



INTERNATIONAL FOUNDATION FOR
THERAPEUTIC & COUNSELLING CHOICE

Response from the IFTCC to the PSA Accreditation Team's Response to the IFTCC Provided by the PSA Appeal Board (August 2024)

This document provides a summary in 3 parts of the general concerns the IFTCC wishes to raise with the PSA Appeal Panel concerning the decision the PSA's Accreditation Team and Panel made to deny the IFTCC accreditation. The basis of this response is the document "Response from the Accreditation Team to the International Foundation for Therapeutic and Counselling Choice (IFTCC) Appeal to a Provisional Standard One Outcome", August 2024, (hereafter known as 'PSA Response August 2024'). Reference is also made to the PSA's undated "Provisional decision on whether accreditation is in the public interest" document.

- **Part 1** of this document outlines the general concerns we wish to raise with the Appeal Board.
- **Part 2** is a summary of the IFTCC's grounds of appeal and reasons
- **Part 3** responds directly to the grounds of appeal and "Matters of Clarification" for the IFTCC and Appeal Panel provided by the PSA Accreditation Team and Panel.

Part 1 General Concerns

(1) Failure to Comply with the Public Sector Equality Duty

Response August 2024 has ignored paragraphs 32-52 in the IFTCC's Response to the PSA's panel (here after known as IFTCC Response) which challenges the PSA's claim that it is obligated to the Public Sector Equality Duty to refuse to accredit the PSA register.

We note specifically that a public authority must, in the exercise of its functions, have 'due regard' to the need to:

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010,
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it, and
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Thus, the only duty is 'to have due regard' to these objectives: and this means an impartial assessment of the evidence and issues before the public body so that it can have 'due regard'. Provided that is done, there can be no lawful decision within the section.

The IFTCC has indicated that **the PSA has failed to recognise and is disregarding and therefore discriminating against, the non- and former-LGBT-identified subgroup of the UK population.** We have not argued that such individuals represent an additional protected

characteristic, but that they function like a protected characteristic and therefore **may not be discriminated against, under the Equality Act 2010.**

This means that former- and non-LGBT-identified individuals **should have reasonable access to publicly accountable, quality-assured, professional counselling and therapeutic interventions aligned to their values and reasonable aspirations, recognised by the PSA's Quality Mark.**

- **Point 5.8: page 5** claims as factually incorrect the IFTCC's contention that by refusing it accreditation the PSA is limiting client access to only non-registered counsellors. Access to professional counsellors equipped to work with this sub-group of the population, on an existing register, is non-contentious. The issue is that such registers are not publicly accountable through the PSA standards and clients are not afforded the same protections as persons approaching PSA accredited registers, with the PSA's Quality Mark designation.
- **Point 5.9: page 6** claims the IFTCC misunderstands the role of the PSA in providing a Quality Mark once standards have been proven to be met, because "the IFTCC was seeking the support of the PSA to operate its register". Clearly the IFTCC is not looking for, nor is in need at all, of assistance from the PSA to run an existing register. The issue is, the PSA Response claimed that the NHS provides access to all, including former- and non-LGBT identified persons, to assist its argument that by not accrediting the IFTCC, no profession gap would exist because "we work on the basis that NHS services are available to all" (43: page 11 IFTCC Response 12 August 2024). Paragraph 44: page 11 of the same argues that there is no evidence that the NHS is equipped to provide service to this sub-group of the population. The PSA argument is circuitous because the PSA points to the NHS as a suitable provider, yet directs us to raise complaints with the NHS if we believe there is no such provision, and by doing so it escapes its duty of care under the Public Sector Equality Duty to eliminate discrimination and to accredit suitable care for a legitimate group, once requirements have been met.

The PSA has therefore failed in its Public Sector Equality Duty to (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010. This is because **it refuses to acknowledge that the ontological existence of former- and non-LGBT persons**, which functions like a protected characteristic, entitles this group to publicly accountable, quality-assured professional care, consistent with their own values and aspirations, including where possible, the right to leave sexual and gender behaviours, attractions and feelings they find unfulfilling.

If a service provider approaches the PSA for accreditation, producing government evidence (NATSAL-3) that highlights a knowledge-gap in the existence of a population sub-group that is under-served by mental health services, **we believe the PSA which is answerable to Parliament, has a responsibility to examine that knowledge gap, acknowledge this oversight and to raise the matter under the Public Sector Equality Duty the PSA claims to serve.**

In paragraph 3.8 the PSA Response 12 August 2024 states:

...the PSA's legal duties under the Public Sector Equality Duty would be breached by accrediting a register which operates on the basis of discrimination. It should be noted that the PSA would reach the same conclusion if a register operated on the basis, for

example, that homosexuality is preferential to heterosexuality, or bisexuality was preferential to homosexuality.

We know of no other PSA accredited Register that provides evidence for, and acknowledges the existence of, former- and non-LGBT-identified persons and also provides therapeutic interventions alternative to LGBT-identity-affirming approaches.

Individuals who are non-LGBT-identified are therefore forced to seek only LGBT-identity-affirming therapists and are offered no alternative publicly accountable, quality assured route. The PSA colludes in this discriminatory direction because any alternative route to affirming approaches for the PSA, are considered 'conversion practices'.

We contend that such group think is ideologically based and that the label 'conversion therapy' exonerates the PSA in failing to challenge the knowledge gap and allows it to conveniently ignore the therapy needs of the population we represent, while claiming to fulfil its Public Sector Equality Duty.

We therefore believe do meet the public interest test and request the PSA Appeal Panel to overturn the decision of the PSA Accrediting Panel.

(2) PSA's Promotion of Political Ideology

Paragraphs 3-8: pages 2-3 of the IFTCC's Response 12 August 2024 document entitled "Tentential Assessment Process" are also ignored by the PSA Response August 2024 document.

These paragraphs [3.1 and 3.2: page 2 IFTCC Response August 2024] point out the PSA's reliance on two ideological definitions of 'conversion therapy'. The PSA's position is that it refuses accreditation of a professional register for the IFTCC based on its obligation to the Public Sector Equality Duty and to these (non-statutory) definitions of 'conversion therapy' in two key (non-statutory) references:

3.1 DEFINITION 1: The Government's consultation¹ on proposals for banning conversion therapy (results of which remain unpublished): 'an attempt to change your sexual orientation or to change you from or to being transgender' and,

3.2 DEFINITION 2: the Memorandum of Understanding (MoU) on conversion therapy², 'an umbrella term for a therapeutic approach, or any model or individual viewpoint that demonstrates an assumption that any sexual orientation or gender identity is inherently preferable to any other, and which attempts to bring about a change of sexual orientation or gender identity, or seeks to suppress an individual's expression of sexual orientation or gender identity on that basis'.

For the purposes of our submission, **the IFTCC notes the refusal of the PSA to consider any evidence that suggests (any degree of) change around sexuality or gender incongruity is possible as a result of therapeutic interventions.** Evidence for such is discounted on the grounds that it "appears to be a study of conversion therapy". This position is based on the PSA's uncritical acceptance of the tenets of **essentialist fundamentalism (an ideology)**, which denies the possibility of 'orientation' change and fails to recognise that changes in identity, behaviour and feelings may occur and

¹ https://assets.publishing.service.gov.uk/media/61b1eb88d3bf7f055c4b77f1/Banning_Conversion_Therapy_Consultation_-_Easy_Read_lo-res.pdf

² <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/mou/>

are legitimately sought after by some non-LGBT-identified persons. The PSA claims that it is correct to deny the IFTCC accreditation and that it supports the MoU because it is in line with its own position, which they claim is made on the basis of the Public Sector Equality Duty [2.5 page 3]:

...The Accredited Register assessment process is not the vehicle to challenge the MOU, because the assessment process serves the sole purpose to determine whether a register can meet the Standards for Accredited Registers. The IFTCC must engage with the signatories to the MOU if it wishes to contest the MOU. The IFTCC is able to contest the outcome of the Standard One Provisional Assessment through the appeal process, as it is doing.

However, a superficial examination of DEFINITION 2 upon which the PSA relies to make its case, will highlight the ideological essence of this statement and expose the PSA's promotion of a discriminatory ideology that allows it to openly discriminate against former- and non-LGBT-identified persons.

(3) Examining the Ideological Prohibition of Holding or Acting on the View that One Sexual Orientation or Gender Identity is Inherently Preferable to Any Other

If we accept the idea that 'conversion therapy' is any approach or model or viewpoint "that demonstrates an assumption that any sexual orientation or gender identity is inherently preferable to any other", we must by that action ignore former- and non-LGBT-identified persons who have made choices around their desired sexual practices and attractions, preferring one sexuality over another, which they clearly find preferable. **To insist that there cannot be, nor should there be, any qualitative difference between sexualities ignores personal choices people make about these as they do. We are not arguing that sexuality is a matter of choice – but we are arguing that people make choices around their sexuality.** Mixed-attracted persons, for example mostly heterosexual persons who are the largest group of the non-heterosexual section of our population – those who are perhaps 10% homosexual and 90% heterosexual—may legitimately choose to confirm their heterosexual side and select to move away from their homosexual side. **Rosik³ raises this question in the documentation submitted to the PSA, which was rejected and regarded as irrelevant to our application:**

Must the individual with 10% same-sex attractions be prohibited from the opportunity to explore the potential for reducing these attractions and associated behaviours even when they desire to strengthen their heterosexual marriage? If what actually is denoted by the constructs of sexual orientation and gender are moving targets with permeable and ill-defined boundaries for scholars, how much more is the average therapist and counsellor left to rely on complete guesswork to know if they are in violation of the MoU dictates? In light of these considerations, any legal prohibition on counselling a person seeking to explore change must be exceedingly precise with regards to the qualitative and quantitative aspects of same-sex sexuality and gender identity that constitute the sexual orientations and gender identities they are wanting to protect. Not to provide this guidance is to concede that authors of the MoU in reality have no sufficiently clear idea what they are really referring to when they use such terms.

³ Rosik, C H, 202024 'Expert Report on the Coalition Against Conversion Therapy Memorandum of Understanding on Conversion Therapy in the UK'. Unpublished, available: <https://iftcc.org/mou/>

Importantly we further ask, on what psychological theory or model is this position based? Clearly more work will need to be done to demonstrate the theoretical basis on which this position might be hung, a review of which is beyond the scope of this document.

According to the PSA Assessment Panel, **[4.1: page 5]**

All evidence was assessed and documentation from the assessment process that is included in the appeal from IFTCC confirms this. ... the existence of a group that reports benefits of conversion therapy cannot over-ride the PSA's Public Sector Equality Duty.

The PSA, we are told further **[3.8: page 4]**:

recognises and respects a person's right to hold the belief that heterosexuality is preferable to homosexuality. However, the PSA's legal duties under the Public Sector Equality Duty would be breached by accrediting a register which operates on the basis of discrimination.

But it is not the IFTCC that discriminates as the PSA assessment panel document reveals, **3.7: page 4** when discussing its use of two non-statutory definitions: (PSA Response, August 2024)

Two definitions were used to assess the evidence. One taken from a UK Government consultation and another from the MOU. In both cases, there is no statutory definition approved by Parliament and these were the product of authoritative bodies. There is no requirement for the PSA to use a statutory definition to reach a conclusion, and this may be impossible where no statutory definition is provided. Using two definitions from a wide range of authoritative bodies broadens the scope of assessment to ensure that we did not rely upon a singular organisation's definition.

In its Response August 2024: page 8, the PSA states:

We have used these definitions of conversion therapy as a reference point in our assessment and to help inform our assessment of whether the services proposed by the IFTCC constitute conversion therapy.

On page 11, the same PSA Response August 2024 states its rationale for using non-statutory definitions:

A range of authoritative, independent health bodies are opposed to conversion therapy on the basis of potential for harm. Signatories to the Memorandum of Understanding on Banning Conversion Therapy include the Royal College of General Practitioners, Royal College of Psychiatrists, NHS England, NHS Scotland and NHS Wales. Other bodies in support of banning conversion therapy include the British Medical Association.

(4) The PSA's 'Own Position' Aligned with Its Own Understanding of Public Sector Equality Duty

It is clear the PSA affirms "its own position" and aligns this with a particular understanding of its obligations to the Public Services Equality Duty. Thus, on the one hand it acknowledges its own cognisance of setting up its own understanding and policy in the matter of 'conversion therapy' and on the other hand, it defers to its-what it has set up as though it were the Public Services Equality Duty to which it is obliged, and thereupon discriminates

against the IFTCC, (a religious organisation). **This is all to say that the PSA intrinsically has a ‘mind’ of its own.**

To illustrate further (citing the undated “Provisional decision on whether accreditation is in the public interest”):

1. In 2015, and signalled in our Annual Report and Accounts¹⁰, we explained that it was **our position**, consistent with our legal obligations, that we would not accredit any Register that permits conversion therapy [**page 7**].
2. Also in 2015, **our position** was reinforced by the Memorandum of Understanding on Conversion Therapy in the UK¹¹ (“the MoU”), for which the PSA expressed its support. Signatories to the MoU include NHS England, NHS Scotland and NHS Wales [**page 7**].
3. In 2022, alongside a review of the MOU by its signatories, we enhanced our impact analysis on our position on conversion therapy to take explicit account of gender identity as well as sexual orientation. This review led the PSA to restate **our position** on conversion therapy making it explicit that it extends to both sexual orientation and gender identity [**page 8**].
4. We usually rate the evidence of benefits as either ‘weak’, ‘moderate’ or ‘strong’. In this assessment we have discounted sources of evidence describing conversion therapy owing to the already established **PSA position** that it will not accredit any register that permits conversion therapy for either sexual orientation or gender identity because of the potential for harm [**page 9**].

The point here is that the PSA, in having ‘its own position’ on ‘conversion therapy’, which it triangulates with signatories of the MoU (viz NHS Scotland, England and Wales,) and additionally its particular interpretation of its Public Services Equality Duty obligations, **must make itself amenable to adjustment and even correction where it can be demonstrated that it has failed to take cognisance of data that should moderate its position on a subject such as ‘conversion therapy**. The IFTCC made such a demonstration, and the PSA appears to be claiming that its legal obligations under the Public Sector Equality Duty cannot be deflected, despite the existence of a group of people who report benefits, because this does not override the PSA’s obligations under the Public Sector Equality Duty. Unconditional acceptance of a viewpoint, even in the face of contrary evidence and even when it discriminates against subpopulations, leaving them untreated, should raise significant questions for the PSA Appeal Panel in our view.

(5) Who is Really Discriminating?

The PSA cannot with impunity, in the view of the IFTCC, perpetuate error by its negligence of ignoring (for example) the Government’s NATSAL-3 findings which reveal the existence of former- and non-LGBT-identified individuals in the UK population. Neither can it safely **close its mind to the methodological issues of the GEO’s LGBT Survey (2017)**, which by design omitted former-LGBT-identified and non-LGBT-identified people who may otherwise have offered information about therapeutic and counselling interventions that had helped them. Neither can it simply dismiss the entire submission of evidence from the IFTCC’s application on the grounds that “it appears to be a study of conversion therapy” (which the PSA predetermines it will not accredit).

We believe it is not the IFTCC that is discriminating – it is the PSA.

The PSA clearly states:

It is acknowledged that these definitions do not differentiate former- and non-LGBT identified persons, however, the existence of group (*sic*) of people who report benefits of conversion therapy does not over-ride the PSA's legal obligations under the Public Sector Equality Duty, which is the basis for the position on conversion therapy [3.7: page 4].

While the PSA is obliged to the Public Sector Equality Duty, we ask that it cease to accuse the IFTCC of discrimination and to malign therapy the IFTCC makes possible even as **the PSA is failing to eliminate discrimination and harm towards a religious group supporting and promoting the rights and freedoms of former-LGBT-identified and non-LGBT-identified groups in the UK population.**

(6) How is the PSA Discriminating Against the IFTCC?

The IFTCC (IFTCC Response, August 2024) submits that the PSA's decision not to recommend that the IFTCC proceed to registration and its reasons for doing so are erroneous. The IFTCC states:

The PSA has refused to conduct a Share your Experience exercise based on the assessment of the submitted evidence which indicated that the IFTCC's registrants would be likely to offer conversion therapy [2.3: page 2].

For this reason, we believe **the PSA's review of the IFTCC's application was prejudiced, its outcome tendentially achieved and the premises of the PSA's decision false. By promoting a particular political view, the PSA is interfering with the IFTCC's ability to function as a publicly accountable body that the public may recognise as a provider of care for a specific population group. It is not for the PSA to interpret and pre-empt proposed UK legislation on 'conversion practisers' in dismissing our application.**

(7) Conclusion

We are unaware of any law on which the PSA is acting that prescribes that the PSA should align with or promote government policy. Neither is this our interpretation of the Public Sector Equality Duty. **The provision of therapy based on evidence and the person's religious preferences, values and beliefs, is legal in the UK and supported by the Cass Review, 2024.**

While noting that it is government policy to bring forward legislation to ban "conversion practices" (as it has been for many years under both Conservative and Labour led governments), **it is not clear that this would include change-exploring therapy, which we deny is 'conversion therapy'.**

It is not for the PSA to determine the appropriateness of any religious and/ or spiritual (or non-religious) faith, or the truth or otherwise of its tenets. It is submitted that the determination of religious doctrine is beyond the *Kings Writ*: and **religious freedom includes the right of manifestation as defined in Article 9 ECHR unless such manifestation is self-evidently a danger (such as Islamist Jihad).** The PSA is interfering with this right.

We now turn our attention to section 5 (5.1-5.10) of the PSA Response 2024.

Part 2: summary of the IFTCC’s grounds of appeal and reasons

(8) PSA’s Summary of IFTCC’s grounds of appeal and reasons and IFTCC’s response:

PSA (numbering follows PSA Response August 2024 Document)	IFTCC
<p>2 Ground of appeal one: The Accreditation Process was not followed because a SYE exercise was not conducted.</p> <p>2.2 It would be reasonable for the PSA to consider, upon receipt of information that highlights significant safety risks, the potential impacts on staff. It would also reasonable, therefore, to consider modifications to our procedures that would protect staff and officers of the applying register. The PSA did consider risks to the safety of staff and whether this would result in a modification to procedures.</p> <p>2.3 However, as outlined in the Outcome Report, the decision not to conduct a SYE exercise was based on the assessment of the submitted evidence which indicated that the IFTCC’s registrants would be likely to offer conversion therapy. The PSA had already stated it will not accredit any register that permits its registrants to undertake conversion therapy because of the potential for harm to members of the public and because it would breach the Public Sector Equality Duty. It is for this reason, and not because of consideration of risks to safety for staff, that a decision was made that a SYE exercise was not required to determine the outcome of the assessment.</p>	<p>2.2 Email Melanie Philips 10 January 2024: We would usually announce that we have received an application once we have taken payment. However, we note that you have requested anonymity of individuals involved with the application, on safety grounds. Whilst we can grant this, we also need to consider whether there are any potential safety implications for our staff from the application. In the meantime, we will not make any public announcements about this application and respectfully ask you to do the same.</p> <p>Email from IFTCC In response to PSA’s email of 10 January (11 January 2024) Would you clarify for us what the safety implications following our application might be for your staff? - especially as the PSA Application Form, clearly states:</p> <p>'If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential.'</p> <p>Having consulted with the relevant strategy groups, we'd like to make it clear that our concern for confidentiality was primarily about revealing the private home addresses and telephone numbers that might be problematic in any such application. Clearly, the IFTCC leadership making this application is already in the public domain (Companies House) and therefore there is no need for that information to be hidden. It is only private contact information that should not be made public (home addresses and telephone numbers).</p> <p>Therefore, please note that we are not requesting that our application should be hidden and fully expect that your published procedures share your experience) will be followed. I hope this clarifies any misunderstanding regarding any public announcement to do with our application, that the PSA wishes to make. With respect to transparency with our membership and wider supporters, it will be necessary to keep them updated on the progress of our application and therefore, it is likely that at some point, we will make a public announcement about our application and its progress, and we have no difficulty if the Authority chooses to do the same.</p> <p>2.3 By asserting that the PSA does not accredit ‘conversion therapy’ and by not conducting a SYE exercise the PSA (1) avoids public engagement with the IFTCC and (2) prevents the IFTCC from making arguments that</p>

			<p>might impact on the PSA's "own position". The application is thereby treated tendentially and the outcome decided.</p> <p>The IFTCC contends that nevertheless, the PSA has failed to consistently apply its process to our application. Undertaking the SYE may have yielded information positively impacting our application.</p> <p>Alternatively, the PSA should have refused to receive the application and declined the payment of fees if it was not willing to undertake the SYE exercise and had made up its mind that the IFTCC could not be accredited because it potentially allowed, it is claimed, registrants to undertake 'conversion therapy'.</p>
2.4	Reluctance to notify PSA Accredited Registers: There is no evidence of this being a factor in decision-making of the Accreditation Team or Accreditation Panel.	2.4	Freedom of Information (FOI) requests for the email trails and internal meetings may refute this.
2.5	<p>The PSA is acting as a gatekeeper to prevent contestation of the MOU:</p> <p>The PSA is not a signatory to the MOU. The PSA has stated its support of the MOU because it is line with the PSA's own position, which was made on the basis of the Public Sector Equality Duty⁴</p> <p>The Accredited Register assessment process is not the vehicle to challenge the MOU, because the assessment process serves the sole purpose to determine whether a register can meet the Standards for Accredited Registers. The IFTCC must engage with the signatories to the MOU if it wishes to contest the MOU. The IFTCC is able to contest the outcome of the Standard One Provisional Assessment through the appeal process, as it is doing.</p>	2.5	<p>The MoU is not an independent reference point for the PSA. As argued in section 1, the PSA's 'own position' is bolstered by the MoU and its particular understanding of its Public Sector Equality Duty. The PSA helped to launch the MoU by being directly involved in the development of the PSA.</p> <p>We disagree with "The Accredited Register assessment process is not the vehicle to challenge the MOU". The PSA has imposed its particular view on the IFTCC Accreditation application and is interfering with the IFTCC's manifestation of its beliefs. This is a political decision. The PSA cannot simply assert the right exists to hold different viewpoints or beliefs but deny the right to manifest such beliefs on the grounds that doing so may be 'potentially' harmful, even as it has determined not to look at the evidence on safety or harm for a population it is ignoring.</p>
3.	Ground of appeal two: The Accreditation Team and Accreditation Panel have not taken due account of evidence that was submitted		

<p>3.1 The PSA has reviewed all the evidence that was submitted by the IFTCC. This is demonstrated in analyses of each document, to which the IFTCC has provided a response.</p> <p>3.2 From analyses of these documents, it is apparent that they describe conversion therapy.</p> <p>3.3 Owing to the evidence describing conversion therapy, and the PSA’s already stated position that it will not accredit registers that permit registrants to undertake conversion therapy, the evidence was marked to indicate that harm had been identified and a rating on the strength of the evidence was not given.</p> <p>3.4 It is noted that the IFTCC has apparently misinterpreted the comments in the assessment of evidence and Outcome Report as indicating a determination on the strength or quality of the evidence submitted. Rather, the comments provided are explanations of the reasons that the evidence has been assessed as describing conversion therapy. For example, where the assessment points to benefit or failure criteria, the PSA is highlighting that the intended outcome of the therapeutic or counselling intervention gives preference to one sexual orientation over another. This evidence suggests that both the definition of conversion therapy is likely to be met and that discrimination is likely.</p> <p>3.5 It is also noted that the evidence submitted alongside the appeal documentation includes numerous direct references to conversion therapy, which appears to confirm that ITFCC registrants would be permitted to undertake conversion therapy.</p>	<p>3.1 The PSA’s review of the IFTCC’s evidence is wholly simplistic and dismissive, to the point that it dismissed peer-reviewed journal articles written by joint-author, cross-disciplinary teams representing both LGBT affirming and gender-critical views and bringing ideological diversity to the study. How can such approaches be considered to be as “appear(ing) to be a study in conversion therapy?”</p> <p>3.2 There is no evidence in the documentation provided by the PSA that the PSA has critically analysed this evidence. The PSA is claiming that any movement in identity or behaviour represented ‘conversion therapy’. This is patently a false, dismissive, unjust and unprofessional position to take.</p> <p>3.3 There is insufficient evidence provided from the PSA to indicate exactly where and what the harm is that they are claiming. The PSA’s response is one of wholesale rejection but this is not supported by a nuanced and detailed interaction with the material provided.</p> <p>3.4 This is an assumption: “PSA is highlighting that the intended outcome of the therapeutic or counselling intervention gives preference to one sexual orientation over another”. It is the PSA that is giving preference to one orientation over another because its ‘own position’ will not tolerate any other viewpoint regardless of what the professional literature argues. It will only consider evidence from an affirming viewpoint. The point remains that autonomous former- and non-LGBT-identified individuals may reasonably and lawfully make choices to leave sexual feelings, attractions, behaviours or identities that are UNWANTED and seek professional, publicly accountable, help to do so. The PSA has a duty of care to assist in protecting the public who wish to see the PSA quality mark on registers of professionals involved in such work.</p> <p>3.5 The term ‘conversion therapy’ was invented by the APA’s LGBT activist Douglas Haldeman in 1991. Similarly, the APA’s Taskforce on</p>
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		<p>Appropriate Therapeutic Responses to Sexual Orientation⁴ invented the term ‘Sexual Orientation Change Efforts (SOCE). These are pejorative, imposed terms that jam discussion on therapeutic choice. Unlike the PSA which is ideologically mono-cultural and will not engage with diverse ideologies, the IFTCC finds that it must use the terminology imposed by the PSA for the sake of communication.</p> <p>For example, in Sullins (2024), “Everything you’ve heard about conversion therapy is wrong: a fresh look at the evidence”, the language of ‘conversion therapy’ (CT) is used to postulate a more nuanced understanding (VCT and ECT):</p> <p>Overview of the debate Proponents of a ban on “conversion therapy” (“CT”) seek to expand a ban on attempts to impose heterosexuality on the unwilling (“core conversion therapy”, CCT) to include a ban on support to attain heterosexuality for the willing (“voluntary change therapy”, VCT). While all repudiate core conversion therapy (CCT), ban proponents insist, but opponents deny, that voluntary change therapy (VCT) is also a form of prohibited conversion therapy (CT), a view I will refer to as “expanded conversion therapy” (ECT). In making this argument, ban proponents appeal to three negative factual claims about ECT—that it is never successful, is psychologically harmful, and promotes suicide. I will endeavor to show that none of these three negative claims are true. On the contrary, ECT is often successful, usually psychologically beneficial, and tends to reduce suicide.</p> <p>It is absurd to deduce from such scholarly attempts to communicate across ideological divides that the IFTCC by so doing is likely to permit registrants to undertake conversion therapy.</p>
3.6	<p>The PSA has reached the conclusion that the IFTCC is in favour of conversion therapy because it opposes a ban on conversion therapy:</p> <p>The assessment process, outlined in the Outcome Report, has not relied upon the IFTCC’s position on the proposals for a ban on conversion therapy. The assessment was based on the review of</p>	<p>The PSA specifically mentioned the IFTCC Declaration despairingly in its documentation (see below), so this isn’t correct.</p> <p>According to the PSA’s <u>Assessment Decision Making Recommendation Form: Standard One (2024: page 7-8)</u>, when discussing Risk-Perception the need for public confidence in Clinical Practitioners (CPs) and Pastoral Care Workers (PCWs), and the need for assurance for employers and</p>

⁴ [chrome-extension://efaidnbmnnnibpcajpcgclefindmkaj/https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf](https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf)

	<p>evidence that described conversion therapy and the PSA’s existing statement that it will not accredit registers that permit registrants to undertake conversion therapy. It should also be noted that the Outcome Report does not state that the IFTCC supports conversion therapy, rather that it appears the IFTCC would permit its registrants to undertake conversion therapy.</p>	<p>other stakeholders, that CPs and PCW workers “would be working within an area that is subject to polarised debate.” Its response says, footnoting the IFTCC Declaration:</p> <p>“NHS England, NHS Scotland and other authoritative health bodies are signatories to a Memorandum of Understanding which supports the banning of conversion therapy⁸, whereas the IFTCC has campaigned against the Government’s proposed ban⁹.”</p> <p>⁹ https://iftcc.org/the-declaration/</p> <p>It is therefore untrue for the PSA to claim that the contents and use of the IFTCC Declaration on Therapeutic Choice has not influenced its decision. The PSA clearly disapproves of the IFTCC’s views as expressed in the IFTCC Declaration because these do not accord with the particular political views the PSA is promoting and protecting in UK society.</p> <p>This is the crux of the matter and the reason why the IFTCC submits that the PSA is biased towards the IFTCC and has disallowed it to make its argument.</p> <p>Why would the IFTCC not campaign against what we believe to be the government’s misguided plan in the light of our concern to protect the interests of former- and non-LGBT-identified individuals who have been systematically discriminated against in the Government’s 2018 LGBT Survey?</p> <p>The IFTCC has consistently stated its opposition to poor therapy or coercive practices defined by the PSA as ‘conversion therapy’. If the PSA does not state that the IFTCC supports ‘conversion therapy’, how can the IFTCC permit its Registrants to undertake ‘conversion therapy’?</p>
<p>3.7</p>	<p>The PSA used two definitions of conversion therapy that do not differentiate former- and non-LGBT identified persons and has no statutory basis:</p> <p>Two definitions were used to assess the evidence. One taken</p>	<p>Our concern is that by using non-statutory definitions of ‘conversion therapy’, even those to whom senior signatories of the MoU have acquiesced, which aligned to the PSA’s ‘own position’ on this subject, the PSA is pre-empting UK Parliamentary discussion on the topic and forcing conformity to as yet, unagreed legislation, which ignores the ontology of</p>

	<p>from a UK Government consultation and another from the MOU. In both cases, these were selected because there is no statutory definition approved by Parliament and because these were the product of authoritative bodies. There is no requirement for the PSA to use a statutory definition to reach a conclusion, and this may be impossible where no statutory definition is provided. Using two definitions from a wide range of authoritative bodies broadens the scope of assessment to ensure that we did not rely upon a singular organisation’s definition. It is acknowledged that these definitions do not differentiate former- and non-LGBT identified persons, however, the existence of [sic] group of people who report benefits of conversion therapy does not over-ride the PSA’s legal obligations under the Public Sector Equality Duty, which is the basis for the position on conversion therapy.</p>		<p>former- and non-LGBT-identified individuals in the UK population that the government’s NATSAL-3 survey has uncovered.</p> <p>Religious adherents and those without a religious faith (with no relationship to collective religion) have an autonomous right to live out their life in accordance with their values and seek LGBT-alternative identifications, and to do so with the help or publicly accountable professionals who support their goals who bear the relevant quality mark for identification and accountability purposes. The PSA is interfering with this Right outside the terms of <i>Article 9(2) of the HRC</i>.</p> <p>Former- and non-LGBT-identified persons do not claim benefits of ‘conversion therapy’; they claim benefits from exploratory work that may lead to improvements and movement in a range of aspects of their sexuality and gender. We have presented evidence that even when no change is reported, the literature is replete with studies that show the benefits of such interventions.</p> <p><i>This is further evidence that the PSA is promoting a political viewpoint and goes beyond its powers to deny the IFTCC accreditation.</i></p>
<p>3.8</p>	<p>The PSA is discriminating on the basis of religion or belief, former-and non-LGBT identified persons (which “function like” a protected category”), and “viewpoint discrimination” by prohibiting the viewpoint that “heterosexuality is preferable to homosexuality” by discounting evidence from the assessment that describes conversion therapy:</p> <p>The PSA recognises and respects a person’s right to hold the belief that heterosexuality is preferable to homosexuality. However, the PSA’s legal duties under the Public Sector Equality Duty would be breached by accrediting a register which operates on the basis of discrimination. It should be noted that the PSA would reach the same conclusion if a register operated on the basis, for example, that</p>	<p>3.8</p>	<p>The PSA fails to take on board that holding a contrary view is uncontested. What is at stake is the ability to manifest, in daily living, the outworking of such a viewpoint, which the PSA stands in the way of by denying former- and non-LGBT-identified persons access to supportive professional individuals who can be identified as publicly accountable, via a quality marked Register. These are individuals who support therapeutic exploration, value the autonomy of client choice, and operate within the ethical and/or religious milieu with which such clients identify.</p> <p>We reject the accusatory claim that the IFTCC Register operates on the basis of discrimination (where one sexual orientation is better than another) where, for example, mixed-attracted individuals may elect to confirm one sexuality over another. These are person choices</p>

	<p>homosexuality is preferential to heterosexuality, or bisexuality was preferential to homosexuality.</p>		<p>We exist to support those experiencing same-sex attraction and gender dysphoria who voluntarily seek change because these are unwanted.</p> <p>The assertion that sexualities are neutral and of equal value is an ideological and not a scientific viewpoint, which we contest, and we have offered reasons why all sexualities or variously defined 'orientations' are not equal for individuals, and cannot be or an organisation supporting individuals choosing to move away from unwanted sexualities and gender incongruence.</p>
<p>4.</p> <p>4.1</p>	<p>Ground of appeal three: The Accreditation Team and Accreditation Panel has [sic] mis-interpreted evidence which suggests former- and non-LGBT identified persons are being overlooked in consideration of benefits and risks.</p> <p>All evidence was assessed and documentation from the assessment process that is included in the appeal from IFTCC confirms this. As stated above, the existence of a group that reports benefits of conversion therapy cannot over-ride the PSA's Public Sector Equality Duty.</p>	<p>4.1</p>	<p>The PSA has explained that it has used non-statutory definitions of 'conversion therapy' which we understand to align with its 'own position' and which allows it to operate a particular interpretation of its Public Service Equality Duty obligations.</p> <p>We believe it to be tautologous for the PSA to ignore a group that reports benefit from therapeutic interventions, and against which the PSA actively discriminates, by refusing representative bodies such as the IFTCC to seek accreditation. The PSA's Public Sector Equality Duty is not being over-ridden because such therapeutic work is not being done to the detriment of those who celebrate LGBT identity, behaviour and attractions. We are challenging the PSA's claim to be fulfilling its obligation to the Public Sector Equality Duty because it has not recognised the existence of the groups we represent and support. The Public Sector Equality Duty, like the PSA, is unaware of and has yet to recognise the existence of former- and non-LGBT-identified persons in the UK population.</p> <p>Our concern is that the PSA is simply a passive recipient of received ideas about 'conversion therapy' and in so doing is harming a section of the UK population that NATSAL-3 indicates is not insignificant, numerically.</p>

5. Matters of clarification for the IFTCC and Appeal Panel

<p>5.1</p>	<p>IFTCC’s submission gives undue weight to the MOU on the forming of the PSA’s position on conversion therapy. The basis of the PSA’s position on conversion therapy is the Public Sector Equality Duty. The involvement of a PSA representative in meetings or email exchanges in the development of the MOU does not signify any organisational requirement for adherence to the MOU. The MOU only has the effect of supporting the position of the PSA because authoritative bodies, including NHS bodies, have reached a shared position on conversion therapy that reflects the position of the PSA.</p>	<p>5.1</p>	<p>The seminal role of the PSA in developing the structure and ethos from which the MoU was developed, has been strategic given the introduction of accredited registers at, and from that time. The MoU and PSA are complimentary <i>by design</i>. The PSA is unable to discern the ideological basis of this affinity. It also fails to see that its interpretation of its Public Sector Equality Duty is a particular view. We take the view that the PSA is discriminating against former- and non-LGBT-identified individuals, which, according to NATSAL-3, outnumber the LGBT-identified population, and that the PSA has an obligation to ensure that they engage the 3 aspects of the Public Service Equality Duty when dealing with the accreditation application the IFTCC makes on behalf of these communities.</p>
<p>5.2</p>	<p>The PSA does not express a preference toward to [sic] any sexuality or gender identity, and instead operates within the boundaries of the law to prevent discrimination on the basis of protected characteristics.</p>	<p>5.2</p>	<p>We have argued to the contrary. The PSA insists that by respectfully allowing contrary viewpoints to co-exist with its “professional” register, IFTCC registration is unnecessary and former- and non-LGBT-identified will suffer no harm. We have refuted this. We further strongly disagree that the PSA is allowing contrary viewpoints in the case of former- and non-LGBT-identified persons. As testament, the PSA acknowledges it takes the MoU viewpoint that actively and persistently prohibits manifestation of viewpoints of former- and non-LGBT-identified people. We believe the PSA is hostile toward populations that do not affirm LGBT-identity, harming the former- and non-LGBT community in so doing – and has done so since 2014 when the group tasked to articulate a Memorandum of Understanding first met.</p>
<p>5.3</p>	<p>The PSA uses the term “sexual orientation” as it is defined at section 12 of the Equality Act 2010.</p>	<p>5.3</p>	<p>This is exactly why the IFTCC has provided detailed scholarship (Rosik, 2024) that raises scientific concern with the notion of ‘orientation’ and the range of meaning that is associated with it in the research literature.</p> <p>We note further:</p>

Section 12 of the EA provides:

(1) sexual orientation means a person's orientation towards-

- (a) persons of the same sex,
- (b) persons of the opposite sex, or
- (c) persons of either sex.

(2) In relation to the protected characteristics of sexual orientation-

- (a) a reference to a person who has a particular protected characteristic is a reference to a person who is of a particular sexual orientation;
- (b) a reference to persons who share a protected characteristic is a reference to persons who are of the same sexual orientation"

Discrimination against a person because of his or her past actual or perceived sexual orientation, or because his or her sexual orientation has changed, remains discrimination "because of.....sexual orientation". This is prohibited, but can be justified in certain circumstances.

There is no requirement in the EA that discrimination must relate to a person's current sexual orientation. All that is required is that the discrimination is "because of sexual orientation which clearly includes former- and non-LGBT-identified persons.

There is a question of autonomy and lifestyle. The right to live one's life includes the autonomy: with an autonomous choice of sexual identification is undoubted, and as recorded in *Pretty (2002)* ⁵: *...the notion of personal autonomy is an important principle underlying the interpretation of the Convention guarantees*'.

Religious values must be respected with a **positive duty** to facilitate their practice. People have a right to manifest their faith and this includes sexual ethics and to live by their faith. This is a Convention Right that must be protected and not interfered with, nor discriminated against.

It is this 'positive duty' we believe is missing from the PSA.

⁵Pretty vs United Kingdom April 2002 ECHR: [https://hudoc.echr.coe.int/eng#{%22itemid%22:\[%22002-5380%22\]}](https://hudoc.echr.coe.int/eng#{%22itemid%22:[%22002-5380%22]})

5.4	The PSA understands discrimination as it is defined at Chapter 2 of the Equality Act 2010.	5.4	Discrimination is defined in chapter 2 ⁶ of the Equality act, in terms that apply equally to former- and non-LGBT-identified persons as to LGBT-identified persons celebrating sexuality. Yet the PSA is discriminating against this the former- and non-LGBT population by refusing to allow accreditation to be granted for their sake, or even explored.
5.5	The PSA recognises that all people who are, were or are perceived to be or have been any sexual orientation or gender identity are protected under the Equality Act 2010.	5.5	<p>But the PSA, because of its 'own position' (aligned to the MoU and its particular reading of the Public Service Equality Act) whilst saying it recognises the right of former- and non-LGBT-identified persons to hold views that for them, increased sexual integration (of reproductive sex, attraction feelings, partner sex, and perceived sex) or abstinence is preferable to conflicts among these, REFUSE to allow manifestation of these views to be supported by professional, publicly accountable quality-marked values-aligned therapists and counsellors.</p> <p>The PSA statement is meaningless.</p>
5.6	The PSA recognises that there are people who may have same sex attraction or a gender identity that is not consistent with their values and beliefs and that they receive the same protections under UK law as any other person.	5.6	<p>If such people receive the same protections under UK law as any other person under UK law, why is the PSA refusing to begin accreditation that will ensure those working to support this group are publicly accountable, and that the public can take confidence that PSA quality-mark is engaged with the IFTCC?</p> <p>The PSA refuses to accredit a Register such as that of the IFTCC, in support of their needs, because they claim this would contradict its Public Sector Equality Duty.</p> <p>It is submitted that this PSA statement is also meaningless.</p>
5.7	The PSA recognises and respects that there may be people who hold beliefs that give preference to a sexual orientation or gender identity and derive benefit from the services of registrants the IFTCC proposes	5.7	The PSA is asked to review its particular interpretation of the Public Sector Equality Duty obligations it adheres to.

⁶ <https://www.legislation.gov.uk/ukpga/2010/15/notes/division/3/2/2>

	<p>to register. However, the PSA cannot breach its legal obligations under the Public Sector Equality Duty.</p>	<p>The IFTCC is a religious organisation which holds orthodox anthropological views on human sexuality, marriage and the family. It is unlikely that LGBT-identified persons celebrating their sexuality will wish to join the IFTCC Register. We do not believe there is any legal obligation that is being ignored by the PSA if it were to accredit the IFTCC as an organisation functioning to support the rights and freedoms of former- and non-LGBT-identified persons in the UK.</p> <p>The PSA is standing in the way of this population group and of the rights of the IFTCC to offer a publicly accountable register that is quality marked by the only statutory accreditation body mandated by the UK Government.</p>
<p>5.8</p>	<p>It is asserted by IFTCC that a decision not to accredit a register will limit access only to non-registered counsellors</p> <p>This assertion is factually incorrect. A decision not to accredit does not prohibit an organisation from operating a register or its registrants from providing services.</p>	<p>Clearly the IFTCC has not needed the PSA to launch and manage a register.</p> <p>As stated above by refusing accreditation to the IFTCC, the PSA is denying the UK public of a quality marked assurance when seeking counsellors, psychotherapists and pastoral care workers who reject the tenets of the UK's MoJ on 'conversion therapy'. This means that the UK public have no protection in this area, because the PSA have refused to work to change this.</p> <p>The PSA is actively and persistently harming part of the UK population because of its dogmatic adherence to received notions of discrimination that fail to see that former- and non-LGBT-identified persons are being discriminated in the UL act, despite falling under the protections of the Equality Act 2010.</p>
<p>5.9</p>	<p>It is asserted that the IFTCC was seeking the support of the PSA to operate its register⁸. This is not the purpose of the Accredited Registers Scheme. The Scheme operates to enhance public protection by assessing registers against the Standards for Accredited Registers and awarding the Quality Mark when those standards are proven to be met.</p>	<p>This is what we have argued consistently.</p> <p>The PSA have to date refused to recognise that the existence of former- and non-LGBT-identified individuals in the UK population requires it to recognise suitable support for these groups and to work with providers seeking to reflect PSA quality marked standards.</p>

5.10	<p>A relevant consideration for the PSA's decision has not been explored in the grounds of appeal or the reasons for them (although the IFTCC did provide a response to this matter in its appeal documentation⁹). The PSA found in its assessment that the IFTCC stated that it would not permit anyone who is in a same-sex marriage to register. This was considered to be discrimination in the operation of the register and therefore any decision to accredit the IFTCC would be contrary to the PSA's Public Sector Equality Duty.</p>		<p>We have argued why this tendentious approach to the issue brought to the PSA is itself discriminatory and harmful to this part of the UK population.</p> <p>We are concerned, respectfully, that this dogmatism is ideologically and politically motivated around a received notion that is sacrosanct and devoid of critique, or adjustment. We submit that such intractability reflects poorly on the PSA, and for that reason the IFTCC must now turn to legal investigation to examine our position.</p>