

**NCPS Survey: Working with Employee Assistance Programmes & Online Therapy
Platforms**

Text-only version

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Overview

Employee Assistance Programmes (EAPs) and Online Therapy Platforms (OTPs) are now a significant source of work for counsellors and psychotherapists in the UK, growing rapidly over the past few years thanks to a number of factors: the Stevenson/Farmer review in 2017¹, which called on all employers to adopt six mental health core standards and provided tax relief for EAPs; the NHS Long Term Plan in 2019², which normalised digital mental health provision and helped establish the infrastructure on which OTPs were able to scale; COVID-19 and the surge in demand for online therapy, which normalised working remotely for therapists³; the persistent waiting lists for NHS support, which left employers turning to EAPs as a practical alternative⁴; and the growth of EAPs as an industry, where for every £1 spent on an EAP in the UK, employers saw an average return of £10.85 in 2022⁵.

EAPs are workplace-based services, typically commissioned by employers and delivered through specialist providers. They offer employees access to a range of support services, including short-term counselling, usually as part of a wider wellbeing or occupational health package. The counsellors who deliver that support work as self-employed affiliates, under contract to the EAP provider. It's a model that

¹ Pensions, D. for W. and (2017) Thriving at work: A review of mental health and employers, GOV.UK. Available at: <https://www.gov.uk/government/publications/thriving-at-work-a-review-of-mental-health-and-employers> (Accessed: 17 March 2026)

² The National Archives (2025) The National Archives, UK Government Web Archive. Available at: <https://www.nationalarchives.gov.uk/webarchive/> (Accessed: 17 March 2026).

³ Parsons, C.E. et al. (2023) Seeking help for mental health during the COVID-19 pandemic: A longitudinal analysis of adults' experiences with digital technologies and services, PLOS digital health. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10699588/> (Accessed: 17 March 2026).

⁴ - Increase in demand for mental health support is being felt across the system (no date) NHS Confederation. Available at: <https://www.nhsconfed.org/articles/increase-demand-mental-health-support-being-felt-across-system> (Accessed: 17 March 2026).

⁵ - Farrell, E. (2023) What's driving the increase in EAP usage?, Personnel Today. Available at: <https://www.personneltoday.com/hr/employee-assistance-programme-usage-2023/> (Accessed: 17 March 2026).

has grown considerably over the past two decades, with providers like Health Assured, BUPA, and CiC among the larger names in the UK market.

OTPs work somewhat differently. These are digital platforms that match clients with therapists directly, offering a flexible, app or portal-based experience. Platforms such as BetterHelp, Paranimo, and others have expanded access to therapy for people who might not otherwise look for support, whilst at the same time creating a new kind of affiliate working arrangement, where practitioners manage their caseload remotely through the platform's own systems.

Both models provide a steady flow of referrals, flexibility around when and how work is taken on, and a way to build or supplement a practice without the other overheads of finding private clients, such as marketing costs, uncertainty, time, and energy. For practitioners at different stages of their career, from newly qualified counsellors building a caseload for the first time, or more established counsellors diversifying their practice, EAP and OTP work can be a practical option.

Questions about how well these models work for practitioners, as well as for providers and employers, have been growing. We wanted to understand what our members' experience of this work actually looks like day to day, and across the full range of issues that matter to them.

This survey asked NCPS members about their lived experience of working as EAP and OTP affiliates. 206 members responded, representing a broad spread of experience, providers, and working styles. Their answers show us that, ultimately, the work itself is genuinely valued, but some of the structural conditions around it are falling short.

Summary of Findings

Respondents broadly value EAP and OTP work. The flexibility, reliable flow of referrals, and professional autonomy it offers are very compelling, particularly for practitioners building a mixed, or portfolio, practice. Most respondents describe the clinical work as worthwhile, the coordinator communication as responsive, and the onboarding process as straightforward.

Alongside those positives, however, the survey surfaces some persistent pressure points that do deserve some attention, especially as it looks like these forms of finding work will remain significant over the years to come.

Pay is the biggest issue

Over half of respondents (52%) are dissatisfied or very dissatisfied with their level of pay. The most common face-to-face rate sits at £31–35 per hour, and remote rates cluster in a similar range, while the same practitioners typically charge £60+ for private work. This, of course, reflects the realities of the market, but it's compounded by the fact that nearly half of all respondents (49%) say their headline rate has never changed, and a huge 89% saw no increase in the last 12 months. This is a sector asking practitioners to hold complex, emotionally demanding work, at a time of huge increases in the cost of living. There are naturally tensions around funding at the EAP level, but the most important part should be ensuring affiliates are paid fairly for their work.

Payment terms add to the pressure

The most common length of time between invoice and payment is 20+ working days (44% of respondents), and around one in five practitioners sometimes or frequently have to chase payment. For sole traders managing their own finances, slow and unpredictable payment has a real impact on cash flow and the ability to pay their bills and buy food.

Admin time isn't reflected in rates

68% of respondents say their hourly rate doesn't include time spent on administration. Yet 46% spend 11–20 minutes per session on admin tasks, and 11% spend more than half an hour. That's a significant amount of unpaid time, especially over the course of a week, and particularly for practitioners carrying larger

caseloads; it's a significant recurring theme in open-text responses.

Session limits create tension

Six sessions is the norm (cited by 57% of respondents). Extension processes exist in many cases, but respondents frequently describe them as cumbersome or opaque, sometimes requiring a clinical decision before the practitioner has adequate information to make one. Nearly a quarter (23%) say session limits negatively affect their ability to provide effective therapy.

Triage and referral matching is inconsistent

Most respondents feel referrals are often or always well-matched to their skills, which is good news. A sizeable minority, however, have a more mixed experience, with some describing situations where the misalignment with their experience suggests the availability of therapists is the driving factor for allocation, more than clinical fit. Transparency about triage methods, and a clearer minimum dataset for referrals, would make a practical difference.

Safeguarding support could be clearer

The most common response on safeguarding effectiveness was 'neutral' (42%). That most people are neither satisfied nor dissatisfied tends to reflect inconsistency rather than confidence. A single, well-advertised escalation route with clear response-time expectations would be a relatively straightforward improvement.

Diversity and inclusion support is patchy

More than a third of respondents (36%) say their EAP or OTP provides no resources to help them work with a diverse client base, and a further 20% aren't sure what's available. On cultural considerations more broadly, the majority (55%) were neutral, which often reflects a lack of visibility rather than active satisfaction. CPD provision in

this area, and proactive communication about what's on offer, would help.

Discrimination in the application process

16% of respondents reported experiencing discrimination in applying for EAP or OTP work. That's a significant minority, and it's something the sector needs to take seriously.

How this data will shape our work

The findings in this report give us something concrete to act on. Understanding the realities of EAP and OTP work from the practitioner's perspective is very helpful to support how we advocate for our members, and this survey will inform that work in a number of ways.

We'll be sharing these findings with [the EAP Association \(EAPA\)](#), and with individual EAP and OTP providers, as part of an ongoing conversation about the conditions under which affiliate practitioners work. We want to bring the evidence of our members' experiences clearly to the table, and to work with providers who share our interest in supporting a sustainable, high-quality workforce.

This data will also feed into our broader public affairs work, where we advocate for the counselling and psychotherapy profession at a governmental and parliamentary level. Questions about workforce sustainability, fair pay in mental health services, and access to good quality support are live policy conversations, and the experiences of EAP affiliates are part of that picture. The clearer we can articulate what's working and what isn't, the more effectively we can make the case for change where it's needed.

Ultimately, this is about making sure that the people delivering mental health support are properly valued and fairly treated so they can continue to do the great

work they're doing for the mental health of our society.

With thanks to the [Psychotherapy and Counselling Union \(PCU\)](#) for their support in checking our draft questions, and to Jack Eddy for his analysis of the data.

Section 1: About the respondents

Q1 - Who do you work for?

An overwhelming majority of respondents stated that they work with Employee Assistance Programmes (EAPs) (78.5%). Over a third of stated they worked for Online Therapy Platforms (OTPs) (33.7%). Those that work for neither EAPs nor OTPs represented the smallest group, at 8.8%.

Q2 - Which EAP(s)/OTP(s) do you work for as an affiliate?

Respondents were further asked to stipulate which organisation they worked for. The most commonly selected options were Health Assured at 30.9%, BetterHelp at 22.0%, and BUPA at 21.1%. Respondents that answered “Other” also represented a sizable proportion of responses (24.2%)

Q3 - Which do you consider to be your primary EAP/OTP?

Respondents were asked about their primary EAP or OTP. Of the 194 that answered this question, the most common set responses were “Health Assured” (13.4%), followed by “BetterHelp” (11.9%) and BUPA (10.3%). This broadly follows the pattern in question 2. However, the single most common response was “Other”, with 17.5%.

Q4- How do you work with EAP(s)/OTP(s)?

Respondents were also asked how they work with their EAPs or OTPs (please note: respondents could select more than one option). The most commonly selected options were Online / video conferencing, Face to face, and Telephone.

Q5 - How many years have you been practicing as a counsellor/psychotherapist?

Respondents were then asked how many years they had been practicing as a counsellor/psychotherapist, including from when they started their placement during training, the most common response being 8 - 15 years (38.4%). Over a quarter answered that they had been practicing for over 15 years (28.1%), while nearly a quarter (24.1%) said they had between 4 – 7 years of experience.

Q6 - How long have you been working with EAP(s)/OTP(s)?

Respondents were asked to stipulate how long they had been working with EAPs or OTPs. The two most frequent responses were 1 – 3 years (37.2%), and 4 – 7 years (34.2%). 28.1% stated that they had worked with EAPs or OTPs for over 15 years. This is in contrast to the previous question, which would suggest that most professionals build up several years of experience before affiliating with an EAP or OTP.

Section 2: Requirements

Q7- What post-qualifying experience was required as a minimum in order to work with your primary EAP/OTP?

The most common response was “Don't know / can't remember” (32.1%), and a further 4.6% stated that they were not asked about this. However, for those that were able to provide a clear answer, the most frequent response was 3 years of experience (21.4%), while 2 years was required for 14.9 %. 6.6% said that 1 year of experience was necessary. Only 7.1% answered that there was no minimum requirement.

Q8- What NCPS membership category was required in order to work with your primary EAP?

Respondents were asked about NCPS membership requirements. A large majority said that MNCPS - NCPS Accreditation was needed (68.9%). This was followed by PNCPS - NCPS Accreditation (14.8%). 6.1% said that there was no membership requirement for them, while no respondents said that SNCPS – NCPS Senior Accreditation was needed.

Q9- Were you required to provide references to work with your primary EAP/OTP?

Responses were mixed, but the most common response was “Yes” (49.0%), followed by “No” (33.2%). 17.9% stated that they did not know.

Q10- Were you required to provide a DBS / PVG / Access NI check to work with your primary EAP/OTP?

A large majority said “Yes” (78.1%). This was followed by “No” (14.8%), while only 7.1% said they didn’t know or couldn’t remember.

Section 3: Processes

Q11- How did you find the onboarding process with the primary EAP/OTP you work with?

Responses were mixed, but the most common response was “Neutral” (33.3%), followed by “Very easy” (28.7%). “Easy” was the third most common response (27.2%).

Q12- How easy is it for you to gain new clients through the EAP/OTP?

Respondents were asked how easy it is to gain new clients through their EAP or OTP. 186 answered this question, with responses again being mixed. Nonetheless, the most common response was “Easy” (34.4%), followed by “Neutral” (31.7%).

Q13- Are the clients referred through your primary EAP/OTP triaged to align with your skills and experience?

Again, responses were mixed. The most common response was “Often” (34.1%), followed by “Always” (28.0%), suggesting that alignment is consistently good. However, nearly a quarter (22.5%) said that there was alignment only sometimes, with 8.2% and 7.1% answering “rarely” and “never” respectively. This would suggest that, while a majority are satisfied with alignment of referrals to skills, a sizeable minority representing over a third of respondents have a mixed experience at best.

Q14- How accessible is clinical support with your primary EAP/OTP when you need it?

Respondents were asked about accessibility of clinical support. Responses were again mixed. A majority considered clinical support either “Accessible” (32.6%), or “Very accessible” (27.7%). However, similar to the previous question, “Neutral” was the third most common response representing nearly a quarter of responses (24.5%), while over 15% considering it to be inaccessible (10.3%) or very inaccessible (4.9%).

Section 4: Safeguarding & Client Protection

Q15- How effectively are safeguarding issues dealt with by your primary EAP/OTP?

How safeguarding issues were handled was also a key area of questioning. Responses suggest that there is much left to be desired in this area. The most common response was “Neutral” (42.0%), suggesting that EAPs and OTPs should aim to improve on this issue. However, few answered that this was ineffective (3.7%) or very ineffective (0.5%), and a majority consider safeguarding issues to be dealt with effectively (27.7%) or very effectively (26.1%)

Q16- Do you have any concerns about maintaining client confidentiality within your primary EAP/OTP’s framework?

An overwhelming majority said they did not have concerns (90.8%). Those who answered “Yes” represented a clear minority (9.2%). Among the respondents who said

they did have concerns, most provided comments. The most common issues were data breaches or online security risks, unsecure transmission of reports (e.g., email without password protection), and concerns about session recording, excessive note taking, or auditing. Some respondents also expressed uncertainty about who can access client notes or internal records.

Q17- How does your primary EAP/OTP handle data protection for clients?

When asked about client data protection, responses were mixed. The most common response was “Very well” (42.8%), followed by “Well” (26.7%). While few consider EAPs or OTPs to be poor at this kind of data handling, over a fifth of respondents said that they did not know (20.9%), suggesting that EAPs and OTPs could do more to ensure that affiliates are reassured that their clients data are handled correctly.

Section 5: Technical issues and accessibility

Q18- How user-friendly is the technology platform or portal provided by your primary EAP/OTP?

Respondents were asked how easy it was for them to use the EAP or OTP platforms. The majority said that it was either user-friendly (37.5%) or very user friendly (36.4%). However, over a quarter (16.3%) were neutral on their platforms user-friendliness, with under 1 in 10 saying that it was not user friendly (8.2%) or very difficult to use (1.6%).

Q19- Have you experienced any technical issues with your primary EAP/OTP’s platform?

Further to this, respondents were asked if they had experienced any technical issues with the platform. While a majority said “No” (58.6%), 41.4% said “Yes”, meaning that a large proportion of users had experienced issues – even if they are generally satisfied with the platform.

Section 6: EAP / OTP internal processes

Q20- How responsive are EAP/OTP coordinators to your inquiries or concerns?

Respondents were asked to elaborate on their experiences dealing with the internal process of their EAPs and OTPs. A majority were satisfied with this service, with the most common response was “Very responsive” (38.8%), followed by “Responsive” (36.7%).

Q21- Is the information provided about clients sufficient for initial sessions?

They were also asked about how good the information provided about prospective clients is prior to initial sessions. A majority were happy with the level of information provided to them, with the most common response being “Often sufficient” (42.2%), followed by “Always sufficient” (26.7%). Although only 4.8% and 2.1% said that this was rarely sufficient or never sufficient respectively, almost a quarter said that this was only “sometimes sufficient” (24.1%).

Q22- Is there sufficient screening to ensure, as far as possible, that client referrals are safe for you and the client?

When asked about screening for safe referrals, responses were more mixed. The most common response was “Yes, most of the time” (41.6%), followed by “Yes, always” (25.9%), suggesting that there is broad satisfaction in this area. This is further underlined by the fact that only 4.3% said that clients were not screened, and 11.4% saying that screening takes place, but they still received inappropriate referrals.

Section 7: Client sessions

Q23- How many client sessions are allowed. If this varies depending on the client, please tick all that apply.

When asked for details on how many sessions were allowed per client, a majority selected “6” (56.7%). This was followed by “8” (28.3%). “9+” was the third most common response (27.8%). 24.1% selected “Other”. Please note: respondents could select more than one option. Most respondents indicated that the number of sessions varies depending on the package, company, or client, with a number of respondents mentioning this explicitly. Common patterns included sessions starting at 6 and going up to 12, around 6 sessions, or being decided on a case-by-case basis. Some noted that extra sessions can be requested, while a few were unsure of the typical number.

Q24- Does your primary EAP/OTP allow you to request additional sessions?

A clear majority said “Yes” (65.4%). This was followed by “Other (please specify):” (9.7%). 19.7% selected “Other”, and all provided a free-text answer to elaborate on this response. Most respondents indicated that approval for extra sessions depends on the organization or contract. Some said extra sessions are rarely approved, others reported no limit, and a few noted it was not applicable. Other responses included situations where sessions are paid directly by clients, allowed if the contract permits extra budget, or require both client request and employer approval. One respondent noted that requests must be made before the second session, which can make timing difficult.

Section 8: Ethics, resources and client support

Q25- Have you ever felt subject to ethical conflict as a result of your role working as an EAP affiliate?

Respondents were asked if they ever felt any ethical conflicts while working with an EAP. A clear majority said “No” (71.5%), with “Yes” at 28.5%. This is a larger number than we would generally hope to see for this question.

Q26- Does your EAP/OTP provide resources to help you work with a diverse client base?

Respondents were asked if their EAP/OTP provided resources to help them work with a diverse client base. Responses were mixed. Although the most common response was “Yes” (43.9%), over a third said “No” (35.8%), and 20.3% said they weren’t sure. This would suggest that there is a sizeable proportion of counsellors who feel they could be offered more support to better work with diverse clients.

Q27- How do EAP/OTP-imposed session limits affect your ability to provide effective therapy?

When asked what the impacts were on session limits in providing effective therapy, a majority of the respondents said “Neutral” (50.5%). This was followed by “Negatively” (23.4%). Only 17.9% and 5.4% respectively said this had a positive or very positive impact.

Q28- Thinking about your primary EAP/OTP, are there provisions for clients who need extended care beyond EAP sessions?

In contrast, when asked if provision was there for clients needing extended care, the outlook among respondents was more positive. A majority said “Yes” (53.3%). This was followed by “Not sure / don't know” (27.7%). 19% said that there was not any provision for extended care.

Q29- Does your EAP allow you to take a client into your private practice if they request this and you judge it to be clinically appropriate?

When asked if there was flexibility to take clients into private practice, responses were more mixed. A majority said that this was allowed, with the most common response being “Yes, but a break is required” (33.3%). followed by “Other” (31.2%). Only 11.8% said no. Interestingly, 31.2% of respondents stated other, providing further free-text

explanation. The most common response was that respondents did not know whether clients could access the service again, with some attributing this uncertainty to recent process changes. Among those who did specify conditions, several indicated a required break before re-accessing the service, most commonly 1 year or 6 months, while a few mentioned a 3-month break. Others said it was possible after signing a waiver, depending on the referral source or situation, or through discussion with SPILL. A small number believed it would likely be allowed but had not encountered the situation, while two respondents said it was not allowed.

Section 9: Fees, rates and payment

Q30- How satisfied are you with the level of pay provided by your primary EAP?

When asked how satisfied they were with the level of pay, responses were generally negative. The most common response was “Dissatisfied” (37.4%), with a further 15% saying they were very dissatisfied. 21.4% said “Neutral”, while only 20.3% and 5.9% said “Satisfied” or very satisfied.

Q31- Please indicate your hourly rate for face-to-face work with EAP(s)/OTP(s). If there is more than one, please select all that apply.

Respondents were asked for details on their hourly rate for face-to-face EAP work.

Responses varied, but the most common response was “£31 - £35” (31.8%), followed by “£36 - £40” (19.2%). “£41 - £45” was the third most common response (17.2%).

Please note: respondents could select more than one option.

Q32- Please indicate your hourly rate for remote work with EAP(s)/OTP(s). If there is more than one, please select all that apply.

Respondents were then asked about their hourly rate for remote work. Responses were again mixed. The most frequent was “£31 - £35” (31.5%), followed by “£36 - £40” (22.7%). “£26 - £30” was the third most common response (18.8%). Please note: respondents could select more than one option.

Q33- If you take private clients, what are your session fees for this work? If there is more than one, or you offer a range, please select all that apply.

For respondents that take private sessions, they were asked what fees they charge. Responses varied, but the most common response was “£60+” (39.8%), followed by “£46 - £50” (28.2%). “£51 - £55” was the third most common response (26.0%). This would suggest a discrepancy between the generally lower rates of EAPs and OTPs, and the higher rates charged for private sessions. Please note: respondents could select more than one option.

Q34- Has the headline rate you receive from your primary EAP/OTP changed in the last 12 months?

Respondents were asked whether there had been any changes to the EAP headline rate in the last year. A large majority said that there had been no change (89.2%). Only 7% increased said that pay rates had increased, and a small number (3.8%) saying that this had decreased.

Q35- When was the last time your headline rate changed?

This issue was further contextualised when respondents were asked about when the last rate change had occurred. Responses were mixed, but the most common response was “The headline rate has never changed” (48.9%), followed by “Don't know / can't remember” (16.5%). “In the last 12 months - increased” was the third most common response (11.5%).

Q36- What timeframe is given to you by your primary EAP/OTP to process your payments?

Respondents were also asked about payment timeframes. While responses varied, they tip towards slower timeframes for payment. The most common response was “20+

working days” (43.7%), followed by “6 - 10 working days” (21.3%). “11 - 20 working days” was the third most common response (19.5%). Less than 10% of respondents received payments within 3 days, with 5.7% receiving payment in 1 – 2 days and 2.9% receiving payment in less than a day.

Q37- Do you ever have to chase your primary EAP/OTP to receive payment?

Linked to this, respondents were asked if they needed to chase EAPs for payment. While a majority (55.7%) said they never chased their EAP, and 23.8% said they rarely had to do so, around 1 in 5 said that they needed to do this more often. 15.1% said they needed to chase their EAP sometimes, while 4.3% and 1.1% respectively said that often and always needed to chase.

Q38- Are you paid for late cancellations (within 24 hours) and DNAs?

Respondents were also asked if they were paid for late cancellations or no shows. The most frequent answer was that they were paid for both (41.9%). While 11.8% said they were paid for DNAs, and 3.2% said they were paid for late cancellations, a sizeable proportion answered that they were compensated for neither (12.9%) However, a large proportion (20.1%) answered “other”, suggesting that this provision is more nuanced. Some respondents provided additional comments. The most common response was that therapists are paid 50% or a reduced rate for missed sessions, sometimes specifically half rate for DNAs. Further respondents said payment varies depending on the situation or contract, indicating differences between providers. Smaller numbers reported that it had not occurred or no payment was given, or described specific cancellation policies (e.g., 48-hour or less than 24-hour rules). Some respondents also mentioned provider-specific policies (e.g., BUPA), payment only for certain types of missed sessions, or arrangements negotiated directly with clients. Comments also highlighted that contractual processes can delay invoicing and payment for therapists.

Q39- Do you receive any support for the following on top of your session rate?

Respondents were asked if they received any additional support on top of the session rates. A large majority said, “None of these” (84.9%), so no additional support is provided to most counsellors who affiliate to EAPs. Of those that do, most said that supervision was provided (6.5%).

Q40- Have you encountered any billing discrepancies or challenges? If you have, please let us know in the text box.

Asked whether they had experienced any billing discrepancies or other challenges, a majority of the respondents confirmed that they had not (84.7%). However, 15.5% said that they had. Among respondents who said they had experienced payment issues, some provided comments. The most common problems reported were late or missing payments or long delays, followed by overpayment, underpayment, or billing errors. Some respondents noted that issues occurred occasionally but were resolved, while others mentioned unanswered billing queries, cancellation fee or diary issues, and problems with new payment systems. A few individual responses also referenced payment schedule changes, onboarding issues, or specific providers. Among those who said they had not experienced payment issues, only five provided comments, with some noting that payments can still occasionally be delayed or that they monitor payments closely.

Section 10: Administration

Q41- How manageable do you find the paperwork and documentation required by your primary EAP/OTP?

When asked how manageable they found the paperwork involved, a majority of respondents said they found it manageable (40.6%) or very manageable (33.2%). While 15.5% were neutral, only 9.6% and 1.1% said they found it unmanageable or very unmanageable, suggesting that there is broad agreement that the paperwork involved is not too problematic.

Q42- Thinking about your EAP/OTP work, approximately how much time do you spend on administrative tasks per client session?

To elucidate this further, respondents were asked about the time spent on administrative tasks per client session. Responses were mixed, but the most common response was “11 - 20 minutes” (45.7%), followed by “< 10 minutes” (27.7%). Only 10.6% said they spent 30 minutes or more on administrative tasks per session.

Q43: How you consider the time you spend on administrative tasks per client to be?

Respondents were then asked to provide their opinion on the time spent on administrative issues. A clear majority felt that they spent about the right amount of time on administrative tasks per client (65%), and only 2.2% said they did not spend enough time on per client. However, nearly a quarter (22%) said they felt they spent too much time on administrative tasks, and 10.8% answered “other”, suggesting that this issue is more complex. Additional comments from the “Other” responses indicated that the amount of additional time required varies depending on the client, programme, and complexity of the case, particularly when tasks such as report writing, GP letters, or sending resources are involved. Some respondents reported spending around 30 minutes on average, increasing to up to 60 minutes for more complex cases. Several comments highlighted that the time required is not adequately reflected in the fee, with concerns about excessive paperwork, administrative tasks, and additional responsibilities (such as sending consent forms or completing detailed session notes). Some also noted that reports are sometimes poorly paid or unpaid, while others mentioned that they keep their own independent notes rather than completing extensive EAP documentation.

Q44: Does your hourly rate for the EAP/OTP include time spent on administrative tasks?

Respondents were asked if their hourly rate included administrative functions. A clear majority indicate that this is not included (68.1%), while another 9.6% said that they

didn't know. Less than a quarter (22.3%) said that the hourly rate included time for administrative tasks.

Section 11: Impact on counsellors

Q45- Does working with EAP/OTP clients affect your work life balance?

When asked if their EAP work affected their work-life balance, the response was mixed. Nearly half were neutral on the issue (48.9%), suggesting that it neither helped nor hindered their work-life balance. Over a quarter (27.1%) said that it had a positive impact, with 12.8% saying that it had a very positive impact. However, around 1 in 10 said that it had a negative or very negative impact (9.6% and 1.6% respectively).

Q46- Have you experienced burnout related to your EAP/OTP caseload?

48.9% Respondents were then asked if they had experienced any burnout related to their EAP caseload. The response here was largely positive. A large majority said that they had not experienced burnout (83.9%), with only 16.1% saying that they had.

Q47- What type of support is provided by your primary EAP/OTP? Select all that apply.

Respondents were asked what support, if any, their primary EAP provided for their wellbeing. A majority selected "Training / CPD opportunities" (51.9%). This was followed by "Advice" (40.1%). "24/7 Safeguarding support" was the third most common response (34.2%). 10.7% selected "Other".

Q48- Does your primary EAP/OTP provide training or professional development opportunities?

When asked if their EAP provides training or professional development opportunities, the responses were split. Almost half said that they did provide these opportunities

(49.5%). However, this was not significantly higher than those that stated that their EAP did not provide training or development (40.9%). 9.7% said they didn't know, suggesting that some EAPs need to communicate this better.

Q49- If your primary EAP/OTP does provide training or professional development opportunities, how relevant are these opportunities to your practice?

For those that said their EAP did provide these opportunities, they were asked how relevant they felt they were. Most said that this did not apply to them (41.5%). Of those that it was applicable to, a large proportion stated that they considered it relevant (24.4%) or very relevant (5.1%). Only a small proportion considered the training and professional development opportunities irrelevant (5.1%) or very irrelevant (0.6%). This would suggest that training quality is good, however 23.3% said they were neutral on the matter. This could either be due to respondents having not undertaken the training and professional development that is on offer or remaining ambivalent even after completing it.

Q50- Have you encountered any potential conflicts of interest or dual relationships?

When asked if they had encountered any conflicts of interest, an overwhelming majority said that they had not (92.5%). Only 7.5% said that they had, suggesting that this issue is very rare.

Q51- Do you feel your primary EAP/OTP adequately addresses cultural considerations in their processes?

When asked about cultural considerations, a majority said they were "Neutral" (54.5%) on the issue. Almost a third either agree (26.2%) or strongly agree (7%) that their EAP or OTP do adequately address cultural considerations. Only a small proportion disagree (7%) or strongly disagree (5.3%). Some respondents provided a free-text response to elaborate on their answer. Comments highlighted that many respondents were

uncertain or had limited knowledge about how cultural considerations are addressed. Some noted geography-based matching rather than matching by culture or language, while a few referenced provider approaches like BUPA or US/North American models. Others raised language barriers and lack of multilingual materials, and some mentioned limited ability for clients to request therapists of a specific culture or background. A small number also noted training or CPD support related to cultural considerations.

Q52- Have you experienced any discrimination in applying for EAP/OTP work?

Respondents were also asked if they had experience discrimination. A clear majority said they had not (70.6%) However, 16% said that they had experienced discrimination.

Q53- Do you have opportunities to provide feedback to your primary EAP/OTP?

When asked if they could provide feedback to their EAP, a majority said they could (55.3%). However, over a quarter said that they could not (25.5%). Interestingly, almost 1 in 5 (19.1%) said they did not know, suggesting that this is not well communicated with affiliates by EAPs, or that most affiliates have not tried to offer feedback.

Q54- Have you seen any changes implemented based on feedback you've provided?

Those that had provided feedback in the past were asked if they had seen changes made based on this. Over a third said they had not (33.9%), and only 18.8% said that they had. 8.1% were not sure. This would suggest that EAPs need to be more responsive to feedback when it is received.

Section 12: Changes

Q55- What changes would you like to see implemented for your primary EAP/OTP?

The most common request by far was better pay or remuneration, including timely payments, higher rates, compensation for extra tasks like safeguarding, and no deductions for late cancellations or DNAs. The next most frequent concern was administrative issues, both regarding the EAP's systems (e.g., poor email responsiveness) and therapist workload, such as online booking systems or completing forms that could be handled by the EAP. Other suggestions included more client referrals, improved referral assessments and consistency, greater flexibility, attention to ethical concerns or session burden, and calls for more support and fair treatment. A few respondents requested shorter exclusion periods for working with clients privately, while some said none or were unsure. Overall, responses focused on remuneration, reducing administrative burden, and improving referral processes.

Q56- Do you have any best practices to share with the EAP/OTP or fellow practitioners?

The most common response was no or not sure. Other respondents highlighted practical suggestions, including clear contracting and communication with affiliates, good ending practices and client signposting, triage and risk escalation procedures, and the use of streamlined systems and templates. A smaller number mentioned the value of peer learning or supervision communities.

Q57- On a scale of 1 - 5, how likely are you to recommend your primary EAP/OTP to other counsellors & psychotherapists?

Over half of respondents stated that they were likely (37.3%) or extremely likely (20.5%) to recommend their primary EAP or OTP. Nearly a quarter said they were neither likely nor unlikely (24.3%), and those that were unlikely (11.4%) or not likely at all (6.5%) made up a minority. However, this would suggest that the attitude among affiliates is lukewarm at best for just over 40%.

Q58- What are the main factors influencing how you feel about your primary EAP/OTP?

Please rate each one on a scale as to how satisfied you are. When considering levels of satisfaction across different subjects, an overwhelming majority of responses said “Work-life balance”. This was followed by “Communication with EAP staff members”. “Technology platform” was the third most common response.

Q59: If there is anything else you would like to tell us about your experience as an EAP/OTP affiliate, please include it here.

The most common response was that respondents enjoy or are generally satisfied with the work. Despite this, pay or fee issues were raised by a number of respondents, highlighting concerns about lower rates or inconsistencies even when payments are generally timely. Administrative burdens or cumbersome processes were noted by some respondents, with concerns that excessive paperwork, back-to-back sessions, and procedural delays can contribute to stress and burnout, particularly given the sensitive nature of client work. Other positive notes included consistent and timely payment and flexible work opportunities, particularly with Betterhelp. Ethical concerns were raised by three respondents, including serious issues such as employer access to client sessions, which some felt set a negative precedent and posed reputational risks for therapists. A few respondents also mentioned good relationships with companies or acceptable pay levels. Overall, responses reflected satisfaction with the work itself but highlighted recurring concerns around pay, administrative load, and ethical considerations.