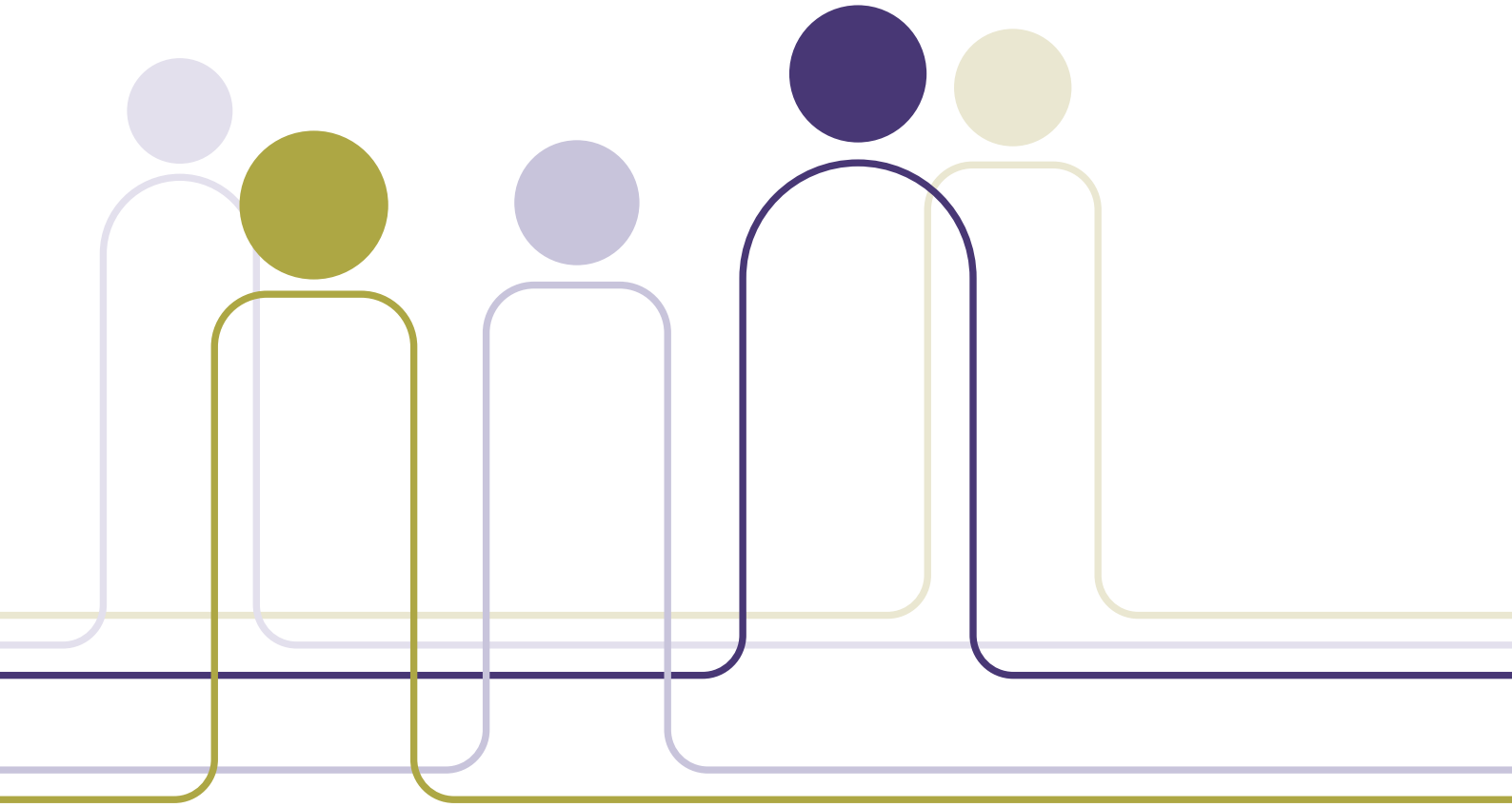
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Cross-border working within the counselling professions



Fact sheet

Ethics in Practice

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Fact Sheet

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Using Fact Sheet resources

The membership agreement with BACP establishes a contractual commitment by members to abide by the *Ethical Framework for the Counselling Professions*, which includes a responsibility for members to keep the skills and knowledge relevant to their work up to date.

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References in this resource were up to date at the time of writing but there may be changes in particular to the law, government departments, government policies and guidance, websites and web addresses. Organisations and agencies may also change their practice or policies, so please be alert for any changes that may affect your therapy practice.

In this resource, the term 'practitioner' is used generically in a wider sense, to include the practice of counselling, psychotherapy, coaching and pastoral care. The terms 'therapist' or 'counsellor' are used to refer to those trained specifically as psychotherapists and counsellors.

1 Introduction

Cross-border working can raise legal, ethical and practical considerations that may differ from those where both we and our client are located in the UK during service provision. This resource offers a way to explore and recognise common considerations and think through how we may navigate these.

Relevant considerations are likely to include whether we are permitted to work across borders and have the necessary competence and arrangements in place to safely do so. We will want to ensure our insurance and supervision arrangements are sufficient, as well as considering whether we adequately understand how applicable local laws and requirements may affect the service we offer, or indeed whether we are able to provide an appropriate service at a distance, or if the client's needs could be better met by a provider in that location. Diversity, equity, inclusion and belonging (DEIB) considerations will also be integral to this process, including reflection on how factors such as identity, culture, disability, socioeconomic circumstances and access to services may affect a client's experience of a cross-border working arrangement.

Rather than prescribing fixed answers, this resource supports professional judgment and thoughtful decision-making, centred on client need and informed by the wider cross-border context.

The term 'cross-border working' within this resource refers to those situations where practitioner or client, or both, are in different countries during service provision, whether this is on an ongoing basis or one that arises temporarily.

As remote working and secure communication technology have become more established, cross-border practice has become more common. Both practitioners and clients may choose cross-border work for a range of reasons, including employment, travel, study, migration, and family commitments for example. When ongoing therapy continues across a change of location, cross-border work can provide valuable continuity for the client.

For some clients, cross-border working may offer a wider choice of practitioner or therapeutic approach than may be available locally.

Despite cross-border therapy being logistically easier to arrange than ever, the ethical considerations it raises remain significant. The *Ethical Framework* provides a strong foundation for this work however, including principles that ask us to build trust with clients, respect difference, work collaboratively and remain attentive to inequality and oppression (Ethical Principles, BACP 2026). Ethical practice calls for us to reason carefully and be able to clearly explain our decisions; to work within our competence, be transparent about what we can and cannot provide, protect confidentiality, prepare for foreseeable safety concerns, and seek appropriate supervision and specialist advice where needed (Part A, Core Responsibilities, 2026 BACP 2026).

Mindful of the particular complexities involved, it is important that we have sufficient client work experience to undertake work of this nature, and as such cross-border practice may not be suitable for those of us who are newly qualified or trainees. Alongside our responsibilities to clients, the Framework also recognises the importance of attending to our own safety, health and wellbeing as integral to responsible and sustainable practice (Core Responsibilities 2:1, 2:3 BACP 2026). In the context of cross-border work this could include considering the specific demands of a given arrangement, such as practical challenges posed by different time zones, or the potential emotional impact of managing crisis and distress at a distance.

Fundamentally, these considerations are not simply matters of professional or procedural compliance but are closely connected to the quality and integrity of the therapeutic relationship itself. As Reeves and Bond (2026) remind us, 'counselling depends on clients being able to trust their counsellors'. The same foundations of trust apply in cross-border work, but the additional legal, professional, cultural and practical considerations involved may make them more complex to uphold. This means we need to look beyond the technicalities of whether we can offer a service to also consider whether we have properly understood the client's circumstances, considered the implications and limitations of the arrangement, and are able to practise with appropriate care and competence.

In this context, ethical practice requires us to ask not only, 'Can I work with this client?', but whether doing so will be fair, appropriate and in their best interests.

Using this Resource

This resource recognises that cross-border working is complex; that ethical questions may not always have straightforward answers and that uncertainty is inevitable. Working in accordance with the *Ethical Framework* does not require that we have every answer. It does, however, require that we are open with ourselves and clients about the limits of our knowledge, and about what may need further reflection, research, consultation or collaboration (EP BACP 2026).

This resource is structured around four questions that require consideration at the outset of, and throughout, our cross-border work. They are presented in a broadly logical order but in practice they are closely connected and may need to be explored alongside one another. The order is not intended to suggest a hierarchy of importance.

1. Can I legitimately offer cross-border therapy?

2. What does my client need to understand about the service I can provide?

3. How can I prepare for and respond to concerns about my client's mental health or safety?

4. How can I ensure my work remains respectful, fair and responsive across different contexts?

The remainder of the resource offers opportunity to apply the topic in practice through case studies, analysis and prompts for further reflection.

The BACP E*thical Framework* sits at the heart of this resource, providing the consistent lens through which the topics raised are explored, understood and applied in practice.

Additional relevant resources can be found on the BACP website.

2 Can I legitimately offer cross-border therapy?

There is no single answer to this question as the requirements for legitimate practice vary widely between countries. Practical matters such as payment, time zone and ease of communication may make a piece of work feasible. The more fundamental issues regarding legitimacy, however, are twofold. Firstly, whether the work is lawful, i.e. permitted under the relevant law of each country involved. Secondly, whether it is professionally permitted, i.e. consistent with the requirements of the relevant regulatory or professional bodies. Establishing this entails checking the relevant legal, regulatory and professional requirements in each jurisdiction, as well as ensuring we have appropriate insurance and can meet our financial obligations. (Core Responsibilities 4:1, 4:2, 3:4 BACP 2026). Indeed, cross-border work cannot be ethically legitimate without these foundational requirements being met at the outset.

The *Ethical Framework* requires us to be competent for the work and to meet these obligations both where we practise and where the client is located (Core Responsibilities 2.1; 4.1 BACP 2026). This includes having competence in online working (Online & Phone Therapy Framework, 2021) as well as checking how our qualifications, professional status and title are understood in a client's location (or our own location, if we have travelled outside the UK to work). This is because terms commonly used in the UK may be regulated or legally protected elsewhere. Our own professional body may be a useful starting point here, as well as checking whether the client's country has a professional or regulatory body that offers guidance for overseas practitioners.

It is likewise important to consider how different laws across borders may affect the work or create additional responsibilities. Key examples could include safeguarding obligations, different mandatory reporting requirements, or jurisdiction-specific laws around data protection and record keeping. For example, we may need to confirm whether the platforms we use for online sessions and case notes comply with the requirements that apply where the client is located. This could involve checking how a provider handles client information in practice, including for instance where written records are hosted and stored.

Employers, insurers, and technology providers may be among our first ports of call in finding out more about this. (Legal Resource 105; UK GDPR/ DPA 2018. Practitioners can also refer to the Information Commissioner's Office (ICO) (ico.org.uk) for practical interpretation).

Sometimes it may not be possible to determine with certainty which country's laws apply. If our client's rights, confidentiality or safety could be affected, or our own ability to provide the service lawfully, our best course of action will be to seek case-specific legal or specialist advice before agreeing to, or continuing, the work.

We must also understand our insurance position and fiscal responsibilities. In relation to the former, we are required to have professional indemnity and liability insurance for 'all aspects of our cross-border work in all the countries in which our professional services are delivered, and in which we and the people using

our services live, unless prior BACP approval for non-compliance has been granted'. (Core Responsibility 4.2 BACP 2026)

With respect to fiscal responsibilities, and in addition to our own tax obligations we must 'comply with tax obligations in the country where services are provided', recognising also that these 'may differ depending on the country in which we work'. (Core Responsibility 3.4 BACP 2026)

Ultimately, deciding whether we have a legitimate basis from which to offer cross-border therapy involves being satisfied that our work will be lawful, professionally permitted, appropriately insured and financially compliant in each relevant jurisdiction, in addition to being consistent with our wider ethical responsibilities.

3 What does my client need to understand about the service I can provide?

Having considered whether we can legitimately offer cross-border work, we can turn to our client's understanding of the service we can provide. Important aspects to discuss with clients could be our professional qualifications and status, confidentiality, how safety concerns may be handled, and the legal or professional protections available to them. Clear information at the outset helps clients decide whether the service is suitable for them.

Information alone, however, does not guarantee shared understanding. We and our clients may bring different expectations about what counselling involves; for instance, how active or directive a practitioner should be, different assumptions about a practitioner's role in diagnosing or treating, or how concepts such as safety and consent are understood. Where expectations and assumptions have been shaped by different cultural, legal and professional contexts, it can be especially important to explore, rather than assume our understanding is shared. In doing so, we give practical effect to the ethical principle of transparency, which asks that we 'ensure people are fully aware of what services are being offered, the qualification of those offering the service... and any risks, benefits and alternatives that may be available'. (Ethical Principles, BACP 2026).

For example, a cross-border client may assume our BACP membership will provide them the same protections available to a UK-based client. Exploring this and offering clarification where needed can facilitate more meaningful informed consent. For instance, it may be helpful for clients to know that BACP is a voluntary membership body rather than statutory regulator, and that pursuing a complaint from another country may be more complicated than it would be for a UK-based client. Any legal action may also depend on which country's courts have jurisdiction and, in practice, may be too costly or difficult for some clients to pursue.

As another example, a client may assume that confidentiality will operate in the same way as it does in the jurisdiction with which they are familiar in cross-border work, however, the legal and professional frameworks that apply may affect how information is handled and the circumstances in which it may be shared.

Clients should therefore understand both the routine limits of confidentiality, including that relevant aspects of the work may be discussed in supervision, and the circumstances in which information might be disclosed without their consent. Such disclosure may be required or permitted by law or may form part of a proportionate professional and ethical response to a risk of serious harm to the client or another person even where there is no specific legal duty to disclose. (Ethical Principles Confidentiality & Best Interest; Core Responsibilities 2.4, 3.1 and 3.3, BACP 2026)

Clients also need clear information about how their data will be handled, including the rules governing the processing and storage of these. For instance, in cross-border work a client may not realise that different record-retention requirements might apply, or that the services and online platforms used could store, process or allow access to their information in another country, (Core Responsibility 3:1 BACP 2026; Legal Resource 105; UK GDPR/DPA 2018, refer to ICO as above).

Equally, differences in legal or technical conditions across borders may expose client information or therapeutic sessions to cyberattacks, surveillance or access by unauthorised parties. Recognising and raising these possibilities are an important part of our responsibility to 'assess the risk of any AI, digital tool or online platform' and 'be honest and transparent' with clients about these, including 'the benefits and risks involved with their use' (Core Responsibility 2.1 BACP 2026; Legal Resource 105; ICO). Taking time to talk these issues through can help clients understand possible implications to their privacy and in turn make more informed decisions about how to proceed.

Language is another factor that can affect how well we and our clients understand each other. This may arise in more visible ways, such as when communication involves a second language or the support of an interpreter, but can also emerge more subtly; perhaps where client and practitioner inadvertently attach different meanings to the same words, or even where our choice of words may, even unintentionally, influence or steer a client's decisions. Supporting genuine understanding therefore means checking that we share the same meaning and that consent is not only informed but freely given. We will return to this in Part 4, considering further how both language and relational dynamics can affect clients' understanding and choice.

Capacity and the legal authority to consent are another area which can vary across jurisdictions. This may include the rules governing the age at which a client can consent to therapy, as well as the criteria used to assess a person's capacity to take the decision. In cross-border work, it is therefore prudent to clarify early on which requirements apply and whether a client can give valid consent under them.

4 How can I prepare for, and respond to, concerns about my client's mental health or safety?

Managing crisis and safety concerns, including suicide risk, significant mental health deterioration, or risk to or from others, can be among the most practically and ethically challenging aspects of cross-border work. Limited knowledge of local systems and support networks, for instance, which hospitals, services or helplines are available, can hinder our ability to respond effectively and timely. Other barriers such as time zones, geographic accessibility of services, and language differences can also create further delay just at the moment when a swift response could be critical.

Unfamiliar systems or different legal or professional frameworks can cause real uncertainty about what responsibilities may apply and what consequences our actions may have. Ethically complex scenarios might include considering whether or how to involve local services for a client experiencing suicidal thoughts in a jurisdiction where suicide attempts remain criminalised. Likewise, difficulties may arise where local procedures for involuntary intervention differ from those we know, including for example, the thresholds for intervention, the role of the police, and the safeguards or rights of review available to the client.

Deciding how to proceed in such circumstances can be hard. Recognising the limits of our knowledge is part of this process, as is forward planning. Ethical practice draws on our professional knowledge, including the *Ethical Framework* and careful research into the relevant jurisdictional issues. Our professional judgment also plays a central role, along with supervision, and where appropriate, local legal or clinical advice.

Early risk assessment and safety planning are important in all practice but can take on additional significance in a cross-border context. For example, such conversations can help clarify what a client expects from us in an emergency and whether this matches what we can realistically and safely offer from a distance. They also support informed consent and meaningful contracting, while reflecting the *Ethical Framework*'s emphasis on collaboration and the building of respectful, appropriate relationships, (EF Part A; Core Responsibility 1:1 BACP 2026).

An important part of these early conversations could include discussing confidentiality and its limits, as discussed in Part 2 above.

Having clarified what support can and cannot be offered, discussion can turn to how crises can be managed in practice. This may include an agreement to confirm client location at each session; advance identification of local emergency and mental health services, as well as any trusted family members, friends or community contacts who could form part of a support network.

We could subsequently bring these arrangements together in a collaboratively developed safety plan. This plan could include setting out relevant contacts and agreeing what actions should be taken if risk emerges or escalates. It may also be helpful to agree together what would happen if our contact with a client is unexpectedly lost, for example, if the online connection failed during or shortly after a disclosure of risk. Developing a plan together in this way can help make expectations and agreed actions clear, as well as reflecting our commitments to transparency and working in partnership with clients, (EF Part A & Ethical Principles BACP 2026; Practitioners can refer to NHS – *Staying safe from suicide* for best practice guidance around safety assessment, formulation and management).

Working in our clients' best interest also requires us to consider how we can ethically approach referrals and endings. Central to this is recognition and honesty about when risk and safety concerns may exceed what we can competently and safely manage remotely. We can discuss such scenarios openly with clients; anticipating potential referral options together, 'act(ing) appropriately to protect people from harm' and managing endings in 'ways that minimise the impact for clients', (Core Responsibilities 2:4, 4.5 BACP 2026).

Suitable supervision is key in supporting us and, in turn, our client as we navigate the potential ethical dilemmas and difficult decisions that can arise. In this respect, the *Ethical Framework* highlights the importance of ascertaining that our supervisor, alongside ourselves, has the necessary skills, competence and experience to safely and ethically support this type of work, (EF 4.3 BACP 2026; BACP Online and Phone Therapy Competence Framework).

Good record keeping is also fundamental to ethical practice, and our records should be both factual and adequate (Core Responsibility 3:2 BACP 2026). The most effective records will provide a clear, evidenced account of our reasoning, decision-making and use of supervision throughout the complexities and uncertainties of cross-border working.

5 How can I ensure my cross-border work remains respectful, fair and responsive across different contexts?

The ethical considerations discussed above, around law, consent and risk management, are among the more visible aspects of cross-border work. Equally important are the less visible influences that shape how we understand and respond to clients. None of us enters this work empty-handed: we bring our own values, assumptions, cultural contexts and lived experiences. The *Ethical Framework* identifies anti-oppression as one of the principles underpinning the therapeutic relationship at a process level. It asks us to 'be aware of relational power dynamics (and ensure) that relational power imbalances do not create or lead to marginalisation or minoritisation' (EP, BACP 2026).

Putting this into practice begins with noticing how power operates within the therapeutic relationship and asking ourselves questions, such as, whose knowledge is being trusted? Whose language and assumptions are shaping the work? Differences in professional status, culture, language and access to power may all influence these dynamics. These are core diversity, equity, inclusion and belonging (DEIB) considerations, relevant to all therapeutic work, though intersecting identities, geopolitical inequalities and colonial histories may make them particularly significant when working across borders.

A fundamental part of this work is recognising the limits of our knowledge, acknowledging not only when we are uncertain about something, but also remaining open to the possibility that we have blind spots.

No matter how complete our training, or how wide our experience, we cannot fully understand every context we encounter. Instead, we can approach each client and context with curiosity and humility, remaining attentive to how our assumptions and responses could be experienced by our clients. Using reflection, feedback and supervision we can support more ethical, responsible practice, informed by the principle of anti-oppression.

In cross-border work this might involve more consciously catching ourselves when we treat our own norms as simply 'how things are', rather than one perspective among many. It might mean lingering with language a little longer, noticing that a word we both understand might not mean quite the same thing to us both. This may particularly be the case when using more clinical or therapeutic terminology such as 'trauma', 'boundaries', 'symptoms'. It may be about finding the delicate balance between welcoming clients as the experts on their lives and experiences, without also expecting them to take on the work of educating us.

Anti-oppressive practice not only involves consideration of how interpersonal dynamics operate within the therapeutic relationship, but also whether our established ways of working assume particular ways of understanding wellbeing, expressing distress, making decisions or recognising therapeutic progress. This might involve exploring whether the goals and assumptions of a particular therapeutic approach align with the client's own understanding of progress or relief. For example, an emphasis on individual autonomy and self-development may not reflect the priorities of a client who places greater value on relationships, interdependence or shared responsibility. A different kind of mismatch may arise when a therapeutic model privileges individual verbal reflection, but the client experiences or understands distress through other forms of meaning-making, including bodily, relational, spiritual or cultural practices.

The *Ethical Framework* is clear that 'collaboration, which considers identity and diversity, involves taking deliberate steps towards mitigating potentially harmful power dynamics and inequalities between people, (EF Collaborative process. BACP 2026).

In practice, this means paying attention not only to what happens between us and our client in therapy, but also to the wider systems, influences and social positions that we both bring with us. This could include forms of authority linked to geography, education and/or access to resources and services. If left unacknowledged or unexamined, the therapeutic relationship may be influenced in subtle but potentially significant ways, such as how safe or confident a client feels to question or disagree with us. Another result of this could be that a client presents themselves based on assumptions of what they believe we expect of them. Left unattended, these kinds of dynamics could risk reproducing the very inequalities that the *Ethical Framework* asks us to mitigate.

6 Application to practice

This section follows Alex the practitioner across two contrasting settings – private practice and an international online therapy platform – to explore some of the ethical issues involved in cross-border work.

In private practice, Alex oversees every step of the client journey. On the online platform, Alex is connected to clients around the world, based on client preference and need.

Using the *Ethical Framework* as our guide, each case study is followed by discussion of the ethical issues presented, consideration of how we might approach these in practice, and questions to prompt and support further reflection.

6.1 Case study 1 – Client Kiran

Alex, in private practice, has been supporting Kiran with issues related to his sexual orientation and same-sex relationship. Before relocating overseas for temporary secondment, Kiran tells Alex he anticipates concealing his relationship for personal and professional reasons. Kiran intends to return to the UK after secondment, and Alex and Kiran agree to continue sessions during Kiran's relocation.

Kiran connects to sessions via his employee laptop. Although Alex raised privacy concerns about this and encouraged discussion during Kiran's first session from overseas, Kiran said it was his most practical means of connecting to sessions. Kiran describes sessions as 'the only place I can speak openly', but more recently has noted 'sometimes I'm lonelier after sessions; like I'm more aware of everything I miss at home'.

Kiran voices concern during sessions that 'it might be risky if anyone here saw or heard us.' Kiran also wonders whether Alex can understand 'what it's like to choose between being 'real' and staying safe'.

In the previous session, Kiran disclosed a recent incident of self-harm after a long period without, saying 'I don't know how long I can keep living this way...'. When Alex asked where he could access urgent local support, Kiran replied 'I don't know'.

Recognising the need for an emergency plan, Alex researched local crisis services, whilst simultaneously realising Kiran had mentioned moving between offices in the new location and that he does not know Kiran's precise address.

What's my view?

Alex has succeeded in establishing a therapeutic relationship in which Kiran feels able to speak openly about experiences he conceals elsewhere. Alex's decision to continue working with him may therefore have been driven by a well-intentioned wish to preserve a source of support that Kiran values.

Nevertheless, Kiran's relocation changed the context of the work, introducing new legal, ethical, practical and relational considerations. Ideally, these would have prompted a review of the working agreement before Kiran left. The review could have considered whether cross-border sessions could continue lawfully, professionally and ethically.

Alex could also have taken the opportunity to ensure they were suitably insured and, crucially, consider what crisis and safety arrangements should be agreed. Preparing in advance would have allowed for such matters to be explored calmly and thoughtfully, rather than reactively when arising for the first time during a possible crisis.

The most pressing immediate concern is Kiran's safety. Alex has appropriately recognised the significance of Kiran's recent self-harm and concerning comment but now needs to ensure a prompt response to further assess the safety concerns and, as far as possible, work collaboratively with Kiran to determine how best to support him (Core Responsibility 1.4, BACP 2026). If action without Kiran's consent becomes necessary, Alex will need to comply with the applicable requirements of the relevant jurisdictions, ensuring that any disclosure is lawful, necessary and proportionate, (Core Responsibilities 2.4, 3.3 and 4.1, BACP 2026).

The case also raises questions about balancing Kiran's best interests with avoiding harm. Kiran values the support that therapy offers yet also describes feeling lonelier following sessions. Alex could explore this experience collaboratively with Kiran, perhaps considering whether any adaptations might help e.g. session frequency, length, pacing. Once Kiran's immediate safety has been supported, they could revisit the working arrangement together; openly discussing whether continuing therapy remains realistic, ethical and in Kiran's best interests while he is relocated (Ethical Principles, BACP 2026).

Digital safety is another important consideration and although Alex correctly encouraged consideration about this when first discussed at the point of relocation, Kiran continues to voice concerns about being seen or overheard. This provides Alex with a clear opportunity to work with Kiran to review and reconsider whether use of an employer-owned device in a workplace setting may affect privacy and confidentiality, and whether safer alternatives may be available (Core Responsibilities 2.1 and 3.1, BACP 2026).

Kiran's concern about whether Alex fully understands his situation also provides opportunity for Alex to consider how their own assumptions or responses may be affecting Kiran's sense of being understood and safe. Indeed, Alex's willingness to explore these, whilst recognising how differences in freedom and lived experience may affect the therapeutic relationship, is key to anti-oppressive practice.

Suitable supervision throughout will be essential to support professional, ethical grounded practice, providing space for Alex to explore uncertainty and to reach collaborative, reasoned and thoughtful decisions.

Questions for further reflection

Do I sufficiently understand relevant cultural, legal or political factors?

What information do I realistically need to arrange urgent help for Kiran if needed?

Do we have a clear plan should our connection be disrupted for any reason?

Is there a possibility I might act too quickly because I feel uncertain, or too slowly because I'm worried about causing harm?

How can Kiran or I make contact between sessions without increasing any potential risk?

Anything else?

6.2 Case study 2 – Client Noor

Noor and her extended family are currently stateless and have no secure immigration status. Noor reports sleeping difficulties and feeling emotionally numb. She initially sought support locally but found this hard to access without the required proof of residence.

Prior to returning to her family overseas, Noor spent four years studying at university in the UK, during which time she also accessed some brief counselling support. Based on this positive experience of counselling, Noor searched for an online UK practitioner, finding Alex through the international online platform. Alex invited Noor to expand on what she had found helpful during the previous counselling sessions at university and what she hopes for from this current work.

Alex notices family members frequently move in and out of the room during sessions. Noor says this is normal and no reason for concern. When Alex emphasises the importance of a confidential therapeutic space, Noor replies, 'Asking for privacy may make the sessions less private.' Hoping to gain further understanding of Noor's concerns, Alex suggests exploring this further.

Through discussion, they consider alternative ways of protecting confidentiality while helping Noor to continue to feel comfortable and able to engage in the work.

After several sessions, Alex informs Noor they will be travelling overseas to visit family but plan to continue session delivery while away. Because of the time difference, the session time will need to change. Noor agrees, and they continue meeting weekly.

In the most recent session, Noor shares that her 12-year-old brother has begun working informally to help support the family. Whilst Noor describes this matter-of-factly, she also expresses regret that her brother does not have the same educational opportunities she had when younger. Concerned, Alex realises they are unsure of local laws in this respect and tells Noor they may need to contact the safeguarding authorities. Noor looks alarmed and says, 'But we can't have officials coming to the house.'

What's my view?

Working through an international platform does not remove Alex's responsibility to ensure their work can be lawfully and professionally permitted as well as appropriately insured (Core Responsibilities 1:2, 2:1, 4:1 BACP 2026). There is no indication however that Alex has clarified which of these aspects, if any, the platform manages. It is also unclear whether the wider implications of the arrangement have been considered and discussed with Noor. This may suggest that Alex has placed considerable reliance on the platform to manage these tasks instead.

Alex helpfully encouraged Noor to elaborate on her previous experience of accessing counselling support. Depending on the depth of this conversation, the discussion could have informed thoughtful decision-making about whether Alex's own approach and competence are comparable. Additionally, such conversation would have provided good opportunity to consider any potential differences between this arrangement and the previous one – for example, in terms of confidentiality and crisis planning.

Noor's statelessness adds a further layer of complexity in such respects, as Noor may lack, or have reduced access to, the protections and practical support usually associated with nationality. She may also be facing ongoing uncertainty about her legal status.

Alex's concern about confidentiality is understandable. Instead of simply seeking to secure this therapeutic principle in a way that feels familiar for them however (e.g. a private space), Alex refrains from asking Noor to depart from family norms, potentially creating boundaries that may not be usual within her home, and asks instead to explore this further, and collaboratively, with Noor (Core Responsibility 1.1, BACP 2026).

With regards to Alex's overseas travel, it's possible Alex may be primarily concerned about scheduling without recognised the significance of their own location as a key factor in this context. By working temporarily from another country however, Alex introduces an additional jurisdiction. With this in mind, the legal, professional, and insurance position for all three jurisdictions will once again need reviewing and agreeing afresh (Core Responsibilities 4:1, 4:2, BACP 2026).

Alex is right to be concerned about Noor's brother and the family's situation. However, it may be premature for Alex to immediately raise the possibility of reporting, prior to exploring what more needs to be understood about the brother's situation and whether any risk of harm is imminent. Assuming no immediacy, Alex may helpfully seek to clarify any relevant laws and safeguarding thresholds, as well as the possible consequences of involving authorities. Situations such as these can raise difficult ethical tensions. Even well-intentioned action may have unintended legal, social or personal consequences for the person concerned, or others. In the absence of an immediate need to act, further exploration with Noor, supported by supervision and relevant specialist consultation, may support a more informed and proportionate response (Core Responsibilities 1.4, 2.4, 3.3, BACP 2026).

Questions for further reflection

Do I have the relevant training, experience and knowledge to work safely and competently with stateless or forcibly displaced clients?

Have I considered contingency planning should my own change of location involve further disruption to session connectivity and platform access?

When discussing my travel, do I need to reflect, and, without making assumptions, invite discussion around how Noor might experience the differences in our freedom and mobility?

Am I clear on the difference between my legal duties to report and my ethical responsibilities, as well as how these might diverge in this case?

Anything else?

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References and further reading

BACP (2026) *Ethical Framework for the counselling professions 2026*, Lutterworth: BACP

BACP – Ethics Hub – Are you considering working online with clients outside the UK?

BACP (2016, 2026) Online and phone therapy (OPT) competence framework and user guide

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