.

Respondents also reported a notable increase in trauma-related presentations, including complex and relational trauma, dissociation, and post-pandemic distress. Broader social and political issues are increasingly entering the therapy room, with clients expressing heightened fear, anger, or hopelessness in response to global conflict, climate anxiety, and discrimination, particularly among LGBTQ+ and marginalised communities. Many members highlighted that more men and young people are now accessing therapy, and that clients overall are more emotionally aware, informed, and willing to engage with therapeutic tools. However, the severity of issues and limited access to other services means clients are often arriving later and with more entrenched difficulties than before.

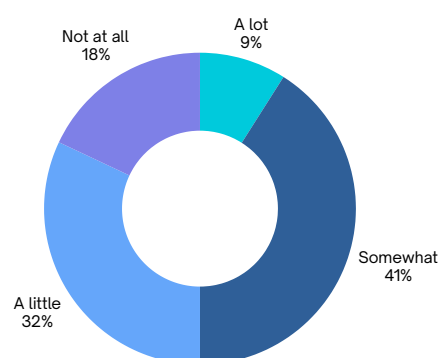


Technology and AI

Awareness of AI Developments

Members were also engaged with questions on the use of technology and developments in AI. Awareness appears to be moderate: 9% consider themselves very aware of AI developments, and 41% are “somewhat” aware. An additional 32% have “A little” awareness. 18% stated that they were not aware at all of AI developments. Half (50%) have moderate to strong awareness in this area. This suggests that while most members know of AI to some degree, there is variability in depth of knowledge, with a notable group having minimal familiarity.

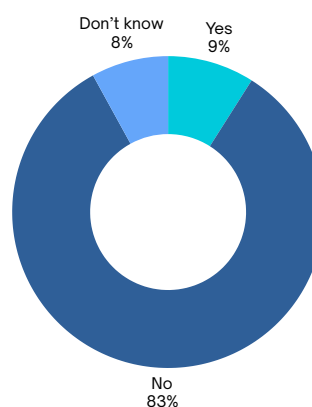
Are you aware of the developments in Artificial Intelligence as they relate to counselling and psychotherapy?



Has AI Already Impacted Practice?

On whether AI had already made an impact on their practice, the vast majority (83%) said that it had not. Slightly less than one in ten (9%) reported direct impact on their practice. 8% don't know if it has impacted on their practice.

Has this impacted on your practice in any way?



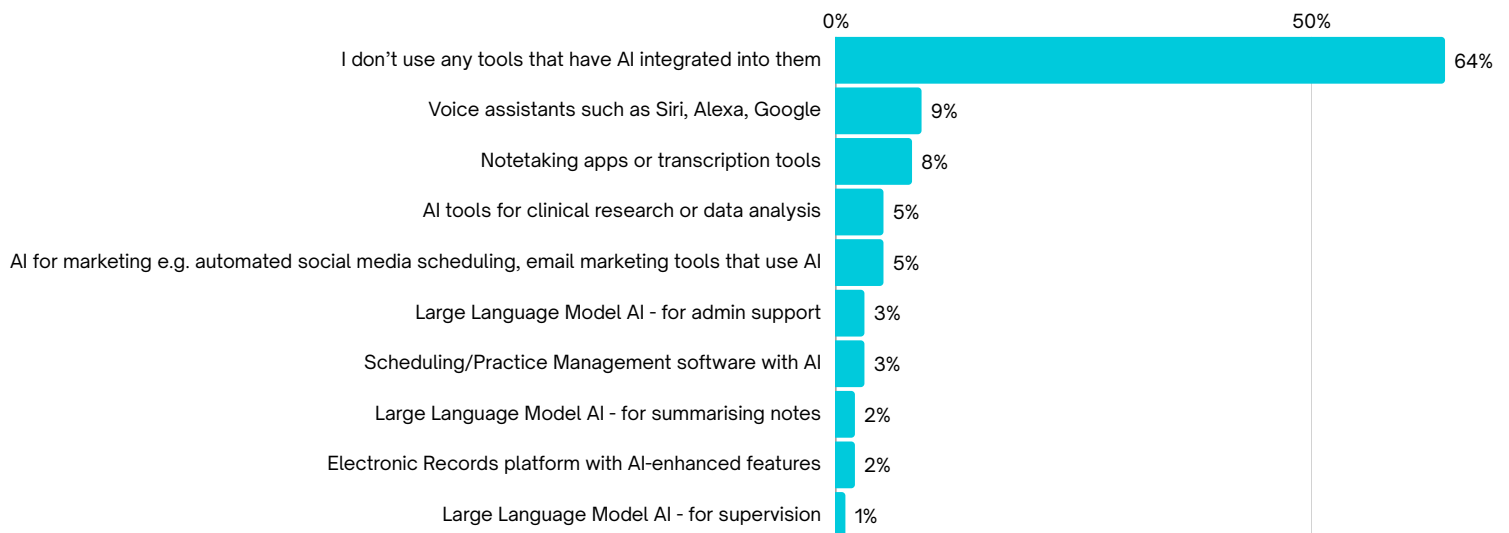
When asked how it has impacted on their practice, many practitioners reported using AI tools, such as ChatGPT or Heidi, to support administrative tasks like writing letters, reports, or social media content. Some, particularly those with dyslexia or other access needs, highlighted the benefits of AI for improving clarity and reducing time spent on non-clinical work. A few members described using AI to help with drafting policies, session summaries, or psychoeducational materials, and there was interest in further exploring AI's potential as a support tool, particularly in marketing and practice management.

However, concerns were frequently raised about clients using AI tools (particularly chatbots) in place of or between therapy sessions. Many practitioners shared that clients are increasingly turning to platforms like ChatGPT to self-diagnose, seek therapeutic advice, or simulate conversations, sometimes arriving at sessions with advice or insights they've received from AI. While some counsellors integrate this into therapeutic discussions, others expressed concern about misinformation, emotional harm, and the risk of replacing relational, human care with automated responses. Several members questioned the ethics, regulation, and confidentiality risks of AI in therapy, with a number saying they actively avoid using AI on principle, citing its incompatibility with core values like authenticity and therapeutic presence. Overall, while some see AI as a helpful adjunct for admin and research, many remain cautious or sceptical about its role in the therapeutic relationship.

AI-Enabled Tools in Use

64% of respondents reported not using any tools with AI. Among those who do, the most common were voice assistants like Siri/Alexa (9%) and AI-enabled note-taking or transcription apps (8%). 5% use AI tools for research or data analysis, and 5% use AI-based marketing tools (such as social media schedulers with AI). Small numbers (3% each) have used Large Language Model (LLM) AI for admin tasks or practice management software with AI features. Very few have used LLMs for summarising notes (2%), AI-enhanced client record platforms (2%), or LLMs for personal therapeutic insights (1%). Essentially no one reported using AI chatbots for triage (<1%) or AI therapy apps for clients (<1%). These results indicate that adoption of AI tools in practice is generally low – most members are not engaging with AI, aside from a minority experimenting with mainstream tools (like voice assistants or transcription services).

Which of the following tools do you use that may have AI integrated into them?



A small number (3%) selected other. Of that, the most common response indicated the use of specific AI tools, such as Google Bard or Zoom. Others highlighted use of custom-built or in-house tools, while others were not sure.

Specific AI tools (Google Bard, Grammarly, Otter.ai, QuillBot, replica, Woebot, Jasper AI, Zoom AI features, voice-to-text AI)

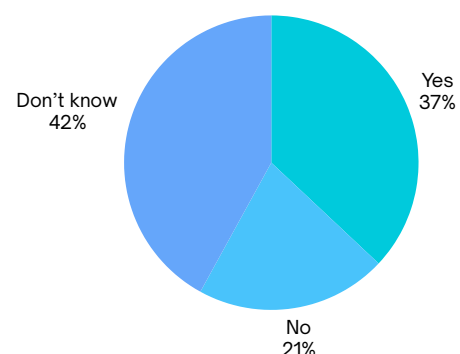
Custom-built or in-house tools with AI features

Not sure of tool names

Perceived Future Impact

When asked if they envisioned AI having an impact on their future practice, opinions were split and uncertain. 37% indicated that they do foresee AI impacting their practice. 21% said they do not expect an impact. The largest group (42%) answered "Don't know", indicating uncertainty. The data reflects considerable uncertainty about AI's future role, with more leaning towards expecting some impact than dismissing it.

Do you envision AI having an impact on your practice in the future?

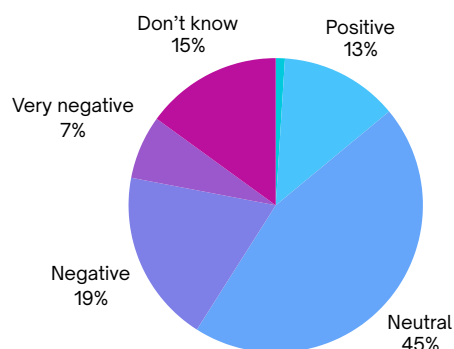


Anticipated Impact

When asked if this impact would be positive or negative, the most common view was neutral, with 45% thinking AI's impact will be neither positive nor negative. A sizable number (15%) did not know. This underlines the overall sense of uncertainty among members regarding AI's use and impact.

Among those with a clearer opinion, more see downsides. 19% expect a negative impact, and 7% a very negative one (26% expecting harm). In contrast, 13% foresee a positive impact and only 1% a very positive impact (14% anticipating benefits). Overall, therapists' outlook on AI appears to be cautious – few are optimistic about benefits, and just over a quarter worry about negative effects.

Do you envision this impact as being positive or negative?



External factors impacting practice

Members were asked about what external factors were most impacting their practice, and respondents consistently highlighted the ongoing cost of living crisis as the most significant external factor affecting their practice. Many noted that clients are increasingly unable to afford regular sessions, with some shifting to fortnightly appointments or stopping therapy altogether due to financial constraints. This has had a direct impact on practitioners' incomes and the sustainability of private practices. Rising overheads such as therapy room rental, professional memberships, and supervision costs further compound these pressures. Some members also reported needing to reduce their caseloads to manage their own health or administrative demands, intensifying the financial strain.

Beyond individual financial pressures, members identified a broader socio-political context contributing to heightened anxiety among clients. Concerns ranged from political instability, to war, climate change, and media-driven moral panics, and to the lasting effects of COVID-19. Several practitioners noted the impact of large online therapy platforms offering low-cost or subscription-based services, which have drawn clients away from local practices and devalued the therapeutic profession in the eyes of some clients. Other recurring themes included a saturation of the counselling workforce, lack of NHS funding and support, and social inequalities that make access to therapy more difficult for marginalised communities. Taken together, these insights reflect a complex web of economic, political, and cultural factors that are reshaping the landscape of counselling & psychotherapy.

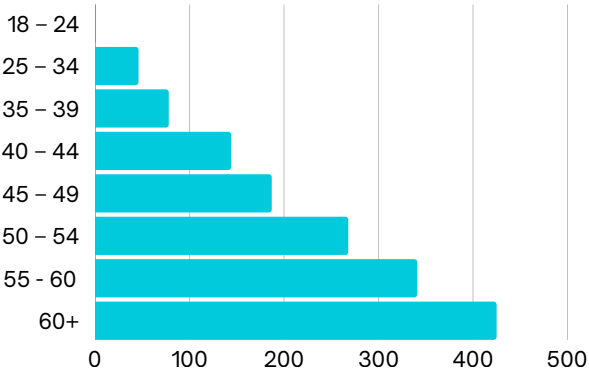


Equality, Diversity & Inclusion

Age Profile

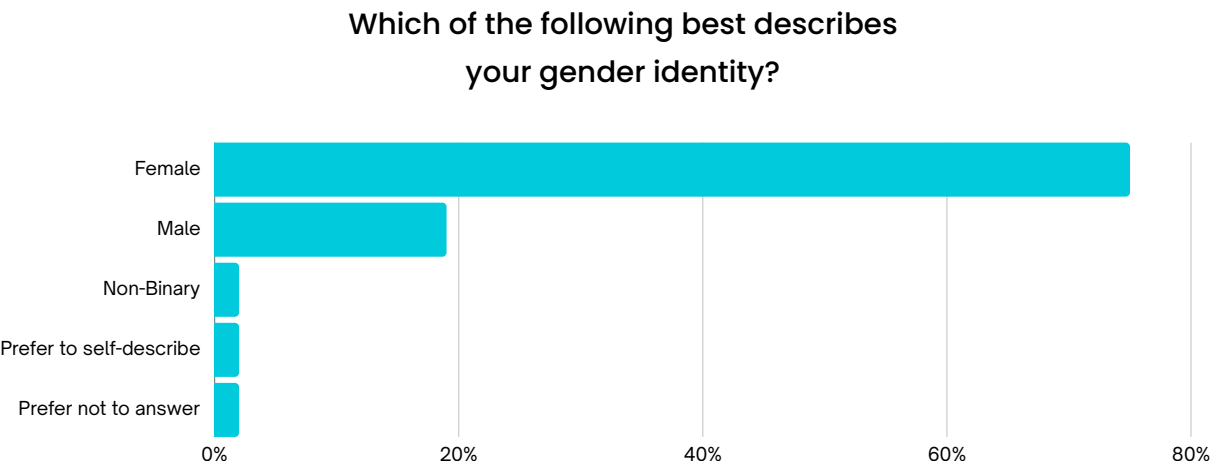
The respondent base skews toward mid-life and later-career practitioners: just over half (51%) are aged 55 or older, while fewer than ten per cent are under 40. The 18–24 cohort is particularly small (0.1%). Compared with 2024, the main shift is a slight increase in the 60+ bracket, reflecting delayed retirements and the continued appeal of private practice post-pandemic.

How old are you?



Gender Identity

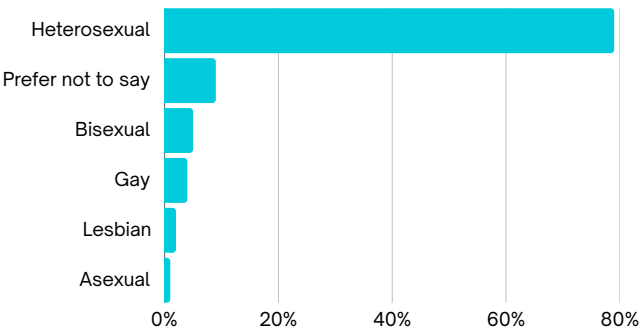
The respondents were predominantly female (75%) with male counsellors constituting 19%. 2% identify as non-binary, and 2% chose to self-describe. 2% preferred not to answer.



Sexual Orientation

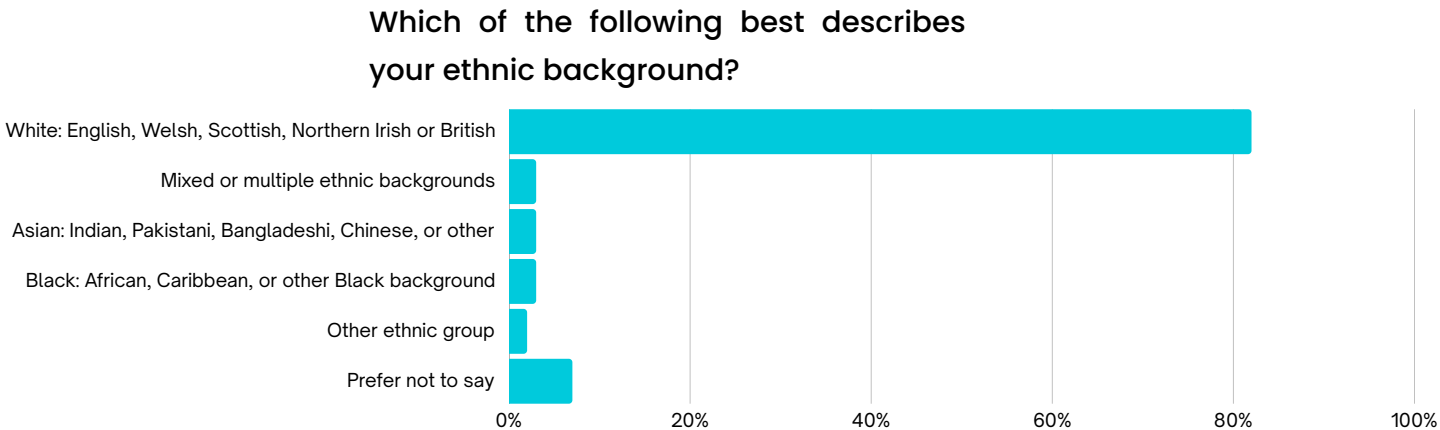
The majority (79%) identified as Heterosexual. The next largest group was those who preferred not to say (9%). Among specified orientations, Bisexual was 5%, Gay 4%, and Lesbian 2%. About 1% identified as Asexual. Under 1% of respondents also self-described with other terms, mainly Queer and Pansexual, but with some people also noting they prefer not to label themselves.

Which of the following best represents your sexual orientation?



Ethnic Background

The respondents were predominantly White British. 82% identified as White (English/Welsh/Scottish/Northern Irish/British, Irish, or other White background). 3% identified as having Mixed or multiple ethnic backgrounds. 3% identified in Asian categories (Indian, Pakistani, Bangladeshi, Chinese, or other Asian). Around 3% identified in Black categories (African, Caribbean, or other Black background). 2% selected Other ethnic group. 2% selected Other ethnic group.



Of those that identified as “other”, the most common identification was “mixed or multiple heritage”.

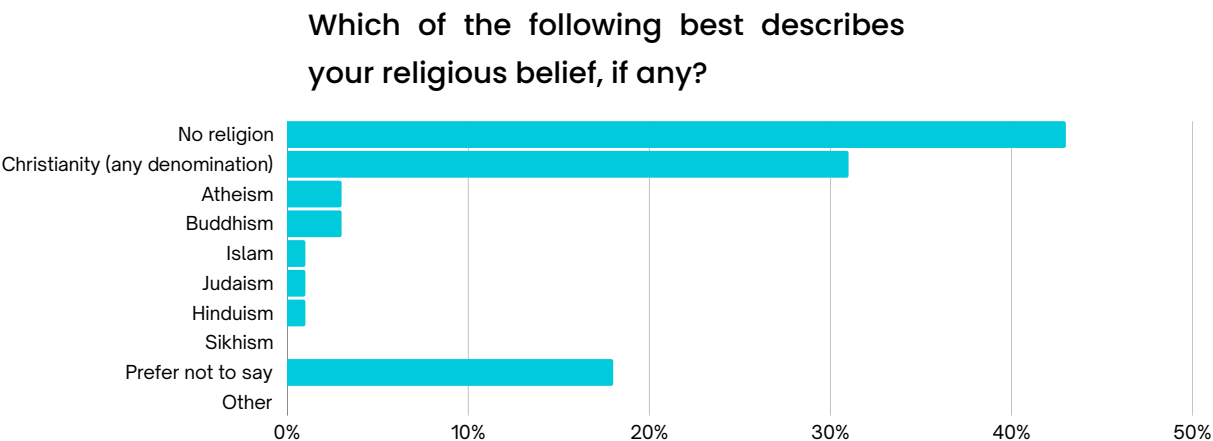
Mixed or multiple heritage (more complex ancestry)

White – specific heritage (e.g. mixed British/European)

Jewish heritage

Religion or Belief

42% of respondents identified as having no religion. 31% describe themselves as Christian, and the remainder represent a spectrum of belief, including Muslim, Buddhist and Humanist. 18% of respondents preferred not to answer this question.

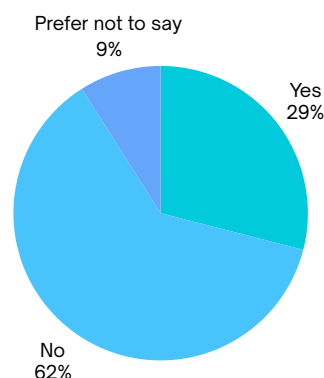


Of the <1% who answered “other religion”, many identified as agnostic, humanist, or Pagan. Respondents also gave specific denominations or traditions, such as Pantheist or Spiritualist. Some noted they have multiple beliefs, or that they were spiritual but not formally religious.

Disability or Health Condition

29% of respondents indicated that they do have a disability or long-term health condition. 62% said they did not. 9% preferred not to say.

Do you consider yourself to have a disability or health condition?



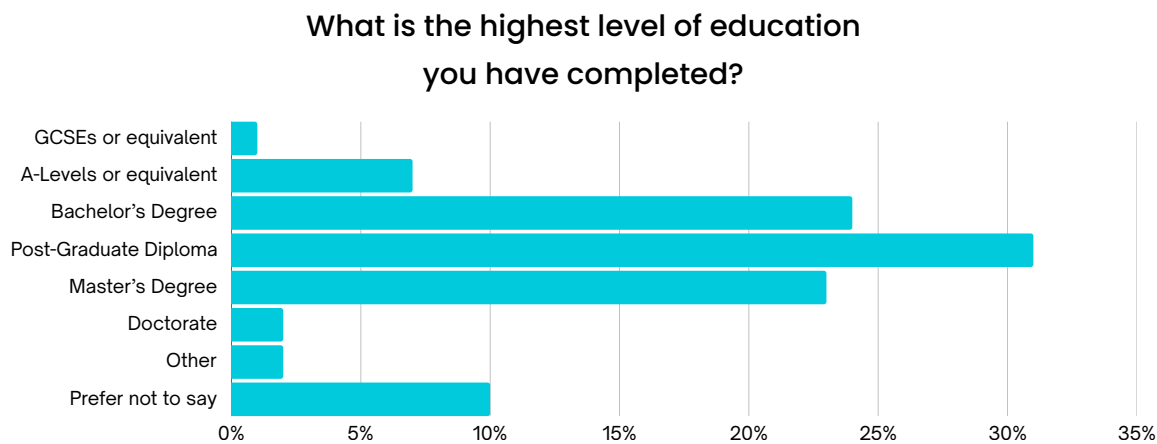
When asked to share more about their disabilities, respondents highlighted a wide range of conditions – both visible and hidden – including physical, sensory, neurological, and mental health-related experiences. A notable theme was the prevalence of neurodivergence, with approximately 5% of responses referencing ADHD and a similar number mentioning dyslexia. Around 3.3% reported being autistic or on the autism spectrum, with many of these individuals also self-identifying as AuDHD (autistic and ADHD combined), though not all had formal diagnoses.

Fibromyalgia – often accompanied by chronic fatigue and pain – was cited in roughly 3.3% of responses, and a similar proportion reported being partially sighted or blind. Other conditions mentioned included epilepsy, diabetes, hearing loss (including deafness), arthritis, M.E./chronic fatigue syndrome, long COVID, and autoimmune disorders. Some respondents shared that they do not consider themselves disabled, despite managing long-term conditions that can affect day-to-day functioning.

Overall, responses reflected the complexity of lived experience and the fact that many members are navigating multiple health challenges, often while continuing to practise. Many shared co-occurring conditions, with some describing the cumulative impact of physical, sensory, and neurodivergent experiences.

Highest Education Level Completed

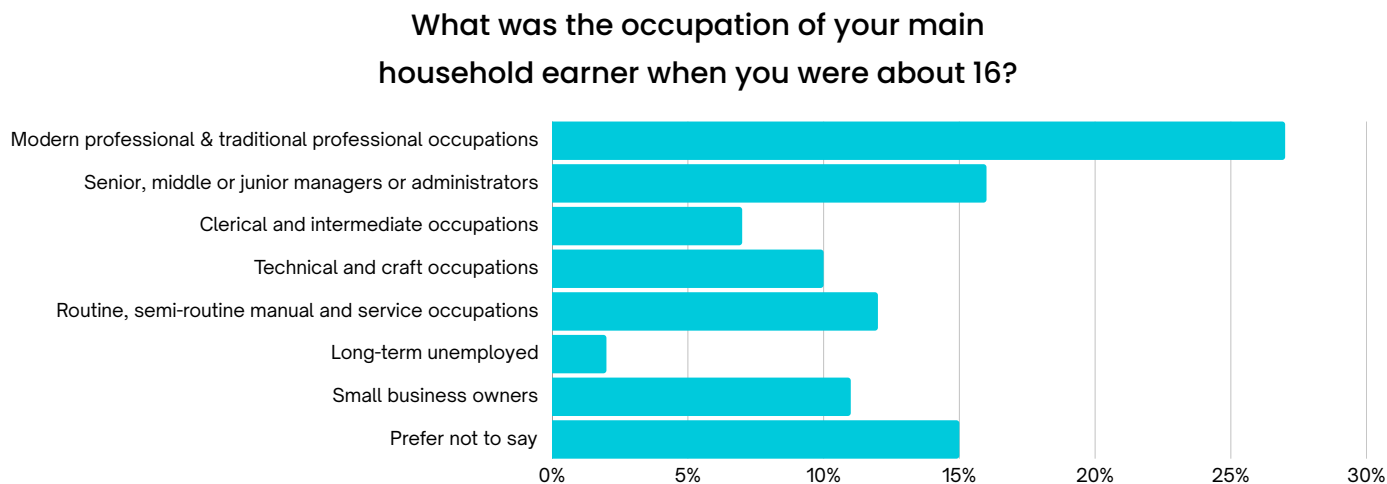
Among respondents, post-graduate diplomas were the most common highest qualification (31% of respondents). Bachelor's degrees were next (24%). Master's degrees were held by 23%. Smaller numbers had Doctorates (2%). 7% reported A-levels or equivalent as their highest level, and 1% had GCSEs or equivalent.



2% selected "Other", of whom the most common qualification were counselling or psychotherapy diplomas, other types of qualification not listed including PGCEs, overseas qualifications, and non-counselling professional qualifications in fields such as nursing or law.

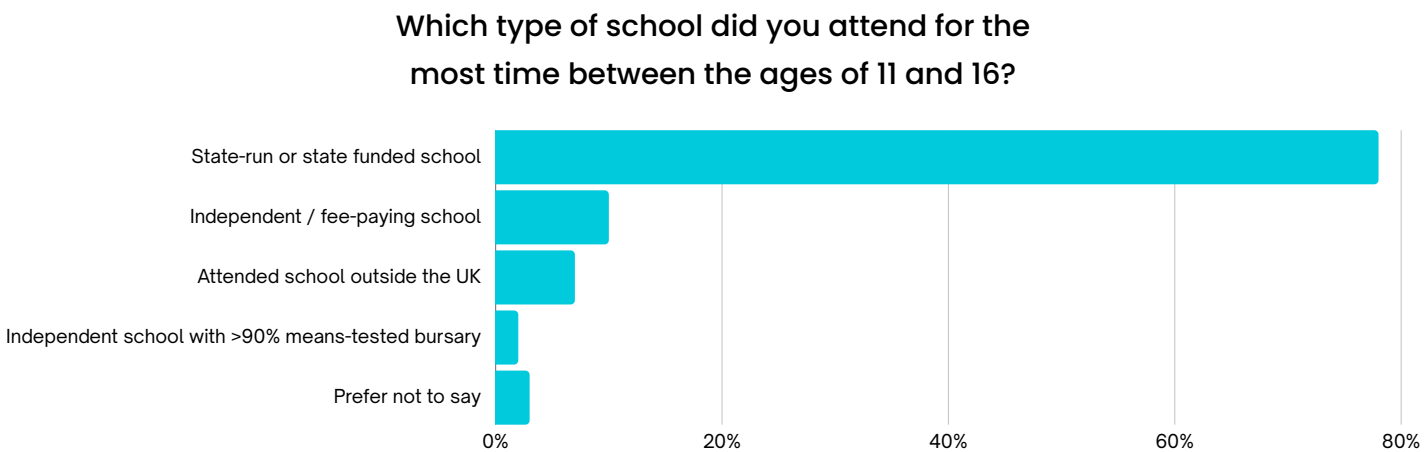
Main Household Earner's Occupation at Age 16

The largest group of respondents reported that their primary household earner was in modern or traditional professional occupations (27%). The next most frequently selected category (16%) was senior managers or administrators. Fewer respondents indicated backgrounds in technical and craft occupations, routine/manual service occupations, or clerical/intermediate roles. Very few selected categories like "never worked/long-term unemployed."



Type of School Attended (Age 11–16)

The overwhelming majority (78%) of respondents attended state-run or state-funded secondary schools, with 10% having gone to fee-paying schools – slightly higher than the national average over time of between 6% and 8%.



Free School Meal Eligibility

18% of respondents were ever eligible for free school meals, while 44% were not eligible. A large proportion (28%) were not eligible, which is in keeping with the age profile of respondents.

