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Working in private practice within the counselling professions



Fact sheet

Ethics in Practice

Ethics in Practice 010
Fact Sheet

Updated October 2026

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Ethics in Practice 010 Fact Sheet: *Working in private practice within the counselling professions* is published by the British Association for Counselling and Psychotherapy, BACP House, 15 St John's Business Park, Lutterworth, LE17 4HB.

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Design by Steers McGillan Eves.

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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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Practice issues and dilemmas are often complex, and may vary depending on clients, particular models of working, the context of the work and the therapeutic interventions provided. We therefore strongly recommend consulting your supervisor, and also, wherever necessary, a suitably qualified practitioner or lawyer. Some professional insurers will provide legal advice as part of their service.

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The term 'practitioner' is used generically in a wider sense, to include those who work in the practice of therapy, psychotherapy, coaching and pastoral care.

1 Introduction: Private practice

Private practice is when a therapist is self-employed and for a fee, provides therapy. Clients will have either referred themselves or come via a third party such as an Employee Assistance Programme (EAP) provider, insurance company or another referrer.

Setting up and successfully running a private practice (and when appropriate) closing it, requires much thinking about, consultation, robustness and commitment. It's not a project to undertake lightly.

This resource looks at the legal, ethical, safety and business aspects for therapists thinking about working in private practice. It may also help those already running a private practice.

Although focusing on therapy, it also contains information that applies to those providing supervision in private practice.

Referenced throughout is the *Ethical Framework 2026* (EF) for which there is a *Glossary*. More information can be found at *Preparing for the 2026 Ethical Framework*. It will help to have a copy of the EF handy as you read through this resource.

See also Ethics essentials helping you to implement the *Ethical Framework* into your practice.

Let's now consider what's involved in providing ethical, legal and safe therapy in the context of private practice.

2 Private practice – working ethically, safely and legally

In any context, effective, safe and legal provision of therapy rests upon its ethics. However, no more so than when working in private practice. That work is informed by ethical reasoning in line with the *Ethical Framework* that consists of three sections:

1. Working ethically within relationships
2. Ethical principles (EP) – aspects that 'facilitate and enable' the relationship at a process level
3. Core responsibilities (CR) – forming the basis for good practice.

Private practice brings both benefits and challenges. We probably have more freedom to make decisions about how, where and when we work and once financially stable, have a more desired work life balance.

But there's no pension scheme, paid sick leave or holiday pay. There are no colleagues in the same office if we have a tricky practice issue or crisis so it can feel more isolating. As well as being ethically minded, private practitioners need to be (or quickly become), self-reliant, resilient and self-motivating. We must be able to easily context-switch. For example, one minute we might be hanging up the laundry, the next, answering the door to a client.

Before starting a private practice, therapists should reflect deeply on many issues and consult widely. Here are some specific areas to consider.

Competence as a therapist and business owner

Before going into private practice, therapists should carefully consider, with their supervisor, whether they've a level of training, enough clinical experience and sufficient resilience to enable them to competently meet the considerable challenge of independent working. This includes working with a range and complexity of issues that private clients bring (Core Responsibility 4.1).

As guardian of your practice, each time a prospective client contacts you, you must act as doorkeeper. Being able to make an accurate assessment is vital. Apart from our supervisor (who, as we know, never actually meets our client), there's no 'second opinion'.

Working with clients online or outside the UK will impact on practice so check your work and insurance comply with laws, both locally and internationally (Core Responsibilities 4.1, 4.2).

Like any practitioner (but perhaps more so for those working in private practice), you must show high levels of wide-ranging competence. See References. Due to the potential for isolation, meeting colleagues and attending CPD events may take on an extra significance BACP Register | Guide to CPD and CPD hub.

It's easy to get caught up in the 'therapy side' of private practice so BACP has partnered with The Open University, to provide various free business courses for members Online business training.

Artificial intelligence (AI) is a fast-moving, complex and ethically challenging area. If you use AI, you must be competent and 'remain responsible for critically evaluating AI output and for any subsequent decisions you make based on its advice or suggestions'. You must also 'have a client's informed consent before inputting any personal data' (Core Responsibility 2.1). See Checklist for using AI tools and EiP 009 *Artificial Intelligence in the counselling professions.*

Getting started

After a while, 'word of mouth' or personal recommendation, may start to be made, leading to more clients. Care must be taken regarding boundaries especially where clients have recommended you to friends (Core Responsibility 1.3). Advertising should give an accurate description of services offered and be legal, decent, truthful and honest. Phrases such as 'I offer confidential counselling' are best avoided as are unsubstantiated claims e.g. 'I will cure your anxiety' (Core Responsibilities 1.2, 4.4, Ethical Principle – Fairness).

Then there's a therapy room to find. A rented room means clients won't know where you live or experience some of how you live. Disadvantages include room rent, possible double booking, paying half or full day for one client (who doesn't turn up) and getting tied to longer-term tenancy agreements.

Working from home can include lower cost, flexibility in use of time and being able to offset some household bills against taxable earnings. However, inviting clients into your home, disturbances to family life (and from family life and others) also play a part.

Privacy is important to consider. One aspect of this is that wherever we work, be it from our own home or a rented room, that therapy space must be kept private (Core Responsibility 3.1). We must ensure physical, digital and remote meeting spaces are private and free from intrusion (Core Responsibility 2.1) and our records must be stored securely at all times. Foreseeable limitations to this must be discussed and agreed to by the client (Core Responsibility 3.1).

Home and contents insurance policies should cover if clients are on the property but check there's no breach of mortgage or tenancy agreement. In any setting, our safety is paramount (Core Responsibility 2.1), see Lone working guide. Virtual therapy, such as by telephone, online, text, email is also an option although there are advantages, disadvantages and specific competences to achieve, see References.

All therapists have an ethical and legal responsibility to make reasonable adjustments available to clients both to where, and how, they provide therapy. See the *Glossary* for a definition of Reasonable adjustments, see also Anti-oppression (Ethical Principle). Discussions can be difficult requiring openness regarding challenges on both sides. The final decision as to the types of adjustments that can be made mightn't be easy to make but rests on careful consideration of the client's request and in collaboration with your supervisor or colleagues (Core Responsibilities 1.1, 4.4), Anti-oppression Collaboration (Ethical Principles). See the *Glossary* for a definition of Anti-oppressive.

There may be aspects of relationships where differences can lead to barriers to access or disadvantage. Certain characteristics are legally protected under the 2010 Equality Act. Practitioners need knowledge of legal requirements and ethical issues involved if they're to work ethically and lawfully. BACP is creating a three-year Diversity, Equity, Inclusion and Belonging (DEIB) strategy. See also 005.1 *Reasonable adjustments in the counselling professions*

Working agreements are required in any setting but in the private practice setting, must be extremely carefully thought out giving the client 'the information they need to make choices about their work with us' and provide a record of this agreement (Core Responsibility 1.2). A suggested template can be found at BACP Contract discussions Private practitioner's contracting template 2022.

Boundaries provide a framework for the therapeutic relationship (Core Responsibility 1.3). Without them the work can't happen safely, ethically and legally. This is true for all practitioners but for therapists in private practice, the isolation and autonomy increase the risk of blurring, or even crossing, a boundary. There are no organisational policies or procedures (apart from those you write yourself). For those in private practice, the responsibility to set, maintain and monitor boundaries falls to you. Supervisors help monitor whether we maintain boundaries but it's our responsibility to discuss with them the inevitable challenges arising in private practice.

Therapists must keep records of clients and their sessions. Factual, adequate, accurate, relevant and limited to the service being provided, these records must be stored securely and comply with applicable data protection requirements of the country where the record is stored (Core Responsibility 3.2). 'Records' is described in the *Glossary* as a 'catch-all word'. It may be surprising how many items are classed as a 'record'. However, the *Glossary* usefully lists these for us. Information about what data you'll store and how you'll securely store them must be included in the working agreement. Laws change and General Data Protection Regulation (GDPR) information can be updated. Private practitioners should keep themselves aware of changes. See the Information Commissioner's Office (ICO) website and FAQs about UK GDPR and DPA 2018 as well as www.bacp.co.uk/legalresources.

It's also important to have a privacy notice Privacy notice guide.

Money

Without guaranteed, regular income from clients, many private practitioners earn money elsewhere, e.g. sessional counselling for statutory or charitable sector clients, writing good practice guidance or training materials, review work, training, examining and membership of professional panels. EAP work can be helpful. Many organisations provide support to their employees with usually one to eight sessions delivered in person, by video or telephone. You might need to be accredited or equivalent and familiar with the workplace setting. Client issues may or may not involve work-related concerns that might or might not be affecting their ability to work. The benefit of working for an EAP (or several) is that you are referred clients so don't need to find them. The relationship between EAP and therapist is contracted with strict policies and procedures to follow. The EAP pays you a set fee directly. Some allow therapists to continue working with clients privately afterwards or only after discussion with the EAP (others, not at all). EAP work can be complex with clients presenting the EAP one picture and you, another. Effective work can be done in a few sessions, but clients may disclose multiple issues. Often, signposting to more appropriate services is the most appropriate intervention. See the EAP Association's website for more information.

Therapists often ask themselves 'What should clients pay?'. Money is a highly symbolic and hugely complex subject. Some offer a sliding scale based on a client's ability to pay. Some therapists offer a free first session although there are various pros and cons attached. Decisions around increasing fees in line with inflation will also feature as will your cancellation policy. You'd be wise to work out what your business expenses might be and charge accordingly. If not, you may risk being unable to meet your professional commitments or even look after yourself, your family and household effectively. Private practitioners set their own workload, but it's easy to lose sight of what you originally decided. It can be hard to turn clients (and money) away, especially in the early days or when facing financial challenges.

Clear contracting is vital, particularly around fees, including information about fee reviews (Core Responsibility 3.4). Setting up and running a private practice inevitably involves financial outlay. Business expenses will include (but are not limited to) professional membership fee, public and professional indemnity insurances, supervision, CPD, computer equipment (with cyber-security software), website design and hosting, secure storage, stationery, possible room hire or conversion of a room at home, and more. As a self-employed 'sole trader' you are legally required to register with HM Revenue and Customs (HMRC) ensuring payment of the correct Income Tax and National Insurance (Core Responsibility 3.4). Until your practice grows, you may not earn much (maybe even paying out more that you earn). There are legitimate tax-deductible business expenses but it's important not to fall into the trap of thinking that as you didn't earn much, you won't have to pay tax. Accountants can be helpful with advice about what expenses can be included and what can't. Their fee will add to your expense-bill but can be included in your tax return Understanding tax in the 21st century. Insurance involves further financial outlay but is required (Core Responsibility 4.2). This will include public liability covering the therapist in cases such as when a client sues after injuring themselves tripping over something left on your therapy room floor. Professional indemnity covers you in the event of being sued for negligence, malpractice, error or omission that has been committed or alleged. Therapists working online through text-based or video-conferencing facilities, or by phone or those who provide therapy to clients abroad (or practise while they themselves are abroad) must ensure their insurance policy covers this work. It may not always be obvious a client has gone abroad if, for example, they go on holiday but decide to have their usual telephone session. It's important to discuss this during contracting, reminding clients periodically. See EiP 008 *Cross-border working in the counselling professions*, www.bacp.co.uk/eip.

Support

Support offered by BACP includes:

- Ethics Hub – helps make ethical decisions, provides information and support in implementing ethical practice BACP Ethics hub
- Private practice division BACP Private Practice division
- Private practice Toolkit – helps in managing private practice, developing practice, or thinking about starting a practice
- Communities of Practice Latest Private practice topics – BACP Communities of Practice
- CPD events and networking opportunities BACP events.

Networking with colleagues, healthcare, pharmaceutical and mental health professionals is vital.

Staying safe

Safety of counselling professionals is an immense and multi-faceted subject involving psychological and physical wellbeing. We agree to 'Take account of our own personal safety and the safety of those we work with' and 'take responsibility for our own personal safety' (Core Responsibility 2.1c). This also involves attending to self-care, workload and fitness to practise. How safe we feel in our work affects us both at personal and professional levels. Distressing narratives, powerful unconscious dynamics and the rigours of the work can all challenge us, heightening the risk to both our physical and psychological safety. Due to the isolation of private practice, these risks are heightened. Working in the same room as a client, it's sensible to imagine the remote (but real) possibility they might try to physically harm us. It's important we develop concrete plans and procedures to keep ourselves safe both psychologically and physically. It's important private practitioners have an understanding of mental health conditions and would be wise not to rule out the possibility of encountering *any* mental health condition at assessment or later. Whether we are competent to work with a particular condition is essential to consider (including being aware of any safety and safeguarding risks a particular condition may bring). See information including practical advice at Lone working guide.

Safeguarding

For us to 'Act appropriately to protect people from harm' we'll have 'adequate training and all the necessary safeguarding policies and procedures in place to protect adults at risk, children and young people'. See the *Glossary* for a definition of Harm. See also Do no harm (Ethical Principle).

'Safeguarding polices need to outline how we protect people's health, safety, wellbeing and human rights. Safeguarding procedures need to outline the steps we'll take to act on any safeguarding concerns. The policies and procedures need to be compliant with legal and government guidance' (*Glossary*). Working with risk can be demanding and anxiety-provoking especially around self-harm and suicide. Risk might also involve harm to someone connected to the client (including us), reporting serious crime and other safeguarding concerns. Therapists must define their own ways of working in relation to risk, communicating these clearly to clients. Private practitioners should be familiar with their legal, statutory and ethical duty of care to safeguard clients and others (particularly when offering therapy services to victims of abuse or violence). We agree to 'share information if we believe people are at risk of immediate serious harm in line with those legal obligations and our own policies' (Core Responsibility 2.4).

Those offering online and telephone therapy should consider the complication of the client-therapist interaction happening in the absence of in-person/face to face contact.

When things go wrong

Conflicts, challenges and ruptures happen in any therapy setting. In the isolated setting of private practice, the therapist has more autonomy than those working in an organisation. There is less over-sight of their practice and fewer opportunities for the therapist who faces a difficult decision to quickly ask the advice of a colleague. This means it may be easier for clients (and therapists) to have concerns, for things to 'go wrong' and to potentially, 'bring the profession into disrepute' (Core Responsibility 1.3).

Noticing what's happening, acknowledging it, recognising any part the therapist may have played and then managing situations (either immediately or afterwards) is important. We'll be 'honest and transparent' with clients, explaining 'fully and promptly what has happened, including the likely effects. We agree that we'll 'apologise to the person or people affected' and act 'promptly to limit harm and meet any legal obligations' (Honesty, Transparency, Integrity Ethical Principle, Core Responsibility 2.2).

Those new to private practice may require enhanced supervisory support when spotting a mistake or taking appropriate action. During contracting it's important clients are encouraged, wherever possible, throughout the therapy, to voice any concerns. See Therapy is a collaborative process and a fundamental aspect of our practice (EF 2026; Ethical Principles). Recording and agreeing decisions supports transparency and accountability. We must also be able to describe our rationale for decisions and action taken/not taken. Ethical decision making in supervision we'll deal with dilemmas and challenges promptly, consulting regularly with our supervisor (Core Responsibility 1.4).

Sometimes collaboration may not be possible due to temporary factors (such as risk) or permanent factors (such as a legal requirement to report concerns). Occasionally, a contract or the context where we work may prevent collaboration. Sometimes, communication simply breaks down, and the client does not wish to collaborate. Clients should be told how to access BACP's Get help with counselling concerns and how to make a formal complaint to BACP How to complain about a BACP member. If a complaint (or the likelihood of one) arises, therapists should contact their supervisor and insurer without delay ensuring both client and they, are protected. Many insurers provide legal assistance but need time to prepare on your behalf. To find out more about BACP's Professional Conduct Procedure and what emotional support can be made available to you by BACP What happens if a complaint is made against you?

Workload, fitness to practise and self-care

Our work can be demanding, especially in private practice, sometimes balancing the needs of others against our own.

Everyone's way of looking after themselves differs but self-care is an ongoing process to be learnt, refined, practised, maintained and monitored. As life circumstances and our private practice change over time, so must our self-care strategies. Self-care is an ethical and personal essential contributing to what makes our work sustainable. It can mean protecting and preserving ourselves in the face of challenging work or perhaps dealing with troubles in our personal life e.g. family difficulties and financial stresses. We need a good work-life balance and to have social contact with people and activities preferably unconnected to the 'therapy world' (although attending CPD events and meeting fellow therapists can also be a self-care activity).

Workload can increase rapidly with noticeable effects, or slowly over time being less noticeable. Problems arise when work begins to overwhelm, either because it's beyond our ability or our resources are insufficient, or when homelife or other pressures are too demanding. It's easy when starting out (and maybe later too) to take on clients when the opportunity presents; we probably don't know when a new client will arrive or a current one decide to end. We might ask ourselves, 'How many clients is it OK to see in a day or a week?'. Each therapist must consider their own capacity to work safely, ethically, effectively, legally and to professional standards. Primarily, the responsibility to monitor fitness to practise and self-care rests with us and we agree that we will 'maintain our health and wellbeing' (Core Responsibility 2.3). Finding a therapist for ourselves can also be helpful but it can, for some, feel hard to justify spending time and money on yourself. Therapists might minimise their own needs due to shame or worries that fitness to practise will be questioned. Noticing these barriers and challenging them are a useful way to ensure you are allowing yourself the same support you offer clients. Continuing vigilance by our supervisor provides further safeguards.

Supervision

Supervision is essential for any therapist enabling us 'to reflect in depth about all aspects of our practice (Core Responsibility 4.3). This is especially so for those practising privately where clinical responsibility rests with the supervisee. Your supervisor should supervise your practice to 'high professional standards' (Core Responsibility 4) in relation to your work in the private practice setting.

If you already have a supervisor, you might have worked together well in another setting. It may be easy to imagine they'd suit your new needs but that may not be the case. As increasing numbers of therapists use AI and digital tools, any supervisor would also need to understand this complex technology.

Breaks and endings

There are various reasons therapists take a break, for example to attend to fitness to practise, self-care, parental or carer responsibilities, further training or travel. Others might permanently close their practice, either with notice, for example when they retire, or without notice if they become incapacitated or die suddenly. Whatever the situation, we must take care of clients minimising the impact on them (Core Responsibility 4.5). The 'therapeutic frame' is disrupted, and news of a break or closure may come as a shock (especially if it's sudden). Retirement marks a separation with no hope of return. Clients will ask many questions, some anticipated, others completely unimagined (and possibly intrusive). We can plan for the former but must be prepared for the latter. When to tell clients and how much notice to give needs to be approached thoughtfully with many factors playing into decisions. How clients have responded previously to breaks such as ends of sessions, holidays, sick-leave and so on can help inform our thinking. Some clients may genuinely be relieved perhaps because they'd wanted to end. Individual attachment styles may also influence their response. Some may feel hurt by the very person they would turn to for comfort. Others may cling or try to maintain the bond by perhaps suggesting another form of relationship such as 'meeting up for coffee'. Someone with avoidant or dismissing patterns may appear unbothered by the news or leave.

Ethical and legal commitments to past clients and supervisees, particularly in areas of contracts, confidentiality and record-keeping continue (even after our death).

We need a 'clinical will'; a regularly reviewed and updated document containing instructions about our practice, and to state who must be contacted should we become unable to carry out our professional commitments either temporarily or permanently (Core Responsibility 4.5).

The person carrying out these instructions is the 'Clinical Executor' (which may be your supervisor or other responsible person). Their tasks are wide-ranging and the responsibility great. In-depth discussions *before* they take on this role should happen. In the event they are called to act, they might be emotionally impacted by what has happened to you, so resilience is necessary before accepting the role. The therapist's 'next of kin' or someone close to them must know how to contact the 'Clinical Executor'. Discussions at the start of the work with clients about your clinical will are likely to be difficult. Robust contracting and the securing of a client's informed consent around your clinical will are an essential part of the process. It can help to normalise discussions by saying that it's a standard and ethical part of providing care to clients.

The following case study involves several aspects described in this section.

3 Application to practice – a case study with questions for reflection

This two-part case study provides an opportunity to reflect on the importance of relational ethics in practice. Questions at the end of each part will help you engage with ethical points raised.

Seven months ago, Jon took a big step when he changed career from graphic designer to counsellor.

He was relieved to have got the minimum practice hours required by his course to qualify and said 'Goodbye' to his placement clients. His supervisor had suggested he might want to think about staying at the placement 'a little longer if that suited the management – just to get a little more experience'. However, Jon was keen to start the next chapter of his professional life.

Jon converted a spare bedroom upstairs in the home that he shared with his partner Matteus. Matteus had said he didn't mind as he'd be out at work anyway. But he did query where his sister might sleep when she visited. Jon had said he'd 'work that one out' (although Matteus wondered how!).

Jon puzzled over what he should charge clients. He'd decided if he asked too high a fee, he wouldn't get many people so decided to charge a bit less than other local therapists. As well as people who were considering starting therapy, Jon wondered whether he might even be able to attract clients from other practices.

Initially, there were a few potential clients he would've been interested in working with but because they were unable to climb the stairs to his therapy room, he'd had to say 'No' to them. Frustrated by this, he worked round the problem by visiting any such future clients in their homes.

Jon extended this idea of home-visits by advertising that he'd see any client in their own home. He thought people not having to travel to him might be a selling point (and so it was!).

Jon started to attract quite a lot of clients, seeing them in his or their home. But most clients seemed to prefer sessions during evening or weekends. For some, this was due to their work or carer responsibilities, but for others, reasons were given such as wanting to watch their favourite TV show. Although irritated, Jon thought it was important to seize opportunities to earn money. He'd reassured Matteus he'd always finish by 9.30pm on weekdays and 2pm on Saturdays. Sometimes the boundaries had been stretched which had caused a few arguments between the couple.

Questions for reflection

- Jon was keen to start private practice quickly. Do you feel he was ready? What ethical issues are involved?
- What ethics-based explanation for his decision to proceed could Jon make, if he had been required to do so?
- Jon had a strategy to attract clients. What ethical issues are involved here?
- What about Jon's commitment to equality, diversity and inclusion?
- Jon seemed to accommodate client's wishes easily and 'seize opportunities' to make money. What are the ethical issues involved here?
- He often worked alone at home and provided therapy to clients in their homes. What issues are involved here, especially regarding safety?
- What are your thoughts about Jon's wellbeing, self-care and fitness to practise?

The case study continues ...

Six months later, tragedy struck – Jon was killed by a speeding car. In an instant, everything changed for Matteus. Despite the odd argument, he and Jon had loved each other very much and were considering getting married. All those dreams had now been shattered.

A little later on, Matteus is now on bereavement leave from work and has been busy arranging Jon's funeral and answering all the kind message from friends.

But people have been arriving at the house. When Matteus views them via his video doorbell, he doesn't recognise them. They seem to come on the hour and thinking they might be clients, he doesn't open the door. After all, what would he say to a client expecting Jon to answer the door only to be told he was dead! Notes addressed to Jon have also started to be pushed through the letterbox. They appear to be from clients saying things like 'I came at 3pm today but there was no reply. Hope everything is OK. Drop me an email please'. There are no contact details (although Matteus questions what he would have done if there had been). He has no access to Jon's email account.

Matteus knows Jon had a supervisor but has no idea who that was. Then he realises that means they've no idea what has happened to Jon either! He thinks Jon might have kept client notes but can't get into the locked cabinet he thinks might contain them.

To make matters worse, Matteus has just received a letter from HMRC instructing him, as Executor of Jon's legal will, to complete Jon's Self-assessment tax return. Matteus has no information about Jon's private practice earnings and no knowledge of any business records. All he remembers is Jon mentioning that clients usually paid him cash, meaning Matteus doesn't even have any accurate bank records to go on. He has tried to explain all this to HMRC.

Matteus feels like he's letting Jon and everyone else down. He's lost the man he thought he would spend the rest of his life with and now he has all this to deal with. He just doesn't think he can face any of it anymore.

Questions for reflection

- There seems to be no clinical will or information regarding Jon's digital legacy. What ethical and legal issues feature?
- What do you think about the involvement of Jon's supervisor?
- Could Jon's lack of a clinical will have 'the potential to bring the profession into disrepute' (Core Responsibility 1.3.e) even after his death?

3.1 How does it apply to my practice?

In the context of the EF, consider the following questions about your work/future work as a private practitioner:

- How would/did you know you were ready to set up a private practice?
- Is there anything you might need to do to make your practice more accessible?
- In what ways do you consider (or will consider) your safety when working at your home (perhaps alone) or possibly in a client's home?
- What personal considerations regarding workload, fitness to practise and self-care might there be for you when working in private practice?
- How well do you manage the tension of earning an income that supports you and not over-working?
- Do you have a regularly reviewed clinical will, a clinical executor and arrangements for your digital legacy in place?

3.2 Further reflection space

- Many private practitioners use AI or digital tools. How familiar are you with the safe, ethical use of this technology?

4 Summary

This resource highlights some of the many issues a therapist should consider when setting up a private practice, running it and eventually, closing the practice.

It's essential whilst considering the idea of private practice that you ensure you are competent enough, adequately supported and insured. Finally, it's vital that you are robust enough to cope with the many challenges that private practice will inevitably bring to your life.

About the author

This resource is authored by Karen Stainsby who is registered and senior accredited as both counsellor and supervisor and who, after many years, recently retired from private practice. She continues to contribute to various groups and panels at BACP to which she also provides other professional services.

References

bacp-ethical-framework-for-the-counselling-professions-2026.doc (accessed 22 August 2026)

BACP competences and curricula for the counselling professions (accessed 22 August 2026)

SCoPEd framework (accessed 22 August 2026)

Are you considering working online with clients outside the UK? (accessed 22 August 2026)

BACP Register of Counsellors and Psychotherapists (accessed 22 August 2026)

Further reading

All BACP Ethics in Practice resources available at: www.bacp.co.uk/eip

Ethics in Practice 002 Fact Sheet – *What do we mean by records and record keeping within the counselling professions?*

Ethics in Practice 002.1 Fact Sheet – *Confidentiality and record keeping in the counselling professions*

Ethics in Practice 004 – *Boundary issues within the counselling professions*

Ethics in Practice 005 – *Diversity, equity, inclusion and belonging within the counselling professions*

Ethics in Practice 006 – *Working with risk across the counselling professions.*