BACP equality, diversity and inclusion strategy

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Vision

As the UK's leading professional body for members of the counselling professions, we're committed to improving equality, diversity, and inclusion (EDI). We believe that creating 'a profession for the future' means addressing many systemic issues. This requires fundamental change in our culture, values, belief systems, behaviour, organisational and structural systems, practice, services and financial commitment, over a sustained period.

This strategy is about a continuous focus on embedding change. It acts as a catalyst for long-term commitment and improvement. We're working towards embodying the values that underpin EDI.

Focusing on EDI yields huge benefit for the profession, therapists and those considering entering the profession, and of course mental health across all parts of our society. Our strategy sets out our commitment to evolve and improve practice across all areas of our work. Making the necessary changes is complex and we're at the beginning of the journey. We'll innovate, use research, pilot schemes and collate metrics to measure impact, ensuring we build in accountability and evolve the strategy.
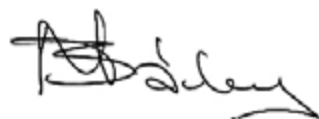
Our vision for the future is:

- embed change that ensures the relevance of the counselling professions to all corners of our diverse society

- remove and address barriers to access training, entry to the counselling professions and access to paid employment so we're reflective of the communities we serve

- remove barriers that prevent the growth and evolution of therapists, supporting a skilled, competent and diverse workforce to deliver therapy to people from all sections of society

- ensure members experience a welcoming and inclusive organisation, which facilitates a sense of belonging, with members identifying themselves as being part of BACP because it reflects who they are, what they stand for and their values and beliefs.

The intent of our strategy is that counselling and psychotherapy change the lives of more people because of the diversity of members and the organisation that supports them. Social justice is at the heart of our strategy, and we're fully committed to promoting and progressing social justice in our contemporary and diverse communities. Social justice means many things to many people, but for us, it's about ensuring that anyone who needs counselling will be able to access equitable, ethical and effective practice.

We recognise that this work has its foundations internally in our Association. We'll strive to create a vibrant, inclusive, diverse, ethical and equitable culture. And we'll work with our staff, committees and divisions, to lead by example in our policies, operations and communications.

Natalie Bailey
Chair of the Association

Equality, diversity and inclusion task and finish group

We formed an equality, diversity and inclusion (EDI) task and finish group in April 2021 to work with us to develop our EDI strategy. The group has provided expert advice and practical steps to BACP leading on EDI across the counselling professions.

Each member of the group has made a conscious choice in how they have described themselves within this document. It was important for us to recognise our own positions, voices and individuality within the wider social context, modelling inclusivity, acceptance and the abundance present in diversity.

Jessie Emilion

I'm an accredited counsellor, psychotherapist, supervisor, and trainer, teaching on psychotherapy programmes in the UK, India and Malta. I was central to the introduction of cognitive analytic therapy (CAT) in Malta and India. In India, I have developed the model further by incorporating religious, cultural and societal values, making the model relevant to the Indian society and psyche. I have extensive experience of working in the NHS both in primary and secondary care. As a trained interpreter, I have worked with many refugee communities and third sector organisations. I am the CAT lead psychotherapist for the Southwark, South London and Maudsley NHS Foundation Trust and consultant supervisor to Greenwich Cruse. I work as an independent consultant psychotherapist for several media companies including the BBC and ITV. I am passionate about improving global mental health, currently undertaking a professional doctorate by public works on multi culturalism, race, intersectionality and polyphonic self: structural and societal positions.

Mel Halacre

When I qualified as a counsellor, there were few organisations tailoring therapy for disabled people, yet my personal experiences and my research showed it was needed. So, in 2009, I set up Spokz People CIC, a non-profit organisation offering disability affirmative therapy. My aim has always been to improve therapy for disabled people and other marginalised groups. I have been encouraged by all the developments taking place within BACP these last few years. This was an opportunity to contribute to positive change - if we create more equality, diversity and inclusion (EDI) aware therapists, we improve therapy. I'm an accredited counsellor with additional training in trauma and working online, a supervisor and trainer.

Bryony Harper (she/her)

I'm a person-centred counsellor and a lecturer in counselling and psychological therapies at Nottingham Trent University. I completed both my BA in Humanistic Counselling Practice and my MA in Trauma Studies at the University of Nottingham. Since completing my training, I have worked primarily with young people and survivors of sexual violence. I bring my experiences of working to improve inclusivity, accessibility and diversity across multiple occupations, alongside my professional and personal experiences as a queer woman from a working-class background and my in-depth knowledge of the barriers impacting clients and counsellors from marginalised communities.

Carolyn Lee

I qualified as a person-centred therapist in 2019 with an MSc in Counselling and Psychotherapy from Keele University. I trained as a therapist after nearly 20 years working in diversity and inclusion in the corporate sector. I often worked with individuals in highly stressful personal and professional situations, so therapeutic training felt like the next step for me. I now combine working as a therapist, a coach, and a consultant and trainer specialising in equality, diversity and inclusion (EDI), leadership and bias. I bring my knowledge and expertise of EDI, and a strong sense that the best diversity and inclusion work goes beyond what is covered under legislation. I have a lot of energy for EDI, and know there are no easy answers, but I hope I offer a broad-based holistic perspective which embraces all aspects of EDI.

Steve Rattray

I live with visual impairment and work collaboratively with a range of third sector organisations, and health and social care services to support the enablement, empowerment and rehabilitation of people experiencing sight loss. I'm a senior accredited counsellor and supervisor, and since 2010, I've also taken on different roles within BACP including membership of the Professional Ethics and Quality standards committee and the Ethics and Good Practice steering committee. My fading sight has confronted me with ever more barriers to independence, some of which are proving to be insurmountable. It's led me to become increasingly supportive of people and organisations focused on enablement and empowerment, and it is this experience, at both a strategic and personal level, which I'll be able to contribute to the group.
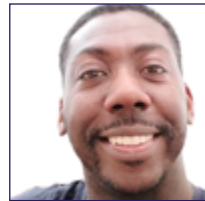
Nicholas Rennie

Over the years, my jobs have varied but follow the theme of helping others. Some of my roles have included mentoring, community engagement, youth work and youth and adult mental health work. I am an integrative counsellor, founder/director of You First Therapeutic Services, and I also work part time for the NHS as a Patient Equalities Officer. I have been aware of equality, diversity and inclusion all my life, even when I was too young to know what these words meant. The task and finish group is a place where I can contribute to change and make improvements now and for the future of the profession.

Jeremy Bacon (he/him)

I'm Third Sector Lead in BACP's policy and public affairs team. I'm responsible for developing and delivering our third sector strategy. This work includes developing relationships with community-based organisations across the UK to increase understanding of their work and the challenges faced by the sector. Case studies and evidence of impact are collected to support our policy work, advocating for the role of the third sector in improving access to counselling.

Suky Kaur (she/her)

I'm Head of Stakeholder Relations at BACP, responsible for developing and enabling the delivery of our stakeholder engagement strategy. This aims to ensure we build and nurture strong, consistent and purposeful relationships with external stakeholders, ensuring that our stakeholder engagement activity supports the organisation's strategic goals and operational priorities. I oversee cross-organisational strategic projects, including the equality, diversity and inclusion (EDI) vision and work-plan.

Edith Stokes (she/her)

I'm Project Manager for EDI at BACP, responsible for project managing the development of our EDI strategy and the development and delivery of the implementation plan. I manage new workstreams, co-ordinate cross-organisational workstreams, budgets, communications and timeframes, and work collaboratively across the Association and with external stakeholders to ensure the successful implementation of our action plan.

Dr Wayne Full (he/him/his)

I'm a Senior Research Fellow at BACP and a British Psychoanalytic Council (BPC) Scholar and member of the Society for Psychotherapy Research (SPR). I have a PhD in Psychoanalytic Studies and an MSc in Theoretical Psychoanalytic Studies from the UCL Psychoanalysis Unit, specialising in psychoanalytic theory and practice in relation to same-sex sexual orientation. For eight years (2013 -2021), I was a member of the British Psychoanalytic Council Task Group on Gender, Sexuality and Relationship Diversity (GSRD), taught psychoanalytic theory at the Anna Freud Centre and co-ordinated Psychotherapy Today, the flagship introductory course at the British Psychotherapy Foundation (BPF). I am soon to start my clinical training as a Jungian psychotherapist.

Definitions and terminology

Equality, diversity and inclusion (EDI) cover all aspects of individual identities where difference can lead to barriers to access or disadvantages. Working to achieve EDI in any organisation is a continuous process, similar to how our own identities go through a process of change, growth and development. It's an ongoing area of learning and improvement.

The Equality Act 2010 legally protects individuals and society against discrimination with respect to nine protected characteristics. It provides a legal framework to protect the rights of individuals and advance equality of opportunity for all, with the aim of creating a fairer and more equal society. It's important that we remain mindful of the ways in which one aspect of a person's identity intersects with other aspects of their identity (intersectionality), often creating multiple levels of discrimination and inequality. This may vary throughout a person's life (Crenshaw 1989). By being attentive to their changing presence, we'll be able to support, empower and work in ways which make inclusivity possible.

The three main aims of the Equality Act 2010 are to eliminate discrimination, to advance equality of opportunity, and to foster good relations. The strategy is grounded within this framework and guidance.

Terminology

We recognise that language in relation to EDI is evolving regularly and that preferred terms can vary from person to person. In writing this document, we've aimed to use terms that are sensitive and generally considered to be acceptable by individuals within the demographic groups to which we're referring. For example, we've chosen to use the identity-first language 'disabled people' rather than people-first language 'people with disabilities' as this terminology has been used in our previous publications. Identity-first language with regards to disability recognises that a disabled person's experience is formed not only by their impairment, but largely by how society excludes and segregates. 'Impairment', 'disabled' and 'disability' are often used interchangeably.

We've also used the terms BAME and LGBTQ+ within this document. We recognise the limitations and problems of using catch-all umbrella terms like 'Black, Asian and minority ethnic' and 'lesbian, gay, bisexual, transgender, and queer' (and/or questioning) intersex and asexual (and/or ally) 'LGBTQIA+'. We understand that some members of these communities may feel these terms don't accurately reflect their distinct and unique identities, individual experiences, and challenges. We recognise that instead of BAME, some people increasingly use alternative terms such as 'racialised communities', 'people of colour' and 'communities experiencing racial inequality'. We also acknowledge that BAME does not sufficiently cover mixed heritage people. Similarly, instead of LGBTQIA+, some people are now using alternative terms such as 'gender, sexuality and relationship diversity' (GSRD).

BACP is open to being challenged and is committed to doing better when it comes to understanding and addressing matters of discrimination and privilege.

Equality

Equality is about creating a fairer society where everyone can participate and has the same opportunity to fulfil their potential. Equality is backed by legislation (Equality Act 2010) designed to address unfair discrimination, harassment and victimisation; advance equality of opportunity, and foster good relations between people who share a protected characteristic, or more than one, and those who do not.

There are nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.

Diversity

Diversity acknowledges and values the full range of differences between people in the workplace and in wider society. It recognises that entering employment, and reaching potential once there, can be influenced by factors beyond the characteristics included within equality legislation. These include social, economic and educational background, professional background, hierarchical level, working style and nationality.

Inclusion

Inclusion refers to an individual's experience within the workplace and in wider society, and the extent to which they feel valued and included.

Discrimination

Discrimination is defined as less favourable treatment of a person (or persons) that is not capable of being justified. It's unlawful to discriminate against any person on the grounds of their protected characteristic(s).

We're committed to promoting equality and avoiding discrimination. This doesn't mean that we must treat everyone in the same way. People may, for example, have different needs and requirements from us. It does, however, mean that we should provide equality of opportunity.

Discrimination can occur in many ways.

This includes:

Direct discrimination

For example, deliberately inviting only younger job applicants to a job interview.

Indirect discrimination

Where our policies or activities indirectly affect people who have different 'protected characteristics'. For example, asking members of the public to put a complaint in writing may indirectly discriminate against people with certain disabilities as they may find this request harder to comply with than non-disabled people.

Harassment

This can be unwanted conduct, which affects the dignity of an individual by creating an intimidating, hostile, degrading, humiliating or offensive environment.

By association

For example, where a white employee is harassed by other employees because they're in a relationship with a black person.

By perception

For example, where an individual is perceived to be trans and experiences harassment – irrespective of the individual's actual gender identity.

Victimisation

Victimisation happens when someone is treated unfairly because they've made a complaint about discrimination or harassment on their own behalf, or on behalf of someone else.

Hate crime

The term hate crime refers to a criminal offence, which is perceived to be motivated by hostility or prejudice, based on an individual's disability or perceived disability; race or perceived race; religion or perceived religion; sexual orientation or perceived sexual orientation; or transgender identity or perceived transgender identity.

Positive action

Positive action refers to any steps taken to reduce barriers and encourage participation for disadvantaged or underrepresented groups. Positive action shouldn't include positive discrimination (such as treating a person more favourably because they have a protected characteristic), which is banned under the Equality Act 2010 unless there is an occupational requirement.

Oppression

The term oppression refers to the unjust use of power to marginalise, disadvantage or silence an individual or a social group.

Anti-oppression

Anti-oppression refers to the use of strategies, theories, actions and practices that recognise the existence of oppression, and aim to challenge and mitigate the impact of oppression with a view to equalising power imbalances.

Why are equality, diversity and inclusion so important to BACP?

Equality, diversity and inclusion (EDI) are central to BACP's ethos. As the UK's leading professional body for counselling professionals, we need to lead on best practice in the area of EDI. We need to ensure that our members, colleagues, staff, partner organisations, and clients are working within professions where they can thrive, and fully be themselves.

This aim is supported by ethical, legal and business cases, which are outlined below.

The ethical case

The ethical case for equality, diversity and inclusion is central to the approach to EDI which BACP has undertaken. As an organisation, we believe that a focus on actively including people from all parts of society is central to our work as therapeutic practitioners. At its simplest and most straightforward, it is 'the right thing to do'.

Focusing on EDI can often feel challenging and confusing. At its core is the sense that all members of society, irrespective of their age, familial circumstances, gender reassignment, marital or civil partnership status, physical ability, race or ethnicity, religious belief, sex, or sexual orientation are treated with equality, dignity and respect. We take this further, recognising that exclusion can happen for many other reasons. These may include nationality, personal philosophies, accent, class, education, and many others. Again, we advocate that discrimination on these, and other grounds should not happen, and that everyone is treated with dignity and respect.

We may all have had experiences in our lives of when we have felt excluded, or not seen, or not heard, and we know the damage that can result from this. These experiences may not have arisen from a typical EDI characteristic, but we can identify with the impact.

Proactively addressing EDI and working from within a personal framework, which recognises and values difference, is essential in providing services which are truly accessible to all, which treat our clients with the dignity and respect they deserve, and which are fit for the diverse communities within which we work as practitioners.

We reinforce this approach through the *Ethical Framework*, which sets out the expected ethical principles, values and good practice for BACP members: practitioners providing therapeutically informed services, particularly coaching, counselling and pastoral care, psychotherapy, and those using counselling skills. This reiterates our commitment to valuing diversity, actively working against discriminatory behaviours, and recognising that we all bring values and assumptions, which are not universally shared, but which may impact how we work with others. The *Ethical Framework* requires us to actively seek out learning and knowledge about those subjects which may impact or inform our clients. It also requires us to show humility in recognising that there are areas where we might need to educate ourselves, or to refer our clients or patients to other practitioners.

The *Ethical Framework* also states that 'We will take the law concerning EDI into careful consideration and strive for a higher standard than the legal minimum'.

The legal case

We must comply with all UK legislation. The Equality Act (2010) covers England and Wales, and Scotland. It consolidated previous anti-discrimination laws into one single Act, identifying how discrimination may be experienced across society. The Act cites the nine protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (including colour, ethnicity and nationality), religion and belief, sex, and sexual orientation. These provisions apply to everyone who falls under the jurisdiction of UK law, in both the workplace and wider society.

For Northern Ireland equality and discrimination are covered under separate pieces of legislation. The areas covered are as follows: age, disability, gender/sex including trans, race, religious belief and political opinion, and sexual orientation.

Compliance with the Equality Act (2010), and the equivalent laws in Northern Ireland, are the minimum standard upon which our equality, diversity and inclusion (EDI) work is based, and care will continue to be taken to ensure that the requirements of this foundation are understood and explicitly reflected in our operations. As laws change over time, this document will be updated to reflect current legislation.

The business case

The business case for EDI can be considered from two perspectives: the staff, volunteers and others who work within BACP; and our members and their clients.

Internal business case

As an organisation, we'll strive to embed EDI throughout our full range of operations, strengthening our workforce talent, market competitiveness, brand, and reputation.

- **Workforce –** Staff make their best contribution to BACP when they feel respected, supported and valued. We'll nurture a positive and inclusive culture and continue to build processes, which allow individuals to fulfil their potential and want to give their best.

- **Market –** Diverse and ethically grounded counselling professionals will strive to remove barriers that prevent people from accessing therapy. A diverse profession will contribute to positioning counselling as a positive, responsive and sensitive service that respects and strengthens individual identity and improves emotional wellbeing.

- **Brand and reputation –** Embedding an EDI focus in all communications with members, partners and the public will strengthen our brand. We'll strive to further our brand and reputation, so they are universally synonymous with respect, equality and social justice.

Business case for members

The business case for members is premised on access, support and training.

- **Access –** We're committed to ensuring equal access to the professions for people from all demographics, so the professions more closely reflect the makeup of the UK population.

- **Support –** We're committed to supporting communities of practitioners from all backgrounds and demographics, and will work to ensure that platforms are available to make this possible.

- **CPD and training –** We'll continue to ensure there's a wide range of training available to our members, covering topics related to EDI, so they have access to updated, current information about all aspects/a range of EDI topics.

Strategy development and implementation

Strategic alignment – tactical steps

Our senior management team and the task and finish group have drafted specific tactical steps for each of our strategic goals, to ensure that the Association fully embeds equality, diversity and inclusion (EDI) throughout the strategy.

The task and finish group members have expanded on the tactical steps adding narrative and context. They've done this from the diverse perspectives of being members with expert knowledge of EDI in the field, bringing in their lived experiences.

We're aware that there are many specific areas within EDI. This document isn't intended to cover the specifics of all areas – we'll do that through the production of position papers and statements. We're aware that not all equality issues are the same and they may need different actions to achieve appropriate equitable, and therefore, ethical outcomes. This document aims to ensure the thread of EDI runs through all our work and is embedded into our organisational goals.

1

Strategic goal one –

We will listen to, learn from and work with our members to inform the work of the Association

Tactical step one –

We will recognise and work to remove barriers that prevent marginalised voices from participating in member consultations, and will ensure that all our members feel listened to and engaged with

2

Strategic goal two –

We will equip our members to be able to work in a fast-changing world, to be able to influence and contribute to the wellbeing of society

Tactical step two –

We will promote learning and development opportunities on equality, diversity and inclusion (EDI) to support members to work with the communities we serve

3

Strategic goal three –

We will be the professional home of choice for members and communities of practice, providing relevant services and opportunities to learn, develop and inspire each other

Tactical step three –

We will take a active stance on issues of EDI in member services and communications, working with members to create a professional home where members feel they belong

4

Strategic goal four –

We will further develop confidence in and credibility of the profession by developing and upholding professional and ethical standards, informed by an evidence base

Tactical step four –

We will ensure EDI awareness and understanding are embedded into training and practice standards

5

Strategic goal five –

We will campaign for the appropriate provision of counselling and psychotherapy for all members of society, and for opportunities for paid employment of our members. We will champion the skills, competence and contribution of our members to the public, employers, commissioners and policymakers

Tactical step five –

We will campaign and advocate for equality of access to counselling and psychotherapy

6

Strategic goal six –

We will optimise the organisation of BACP to ensure it is flexible, responsive, and capable of resourcing the vision and goals

Tactical step six –

We will continue to create an inclusive workplace which respects and values, diversity, equality and inclusivity.

Implementation

An internal equality, diversity and inclusion (EDI) Steering group will take forward the implementation of the strategy in relation to the tactical steps and commitments outlined throughout the document. The group includes senior level representation from each area of the business to provide leadership on this agenda and use their influence to affect change across the organisation and membership.

Alongside this group, an internal EDI group was formed in June 2020, committed to working on tactical step six, comprising a self-selected group of colleagues from across the organisation. The group is aspiring to create a workplace where all voices are heard, respected and valid, and to break down barriers faced by marginalised groups through challenging discrimination, supporting colleagues, developing inclusive policies and initiatives.

We've recruited an EDI project manager to manage the implementation of the strategy and support the ambitions outlined. The Project Manager will ensure we meet the commitments set out in the strategy by creating KPIs and metrics and reporting on progress towards agreed targets. We'll review the strategy annually, considering feedback on progress and continuing to evolve EDI work across the organisation.

Designated funds

The strength of our performance over recent years, despite the challenges of the pandemic, means that for the first time in our history we can designate funds to achieve a major impact in key strategic priority areas. The concept of designating funds, rather than using annual project spend budget, is so we can commit to a long-term vision and programme of change and development that goes beyond the scope of individual projects. Designating funds also protects the money for this specific purpose, so while other priorities may shift, this one will continue. It will ensure we can remain dynamic, relevant and fit for purpose for the future. It also gives a strong indication of our commitment to change and development in identified areas.

The Board has approved the designation of £1.3 million in funding to support the implementation of the EDI strategy and key workstreams. A Designated Funds Committee has been established and acts as the governance body responsible for delivering BACP Board strategic goals. It will make investment decisions, monitor the progress and track the benefits of initiatives within the business areas approved as designated funds.

Tactical step

1

We will recognise and work to remove barriers that prevent marginalised voices from participating in member consultations, and will ensure that all our members feel listened to and engaged with

Our membership of more than 60,000 people is diverse, with members working in many different sectors from third-sector organisations, public sector to the private sector. They work with wide-ranging issues and experience different challenges in their day-to-day practice.

We know that every member will bring with them their own characteristics, unique lived experiences and intersectionality. With such a large membership, our members hold many different positions and voices. Some are more dominant and louder based on their history and lived experiences. As the wider literature attests, the environments in which we work are often influenced by bias and structural discrimination, which can lead to additional barriers for individuals from marginalised groups (Turner 2021; Charura and Lago 2021; Lowe 2014; Lago 2011; Wheeler 2006). This inevitably positions both individuals from marginalised communities on a back foot as they struggle against the wave of power and privilege in order to access healthcare and therapy. We recognise that structural inequalities and the power differential mean that it can be harder for people from marginalised community backgrounds to be heard.

We're committed to addressing and levelling out the power dynamics by giving a voice to all individuals irrespective of their position, as long as it's ethical and causes no harm to do so.

We know, as an Association, we need to work harder to think about the different mechanisms we can use to listen and engage with members more regularly and readily. We understand that to listen we need to create safe spaces so that members feel comfortable and supported in sharing their experiences without fear of repercussions, shame and/or judgment. We need to be proactive in encouraging marginalised members to give us feedback.

We want to move towards a culture at BACP where all members feel listened to – no member should feel their voice has not been heard. We want to do this by encouraging a listening culture within the organisation, sharing our commitments and publishing our progress towards them through the Annual Review.

While we'll encourage all voices to be heard, we must also ensure that as a profession we listen to each other, respect one another, practise inclusivity and cause no harm. We won't tolerate discrimination, prejudice or bias of any kind. This includes, but is not limited to, racism, sexism, ableism, ageism, homophobia, transphobia, Islamophobia and antisemitism (See Communities of Practice guidelines, AGM forum guidelines, Social media guidelines for members, Social media community guidelines and the *Ethical Framework*).

While we find active discrimination intolerable, we accept that the presence of positive action can be empowering, as it can help improve equality and inclusion for marginalised communities. By positively supporting the underrepresented, talking therapies can become more reflective and inclusive of the communities we serve.

Our commitments

– We'll create mechanisms, through accessible and inclusive channels, to listen to the perspectives of members on our work. These include a listening workshop series, the listening email inbox, departmental email inboxes, feedback thermometer via communications and customer services, social media engagement, complaints process, member events, our annual motions and resolutions process, ad hoc surveys, and through our website. Members can also contact BACP by telephone or in writing and we'll capture this as part of wider feedback.

– We'll create an inclusive, diverse and equitable internal listening culture, through the encouragement and development of staff and BACP to be more approachable, visible and present.

– The Listening group (formed of key members of staff from all areas of the Association) regularly meets to review feedback data, act and make changes to improve the service we provide. Equality, diversity and inclusion (EDI) related feedback is included in this process. Each month a report of feedback and actions is shared with all our staff and members. Reports will be in an accessible format and will be concise, easy to read and avoid the use of jargon. We'll be transparent in our approach when responding to feedback, providing clear responses to any key issues raised.

– We'll engage with members and listen to their needs to inform our work and policy priorities, including using their voices and experiences in our messaging.

– We have a duty to assess and address the barriers to engagement of marginalised member groups throughout all our member consultations and in doing so, we'll:

  • adopt a range of communication media to ensure greatest possible visibility across audiences

  • ensure that our means and channel of communication are relevant and accessible to our intended target audience

  • recognise that our members are experts on their own lives and professional experience – we'll engage with member representatives to plan, review the consultation process and its outcomes

  • provide guidance and support for colleagues to ensure they're confident in consulting with a range of diverse audiences

  • address physical barriers and geographical location to ensure equal access

  • consider the challenges of technological barriers and alternative means of communicating

  • publish key information in accessible formats online

  • avoid the use of jargon and technical terms, using simple, plain English wherever possible

  • consider timing, in relation to holiday periods and religious festivals wherever possible.

– We'll initiate and sustain conversations with diverse groups, drawing on a range of experts. We recognise that opinions within a certain area may differ and will use this as a basis to keep up to date with developments and ensuring EDI issues are at the forefront of thinking.

– We'll include demographic questions relating to all the protected characteristics in member surveys, when appropriate. We'll have a clear statement highlighting responses to these questions are optional and informing why these data are being collected, what they're for and how they will be communicated to members.

– On renewal, all members will be invited to complete the workforce mapping survey. This provides data related to protected characteristics and the areas in which people work to help identify gaps in the workforce. We'll analyse and report on these data annually. We'll use the demographic questions trialled in the workforce mapping survey to support the development of the customer relationship management (CRM) system. The routine collection of these data will help monitor and evaluate changes and trends in the demographic makeup of our membership over time, and insights will be used to inform our work.

Impact – what we want to achieve

- We want to see an increase in all members feeling engaged with and listened to, in an organisation that has developed a strong listening culture

- We want to increase the number of marginalised member groups contributing to BACP consultations

- We want to see marginalised members supported through communities of practitioners with increased engagement, feeling that they offer a safe environment to participate

- We want to see respectful discussions, where individuals are able to express differing views in safety and without fear of reprisal, and where different perspectives are valued not silenced

- We want to develop a robust body of data about our membership, enabling us to understand who our members are, and identify where demographic gaps occur. This will help us to focus our efforts where they're needed most.

Tactical step

2

We will promote learning and development opportunities on equality, diversity and inclusion (EDI) to support members to work with the communities we serve

We recognise the importance of providing learning and development opportunities for our members so they can learn about a variety of EDI topics which affect clients' experiences. We believe EDI are much more than a tick-box exercise or learning about the topic on a training programme. It's about recognising complex hierarchical structures that are underpinned by the power and privilege that exist within society. We need to address the impact of these structures on individuals and communities on a day-to-day basis.

Feedback from the EDI listening event in June 2021 and direct engagement with members highlighted that some members spent very little time during their core training exploring EDI issues. The concept and application of EDI in training can't be underestimated, as it's essential if we're to work with the whole person. Our members need to be both self-aware and aware of the parts of society with whom they identify, as this will help them become more reflective and more effective therapists.

We also need to learn and retain the core and specialised competencies and knowledge to ensure that we don't make assumptions when interacting with clients and colleagues. Additionally, considering EDI issues in training can shine a light on how accessibility, inclusion and awareness can be made real during training and in practice.

The challenges of embedding EDI issues in training and CPD cannot be underestimated. We know that members experience barriers when trying to engage in personal and professional development because of the lack of facilitator skills, safety and containment. Without these skills there's a risk that EDI training remains theoretical rather than experiential, and this can lead to disengagement rather than a real opportunity to explore these issues. Whether shaped by race, gender, age, disability or any of the other protected characteristics, all will have meaning and impact people's lived experience and current lives. The intersectionality of the protected characteristics also needs to be explored in training.

It's important that practitioners know and understand that an individual's sense of self is fluid and changing as they move through life. Training needs to include experiential learning on how the different protected characteristics can be experienced, and how they overlap alongside other contextual factors such as privilege and oppression.

We acknowledge that not all members can be specialists as these matters are boundless, but we do expect members to understand and recognise their own limitations to ensure that they're working within their competence. We'll encourage members to regularly review their entries in practitioner directories to ensure they accurately reflect the skills and focus of their practice. Members will also be encouraged to work collaboratively with other practitioners to allow clients to be signposted accordingly, using supervision to reflect and challenge themselves, and to seek further opportunities to learn.

Recognising limitations and gaps in our skills can not only be troubling but deskilling at the same time. We want to provide opportunities for continuing learning and exploration, so that change can happen. We want members to feel better supported to work with the communities they serve. We know that change will not happen overnight or with 'one off' events, so we will focus on developing ongoing opportunities for learning and CPD where members can prioritise particular training relating to equality, diversity and inclusion (EDI) matters to better embed learning and to support growth, without the requirement of becoming specialists. We're looking to enhance and develop member learning within these subject areas through tailored CPD e-learning modules and learning pathways.

As therapists, we commit ourselves to 'doing no harm' and for this we need to be aware not only of our own prejudices and bias but be willing to commit to the development of our awareness and knowledge through challenging ourselves. We hope that our members will be curious enough to engage with EDI topics, overcome their own fragilities, and feel empowered to provide a holistic experience for their clients. And in doing so, we can then better support those that we work with and those that we engage with day to day.

Our commitments

- Through our events, CPD resources and journals, we'll continue to raise the importance of EDI to our members to equip, support and encourage them to learn, engage and work with all the protected characteristics.

- We'll support the development of a dedicated EDI community on the Communities of practice platform and encourage sharing of knowledge by championing EDI from internally and externally sourced experts, creating more exposure to discuss EDI across the profession.

- We'll commit to an inclusive presenter or subject matter expert (SME) sourcing and application process to ensure a diverse and representative speaker base to deliver content on EDI themes.

- We'll ensure all our Good Practice in Action resources are reviewed through an EDI lens and identify any gaps in the resources and expand our guidance appropriately.

- We'll commission GPiA resources in the format of Fact Sheets as well as Clinical Reflections for Practice (CRP) on the protected characteristics to educate and support our members, ensuring that these new resources meet the Crystal Mark standard for plain English and that case studies used within the CRPs are from diverse backgrounds. We'll also use case studies that demonstrate intersectionality across a number of protected features to demonstrate real-life integration.

- We'll ensure all our CPD resources in the CPD hub and Learning centre are reviewed through an EDI lens and identify any gaps in the resources and expand the resources to cover those themes.

- We'll ensure all proposed content themes and presentations for planned events are reviewed through an EDI lens with those of lived experience to commit to delivering a diverse event programme.

- We'll work to consult with the Editorial advisory board in the production of *Therapy Today* to ensure the content is balanced and members have the right to express opinions while being free from abuse and offensive views. Working alongside the journal editorial team, the editorial advisory board members, all of whom have lived experience of a marginalised community, will help us make these decisions.

Impact – what we want to achieve

- We want to see an increase in a wide range of events, CPD and journal articles focusing on equality, diversity and inclusion (EDI) topics creating more opportunities for the growth and development of members

- We want members to feel equipped to work with people with all protected characteristics, creating a skilled, competent and diverse workforce to deliver therapy to people from all sections of society

- We want all events, CPD and resources to be developed with the consideration of an EDI lens.

Tactical step

3

We will take a active stance on issues of equality, diversity and inclusion (EDI) in member services and communications, working with members to create a professional home where members feel they belong

The concept of counselling and the role of counsellors in a non-western paradigm are often fulfilled by spiritual or communal leaders. Counselling or therapy is an alien concept in many cultures and in some cultures, the word counselling is synonymously used with active advice giving in a medical or educational setting, which is very different to the therapeutic counselling that is referred to in this document.

Counselling is generally considered as a white middle-class profession (Ballinger 2017). Training in counselling can be costly and not possible for those who are less privileged, and from marginalised communities. We want to create a professional home that's reflective of the societies we live in, where marginalised practitioners feel empowered to own their identities and can celebrate their differences. This would feel safe, nurturing and inclusive. It would be underpinned by values that address all forms of oppression and exclusion, which are central to this strategy.

We recognise that variations exist within all marginalised communities and cultures. Key aspects of inclusion are acknowledging the spectrum of differences through recognition and respect, and conveying the message that all voices and views are equally valid and will be heard, as long as they're not oppressing or harming others.

Across different parts of society, people can experience personal barriers to accessing training, placements, supervision, therapy, services and development opportunities. These can include the cost of training, the location and availability of training centres, eligibility requirements and how services are provided. All of these have the potential to leave some parts of society unseen. Costs of training also include more hidden costs, such as paying for supervision, personal therapy, membership fees, additional book purchases, printing costs, attending placements and insurance.

With the pandemic we saw an increase in practices moving online. This way of working came with its own barriers to access, as well as additional training being required. Many of our members, and especially those still in training, were expected to undertake substantial working online CPD through external organisations, some at a cost. For many trainees this meant an added and unexpected cost to their training.

We're aware of the varied challenges those who associate themselves with different protected characteristics experience in member services and through communications. We'll continue to engage with our members so we're aware of the challenges and can mitigate their impact.

It's not uncommon for equality, diversity and inclusion (EDI) issues to be considered as an afterthought when developing CPD opportunities and resources. When this happens the importance of EDI is further denied and undermined. We need to ensure that accessibility is at the forefront of decision making and process planning rather than an afterthought and move towards 'accessibility by design'.

Our goal is to become an exemplar of how to embed EDI at the heart of our members' services and communications. We want to ensure that members experience BACP as a welcoming and inclusive organisation, which will foster a sense of belonging. This needs to be continuous across all membership groups so we continue to evolve our services to meet the needs of all members.

We recognise that members, including those from marginalised groups, may have varied and sometimes opposing views. If shared respectfully and without oppressing the other, this can contribute to fostering a sense of belonging for everyone.

We're committed to building diverse counselling professions to ensure that our membership is representative of the communities we work with. We want therapy to be inclusive and will strive to remove barriers to entry into the profession. We'll increase our knowledge and understanding of barriers to equal access to training. Our aim is to create diverse and ethically grounded professions, which reflect the diversity of the public and represent the communities they serve.

Our commitments

– We'll launch the Communities of practice platform to offer a recognisable safe space where members can feel a sense of belonging to a network of other professionals. This will offer the chance to connect, build learning relationships and to express the challenges members face without judgment or fear of repercussion. We'll ensure this is accessible by using plain language and easy navigation with accessibility options clear on the top menu.

– We'll create a consistent approach to accessibility across our membership offer, promote it and continually improve it for our members.

– We'll commission consultants to identify options that improve access to the professions for disadvantaged communities and to explore what a representative membership might look like for BACP to truly represent the society it serves.

– We'll pilot funding for bursaries to help people to train as counsellors or psychotherapists. The funding would give us the opportunity to pilot an option to encourage people from underrepresented groups or those who require financial support to enter the counselling professions. The pilot would help us to consider whether it would be feasible to create a sustainable model for bursaries on a larger scale.

– We'll use a diverse range of perspectives and greater contribution of diverse members across our communications channels, journals, events, CPD and resources to improve representation across the website, social media channels and member services.

– We'll collect broader demographic member data related to all the protected characteristics (age, disability, gender, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation). We'll use these data to determine a baseline and inform improved engagement with marginalised communities.

– We'll launch a new photography campaign, which will bring members to the fore of our visual imagery. In doing so, we'll ensure that marginalised communities are represented.

– We'll continue to commit to inclusivity and equity of access for all event delegates and CPD resources by considering the most appropriate format and delivery mode.

– We'll support our members in their practice by ensuring that the new *Ethical Framework* is more accessible by making it more readable, shorter in length and written in clear English that meets the Crystal-Clear English mark.

Marketing and communications principles

• Our design elements and copy will be universally understood and culturally appropriate

• Our photography will be representative of the diverse community of members we represent

• We'll continue to adhere to web content accessibility guidelines (WCAG) for all online content (colour schemes, font legibility, screen reader friendliness, text alternatives etc)

• Our content and writing will be culturally sensitive. We'll strive to use everyday, plain English in short, concise sentences to avoid unnecessary complexity

• Where appropriate, we'll consider whether other alternative language options or formats should be made available for key communications

• We'll try to use those channels most easily accessible and frequently used by target audiences

• We'll aim to use alternative and informal channels wherever appropriate and possible, for instance, through key community leaders or forums

• We'll avoid tokenism at every turn – it's obvious, undermining and crude

• Wherever relevant, we'll try to include both mainstream and marginalised media outlets in key campaign activity, and will ensure the inclusion of marginalised audiences, voices and stories.

Impact – what we want to achieve

- We want members to experience a welcoming and inclusive organisation. We want them to consider themselves as belonging to BACP because it reflects who they are, what they stand for, and their values and beliefs

- We want equality, diversity and inclusion (EDI) principles to be firmly embedded in member services and communications

- We want to increase our understanding of the barriers to accessing training and entry to the counselling professions, and develop feasible solutions on how to improve access

- We want to increase the diversity of our membership, so we're reflective of the communities we serve, so we're able to change the lives of more people because of the abundance of diversity of members and the organisation that supports them.

Tactical step

4

We will ensure equality, diversity and inclusion (EDI) awareness and understanding are embedded into training and practice standards

We know from listening to members that many have found training lacking in EDI awareness and development. The reasons for this are wide-ranging. Counselling and psychotherapy theories that have influenced training are predominately written by white, heterosexual males so are not relevant for all circumstances, training is seen as Eurocentric (Charura & Lago, 2021), EDI is insufficiently embedded in the curriculum. There are insufficient marginalised therapists becoming trainers resulting in a lack of lived experience of EDI and low confidence when it comes to including EDI topics in training. Too often, responsibility for teaching and educating falls on those students who do have lived experience and are prepared or expected to share those experiences.

Beyond the content of training, there are also issues which prevent students from marginalised groups from accessing training, placements, supervision and opportunities for further progression to become trainers and lecturers. A further challenge is that training providers can be resistant to creating more space for EDI issues as they state there's insufficient time in the curriculum.

For training providers, the challenge of ensuring that all aspects of EDI are embedded in training, alongside the tutors' own lack of confidence or experience, can have the adverse effect of further reducing the time given to EDI issues or reducing them to a theoretical overview rather than an experiential journey of exploration.

We'll work proactively with training providers to ensure that EDI has a consistent presence in the training which they provide, encompasses all the protected characteristics and takes place using a method of training which is accessible to all. We'll also work with them to encourage them to go beyond consideration of EDI at a conceptual level, so that EDI is incorporated into the experiential learning of the training. This will ensure that clarity, awareness and understanding of the reality of EDI can be gained at a deeper level. EDI training should include general anti-oppression work and an understanding of how society creates oppressed groups.

Beyond the content of training programmes, we'll look to support widening access to the profession, upskilling our members to work with clients from marginalised groups, upskilling trainers and raising training standards to ensure that EDI is addressed in meaningful ways, which changes hearts and minds, and goes beyond the purely theoretical. We also commit to increasing progression within our accreditation process for all members from marginalised groups.

Psychology, psychotherapy, counselling and psychiatry have been hugely influenced by socio-political forces over the years. Although the landscape of counselling has changed from the time of Freud, the theories and some of the ideologies have remained the same, still underpinned by the Eurocentric approaches, developed predominantly by white males, that are rooted in the medical model of recovery and cure.

'Othering' (Powel and Menendian, 2016) occurs across societies and throughout history and has impacted on the therapy profession too, where those who are seen as different from ourselves are labelled and treated differently. Here are some examples:

Fernando (2017) writes extensively about the attitudes and ideologies of the people who provide therapy, and that many services reflect racist attitudes and racist deduction about the patients.

He asserts (Fernando 1988) that the individual culture in psychiatry is used in an ethno-centric way and is often seen as pathological. He writes very clearly about the links between diagnosis, racialised other and abuse of power in mental health settings.

Fernando (2017) also writes about psychiatry and psychology, how in the west we operate within a scientific paradigm, with mind being central to conceptualisation, at the expense of spirituality, which is central to the sense of self in many Asian and African psychologies. The concept of self in a non-western context is often more about the spiritual, communal and collective.

Communities are always present as the other, and the focus of therapeutic work is not about individuation or self-empowerment, as the locus of evaluation is not internal and individual as it is in the west, but it's external and communal. Therapies that focus on the client's internal world alone without taking the social context into account, or understanding that difficulties are not always innate, fail to include how the external world impacts on the internal, which can be damaging for some clients.

These topics are crucial to intercultural and interracial work, as they address issues of power, highlight the complexities and hierarchies within systems, promoting a holistic view of the individual.

Some members have pointed out previously the importance of role modelling and representation within training, and the effect these can have on morale and future aspirations. If our trainees and those wishing to enter the world of counselling are unable to 'see' people like them who they can connect with, this can create a barrier to training. The questions "Where are people like me?" and "Where do I fit in?" can result in "This isn't a place for people like me" because of our backgrounds, experiences and those we learn from and about. We aim to tackle questions such as these and ensure that training speaks to all not just the majority.

Within counselling and psychotherapy training, there's an onus to learn theories developed by those we could describe as being 'privileged' based on their status, class, ability, sexual orientation and gender. "Many of the current theories of therapy are rooted, historically, in central European and more latterly North American culture. As such, these theories are culturally and historically bound and as a consequence also have limitations as to their applicability to all situations and persons in a multicultural/multiracial society" (Lago, 1996:68).

White heterosexual males who can achieve academic recognition and aspire to highly valued positions in society dominate the curriculum. We don't tend to hear about the therapist who was unable to attend university, who didn't move in similar circles to others and more importantly, those of different class who also have particular protected characteristics.

The medical model has influenced many contemporary therapy approaches, which have also impacted on therapy with disabled clients as they were developed during the 20th century when disabled people were routinely segregated (Barnes and Mercer, 2010). Dependency, a universal human trait, means we are all dependent to some extent on the help and support of others (Asch et al., 2001, cited in Watermeyer, 2013) but it has become unconsciously denied to keep the myth of independence alive (Watermeyer and Swartz, 2016). The physical assistance that some disabled people need is therefore seen differently (Shakespeare, 2006), often associated with shame (Watermeyer, 2013) and oppression. Particularly in the western world, we see ourselves as independent, using power, choice and control to express identity, helping us feel safe and secure (Watermeyer, 2013). Feedback from disabled members supports the literature view stated here, in that unconscious denial also appears to affect training organisations, resulting in access often only being seen from a legal perspective and/or only provided on a surface level that does not appropriately consider the needs of all disabled students, including those who are invisibly disabled.

A similar pathologising also happened in regard to sexual orientation. For example, the *Diagnostic and statistical manual of mental disorders* (DSM) published by the American Psychiatric Association (APA) included homosexuality as a disorder under various classifications from its first publication in 1952 until 1973 (now removed).

As an organisation we'd like to see more diversity within the curriculum and across training centres that encompasses those from all walks of life.

Our commitments

– We'll transform the training landscape to ensure that equality, diversity and inclusion (EDI) is embedded in core training programmes. We'll review how EDI awareness and competence are embedded into our course accreditation and approved qualification processes. This will ensure all our accredited courses and approved qualifications address all characteristics protected by the Equality Act 2010 and any subsequent revisions or additions, as well as intersectionality, throughout every aspect of training by all stakeholders (i.e. students, practitioners, trainers, supervisors and all others involved in course delivery). This aims to ensure all practitioners are suitably equipped to work with the diverse communities that they serve.

– We'll continue to develop the curriculum that underpins our accredited courses and approved qualifications, which states that counsellors and psychotherapists should be enabled by their training course to develop an ability to work with their clients to explore their cultural and associated values with sensitivity and respect, recognising and understanding cultural differences. Examples of this include predispositions to individualism and collectivism, and emotional involvement and detachment. Training courses should also create a safe and supportive environment where students are encouraged to explore, take risks, challenge their own held and received attitudes and beliefs, tolerate feelings of discomfort, and challenge their conscious and unconscious biases. Practitioners should recognise that it's necessary to continually participate in training, through CPD, to expand their knowledge of these issues.

– We'll work with the Diversity and Inclusion Coalition, which represents professional bodies and organisations wanting to improve the diversity in the counselling professions by working towards realising or achieving the status where the professions are reflective of the geographical makeup of the communities or area they serve. The coalition will create a toolkit to support the development of skills, knowledge and understanding for delivering training in working within diversity. This will recognise and address that all areas of the training environment need to be considered to both deliver training in anti-oppressive practice as well as model this in best practice throughout the training.

– Recruit diverse expert reference groups, peer reviewers and expert consultants in the development of our competence frameworks and curricula to ensure the frameworks appropriately address equality, diversity and inclusion (EDI) issues.

– We'll ensure that the review of the *Ethical Framework* considers all aspects of EDI, including emphasising the need for members to engage in ongoing reflection and CPD on issues relating to EDI to ensure competence and working to professional standards.

– We'll undertake a full review of the individual accreditation scheme to remove any barriers and accessibility issues that may prevent members from applying for accreditation or achieving accredited status. The aim is to ensure inclusivity of marginalised members and meet our legal duty to provide reasonable adjustments for members with specific needs. The process of applying for accreditation is a valuable and enriching professional development opportunity, which can increase career opportunities for members.

– We'll pilot a mentoring scheme to support trainees from demographics, which are underrepresented in the profession, throughout their training programme to provide professional friendship, developing insight through reflection, offer a sounding board and encouragement through the training journey.

– The latest version of the Scope of Practice and Education (SCoPEd) framework, agreed in January 2022, sets out the minimum core competences and training standards for working with adults, which have been mapped and agreed by a collaboration of six professional bodies. While there are still final decisions to be made about adopting the framework, it's important to note that in addition to EDI being threaded through each of the key themes of the framework, some of the key aspirations for

SCoPEd are directly related to the EDI agenda. **These include:**

• enabling opportunities for growth for all trainees and qualified counsellors and psychotherapists at all stages of their career

• promoting a diverse and varied profession accessible by therapists with different backgrounds and types and levels of training, knowledge and experience

• making it easier for services to be commissioned, which we believe will increase paid opportunities for qualified therapists to thrive at all levels

• giving employers and commissioners a single framework to use, which will help the professions become better understood, valued and trusted by those who commission our services.

– We'll work to develop and define equality, diversity and inclusion (EDI) standards of practice, and support our members to develop their competence in this area, so they can work safely and ethically with diverse client groups. This will also include developing mechanisms by which members evidencing high standards of EDI competence can be acknowledged.

– We'll create additional good practice resources to explore protected characteristics and do more to support our members in their CPD learning and practice to hold EDI issues and biases in mind.

– Additionally, we'll review all GPiA resources on a rolling cycle through an EDI lens by ensuring authors hold EDI in mind when writing the resources and by reminding peers/reviewers to address EDI issues in all resources.

– We'll undertake work to increase readability of resources by ensuring they're written in plain English rather than academic language, while continuing to hold on to the gravitas of a serious resource.

– We'll investigate further accessibility features for all resources to cater for a greater diversity of existing and potential therapists.

Impact – what we want to achieve

• We want to embed EDI principles in training and practice standards to improve clarity, awareness and understanding of EDI, to motivate the delivery of training to be inclusive.

• We'll build a body of diverse experts who will contribute their knowledge to BACP through training, articles, our website, and our online communities.

• We'll increase the accessibility of our accreditation scheme to remove barriers that may prevent members from applying for accreditation or achieving accredited status.

• We'll continue to develop a diverse and varied profession accessible to therapists with different backgrounds, types and levels of training, knowledge and experience.

• We want marginalised members to feel supported throughout their training journey.

• Our mentoring programme will enable us to target groups which are underrepresented, and aid us in understanding some of the challenges individuals from underrepresented groups face. This will feed into our ongoing strategy.

Tactical step

5

We will campaign and advocate for equality of access to counselling and psychotherapy

Throughout and beyond the COVID-19 pandemic, we've seen inequalities in UK society highlighted in a way never seen before. Evidence has emerged on the disproportionate impact of COVID-19 on Black and Minority Ethnic communities; disabled people; older people; people from the LGBTQ+ community and various other sections of society. Inequalities in health and wellbeing have historically existed, but the pandemic has exacerbated and widened the gap, highlighting the need for structural and systemic change. There's an urgent need to take a proactive stance and develop a preventative range of methods and long-term support systems that are individually relevant and suitable to people from these underrepresented groups within society.

For people within marginalised groups, the pandemic intensified the level of risk, the precariousness of maintaining good mental health, and difficulties accessing the right support at the right time. In testament to the pervasiveness of mental health inequalities, the people who have historically endured the biggest risks for poor mental health, and the worst access to and experiences of support, were those most exposed to the worst of the immediate shock of COVID-19. These same groups will also be the most vulnerable to mental health difficulties longer term, as the pandemic leaves behind an unequal legacy of complicated bereavement, trauma and economic repercussions.

Throughout the pandemic it's become evident that Black and Minority Ethnic communities have disproportionately been impacted. Analysis by the Office of National Statistics (ONS) found that Black people in England and Wales were more than four times as likely to die as white people of the same age from COVID-19. The ONS adjusted its figures to filter out the effect of the region where people lived, deprivation, household composition, socioeconomic status, education, and health and disability. Once these factors were adjusted for, there were still disproportionate deaths among Black and Asian people. People of BAME backgrounds are more likely to be engaged in jobs such as public transport driving, cleaning, caring and Band 5 nursing, and all these jobs cannot be done from home. A recent PHE report showed a higher death rate from COVID-19 among social care workers, nursing auxiliaries, taxi drivers, chauffeurs and security guards. The higher death rate among these groups of workers may be linked to a higher risk of exposure to COVID-19 due to difficulty of implementing safe physical distancing measures in such roles.

The impacts of the pandemic on disabled people further shine light upon UK health inequalities. A 2021 study by the Health Foundation found that disabled people are more likely to report that COVID-19 restrictions have had a negative impact on their lives than those who did not identify as disabled. Similarly, disabled people are more likely to report that their medical treatment has been disrupted during the pandemic. This inequality is further highlighted through recent figures from the ONS, showing that disabled people had on average poorer wellbeing ratings than non-disabled people across all four wellbeing measures (life satisfaction, feeling that things done in life are worthwhile, happiness and anxiety). The explanation given that many COVID-19 deaths arise from 'underlying health conditions' was intended as a reassurance to the majority. But it unsurprisingly left many disabled people feeling frightened and othered (The Health Foundation, 2021). The risk of death from COVID-19 for disabled people was 3.1 to 3.5 times greater than for non-disabled people and 3.7 for learning disabled people (ONS).

Older people with pre-existing health conditions were some of the hardest hit by the pandemic, and those who were shielding were more likely again to be feeling more anxious since lockdown than those who were not (Age UK, 2020). A report by Amnesty International says prolonged isolation from family and friends had a 'devastating' impact on the physical and mental health of care home residents. This included loss of movement, reduced cognitive functions and appetite, and loss of motivation.

The COVID-19 pandemic has also been found to disproportionately affect women, who are more vulnerable than men to socioeconomic inequalities, gender inequalities, domestic violence and economic insecurity (Roberton et al., 2020; WHO, 2020). Additionally, women face challenges to their sexual and reproductive health rights (Roberton et al., 2020; WHO, 2020). During lockdown, pregnant women and parents were unable to access their usual support network of family and friends, as well as the face-to-face contact from the professionals providing support during the prenatal period. Prenatal maternal distress can negatively impact the course of pregnancy, foetal development, offspring development, and later psychopathologies, signifying the need for more support for pregnant women during the pandemic.

This lack of access to social support during the pandemic has also been acutely felt by those within the LGBTQ+ community. Social support is known to be protective of poor mental health in trans and gender diverse people (e.g. Pflum et al., 2015; Veale et al., 2017). More specifically, social support from family and friends has been identified as a predictor of quality of life (Davey et al., 2014), reduced depressive symptoms, suicidal ideation (Veale et al., 2017; Wilson et al., 2016) and increased mental wellbeing (Alanko & Lund, 2020). The near total absence of this important support network during the pandemic has led to worse mental health outcomes for LGBTQ+ populations, compared with before the COVID-19 pandemic or compared with heterosexual/cisgender populations, suggesting worsening health inequities (McGowan et al, 2021).

Our policy team works with our members and counselling services to ensure that politicians and decision-makers in all four nations of the UK understand the positive changes that counselling can make to people's lives, sharing examples of best practice and calling for increased provision of counselling, improved access to services and choice in how those services are delivered.

The policy team facilitates the development and review of the organisation's policy and positions, which comprise a range of statements, including those related to equality, diversity and inclusion (EDI):

– EDI

– counselling people with protected characteristics

– accessible and appropriate services

– client choice

– counselling older people

– social justice

– memorandum of understanding on conversion therapy

– political boundaries and mental health.

In our work to influence public policy, we respond to relevant consultations published by the Governments across the UK. Our responses to consultations include published research on the value and impact of counselling, and examples of best practice and the work of our members. Case studies and examples from third sector organisations are increasingly used in support of these responses.

Our influencing work involves direct contact with politicians and staff in government departments. We work to secure face-to-face meetings with relevant government ministers and parliamentarians across all political parties and across all four nations with interest and influence in a range of areas relating to mental health.

We also work with employers and commissioners of services across all sectors, including the NHS and healthcare, education, EAPs and the third sector.

We work with external partners in established formal alliances and on ad-hoc pieces of work. Current examples of partnerships include membership of the Diversity and Inclusion Coalition, The Inequalities in Health Alliance, The National Suicide Prevention Alliance and Youth Access.

The policy team leads and co-ordinates campaigns in support of our mission to improve provision and access to therapy.

Our commitments

We'll embed issues of EDI in all aspects of our policy work. We'll ensure that in all activity focused on improving access to therapy, we understand and advocate for those impacted by health inequalities and discrimination.

– We'll increase the number of supportive relationships with a wide range of third sector organisations delivering counselling to communities across the UK.

– We'll share knowledge and learning between organisations and with policy-makers and politicians and use it to inform our policy work, campaigns and messaging.

– In shaping our policy work, we'll take steps to include research and published reports that recognise barriers to therapy for people from marginalised community backgrounds.

– We'll pilot and evaluate a grants' scheme to fund a BACP organisational member to work in partnership with a community-led partner to remove barriers to therapy for people from racialised community backgrounds. We'll use the knowledge and learning from the project evaluation to inform further grant funding initiatives that remove barriers to therapy for people from marginalised community backgrounds.

– In our responses to policy consultations across the four nations of the UK, we'll recognise and call for action to address inequalities.

– In our conversations and communications with politicians and policy-makers across the four nations, we'll highlight the need for action to address inequalities and improve access to counselling for people from diverse backgrounds and communities.

– In our policy work, we'll call and campaign for increased choice of therapy, therapist and setting as crucial to improving access to therapy.

– We'll work with external partners and stakeholders, adding to calls on governments across the UK to take action to address mental health inequalities, increasing the accessibility and acceptability of therapy to people from diverse backgrounds.

– In reviewing our policy and position statements, we'll take account of issues that relate to equality, diversity and inclusion (EDI).

– In our policy campaigning work, we'll position counselling as a positive, responsive and sensitive intervention that respects and strengthens individual identity and improves emotional wellbeing, and ensure we reach out to, and represent, the needs of marginalised communities.

– We'll aim to drive growth in additional opportunities for members by facilitating wider diversity within accredited services and increasing accessibility of services for clients.

– We'll ensure that the involvement of experts by experience (EBEs) – members, non-members, clients, practitioners and subject area specialist – is integrated into our research programme from deciding research questions, through planning and designing research, to involvement as co-researchers and in preparing and disseminating outputs.

Impact – what we want to achieve

• We'll gain a better understanding of the barriers that prevent people from accessing the psychological support that they need.

• We want to see increased investment in services that offer choice to make counselling more accessible and more acceptable.

• We want to see greater diversity in the therapy room – amongst therapists and their clients.

• We want to see wider societal recognition of the value and impact of psychological wellbeing and how it is supported by talking therapies.

• We'll build our relationships with external organisations to strengthen the perception of talking therapies as critical in mental health and wellbeing initiatives.

Tactical step

6

We will continue to actively create an inclusive workplace, which respects and values, diversity, equality and inclusivity

This sixth and final tactical step may seem to have less immediate relevance to our members, as it focuses on the recruitment and development of our staff and the culture and environment in which they work. Our people are fundamental to this strategy and are critical to achieving all its goals and delivering on the commitments. It's essential that we live by the values and goals that we expect our members to adhere to.

Our aim is to build an inclusive and diverse workplace where values and respect for difference matter. They matter because, by having these at its core, every aspect of BACP's work is impacted, from the people we attract as staff and members, to the policies that we create for the continued development of the profession. BACP can then become an exemplar for inclusivity in the workplace, and ensure that no parts of the workforce feel unseen.

We also recognise the benefits of a diverse workforce for both BACP staff and the Association. A diverse and inclusive workforce means that individuals from different cultural backgrounds, ages, physical abilities and disabilities, races, ethnicities, religions, genders, sexual orientations and lived experiences contribute their unique perspectives. Furthermore, research publications have highlighted the benefits of diversifying and fostering an inclusive workplace:

- Innovation and creativity: According to McKinsey's research 'Diversity Matters' (2015) and 'Delivering through diversity' (2018), diversity can help organisations increase innovation and help with reassess fixed ways of thinking.

- Performance: High-performance teams are more cognitively and demographically diverse (Deloitte, 2018).

- Talent acquisition and retention: 69% of employees who work in diverse companies intend to stay for at least five years (Deloitte, 2018).

People

It's imperative that we are active and successful in our efforts to create a workplace which is inclusive, and which respects and values difference, diversity and inclusivity. Without this, we're unable to fulfil our mission of being a fully inclusive organisation for our members, staff and its associated groups.

This is important for several reasons:

- Our staff need to know that BACP, as their employer and as an accrediting organisation is inclusive, values the different perspectives and experiences they bring, and is working to ensure that their staff are representative of a diverse society which reflects the practitioner communities they serve.

- Following the reduction in mental health's social stigma, clients seeking therapeutic interventions are increasingly diverse. As understanding about mental health grows, and therapy becomes widely sought as a way of helping people manage this better, clients of counsellors and psychotherapists are increasingly diverse, and they too need to recognise BACP, as an organisation to which they can turn for help and in the case of concern, is inclusive, and respects and values difference.

- Our staff will retain the skills and awareness to competently respond to enquiries from clients and members when guidance is being sought on ways of accessing inclusive services.

- In the wider community – working alongside peer organisations for the improvement of the profession, all who work as therapists, and those who use their services – it's important that we reflect a broad diversity within our own organisation, and that BACP demonstrably values and respects diversity, working towards inclusion for all.

Policy

Our policies, processes and strategies are integral in ensuring that building an inclusive organisation continues, and that inclusion becomes fully woven into the way we go about our business. We need to ensure that our internal policies reflect our commitment to equality, diversity and inclusion (EDI), in all the ways EDI manifests, so that we're a role model for the profession.

This includes:

- continuing to work to keep EDI at the forefront of the work we do, and considering staff policies, procedures, guidelines and best practice through an EDI lens

- ensuring that the presence and profile of EDI is at the forefront of planning and reviewing policies and procedures, to ensure its profile and presence are maintained

- our policies continuing to reflect the organisational values of respect and dignity with regard to EDI, and will be revisited to ensure they keep up to date with changing legislation and best practice

- actively seeking feedback from external advisers, staff, the EDI staff group, the Board, specialist groups and members to ensure both a breadth of knowledge, and that critical and constructive feedback is gained to promote transparency and openness in our policies and procedures

- Working to recruit and retain a diverse workforce which reflects our society more fully.

Practice

We'll work actively to continue to build an inclusive and diverse organisation, which is open to everyone, and where everyone can progress. This is inherent in creating a culture which is truly diverse, fair, and inclusive.

We believe it's essential that we work with our staff to ensure that all voices are heard, that opportunities are open to and for everyone, that our staff equality, diversity and inclusion (EDI) group is fully supported and has opportunities to raise issues, and that people can really be their best selves at work.

It's also imperative that our recruitment processes are fair and transparent, and that, when recruiting, we can understand the different experiences and routes that people have taken. This is critical in ensuring that the best candidate is appointed rather than recruiting in our own image, helping ensure BACP is an inclusive employer.

We recognise the importance of leading by example, and senior management will be tasked with providing clear leadership on this in line with best practice. Senior leaders will engage their teams in conversations about EDI, and how it relates to BACP (internally and with members and others) to fully embed an inclusive culture that celebrates the diversity of all staff, whatever that diversity may be.

By focusing on our people, and building policy to support our people, we'll be able to put EDI at our centre, helping us to create and foster a vibrant culture, which is equitable, celebrates and values diversity, and which is inclusive and welcoming to all.

Our commitments

– We'll lead by example. Leadership within BACP, from the Board and senior management, will ensure that consistent messages are set from our top level, helping us to lead our internal work by example.

– We'll ensure that all the structures of our organisation – our staff, Board, committees and volunteers – are diverse and representative of the communities we serve.

– We'll work towards more inclusive recruitment (internal recruitment as well as recruitment within the governance structures) by connecting with, interviewing and hiring a diverse set of individuals, engaging with, understanding and valuing different backgrounds and opinions.

– We'll work proactively with the Employers' Network for Equality and Inclusion, and leverage our membership of this organisation to assess our infrastructure around diversity and inclusion. As part of this work, we'll participate in benchmarking across external organisations.

– We'll embed issues of EDI in all aspects of our policies and procedures.

– We'll continue to develop and review our people and organisational development policies and procedures, which promote and safeguard rights and wellbeing throughout our organisation.

– We'll continue to encourage the highest standards of behaviour and conduct from all staff and volunteers, supported by training and education which facilitate an inclusive workplace.

– We're committed to the Disability Confident scheme and to attracting, retaining and maximising the talents that disabled people can bring to our workplace. We'll show the same commitment to our volunteers who support the work of BACP. We'll report on progress in these areas through HR metrics and data collected via the annual staff engagement survey.

– We'll report on the gender pay gap and continue to implement projects and schemes to address this.

– Through incorporating a staff equality, diversity and inclusion (EDI) group into our organisational structure, enabling and supporting participation from staff from across all our functions, we'll:

  • continually work towards creating and sustaining a workplace where all voices are heard and respected

  • break down barriers faced by marginalised groups so they feel valued, respected and supported by colleagues

  • develop inclusive policies and initiatives that will create cultural change

  • raise awareness about preventing and challenging discrimination

  • celebrate our individual differences and similarities in a positive and inclusive way

  • lead on identifying training and education in EDI which facilitates a culture of inclusion

  • develop an environment and create opportunities where staff can comfortably share their feedback and experiences, to understand the impact of our work and what needs to be addressed

  • follow our RESPECT values and do so through an EDI lens acting as ambassadors across the organisation

Impact – what we want to achieve

• We'll ensure consistent messaging about EDI across our Board and Senior Leadership Team.

• We'll create a vibrant, inclusive, diverse, ethical and equitable culture with staff who feel respected, supported and valued.

• We'll ensure that EDI is at the forefront of the work we do.

• We'll consider staff policies, procedures, guidelines and best practice through an EDI lens so that inclusion becomes embedded into the organisation.

• We'll develop our internal EDI group to drive cultural change from within BACP, and ensure that all voices can be heard.

Metrics and impact measurement

Impact measures

The equality, diversity and inclusion (EDI) strategy is aligned with our organisational strategy to ensure that EDI is embedded into all of our work. The strategy is structured under six strategic goals, each with tactical steps and operational activities. Each strategic goal has an EDI tactical step under which there are several commitments.

To establish a range of indicators (KPIs and metrics) for all EDI commitments under the six tactical steps, we consulted with relevant stakeholders, from the senior management team, middle managers, and project leads. From this, we have developed an action plan that details the EDI commitments, the timeframes associated with each, the BACP department responsible, the success indicators/ KPIs, the related impact measure, and the reporting method we'll use.

We'll use qualitative data and quantitative measures to demonstrate the impact of our multi-faceted and cross-organisational EDI strategy. Some methods we'll employ to monitor impact and outcomes against targets to promote continuous improvement include benchmarking activities, surveys, audits, and improvement targets.

Benchmarking

Benchmarking is the process of establishing a reference point or baseline against which something may be measured, and allows for comparison to other similar professions and peer organisations.

Benchmarking is a valuable tool for demonstrating progress over time. We recognise it's an important component in demonstrating the impact of the EDI strategy on the membership body, the clients, the Association, and the profession. We also recognise that benchmarking can be a complex process requiring meticulous planning and data collection, and we are preparing the resources to meet this requirement. As a result, we're developing these benchmarks alongside the development of the EDI projects and workstreams, which will help to demonstrate their impact, mark their progress, and demonstrate positive changes.

Reporting

We recognise the importance of communicating and being transparent about the EDI strategy's impact on the Association, its membership body and the profession. We'll will use multiple and inclusive channels to report the impact and outcomes of the strategy to staff and stakeholders, including internal reports, our annual reports, our website, journal articles, and case studies.

Glossary

Ableism: prejudice or discrimination against individuals with disabilities.

Accessibility: the ability to access services, systems and resources.

Ageism: prejudice or discrimination on the grounds of an individual's age.

Antisemitism: prejudice or discrimination against Jewish individuals, communities or Judaism as a religion or ethnic identity.

BAME: Black, Asian and minority ethnic. (We recognise the limitations and problems of using catch-all umbrella terms like 'Black, Asian and minority ethnic' . We understand that some members of these communities may feel these terms don't accurately reflect their distinct and unique identities, individual experiences, and challenges. We recognise that instead of BAME, some people increasingly use alternative terms. We also acknowledge that BAME does not sufficiently cover mixed heritage people.)

Barriers to access: conditions that prevent individuals with disabilities from using resources as effectively as individuals without disabilities.

Black Lives Matter (BLM): a political and social movement, which protests against police brutality and racially motivated violence against black people.

Communities experiencing racial inequality: communities typically but not exclusively referred to as Black, Asian and Minority Ethnic (BAME). These are communities who may be facing discrimination, disadvantage or be marginalised.

Disability: is a barrier preventing full societal participation and is experienced in addition to, not because of, impairment. We recognise that many disabled people state it is society, not their impairment, that disables them (Oliver, 1995) and that we need to look at access to the profession and therapy services from a perspective that considers an expanded social model view.

Disabled people: individuals who have an impairment or identify as disabled, whether due to a physical or mental impairment. Some neurodivergent people (with or without an impairment) may also consider themselves disabled. Impairments may be visible, invisible, congenital (born with) or acquired; someone may be simultaneously visibly and invisibly disabled. Many people who are classed by others as disabled may not consider themselves so. The words impairment and disability are used interchangeably in everyday language with people preferring one word over the other, or neither.

Eurocentric: a focus on European history, perceptions and/or culture to the exclusion of other cultures or perceptions.

Explicit bias: biases that you are consciously aware of, and that you admit to yourself and potentially others.

Homophobia: prejudice or discrimination against individuals who are attracted to people of the same sex.

Implicit bias (unconscious bias): refers to attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious way, making them difficult to control. As they are often subtly expressed, we don't initially detect or intend implicit biases, but they can become more apparent with tools and careful self-introspection.

Inclusion: authentically bringing traditionally excluded individuals and/or groups into processes, activities, and decision/policy making in a way that shares power.

Inequality: a situation in which money, health or opportunities are not shared equally or are unevenly distributed between different groups in society.

Inequity: refers to unfair or unjust differences, which are avoidable. Often these arise from poor governance, corruption, unconscious bias, prejudice or cultural exclusion.

Institutional racism: a form of racism that's created and maintained through rules, regulations and/or laws within a society or an organisation.

Intersectionality: an analytical framework for considering the interconnected nature of social categorisations (such as race and gender), and how these categorisations can combine to influence an individual's experiences of discrimination and privilege. The term 'intersectionality' was coined by the civil rights activist, philosopher and critical race theorist, Kimberlé Williams Crenshaw

Islamophobia: prejudice or discrimination against the religion of Islam or Muslim individuals.

LGBTQ+: lesbian, gay, bisexual, transgender, and queer (or questioning). We recognise the limitations and problems of using catch-all umbrella terms like 'LGBTQIA+'. We understand that some members of these communities may feel these terms don't accurately reflect their distinct and unique identities, individual experiences, and challenges. We recognise that instead of 'LGBTQIA+' some people increasingly use alternative terms such as 'gender, sexuality and relationship diversity' (GSRD)

Marginalised groups: groups who experience social, political and economic discrimination and disadvantage due to inequalities within society.

People of colour: or 'people of colour and other marginalised groups', if we are also talking about minority white groups such as Irish, Gypsy, Roma and Traveller communities or Jewish communities.

Positive action: refers to any steps taken to reduce barriers and encourage participation for disadvantaged or underrepresented groups. Positive action should not include positive discrimination (i.e. treating a person more favourably because they have a protected characteristic), which is prohibited under the Equality Act 2010 unless there is an occupational requirement.

Prejudice: a preconceived opinion or bias that is not based on actual experience.

Protected characteristics: outlined in the Equality Act 2010, it is against the law to discriminate against anyone based on the following protected characteristics: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

Racialised communities: (may be especially relevant when we are speaking about inequality and injustice). This is because ethnic, racial and cultural communities who are in the minority have been racialised – that is, white-majority systems have categorised groups according to the colour of their skin or other cultural or religious features, and in doing so have 'othered' and marginalised them.

The term 'racialisation' was coined by Fanon (1967). Fernando (2019) suggests the importance of having a racialised other, be it as individual or communities as serves a function, where negative unwanted aspects can be projected into the other.

Racism: prejudice or discrimination against individuals on the basis of their race or ethnic group.

Reasonable adjustment: any change to remove or reduce the effect of any barriers for individuals with disabilities so that they can access services and resources.

Sexism: prejudice or discrimination against individuals on the basis of their sex.

Social justice: justice within a society, which is considered in terms of the distribution of wealth, opportunities, and privileges.

Social model of disability: this model focuses on the disadvantages or barriers experienced in the physical and social environment. How society is structured, services organised and delivered; institutions, language, culture and attitudes all have influence (Oliver, 1990).

Socioeconomic status: the social status of an individual, which is often measured as a combination of occupation, income and level of education.

Structural discrimination/societal discrimination: a form of institutional discrimination, either intentional or unintentional, which restricts the opportunities of a group of people.

Therapy: We use the word therapy to cover talking therapies such as counselling, psychotherapy and coaching.

Transphobia: prejudice or discrimination against transgender individuals.

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