INTERNATIONAL FOUNDATION FOR
THERAPEUTIC & COUNSELLING CHOICE

IFTCC Response to the PSA's (undated) Provisional Decision on Whether Accreditation is in the Public Interest

1. Introduction

The proposed publication of the PSA decision that Standard 1b accreditation of a Professional Register for the IFTCC is *not* in the public interest, impugns the IFTCC by imposing the PSA's view that the IFTCC offers 'conversion therapy'. For that reason, we seek to reserve our rights as to exercise the right of freedom of speech because our application raises fundamental issues, including ideology used by some Government bodies or agencies, without any elected democratic body debating and agreeing an appropriate and agreed foundation. We therefore do not concede to refrain from providing our members, and the wider public, with information about the outcome and process of assessment.

2. We Make the Following General Comments:

2.1. The PSA document[1] (undated, emailed 30 July 2024) misrepresents evidence presented by the IFTCC which the PSA wrongly claims is in favour of 'conversion therapy', on the grounds that we oppose a ban on 'conversion therapy'.

2.2. The IFTCC promotes therapeutic choice, not 'conversion therapy'. By imposing the term 'conversion therapy' on the IFTCC, the PSA is misleading the public.

2.3. The PSA has prevented the IFTCC from making its case by dismissing most of its evidence as being in support of 'conversion therapy'. This is discriminatory.

2.4. The PSA's position is that it will not accredit registers that offer 'conversion therapy' measured against two definitions and government consultation 'evidence' in support of LGBT-identified persons. Unfortunately, these definitions and that evidence fail to differentiate former-LGBT-identified individuals and non-LGBT-identified individuals from LGBT-identified persons.[2] The PSA relies on data that fails to make this distinction and, more importantly, they have generalized conclusions based on an LGBT-identified cohort onto both former-LGBT-identified and non-LGBT-identified populations.

2.5. The document clarifies the PSA's unwillingness to consider evidence put forward by the IFTCC in the documents 5-11 in which government statistics in NATSAL-

[1] Provisional decision on whether accreditation is in the public interest (undated)

[2] (**Former-LGBT-identified persons** have experienced change from same-sex attraction feelings or behaviors or discordant gender-identity and they do not want to take an LGBT identity. They may experience discrimination from the public or misunderstanding from professionals. **Non-LGBT-identified persons** are those who still experience unwanted same-sex attractions and discordant gender-identity and don't want to take an LGBT-identity.)

3 highlight the existence of former- and non-LGBT-identified persons in the UK population in need of professional support.

2.6. The PSA has refused to acknowledge the methodological failures pointed out by the IFTCC, of the GEO's 2015 LGBT Survey which also excluded former- and non-LGBT-identified persons. Therefore, the PSA has discriminated against former- and non-LGBT-identified persons. But it has still imposed generalised findings from research based on LGBT-identified cohorts, onto the former- and non-LGBT-identified population.

2.7. The PSA has refused to follow its own procedure of 'Share Your Experience'. It has informed the IFTCC that it could on the one hand submit testimony from former- and non-LGBT-identified persons[3], yet subsequently on the other, rejected IFTCC submission document 11 that presented such statements. These voice the rights of persons experiencing unwanted same-sex attraction and gender incongruence to receive professional help to achieve their goals, despite not identifying as LGBT.

3. Tendential Assessment Process

The PSA's position is that it refuses accreditation of a professional register for the IFTCC based on definitions of 'conversion therapy' in two key (non-statutory) references:

3.1 DEFINITION 1: The Government's consultation[4] 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 therapy[5], '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'.

4. In prescribing such non-consensual definitions the PSA trivialises the complexity of debate and imposes definitions that are not yet agreed on an assessment process that clearly is ideologically led, rather than evidence led, and not governed impartially.

5. Despite claiming independence of the UK government and to be responsible to Parliament, the PSA has uncritically imposed aspirational (not yet legislated) policy and non-statutory narrow consensus policy on a legitimate UK body which does meet criteria 1a, and which seeks regulation of a professional register.

6. The PSA's letter of 13 June 2024 stated that:

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[3] **Then Head of PSA Accreditation** to Dr Elene Haralambous **22 February 2024, 08:36** "However, you should (sic) wish to submit further evidence from people representing satisfied clients, we will be happy to accept this as part of the additional information you are providing by 19 April".

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

[5] https://www.bacp.co.uk/events-and-resources/ethics-and-standards/mou/

the Standard One assessment is to determine whether it is in the public interest to accredit a Register. It is not a mechanism for reviewing our position on conversion therapy, or our support for the MOU. Whilst we have read Documents 6-11, since they set out evidence against the MOU and/or conversion therapy, we therefore do not consider them relevant to the assessment.

7. The IFTCC has presented evidence to the PSA from a wide range of primary and secondary sources that brings together relevant research from multiple disciplines and worldviews that challenges the ideology embedded in the MoU. But you state in the document (attached to 30 July 2024):

> 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. (Italics added)

8. Clearly the PSA appears to dismiss all and any of our evidence precisely because it is presented by the IFTCC which they insist supports 'conversion therapy'. The PSA is therefore prejudicial and perpetuates an ideology that may not be challenged under any circumstances. Such a PSA assessment is tendential, unscientific and uncritically promotes LGBT-identity ideology and has no regard for human subjects who are former- or non-LGBT-identified. This may be indicative of the historical prejudice the PSA appears to practise towards former- and non-LGBT-identity organisations that support client autonomy in deciding therapeutic and counselling goals. An historical perspective, on PSA group-think prejudice towards former-LGBT-identified and non-LGBT-identified groups, from 2014 when the MoU group began deliberations, is offered in the next section.

9. Failure to follow published procedures: Share Your Experience (SYE) - possible reasons:

According to the PSA website:

9.1 Listening to your experiences of a regulator or an accredited register helps us to understand how well they are protecting the public. It helps us decide whether the regulators meet our Standards of Good Regulation or if accredited registers meet our Standards for Accredited Registers[6],

and

9.2 We would like to hear about the experiences you have had with an accredited register. We would like to know why you have been in contact with them and what your experience was – both good and what could be improved. Give us some brief details and we will get in touch to ask for more information[7].

[6] https://www.professionalstandards.org.uk/share-your-experience#:~:text=Share%20your%20experience%20about%3A&text=It%20helps%20us%20to%20build,we%20take%20it%20into%20account.

[7] https://www.professionalstandards.org.uk/share-your-experience/share-your-experience-of-accredited-registers

10. But clearly none of the above applies to the Application from the IFTCC, which the PSA condemned as practising 'conversion therapy':

> Share Your Experience is one type of evidence that we can draw on to help make our assessment, but for the reasons set out in the Panel report, we do not think it is necessary at this time. As set out in the report, the Panel may consider whether there is the need to gather further evidence through Share Your Experience or from experts in the field. If we do identify the need for expert input, we would seek this from credible, independent sources who can advise on the key issues that the Panel requests further information on. We would inform you of our approach to this to ensure transparency.[8]

11. The 'Panel report'[9] referred to above said:

> In our assessment of Standard One, we have not in this case:
>
> 1. launched a 'Share Your Experience' (SYE) consultation, or
> 2. undertaken a detailed assessment of evidence that appears to set out the benefits of conversion therapy'.
>
> The rationale for us taking this approach is set out further in this report, but the overarching reason is that the practices of IFTCC registrants appear to be conversion therapy. *The PSA has a clear position that it will not accredit any organisation that permits conversion therapy in relation to either sexual orientation, or gender identity, on the basis that this would be contrary to the public interest*. Our assessment of Standard One has therefore focused on determining whether the practices appear to be conversion therapy. If the Accreditation Panel disagrees with the findings of this report, we will reconsider the above. (Italics added)

12. Because the PSA assessment team had decided the IFTCC practised 'conversion therapy' it both declined to undertake the SYE and to assess the evidence we had submitted. Because the Assessment Panel did not disagree with the Assessment Team at its meeting on 24 June 2024, it also did not commission the SYE. In addition to not commissioning the SYE, the PSA team and panel also reneged on its willingness to receive accounts of 'satisfied customers' reporting in a letter following the PSA Assessment Panel meeting (24 June 2024 pp. 4-5):

> We have considered the submissions with Document 11, 'My Experience of Accessing Help for Unwanted Same-Sex Attraction'. In line with our *Supplementary Guidance on Standard One*, this evidence could only be considered as 'weak'. The methodology for data collection is unclear, and the research has not been independently validated. However, since the evidence is (sic) submitted appears to be in support of conversion therapy, which the PSA will not accredit, as with other evidence of this nature we have not applied a rating.

13. Different Possible Reasons for Not Undertaking the SYE

We offer, in what follows, three probable reasons for the PSA's refusal to undertake SYE with the IFTCC's application. The first reason may be concern over intimidation of PSA assessment team staff to be seen to engage with the IFTCC. Second, there may have been reluctance to notify other PSA Accredited Registers which would

[8] Email from Head of Accreditation (PSA) to IFTCC 16 February 2024 10:02.
[9] 240612 ADMR Standard One - IFTCC post Register review v1 CONF.pdf page 2

participate in the SYE. Opening the SYE protocol for the IFTCC application would very likely have attracted some positive input from a range of stakeholders (with 'contrary' viewpoints) that the PSA was unwilling to process and accommodate. The third may be an outworking of the gate-keeping role the PSA appears to have been commandeered into, to assist with the development of a non-contestable MoU, as evidenced in the Freedom of Information Request (FOI)[10] referred to below.

14. Reason 1: Intimidation

Correspondence with the PSA (10 January 2024 17:12) shows safety concerns expressed by the PSA in dealing with the IFTCC's application:

> 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.

15. The IFTCC responded on 11 January 2024 at 10:01:

> 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:
>
> > '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.'
>
> 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).
>
> Therefore, *please note that we are not requesting that our application should be hidden and fully expect that your published procedures (i.e. 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. (Italics added).

16. The then Head of Accreditation responded (15 January 2024 10:28):

[10] FOI to Ministry of Health by P McIntyre 27 04 2015

The IFTCC's cover letter for the application stated that:

> 'We request that the information regarding names and contact details of those in the IFTCC that are contained in this application are treated as confidential and not released, as the IFTCC has, at different times, received in excess of 300 emails containing death threats and other abuse from aggressive LGBT activists, causing distress. All the trustees and employees work from remote locations and their private domicile cannot be published for their own safety and that of their families. Please confirm that this will be the case.'
>
> Since this refers to the names of individuals as well as their contact details, we had understood that you did not want the identities of those working on the application, to be named due to risk of potential death threats and other abuse. This is obviously a matter which we would want to treat with the utmost seriousness, both for the IFTCC and for our staff. The names, and email addresses for PSA staff are provided on our website, and it may be that this information can be linked to other, personal information about individuals. If members of the IFTCC have received death threats and abuse, we think it is reasonable to consider whether this could also be directed to staff, and if so, what mitigations we may need to put in place.

17. On 12 January 2024 14:4, the PSA provided the accreditation team's assessment of the IFTCC's application, but it was clear no SYE opportunity would be in place. On 7 February 2024 11:14, the IFTCC raised concerns about (1) accusations of 'conversion therapy' and the PSA's failure to undertake a SYE review:

> It seems that the way in which the PSA is processing our application may be different to your normal practice and could be perceived to be without the usual transparency. For these reasons, we are seeking legal counsel in relation to our position with the Equality Act 2010 and the European Convention on Human Rights.
>
> We wish to further request that you withdraw the accusations made in your documentation with respect to the charge of 'conversion therapy' regarding the IFTCC. We have already explained to you the level of intimidation that comes against us - including death threats - when such accusations are made about our professional practice. The latter are coming from those supporting the Memorandum of Understanding - a consensus document of the UK mental health bodies but without any statutory basis and representing an ideological viewpoint, yet without claiming any scientific basis.

18. The IFTCC contends that the PSA has refused to allow the IFTCC to argue its case and to present any evidence – including that of 'satisfied customers' – and, by depriving the assessment process of the SYE, the PSA has been unfair and discriminatory.

19. Reason 2: The PSA's Gate-Keeping Role

Correspondence obtained through the FOI request mentioned above indicates that then Minister of State for Care and Support, Norman Lamb, then CEO of the Professional Standards Authority, Harry Clayton, Karen Turner then Acting Director of Mental Health, Disability and Equality in Whitehall, David Pink Chief Executive of the UKCP, and Dominic Davies Pink Therapy that the PSA were involved at ground level with the formation of a roundtable group that led to the formation of "The Memorandum of Understanding on Conversion Therapy in the UK". For the PSA, far

from the MoU being an objective standard from which it derives its values around therapeutic choice, the MoU has emanated from direct involvement by the PSA. This explains the apparent systemic allegiance to the non-statutory MoU on behalf of the PSA accreditation team and panel staff.

20. David Pink, then CEO of the UKCP which at that time spearheaded the MoU (but which has since withdrawn from the MoU), stated[11]:

> In terms of participants, I would suggest that the Professional Standards Authority should be involved. As the body overseeing healthcare regulation and having responsibility for the new Accredited Voluntary Registration scheme, which covers counselling and psychotherapy, the PSA have an obvious stake in this issue.

21. Clearly a gate-keeping role is being attributed to the PSA in the above. PSA CEO Harry Clayton addressing Minister Norman Lamb's participation in the Accredited Voluntary Registers Scheme launch in 2012 indicates[12]:

> Thank you very much for taking the time to launch the Accredited Voluntary Registers Scheme yesterday. We realise how busy you are and your presence was much appreciated by all who were there. Your speech was absolutely right - including its brevity. We hope to have five more occupational registers accredited by the end of March so we feel we have got off to a good start.

22. However, the perspective of UKCP's David Pink (14 January 2014),[13] who was then chairing the MoU committee, when writing to Minister Norman Lamb provides insight into the development of this monocultural group-think approach which eliminated any divergent thinking:

> In terms of more explicitly campaign groups, Stonewall would be a very important participant.
>
> The Core Issues Trust[14] has been the most vocal advocate of conversion therapy in the UK. Given our fundamental disagreement with their views, it is very unlikely that agreement could be reached with them. My advice would therefore be that they are not participants in the roundtable.

23. Minister of State Norman Lamb's correspondence[15] to Core Issues Trust confirms the group think perspective on this issue of therapeutic choice:

> As you know, the UK Council for Psychotherapy has been the organisation leading on this work, and has been doing so in partnership with other bodies. It has not involved your organisation to date because the collaborative work - beginning with the development of the consensus statement, the April meeting at the Department of Health, and the subsequent work on the Memorandum of Understanding - was between organisations that had each independently come to a position opposed to conversion therapy.

[11] FOI Annexure 14 January 2014
[12] FOI Annexure 14 February 2012
[13] 14 January 2014 correspondence with Karen Turner, Acting Director mental Health and Disability, from David Pink CEO UKCP FOI
[14] Core Issues Trust is the Charity currently servicing the IFTCC while a CIO is being registered with the Charity Commission for England and Wales.
[15] 20 January 2015 letter from Minister Norman Lamb to Dr M Davidson, Core Issues Trust

24. Monocultural ideology

The PSA's 'position' on 'conversion therapy' ('draft' legislation for which was recently announced In the King's 2024 Speech) therefore is above critique and promotes a monocultural viewpoint that assumes broad parliamentary and public consensus.

25. We submit that this is in contravention to the PSA's claim to fulfil its Public Sector Equality Duty, as outlined fully on page (5), below. The 'draft' provisional decision documentation provided to the IFTCC (30 July 2024) refers to the PSA's 2015/16 Annual Review in which it signalled its position on 'conversion therapy'. On page 7 of that Annual Review, it indeed states:

> One area where we made a decision to exclude a form of therapy was not on the basis of efficacy but on grounds of our legal requirement to avoid discrimination. This is the practice of so called 'gay conversion therapy'. This form of counselling is not provided by any of the counselling registers that we accredit. It remains available from counsellors who are not on a register.

26. Ironically, the PSA discriminates against former- and non-LGBT-identified individuals in the name of non-discrimination against LGBT-identified individuals. The PSA is clearly unwilling to distinguish between 'conversion therapy' (not offered by the IFTCC) and standard psychotherapeutic and counselling modalities accepted by all professional health bodies which *may* result in (not necessarily categorical) change, (and may be called 'change-exploring therapies') and is offered and supported by the IFTCC. On this basis the PSA discriminates against former- and non-LGBT-identified persons because it only values a worldview and research emanating from an LGBT-identified viewpoint, against the same emanating from former- and non-LGBT-identified viewpoints, as we explain below (page 5ff.).

27. The same document states (page 10):

> Although the IFTCC does not use the term 'conversion therapy' to describe its services, having chosen the alternative of 'SAFE-T' in 2016 for reasons set out in this report, it appears that its approach is based on conversion therapy. Describing conversion therapy by other terms has the potential to mislead the public, with the result that people are unaware of the potential harms of the services offered.

28. Documentation provided to the IFTCC (30 July 2024, 'The Provisional decision on whether accreditation is in the public interest') misrepresents the IFTCC and misleads the public because it conveys the impression that IFTCC promotes categorical 'orientation' change as the only desirable outcome of exploring sexual fluidity. For example, it says:

> We considered that most of the evidence of benefits provided by the IFTCC appeared to describe conversion therapy. The approach taken within the research reports submitted by the IFTCC suggested that the intention of the therapies being studied was to change sexual orientation, and the methodologies and presentation of findings demonstrated the assumption that heterosexuality is preferable to homosexuality.

29. Clearly the PSA uncritically uses the term 'sexual orientation' without any sense of the problematic nature of the term 'orientation' in the scientific literature, all of which is explained Document 8 set aside (rejected) and ignored by the PSA Assessment Team and Panel.

30. The PSA therefore not only fails to distinguish between conversion therapy and therapeutic modalities that produce *change on a spectrum*, it has no apparent regard for that part of the UK population - persons who are non-LGBT-identified who experience unwanted same-sex attraction or gender incongruence - who seek professional clinical and pastoral help *consistent with their own values and goals*. It is religious discrimination, in addition to sexuality discrimination (against former- and non-LGBT-identified people) and viewpoint discrimination to prohibit a viewpoint (to prohibit thoughts, speech, preferences, values, beliefs) that "heterosexuality is preferable to homosexuality".

31. Government-Mandated Sexuality

The PSA apparently supports government-mandated sexuality, wherein individuals who experience unwanted attractions to the same sex or gender incongruence may not engage with practices that may assist, promote, manage, achieve, or facilitate *any level* or degree of change, and who potentially have no right to determine their own sexual identities or behaviours. Such government-mandated sexuality enforced by the PSA is harmful and unjust. It requires that no individual may be assisted to cease LGBT identity or practice. It further seeks to de-professionalise (and potentially criminalise) any professional clinical or pastoral counsellor who assists their person-centred goals.

32. Failure to Fulfil its Public Sector Equality Duty

Whilst claiming to fulfil its Public Sector Duty, the PSA in your letter of 13 June 2024 (page 2), assumes that by identifying the existence of the UK's former- and non-LGBT population the IFTCC is arguing for recognising the same as a 'protected characteristic'. It states:

> We accept that less favourable treatment because a person in the past was homosexual, but is now heterosexual, is prohibited. This does not require that "ex-gays" are to be regarded as a separate category of sexual orientation. Discrimination against a person because of their past actual or perceived sexual orientation, or because their sexual orientation has changed, is discrimination "because of…sexual orientation".

33. We have presented no argument towards 'ex-gays' being considered a separate protected characteristic. We have, however, presented extensive evidence (as indicated in analysis of the Government's NATSAL-3 survey) that non-LGBT-identified persons who experience unwanted same-sex attractions and gender incongruity and dysphoria, are a fact of the UK population. We have also argued (following a High Court judgement) that such individuals should be considered to 'function like' a protected category and therefore <u>are</u> protected under the Equality Act 2010.

34. But you have told us (in your letter on 13 June 2024, repeating the information in the draft provision outcome document of 30 July 2024) that:

> The PSA is under an obligation to comply with the Public Sector Equality Duty. This requires us to have due regard 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.

35. First Public Sector Equality Duty:

By not accepting that former- and non-LGBT-identified persons 'function like' a protected category, whether separate or not, the PSA is failing to eliminate discrimination, harassment, victimisation and any other conduct against this group, that is prohibited under the Equality Act 2010. It is therefore failing to comply with the Public Sector Equality Duty in point (a).

36. Second Public Sector Equality Duty:

The PSA is also clearly remiss in its second duty (b) by failing to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it. Your draft decision states:

> Our position is that a decision - that accreditation of the IFTCC on the basis that it is not in the public interest for the reasons explained - does not prevent people from describing themselves as 'ex-gay' nor does it prevent the IFTCC from offering services on this basis.

37. Failing to ensure that former- and non-LGBT-identified persons have access to professional care consistent with their *own values and goals*, on the same basis as LGBT-identified persons and limiting their access only to non-registered counsellors provided by IFTCC services, is discriminatory.

38. The PSA claims (ibid, page 4):

> The NHS Constitution sets out that the NHS provides a comprehensive service, available to all. We are not aware of any instances where the NHS has refused treatment to people who experience 'unwanted same sex attraction or gender dysphoria or incongruence' or who are 'ex-gay'…

39. Because you failed to follow your own procedures with regards to administering Share Your Experience (SYE) following our application, we have provided you with specific instances (Document 11) where the NHS has failed to make its services available to former- and non-LGBT persons. But you have in addition rejected this submission, along with documents 5-10, saying:

> We would also highlight that the Standard One assessment is to determine whether it is in the public interest to accredit a Register. It is not a mechanism for reviewing our position on conversion therapy, or our support for the MOU. Whilst we have read Documents 6-11, since they set out evidence against the MOU and/or conversion therapy, we therefore do not consider them relevant to the assessment.

40. In something of a contradiction, the PSA also claims that it does not make allegiance to the Memorandum of Understanding on Conversion Therapy requisite to successful application for Standard 1 (which would be beyond its powers) yet it makes clear that the PSA will not accredit a Register that permits 'conversion therapy'.

41. The basis of “your position” is that:

> Signatories to the MOU include NHS England, NHS Scotland and the Royal College of Psychiatrists. These bodies are well placed to identify potential clinical harms, and we consider that their support for the MOU is a clear indicator of their position in relation to conversion therapy.

42. Your letter (13 July 2024, p. 4) instructs those who consider the NHS to be inaccessible to them, to make a formal complaint to the NHS or to the independent Parliamentary and Health Service Ombudsman or Local Government and Social Care Ombudsman.

43. You state further, tautologically:

> Consequently, we work on the basis that NHS services are available to all. It would not be in the PSA’s remit, or expertise to make judgements about what type of treatments should be offered by the NHS, which is an evidence-based body. Nor is it the role of the PSA to promote access to services that are not offered on the NHS.

44. It is *your* argument that the NHS provides professional services for those with unwanted same sex attraction –an argument used to counter our contention that there are no professional services available consistent with the values of former- and non-LGBT-identified persons. For that reason, the PSA is being asked to support a professional register to facilitate this, through the IFTCC, which you are refusing to do.

45. In your Assessment Decision Making Recommendation form (13 June 2024 page 22) you state:

> We do not think that it is likely that any groups would be disadvantaged by the decision that Standard One is not met. Although the IFTCC states that those seeking to change their sexual orientation or gender identity should be considered under the Equality Act, *there are existing NHS and other services where people can explore gender dysphoria and sexual orientation in a way that does not pressure people into taking a particular path*. (italics added)

46. Please may you explain how an organisation signed up to the MoU that forbids ‘conversion therapy’ is at the same time in a position to offer exploratory therapy that may lead to a person abandoning transgender or gay-affirming pathways and opting for programmes which can assist them to move away from the attractions, behaviours and identities which their values encourage them to leave?

47. If the PSA claims that the NHS provides services obviating the need for an IFTCC professional register, *the onus is clearly on the PSA to indicate where and on what basis the NHS may support those with unwanted same-sex attraction and behaviour and unwanted gender-identity incongruence*, given that several national NHS groups are signatories to the MoU on ‘conversion therapy’ that prohibits therapy that explores potential to achieve the therapeutic goals of the non-LGBT-identified population based on their viewpoints Please may you provide an answer to this question or change your argument.

48. Third Public Sector Equality Duty:

Finally, we believe the PSA may be in breach of its Public Sector Equality Duty (c), which is to "foster good relations between persons who share a relevant protected characteristic and persons who do not share it". This is a two-way responsibility – for both those who celebrate LGBT-identity and non-LGBT-identified persons whose experience of same-sex attraction and discordant gender identity is *unwanted*. Your documentation claims "(13 June 2024 page 2) "We accept that less favourable treatment because a person in the past was homosexual, but is now heterosexual, is prohibited". Yet you refuse to provide equitable provision in terms of accrediting persons suitably qualified to work with non-LGBT-identified and former- LGBT-identified persons. You say, in the same document and page:

> Our position is that a decision that accreditation of the IFTCC on the basis that it is not in the public interest for the reasons explained does not prevent people from describing themselves as 'ex-gay' nor does it prevent the IFTCC from offering services on this basis.

49. By "reasons explained" you appear to mean 'potential' harm which you attribute to the IFTCC (which only exists for LGBT-identified persons in this view). You also say (on page 7):

> There is no legislative requirement for the CP (clinical practitioner) or the PCW (pastoral care worker) role to be registered with a statutory body to practise. We therefore found that Standard 1a is met.

50. All this leaves non-LGBT-identified people with "less favourable treatment", namely that they may not have accredited registered professional care because of their sexual orientation and, often, religious values and beliefs.

51. Then on page 10 you state: "Overall, *having discounted the evidence* that described conversion therapy, we did not find sufficient evidence for the benefits of the CPs and PCW roles" and you conclude (also on page 10): "We therefore concluded that the services provided by the IFTCC were likely to be harmful." Thus, the evidence we produced was simply discounted because you insist it is 'conversion therapy'. The IFTCC is therefore *prevented from making our case for non-LGBT-identified people to receive equally accredited registry professional treatment consistent with their values and beliefs* - which is itself *discriminatory*.

52. We respond to PSA specific allegations, made in the PSA's document, "Provisional decision on whether accreditation is in the public interest", relating to evidence and terminology used in that communication, in the tables below:

53. Public Interest Considerations

Evidence that activities carried out by registrants likely to be beneficial

	PSA comments in letter 30 July 2024	**IFTCC Response**
53.1 Page 8	"In many of the research reports we reviewed, participants had been selected based on their homosexuality, and results focused on whether a change from this towards heterosexuality had been achieved. For example, in **Pela and Sutton (2021)**, all participants were described as adult male psychotherapy clients 'reporting both same-	It is not unreasonable to present published research of non-representative convenience samples as in this case. This research simply reports the measurable value of interventions for individuals who choose to work therapeutically to improve their chances of leaving unwanted same sex attractions. The objection appears to be that such individuals cannot reasonably want to undergo such treatments or that they do not

	sex attraction experiences and the desire to participate in SAFE-T to achieve SAF.' SAFE-T stands for 'Sexual Attraction Fluidity Exploration in Therapy' and SAF stands for 'Sexual Attraction Fluidity'."	subscribe to the view that homosexuality is fixed and innate – the ideology of 'essentialist fundamentalism' apparently prescribed to by the PSA.
53.2 Page 9	"Another indicator of conversion therapy were research reports defining successful outcomes as being a change by participants from identifying as homosexual. For example, in a study provided by **Jones and Yarhouse (2011)**15, the following criteria were used: ''success: conversion', 'success: chastity', 'failure: gay identity'."	The study, however 'weak' the PSA wishes to describe it as, is nevertheless admissible as a study of client responses to interventions. The PSA rejects non-LGBT-identified people's viewpoint of therapy success based on their values and beliefs against which the PSA and MoU discriminate.

Evidence that any harms or risks likely to arise from the activities are justifiable and appropriately mitigated by the register's requirements for registration.

53.3 Page 9	For example, the **IFTCC's risk matrices** for both the CP and PCW roles include 'Client-goals and values are modified or changed towards LGBT-affirming practice' as a risk, or undesirable outcome of treatment. This assumes heterosexuality is preferable to other forms of sexual orientation.	The IFTCC holds to the teachings of Christ which affirm the separateness and distinctiveness of male and female, and that sex is fixed. It also holds to the same teachings that true marriage is always between opposite sex persons. This risk indicates that it is possible that clients do decide to opt out of work with an IFTCC Clinician or Pastoral Care Worker because they decide to affirm their LGBT practises or identities. IFTCC CP and PCWs need to recognise the right of clients to do so and put in place measures to ensure such clients are supported. Because the IFTCC does not offer LGBT-identity affirming work, this would necessitate referral to a professional willing to work in the LGBT-identity affirming direction, outside of the IFTCC. We would likewise expect LGBT-identity affirming therapists and counsellors or PCWs to refer clients, who desire to leave LGBT-identity, attraction or behaviour, in the direction of IFTCC registrants for the same reason. The PSA is apparently discriminating against the teachings of the historic church and is in breach of its Public Sector Equality Duty. Christian organisations are protected by the Declaration of Human Rights on this issue.
53.4 Page 10	the **IFTCC has stated it would not admit anyone who is in a same-sex marriage to its register** (once launched), which we consider to be discriminatory. We therefore found it would not be in the public interest to accredit the IFTCC on the basis of potential for harm, including discrimination.	This simply recognises that Clinical Practitioners in same-sex civil partnerships or marriages are unlikely to want to be listed on an IFTCC Register. The role of an IFTCC registrant in assisting those wishing to leave unwanted- practices or to overcome attractions that are not consistent with their values, would necessarily model opposite-sex relationships and partnerships. The role description for IFTCC clinicians would make this clear. Any registrant would have a duty of care to any client who wished to affirm LGBT feelings but should not be under any obligation to affirm practices that do not reflect the IFTCC's values and beliefs. Please inform us which religious organisation in the UK is COMPELLED to hire persons, on every organisational level, who hold views contrary to the ethics and practices or beliefs of such organisations?
53.5 Page 9	Research undertaken by the Government as part of its consultation on proposals to ban conversion therapy for sexual orientation and gender identity in England found robust evidence that both are potentially	The government undertook research that has been found wanting, and which predates competing research that questions some received uncritical notions apparent in the Coventry Report. A slightly better summary of research was provided in the Post (Parliamentary Office for Science and Technology)

	harmful. The list of studies reviewed by the Government are provided in Appendix 1 of the consultation16 .	summary, the development of which IFTCC officers participated[16]. The PSA appears to depend on government research documentation that we suggest needs its sources updated and request the government to review the canon of research the PSA presents as an arbiter in application submissions such as our own. The PSA appears to be a 'neutral' conveyer of Government research bibliographies, having no mind or power to check, challenge or amend what it is told to promote.
53.6 Page 10	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.	The PSA makes the case that the MoU is representative of all members in the organisations signatory to the MoU. But this has not been demonstrated and is disputed. The Cass Report has highlighted the silencing and cooling effect that the MoU has had on professionals who object to the ideological essentialist fundamentalist viewpoint ascribed to by the PSA. We have provided lists of international organisations that do not support this viewpoint as a means of challenging the group think that the PSA represents and promotes.
53.7 Page 10	We also noted that in its application (Form A3 – Impact Assessment), the IFTCC had stated that 'Same-sex couples in marriages or civil partnerships are not eligible to become Registrants on the IFTCC Professional Register.' This would appear to constitute direct discrimination on the grounds of sexual orientation, and therefore presents significant harm	It is unlikely that same-sex couples in marriages or civil partnerships would seek to be part of the IFTCC Register because the IFTCC Register specialises in work for individuals seeking to leave unwanted LGBT attractions, behaviours and identities. Where clients expressed a desire to affirm LGBT attractions, behaviours and identities, IFTCC Registrants would need to provide information where affirming work is offered. We would likewise expect LGBT provide individuals seeking to leave LGBT attractions, behaviours and identities with information where change-exploring work is offered. Participation on the IFTCC register necessarily requires participants to support the therapeutic goals of clients and to respect autonomous decisions either way. IFTCC Registrants are unlikely to see themselves as qualified to undertake LGBT affirming work, towards which they would have conscientious objections. The Government may not uphold the right of the churches to teach their understanding of sexuality, but the courts have done so. The IFTCC's approach to sexuality is based on a Judeo-Christian understanding of the body, marriage, and the family; with the advancement of Christianity as one of its charitable purposes.

Commitment to ensuring that the treatments and services are offered in a way that does not make unproven claims or in any other way mislead the public

53.8 Page 10	Although the IFTCC does not use the term 'conversion therapy' to describe its services, having chosen the alternative of 'SAFE-T' in 2016 for reasons set out in this report, it appears that its approach is based on conversion therapy. Describing conversion therapy by other terms has the potential to mislead the public, with the result that people are unaware of the potential harms of the services offered.	This statement is disputed. We offer SAFE-T as a protocol grounded in exploration, but the PSA claims it is a guise for promoting only categorical orientation change, and that SAFE-T is a euphemism for 'conversion therapy'. We will dispute this stigmatising characterisation

[16] https://post.parliament.uk/research-briefings/post-pn-0658/

53.9 Page 10	**Conclusion:** It appears from the evidence provided by the IFTCC that its registrants would be likely to practise conversion therapy in relation to sexual orientation and/or gender identity. The potential harms arising from conversion therapy are set out in the Government's consultation on banning conversion therapy, and in the MOU on conversion therapy, which authoritative bodies such as the NHS are signatories to. Further, as set out below, the IFTCC has stated it would not admit anyone who is in a same-sex marriage to its register (once launched), which we consider to be discriminatory. We therefore found it would not be in the public interest to accredit the IFTCC on the basis of potential for harm, including discrimination.	The claims of this conclusion are all significantly addressed in our evidence (and especially in documents 5-11) which the PSA dismissed and did not consider – yet claim to have read. This is an unacceptable breach of the PSA's Public Sector Equality Duty – a, b and c as we have outlined.

54. Impact Assessment (including equalities)

The IFTCC offers the following comments in relation to the Impact Assessment Report provided by the PSA:

	PSA comments	IFTCC Response
54.1 Page 11	**Age:** Those under 18 may be particularly at risk to being harmed by conversion therapy.	The PSA promotes government-mandated sexuality wherein experiencing homosexual feelings or gender incongruence means, *ipso facto* that such are homosexual or transgender. It fails to see the scientific consensus that sexuality is fluid, may change, and is not genetic in origin. Repeating the research evidence is pointless, given that the PSA is conducting a tendentious assessment with a predetermined outcome and promoting an ideological viewpoint which denies individuals the right to choose alternative directions.
54.2 Page 11	**Gender reassignment:** Accreditation could lead to negative mental health impacts for people who are proposing to undergo, are undergoing or have undergone a process or part of a process to reassign their sex by changing physiological or other attributes of sex. Conversion therapies have been associated with self-reported harms when received for gender identity, including negative mental health effects like depression and feeling suicidal20. The National LGBT Survey 201721 found that 13% of transgender respondents had undergone or been offered conversion therapy, compared with 7% of non-transgender UK respondents, suggesting this group is particularly at risk. Evidence also suggests that the incidence of mental health problems is very high for transgender people, and that treating transgenderism as a mental health issue could exacerbate this and be experienced as disempowering22	The PSA, MoU, Tavistock, and government report have been based on a pre-Cass review approach that was predominantly non-exploratory, gender-affirming, and insufficient. It held that the high rates of mental health conditions and suicidality in gender dysphoric people develop *after* gender discordance due to discrimination and only resolve by social and gender—often medical—affirmation. There is not a consensus for this approch among members of the MoU signatory organisations per the Cass review (Cass, 2022 1.20), and the Cass review and NHS-England have now rejected it. (Cass 2022 1.8, p. 17) The Cass review, the most comprehensive research review ever into treatment for gender dysphoria, has concluded that research into puberty blockers and cross-sex hormones "is an area of remarkably weak evidence". (Cass, April 2024, p. 13) The Cass Report now calls for a "holistic assessment" (Cass, April 2024, p. 29) and treatment with psychosocial interventions. It says, "[In] some individuals, *preceding* [gender dysphoria] mental ill health…may result in uncertainty around gender identity and therefore contribute to a presentation of gender-related distress." (8.42, italiics added) Psychotherapies "may help the core gender dysphoria" (11.35-38). An "individualized care plan" is to be "based on evidence and the person's individual preferences, beliefs, and values." (Cass, April 2024 10.75) These may include religious beliefs or values placed on preserving one's marriage and family and may call for a therapy goal of becoming able to be comfortable with and identify with one's sex. Care that is based on these preferences

		should not be discriminated against as “conversion therapy” but should be regarded as legitimate clinical work. The Cass report accepts standard psychotherapies proven for treating conditions underlying gender dysphoria but requiring research for application to gender dysphoria. (Cass, April 2024, 11.35-37) Viewpoint discrimination as in the MoU hinders freedom to research to think and to engage in clinical curiosity. Threats to therapists from the MoU and a proposed legislative therapy ban have caused therapists to avoid the risks of treating gender diverse young people at all and, as summarized by a parliamentary brief based on the Cass review, have thereby actually reduced access to care for those they intend to help. To avoid the risks of treating gender distressed young people, mental health professionals were passing referrals for them to GIDS, contributing to overwhelming the Tavistock and ultimately its closure. The final Cass report said difficulty in recruiting and training professionals willing to treat gender dysphoric young people continues. The interference of therapy bans has not been helpful. Whereas (1) the affirmative-only viewpoint of the MoU and political research is now outdated about gender dysphoria and its treatment and effectively reduces access to care, it is not a valid basis for PSA decision criteria, and (2) whereas there will now be a greatly increased need for training in and provision of psychotherapy that treats core gender dysphoria, and (3) whereas the MoU has forbidden psychotherapy for core gender dysphoria that is “based on evidence and the person’s individual preferences, beliefs, and values” (Cass, April 2024 10.75) particularly when they include resolving the diagnosis by becoming comfortable with the person’s body and identifying with the person’s sex, and (4) whereas people who need and want this therapy based on these preferences have not had access to care from therapists in registered bodies or the NHS, and (5) whereas the IFTCC is in a position to train and provide therapists who can meet this unmet need for this vulnerable, underserved population, therefore, now the PSA should consider the IFTCC’s extensive, research-based evidence.
54.3 Page 11	**Marriage and civil partnership**: People who are in, or seeking same-sex marriages may experience services offered by IFTCC registrants as discriminatory due to its organisational belief that marriage should only be between a man and a woman.	Those seeking such marriages are unlikely to be influenced by the IFTCC. The IFTCC offers alternatives for those for whom LGBT feelings, attractions behaviours and identities are unwanted. As research that we have provided and the PSA has not considered documents, most people by far who experience same-sex attraction are both-sex attracted. Most of these by far who are in a relationship are with the opposite sex. A significant portion of individuals seeking SAFE-T are married with children and want help to be faithful in their marriage to the person they love and to keep their family together so they can go on being full-time mums and dads. They should be allowed to have this help without discrimination. Non-LGBT-identified people want support for their marriages, too.
54.4 Page 12	**Religion and belief:** People may hold religious or other beliefs (such as gender critical beliefs) in relation to sexual orientation or gender identity. For example, the IFTCC’s organisational beliefs include that marriage is ‘designed by God between a male and a female’. Whilst we recognise the rights of the IFTCC and its members to hold different beliefs and to offer its services, given the IFTCC’s opposition to a ban on conversion therapy, we think there is a significant risk that beliefs about sexual orientation and gender identity could affect counselling practice and create pressure to choose a particular path. Counselling is not subject to statutory regulation and the IFTCC’s members can continue to practise without accreditation.	Such statements as “we think there is a significant risk that beliefs about sexual orientation and gender identity could affect counselling practice and create pressure to choose a particular path”, are irresponsible. What choices do LGBT-identity affirming therapists offer? What examples from the NHS do we have of it supporting detransitioners? This is a false narrative. It seeks to impose the notion that SAFE-T practitioners are incapable of client-centred approaches and change exploring therapies are never open-ended. That counselling is unregulated and therefore IFTCC members can practise without accreditation is discriminatory because it deprives a section of the population (those rejecting LGBT-identity-affirming approaches) of accredited professional help. It is absurd to think that the NHS offers help to former- and non-

	There are existing services (NHS and private) for people who want to explore their sexual orientation or gender identity.	LGBT-identified individuals where such entities are signatories to the MoU – unless the PSA is finally recognising that there is such a thing as change exploring therapies that are being practised within the NHS?
54.5 Page 12	**Sexual orientation:** There is evidence for the general and mental health of LGB people being worse than for heterosexual people. Trying to change people's sexual orientation is likely to exacerbate this and could prevent people from seeking mental health services.	We have presented evidence that offering change-exploring therapy to individuals – even when it does not result in change – significantly reduces anxiety and suicidality. The PSA has discounted all such work as studies supporting 'conversion therapy' and they have discounted such evidence. This is the product of toxic groupthink ruling the PSA. The practice of allowing only therapy that affirms LGBT-identity is likely to exacerbate the mental health problems of non-LGBT-identified people who do not feel affirmed by it, and we have presented evidence (document 11) that gate-keeping non-LGBT-identified people from access to therapy that is culturally sensitive and appropriate for them has already prevented them from seeking mental health services.

55. Conclusion:

We submit the following comments to the PSA's undated document:

1. **The PSA is prejudicial and perpetuates an ideology that may not be challenged under any circumstances**. Such a PSA assessment of the IFTCC's submission is tendential, unscientific and uncritically promotes LGBT-identity ideology and has no regard for human subjects who are former- or non-LGBT-identified. We strongly object to the fact that the PSA dismisses all evidence without presenting argument against the research and scholarship offered.

2. **The PSA apparently supports government-mandated sexuality**, wherein individuals who experience unwanted attractions to the same sex or gender incongruence may not engage with practices that may assist, promote, manage, achieve, or facilitate any level or degree of change, and who potentially have no right to determine their own sexual identities or behaviours. Such government-mandated sexuality enforced by the PSA is harmful and unjust. It requires that no individual may be assisted to cease LGBT identity or practice. It further seeks to de-professionalise (and potentially criminalise) any professional clinical or pastoral counsellor who assists their person-centred goals. We reject the PSA's assertion that an accredited IFTCC is not necessary.

3. **The PSA has failed to show evidence of reflection on the UK Government's NATSAL-3 survey which points to and describes individuals who are former- and non-LGBT-identified as a significant identifiable population group, in need of access to professional care.** Failing to ensure that former- and non-LGBT-identified persons have access to professional care consistent with their own values and goals, on the same basis as LGBT-identified persons and limiting their access only to non-registered counsellors provided by IFTCC services, <u>is discriminatory</u>. We believe the onus is on the PSA to indicate, consistent with its argument that an accredited IFTCC is not necessary, where in the NHS care is provided for those specifically with <u>unwanted</u> same-sex attraction.

4. **The PSA has reneged on both its use of "Share Your Experience" (SYE) when assessing the IFTCC application and its promise to pay attention to accounts of 'satisfied customers**' we were invited to submit by the former Head of PSA Accreditation.

12 August 2024