

Ethical Guidelines for Research in the Counselling Professions

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1. Introduction



Background to these guidelines

The British Association for Counselling and Psychotherapy (BACP) is committed to encouraging the best possible research for the benefit of our clients and the widening range of counselling professions, including coaching, mentoring and pastoral care. BACP actively values different approaches to research, promoting dialogue and collaboration across different research traditions.

Therapeutic research has at times been accompanied by controversy or ethical concerns about the treatment of animals or human participants, and about the ethical and appropriate use of research material and the dissemination of research findings. Research ethics provide a focus not only for remedying and preventing the repetition of any wrongs but also, more importantly, provide the opportunity to improve practice and so work more safely and effectively with clients. Modern research can use more sophisticated resources and technology, producing more globally immediate results.

Ethical research practice can provide ways to carefully review and identify what is considered beneficial or harmful in generating knowledge. Research ethics evaluate how best to establish the appropriate relationships between the researcher, research participants and society in general, thus protecting the integrity and reliability of the knowledge derived from systematic inquiry for use by professions and society more widely. Independent researchers (i.e. those not working through an academic institution or for a professional organisation with its own internal governance) may need to consult the guidance on research issued by relevant organisations and their professional bodies. Researchers who are BACP members are required to be guided by the *BACP Ethical Guidelines for Research in the Counselling Professions*, which are based on the values, principles, duties and responsibilities which are relevant to, and accepted by, the counselling professions (BACP 2018: GP87).

The traditional way for professional bodies and learned societies is to present their research ethics as codes or guidelines. BACP followed this pattern by producing *Ethical Guidelines for Researching Counselling and Psychotherapy* (Bond 2004). The law and government guidance has developed considerably since BACP published the first research guidelines, particularly in areas including the protection of children and vulnerable adults, equality and diversity, confidentiality and access to information and mental health. New technology has also led to innovation in how researchers recruit and interact with their participants.

Computer-mediated tools allow people to communicate ideas and information in virtual communities, groups or networks. Social media may include blogs, business and enterprise social networks, forums, photo sharing, products/services review, social bookmarking, video and social networks, on-line surveys and virtual worlds. Contact with others by telephone, and on-line through social media, chat rooms and the use of tablets and smart phones, alongside increasingly powerful computer processing, are not only opening up new possibilities in how research is conducted but are challenging some of the ethical assumptions founded on paper-based patterns of social interaction in research. Since the publication of *The Ethical Guidelines for Researching Counselling and Psychotherapy* (Bond 2004), subsequent developments in ethics, law and practice were considered in the *Review of BACP Research Ethics* (BACP 2013). These guidelines take account of those recommendations, and are consistent with the *Ethical Framework for the Counselling Professions (Ethical Framework)* (BACP 2018).

1.1 Purpose and aim of these guidelines

These guidelines are designed to encourage best practice in research, to help prevent misconduct, and assist researchers by providing general principles and standards for good practice in research by members of BACP. These guidelines are applicable to individual researchers and to BACP member organisations that carry out, fund, host, commission, or are otherwise involved in research. It therefore applies to private practitioners as well as to those employed or working in an organisational context. The guidelines aim to promote and inform good research practice, contributing to knowledge and understanding applicable to a wide range of research positions and methodologies. Information and questions for reflection and discussion are included for researchers who wish to extend their exploration of the issues.

1.2 Research to which these guidelines apply

These guidelines apply to any research that falls within the BACP definition of research in the Glossary to the *Ethical Framework*, which is 'a systematic enquiry or experiment to advance knowledge', see also the *Ethical Framework* (BACP 2018: GP3:84-90). These guidelines apply to both quantitative and qualitative research. The primary purpose of research ethics is to protect the safety, rights and dignity of any research participant, a positive aspect of which is the advancement of knowledge through respectful research. A distinction between quantitative and participatory research is that the researcher has the potential to involve participants in a joint consideration of ethical decisions throughout the research. These guidelines apply and extend the ethical approach adopted in the BACP *Ethical Framework* (BACP 2018) to situations where human beings are participating in research in the quest for new knowledge. Research ethics are particularly important in situations where the participant is unlikely to directly benefit personally from that knowledge and is offering their participation for the benefit of others. Historically, some participants in research have been coerced, deceived, or exploited and exposed to risks to which they would not have consented, had they known and clearly understood what would be involved. Research ethics are an important protection both for the participants and for the integrity of the research process and the knowledge that is produced.

As monitoring, auditing, inspecting and researching all involve systematically gathering information and interpreting that information, it is important to know when these guidelines apply.

When do research ethics and these guidelines apply?

These guidelines apply to any activity which systematically gathers and interprets information in any of the following circumstances:

- The primary purpose is to generate new knowledge. This quest for new knowledge, which includes any systematic studies undertaken to reassess, confirm, or refine existing knowledge as well as undertaking the first inquiries of their kind.
- The primary aim of the research is that new knowledge being sought is not primarily for the direct benefit of the person who is the source of that information. For example, the information gathered may be intended to benefit others, such as future clients, the professional development of trainees (who may be gathering the information as part of their practice requirements or projects undertaken on a training course) or for the advancement of current practice or policy.
- The purpose of the information-gathering by the practitioner is to investigate the suitability or effectiveness of new therapeutic approaches.
- Different types or levels of therapy are offered to specific groups of client for comparative purposes.
- Clients, practitioners, or others will be involved in additional activities for research purposes that are not normally part of their routine therapeutic practice.
- Re-processing of identifiable or anonymous personal data gathered during the delivery of therapeutic services and using it for research purposes.
- Any research studies undertaken using on-line or market surveys.

1.3 When do these guidelines *not* apply?

These guidelines do *not* apply to:

- Routine monitoring, auditing, or quality assurance activities that help to support and maintain good practice in a well-run counselling, psychotherapy, or coaching service, and which are undertaken by the practitioner solely in relation to his or her own therapy practice and in compliance with the provisions of the current *Ethical Framework for the Counselling Professions* (BACP 2018).
- The information-gathering is being undertaken by the practitioner for the purpose of accreditation, and is solely in relation to his or her own therapy practice and conducted in compliance with the provisions of the current *Ethical Framework for the Counselling Professions* (BACP 2018)
- Summaries, assessments and other information derived from case notes or records which are provided confidentially to BACP by a practitioner for the purpose of accreditation, in accordance with BACP policies and procedures.
- Summaries, assessments and other information from case notes or records which are provided confidentially to BACP by a practitioner for the purpose of disciplinary proceedings, in accordance with BACP policies and procedures.

The main ethical safeguards for participants in research are:

- ensuring that participation is on the basis of informed and freely given consent about what participation will require and the purpose of the research
- having the research independently reviewed to ensure that any issues concerning the safety of participants and their consent are adequately addressed and that the purpose and quality of the proposed research is of an adequate standard
- the researcher being vigilant throughout the research to issues of client consent and safety and the integrity of the research process
- Taking account of any regulations or legal requirements that concern research.

Exceptionally, research may involve intentionally deceiving the participants as to the purpose of the research in order to protect the integrity of the results. This type of research is generally incompatible with the importance of being trustworthy as a counselling professional. Deception in research renders a participant vulnerable, and is specifically addressed at [6.2.\(iii\)](#) in discussion of situations where vulnerability is created by the design or context of the research.

1.4 Status of these guidelines

All individual and organisational members and registrants of the British Association for Counselling and Psychotherapy (BACP) are required to comply with the current *Ethical Framework* (BACP 2018) and to be guided by the current *Ethical Guidelines for Research in the Counselling Professions* in accordance with their terms and conditions of membership. These guidelines are underpinned by the *Ethical Framework* (BACP 2018) and they replace the BACP's *Ethical Guidelines for Researching Counselling and Psychotherapy* (Bond 2004).

The BACP is firmly committed to public safety, therefore these guidelines are intended to apply to all the forms of research undertaken by BACP members that are specified in this document at [1.2](#). Reference must be made to these guidelines throughout the entire research process, including dissemination and publication of research findings. These guidelines may be used within the [BACP's Professional Conduct Procedure](#), and failure to follow them may constitute persuasive evidence in the BACP's disciplinary proceedings that research has not been ethically conducted. Any departure from these guidelines would require a strong ethical justification.

For research to which this guidance does *not* apply, see [Part 1](#) at [1.3](#)

1.5 How to use these guidelines

These guidelines are not intended to micro-manage research, or as a 'one size fits all' approach to all types of research and methodologies. It recognises that there are many forms of guidance already in existence, the intention is that researchers and research organisations may use the principles and standards outlined here as benchmarks in developing their own methods and methodologies in conducting research. These guidelines are a set of principles and standards to inform the management and conduct of research, reflecting areas of good research practice included in a range of organisational policies. It draws upon the views and experiences of academic and non-academic researchers, counselling and psychotherapy practitioners, and students and trainee practitioners about their experiences and perceptions of good practice.

The *Ethical Framework* (BACP 2018) was designed to address two levels of ethical practice in our relationship with our clients. In the *Ethical Framework*, a full and unconditional commitment to fulfilling a specific requirement of good practice is indicated by the use of verbs such as 'we will' or 'we must', and where BACP considers that an ethical requirement may need to be varied for ethical reasons, the *Ethical Framework* states 'we will usually...' In recognition that a duty of care is owed to the public in conducting research, wherever applicable, these same principles and levels of ethical practice are reflected in these guidelines. Where the term 'should' is used in these guidelines, this indicates an ethical obligation, departure from which would require strong ethical justification. Matters which are directed

towards informing the practice of ethically mindful and (ethically conscientious) practitioners working above a minimal level of safety are presented in these guidelines in a more educative voice (e.g. 'it is advisable to... or, 'it is recommended that...') in order to promote ethical mindfulness in all aspects of research.

Note that although there are references in these guidelines to specific parts of the *Ethical Framework*, these references are not exclusive and researchers should refer to the entire *Ethical Framework* throughout the whole of their research process, including the dissemination of their research findings.

Meaning of 'Supervisor' and 'Supervision' in these guidelines

The terms 'supervisor' and 'supervision' when used in these guidelines are intended to refer either to a practitioner-supervisor and practitioner-supervision; or to an academic researcher-supervisor and researcher-supervision, or both, as may be appropriate in the context of the research.

Examples:

- Some independent member or registrant practitioners may engage in research, but they might not have access to an academic research-supervisor. They may need to explore ethical issues arising in their research with reference to the *Ethical Framework* and these guidelines with their practitioner-supervisor.
- Some academic researchers may have ongoing research-supervision, but if they are researching with their clients or former clients, ethical issues in direct relation to their clients may arise for discussion with their practitioner-supervisor, in addition to the academic role of their research-supervisor.

1.6 Our commitment to ethical research

The *Ethical Framework* begins with a statement of our commitments as practitioners of the counselling professions to our clients ([BACP 2018](#): C 1-6). These guidelines, founded on the *Ethical Framework*, reflect this in a summary of our commitments to ethical research. These commitments are explored in further detail in these guidelines.

Participants in research need to be able to participate freely in research in the counselling professions. This requires participants to be able to trust their researchers with their wellbeing and with sensitive personal information in the research process, including dissemination and publication of research results. Therefore, as members or registrants of BACP, we will take into account the *Ethical Framework* (BACP 2018) and these *Ethical Guidelines for Research in the Counselling Professions* in research planning and the process and dissemination of research to professional standards.

1a: Summary of our commitments to ethical research

In our research, we will:

1. Be trustworthy by:

- a. Clarity and openness in communication with all concerned in the research
- b. Ensuring clarity of mutual expectations in the research process
- c. Committing to a duty of candour about anything that has gone wrong in the research process and/or places the people affected at risk of harm
- d. Providing opportunities for the expression of concerns or complaints about the research
- e. Ensuring that participants are notified of the current BACP's *Ethical Framework*, Professional Conduct Procedure, and these guidelines
- f. Maximising the beneficial contribution of the research, and minimising any potential harm
- g. Committing to ethical mindfulness both during the research process and after it is completed, in how we present our findings in written documents and presentation.

2. Show respect by:

- a. Valuing each research participant
- b. Negotiating, reviewing and protecting any agreements about confidentiality and privacy throughout the research process, including the dissemination and publication of research findings
- c. Maintaining openness and transparency in agreeing with research participants on how we will work together in the research process.

3. Show research integrity by:

- a. Ethical review appropriate to the research
- b. Clarity in the provision of written or other appropriate forms of information about the research to aid judgments regarding risk and consent, and in negotiating informed consent with participants, and working within that consent
- c. Keeping appropriate records, and the safe confidential storage of records
- d. Independence and absence of conflicts of interest
- e. When researching with participants who have existing or former client relationships with the researcher or the researcher's colleagues, paying particular attention to the ethical issues involved in ways that protect both the therapeutic work undertaken and the research.

4. Uphold the quality and rigour of research by:

- a.** Ensuring researcher competence by the provision of training and support for the researcher, adequate for the research project
- b.** Regular supervision, mentoring and consultation with a person or persons who fully understand the methodology and methods chosen and the ethical issues involved
- c.** Regular review throughout the research process and dissemination of the research results
- d.** Making use of existing facilities for research ethics review, wherever available, and if unavailable, consultation with an independent panel to review the research
- e.** Taking into account the policies and requirements of funding bodies and/or guidance affecting funded research, and considering its compatibility with this and other relevant guidance on research ethics.

5. Comply with the law and guidance applicable to the research by:

- a.** Identifying the law and guidance applicable to the jurisdiction in which the research is undertaken
- b.** Identifying the law and guidance applicable to the research topic and participant population
- c.** Compliance with the law and guidance applicable to the research, including data protection and taking into account any new legislation.

6. Ensure safety in the research by:

- a.** Consider risk assessments and safety and any relevant safeguarding issues
- b.** Taking into account any vulnerability of participants
- c.** Fulfilling any duty to intervene to prevent harm to others
- d.** Where appropriate, discussing with research participants where or how they can be supported if the research leaves them feeling vulnerable or in need of therapeutic input
- e.** Considering appropriate support for the researcher and/or participants
- f.** Paying attention to self-care of the researcher
- g.** Ensuring adequate insurance is in place for the research project, including professional and public liability arrangements, and where appropriate, personal cover for the researcher.

7. Pay attention to diversity, vulnerability and inclusion by:

- a. Considering issues relevant to diversity in the researcher, participants, and the research process
- b. Being open-minded about identity, similarities and differences
- c. Avoiding unfair discrimination in the research process
- d. Identification and consideration of any vulnerability of the participants
- e. Identification and consideration of any vulnerability of the researcher
- f. Making appropriate arrangements and adjustments in the research process to take into account elements of diversity, ability and vulnerability
- g. Considering the provision of appropriate support for vulnerable participants.

8. Use ethical problem-solving models

Researchers will do their best to address ethical dilemmas by discussion in supervision, and where appropriate, seeking expert advice and assistance, and the use of ethical problem-solving models.

For more on the use of ethical mindfulness and ethical problem-solving models, please see [Part 10](#).

1.7 Misconduct in research

All individual and organisational members of the BACP are required to understand what constitutes misconduct in research and report any suspected misconduct through the relevant procedure as soon as they become aware of it.

When working for an organisation, that organisation may have a published policy as to what they define as misconduct in research. The UK Research Integrity Office (UKRIO) defines misconduct in research as including, but not limited to:

- fabrication
- falsification
- misrepresentation of data and/or interests and/or involvement
- plagiarism; and
- failures to follow accepted procedures or to exercise due care in carrying out responsibilities for:
 - avoiding unreasonable risk or harm to:
 - humans
 - animals used in research, and
 - the environment, and
 - the proper handling of privileged or private information on individuals collected during the research. ([UKRIO 2009](#)). For the UKRIO Code of Practice research checklist, see [Appendix D](#).

This list is by no means exhaustive and researchers should be able to apply the current BACP *Ethical Framework* and these guidelines to:

- recognise misconduct in research
- report any suspected misconduct
- co-operate with any investigation of misconduct in research when requested
- support those who raise concerns in good faith.

2. Ethical principles and research



2.1 Trust

The introduction of *trust* was a distinctive key element in the BACP *Ethical Guidelines* in 2004, and trust continues to emerge in other fields as a prominent basis for research ethics. When used in research governance, 'trust' tends to be directed towards public trust and confidence in research such that the public is willing to participate in research studies and take advantage of the products of research. Trust in this sense is analogous to confidence in a product, brand or organisation. This is different to some degree from the ethical principles of relational trust and respect advanced in the *BACP's Ethical Framework (2018)*, for example, see: respect (BACP 2018: GP21–29); building an appropriate relationship (BACP 2018: 30–37); integrity (BACP 2018: 43–49); accountability and candour (BACP 2018: 50–54); confidentiality (BACP 2018: 55).

Trust is an important component of the researcher/participant communication and relationship. Trust may be perceived or experienced as a matter of degree, rather than a thing that we either have, or don't have. Being trusted may be influenced by subjective perceptions. Our responsibility as researchers is to demonstrate our trustworthiness. For discussion of the components of a relationship of trust in the context of research, please see [3.6](#).

2a: Definitions of trust in the context of research

Being trustworthy: honouring the trust placed in the practitioner. (BACP 2018: P5; GP12)

Trust noun

1. Firm belief in the reliability, truth, or ability of someone or something:
'relations have to be built on trust'
'they have been able to win the trust of the others'
- 1.1 Acceptance of the truth of a statement without evidence or investigation:
'I used only primary sources, taking nothing on trust'
- 1.2 The state of being responsible for someone or something:
'a man in a position of trust'
- 1.3 literary [count noun] A person or duty for which one has responsibility:
'rulership is a trust from God' (Extracts taken from the *Oxford Living Dictionary*, <https://en.oxforddictionaries.com/definition/trust> (accessed March 2018))

Trust verb (Believe)

to believe that someone is good and honest and will not harm you, or that something is safe and reliable.

'Trust me – I know about these things'

(Extract taken from the *Cambridge Dictionary*, <http://dictionary.cambridge.org/dictionary/english/trust> (accessed March 2018))

In the context of the research process, clear communication and consent are important to creating a relationship of trust and respect. It is essential that mutual expectations are made clear from the outset.

Qualitative research, especially via open questions in an interview, and even more so in a group interview/focus group, is unpredictable. Therefore consent must be ongoing, that is, re-visited regularly but also we know that in research, people may tell us more than they intend to. Sometimes, this is exactly what researchers want – the tacit and unconscious data. This is risky and requires careful exploration by the researcher in supervision and with participants, with awareness and consent that the risk is justifiable.

Reflection/discussion

When I think of trust, what does the concept mean to me in relation to:

- the participants?
- any organisations/institutions involved?
- the public?
- my own trustworthiness?

How do I understand the concepts of integrity, transparency and accountability?

How will trust be evidenced in my research project?

How will I know when sufficient trust is established?

Am I seeking tacit and/or unconscious data in my research? Have I explored this in supervision and with participants, with awareness and consent that the risk is justifiable?

How will I work towards establishing and maintaining a relationship of trust with everyone involved in my research process?

2.2 Trustworthiness

The term 'trustworthiness' has more than one definition. In qualitative research, the term may be used to represent a specific concept related to the quality and credibility of the research, showing that findings have applicability in other contexts.

In these guidelines, the term 'trustworthy' is used in a different way. Trust is defined in [Part 2.1](#) and [2a](#). An ethical practitioner will earn the trust of others by behaving with honesty, candour and integrity – that is, by being 'trustworthy', this is the meaning of the term used here in the context of research. Being trusted is influenced not only by being trustworthy, but may also be influenced by others' subjective perceptions. For discussion of the components of a relationship of trust in the context of research, please see [Part 3](#), 'Research Integrity'. Both researchers and participants need to feel safe in the research process. Trust usually has to be earned by demonstrating an appropriate level of trustworthiness, and a relationship of trust may involve behaviour, cognition and emotion, so may take some time to be established. A researcher who has clearly demonstrated that they have done all they can to be trustworthy in their research process, will therefore not be held responsible for another person's lack of trust. Ethical principles, clarity and openness in communication, appropriate behaviour and responses, together with the freedom to challenge and change respective responsibilities can assist the creation of safety in the research process.

2.3 Relationship of respect between the researcher and participants and others affected by the research

Respect includes the *moral quality of relationship with people affected by the research*, particularly between researcher(s) and participant(s) and also with others affected by the research. It has been the absence or disregard of this ethical principle that has caused much of the concern about research that has prioritised generating knowledge over the wellbeing of the people involved, from the Nuremberg Trials onwards. The ethical principle almost universally adopted in Westernised countries to remedy this is respect for the autonomy and dignity of participants. Researchers need to be aware of the cultural differences in research contexts. Choice of language may be particularly significant here. For example, both the terms 'participants' and 'individuals' avoid the implied powerlessness of being perceived as merely a 'subject' in someone else's project. However, the term 'participants' is more open to variations in understandings of the self, identity, and the impact of dependency by or on the person concerned. This is arguably an advantage in social sciences as 'participant' is more neutral between individual and collective identity, see (BACP 2018: GP43-49; 50-54;84-90).

Communication in all its forms is important to creating a relationship of trust and respect. A way of demonstrating respect for the contribution of participants, also transparency and accountability, is by providing a user-friendly summary of the research outcomes to the participants.

Reflection/discussion

What do I mean by respect in the context of my research?

Who and/or what should be respected in my research?

How will respect be clearly shown and maintained in my research?

In my research, how will I work towards establishing and maintaining a relationship of respect with all those involved in the research process?

2.4 Value, quality and rigour in research

Ensuring the quality of the research and its contribution to knowledge, is sometimes referred to as '*scientific value*'. The use of the term 'scientific' in this instance might be problematic. There may be potential ambiguity between specifically referring to the disciplines of natural sciences or the use of 'scientifically' more generically to encompass any form of systematic inquiry to include the physical and social sciences. The latter interpretation seems more appropriate to the talking therapies and may be resolved as a matter of definition.

We might reflect on the application of the *Ethical Framework* to key ethical concerns, each of which could be equally relevant to any academic discipline within a generic view of science, namely in the following section.

e. Integrity, transparency and accountability in the research process ([BACP 2018: GP43-49; 50-54;84; 86-90](#)).

Reflection/discussion

How do I understand the concepts of integrity, transparency and accountability?

When thinking of integrity, transparency and accountability, to whom do I owe these responsibilities?

How will integrity, transparency and accountability be evidenced in my research?

Have I considered the risks inherent in my research which may affect myself and others? How will I evidence transparency in addressing these risks with participants?

Have I been conscientious in providing appropriate information about the research process and obtaining all necessary informed consents?

How might my responsibilities change through the process of research – and how might these be communicated to participants?

How will integrity, transparency and accountability be evidenced in the dissemination of my research results?

2.5. Integrity, transparency and accountability in the research process

The *Ethical Framework* places emphasis on the commitment to integrity, candour and accountability in our work with clients (BACP 2018: C5-6), and these commitments are equally important in the research process. The concepts of clear, accurate communication, discussion of risk, collaborative and participatory planning and involvement, monitoring progress and regular reviews in our research all stem from these commitments. The Good Practice elements of the *Ethical Framework* emphasise these responsibilities (see BACP 2018: GP43-49; 50-54;84; 86-90).

For more detailed consideration of integrity in the context of research, see [Part 3](#).

2.6 Meeting the requirements of academic quality as determined by the appropriate academic discipline

(BACP 2018: GP43-49; 50-54;84; 86-90).

Adequate and appropriate training and skill is required of the researcher in order to carry out and support good quality research. The practitioner is required to work to professional standards and competencies (BACP 2018: GP84-90).

Reflection/discussion

What are the skills and competencies required to carry out the work for this research project?

Have I acquired the necessary skills and competencies at the appropriate level for this research work?

Have I fully explored and understood the academic requirements of my organisation?

Are the academic requirements of my organisation compatible with those of my profession and professional bodies? How will I try to address or resolve any incompatibilities or discrepancies?

2.7 Ensuring the quality of the research process and findings, outputs and their dissemination

These ethical concerns are all relevant to ensuring the *value* of the research as a contribution to knowledge. They are also sometimes referred to collectively as *rigour* in other approaches to research ethics. The ways in which the research data are gathered, stored, and then eventually disseminated and/or destroyed may have an impact on the value of the research and also on the wellbeing of the research participants (see [Part 4](#)). This should be regularly reviewed in supervision (see [BACP 2018: GP29; 32; 86-90](#)).

Researchers should be aware of the current data protection law, and the rights of data subjects, particularly with regard to giving or withdrawing consent, rectification or erasure of data (being forgotten), and the security and confidentiality of data, see [5.9](#), (GDPR), and current BACP guidance on data protection.

Reflection/discussion

Which parts of the research data will be shared?

How will I share the results of my research with participants, and with others?

**Have I considered how the data will be handled, stored, disseminated and then eventually destroyed? How will the participants be informed of this process?
Have I reviewed this in supervision throughout the research process?**

How will the dissemination of my research results impact on the participants and others?

Have I discussed the impact of the sharing of the research results with participants, and in supervision?

2.8 Social responsibility and working within the law

Social responsibility directs researchers' attention to responsibility for and accountability to the participants and the wider community. It requires attentiveness to issues of social justice, fairness and protection of the vulnerable members of our society.

The main sources of law are statutes, subsidiary legislation and decisions made in courts (also known as case law). Certain areas of law will be relevant to different practice and research contexts.

The BACP's *Ethical Framework* specifically requires us to take the law into careful consideration (BACP 2018: C5c; GP23) and that members exercise careful judgment in accordance with their agreed professional ethical standards, taking appropriate responsibility and accountability for that judgment in the same way as they are required to do for any other ethical dilemma, and to be fully legally and ethically accountable for their actions (see BACP 2018: C5c; GP9; 10; 55; 92-94).

The commitment to giving the law 'careful and conscientious consideration' requires practitioners to know the law relevant to their research and to carefully consider how it ought to be applied to the circumstances under consideration, taking the issues to supervision and consulting legal or expert advice when appropriate.

Where there is a conflict between law and ethics in research, guidance on specific significant issues should be sought and considered in research-supervision and also where appropriate with expert advice and the guidance of the relevant Research Ethics Committee.

Note: Ideally law and ethics match each other but this is not always so. Difficult choices or dilemmas may arise unexpectedly in the course of research. As research is increasingly undertaken across national and international boundaries, researchers may sometimes be faced with inconsistency between the applicable law in different jurisdictions, or law that may be ethically problematic as either oppressive or not democratically validated, and sometimes both. It may be appropriate to campaign for changes in the law whilst continuing to obey the applicable law. Conscientious objection to a legal requirement that leads to defying the applicable law is not something to be undertaken lightly as it requires strong ethical justification, a willingness to be openly accountable for resisting or breaking the law, together with an acceptance of the risk that legal penalties may be imposed, and that any disregard or breach of the law may lead to consideration within BACP's Professional Conduct Procedure. Where such dilemmas arise, the researcher should seek guidance in supervision and also, where appropriate, consider the issues with the help of expert advice and the relevant Research Ethics Committee.

Professional bodies and learned societies would normally require that members obey the law but might wish to reserve a caveat for in some *exceptional and carefully considered situations*. For example, where a researcher has conscientiously considered that the law is unethical in specific circumstances and the researcher is willing to be fully personally and professionally accountable for not following the law, and the researcher has clearly demonstrated that the appropriate guidance has been sought. In such situations, a learned society or professional body may wish to support a member in directing attention to an ethically problematic aspect of law. **However:** the paragraph above should not be read as providing permission to disregard or disobey the law or applicable government guidance.

Reflection/discussion

Have I explored and understood the law which is applicable and relevant to my research?

Are there any potential conflicts between ethical principles and the law relevant to my research?

Is there any legal issue which impedes my research?

How might I gain more clarity and/or approach any difficult ethical or legal issues relevant to my research?

If I feel that I cannot comply with the law, what are the likely consequences of this for me and for others?

If I feel that I cannot comply with the law, what are the ethical principles on which I will rely, and do those ethical principles and values support and justify my intended actions?

If I cannot obey the law, can I ethically justify my actions and am I prepared to accept the legal or other consequences involved?

2.9 Maximising the beneficial contribution of research

Maximising the beneficial contribution of research is ethically desirable. A concern to *maximise benefit and minimise harm* is a major theme of biomedical ethics that directs attention to responsibilities for the welfare of both patients and research participants. It is viewed by many as an important check on over-reliance on consent as the primary protection of participants' wellbeing. In these guidelines, the principle to *maximise benefit and minimise harm* is a recurrent theme that addresses different issues in the protection of the welfare of participants, integrity and quality of the research, and for the research contribution to the wider community (see [BACP 2018: GP84-90](#)).

The NHS uses the concept of 'Patient and public involvement' (PPI), which in the NHS, is a requirement in counselling research. For those researchers working in the NHS where PPI is now expected as standard, please see the NHS (2012) resources at www.invo.org.uk.

2.10 Ensuring notification of the *Ethical Framework*, Professional Conduct Procedures and these guidelines to participants and institutions

It is important that there is full, accurate and open disclosure of relevant information about the research to the participants and organisations involved. Where the research involves new and innovative methodologies, this is especially important. In the interests of integrity, openness and candour, provision should be made for anyone with concerns about the research, especially participants, to know how to raise concerns or complaints and that they are proactively informed about how to do this.

Reflection/discussion

Have I provided full, accurate and open disclosure of information for participants and any relevant organisations about the ethics and professional codes of conduct which are applicable to my profession and to my research?

Would any person adversely affected by my research know how to contact my academic and /or professional body or how to make a complaint if they wish to do so? If not, how can I achieve this?

3. Research integrity



In conducting research studies which will be regarded as robust and reliable, a number of factors may be regarded as important.

3.1 Records

In conducting robust research studies, careful record keeping is essential to ensure transparency and accountability of the study. The accuracy of records is essential in research. The *Ethical Framework* requires that we keep accurate records, which

- are adequate, relevant and limited to what is necessary for the type of service being provided
- comply with the applicable data protection requirements – see www.ico.org.uk (BACP 2018: GP15).

For compliance with data protection law in research see [3.2](#) and the current BACP guidance on data protection.

3.2 Compliance with the law and these guidelines, including data protection

The research study may be subject to the overriding law applicable to the jurisdiction in which the research takes place. Statute and court orders may protect confidentiality or sometimes they may require or permit disclosure of information in the interests of public protection, for example, the detection and prevention of terrorism or abuse. For instance, if a participant were to make certain disclosures, under some legislation or court orders the researcher would be legally obliged to inform the relevant authorities, and may commit an offence themselves if they failed to do so. Under other law and guidance, disclosures are legally defensible, for example for safeguarding purposes.

Data protection

There is also an issue of the law regarding protecting the identity and/or data of research participants. Researchers should be aware of the law applicable to their research, including the law relating to data protection. Data protection law in the UK is in the process of development and change. The General Data Protection Regulation (GDPR) comes into force on 25th May 2018 and will have a direct effect on all European Union Member States. The full terms of the GDPR can be found as a PDF at <http://data.consilium.europa.eu/doc/document/ST-5419-2016-INIT/en/pdf> (accessed 28 February 2018).

The key facts, articles and information about the implementation of the GDPR across Europe, are available at <https://www.eugdpr.org/eugdpr.org.html>. (accessed 28 February 2018)

Guidance issued by the Information Commissioner's Office (ICO) is available at <https://ico.org.uk/for-organisations/data-protection-reform> (accessed 19 February 2018)

and information updating bulletins from the ICO on the new legal developments can be accessed at www.ico.org.uk.

In particular, researchers should be aware of the new GDPR provisions relevant to their research on the following issues:

- the rights of a data subject – including notification of a breach; right to access to information; right to be forgotten (data erasure); data portability; and the role of data protection controllers, processors and data protection officers.
- consent for adults
- consent requirements and the age of consent for children
- withdrawal of consent
- processing and protecting children's data
- GDPR general compliance and fees

Researchers should consult the relevant government publications and websites to ensure that they are up to date. The future position when the membership of the European Union changes (i.e. post 'Brexit') is unclear at the present time, and further clarification from the ICO is awaited. See also [5.9](#)

Compliance with the law requires the researcher to have a working knowledge of the current law and guidance applicable to the jurisdiction, the field of study and the research population; or access to appropriate legal advice and support in the research planning.

In addition, professional bodies (such as the Health Research Authority (HRA)) issue guidance on matters of ethical good practice which in some cases are legally binding where applicable and should be followed, since failure to follow such guidance is likely to be persuasive evidence that the research may not have been ethically conducted.

3.3 Supervision, mentoring and consultation

The role of the supervisor and/or mentor assists researchers to reflect on the work, also providing an overview which may be helpful in identifying and addressing potential conflicts of interest and ethical dilemmas as they arise. The *Ethical Framework* requires regular consideration of our work in supervision (BACP 2018: GP60-73) and in research, supervision should assist researchers to apply the standards of good practice in delivery of services, identify ethical dilemmas and protect the clients from adverse effects (BACP 2018: GP86; 89; 90).

3.4 Ethical review and role of Research Ethics Committees

Many organisations and academic institutions require approval of the research by an appropriate Research Ethics Committee (REC), or a similar body, before a study is authorised. Professionals undertaking research may be compelled to follow government or internal guidelines, for example, hospital and medical staff undertaking funded medical research may be contractually compelled to follow the research guidance applicable to the NHS, or other relevant professional bodies. There may be statutory ethical review required for research with people with limited mental capacity to consent, or who are recruited through the health services. Funding organisations may create their own ethical guidance. In some cases, issues of compatibility and control may arise between the requirements of different bodies, and negotiation or compromise may be necessary.

The *Ethical Framework* requires all research to be reviewed in advance to ensure that the rights and interests of the participants have been considered independently of the researcher. (BACP 2018: GP89).

3.5 Independent practitioners

If an independent practitioner has no access to academic support or another form of a formal, professionally guided independent ethical review of their research, BACP expects that their research will go through some form of an independent review process (BACP 2018: GP89). Although BACP does not specify precisely how such an independent review should be done, it is expected that the researcher will draw together a panel of independent people with no direct involvement in the research, and who are not direct beneficiaries of the research. The panel should consider the research plan in the light of both the *Ethical Framework* and these guidelines, and the researcher should take the feedback of the panel into account in how the research is designed. Please refer to [7.1](#) for *Independent Review Panels (for research by independent practitioners)* and [7a](#) for *Checklist for Independent Panel Review*.

3.6 Integrity and trust

The earlier *Ethical Guidelines for Researching Counselling and Psychotherapy* emphasised the importance of trustworthiness. Definitions of the different concepts of 'trust' and 'trustworthiness' are considered in [2.1](#), and [2a](#), including not only the quality of the relationship between the researcher and participants and others involved in the research process and the dissemination of the results; but also the trust of the public in the reliability of the research. To establish trust in a therapeutic relationship, the practitioner should build a 'quality of relationship' ... 'that is sufficient to withstand any challenges arising from inequality, difference, uncertainty and risk in their work together' (Bond 2004: p 4). This concept is reflected in the commitments to clients in the *Ethical Framework* (BACP 018:C1-6). Trust, as so defined, remains central to these guidelines in relation to research, with attention given to the needs and experiences of the participants from their viewpoint, and their expectations of both the researcher and the study.

3.7 Independence and the absence of conflicts of interest

When researchers pay careful attention to the needs and experience of the participants, conflicts of interest may become apparent between the participants' best interests, and the perceived needs of the research or the researcher. Such conflicts should be explored in supervision and where appropriate, in consultation with experienced professionals, and/or with the participants. Conflicts of interest should be addressed in ways that do not harm the participants – the *Ethical Framework* requires that 'the research methods used will comply with standards of good practice in any services being delivered and will not adversely affect clients' (BACP 2018: GP 90). Research participants may be existing or former clients of the researcher or other practitioners, or they may not be involved in any therapeutic relationship. The ethical issues to be considered in each of these different situations are addressed at 5.4-6 and in 5.8-9.

It may be of interest that the NHS research standards require that conflicts of interest are formally declared to ethics committees, and included in publications and in-patient leaflets, if known. If a conflict of interest arises during research, NHS requires that it may be necessary to return to consult the ethics/governance committee, in addition to discussion in supervision.

Researchers should be particularly alive to the risk of a conflict arising between the best interests of the participants and the personal interests of the researcher or the organisation for whom the researcher works. Personal or work interests (such as financial considerations) should never be allowed to override the researcher's duties and obligations to the participants and such conflicts of interest must be identified, declared and addressed immediately in order to avoid poor practice or potential misconduct.

3.8 Quality and researcher competence through adequate research and ethical training

Rigour is defined here as meeting the quality requirements for research-based knowledge. To ensure rigour in their research, the researcher should be competent to carry out the proposed research, that is, to have relevant training and experience which is adequate for the study to be undertaken. Accountability for the researcher's competence to ensure the rigour of the research is an expected professional value. In research that is not subject to formal academic regulation and supervision, the responsibility for assessing researcher competence lies with the researcher, in consultation with their supervisor and any other research ethics advisors. The design, methods and manner of implementation should be consistent with the research question being investigated, managing the strengths and limitations of both, and paying attention to the needs and interests of the participants.

3.9 Provision for expression of concerns or complaints about the research

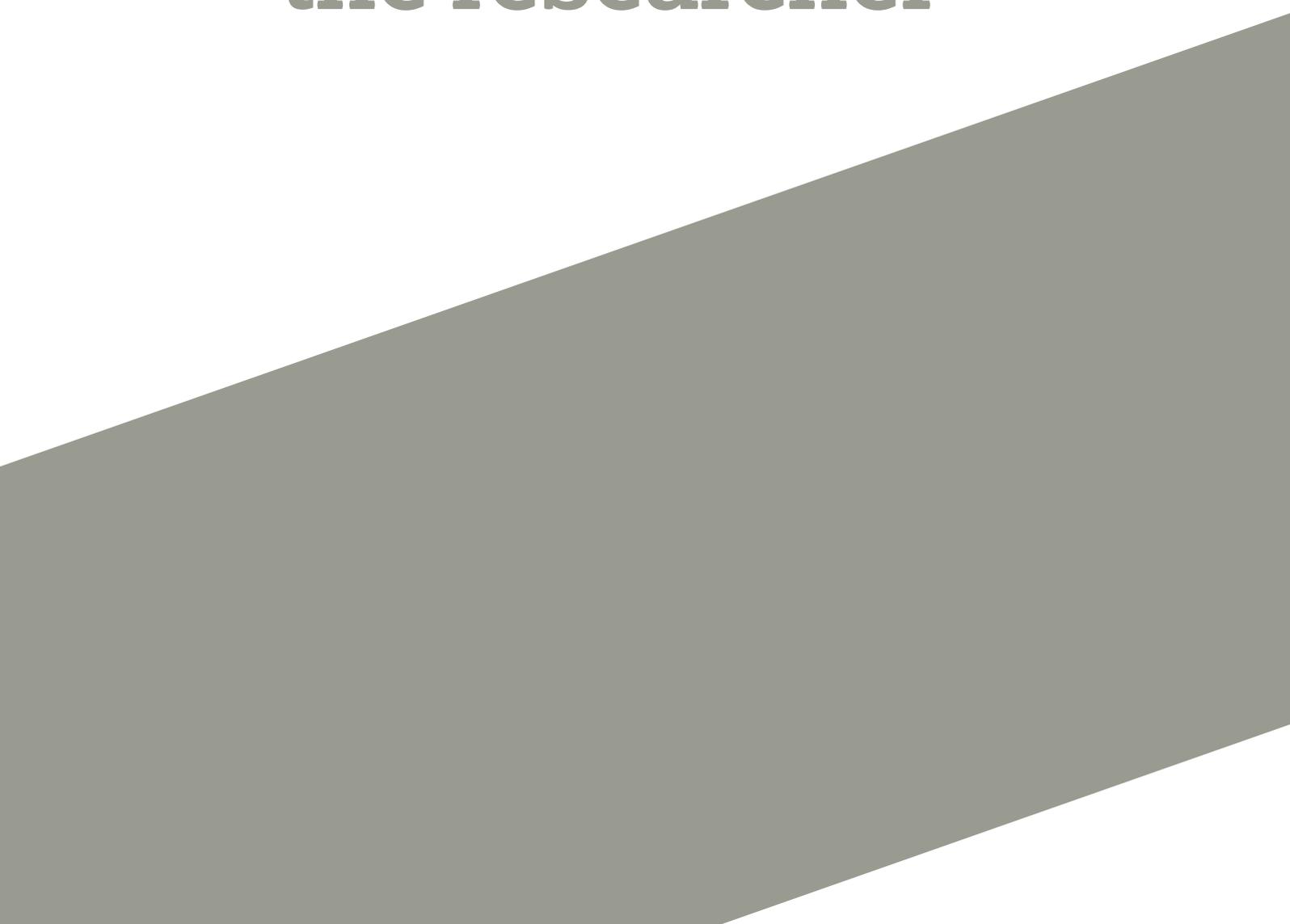
Participants should be able to exercise their right of freedom of choice, consent and expression in research, including the right to express concerns or to make a complaint about any aspect of the research if they wish to do so. This process should be made clear when negotiating a participant's informed consent for research, and is particularly important when issues of power and relationship may be influential, for example, when research is planned with existing or former clients of the researcher or their colleague. Advice should be given to ensure that the participant/client is able to raise a concern or complain directly to someone other than their practitioner, and furthermore, to ensure that information is given to the client that their agreement or refusal to participate in research will not affect their current or future therapy relationship.

Participants should also have the right to withdraw from the research, up to a mutually agreed point in the process. Researchers should make participants aware of these guidelines, and any other relevant guidance applicable to the research and the appropriate person or body to which their concerns or complaints should be addressed, provided in a written or other format appropriate for the needs of the participant. Note that the data protection allows the withdrawal of consent to process personal data in specified circumstances, (see GDPR: Art 7.3 and 5.9. For children, see 6.4.). For further information see www.ico.org.uk, and current BACP guidance.

3.10 Research across disciplines, modalities or organisational contexts in the counselling related professions

Conflicts may arise between a researcher's obedience to different legal and contractual obligations, for example, between the requirements of government guidance, professional codes of conduct and the contractual requirements of a sponsor or an employer. Breach of a contractual obligation (such as an employment contract) may involve the risk of legal penalties and breach of professional ethics may lead to disciplinary proceedings. When direct conflicts arise between the ethics of the researcher's professional body and other contractual obligations of a practitioner, legal or other expert advice should be sought. Law and ethics are both subject to interpretation and the conflict may be resolved by discussion and negotiations between the organisation and the researcher. If the conflict cannot be resolved, then the practitioner may wish to seek another way of conducting their research ethically. It may, for example, be possible to delay or relinquish the research project, while endeavouring to negotiate a change in contractual obligations. See also [7.4](#).

4. Safety and managing the risks of research to participants, the public and the researcher



An important aspect of ethical practice is the protection of the public. In research, this protection may extend to the researcher, participants, and also to protect as far as is possible, those who may be affected or influenced by the publication of the results of the research. We should pay attention therefore, not only to the welfare of the participants and self-care of the researcher, but also to the quality and rigour of the research, the results of which may influence the conduct and wellbeing of others.

The fundamental values underpinning our work ([BACP 2018](#): E3) are relevant to public safety in research – including commitments to:

- respecting human rights and dignity
- alleviating symptoms of personal distress and suffering
- enhancing people's wellbeing and capabilities
- improving the quality of relationships between people
- increasing personal resilience and effectiveness
- facilitating a sense of self that is meaningful to the person(s) concerned within their personal and cultural context
- appreciating the variety of human experience and culture
- protecting the safety of clients
- ensuring the integrity of practitioner-client relationships
- enhancing the quality of professional knowledge and its application
- striving for the fair and adequate provision of services.

Research exploring sensitive topics involves potential emotional and other costs to research participants. Research participants may initially appear willing to participate without taking into consideration the substantial demands it might make of them, that is, traumatisation in re-living their experiences, or possible shame, guilt, embarrassment etc. Their participation in a research study may have unwelcome consequences through the levels of emotional stress experienced. Researchers should also be mindful that the participant may become recognisable by how the research is reported or presented, and take appropriate steps to protect the participant's confidentiality as far as is possible. A prerequisite of undertaking research would be an assessment of the potential for risks and sensitivities in relation to the research topic and methods. All stages of the research process need scrutiny by the researcher combined with discussion with their supervisor and professional colleagues, to gain culturally sensitive understanding of what vulnerabilities and ethical issues may arise for participants, in relation, for example, to confidentiality, research participant safety, validity of the research being undertaken, responsibility of the data collected and accurate presentation of the findings to promote knowledge, and wherever possible, enabling rather than disabling for the participant.

4.1 Risk assessments and safety considerations

There may be elements of physical or psychological risk inherent in the research itself. Some of the proposed activities might involve a risk of physical or mental harm – examples might be experiments causing physical injury to participants, or psychological experiments which could have an adverse impact on the mental health of participants. Risk may also occur in any research situation and should, wherever possible, be assessed, discussed in supervision and considered in the research planning. Patient and public involvement (PPI), or discussion with the participant may be helpful to provide insight and identify areas of risk that the researcher may not yet have considered.

Research may be conducted in a difficult environment, indoors or outdoors. There may be challenges such as the risk of a research conversation being overheard or interrupted, or there may be other elements of risk or environmental hazards for the researcher or the participant.

Specific risks may be related to the geographical location, social environment or conditions of the research, examples might include research in areas of armed conflict; areas where minority belief systems, behaviours, or views pose a risk; post-war research; or research in an area where there are significant health risks.

Research may present risks to the researcher, who may be affected psychologically or in other ways by the research process or the findings. Self-awareness and discussion in appropriate supervision is helpful and may become necessary for researcher self-care.

Research participants may meet the 'research criteria' but subsequently it might become apparent (i.e. through preliminary interviews) that the intended participants are not yet 'available' to become involved in a research participant role without serious risk to their wellbeing. Researchers can make good use of supervision to explore any anxiety they may have in not wanting to encourage any further 'opening-up' of feelings and experiences, alongside a possible concern that respondents do feel rejected as potential co-researchers.

A further risk factor for participants is the use of power in the research, whether through methodology or the research process, and this should be considered in the research planning and design, with the assistance of appropriate supervision.

The research topic and the relationship between the topic and the social context is worthy of consideration. Different social groups may attribute different meanings to a research method or topic, for example, one group may consider a research study threatening whereas another social group may consider the topic innocuous, as research across different professional contexts may reveal differences in views and assumptions, affecting the psychological and ethical impact of the research on participants.

Research undertaken and dissemination of research data published without the informed consent of the participants could have detrimental consequences, for example, in undermining existing trust or generating mistrust, and may go so far as to question the validity of the study. The BACP *Ethical Framework* (2018) therefore requires researchers to obtain the explicit informed consent for all participants (see BACP 2018: GP88).

The impact of research may extend beyond the individual participant, therefore consent issues and dissemination and publication of research findings may be an issue, for example, where the research impact on participants' colleagues, relatives, friends and communities.

We have a responsibility to use candour and accountability in our work (BACP 2018: GP50-54), and therefore to be open and honest with ourselves and with research participants about any potential risks, and how these might be addressed (see 5.10 for more on candour). Research findings may reveal unethical or illegal practice by others, presenting the researcher with potentially difficult ethical dilemmas, including a legal obligation to disclose relevant information under statute law or court orders, or an ethical responsibility to report illegal or unethical practice in compliance with government or professional ethical guidance.

Reflection/discussion

What is the purpose/aim of this research?

Would my research pose or create any risks to participants' physical safety or wellbeing, or might it increase an existing risk to them?

What measures could I put in place to reduce or eliminate any psychological risk to participants? Would those safety measures provide sufficient protection?

Have I explored and considered all the information available to me about the location in which I would like to conduct my research?

What safety measures might I, or others, put in place to protect the physical safety of participants who may be at risk? Would those safety measures provide sufficient protection?

Have I considered any potential risks to the research participants and/or to others (e.g. their colleagues, relatives, communities etc.) who may be affected by the research or by dissemination or publication of the research findings?

Would any person adversely affected by my research have access to local help and support? If local support is available, how might I facilitate their access to this as a safety measure for participants?

Have I discussed the potential risks inherent in the research, and any potential safety measures, with relevant professionals and with the participants?

If anything goes wrong in my research which might pose any form of risk to participants, am I prepared to tell them about this and to apologise?

Am I aware of the legal requirements concerning the procedures relevant to data protection breaches and any concomitant risk to participants or others?

Am I also prepared to inform my supervisor and other relevant professionals, and consider with them and with participants what I could do to prevent or limit any present or future harm?

4.2 Duty to intervene to prevent harm to others

BACP places emphasis on accountability and candour, and requires members to take responsibility for client work and safety. In research, as discussed in [Part 4.1](#), there are many contexts and activities where risk may be present. The role of the supervisor in research provides a valuable resource for exploration and discussion of selection and sampling, location, methods and methodologies, to identify and address issues of risk.

Where there may be a risk to others, whether arising from or during the research, or identified through the research, action should be taken to intervene to protect those at risk as far as possible, ([BACP 2018: GP7–11; 24](#)).

Care should be taken to avoid any risk to participants or others, which may be associated with dissemination or publication of the research findings, including the risk of harm arising through any form of 'hype' or distortion of the research findings by the researcher or by institutions.

Reflection/discussion

How would I know if anyone involved in my research is at risk? Are there channels for me to be informed?

Who could I consult for advice and information if I received information during my research about the conduct of others that put someone at risk?

What measures could I take to protect participants or others if I received information during my research about the conduct of others that put someone at risk?

Do I need to access, or to create a protocol for safety measures as part of my research planning? Where can I find resources or help with this?

4.3 Insurance issues

(i) Professional practice and public liability insurance to cover the research

Part of the practitioner's responsibility and duty of care to clients is to hold appropriate insurance cover when providing services directly or indirectly to the public (see [BACP 2018: GP19](#)). Research is regarded by some insurance companies as an integral part of practice in the counselling and psychotherapy professions and so would be included as part of the usual professional practice cover. It is not possible to say whether all insurance organisations take this stance, so it is wise to check with your own insurance company, and where appropriate, that of the relevant organisation or institution, when planning research and ensure that the work planned will be appropriately covered by insurance.

Ensure that if the research work is to be carried out in another jurisdiction that the cover is valid for that country and for the type of research planned. Insurance companies may limit the geographical jurisdictions covered by their policies.

Research in high-risk areas, for example, areas of armed conflict, post-war, or where there is an identified level of physical or political danger, may not be covered in standard insurance agreements, and are likely to need special cover to be negotiated.

The level of insurance cover is a matter for agreement between the insurance company and the insured practitioner, and it might be helpful to discuss with supervisors and other relevant professionals the level of cover appropriate for the work planned.

Reflection/discussion

Have I obtained and read a copy of my current professional practice insurance policy?

Does my insurance policy cover my planned research activities?

If I plan to carry out research abroad, does my insurance policy cover the jurisdiction(s) in which I plan to carry out the research?

Does my insurance policy have any exclusion clauses and restrictions which might apply to my research?

How might I assess the level of insurance cover I will need for my research work – is this greater than my present level of cover?

Do I know who to consult in my insurance company to ask any necessary questions and to agree any required insurance cover?

(ii) Personal health, accident and other insurance cover for the researcher

Insurance may be provided privately, or by employers, educational institutions or others.

Personal cover: Researchers have a duty of self-care (see 4.4) and part of this responsibility may include arranging adequate insurance cover for health care and personal belongings, especially when working in any challenging conditions, or in areas where health care may become an issue or generate a need for repatriation.

Public liability cover: We have a duty to ensure that we hold adequate insurance cover (or that we are adequately covered by the insurance provided for the research) when providing services directly or indirectly to the public (BACP 2018: GP19), and where relevant, this includes research.

Scope of cover: Practitioners or participants may have specific health or other needs which may necessitate specific health or other insurance cover. If the research work is to be carried out in another jurisdiction, the cover for the research and the researcher's personal insurance cover should be valid for that country and for the type of research planned. Insurance companies may place limits on the geographical jurisdictions to which policies apply, or the events covered by their policies. Research in high-risk areas, for example, in areas of armed conflict, post-war, or where there is social or physical deprivation, poverty, or an identified level of physical or political danger, are likely to need specific insurance cover to be negotiated.

Level of cover: The level of insurance cover is a matter for agreement between the insurance company and the insured practitioner and it might be helpful to discuss with supervisors and other relevant professionals the level of cover appropriate for the work planned.

Reflection/discussion

Do I hold a current insurance policy that covers personal injury, loss and other personal cover such as healthcare while working on my research project?

If I plan to carry out research abroad, does my personal insurance cover apply to the jurisdiction(s) in which I plan to work/research?

Does my personal cover insurance policy have any exclusion clauses and restrictions which might apply to me when carrying out my research?

Do I know who to contact in my insurance company to ask any necessary questions and to agree any required additional insurance cover or policy conditions?

4.4 Self-care of the researcher

Part of our responsibility as practitioners is to look after our own personal physical safety, psychological health and welfare. This not only fulfils a responsibility of self-care and self-respect (BACP 2018: GP18; 91), but it also avoids the possibility of any lack of self-care causing a negative impact on the research, participants, academic institution or workplace. Part of the responsibility includes seeking professional support and services as the need arises.

Some research in the counselling and psychotherapy field may present researchers with hazards to their physical or mental health, that is, the risk of contracting illness, accident, or developing psychological responses to stressors such as the 'burn out' caused by the vicarious traumatic stress of repeatedly hearing harrowing accounts of events. It may be regarded as an ethical and professional responsibility for practitioners planning research to explore the potential risks of their work with experienced colleagues and supervisors, and where necessary, to discuss these issues with staff or practitioners from the relevant field of work, and/or the geographical area in which the research will take place, and to take such precautions as are appropriate to the conditions they may experience.

Reflection/discussion

Have I explored and considered all the information available to me about the geographical location and the political and sociological context in which I would like to conduct my research?

What is the nature and likelihood of any risk that my research might pose or create in relation to my physical or psychological safety or wellbeing, or might it increase an existing risk to me?

Are there any qualified and competent supervisors or colleagues with relevant experience who could help me to assess any risk to me as researcher in this project?

What measures might I, or others, put in place to provide adequate protection for my physical or psychological safety and wellbeing?

4.5 Ethical personal boundaries in research

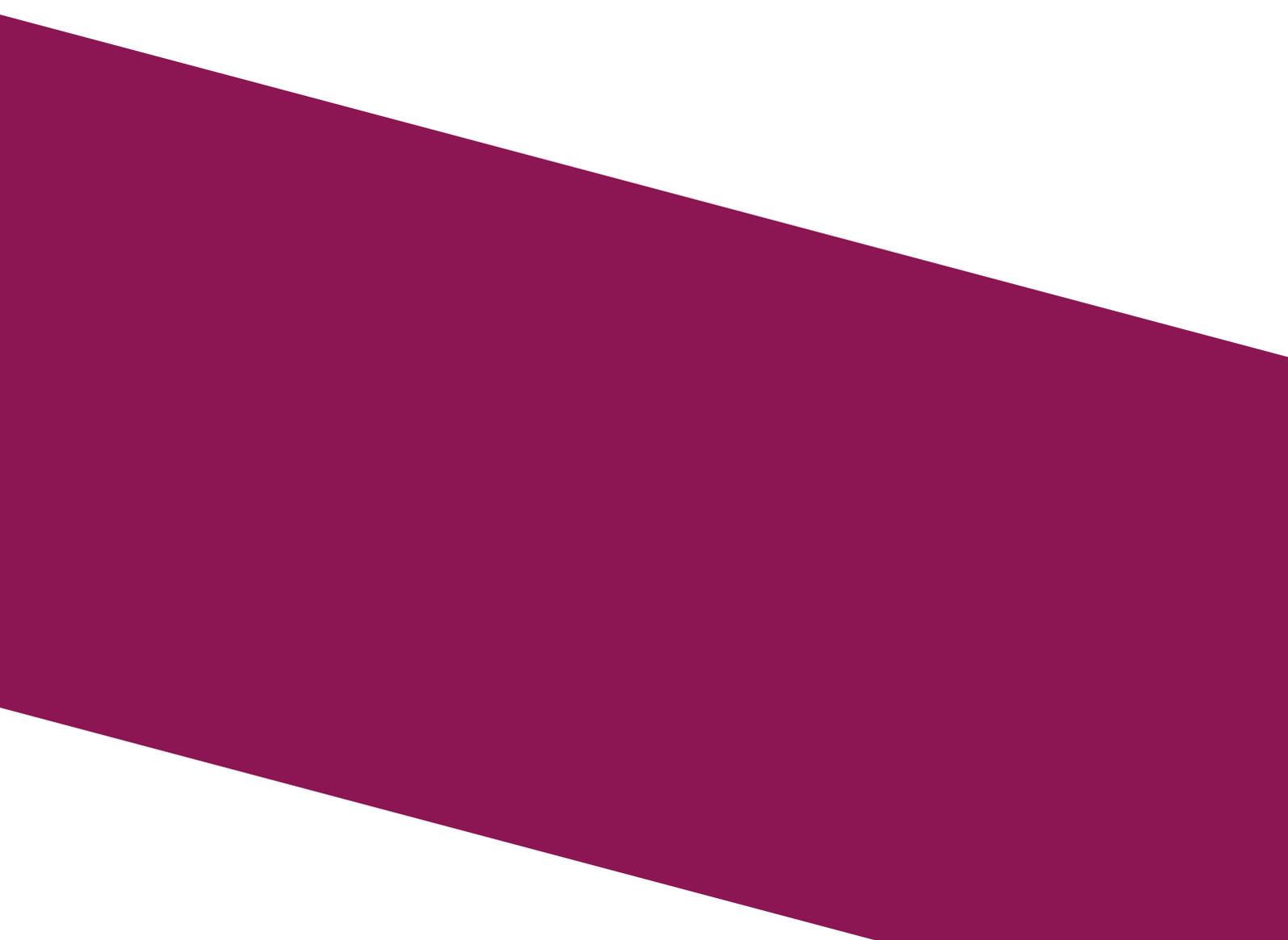
It is essential to pay attention in research design to the ethics around the limits of the relationship between researcher and participant. All researchers should be ethically mindful of personal boundaries between researcher and participants and take steps to maintain ethical personal boundaries in the context of these guidelines and the *Ethical Framework* (BACP 2018). For research with the researcher's existing or former clients, see [5.4](#). For research with the clients of colleagues, see [5.5](#).

In particular, discussion in supervision and research planning should consider and address any potential ethical risks around:

- the researcher sharing any personal information with a research participant
- sexual and/or intimate relationships between both parties and
- any extension of the research relationship after the research has been completed.

Research planning should demonstrate that the researcher has carefully considered ethical boundaries and include specific provisions to ensure and evidence the creation and maintenance of clear ethical boundaries in the relationship between researcher and participants. This is particularly important when research participants are clients, former clients, or vulnerable because of their age, mental or physical condition, or any other factors, including safeguarding issues.

5. Relationships and communication with research participants



The term 'research participant' is used here to reflect the active role of the research participants and the researcher. In line with the *Ethical Framework*, respect for research participants requires honesty and clarity in the researcher's role, method and communication.

Practitioners may engage with research participants who are also counselling practitioners, in which the relationship might involve some form of authority or hierarchy, that is, manager/supervisor/tutor or previous manager/supervisor/tutor.

Where the researcher may have any form of authority or perceived authority over the research participant(s) the same considerations should apply.

5.1 Consent

Consent should be both lawful and ethical. Researchers should give careful consideration to the relevant law applicable to their research. Ethical consent requires mutual understanding and agreement, with the freedom to make an informed choice. The format of the consent given may vary according to the needs and abilities of the research participant, and so may be in writing, or in some other form appropriate to the needs of the participant. It is helpful to retain a record or other form of evidence of the consent given, and data protection law requires the ability to demonstrate compliance.

The validity of the informed consent required for research necessarily relies on the quality of the information provided for the participant and therefore some evidence of the information provided is helpful. This information may be provided in a leaflet or in a format appropriate for the needs of the participant. Discussion and negotiation regarding the research contract between the participant and researcher (see [Appendix B 'Considerations for a research contract with participants'](#)) provides an opportunity to discuss and reflect on the terms and conditions of the research project, and also to record the participant's informed consent. Clarity is necessary in negotiating consents and agreements in contracting for research (see [BACP 2018: C3; 4; GP21–29](#)).

Note that where the General Data Protection Regulation (GRPR) applies, reference should be made to its provisions, including those regarding consent, and also to the legal guidance and updates on the website of the Information Commissioner at www.ico.org.uk.

For provisions of the GDPR on consent, see:

- Consent generally, and the form of consent, see (GDPR (32); Art 7). In specific relation to scientific research see (GDPR (33)). For provision of information about data processing, see (GDPR (39-40); (42-43); (58); Arts 13 -14). For genetic data and health see (GDPR (34-35)).
- The right to withdraw consent at any time, see (GDPR Art 7.3)
- The right to restrict data processing see (GDPR Art 21) or to object to data processing, including data profiling, see (GDPR Art 21)

- The right to 'be forgotten' and request erasure of data where the data is no longer necessary for the purpose for which it was collected, or where the data subject has withdrawn consent, see (GDPR (65 -67); Arts 17-19)
- The right to have personal data rectified, see (GDPR (65-67) Art 16)
- The right of access to personal data, see (GDPR (63-64); (68); Art 15)
- The right to 'portability', i.e. to receive data and transmit those data to another controller, see (GDPR Art 20)

Note that although some parts of the data protection law are referenced here, these are not exclusive and reference should be made to the data protection law in its entirety. Data protection law is currently still developing and the Information Commissioner's website will have up to date information and guidance as the new law unfolds. The Information Commissioner's Office may also be able to offer guidance on specific issues, and has a helpline for small businesses on the website at www.ico.org.uk.

The full content of the GDPR is available at <https://www.eugdpr.org/eugdpr.org.html>. (accessed 19 February 2018). It can also be found as a PDF at <http://data.consilium.europa.eu/doc/document/ST-5419-2016-INIT/en/pdf> (accessed 19 February 2018). For more about the guidance issued by the Information Commissioner's Office (ICO) on the GDPR, see 3.2. See also the relevant BACP *Good Practice Guidance* documents at www.bacp.co.uk.

For children and consent see [6.4](#), and for vulnerable adults and consent see [6.5](#).

Consent is not a 'one off' issue at the start of participation in research, but will commonly require renewal as participants come to understand better what their involvement entails. Note that Article 7 of the GDPR provides that the data subject should be informed of their right to withdraw consent at any time, Research is an ongoing process, which may include new or unforeseen developments. Consent may therefore need continued discussion and clarification throughout the research, as events unfold and the research progresses, and provision made for participants to withdraw their consent during the research process. When a participant withdraws consent, all practicable efforts should be made to remove reference to that person. The GDPR contains the right to 'be forgotten', i.e. for erasure of data, with specific provisions for erasure of data in an online environment (GDPR (66)). What this means in practice will vary between different types of research and the stage reached in the research process. For example, in quantitative research, it may be impracticable to remove someone from calculations already undertaken, but it may be possible to meet legal requirements by use of anonymisation or pseudonymisation (for definitions see [Appendix E Glossary](#) and (GDPR: (26); Art 4.(5)). or by making the required adjustment for future calculations. Researchers should seek appropriate legal or other advice if the removal of data is requested by a participant and such removal may pose difficulties in their research process. In qualitative research, the withdrawal of the participant may require the radical rewriting of the research report. In all cases, it is usually impracticable for participants to withdraw after publication of the research, and therefore the research agreement should make this clear before the research commences. Researchers should be aware of cultural issues which may influence consent, and also that consent beyond the individual participant may be an

issue where the impact of the research extends to others, for example, participants' colleagues, relatives, friends and communities.

Some participants may be unable to give valid consent and therefore consent for their participation in research may be given by others, for example, it may be necessary for those with parental responsibility to give consent for children, or for guardians or a court to give consent for adults who lack the capacity to consent. There are special provisions regarding the consent of children in the GDPR at paragraph (38) and (GDPR: Art 8) including specific age restrictions, see also the current BACP guidance on data protection.

Whilst to exclude adults who lack mental capacity from any research would be discriminatory (under the Equality Act 2010), their involvement does require special safeguards to ensure that the participants are protected when they do participate. See [Part 6](#) on vulnerability in research participants.

Specific legislation has been introduced in Scotland (the Adults with Incapacity Act 2000) and England and Wales (Mental Capacity Act 2005) relating to adults with mental incapacity (or who may become incapacitated) and the Medical Research Council (MRC) has issued guidance on applying the legislation and other ethical considerations to medical research involving adults who cannot consent. Further guidance is available from the MRC regarding the law and ethical considerations surrounding medical research involving children.

The law is constantly developing, so be aware of current law relevant to all aspects of the research, and watch for changes and developments in the law and guidance. Researchers should provide an appropriate standard and quality of service in their research. Researchers may seek participants' consent to, and acceptance of, specific conditions of research, but this should not be used as a way of lowering the standards of any service provided.

5.2 Confidentiality

Researchers should be aware of the issues of confidentiality and agree with participants how research data and documents will be safeguarded, and any circumstances in which information is intended to be shared. If participants require anonymity, this should be appropriately protected. It is also recognised that some participants may express a wish for their identifiable voice to be heard in the research and therefore, wherever possible, their wish should be respected in the research design.

If participants are required to indicate consent by signing a form, or if the research involves documents which identify the participants or contain any information identifying or making the participant identifiable, these should be subject to a confidentiality agreement that reflects the agreed levels of confidentiality or disclosure. Personal information that is completely anonymised, (see [Glossary](#)) is not 'personal information' and so not protected under the data protection legislation, but data that is 'pseudonymised' (see [Glossary](#)) is subject to the data protection law (GDPR: (26) and Art 4 (5)).

5.3 Rapport and trust

The *Ethical Framework* (BACP 2018: GP30-37) requires us to build appropriate agreements and boundaries in relationships with clients, avoiding exploitation and dual relationships where the risks outweigh the benefits to the client. In the context of research, rapport and trust involve honesty and clarity, and so not 'faking friendship' with research participants or exploiting their goodwill or compliance.

Certain types of research may involve participants in discussion of their experiences, possibly in responding to questions from the researcher. Researchers therefore have a responsibility to ensure that, as part of their research preparation, and throughout the research process, they continue to consider any potential psychological impact that the research may have on the participants, whether or not they are working with participants who are not (and have not been) involved in any therapeutic process.

Publication of research may also have a profound impact on the participants who may have disclosed personal information and feelings. The researcher will need to pay attention to the ethical issues in reporting and publication of the research findings, and may need to consider this in supervision.

The research process may require the provision of appropriate support for vulnerable participants. Good practice requires that consideration of additional support should take place during the planning and implementation of the research process, in consultation with academic and/or practitioner supervisors.

5.4 Research with the researcher's existing or former clients

Research participants may be selected in many ways, and might be drawn from client populations. Where research is conducted with the researcher's own existing or former clients, boundary and relationship issues may become complex, for example, participants may experience a conflict of roles, feelings of power imbalance, or dependence on their practitioner. This list is not exhaustive and therefore careful exploration with the client and discussion in supervision is necessary to achieve clarity about the nature and extent of the research relationship, its potential impact on the client, any necessary safeguards and boundaries, and an understanding of the differences between therapeutic interviews and research interviews.

The research process may in some cases enhance the therapeutic experience for a researcher's existing or former clients, helping them move to another understanding of their world as they tell or write their stories. However, researchers cannot assume that this is always the case and should be aware of the potential complexities of working with their own clients. Such research would require regular monitoring and discussion in both therapeutic and academic supervision, including issues of the balance of power between the researcher and the participants, and the impact of the research on the therapeutic relationship.

The research should not have an adverse impact on the therapeutic relationship. The relationship may impact on the researcher's own attitudes and investment of energy in the research.

Research may serve to extend the practitioner's relationship with the client (for example where the research extends beyond the time planned for ending the therapy), and some clients may not want this, while for others it may not be in their best interests to lengthen the therapeutic relationship in this way.

In research with the practitioner's own current or former clients, the researcher is likely to have some prior knowledge of aspects of the client's life and experience, which, although not necessarily directly related to the research, may either enrich, or in other circumstances influence or risk the integrity of the data gathered.

In research with former clients, participants may speak more freely and disclose more information because of the trust gained in earlier therapy, or they may speak with emotion. They may perhaps wish to continue in therapy during the research process, or if they have taken a break they may later wish to return to therapy, but find that the therapeutic relationship has changed, perhaps wholly or partly as a result of the research process.

This list of considerations is not exhaustive, and before entering into research relationships with existing or former therapy clients, the commitments in the BACP's *Ethical Framework* require that the interests of our clients are taken into account and that we will make existing clients our primary concern while we are working with them. There is also a responsibility to agree with clients how to work together, to discuss any known risks, and to review and monitor work together (BACP 2018: C1-6). In researching with clients, it is therefore necessary for careful discussion by the researcher in supervision and/or other professional consultation, to consider the potential impact of the proposed research process on the participants and the researcher, with particular attention to the risk of potential exploitation, dual roles, dependence and power imbalances (BACP 2018: GP30-37; 43; 54; 84-90).

Reflection/discussion

Am I clear about the difference between research interviews and therapeutic interviews in the context of my research?

Have I ensured that the participants are also clear about the difference between research interviews and therapeutic interviews in the context of my research?

How can I ensure that a client's decision about whether or not to participate in the research will not adversely affect the service being offered to them?

Have I asked any research participants to accept specific conditions of the research and if so, might this have any adverse effect on them, or on their treatment in any way?

Will the research extend beyond the time that the therapeutic alliance was planned to end and how will this affect the client? Will the research process adversely affect the best interests of the client in any way?

Will the research affect the balance of power in the therapeutic relationship?

Have I explored in my professional therapy practice supervision and with the client the potential impact of the research process on the therapeutic alliance?

How will I regularly monitor any potential impact of the therapy on my client?

What opportunities will the client have to express their experience of the impact of the research on the therapeutic alliance?

What boundaries are necessary to safeguard the client's wellbeing and the therapeutic alliance?

What is the potential impact on the research of any prior knowledge of the client's experiences gained from our therapy?

How can I ensure regular and effective monitoring of the impact of this research on the researcher and on the participants?

5.5 Research with other practitioners' existing or former clients

(i) Research with other practitioners' existing clients

The participant's therapeutic practitioner (if a BACP member / registrant) will have a responsibility under the BACP's *Ethical Framework* to make their existing clients their primary concern (BACP 2018: C1). This may include ensuring as far as possible that the interests of their client are taken into account, and to discuss with their client any known risks, and if the therapy continues while the research is in progress, to review and monitor their work together in this period (BACP 2018: C1-6; GP 32; 84-90).

In researching with the clients of other practitioners, it may be helpful for the researcher, where appropriate, (and with the explicit consent of the participant), to liaise with the participant's counselling practitioner to inform them of the nature and process of the research. This will enable the participant and their practitioner, and the participant and the researcher to consider the potential impact of the proposed research process on the therapeutic alliance, paying particular attention to the requirements of the *Ethical Framework* (BACP 2018: C1-6; GP32-37; 84-90).

Both the data protection law and the *Ethical Framework* require transparency and candour in the provision of information. If the participant is continuing in therapy and unwilling to consent to direct communication between the researcher and their practitioner about the research, the researcher may wish to explore whether

the participant wishes to provide this information themselves (e.g. by providing their practitioner with information about the research, or a copy of the research contract).

If the participant is continuing in therapy and is unwilling for their practitioner to be informed of the research, then the researcher should discuss any ethical issues arising with the participant, also with the researcher's supervisor and where appropriate, with any Research Ethics Committee involved.

(ii) Research with other practitioners' former clients

If the therapeutic alliance between the research participant and their practitioner has ended before the commencement of the proposed research, the researcher should discuss the issue of communication with the participant's former practitioner, any necessary consents, and any ethical issues arising from the research proposal with both the participant and the researcher's supervisor. If appropriate, it may also be helpful to consult the applicable Research Ethics Committee.

(iii) Disclosures made in research with other practitioners' existing or former clients

In the course of research, a participant who has been in a therapeutic relationship with another practitioner may disclose to the researcher sensitive personal information from that therapeutic process. It may therefore be appropriate for the researcher to discuss with the participant issues of confidentiality, possibly including some form of negotiation and agreement with the participant's counselling practitioner about the use of sensitive personal information, and legal issues will also need to be taken into consideration for data protection (see data protection at [3.2](#) and [5.9](#)).

Where the participants are existing or former clients of another counselling practitioner, the participants may reflect and comment on the therapeutic alliance and they may contribute to the research their thoughts or feelings about their therapy – which may be positive, or which may potentially raise professional and ethical issues for the researcher and the participant's practitioner, particularly if a participant discloses to the researcher information which evidences professional malpractice or a serious breach of the practitioner's *Ethical Framework*. Such a disclosure should be discussed in supervision and/or the relevant ethics committee. The BACP *Ethical Framework* imposes a commitment to prioritise a client's interests, and to take action to prevent harm to any client which may be caused by practitioners (see [BACP 2018](#): GP7-10; 11; 24). Such harm may include a risk to clients arising from practitioner incompetence, misconduct or unfair discrimination. If, in the course of research, an awareness arises of the likelihood of potential harm to clients caused by another practitioner, BACP members are committed by the *Ethical Framework* to take appropriate action ([BACP 2018](#): GP11; 24). For this reason, the consents for confidentiality and referral in the research will require careful consideration and negotiation with the researcher, participants and also possibly the practitioners involved.

Furthermore, there may be potential benefits to research with former clients – the research process may in some cases enhance the therapeutic experience for participants who are current or former therapy clients, possibly helping them move to new understandings of their experience as they disclose and reflect on what has occurred. The BACP *Ethical Framework*, while putting clients first, also creates a duty to intervene to prevent harm to clients or others. (BACP 2018: GP7–11; 24). These guidelines imply a similar responsibility for practitioner members to act to prevent serious harm to participants or others, however the risk of that harm may arise in the course of their research. This duty will include safeguarding responsibilities. For NHS safeguarding policies, see (NHS 2015). The BACP *Ethical Framework* creates a duty of candour which requires openness about mistakes (see 5.10 and BACP 2018: GP50–54).

Reflection/discussion

Is the participant an existing or former client of another counselling practitioner? What are our respective responsibilities if that practitioner is

- BACP member/registrant?
- not a BACP member /registrant?

Does the participant agree that the researcher may contact their current or former therapy practitioner?

Would the participant prefer to personally inform their current or former therapy practitioner of the research?

How is the practitioner involved to be made aware of the research and any implications of the research for their therapeutic process? Which, if any, documents will be provided?

How will I ascertain whether the participant has been able to discuss the impact of the research on their therapeutic alliance with their practitioner?

If the participant does not agree that I can, as researcher, contact their current or former therapy practitioner, have I considered the ethical impact of this in supervision? Do I need to consult any other person, professional organisation or academic body?

What information do I need to adequately explore in supervision the potential impact of undertaking research with another practitioner's client on the participant and on the research project? What are the possible risks and benefits?

What action will I take if the research discloses any form of professional malpractice, professional negligence or breach of ethics by another practitioner?

What action(s) will I take if, during the research, the participant discloses actions which must be disclosed under the law, or which justify disclosure in the public interest?

Have I put in place a confidentiality agreement with the participant and, if appropriate, also with their therapist regarding the research process and data, including statutory, public interest and professional disclosures?

If anything goes wrong in my research, which poses a risk, am I prepared to inform participants and others involved, and apologise, and take appropriate remedial action?

5.6 Research with participants not involved with any therapeutic process

Where participants are not, and have not been involved in any therapeutic process, they may be affected psychologically by discussion of their experiences, and/or in responding to questions from the researcher. Consideration should also be given in supervision to the impact of publication of the research on participants who may have disclosed sensitive emotions and material, and the research process may include the provision of appropriate support for such participants.

5.7 Impact of technology in research relationships

The relationship of the researcher and participants will inevitably be influenced by the selected research methods and may be further influenced or directed by the use of certain forms of technology, which may include the use of websites, public and private social media and other on-line resources such as face to face virtual meetings. On-line research increases the possibility of working across jurisdictions and attention should be given to the requirements of the law applicable to the research project in all the relevant areas. See [Part 8](#) for on-line research.

Where research data are gathered or stored electronically, on-line, 'cloud based', or processed with the use of any form of technology, confidentiality should be protected by encryption, passwords or other appropriate forms of restriction of access to the data to those lawfully entitled to have it. Note the provisions of the data protection law, and in particular regarding online working, see [3.2](#) and [5.9](#); and the GDPR.

5.8 Impact of record keeping and confidentiality in research relationships

Research participants may request, or be offered confidentiality for the data provided. However, absolute confidentiality can rarely be promised, because research ethics may be overridden by the applicable law. Sometimes the law operates to protect confidentiality, (for example, data protection, contract, tort (or delict)) and sometimes the law requires disclosure (e.g. prevention of terrorism), or disclosure may be defensible in the public interest to prevent harm. Under the *Ethical Framework*, counselling professionals agree to protect client confidentiality and privacy:

1. We will protect the confidentiality and privacy of clients by:
 - a. actively protecting information about clients from unauthorised access or disclosure
 - b. informing clients about how the use of personal data and information that they share with us will be used and who is within the circle of confidentiality, particularly with access to personally identifiable information
 - c. requiring that all recipients of personally identifiable information have agreed to treat such information as confidential in accordance with any legal requirements and what has been agreed with the client at the time of disclosure
 - d. informing clients about any reasonably foreseeable limitations of privacy or confidentiality in advance of our work together, for example, communications to ensure or enhance the quality of work in supervision or training, to protect a client or others from serious harm including safeguarding commitments, and when legally required or authorised to disclose
 - e. taking care that all contractual requirements concerning the management and communication of client information are mutually compatible
 - f. ensuring that disclosure of personally identifiable information about clients is authorised by client consent or that there is a legally and ethically recognised justification
 - g. using thoroughly anonymised information about clients where this provides a practical alternative to sharing identifiable information.'

(BACP 2018: GP55).

If the research is with clients, the principles of (BACP 2018: GP55) will apply to that research under the *Ethical Framework*. If the research is with participants unconnected with the talking therapies, then in accordance with the expectations of data protection and the general law, similar principles should apply in a professional relationship, subject to the confidentiality agreements reached with participants, and to any relevant organisational and/or government policies and procedures that apply. If research participants might be expecting absolute confidentiality, researchers and participants should be made aware that confidentiality might be legally questioned, and disclosures may be necessary in situations such as terrorism or other offences where statute requires disclosures; or in obedience to court orders, or where the law permits disclosures made in the public interest, for example, in child or adult safeguarding, serious crime and other situations where there is a real and imminent risk of harm

to the participant or to others (see also the relevant BACP *Good Practice Guidance* documents at www.bacp.co.uk).

Consideration should be given to the creation, maintenance and storage of research records and data with attention given to any legal or procedural requirements regarding time limits for storage and destruction of the data and the protection of confidentiality, in compliance with research agreements, relevant data protection legislation (see 5.9), other law applicable to the research and the *Ethical Framework* (see *BACP 2018*: C2e; 3b; GP9-10; 14f; 15; 23; 46). The means and extent to which the results of research are disseminated also requires careful consideration.

Consent should be sought at the outset of the research process to the terms on which research data will be stored, retrieved, retained and published. Researchers respect the autonomy and rights of participants, and if any individual has agreed to specific terms of participation in the research, but later wishes to change the terms of the agreement, for example, subsequently requesting that their data be destroyed, on receipt of such a request, the researcher will need to consider their compliance with the request and the impact of removal of the data from any datasets, bearing in mind the initial agreement, and the rights of the participant under the data protection legislation (see GDPR Arts 12-23).

If a participant's consent is withdrawn, in some research it is possible to remove their relevant data from the records, but in complex quantitative analysis, this may be difficult to do without compromising the data and comparability. In planning the research, consideration and reflection in supervision should be given to the impact on the research if someone withdraws consent during the research. The researcher should give careful consideration to their contractual position with participants, for example, considering the points in the process at which participants might wish to change the terms of their agreement and to consider what they, as the researcher, can realistically do if participants change their mind and wish to withdraw from the research process, or refuse consent for use of their data.

In planning research, consideration should be given to the archiving of data. Archiving may be funded, or storage of data provided for the researcher, or it may be privately arranged. Tensions may arise between archiving arrangements and confidentiality, transparency and openness. Consideration should be given to protection of data against unlawful or unwanted access, falsification and data loss. Contributions from participants should be respected, and the confidentiality of data treated in accordance with the BACP *Ethical Framework* (BACP 2018) and the relevant law applicable to the research.

5.9 Impact of data protection legislation on research relationships

Data protection law supports the right to privacy and protection of personal information, and regulating its dissemination, including the gathering, processing and publication of research data throughout the whole research process. Researchers should be aware of the current data protection legislation applicable in the jurisdiction(s) relevant to their research, and consider how the law and guidance applies to their research, for more information, see the list of data protection legislation and guidance listed here, in *References* and in *Resources and Further Reading*.

Data protection legislation applies to personal information concerning a 'natural person' (see *Glossary*), irrespective of how that information is acquired. Data protection law does not apply to 'anonymised' data, but it does apply to 'pseudonymised' data (see *Glossary*). In data protection law terms, a researcher is likely to be a data processor and possibly also a data controller of personal information (data) about a research participant (data subject). For definitions of these and other relevant data protection law terms see GDPR; Art 4.

Consent is required for the collection and disclosure of data comprising personal information, and additional safeguards (e.g. a requirement of explicit consent for disclosure) are in place for processing sensitive personal data. In researching practitioners' experiences of their therapy work, a practitioner research participant may share personal information with the researcher about their clients. Data protection legislation also protects the privacy of third party data which identifies or is identifiable to that person.

Please note that the legislation on data protection is developing and watch for new law coming into force. See the list of data protection legislation and guidance in *References*, and *Resources and Further Reading* lists the contact details for the Information Commissioner's Office (ICO) for information, guidance, codes of conduct, advice and assistance. See also the relevant BACP *Good Practice Guidance* documents at www.bacp.co.uk.

The General Data Protection Regulation (GDPR) comes into force on 25th May 2018 and has a direct effect on all European Union Member States. The full text of the GDPR can be found as a PDF at <http://data.consilium.europa.eu/doc/document/ST-5419-2016-INIT/en/pdf> (accessed 18 March 2018). The key facts, articles and information about the implementation of the GDPR across Europe, are available at <https://www.eugdpr.org/eugdpr.org.html>. (accessed 28 February 2018). Guidance issued by the Information Commissioner's Office (ICO) is available at <https://ico.org.uk/for-organisations/data-protection-reform> (accessed 19 February 2018) and information updating bulletins from the ICO on the new legal developments can be accessed at www.ico.org.uk.

The GDPR is a complex piece of legislation, and should be read together with the guidance, documentation and codes of conduct to be issued by the Information Commissioner's Office (ICO). This information has not yet all been completed. As a brief indication, some of the topics covered in the GDPR include:

- Consent –Data controllers must be able to demonstrate that consent was freely given by the research participant (data subject) in a form appropriate to the needs of the data subject, before or at the time processing starts. See [5.1](#) for a list of GDPR provisions regarding consent.
- Consent requirements in relation to children, and processing and protecting children’s data see (GDPR (38); (42-3); Arts 7-8)
- Fair processing notices –data controllers must provide clear information to research participants (data subjects) about how their data will be processed, see (GDPR (39-60); Arts 9-11; 23-32).
- Data breach notification – the ICO will have to be notified about any breaches which may pose a risk to the rights and freedoms of individuals, see GDPR (86-90); Arts 32-36).
- Fines – the ICO will be able to impose fines on organisations, depending on the size of the organisation, and the nature, gravity and duration of the infringement (GDPR; Art 83).
- Research participant’s (data subject’s) rights – these include the right:
 - To withdraw consent at any time, see (GDPR Art 7.3)
 - To restrict data processing see (GDPR Art 18)
 - To object to data processing (GDPR Art 21)
 - To ‘be forgotten’ and request erasure of data where the data is no longer necessary for the purpose for which it was collected, or where the data subject has withdrawn consent, see (GDPR (65 -67); Arts 17-19)
 - To have personal data rectified, see (GDPR (65-67) Art 16)
 - Of access to personal data, see (GDPR (63-64); (68); Art 15)
 - To ‘portability’, i.e. to receive data and transmit those data to another controller, see (GDPR Art 20)
- The process of ‘pseudonymisation’ in addition to other measures for data protection, to protect data subjects’ rights (see [Glossary](#))
- Data protection officers – some data controllers and processors will be required to appoint data protection officers to oversee their data processing activities
- Data processors – these will have their own obligations, as opposed to being answerable to the data controller on whose behalf they carry out processing activities, as is currently the case.

Researchers should consult the relevant government publications and the Information Commissioner’s Office (ICO) website at www.ico.org.uk to ensure that they are up to date with current legislation, guidance, data protection forms, fees and codes of conduct. There is a Data Protection Bill currently before Parliament, intended to facilitate implementation of the GDPR in the UK and secure the future position when the membership of the European Union changes (i.e. post ‘Brexit’). At the time of writing, the Bill is not yet enacted, and when it is in force, the ICO will make appropriate updates on the information sections of the website.

5.10 Candour

The BACP *Ethical Framework* creates a duty of candour. This creates a responsibility to be frank and open about mistakes made (BACP 2018: GP47, 52; Care Quality Commission (CQC) 2015, *Regulation 20 Duty of Candour*). The researcher should therefore be prepared to acknowledge their mistakes to those involved, even if those involved would not otherwise be aware of the errors.

If the mistakes in research also pose any risk of harm, a researcher working with their clients or former clients has a responsibility to prioritise the needs of the participant clients or former clients and take appropriate action to prevent or minimise any potential harm to them (BACP 2018: GP7–12)

Note that data protection law also requires candour in the form of notification of a data subject about a breach, and notification to the ICO about any breaches which may pose a risk to the rights and freedoms of individuals, see GDPR (86-90); Arts 32-35). In some circumstances risk impact assessments may follow from a data breach.

In the case of research with participants who are not the researcher's clients or former clients, adhering to the principle of candour demonstrates good research practice which is likely to enhance the relationship with participants and the integrity of the research. There must also be adherence to the data protection law.

The principle of candour may similarly extend to the researcher's relationship with their academic institution and any other external organisations involved in the research.

6. Vulnerability in research participants

6.1 Awareness of vulnerability in research participants

In the past, criticism has been made of research that did not sufficiently consider the impact on vulnerable participants and the exploitation of vulnerable populations for research purposes. The BACP *Ethical Framework* includes a commitment to protect the safety of clients (BACP 2018: E3; GP7-12) see also (BACP 2018: C1-6). In accordance with these values, it is arguable that research places participants in a position of vulnerability which may be similar to that of therapy clients. In some research projects, participants may be particularly vulnerable, for example, as a result of their innate characteristics, the context of their life or the research or the type of research undertaken. There is a relationship of trust between the researcher and the participant, with concomitant responsibilities including integrity, respect, the protection of confidentiality and a commitment to their wellbeing.

Vulnerability for research participants can arise in many ways, including the characteristics of the participant or the research, including:

- age and maturity of participant (for research with children and young people, see [6.4](#); [6.7](#))
- mental capacity, ability and awareness of participant (for research with adults who are defined by statute or guidance as vulnerable or lacking capacity see [6.5–6.7](#))
- issues of difference and diversity (see [6.3](#))
- power issues in the research context or design (see [5.4–5.6](#); [6.2 \(ii\)](#))
- nature and/or the sensitivity of the research topic see [6.2](#))
- the context in which the research is carried out (see [6.2](#))
- physical or psychological safety issues (see [6.2](#))
- any element of deception which is integral to the research design (see [6.2 \(iii\)](#)).

Participants who are or who have been clients of the researcher or colleagues may be vulnerable because of the therapeutic relationship (see [5.4](#) and [5.5](#)). Careful consideration should be given to the needs of vulnerable research participants, which may include the psychological impact on them of participation in the research and any other potential impact of the research on their life.

Vulnerability may impact on the ability of the participant to give valid consent. In some cases, consent for participation may be given by others, for example, those with parental responsibility or guardians, or carers for adults who lack capacity to consent. In some research, consent may be given to accept specific conditions of the research, but the standard and quality of the service provided should not be affected by the issue of consent.

6.2 Vulnerability created by the design or context of the research

6.2.(i). Political, physical or sociological factors

Participants and researchers may be (or become) vulnerable because of political or other sociological or physical factors in the context of the jurisdiction or community in which they live and work. Research that is carried out in areas of armed conflict, post-conflict, or persecution may create very clear risks for participants who are identified with a minority or unpopular group. Even when physical safety is established, psychological safety may be less certain. Some participants may be vulnerable because the context of the research may involve a lack of aspects of personal independence or power, for example, prisoners, hospital in-patients, children, or adults in residential care. Participants may be rendered vulnerable because of the context in which they live, for example, in their domestic situation, family, friends, community or country. Vulnerable participants may include those who are affected by sexual or any other physical assault, or psychological pressures, such as, harassment, stalking, bullying, all forms of discrimination and persecution.

6.2.(ii). Power balances

Perceived power balances may be altered in research, for example, where role confusion may arise, or where research participants may see a researcher as also making, or potentially being able to make, a clinical judgment about the participant's mental health status. If such a risk of role confusion is identified, it should be discussed in supervision.

It is helpful to create protocols within the research design which will deal with concerns arising where mental health issues are identified in the course of the research (in relation to the participant or others) which may need to be addressed, for example, mental health issues carrying a risk of harm or self-harm to a participant or to others.

6.2.(iii). Deception

Exceptionally, research may involve intentionally deceiving the participants as to the purpose of the research in order to protect the integrity of the results. This type of research is generally incompatible with the importance of being trustworthy as a counselling professional, and should be discussed in supervision and with an appropriate ethical resource, e.g. a Research Ethics Committee or an Independent Review Panel, see (BACP 2018: C1-6; E3; P5; P7; P12; GP8; 11-12; 24-29; 30-31; 35; 43-49; 50-54; 84-90; 92-94). Deception in research renders a participant vulnerable, and where such methodology is considered necessary for the purposes of the research, it will only be undertaken by:

- suitably experienced and qualified researchers
- where there is no viable alternative to using deception
- the use of deception has been explicitly considered and evaluated as justifiable by an independent ethical review panel or Research Ethics Committee
- arrangements are in place to adequately debrief the participants as quickly as possible following their involvement.

Reflection/discussion

Have I explored and considered the characteristics of the intended research participants and the potential impact on them of the nature and methods of my research?

Have I discussed with participants how and where they might be supported if they are left feeling vulnerable during or after the research process, or if they feel in need of therapeutic help?

Is there any risk of role confusion in this research? Have I explored this in supervision and addressed it appropriately in my research planning?

Have I explored and considered all the information available to me about the geographical location and the political and sociological context in which I would like to conduct my research?

Might my research pose or create any risks to participants' physical or psychological safety or wellbeing, or might it increase an existing risk to them?

What safety measures might I, or others, put in place to protect the physical or psychological safety of participants who may be at risk?

Does the research design contain protocols which will deal with concerns when mental health issues are identified in the course of the research, or pose a risk of harm or self-harm, to a participant, or to others?

How will I assess whether my research is appropriate and justifiable, given any potential identified risks to participants and will the safety measures provide adequate protection?

If I intend to use deception in the research, is this ethically justifiable, and have I explored the research proposal fully with my supervisor and a Research Ethics Committee or an Independent Review Panel in accordance with Part 7 of this guidance?

6.3 Diversity and difference

There are a number of commitments in the *Ethical Framework* in relation to clients, which will also apply in any research with our clients ([BACP 2018: GP21–29](#)). These include:

- We will respect the privacy and dignity of clients ([BACP 2018: GP21](#)).
- We will respect our clients as people by providing services that:
 - a. endeavour to demonstrate equality, value diversity and ensure inclusion for all clients
 - b. avoid unfairly discriminating against clients or colleagues
 - c. accept we are all vulnerable to prejudice and recognise the importance of self-inquiry, personal feedback and professional development
 - d. work with issues of identity in open-minded ways that respect the client's autonomy and be sensitive to whether this is viewed as individual or relational autonomy
 - e. challenge assumptions that any sexual orientation or gender identity is inherently preferable to any other and will not attempt to bring about a change of sexual orientation or gender identity or seek to suppress an individual's expression of sexual orientation or gender identity
 - f. make adjustments to overcome barriers to accessibility, so far as is reasonably possible, for clients of any ability wishing to engage with a service
 - g. recognise when our knowledge of key aspects of our client's background, identity or lifestyle is inadequate and take steps to inform ourselves from other sources where available and appropriate, rather than expecting the client to teach us
 - h. are open-minded with clients who appear similar to ourselves or possess familiar characteristics so that we do not suppress or neglect what is distinctive in their lives ([BACP 2018: GP22](#)).
- We will take the law concerning equality, diversity and inclusion into careful consideration and strive for a higher standard than the legal minimum. ([BACP 2018: GP23](#)).
- We will challenge colleagues or others involved in delivering related services whose views appear to be discriminatory and take action to protect clients, if necessary ([BACP 2018: GP24](#), also see GP11).

BACP takes the view that ethical research practice, while not at the level of the absolute commitment we make to clients, also has regard to these principles. In particular, respecting the knowledge, insight, experience and expertise of participants and potential participants, having regard to individual, cultural and role differences, including those involving age, sex, differences in ability, education, ethnicity, gender, language, national origin, religion, sexual orientation, marital or family situation and socio-economic status, and any other differences of which we may be aware.

Similarly, it is regarded as ethical research practice to take care to explain and provide information about the nature of the research to which participants are being asked to

contribute, and to avoid any unfair, prejudiced or discriminatory practice in the course of research, for example, in participant selection and in the process and content of the research itself. It is helpful to accept that, in our research, we are all vulnerable to prejudice and recognise the importance of self-enquiry, reflection and discussion throughout our research planning and process.

Wherever possible, it is good research practice to recognise when our knowledge of key aspects of research participants' background, identity or lifestyle is inadequate and inform ourselves from other resources where available and appropriate, without expecting participants to teach us, in particular applying this principle when planning and conducting research in other jurisdictions and cultures. Ethical research in other cultures and jurisdictions may, for example, include information gathering in advance of the project, seeking expert guidance and support appropriate for the setting, making a carefully negotiated entry into the setting, building relationships based on trust, respect and mutuality, exercising an ethic of genuine caring with participants and ensuring that the research is accountable to the community. These considerations may be particularly important where researchers are from dominant groups undertaking research in indigenous and minority or developing communities.

We need to have regard to the requirements of the law in relation to equality and diversity, as it applies to the jurisdiction(s) in which we conduct our research. The Equality Act 2010 requires public bodies to protect people from discrimination on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The precise legal requirements vary between the different nations in the UK. Nonetheless, BACP practitioners in all nations and settings are ethically committed to respecting these characteristics (BACP 2018: GP22a; 23). The Equality Act 2010 does not apply in Northern Ireland although there are some equivalent processes through other legal mechanisms, see Section 75 of the Northern Ireland Act 1998 for the responsibility of public authorities, and for other guidance see <http://www.equalityni.org/Home> (accessed 20 February 2018).

6.4 Researching with children and young people

This part applies to research with children and young people under the age of eighteen. However worthwhile the research project may be, where the research participant is a child or young person, their welfare should be the researcher's paramount consideration, and the research should not adversely affect them, see *Ethical Framework* (BACP 2018, GP27; and generally GP 9; 10; 55; 64; 84-90).

Research can be empowering for participants who are otherwise silenced or powerless – providing the possibility of giving them a voice and allowing their views to be heard, but their involvement does require special safeguards to ensure that the child or young person is protected when they do participate.

Further guidance is available from the Medical Research Council (MRC 2004) regarding the law and ethical considerations surrounding medical research involving children.

The law and guidance surrounding work with children and young people, particularly those regarding the provision of services for children in need and protecting children from abuse is complex. There are issues for practitioners to consider regarding confidentiality and record keeping, particularly with regard to information sharing in relation to safeguarding and child protection procedures. Child protection procedures are set out in *Working Together* (DfE 2015, updated 2017) and other government guidance. In research, to protect the best interests of any children or young persons involved, researchers should make themselves aware of the relevant law and guidance on child protection, particularly in relation to the context in which the research is to be conducted, developing and matching policies and procedures with current guidance and legislation. Appropriate consultation in supervision and with relevant professionals may be necessary to ensure that the research pays appropriate attention to the needs and welfare of the children and young people concerned see, *Working Together to Safeguard Children* (DfE 2015, updated 2017) and other guidance papers (DfE 2015a; 2015b), the Children Act 1989 and subsequent legislation on child protection and safeguarding, CP guidance. See also the relevant BACP *Good Practice Guidance* documents at www.bacp.co.uk.

In the NHS, local authority and government regulated practice, policies are set and will bind practitioners contractually to compliance with government guidance. Researchers working in contexts such as health care, education and residential care for children should therefore make themselves fully aware of the terms under which they are required to work, and ensure that those giving consent for the research involving children and young people fully understand these conditions.

Counselling and psychotherapy research, particularly those associated with any government, social care, education and health organisations should have clear policies and procedures for co-operation in child protection. This should include the procedures for information sharing, which should be primarily designed for the benefit of the child or young person, or (as is usually the argued case in research) justifiable in the public interest.

Before engaging in any research with children who are current or former clients, careful consultation and consideration should be given to the nature and quality of the therapeutic relationship and the potential impact of the research on that relationship and on the welfare of the child. This principle requires particular attention where the child may be the client or former client of the researcher (see [5.1–5.2](#); [5.4–5.5](#)). The *Ethical Framework* requires that 'the research methods used will comply with standards of good practice in any services being delivered and will not adversely affect clients' (BACP 2018: GP90).

In research with children and young people, the issue of informed consent to their participation is important. The researcher should ascertain whether the child or young person may be competent to give their own consent to the research, or whether consent may be required from those who have parental responsibility for the child, or from a court. In certain circumstances specific consent may be required from a court. The process of seeking consent in relation to research with a child should be clearly stated in the research documentation and approved by a research ethics/

governance process. Careful thought should be given to complex family situations, which may present practical or legal issues regarding consent. Care must be taken not to make assumptions about legal rights or family relationships. The data protection law specifically addresses the issue of consent with children under the age of 18 years (see GDPR Arts 7-8; (32); (38)).

Note: The data protection law requires the consent of a person with parental responsibility for a child who does not have the capacity to give their own consent. Before making an approach to a person with parental responsibility, researchers should be aware that in some children's circumstances, certain family members or carers (who may have parental responsibility) may present a risk of serious harm to the child and sharing information or approaching that person for consent may lead to the risk of harm to the child.

Attention should be given to the relevant law and guidance on capacity and consent for children under the age of 18, see *Working Together to Safeguard Children* (DfE 2015, updated 2017) and other government and professional guidance papers relevant to the context of the research (e.g. DfE 2015a; 2015b), the Children Act 1989 and subsequent legislation on child protection and safeguarding. The Medical Research Council and Health Research Authority online decision-making tools for children and young people (MRC and NHS 2017) are also very helpful. See also the Health Research Authority's *Consent and Participant Information Sheet Preparation Guidance*. Information can also be found in the BACP's good practice guidance and legal resources for members at www.bacp.co.uk.

Consideration should also be given to the child or young person's psychological and developmental situation as part of the pre-research reflection process. For children and young people, age appropriate information should be provided about the nature and content of the research, and so far as is reasonably possible, steps should be taken to overcome any barriers to accessibility for children and young participants of any ability wishing to engage in the research.

Children under the age of 18 involved in court proceedings as witnesses may be entitled to receive services under the *Code of Practice for Victims of Crime* (MoJ 2015: Intro, para 18). Where children are to be witnesses in criminal trials, and where those children may need therapy, the Crown Prosecution Guidance '*Provision of Therapy for Child Witnesses Prior to a Criminal Trial*' (CPS 2001) available at www.cps.gov.uk may apply. Where research evidence is presented in court cases involving children and young people, careful attention should be given to the impact of that evidence on the child, particularly if they are to be present in court when the evidence is given, or are given a copy of the evidence. Children are given protective entitlements in court proceedings, including special measures, for further information see: (MoJ 2011; CPS 2015; 2014; 2013a,b,c; 2001).

Reflection/discussion

Is there a legal requirement for Research Ethics Committee review of the research?

Will the research involve at any stage intrusive procedures with children and young people under the age of eighteen who lack capacity to give consent for themselves?

Have I paid due regard to the relevant law and codes of conduct in relation to working with children in my research?

Who will give any necessary consent for the research with children? Have I obtained the appropriate consent?

Has due consideration been given to the impact of the research on young participants?

Has due consideration been given to the needs and interests of the participants in planning the research?

Are there any court proceedings involved for the young participant and/or for the research?

Is there any former or current therapeutic relationship and what will be the likely impact of that relationship on the participant and on the research?

What professional and other advice and assistance will be necessary for planning the research to take into consideration the needs and interests of the young participants?

How will the young participants needs and interests be met in the course of the research?

What support might be necessary and appropriate for the children in the course of the research?

6.5 Researching with vulnerable adults

When we think of vulnerability in the context of research, perhaps the first consideration concerns safety and protection. Excluding adults who lack mental capacity from any research may be discriminatory (under the Equality Act 2010 as amended) but their involvement does require special safeguards to ensure that the participants are protected when they do participate. However, research can also be empowering for participants who are otherwise silenced or powerless – providing the possibility of giving them a voice and allowing their views to be heard.

Vulnerability is a concept which may reflect either the qualities of a person and/or their situation. The context of the research itself may also create a level of vulnerability for the researcher and/or participants.

Despite a broad agreement that vulnerable persons or populations have a claim to special protection, defining vulnerability in the context of research with adults is difficult. Thinking of the interests of human beings, the term vulnerable might apply to those who may need special protection in order for their interests and needs to be met. They may have an identifiably increased likelihood of incurring additional or greater harm or exploitation, requiring careful consideration of the sorts of harm or exploitation likely to occur and the likelihood, or to the likely degree to which such harm or exploitation may occur.

Vulnerability may also arise from conditions of economic, social and political exclusion and could become a label attached to a particular group or subpopulation. Here, the words 'vulnerability' and 'vulnerable' in relation to adults are terms which may be used to include a wide range of situations, which may be specific to a research context (e.g. research in dangerous environments), or specific to the participant in some way, for example, any temporary or permanent physical or mental state and/or any special needs or differences in ability which may exist for a person or persons at the relevant time, which may require special attention and care for the person(s) concerned.

Legally, the definition of a 'vulnerable adult witness' or a 'vulnerable or intimidated victim' (used when the person concerned is involved in a court process), may carry a specific interpretation – see for example in England and Wales, the *Code of Practice for Victims of Crime* (MoJ 2015). An adult or young person over the age of 16 may be included in that definition if they 'suffer from mental disorder within the meaning of the Mental Health Act 1983' (see MHA 1983 and the MHA 1983 Code of Practice, DoH 2015).

6.6 Specific considerations in researching with vulnerable adults

The law and guidance in England and Wales surrounding the provision of services for vulnerable adults and protecting them from abuse is complex. Excluding adults who lack mental capacity from any research may be discriminatory (under the Equality Act 2010) but their involvement does require special safeguards to ensure that the participants are protected when they do participate.

There are issues for researchers and practitioners to consider regarding confidentiality and record keeping. In research, practitioners need to be aware of current law and guidance relevant to the jurisdiction in which they are researching and also to develop and match their policies and procedures with the current guidance and legislation to protect the best interests of any vulnerable adults involved, paying attention to the context in which the research is to be conducted. Consultation in supervision and with other professionals may be necessary to ensure that the research pays appropriate attention to the needs and welfare of the vulnerable adult concerned.

In medical, local authority and government regulated practice, policies are set and may contractually bind practitioners and researchers to compliance with government guidance. Researchers working in contexts such as health care, education and residential care for children should therefore be fully aware of the terms under which they are required to work, and ensure that those giving consent for the research involving vulnerable adults fully understand these conditions.

Counselling and psychotherapy researchers should have clear policies and procedures for co-operation in the protection of vulnerable adult participants. Policies should include the procedures for information sharing, which should be primarily designed for the benefit of the vulnerable participant, or justifiable in the public interest. In relation to mental illness in England and Wales, statute and guidance emphasise the importance of the welfare of the adults concerned (see the Mental Health Act 1983 and also to the MHA 1983 Code of Practice 2015), therefore, however worthwhile the research project may be, where the research participant is a vulnerable adult, including a person suffering from mental illness, the welfare of the research participant should be the main consideration of the researcher. Their welfare should be the researcher's paramount consideration and the research should not adversely affect clients, see the *Ethical Framework* (BACP 2018: GP7–12; 21-26; 28-29; 30-32; 35; 84-90); and the relevant BACP good practice guidance and legal resources at www.bacp.co.uk. See also the on-line Economic and Social Research Council (ESRC) guidance 'Research with potentially vulnerable people'.

Before engaging in any research with vulnerable participants, particularly those who are current or former clients, careful consultation and consideration should be given to the therapeutic relationship and the potential impact of the research on the welfare of the participants. This principle requires particular attention where the participant may be the client or former client of the researcher (see 5.4), and conflicts of interest should be addressed in ways that do not harm the participants – the *Ethical Framework* requires that 'the research methods used will comply with standards of good practice

in any services being delivered and will not adversely affect clients' (BACP 2018: GP90). It might not be possible to know the full extent of any risk to the client until the data has been gathered and disseminated, therefore any elements of risk should be recognised and considered as part of the process of negotiating consent before the commencement of the research.

6.7 Capacity and consent issues

In research with vulnerable adult participants, particularly those who have a learning difficulty, the issue of informed consent to their participation is important. The researcher should ascertain whether the participant is competent to give their own consent to the research, or whether consent may be required from those with legal responsibility for them. In certain circumstances, specific consent may be required from a court. Attention should be given to the relevant jurisdictional law and guidance on mental capacity and consent (see the relevant BACP good practice guidance and legal resources at www.bacp.co.uk, relating to capacity and consent, the Mental Capacity Act 2005, MHA 1983, The MHA 1983 Code of Practice 2015). Information about the nature and content of the research should be provided for vulnerable participants in forms appropriate to their ability and mental capacity, and so far as is reasonably possible, steps taken to overcome any barriers to accessibility for participants of any ability wishing to engage in the research. Some research with participants who lack mental capacity may require ethical review under the provisions of sections 30–34 of the Mental Capacity Act 2005.

Many people with learning difficulties have the mental capacity in law to give their consent, and are able to understand verbal or written information about research and decide for themselves whether or not they wish to participate. Some participants may struggle to understand some of the vocabulary used by researchers in verbal explanations or they may be unable to read or write sufficiently to understand and process complex written information. It may be helpful to produce information in different formats appropriate to the participant's needs explaining the research (for example in simplified accessible wording, or on DVDs), which people can take away and review, perhaps discuss with others before they decide whether to participate.

Wherever possible, researchers should do our best to recognise when our knowledge of key aspects of research participants' background, identity or lifestyle is inadequate and take steps to gather information from other sources where available and appropriate, without expecting vulnerable adult participants to teach us. Ethical research with vulnerable adults may, for example, include seeking expert guidance and support appropriate to understand the needs of the participants, making careful contact with participants, building relationships based on trust, respect and mutuality, exercising an ethic of genuine caring with participants and ensuring that the research is accountable to the participants and the community.

Reflection/discussion

Is there a legal requirement for a Research Ethics Committee review of the research?

Is there any law or government guidance that is relevant to

- the context of this research
- the research topic(s)
- any of the research participants?

Will the research at any stage involve intrusive procedures with participants over the age of 16 who lack capacity to consent for themselves, including participants retained in the study following loss of capacity?

Who will give any necessary consents for the research?

Has due consideration been given to the needs and interests of vulnerable participants in planning the research?

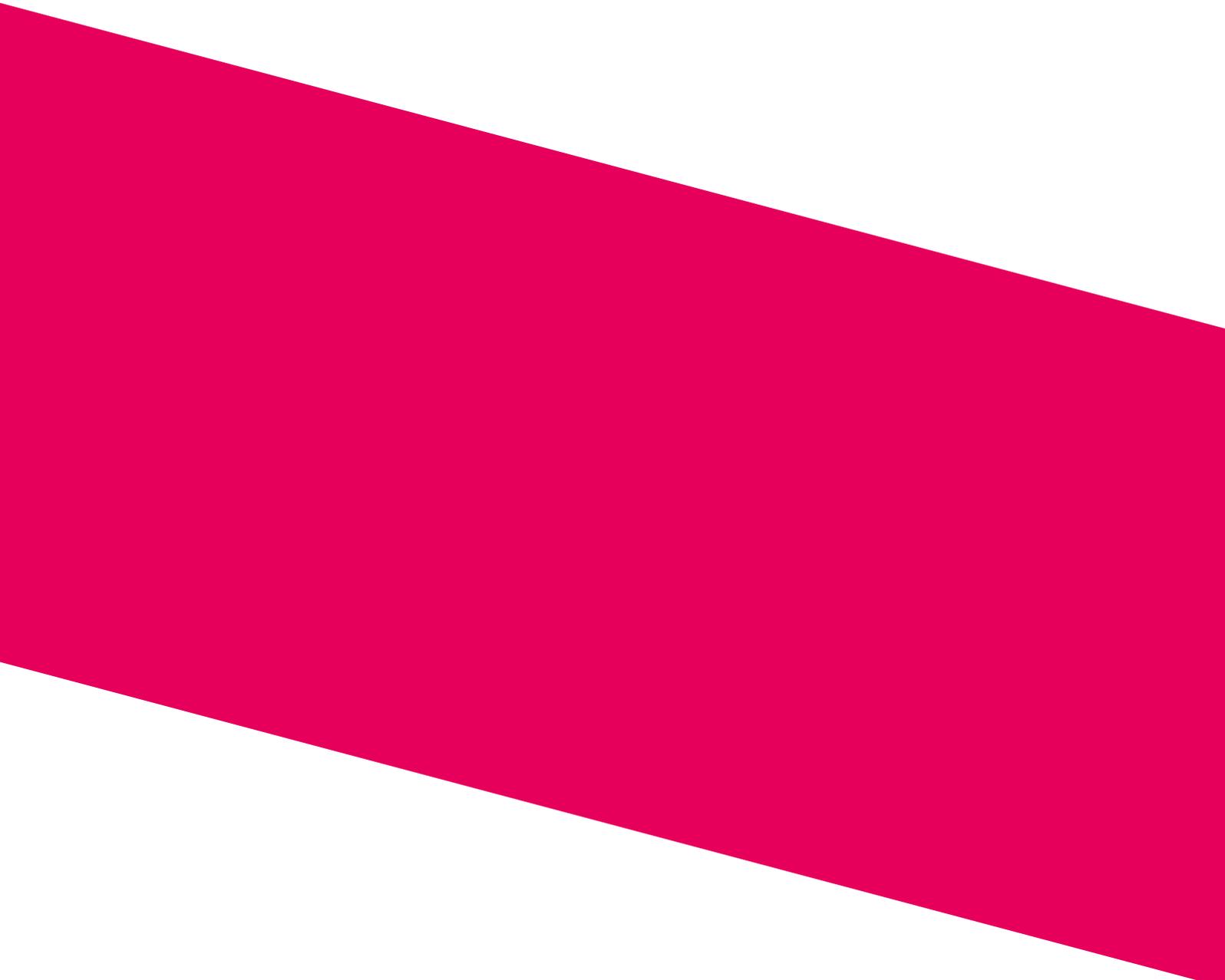
Is there any former or current therapeutic relationship, and what will be the likely impact of that relationship on the participant and on the research?

What professional and other advice and assistance will be necessary for planning the research to take into consideration the needs and interests of vulnerable participants?

How will the needs and interests of vulnerable participants be met in the course of the research?

What support might be necessary and appropriate for vulnerable participants in the course of the research?

7. Research ethics review and research governance



BACP recognises the distinction between *research ethics* review, which should be an independent process applied before approval of a research project before the research starts, and the subsequent *governance* of the research, which, after approval has been obtained through the research ethics review and will apply throughout the entire research process and dissemination of the results. The *Ethical Framework* provides that 'all research will be reviewed in advance to ensure that the rights and interests of participants have been considered independently of the researcher'. (BACP 2018: GP89)

Many members undertaking research will have access to existing arrangements for independent ethical review through their associated academic institution, the Health Research Authority (HRA), National Health Service research ethics committee (NRES), or through the national Social Care Research Ethics Committee (SCREC) for research involving social care.

From the 31 March 2016, HRA Approval replaced the need for local checks of legal compliance and related matters by each participating organisation in England. For further information, see www.hra.nhs.uk/research-community/hra-approval-the-new-process-for-the-nhs-in-england.

HRA approval became the process for applying for approvals for all project-based research in the NHS led from England. Projects where approval would previously have been sought from participating NHS organisations in England, or where an application for REC review would have been made, now come under HRA Approval and the HRA assess and collate any other approvals required (e.g. from relevant RECs).

Where a project also involves NHS/HSC organisation(s) elsewhere in the UK (i.e. Northern Ireland, Scotland and Wales), the study will be supported through existing UK-wide compatibility systems, by which each country accepts the centralised assurances, as far as they apply, from national co-ordinating functions, without unnecessary duplication.

The Research Governance Frameworks for Health and Social Care set out the responsibilities and standards that apply to work managed within the formal research context, and provide an on-line decision tool to assess whether the project is research, (see <http://www.hra-decisiontools.org.uk/research>).

Research involving people lacking the capacity to consent may also require review by an NHS or social care research ethics committee. For further guidance see the Mental Capacity Act; Fact Sheet for Social Scientists (www.hra.nhs.uk). Researchers interested in a more comprehensive computer-assisted answer to 'Does my research require ethical approval in the UK?' see <http://hra-decisiontools.org.uk/ethics>.

7.1 Independent Review Panels (for research by independent practitioners)

Many BACP members undertaking research do have access to an appropriate source of independent ethical review (e.g. independent research ethics reviews arranged through the NHS, social care system, or academic institutions). However, the requirement that 'all research will be reviewed in advance to ensure that the rights and interests of all participants have been considered independently of the researcher' (BACP 2018: GP 89) may be problematic for some independent practitioners who do not have access to an appropriate research ethics committee.

Independent BACP member researchers will have satisfied this requirement if:

- they can demonstrate that they have sought ethical review by NHS, social care, or academic research ethics committees but found themselves ineligible to access this service for any reason, and
- the research has been reviewed, in advance of it commencing, by two or more people with relevant and appropriate qualifications, knowledge and experience working together to provide an independent ethical review, and the *Ethical Framework* and these guidelines have been followed, and
- a record is kept of the review process, which is available if required.

It is unethical to use this independent review process as a way of avoiding formal ethical review where such a process is available, or to work round a formal review that refuses to approve the research.

The following checklist is offered to help anyone undertaking the task of independent ethical review:

7a: Checklist for independent ethical review

Taking the *Ethical Guidelines for Researching the Counselling Professions* guidance into consideration, can both reviewer(s) and researcher(s) demonstrate that:

1. The review is being undertaken in a fair and impartial manner that is free of conflicts of interest.
2. When undertaking the review we have considered:
 - The protection of the dignity, rights and welfare of the research participants, and how this will be achieved and evidenced
 - The safety of the researcher(s)
 - Any legitimate interests of others affected by the research
 - Any relevant law, and government or professional guidance applicable to the research
 - The quality of the research proposed is adequate to lead to a useful outcome
 - Any changes or improvements in the research are made where this is required in the review.

In order to assist the review, the researcher will usually have provided:

1. A document setting out:
 - the aims of the research
 - an overview of the research methods and process
 - a statement about how participants will be selected and recruited, what their participation will involve, and how any anticipated risks to participants or researcher(s) will be managed, and the outcome of the research and how this will be disseminated or applied.
2. Copies of any information to be given to participants in advance of or during the research.
3. A consent form or protocol showing how participants will be provided with information about the research project. This should include information for participants about their right to withdraw from the research. The protocol should show how the informed consent of participants will be demonstrated in accordance with the *Ethical Framework* and data protection law.
4. A participant debrief sheet, with additional information provided about how to contact the researcher, contact details of an independent person with whom a participant can raise any concerns or issues, and that the research will be undertaken in accordance with the current BACP *Ethical Framework for the Counselling Professions*, these *Ethical Guidelines for Research in the Counselling Professions*, and relevant applicable law.

7.2 Research Ethics Committees (RECs)

Research Ethics Committees (RECs) should be competent, that is, to have appropriate training and experience. The process of ethical review should be open and transparent. RECs should include members who are demonstrably independent of the researcher, the participants and any organisations involved in the research. They should, wherever possible, be constructive in their approach, assisting researchers to develop appropriate research protocols and avoid delay in responding to applications.

There are examples of codes on human research ethics, see the British Psychological Society's (BPS) *Code on Human Research Ethics* (2nd edition) (2014) (available at: <https://beta.bps.org.uk/news-and-policy/bps-code-human-research-ethics-2nd-edition-2014>). The BPS (2014: 9.2–9.6) gives guidance on the role of a REC, the constitution of a REC, training and development of research ethics, monitoring and devolved ethics review.

See also the ESRC's guidance at <http://www.esrc.ac.uk/funding/guidance-for-applicants/research-ethics/our-core-principles>.

7.3 Ethical challenges and research governance

Research governance addresses relationships with research participants and research integrity, also with the independent review of ethics protocols. The purpose of research governance is to safeguard public confidence in research and the services studied by enhancing ethical and academic quality, promoting good practice, reducing adverse incidents and ensuring that lessons are learned. For examples see:

Research Governance Framework for Health and Social Care (England) (2005), https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/139565/dh_4122427.pdf

Research Governance Framework for Health and Community Care (Scotland) (2006) <http://www.cso.scot.nhs.uk/wp-content/uploads/2013/02/RGF-Second-Edition-February-06.pdf>

Research Governance Framework for Health and Social Care (Wales) <http://gov.wales/docs/dhss/publications/governance/090929researchen.pdf>

Research Governance Framework for Health and Social Care (Northern Ireland) http://www.research.hscni.net/sites/default/files/research_governance_framework_0.pdf

UK Policy Framework for Health and Social Care, (HRA updated 2018) www.hra.nhs.uk/resources/research-legislation-and-governance/research-governance-frameworks

The ESRC also gives guidance on the Governance arrangements for RECs, available at <http://www.esrc.ac.uk/funding/guidance-for-applicants/research-ethics/governance-arrangements-for-research-ethics-committees>

Research concerning counselling and psychotherapy undertaken outside health and social care may need to develop contextually appropriate ways of addressing governance issues, reinforcing the interdependence of research integrity and researcher trustworthiness. The quest for good practice in research requires not only the commitment of researchers to work to the highest possible standards as individuals but also for researchers to collaborate effectively with other researchers and stakeholders to ensure research quality.

7.4 Ethical issues in researching within an organisational context: compliance and compatibility with the mandatory requirements of alternative sources of guidance

Researchers may be bound by the terms of an academic contract, or by any other contract relevant to their work (e.g. funding), to abide by specified regulations or codes of conduct in their research. Where practitioners are undertaking research under the auspices of an academic institution, or a government or non-governmental organisation or agency, or researching in the context of a specific work environment, they may be contractually bound and/or feel themselves to be morally bound to abide by the regulations applicable to that organisation or workplace. If there is a legal contract between the researcher and an institution, organisation or agency (e.g. for employment or in relation to a research project), any failure on the part of either party to comply with the agreed contractual terms may generate liability in law for breach of contract.

Government bodies have codes of conduct for research, for example, in health and social care see UK: www.hra.nhs.uk; <http://hra-decisiontools.org.uk/ethics>; NHS Research Wales: www.wales.nhs.uk; NHS Research Scotland: www.nhsresearchscotland.org.uk; NHS Research Northern Ireland www.research.hscni.net and for guidance and forms to apply for permissions for NHS and HSC research in England, Scotland Wales and Northern Ireland, see www.myresearchproject.org.uk/help/hlpnhshscr.aspx

Academic bodies may abide by specified Research Ethics Committee guidance. Research funders or participant bodies may wish to impose obligations on researchers. Some funding bodies, for example the Economic and Social Research Council (ESRC) (www.esrc.ac.uk) require research organisations to monitor ESRC funded research projects throughout the life of the project, extending the requirement to collaborative research (including non-academic and international collaborators) and hosting students and visiting researchers, see <http://www.esrc.ac.uk/funding/guidance-for-applicants/research-ethics/monitoring-research-and-research-ethics-committees> (accessed 21 February 2018). There may be complex interrelationships between funding bodies and the guidance of other organisations which will affect the conduct of funded research, for example, the relationships between the ESRC,

the Medical Research Council (MRC) (www.mrc.ac.uk); the ESRC (www.esrc.ac.uk) and the Research Council UK (www.rcuk.ac.uk). For details of their respective guidance documents, see their websites, and see also information produced by the Association of Research Ethics Committees (AREC) and the UK Data Service (both listed in the Resources and Further Reading section of these guidelines).

In addition, although liability arising from the research work may in different circumstances be covered by professional indemnity insurance of the practitioner or the general public liability insurance cover of the governing body under which the research is undertaken, such cover may be refused if the researcher is held to be in breach of their contractual terms of engagement.

7.5 Researching across legal and national jurisdictions

Research may take place across legal and national jurisdictions. Researchers should take appropriate advice and seek any necessary information about the law and any government or other guidance documents relevant to the research which are applicable to each jurisdiction.

There may be differences of law and practice across jurisdictions, and supervision or professional legal or other consultation may be necessary to address potential conflicts of interests.

When researching across jurisdictions, attention should also be given to appropriate practical arrangements for the research to safeguard both researcher and participants in the different contexts, including compliance with legal, national and government requirements, safety and insurance issues.

8. On-line research



The *Ethical Framework* (BACP 2018), and all the BACP ethical guidance including these *Ethical Guidelines for Researching the Counselling Professions* (ERCP) apply to on-line working with clients. Furthermore, where appropriate, the *Ethical Framework* and the *ERCP* similarly apply to all on-line research (BACP 2018: GP20). Digital technology is changing the context of research. Technology used in on-line data collection and dissemination for research may include the use of websites, public and private social media and other resources such as face to face on-line meetings.

In research, the internet may be used in many different ways and contexts, therefore digital technology may have an impact on any research undertaken – even if it is limited to storing data on a computer. Once a paper or article is published, it may be impossible to control where or how all or part of the research is subsequently disseminated electronically. Data once published may be illegally copied and posted, outside the control of the researcher. Open access to data should therefore be assumed and taken into account in research planning and risk assessment.

8.1 International aspects of digital technology in research

Technology increases the possibility of widening the range of potential researchers and participants, and the possibility of extending research across geographical areas and different legal jurisdictions. Attention should be given to the requirements of the law applicable to the research project in all the relevant areas, including data protection, see [Part 9](#).

8.2 Ethical and legal use and protection of digital data

The development of open access publication of research outputs as electronic articles will not only mean that they have the potential of being freely available to an international public but, perhaps more significantly, they may be available to participants, and also potentially to people in their own families, communities and social networks. While in such a wide dissemination, attention must be given to the protection of research participants' rights, for example, with agreed confidentiality and/or anonymity. There may also be positive aspects for participants, for example, by increasing the value of any explicit acknowledgement of their contribution.

The concept of confidentiality applies to any research data which can be *identified* to a research participant – whether this is an individual, group or organisation. It also applies to data which is *identifiable* to that participant, by *any means* (i.e. by any circumstances, other descriptors, or any other factors which might tend to identify the participant). Confidentiality may not be compromised by open access publications

if the researcher has successfully achieved complete anonymity of participants by removing all identifying information and features prior to publication to prevent anyone outside the research connecting the identity of specific participants with the data gathered.

Researchers have a responsibility to comply with the legal aspects of online working, for example paying attention to the relevant law and guidance applicable to the research across the jurisdictions in which it takes place. For example, in relation to data processing, the General Data Protection Regulation (GDPR) governs many aspects of online data processing in the European Union, (see 5.9. and <https://www.eugdpr.org/eugdpr.org.html>).

The full terms of the GDPR can be found as a PDF at <http://data.consilium.europa.eu/doc/document/ST-5419-2016-INIT/en/pdf>. Guidance issued by the Information Commissioner's Office (ICO) is available at <https://ico.org.uk/for-organisations/data-protection-reform> and information updating bulletins from the ICO on the new legal developments can be accessed at www.ico.org.uk.

Researchers may protect data subjects' confidentiality through complete anonymisation (see [Glossary](#)). The GDPR refers to the different process of 'pseudonymisation' of data (see [Glossary](#)), to which the data protection law applies.

However, in some forms of research, achieving complete anonymity is not always easy. For example, researching with minority groups in certain circumstances may compromise the safety of a participant. In research with a small oppressed minority group with limited numbers known in a community, there may be a risk for an individual member of that group participating in the research, if the whole group is identified or identifiable by others in the community, even though that individual is not specifically named. One way of addressing this issue ethically is with the participants' informed and freely given consent.

Ethical use of digital technology in research requires that careful attention must be given to:

- ethical approval from any ethics committee involved
- negotiation of explicit and informed consent of participants to this form of research
- protection of participants' confidentiality
- anonymising, pseudonymising, and use of other appropriate security measures, where required, to protect digital data gathered in the research, before dissemination.

It is important to avoid compromising participants' confidentiality and if anonymity has been agreed, to ensure that this is protected. Digital technology in research may open up the possibility of embedding links to digital recordings of interviews and observations, possibly with visual images, thus carrying additional ethical implications for the protection of participants from unwanted identification or other harm. Consider all possible means to protect participants, for example, by involving them in seeing/hearing their recordings and reading any relevant papers in draft form (to understand the context or interpretation of data), and the opportunity for the participants to edit or remove any sections which they regard as inaccurate or

which may compromise their anonymity. It may be possible to publish an anonymised verbatim transcript instead of a recording, or to get others to enact the transcript and use this instead, that is, to ensure that the participant's voice is not identifiable and all identifying features are removed. A further discussion and negotiation concerning dissemination of the data and further explicit consent may be required at this point.

The use of technology also extends the range of visual and auditory research. Visual researchers have access to an increasingly diverse array of visual methodologies and tools which require careful consideration and planning for use, (see the *Guidelines for Ethical Visual Research Methods*, Visual Research Collaboratory (2014).

See also the British Psychological Society (BPS) *Ethical Guidelines for Internet-mediated Research* (BPS 2017), at <https://beta.bps.org.uk/news-and-policy/ethics-guidelines-internet-mediated-research-2017>.

9. Trainee and student researchers



These guidelines apply to all research, including research conducted by students for training or development purposes, which may itself constitute a legitimate social purpose and also may benefit future clients of that student.

There is a responsibility on those supervising student research, as providers of training and education, to

'...model high levels of good practice in their work, particularly with regard to expected levels of competence and professionalism, relationship building, the management of personal boundaries, any dual relationships, conflicts of interest and avoiding exploitation.' (BACP 2018: GP79).

The *Ethical Framework* places additional responsibilities on trainers and trainees to meet professional standards in their work together and in their relationships with others, see (BACP 2018: GP74-80 and GP 81-83). Trainees engaging in research should also note the provisions relating to their research (BACP 2018: 84-90).

The *Ethical Framework* requires conscientious consideration of the current law, including the application of the data protection legislation, see (BACP 2018: GP14f; 23; 28; 46; 71) and these guidelines at 3.2; 5.2; 5.9, and for a specific responsibility for trainees in relation to data protection see:

83. All trainees will:

- a. seek their clients' permission to use any information from work with them for training purposes, for example, in presentations, case studies or as assessed practice. Alternatively, any report of work undertaken will be so thoroughly anonymised that the identity of the person concerned cannot be identified by any means reasonably likely to be used. Consent is required if anonymity cannot be assured or when required by the training provider's instructions or regulations' (BACP 2018: 83a).

The *Ethical Framework* embodies the principle of self-respect, (BACP 2018: P5; GP91), and therefore the needs of the student researcher should be taken into consideration in research planning – see also the recommendations of the BPS (2010: 10.4; 11).

10. Ethical problem-solving in research

10.1 Ethical issues in the relationship between therapeutic practice and research

The *Ethical Framework for the Counselling Professions* (BACP 2018) (the *Ethical Framework*) sets the ethical standards for BACP members, applicable in both practice and in research. Researchers are therefore expected to provide a similar level of values, principles, responsibility and duty of care to their research participants as a counselling practitioner would to a client.

Researchers should, however, be aware of potential differences that may arise between the therapeutic relationship of a counselling practitioner with a client and that of a researcher and a research participant. In a therapeutic relationship, the practitioner agrees to maintain confidentiality for the client's sensitive personal information, subject to specific exceptions contractually agreed between the practitioner and client. Research too, will involve a contractual agreement between the researcher and the research participant regarding the acquisition, confidentiality and disclosure of information, but the purpose of research is usually to gather, evaluate and possibly to share relevant information from the data gathered, and so personal information may be treated differently. The form and design of research may have an additional impact on the research participant, for example, in the relationship and balance of power with the researcher, the sharing of research outcomes, etc. It may be emotionally challenging or potentially detrimental for a research participant to see their responses or their sensitive personal information collated, analysed and evaluated as part of a data set. This may be the case even if data is anonymised for publication purposes, particularly where a research participant can recognise his or her own contribution.

Researchers creating a research proposal or research design will need to consider very carefully the impact of the proposed research on the research participant and their relationship with the researcher. In particular, researchers will need to consider the issues and the emotional and practical impact of research, and potential conflicts of interest where the participants comprise existing or former therapy clients of the researcher. For further discussion see [3.7](#); [5.4](#).

These guidelines stem from the perspective that ethical problem-solving methods allow practitioners to think about ethical dilemmas, using the values, principles and guidance provided to approach and deal with conflict, disagreement and uncertainties in practice and in research projects. It assumes that some ethical issues may be predictable and can therefore be eliminated or ameliorated, but that unforeseen ethical dilemmas might potentially arise at any time in the course of a research project, and therefore it would be difficult to eliminate them from the outset of the work. For this reason, ethical mindfulness and reflection should continue for the duration of the research project. Researchers need to be able to think through ethical dilemmas, and with appropriate advice and assistance, choose an appropriate ethical course of action and then accept accountability for that choice and its consequences.

An ethical dilemma can be defined as a problem with two different solutions, both of which are (or appear to be) defensible and supported by an ethical principle. In such a situation, the EFCP recognises that a practitioner or researcher has to balance the competing principles and make a professionally justifiable decision, for which the practitioner is then accountable, see (BACP 2018: GP92-94). In order to evaluate and balance the principles in an ethical dilemma, it is advisable to have the support of research supervision, and/or mentoring and/or the advice and assistance of experienced colleagues, who can assist in considering the available law and ethical guidance in the context of the needs of the specific research situation.

10.2 Ethical problem-solving models

Ethical problems can be considered from a variety of philosophical perspectives. For further exploration of different approaches and suggested further reading, see the Academy of Social Sciences Generic Research Ethics Principles www.acss.org.uk/developing-generic-ethics-principles-social-science/academy-adopts-five-ethical-principles-for-social-science-research and linked documents. To assist in thinking through ethical dilemmas in a structured way, it may also be helpful to have a checklist of factors to consider, including relevant law, guidance, the needs of the person(s) involved, the likely outcomes of different courses of action, and the public interest.

10a: Ethical problem-solving in research: checklist

What are the aims, methods and methodology of the research?

- Creating a summary may help to clarify issues and highlight aspects that are unclear

Who holds which responsibilities?

- Researcher
- Participants
- Supervisor or others
- Methods and process
- Outcome
- Reporting

What are the needs of the persons involved?

- Participants
- Researcher
- Other persons/bodies involved

What is the public interest in this dilemma?

- Reflection and consultation may be appropriate to assist in identifying relevant public interest issues

Does any law apply to this dilemma?

- Which statutes or court orders might apply here: are actions required / prohibited / legal rights protected?
- Which subsidiary legislation might apply to the research?
- Does the research involve more than one jurisdiction?
- Check compatibility of law and guidance

Does any specific government or practice guidance apply to this dilemma?

E.g.:

- Research with children
- Research with vulnerable adults
- Research in the context of health care or education
- Research with animals
- Check for any discrepancies between applicable law and guidance

Consider all available relevant resources of ethical advice and guidance...

E.g.:

- ethical and professional research guidance from other bodies

Describe ethical goals relevant to the research

- How do the Values, Principles, Commitments and Good Practice Guidelines of the BACP's *Ethical Framework* (BACP 2018) and the *Ethical Guidelines for Research and Counselling Professions* apply here?

Who can help with this dilemma?

- Academic and/or practice supervision
- Expert advice
- Colleague consultation
- Others...

Identify all possible courses of action

- Think of all possible options – even the apparently unrealistic ones may provide useful insight
- Consider the potential outcome of each action for the research, the researcher and the participants involved

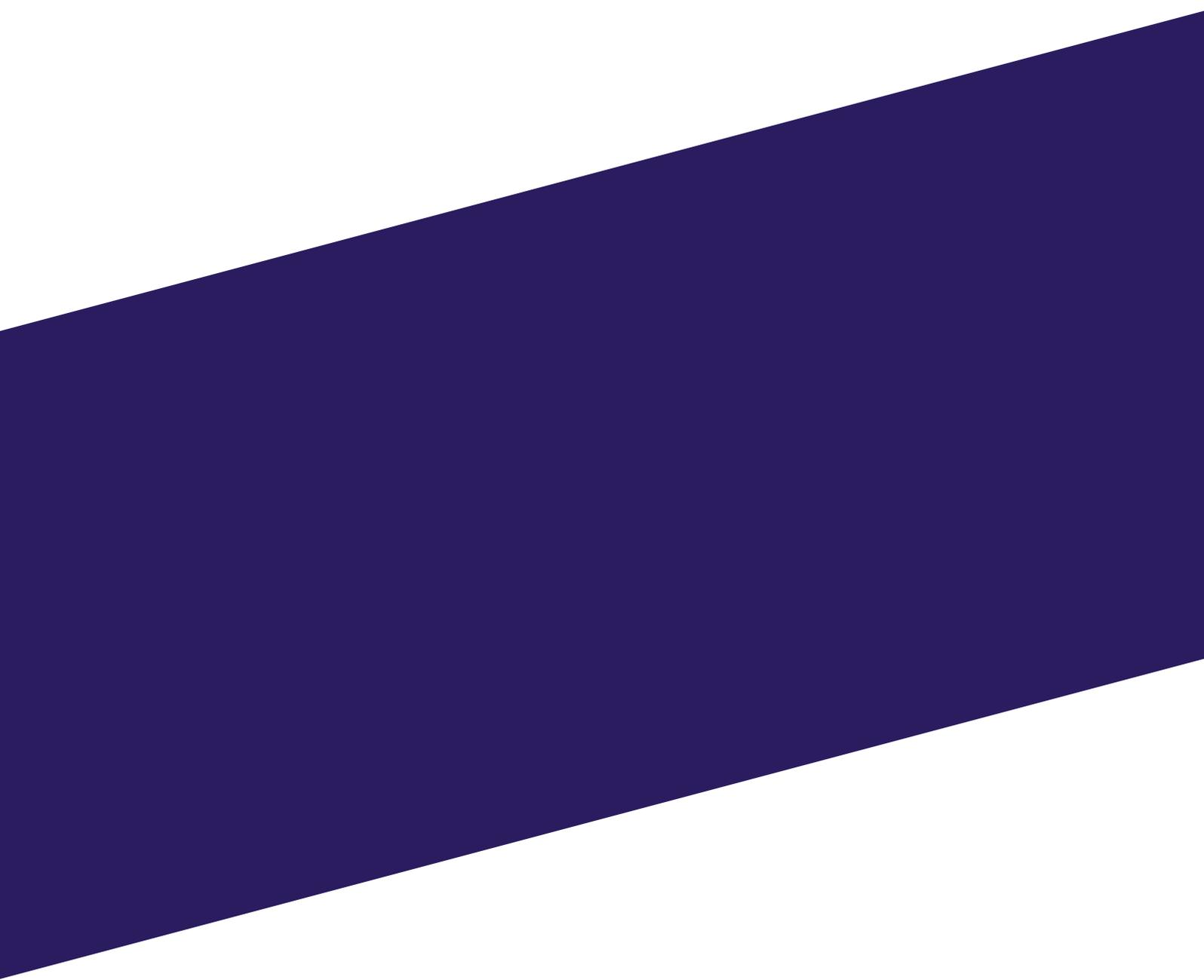
Choose and prepare for the most suitable action

- **Options:** Evaluate the options and choose the most appropriate
- **Time:** Is more time/information necessary to decide?
- **Universality:** are the dilemma and possible solutions applicable to other situations?
- **Publicity:** stands test of public explanation?
- **Justice:** fairness and equal rights?

Implement and evaluate this course of action

- Is a time scale necessary to test, adjust or implement potential solutions?
- Once the action is taken, evaluate the outcome – does it need any further consideration or adjustment?

11. References



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12. Resources and further reading



Government publications are available from:

- *The Stationery Office* (TSO), PO Box 29, Norwich, NR3 1GN. Tel: 0870 600 5522; Email: customer.services@tso.co.uk; Website: www.tsoshop.co.uk
- *The Department for Education* (www.education.gov.uk) formerly Department for Children Schools and Families publishes policy regarding children's services in England.
- *The Ministry of Justice* (www.justice.gov.uk) publishes policy regarding the courts in England and Wales.
- *The Northern Ireland Government* publications are available from the Department of Health, Social Services and Public Safety (www.dhsspsni.gov.uk).
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- Royal College of Paediatrics and Child Health. (2008). *The physical signs of child sexual abuse: An evidence-based review and guidance for best practice*. London: RCPCH.
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12.1 Additional sources of ethical guidance in research

Government bodies have codes of conduct for research, for example, in health and social care, see:

- UK – <http://hra-decisiontools.org.uk/ethics>
- NHS Research Wales www.wales.nhs.uk
- NHS Research Scotland www.nhsresearchscotland.org.uk
- NHS Research Northern Ireland www.research.hscni.net
- and for guidance and forms to apply for permissions for NHS and HSC research in England, Scotland Wales and Northern Ireland, see www.myresearchproject.org.uk/help/hlpnhshscr.aspx

(all sites accessed 22 February 2017).

Academic bodies may abide by specified research ethics committee guidance. Research funders or participant bodies may wish to impose obligations on researchers. Some funding bodies, for example, the Economic and Social Research Council (ESRC) (www.esrc.ac.uk) extend the role of the research ethics committees (RECs) by making funding dependent on an initial REC project review, with review extending throughout the life of the project (ESRC 2005, 2010). There may be complex inter-relationships between funding bodies and the guidance of other organisations which will affect the conduct of funded research, for example, the relationships between the ESRC, the Medical Research Council (MRC) (www.mrc.ac.uk);, and the Research Council UK (www.rcuk.ac.uk). For details of their respective guidance documents, see their websites, and see also information produced by the Association of Research Ethics Committees (AREC) and the UK Data Service (both listed in the additional resources section of these guidelines).

An Roinn Slainte: Republic of Ireland Department of Health, Hawkins House, Hawkins Street, Dublin 2, Ireland. Main switchboard: 01 635 4000 (dial +353 1 635 4000 from outside Ireland). Web: www.health.gov.ie (accessed 22 February 2018)

Association of Research Ethics (ARfE). Available at www.eurecnet.org/informaiton/uk/html (accessed 22 February 2018).

Association of Research Ethics Committees (AREC).

14A Clerkenwell Green, London, EC1R 0DP. Tel: +44 (0) 20 7490 9590; Website: www.alltrials.net/supporter-orgs/the-association-of-research-ethics-committees (accessed 5 February 2018); Email: alltrials@senseaboutscience.org

Association of Social Anthropologists in UK and Commonwealth. (1999). *Ethical guidelines for good research practice*. Available at www.theasa.org/ethics (accessed 5 February 2018).

British Educational Research Association. (2003). *Revised BERA ethical guidelines for educational research*. Southwell: BERA. Available at: www.bera.ac.uk (accessed 5 February 2018).

British Psychological Society (BPS). (2000). *Code of conduct, ethical principles and guidelines for psychologists*. Leicester: BPS. Available at www.bps.org.uk (accessed 5 February 2018).

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Internet-based research – search for 'internet mediated research'. Medical Research Council. (2004). *MRC ethics guide medical research involving children*. Available at www.mrc.ac.uk/documents/pdf/medical-research-involving-children (accessed 22 February 2018).

National Institute for Clinical Excellence. Research and development strategy. Available at www.nice.org.uk (accessed 22 February 2018).

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Office for Human Research Protections, US Department of Health and Human Services. <https://www.hhs.gov/ohrp> (accessed 22 February 2018).

Social Research Association (SRA). (2003). *Ethical guidelines*. London: SRA. Available at www.the-sra.org.uk (accessed 22 February 2018).

UK Data Service Website: <https://www.ukdataservice.ac.uk> (accessed 22 February 2017).

Visual Research Collaboratory (2014). see <http://vrc.org.au> (accessed 22 February 2018).

12.2 Legal resources

British and Irish Legal Information Institute (BAILII, www.bailii.org). It provides a comprehensive set of British and Irish legal materials freely available online. It publishes all High Court, Court of Appeal and Supreme Court judgements, with 50 case law databases, covering both courts and major tribunals in England and Wales, Scotland, Northern Ireland, Ireland, United Kingdom and Commonwealth, and Europe. Most databases contain predominantly recent material (especially from around 1997 onwards), but older decisions are being added on an ongoing basis along with new cases (accessed 22 February 2018).

For other legal resources, see also <https://www.accesstolaw.com/uk/case-law> (accessed 22 February 2018)

Care Council for Wales (www.ccwales.org.uk/child-law). Publishes *Child law for social workers in Wales* in English and Welsh, with regular updates. (accessed 22 February 2018)

Family Law (www.familylaw.co.uk). Access to Jordan Publishing's *Family law reports*. (accessed 22 February 2018)

Family Law Week (www.familylawweek.co.uk). (accessed 22 February 2018)

Justis (www.justis.com). On-line resource. (accessed 22 February 2018)

UK statute law (www.legislation.gov.uk). (accessed 22 February 2018)

UK statutory instruments (www.opsi.gov.uk/stat.htm). (accessed 22 February 2018)

12.3 Useful contacts

An Roinn Slainte: Republic of Ireland Department of Health, Hawkins House, Hawkins Street, Dublin 2, Ireland. Main switchboard: 01 635 4000 (dial +353 1 635 4000 from outside Ireland). Web: www.health.gov.ie (accessed 22 February 2018) BACP research resources, see Members' section at <http://www.bacp.co.uk> (accessed 22 February 2018).

CAFCASS. Children and Family Court Advisory and Support Service National Office, 3rd Floor, 21 Bloomsbury Street, London, WC1B 3HF. Tel: 0300 456 4000; Fax: 0175 323 5249; Website: www.cafcass.gov.uk. Local offices are listed on the website or available from the National Office. (accessed 22 February 2018)

CAFCASS Cymru. Children and Family Court Advisory and Support Service Wales: National Office, Llys y Delyn, 107–111 Cowbridge Road East, Cardiff, CF11 9AG. Tel: 02920 647 979; Fax: 02920 398 540; Email: Cafcasscymru@Wales.gsi.gov.uk; Email for children and young people: MyVoiceCafcassCymru@Wales.gsi.gov.uk; Website: <http://new.wales.gov.uk/cafcasscymru>. (accessed 22 February 2018)

Children's Law Centre (Northern Ireland)

3rd Floor, Philip House, 123–137 York Street, Belfast, BT15 1AB. Tel: 028 9024 5704; Fax: 028 9024 5679; Website: www.childrenslawcentre.org.uk (accessed 22 February 2018).

Northern Ireland Guardian Ad Litem Agency, Email: admin@nigala.hscni.net web http://www.nigala.hscni.net/contact_us.htm (accessed 22 February 2018)

Coram Children's Legal Centre

Free legal advice and access to information and resources. Website: www.childrenslegalcentre.com (accessed 22 February 2018).

Court and Tribunal Finder Service:

(to locate a court or tribunal in the UK) <https://courttribunalfinder.service.gov.uk/courts> (accessed 22 February 2018).

Courts For a list of the courts and links to regional courts' contact details, see <https://www.justice.gov.uk/contacts/hmcts/courts> (accessed 5 February 2018).

Northern Ireland Courts

See www.courtsni.gov.uk for contact details of all courts, publications, judicial decisions, tribunals and services. (accessed 22 February 2018)

Disclosure and Barring Services:***England and Wales***

Disclosure and Barring Service (DBS) customer services, PO Box 110, Liverpool, L69 3JD. Tel: 0870 90 90 811; Minicom: 0870 90 90 344; Welsh language line: 0870 90 90 223; Email: customerservices@dbs.gsi.gov.uk; Transgender applications: sensitive@dbs.gsi.gov.uk; Website: www.gov.uk/dbs-update-service (accessed 5 February 2018).

Welsh language scheme: www.gov.uk/government/organisations/disclosure-and-barring-service/about/welsh-language-scheme (accessed 5 February 2018).

Northern Ireland

Information on the disclosure and barring application process: www.nidirect.gov.uk/accessni (accessed 5 February 2018); information on the disclosure and barring programme in Northern Ireland: www.dojni.gov.uk/accessni (accessed 5 February 2018).

Law Society (England and Wales): www.lawsociety.org.uk (accessed 22 February 2018)

Law Society (Scotland): <https://www.lawscot.org.uk> (accessed 22 February 2018)

Law Society Northern Ireland: <https://www.lawsoc-ni.org> (accessed 22 February 2018)

Law Society of Ireland: <https://www.lawsociety.ie/> (accessed 22 February 2018)

NAGALRO (The Professional Association for Children's Guardians, Family Court Advisers and Independent Social Workers). PO Box 264, Esher, Surrey KT10 0WA. Tel: 01372 818504; Fax: 01372 818505; Email: nagalro@globalnet.co.uk; Website: www.nagalro.com (accessed 22 February 2018)

NSPCC (National Society for the Prevention of Cruelty to Children)

Weston House, 42 Curtain Road, London. EC2A 3NH. Email: help@nspcc.org.uk; Tel: 020 7825 2500; List of regional offices: www.nspcc.org.uk/about-us/contact-us; See also: www.nspcc.org.uk/what-you-can-do/report-abuse (accessed 5 February 2018).

Republic of Ireland (Eire)

Ombudsman for Children's Office: Millennium House, 52–56 Great Strand Street, Dublin 1, Ireland. Tel: 01 865 6800 (dial +353 1 865 6800 from outside Ireland); Email: oco@oco.ie; Fax: 01 874 7333; Website: www.oco.ie (accessed 22 February 2018)

Appendices



Appendix A

Summary of key ethical issues to be addressed during the research process

Purpose of the research

- Whose interests does this research serve?
-

Supervision and consultation

- Is this research supervised by a person who understands both the methodology chosen and the ethical issues involved?
 - Will the researcher and research-supervisor both commit to regular ongoing contact and discussion throughout the research?
 - If there is no academic supervisor for this research, has the researcher identified suitably experienced and qualified person(s) to assist in reflecting on their research design, methods, risks of the research and other ethical issues arising in the research process?
-

Risks

- Has the researcher identified and considered the risks of the research to participants in the research process and dissemination of the findings?
 - Have participants been given all relevant information about the research and any risks involved?
 - Are participants protected ethically in the moment throughout the research?
-

Research with clients and ex-clients

- Are any research participants clients of the researcher?
- Are any research participants ex-clients of the researcher?
In these circumstances,
 - i. Has due consideration been given in therapy supervision and/or with suitably qualified and experienced colleagues to the impact of the research on the client, the practitioner and on the therapeutic relationship?
 - ii. Has careful consideration been given to the application of the *Ethical Framework* (BACP 2016) to the therapeutic relationship?

- Are any research participants clients of another practitioner?
In these circumstances,
 - i. Has due consideration been given in therapy supervision and/or with suitably qualified and experienced colleagues to the impact of the research on the client, the practitioner and on the therapeutic relationship?
 - ii. Has careful consideration been given to the application of the *Ethical Framework* (BACP 2016) to the therapeutic relationship?
 - iii. Has consideration been given to appropriate professional actions and consents required if the research discloses concerns about the therapeutic practice of another practitioner?
-

Consent

- Have the participants given their informed consent to the research, including dissemination of the findings?
 - How will you satisfy yourself that they have genuinely consented?
 - How is participant consent obtained and recorded?
 - Will the issue of consent be re-visited throughout the research process?
 - What is the planned response and outcome if a participant withdraws consent during the research process?
-

Care after participation in the research

- How will research findings be disseminated?
 - Are participants fully aware of the proposed method of dissemination of research findings and give their informed consent?
-

Care for the researcher

- What is the possible impact of the research on the researcher?
- Are there any risks to the researcher?
- What professional support is available to the researcher?

Appendix B

Considerations for a research contract with participants

This list is not exhaustive. Each research topic, situation and context is different.

As part of the research planning, advice and help may be sought from supervisors, experienced colleagues, academic or other expert advisors and ethics committees.

Below are some of the main issues for consideration by a researcher in formulating a research contract with participants.

It is advisable to provide information for participants about the research in writing or in another format appropriate for their needs, to aid judgments about risk and assist in negotiating informed consent.

- Intention and purpose of the research
- The research process
- Mutual expectations in the research process (how researcher and participant will work together)
- Researcher's duty of candour and responsibilities in the research
- Any potential identified risks in the research process and how they will be addressed /managed
- Issues of vulnerability of participants, and how these will be addressed/managed
- Confidentiality issues including: data gathering, data storage and limitations on confidentiality
- Ethical personal boundaries
- Researcher's duty to intervene to prevent harm to participant or others in the course of the research
- Identification of any potential conflicts of interest and addressing them
- Evidence of informed consent by the participant to take part in the research
- Provisions for regular review of the research process and the participant's informed consent
- Rights of the participant to end their involvement in the research
- The BACP's *Ethical Framework*, Professional Conduct Procedure, and these guidelines
- Complaints procedures and how to access them

- Intellectual Property Rights. Works are copyrighted to an author and can be marked as such. Ownership of the research should be discussed and agreed with participants before the research starts and any agreement should be documented
- Ensure that there are adequate systems in place to protect the confidentiality of personal data. Participants should be informed (in writing or other appropriate format) and agree:
 - Details of what data will be collected, and what data will be retained (and for how long)
 - Participants' rights under the Data Protection Act 1998 and, from January 2018, the General Data Protection Regulations (GDPR) to return of data or access to data
- Publication: confirm (in writing or other appropriate format) to each participant what data will be published
- Application of any relevant law and/or government guidance, or other policies and procedures applicable to the research
- Liability and any limitations on liability: it would be wise to explain what the researcher will be liable for and what they will not be responsible for. Any such limitations must be reasonable
- Insurance as necessary and appropriate for researcher and participants.

Appendix C

Definitions of research

Counselling and Psychotherapy Research (The BACP's research journal) defines research as: 'A systematic process of inquiry that leads to the development of new knowledge'. (See also [BACP 2016/18](#): GP3; 14b; 68–74).

Upon becoming a non-departmental public body on 1 January 2015 the HRA took responsibility for issuing guidance for research in England in place of the Research Governance Framework (RGF). The HRA produces a leaflet 'Defining research' (see www.hra.nhs.uk/documents/2016/06/defining-research.pdf).

The leaflet states:

'The primary aim of research is to derive generalisable new knowledge, whereas the aim of audit and service evaluation projects is to measure standards of care. Research is to find out what you should be doing; audit is to find out if you are doing planned activity and assess whether it is working.'

They set out the responsibilities and standards that apply to work managed within the formal research context, and provide an on-line decision tool 'Is my study research?' to assess whether the project is research, see <http://www.hra-decisiontools.org.uk/research>

<i>British Psychological Society Code of Human Research Ethics</i> (BPS 2010)	'Research' is defined as any form of disciplined enquiry that aims to contribute to Guidance issued pursuant to the BPS a body of knowledge or theory.' (BPS 2010: 1.2)
Code of Ethics and Conduct (BPS 2009)	Research ethics refers to the moral principles guiding research from its inception through to its completion and publication of results (BPS 2010: 1.2)
<i>Research Governance Framework for Health and Social Care</i> (HRA 2005: 1.10)	Table to help distinguish between research, clinical audit and service evaluation.

UK Research Integrity Office (UKRIO) *On-line Code of Practice for Research* <http://ukrio.org/publications/code-of-practice-for-research> (accessed 22 February 2018).

1.8 'Note that, for the purposes of this Code, "research" refers to the definition used by the Research Assessment Exercise (Research Assessment Exercise 2008, p. 34):

a) 'Research'... is to be understood as original investigation undertaken in order to gain knowledge and understanding. It includes work of direct relevance to the needs of commerce, industry, and to the public and voluntary sectors; scholarship*; the invention and generation of ideas, images, performances, artefacts including design, where these lead to new or substantially improved insights; and the use of existing knowledge in experimental development to produce new or substantially improved materials, devices, products and processes, including design and construction. It excludes routine testing and routine analysis of materials, components and processes such as for the maintenance of national standards, as distinct from the development of new analytical techniques. It also excludes the development of teaching materials that do not embody original research.

Appendix D

Code of Practice for Research Checklist UK Research Integrity Office (UKRIO 2009)

The Checklist lists the key points of good practice in research for a research project and is applicable to all subject areas. More detailed guidance can be found in section 3. A PDF version is available from www.ukrio.org (accessed 22 February 2018)

Before conducting your research and bearing in mind that, subject to legal and ethical requirements, roles and contributions may change during the time span of the research:

1. Does the proposed research address pertinent question(s) and is it designed either to add to existing knowledge about the subject in question or to develop methods for research into it?
2. Is your research design appropriate for the question(s) being asked?
3. Will you have access to all necessary skills and resources to conduct the research?
4. Have you conducted a risk assessment to determine:
 - a. whether there are any ethical issues and whether ethics review is required;
 - b. the potential for risks to the organisation, the research, or the health, safety and well-being of researchers and research participants; and
 - c. what legal requirements govern the research?
5. Will your research comply with all legal and ethical requirements and other applicable guidelines, including those from other organisations and/or countries if relevant?
6. Will your research comply with all requirements of legislation and good practice relating to health and safety?
7. Has your research undergone any necessary ethics review (see 4(a) above), especially if it involves animals, human participants, human material or personal data?
8. Will your research comply with any monitoring and audit requirements?
9. Are you in compliance with any contracts and financial guidelines relating to the project?
10. Have you reached an agreement relating to intellectual property, publication and authorship?
11. Have you reached an agreement relating to collaborative working, if applicable?

12. Have you agreed the roles of researchers and responsibilities for management and supervision?
13. Have all conflicts of interest relating to your research been identified, declared and addressed?
14. Are you aware of the guidance from all applicable organisations on misconduct in research?

When conducting your research:

1. Are you following the agreed research design for the project?
2. Have any changes to the agreed research design been reviewed and approved if applicable?
3. Are you following best practice for the collection, storage and management of data?
4. Are agreed roles and responsibilities for management and supervision being fulfilled?
5. Is your research complying with any monitoring and audit requirements?

When finishing your research:

1. Will your research and its findings be reported accurately, honestly and within a reasonable time frame?
2. Will all contributions to the research be acknowledged?
3. Are agreements relating to intellectual property, publication and authorship being complied with?
4. Has the duration of data storage been discussed in supervision, and agreed with ethics committees and participants? Is this being complied with?
5. Will research data be retained in a secure and accessible form for the required duration?
6. Will your research comply with all legal, ethical and contractual requirements?

Appendix E

Glossary

All registrants and members of BACP are required to comply with the *Ethical Framework* (BACP 2018), in accordance with their terms and conditions of membership. The BACP website contains a Glossary for the terms used in the *Ethical Framework*, which can be found at https://www.bacp.co.uk/ethical_framework/glossary.php, and reference should be made to that Glossary where appropriate.

Many of these words may be defined differently in other contexts. These definitions are provided as supplementary information and should be understood as non-binding good practice guidance, which do not override or weaken the commitments contained in the Ethical Framework, or the content of these guidelines. Definitions in this Glossary may be adapted or refined to suit particular services or settings, where any changes are consistent with the Ethical Framework and these *Ethical Guidelines for Research in Counselling and Psychotherapy*.

This Glossary contains the meaning of specific terms used in these guidelines and, for ease of reference, it includes terms from the glossary to the *Ethical Framework* (BACP 2018) which are relevant to research. For other terms and definitions, please refer to the Glossary in the Ethical Framework. This Glossary includes references to relevant parts of the Ethical Framework, a letter indicates the section, followed by the point number.

C= Our commitment to clients.

E= Ethics.

GP= Good practice.

For example:

C2e can be found in the section *Our commitment to clients*, point 2, sub-point e.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

A**Abuse**

Violation of another person's rights, for example by physical force, psychological manipulation or deception (BACP 2018: GP35)

Accountability:

Taking responsibility for one's work and being willing to give an accurate account about what has occurred to anyone to whom this responsibility is appropriately owed, for example, clients, employers and professional colleagues (BACP 2018: C6, GP50–54)

Accurate

All due care has been taken about the truthfulness, completeness and exactness of what is being communicated (BACP 2018: C2e, 5b, E12, GP15, 45, 71, 75) See also **Accurate records**

Accurate records

Records that are factually correct and complete and are careful to distinguish fact from opinion or interpretation (BACP 2018: C2e, GP15, 71)

Adjustments

Changes to the physical circumstances or the way that a service is delivered in order to make it accessible to someone, particularly someone with a disability (BACP 2018: GP22f)

Agency (1)

Any organisation that provides the services to clients (BACP 2018: GP64)

Agency (2)

The right to use one's own power and authority to act for self. (BACP 2018: E12)

Agreement

A shared understanding between two or more people about any terms or conditions that have been mutually accepted. Agreement is an essential requirement for a legally enforceable contract (BACP 2018: GP26, 31, 31a, 31b, 31f, 64, 83d)

Anonymised

The removal of any information that would allow the person concerned to be identified or identifiable by any means from what is being communicated. Failure to anonymise adequately within the counselling professions can lead to a breach of trust with the person concerned and cause harm resulting in significant embarrassment, anxiety or distress. Where there is any uncertainty about whether anonymisation will protect someone's identity, it is ethically and legally good practice to seek that person's explicit consent to use that information and for how that information will be used.

Anonymisation is different in meaning from 'pseudonymisation', a term used in current data protection regulations. 'Pseudonymisation' is defined as 'the processing of personal data in such a manner that the personal data can no

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

longer be attributed to a specific data subject without the use of additional information, provided that such additional information is kept separately and is subject to technical and organisational measures to ensure that the personal data are not attributed to an identified or identifiable natural person' (GDPR Article 4.5). An example of this would be where a client's contact details and the client's records are kept separately, but linked with a reference number. Pseudonymised information is regarded as personal data, and subject to the data protection law.

By contrast, anonymised Information ceases to be 'personal data' with the associated legal requirements and protection when any means of identifying the person concerned has been genuinely and irreversibly removed. The GDPR is very clear:

'The principles of data protection should therefore not apply to anonymous information, namely information which does not relate to an identified or identifiable natural person, or to personal data rendered anonymous in such a manner that the data subject is not or no longer identifiable. This regulation does not therefore concern the processing of anonymous information, including for statistical or research purposes.' (GRDP (26)). (BACP 2018: GP55g, 78, 83a.

Appropriate:

fitting and ethically right for its purpose. This term is widely used throughout the *Ethical Framework for the Counselling Professions*. See also **Appropriate records**

Appropriate records

Adequate, relevant and limited to what is necessary. The decision about what is appropriate will take into account the ethical and legal requirements for processing (includes making, keeping, using and sharing) records. See Information Commissioner's Office www.ico.org.uk for the latest information (BACP 2018: C2e)

Attitudes

Persistent ways of feeling, behaving or holding an opinion about someone or something (BACP 2018: GP74)

B**Being trustworthy**

The principle of being trustworthy prioritises honouring the trust people place in the practitioner, both as a person and as a professional, with particular attention to being trustworthy to clients in the counselling professions. This principle underpins the emphasis on integrity, openness and honesty, candour, integrity, and probity throughout the *Ethical Framework*. Even when a practitioner has done everything in their power to be trustworthy, this cannot guarantee that trust will be given. The most a practitioner can achieve is to create the conditions in which it would be appropriate to be trusted. Whether or not trust is granted depends on the other person. (BACP 2018: E5)

Boundaries

The limits in relationships between practitioners and their clients that, if crossed could cause harm to the client or contravene professional standards and ethics (BACP 2018: C4c, GP33, 33a, 63, 79)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Breaching confidentiality

Disclosing something that has been communicated in confidence by mutual agreement or with the expectation that it will be kept secret. The expectation of secrecy may have been stated expressly or implied. Confidentiality is breached when any disclosure is made without the consent of the person concerned, legal authorisation or being legally defensible in the public interest. Breaches can occur accidentally or deliberately. In most circumstances, obtaining the consent of the person concerned provides an ethical way of avoiding a breach of confidentiality. Any disclosure of confidential information requires respecting the possible rights to confidentiality of any third person who is identifiable within the disclosure (BACP 2018: GP9)

C**Candour**

A commitment by practitioners about being open and honest about anything going wrong and to inform clients promptly if anything has occurred that places the client at risk of harm or causes harm to their wellbeing or safety, even if the client is unaware of what has occurred (BACP 2018: C6, E12 and GP52a-e)

Capability

The capacity to be able to do something (BACP 2018: E12, GP29, 57)

Children and young people

Anyone under the age of 18 years in the UK (BACP 2018: GP27a-d) See also **Safeguarding**

Circle of confidentiality

This circle represents the boundary between people who are included or excluded from the confidentiality agreement with the client. It encompasses all the people who have access to confidential information about clients as part of their usual work and are explicitly committed to treating that information as confidential, typically as a term of their employment. The people within the circle of confidentiality may be identified to clients by name or role, for example in contracting. The communication of confidential information beyond the circle of confidentiality will require client consent, being legally defensible in the public interest, or legal authorisation by court order or statute. GP55b See also **Confidentiality**

Client

A client is anyone in receipt of coaching, counselling, pastoral care, psychotherapy or counselling skills from a member or registrant of the British Association for Counselling and Psychotherapy. This includes being a supervisee or trainee. All clients are entitled to receive services that satisfy the commitments stated in the current *Ethical Framework* in ways that are appropriate to the type of service being provided and its setting. Trainees, supervisees, and participants in research will receive the same applicable commitments and ethical standards as any client receiving services from a member of the counselling professions.

This term is widely used throughout the *Ethical Framework for the Counselling Professions*

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Coaching

A way of helping people that builds on their existing strengths to develop their potential by enhancing their understanding of themselves, beliefs, behaviours or actions Introduction (BACP 2018: Introduction – key terms, GP3)

Colleagues

Practitioners and people in closely associated roles who collaborate to deliver services to clients (and who are bound by similar or equivalent Professional standards) (BACP 2018: C2c, E10, GP14c, 16, 17, 22b, 24, 33d, 37b, 44, 56-59)

Competent

Working with sufficient knowledge and skills to satisfy the fundamental standards for the service being provided (BACP 2018: E12, GP13, 74.) See also **Professional standards**

Confidentiality

The protection of information that has been communicated in the expectation that it will not be disclosed to others. (BACP 2018: C3b, GP9, 10, 13, 26, 31c, 42, 44, 55a-g, 64) See also **Reasonably foreseeable limitations to confidentiality**

Consent

An agreement to a course of action based on a shared understanding of what will be involved. In the General Data Protection Regulation 'consent' of the data subject means any freely given, specific, informed and unambiguous indication of the data subject's wishes by which he or she, by a statement or by a clear affirmative action, signifies agreement in the processing of personal data relating to him or her (GDPR (32); Article 4.11; Article 7); (BACP 2018: GP16, 26, 27a, 28, 55f, 78, 83a, 88). See also **Informed consent**

Contract

An agreement, written or oral, between the people involved about the terms on which something (goods or services) will be provided. Any business and therapeutic terms and conditions that are agreed between counselling professionals and their clients will usually form part of the legal contract between them. Contracts may be useful in reinforcing and clarifying practitioners' ethical commitments to their clients and should generally be in writing, or in another form appropriate to the client's needs. It is good ethical practice to ensure that any contractual terms are clear and easily understandable and that the contract is readily available for the people concerned to check what has been agreed between them. It is a legal requirement that any information and communication relating to the processing of personal data should be 'easily accessible and easy to understand, and that clear and plain language be used' (GDPR (39)) Where appropriate, information may be given using electronic form or using visualisation. Communications to a child 'should be in such a clear and plain language that the child can easily understand' (GDPR (58)) (BACP 2018: Introduction, GP31, 31a, 31b, 31f, 38, 55e, 83d)

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Contractual incompatibilities

These occur when there are differences or contradictions between contracts that apply to the work being undertaken. Incompatibilities may arise, for example, between a contractual agreement with a client, the practitioner's agreements with supervisors and/or trainers, the contractual terms and conditions of a professional body to which a practitioner belongs, a practitioner's contract of employment, any contractual agreements or regulatory requirements that apply to an organisation employing the practitioner. (BACP 2018: GP31f, 83d)

Counselling

A specialised way of listening, responding and building relationships based on therapeutic theory and expertise that is used help clients or enhance their wellbeing. This term is widely used throughout the *Ethical Framework for the Counselling Professions*.

Counselling skills

A specialised application of communication skills informed by therapeutic theory and practice that are considered essential to practice in the counselling professions or may be incorporated into other roles, for example in health, social care, education, and human resources. The use of counselling skills outside the counselling professions may be regulated or informed by that profession's codes of ethics and standards. (BACP 2018: Introduction, GP3.)

Counselling professions

Providers of services informed by therapeutic theory and practice that are delivered with sufficient expertise to satisfy professional standards and ethics. These professions include coaching, counselling, pastoral care, psychotherapy and using counselling skills. (BACP 2018: Title, introduction, C, GP3, 37b, 47 87)

Counselling related services

Used generically in a wider sense, to include the practice of counselling, psychotherapy, coaching, mentoring and pastoral care (see Practitioner).

D**Dignity**

The quality of being worthy of respect from self and others – opposite of humiliation (BACP 2018: E3, GP21)

Dilemma

A choice between two or more possible options or courses of action where it is unclear which to choose for the best (BACP 2018: E13, GP92)

Disciplinary procedures

Investigation and adjudication of allegations concerning bad practice or misconduct by an employee or a member of a professional body (BACP 2018: GP47)

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Disrepute

To bring a person or group of people such as a profession into disrepute is to damage their good name or reputation (BACP 2018: GP48)

Dissemination

Sharing, distribution or publishing, for example, the results of research.

Diversity

Variations and differences between people (BACP 2018: GP22a, 23)

Dual relationship

Having two kinds of relationship concurrently with the same person, for example client and neighbour, colleague and trainee, or supervisee and employee (BACP 2018: GP33b, 33c, 33d, 63, 79)

E**Education**

Systematic instruction in theory and practice (BACP 2018: GP3, 62, 66)

Effectiveness

A measure of what has been accomplished or achieved (BACP 2018: E3.) See also (BACP 2018:C6d, GP18, 54.)

Equality

Treating all people with equal fairness and impartiality, regardless of their differences. The Equality Act 2010 requires public bodies to protect people from discrimination due to any of the following characteristics – age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex and sexual orientation. Discrimination against a woman due to pregnancy or maternity is prohibited. The precise legal requirements vary between the different nations in the UK. Nonetheless, all practitioners in any nation or setting are ethically committed to respecting these characteristics. (BACP 2018: E12, GP22a, 23, 57)

Ethical-problem-solving

A systematic approach to responding to and resolving ethical challenges and dilemmas (BACP 2018: E13, GP93)

Evidence-base

Evidence that is informed by systematic research, particularly into effectiveness and safety (BACP 2018: GP14b, 84)

Explicit

Stated in words or clearly communicated by other methods, for example by sign language or images (BACP 2018: GP9, 88)

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F**Face-to-face**

In the physical presence of the other person – not working at a distance and communicating through technological devices such as telephones or video links (BACP 2018: GP20)

G**Gender identity**

This is interpreted broadly to include all varieties of binary (male or female), non-binary and gender fluid identities – see *Memorandum of Understanding on Conversion Therapy in UK* GP22e

Generalisable

A rule or principle derived from research that has wide or general application.

H**Harm**

Emotional, psychological, relational, social, behavioural or physical damage, or neglect are forms of harm that may result in distress, heightened anxiety, damage existing relationships, reduce the capability to relate to others, and undermine the self-respect or sense of personal worth of the person concerned (BACP 2018: C6b, E5, 12, GP9, 10, 11, 33b, 33c, 37, 52, 52a, 52b, 55d)

I**Identity**

Sense of self in relationship to others that forms the basis of responsibility and motivation. Identity may have wide variations between people. Differences between individualistic, relational and collective identity can be particularly relevant to the counselling professions and how people understand their own autonomy or agency, relate to others, or find the social resources that support their resilience and resourcefulness. (BACP 2018: E12, GP22d, 22e, 22g, 83a)

Inclusion

Being welcomed and drawn into an activity or service on an equal basis to anyone else (GP22a, 23)

Informed consent

Where the person giving consent is accurately informed about the reasonably foreseeable positive and negative implications in ways that that the person concerned can understand. In relation to processing personal information, data protection legislation sets a high standard for consent – see **Consent** (BACP 2018: GP26, 27a, 88. See also C6b, GP30, 49, 75)

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Insurance

A premium paid for protection from financial or other types of losses. Adequate professional practice and public indemnity insurance cover means having a sufficient amount of cover to protect clients from any loss or harm arising from the practitioner's professional and occupiers liability, if something went wrong. (BACP 2018: GP19)

Integrity:

Being moral in dealing with others, including personal straightforwardness, honesty and coherence (BACP 2018: C5, E3, 5, 11, 12, GP33d, 37, 37b, 43-49, 86)

J**Justice**

The principle of justice prioritises treating all clients fairly and impartially, and ensuring the adequate provision of services. This principle underpins respecting equality, diversity and inclusivity in how services are provided, being attentive to how ethical and legal obligations are implemented, a willing readiness to be accountable for decisions and actions, and a commitment for striving towards a provision of services that are accessible, fairly distributed, and of sufficient quality and quantity for potential clients. Managing any reduction in services due to shortages according to the principle of justice is particularly challenging. (BACP 2018: E5)

K**Knowledge**

A practitioner has knowledge when they are aware of and understand something both theoretically and practically (BACP 2018: C2b, E3, 12, GP14, 14d, 14e, 20, 22g, 27b, 62, 74, 84, 86)

Known risks

These are risks that can reasonably be anticipated from research, professional literature and guidance, or previous experience of working with clients or others facing similar issues, for example, the possibility of feeling worse before feeling better, impact on key relationships or performance of significant tasks etc. (BACP 2018: C6a, GP51)

L**Law**

A system of public morals that are enforceable in the courts. The main sources of law are statutes, subsidiary legislation, and decisions made in courts (also known as case law). The commitment to giving the law 'careful and conscientious consideration' requires knowing the law relevant to their practice and to carefully consider how it ought to be applied to their circumstances. Careful or conscientious consideration may require practitioners to consult legal or expert advice when appropriate. Ideally law and ethics match each other but

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this is not always the case. When a conflict between ethics and law arises, it may be appropriate to campaign for changes to the law whilst observing the applicable law. Conscientious objection to a legal requirement that leads to defying the applicable law is not something to be undertaken lightly as it requires a willingness to be openly accountable for resisting or breaking the law, an acceptance of the risk that legal penalties may be imposed, and may require consideration under the Professional Conduct Procedure. (BACP 2018: GP9, 14f, 23, 27c, 46, 70)

M**Mental capacity**

The legal term for the mental ability to make one's own decisions, defined in England and Wales in the *Mental Capacity Act 2005*, the *Mental Health Acts 1983 and 2007*, the *Mental Health Act 1983 Code of Practice* (DH 2015), and the impact of the United Nations Convention on the Rights of Persons with Disabilities, which came into effect in 2008. For mental capacity in other jurisdictions, please refer to relevant applicable law.

Monitor

To observe or keep under review at regular intervals (BACP 2018: C6d, GP54, 91b)

Multiple relationships involved three or more types of relationship at the same time with someone, for example friend trainee and colleague (BACP 2018: GP33b, 33d)

O**Online**

Connected by computer or other digital technologies to communicate between people (BACP 2018: GP20)

P**Participants**

Describes the people being researched in order to be inclusive of their different degrees of active involvement in the research. Research participants may be a cohort of individuals or organisations. In some forms of research, (such as action research) the researcher may be both researcher and participant in the research.

Performance

The accomplishment of actions at an appropriate level (BACP 2018: GP29)

Practice

The application of professional knowledge and skills to the work being undertaken, particularly when working directly with people: (BACP 2018: Introduction, E12, GP1, 11, 60, 63, 68, 79, 81b, 83a, 83e, 84, 90, 91, 92)

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Practitioner

A practitioner is a member or registrant of the British Association for Counselling and Psychotherapy who is providing therapeutically-informed services, particularly coaching, counselling, pastoral care, psychotherapy or using counselling skills. This includes being a supervisor, trainer, educator of practitioners, or a researcher of any aspect of the counselling professions. Trainees are practitioners when working with members of the public as their clients. (BACP 2018: Introduction, C, E3, 5, 7, 10, 13, GP3, 11, 14d, 37b, 41, 42, 57, 58, 60, 61, 67, 82a, 84, Heading at 91)

Privacy

Freedom from disturbance or intrusion by other people (BACP 2018: C3, 3b, GP21, 31c, 55, 55d, 61)

Professional standards

Working to a recognised level or quality of performance, which applies to all services of that type.

A *fundamental* professional standard sets the baseline for quality and safety below which a service ought not to be provided. Achieving the fundamental standard requires adequate resources for the type of work being undertaken combined with reasonable care and skill in how the work is delivered.

An *enhanced quality* standard sets the level above the fundamental standard that is achievable through good use of existing resources.

Developmental standards are ones that practitioners or the agency are aiming to achieve in the future. (BACP 2018: C2, GP13-20, 66, 67, 83b, 83c, 91b)

Pseudonymisation

'Pseudonymisation' means the processing of personal data in such a manner that the personal data can no longer be attributed to a specific data subject without the use of additional information, provided that such additional information is kept separately and is subject to technical and organisational measures to ensure that the personal data are not attributed to an identified or identifiable natural person.' General Data Protection Regulation (GDPR: Art 4 (5)). Note that pseudonymisation is intended to be an addition to other forms of data protection measures and is not intended to preclude any other measures for data protection. (GDPR (26); (28))

Psychotherapy

A specialised way of listening, responding and building relationships based on therapeutic theory and expertise that is used help clients or enhance their well-being Introduction, (BACP 2018: Introduction, GP3)

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The level of excellence achieved in how the research has been undertaken and reported.

Qualitative research

Qualitative research primarily uses exploration, for example, to gain an understanding of perceptions, opinions, reasons and motivations. Data collection methods may involve unstructured, or semi-structured techniques, and may include participation and collaboration involving both the researcher and participants. Participatory research provides the potential for the researcher to involve participants in a joint consideration of ethical issues throughout the research process, and in determining the findings.

Quantitative research

Quantitative research uses methods that emphasise objective measurements and the statistical, mathematical, or numerical analysis of data collected, for example, through polls, questionnaires and surveys, or by manipulating pre-existing statistical data, using computational techniques.

R**Reasonably foreseeable limitations to confidentiality**

Any limitations that a reasonably competent practitioner ought to be able to anticipate as causing difficulties in protecting clients' confidences, for example, arising from legal or contractual obligations to disclose confidential information or to protect people from serious harm. Some situations that arise in practice may be so unexpected or exceptional that they are not considered to be reasonably foreseeable. (BACP 2018: GP55d)

Record

A catch-all word that includes all notes, records, memoranda, appointments, communications and correspondence, photographs, artefacts, video or audio recordings about an identifiable client. Records may exist in any format, typically but not exclusively, on paper or electronically. There is no distinction between factual and process notes in what the law regards as a record. (BACP 2018: C2e, GP15, 31d, 32e, 71)

Regulation

An authoritative rule or instruction (BACP 2018: GP14f, 83a)

Relational autonomy

The right to self-government where the people concerned view themselves as inextricably linked with other people, for example, as a member of a family, social group or tribe (BACP 2018: GP22d) See also **Autonomy** and **Individual autonomy**

A B C D E F G H I J K L M N O P Q **R** S T U V W X Y Z**Reliable**

A quality criterion particularly applicable to experimental or quantitative research that expects any exact repetition of the research process to produce the same results.

Reliable electronic resources

Information and resources accessed by electronic means that have been subjected to good quality controls before the item was posted and/or are from people or bodies who are respected for the accuracy and soundness of their output (BACP 2018: GP14a)

Research

(see also **Appendix C**) A systematic enquiry or experiment to advance knowledge typically using statistical or qualitative methods (BACP 2018: GP3, 14b, 84-90)

Research participants

Someone being studied or providing information to a research project. 'Participant' is now widely preferred over 'subject' as it places greater emphasis on the active engagement of the person concerned rather than viewing them as depersonalised or passive (BACP 2018: GP88, 89)

Resilience

The ability to overcome or recover from challenging situations (BACP 2018: E3, 10, 11, 12)

Review

Carefully reconsider, examine or inspect (BACP 2018: C6c, GP14d, 32, 33d, 65, 89)

Rigour

Quality criteria that when applied to all types of research refers to the thoroughness with which the relevant methodological principles or quality criteria have been achieved in the research. In traditional quantitative and experimental research, rigour usually refers to achieving high validity, reliability and generalisability. In most qualitative research that is not aiming at generalisable knowledge, rigour requires high validity and providing sufficient contextual information to enable readers to decide what is transferable to other contexts that are of interest to them. As this type of qualitative research is contextually specific and therefore difficult to repeat in the exactly the same way, transferability replaces reliability as an indication of rigour.

Risks

Exposure to danger of physical, psychological or social harm.

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S**Safeguard[ing]**

Protecting people's health, safety, wellbeing and human rights in order to enable them to live free from harm, abuse or neglect (BACP 2018: GP10, 55d.)

Safety

Adequate protection from physical, psychological or social harm.

Self-respect

This principle prioritises growing the practitioner's sense of personal and professional integrity through supporting and enhancing the quality of work undertaken and being actively engaged in its ethical and therapeutic purpose. Being attentive to self-care to ensure that one's resilience and resourcefulness are sufficient to work to adequate standards in the counselling professions, monitoring one's well-being in supervision, having a good work-life balance are all examples of the application of this principle. (BACP 2018: E5)

Sense of self

An awareness or understanding of oneself and one's relationships with other people and the environment (BACP 2018: E3, 12)

Services

Professional assistance provided by practitioners to their clients, or provided indirectly by providing services designed to enhance the work of practitioners working on the frontline, for example through supervision, training or research. This term is used widely throughout the *Ethical Framework for the Counselling Professions*.

Sexual orientation

This refers to the sexual or romantic attraction someone feels to people of the same sex, opposite sex, more than one sex, or to experience no attraction – see *Memorandum of Understanding on Conversion Therapy in UK GP22e*

Sexual [relationships]

Any action or communication directed towards another person involving acts, words or behaviour that arouse or gratify sexual impulses or desires (BACP 2018: GP34, 35, 36, 37b)

Skills

An ability to perform tasks well using knowledge and practical expertise (BACP 2018: C2b, E12, GP14, 14d, 14e, 27b, 62, 74, 81b)

Social media

Websites and electronic applications that enable users to create and share content or to participate in social networking (BACP 2018: GP33c)

Standards

– see **Professional standards**

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Student

A person following a course of study at a university, college, institute or other educational establishment, including trainees on professional courses (BACP 2018: GP75, 76, 77)

Supervision:

A specialised form of professional mentoring provided for practitioners responsible for undertaking challenging work with people. Supervision is provided to ensure standards, enhance quality, stimulate creativity, and support the sustainability and resilience of the work being undertaken (BACP 2018: Introduction, C6c, GP3, 14d, 33d, 37b, 53, 55d, 60-73, 83e,93)

Note: Academic or Research-supervision is different. It is an academic role, usually provided by an academic institution to advise students and researchers in their studies.

Supervisor

Someone who provides supervision: (BACP 2018: Introduction, GP3, 8, 42, 52d, 62, 63, 65, 66, 68, 70, 71, 83b, 83e)

Note: Academic or Research-supervisor is different. It is an academic role, usually fulfilled by an experienced academic to advise students and researchers in their studies.

T**Therapeutically-informed services**

Services developed from and informed by the theory and practices used in talking and listening therapies, typically coaching, counselling, pastoral care psychotherapy or using counselling skills. Such theories and practices may be drawn from a wide academic and professional base, including neurology, psychoanalysis, psychology, social sciences and other disciplines. (BACP 2018: Introduction, GP3)

Trainee

Someone working under the guidance or instruction of a trainer in order to develop their expertise (BACP 2018: Introduction, GP34, 37, 66, 80-83)

Training

Guidance or instruction usually within a structured program or course (BACP 2018: GP55d, 62, 66, 74-80, 82b, 83a, 83d, 83e)

Transparency

In relation to research, clarity and openness in communication, provision of information, and in the way in which the research process will be conducted.

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U

Unauthorised access or disclosure

This involves acting without legal authority or client consent to obtain or release confidential information in ways that are contrary to professional standards and ethics and violate the privacy of the people affected. Unauthorised disclosures may be deliberate or they may be accidental, for example by unintentionally leaving notes or a file in a public place. (BACP 2018: GP55a)

Unfairly discriminating

Treating people in a prejudiced or unfavourable way in comparison to others. Unfair discrimination includes anything that diminishes how we relate to and work with others because of a failure to respect someone's characteristics that are significant to their way of being and relating. Unfair discrimination usually arises from prejudices against another person or group of people. Prejudices may operate at conscious or unconscious levels in individuals, groups or organisations. They include reacting against or being insensitive towards someone's cultural values and beliefs, lifestyle, parental responsibilities, consensual sexual activities between adults, education, social and economic status, or party politics. These characteristics are in addition to those protected by law – see also **Equality** (BACP 2018: GP22b, 24)

V

Value

An assessment of the worth of the research as a contribution to knowledge

Validity

A quality criteria applicable to all types of research concerning the compatibility between the methodologies used and the research question(s) being investigated. In statistical and experimental research, validity concerns whether what is measured and how it measured matches the research question. A validity check in computing-based research investigates whether data items conform to coding requirements.

Voluntary

Action undertaken of one's own free will or choice – not coerced or constrained by another person (BACP 2018: GP25)

Vulnerable

Being exposed to any form of physical, psychological or social harm from which someone may find it difficult to protect themselves or to rectify any harm caused.

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Vulnerable adult

The meaning of 'vulnerable adult' varies across different contexts but is widely used to refer to people over 18 years old who are regarded as vulnerable because they are unable to adequately protect themselves against significant harm and exploitation or unable to take care of themselves without assistance.

In social policy, a vulnerable adult is typically someone aged 18 years or older, who is receiving or may need community care services due to mental or other disability, age or illness and who is or may be unable to take care of him or herself without assistance, or unable to protect him or herself against significant harm or exploitation.

The legal definition of a vulnerable adult in England and Wales is anyone to whom health and social care is being provided as set out in the *Safeguarding Vulnerable Groups Act 2006* (as amended by the Protection of Freedoms Act 2012) GP28

W**Wellbeing**

Living in a good state of emotional, physical, psychological and spiritual health (BACP 2018: C2d, E3, 5, 12, GP11, 29, 91)