Defining Conversion Practices: Getting the Boundary Right

Protect and Teach CIC: Evidence and Consultation Briefing for: *Consultation opens into conversion practices and GSRD guidelines*

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Executive Summary

The Partnership of Counselling and Psychotherapy Bodies (PCPB) is consulting on a proposed professional definition of conversion practices and Good Practice Principles for working with Gender, Sexuality and Relationship Diversity (GSRD).

Protect and Teach CIC welcomes PCPB's attempt to distinguish practices directed towards changing or suppressing sexual orientation or gender identity from legitimate therapeutic exploration, assessment and support. The proposed framework contains important safeguards. It expressly recognises open-ended exploration, assessment and formulation, client autonomy, professional judgement, and decisions concerning transition, detransition and non-transition.

The central issue identified in this briefing is whether those safeguards create a **sufficiently clear, objective and workable boundary in practice**.

PCPB places significant weight on concepts including *purpose*, *predetermined outcome*, *suppression*, *open-ended exploration*, *autonomy* and *coercion*. These concepts will determine whether particular therapeutic conduct falls inside or outside the proposed professional definition. Greater precision is therefore needed about how they should be applied.

In particular, practitioners should be able to distinguish between:

- open-ended exploration and predetermined therapeutic direction;
- client-led goals and practitioner-preferred outcomes;
- assessment, formulation, questioning and therapeutic challenge and attempts to change or suppress sexual orientation or gender identity;
- autonomous behavioural or personal choices and externally imposed suppression;

- safeguarding enquiry and predetermined conclusions; and
- legitimate professional disagreement and conduct capable of constituting conversion practice.

The available evidence supports taking reports of harmful conversion practices seriously. However, the evidence base has important limitations. The Government-commissioned 2021 review identified substantially more research concerning sexual-orientation change efforts than gender-identity change efforts and identified methodological limitations including retrospective self-reporting, self-selected samples, limited longitudinal evidence and heterogeneity between the practices studied. The Government's 2026 assessment likewise acknowledges limitations concerning causal evidence.

These limitations do not establish that harmful practices do not occur. They do mean that professional guidance should distinguish carefully between **empirical evidence, association and causation, professional consensus and normative ethical judgement**, particularly when evidence concerning established directional practices is used to define the boundaries of exploratory therapy.

Protect and Teach is particularly concerned to preserve **genuinely open therapy**. Therapeutic exploration may involve uncertainty, difficult questions, consideration of competing explanations, developmental factors, discussion of risks and benefits, reconsideration and change over time. Assessment and safeguarding may similarly require practitioners to investigate concerns before reaching conclusions.

A framework intended to prevent predetermined therapeutic direction should not inadvertently discourage legitimate therapeutic enquiry.

This is particularly important for children and young people, where developing autonomy, parental responsibility, safeguarding duties and

professional judgement may intersect; and where questions concerning development, family circumstances, mental health, vulnerability and other relevant factors may properly require exploration.

The same need for clarity applies to competent adults. PCPB appropriately recognises autonomous decisions concerning relationships, sexual behaviour, religious observance, personal conscience, identity labels, transition, detransition and non-transition. The final guidance should explain more clearly what forms of therapeutic exploration and assistance remain permissible when a client actively seeks help towards a particular goal.

Protect and Teach therefore recommends that PCPB strengthen the final definition and Good Practice Principles by:

- providing clearer objective indicators of predetermined therapeutic direction;
- expressly protecting genuine questioning, assessment, formulation and open-ended exploration;
- distinguishing client-led goals from practitioner-imposed outcomes;
- clarifying the meaning and limits of suppression;
- applying the principle consistently regardless of the eventual therapeutic outcome;
- providing clearer guidance concerning children, parents and safeguarding;
- distinguishing protected belief and professional disagreement from professional conduct;
- clarifying the role of evidence, uncertainty, consent, professional judgement and referral; and
- ensuring that professional consequences depend upon clear standards and evidence rather than retrospective assumptions about a practitioner's purpose.

The central question for the final framework should be:

What evidence demonstrates that therapeutic work crossed from legitimate exploration, assessment, safeguarding or client-led support into conduct directed towards changing or suppressing sexual orientation or gender identity because a particular outcome was preferred?

Clear definitions should strengthen protection against genuinely coercive or predetermined practices while preserving legitimate therapeutic enquiry.

Professional guidance should make that boundary clearer before a disagreement or complaint arises, not discover it afterwards.

1. Purpose and scope

Protect and Teach welcomes PCPB's attempt to distinguish conversion practices from legitimate therapeutic exploration, assessment and support. The proposed definition contains important safeguards, including express recognition of open-ended exploration, assessment and formulation, client autonomy, transition, detransition and non-transition.

The central question for this briefing is whether those safeguards create a sufficiently clear and workable boundary in practice.

PCPB defines conversion practices by reference to conduct undertaken for the purpose of changing or suppressing a person's sexual orientation or gender identity because one outcome is treated as preferable to another. It further provides that purpose may be assessed from the overall character of the conduct, including its methods, communications and the outcomes encouraged or discouraged.[1]

That approach makes **purpose and therapeutic direction** central to the proposed framework.

Protect and Teach therefore examines whether practitioners can reliably distinguish between:

- open-ended exploration and predetermined therapeutic direction;
- client-led goals and practitioner-preferred outcomes;
- assessment, formulation and challenge and attempts to change or suppress identity; and
- legitimate professional disagreement and conduct capable of constituting conversion practice.

The purpose of this review is not to prescribe a preferred therapeutic model. It is to consider whether the proposed definition is sufficiently clear, evidence-based and capable of protecting clients from coercive or

[1] Partnership of Counselling and Psychotherapy Bodies (PCPB), *Working Definition of Conversion Practices* (consultation draft, August 2026), core definition and principle 1, 'Purpose rather than label or setting'. PCPB defines conversion practices by reference to conduct undertaken for the purpose of changing or suppressing sexual orientation or gender identity and provides that purpose may be assessed from the overall character of the conduct, including recorded aims, methods, communications, patterns of behaviour and outcomes encouraged or discouraged.

predetermined practices while preserving legitimate therapeutic exploration, safeguarding and autonomous decision-making.

1.1 Sexual orientation and gender identity

PCPB applies the same overarching framework to sexual orientation and gender identity. That does not mean that the two have identical clinical histories or equivalent empirical evidence bases.

The Government-commissioned 2021 rapid evidence assessment identified 46 relevant studies: 40 concerning sexual-orientation change efforts, five concerning gender-identity change efforts and one concerning both.[2]

The difference does not establish that harmful attempts to change or suppress gender identity do not occur. It does mean that findings from one evidence base should not automatically be treated as establishing equivalent conclusions about the other.

For the purposes of professional guidance, PCPB should therefore distinguish clearly between **sexual orientation, gender identity, identity labels, behaviour and belief**. This is particularly important where therapeutic work involves questioning, formulation or exploration rather than an attempt to produce a particular identity outcome.

The draft itself recognises this distinction by protecting open-ended exploration and autonomous decisions concerning relationships, sexual behaviour, celibacy, identity labels, transition, detransition and non-transition.[3]

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[2] Adam Jowett and others, *Conversion Therapy: An Evidence Assessment and Qualitative Study* (Government Equalities Office 2021), s 3.1, Table 1. The rapid evidence assessment identified 46 studies: 40 specifically concerning sexual-orientation change efforts, five specifically concerning gender-identity change efforts and one concerning both.
Government Equalities Office — Conversion Therapy: An Evidence Assessment and Qualitative Study

[3] PCPB, *Working Definition of Conversion Practices* (consultation draft, August 2026), principles concerning exploration, assessment and autonomy. The draft distinguishes open-ended exploration from work directed towards a predetermined outcome and recognises that assessment, formulation and diagnosis do not themselves constitute conversion practices.

1.2 Predetermined outcomes and symmetry

PCPB distinguishes between a **predetermined outcome** preferred in advance by a practitioner or service and a goal or aspiration identified with the individual.[4]

That is an important distinction.

The relevant ethical question should be whether therapeutic work was **directed towards an outcome preferred in advance by the practitioner**, rather than which particular outcome eventually occurred.

The principle should therefore operate symmetrically. Work directed towards producing a cisgender outcome should be assessed according to the same underlying principle as work directed towards producing a transgender outcome. The same principle should apply to heterosexual, homosexual or bisexual outcomes.

This does not mean that supporting or affirming a client necessarily constitutes therapeutic direction. Respectful acknowledgement, listening and support for autonomous decisions may be entirely consistent with open-ended practice. Equally, describing an approach as "exploratory" should not protect work that is in reality directed towards a predetermined outcome.[5]

The label attached to the therapeutic approach should not determine the analysis. The relevant question is whether the process was genuinely open to more than one outcome.

A client's eventual outcome should likewise not be treated as evidence, by itself, of the practitioner's original purpose. Transition, non-transition, detransition or a change in identity following therapy does not establish that the practitioner intended to produce that result.

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[4] ibid, glossary, 'Predetermined outcome'. PCPB distinguishes an outcome concerning sexual orientation or gender identity regarded as preferable in advance by the practitioner, service or other person from a goal or aspiration identified with the individual.

[5] ibid, principle 1, 'Purpose rather than label or setting', and principle concerning exploration. PCPB provides that the character of conduct depends upon its purpose, content and context rather than the label or setting attached to it, and that use of terms such as 'exploration' or 'support' is not determinative where the purpose is to change or suppress sexual orientation or gender identity.

The more difficult boundary concerns a client who actively seeks help towards a particular goal. PCPB recognises autonomous decisions concerning relationships, sexual behaviour, religious observance, identity labels, transition, detransition and non-transition, while also stating that a client's request does not itself justify practice directed towards changing or suppressing sexual orientation or gender identity.[6]

The final guidance should explain more clearly how practitioners can support legitimate client-led goals without either directing the client towards a preferred identity outcome or becoming unable to engage meaningfully with the client's request.

Recommendation

PCPB should clarify:

- the objective indicators of a predetermined therapeutic outcome;
- that the principle applies symmetrically regardless of the outcome concerned;
- the distinction between client-led goals and practitioner-directed outcomes;
- that questioning, assessment, formulation and therapeutic challenge do not themselves establish directional purpose; and
- that the eventual outcome of therapy is not, without further evidence, proof of the practitioner's original purpose.

A practitioner should not require hindsight to discover whether an intervention was ethically permissible.

[6] ibid, principle concerning autonomy and glossary, 'Predetermined outcome'. PCPB recognises autonomous decisions concerning relationships, sexual behaviour, religious observance, personal conscience, identity labels, transition, detransition and non-transition, while providing that an individual's request for a particular outcome does not itself justify directing practice towards changing or suppressing sexual orientation or gender identity.

2. What the Proposed Principles Get Right

The proposed definition contains several important safeguards. PCPB does not treat all discussions of sexual orientation or gender identity as conversion practice, nor does it suggest that therapeutic exploration must result in a particular conclusion.

Instead, the draft distinguishes between **open-ended, client-centred therapeutic work** and conduct directed towards changing or suppressing sexual orientation or gender identity because one outcome is preferred to another.[7] This provides a useful foundation for the proposed framework.

2.1 Open-ended exploration

PCPB expressly states that open-ended exploration of sexual orientation or gender identity does not constitute conversion practice where it is not directed towards a predetermined outcome. It also makes clear that describing work as 'exploratory' does not determine its character.[8]

This distinction is important. Therapeutic exploration may involve uncertainty, reflection, questioning, reconsideration and examination of different explanations for distress. A client may leave therapy with the same understanding of themselves, a strengthened or modified understanding, or a different one.

The ethical issue is therefore not whether change occurs during therapy, but whether the practitioner has attempted to determine its direction in advance.

Protect and Teach welcomes PCPB's explicit protection of genuinely open-ended exploration.

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[7] Partnership of Counselling and Psychotherapy Bodies (PCPB), *Working Definition of Conversion Practices* (consultation draft, August 2026), core definition and principles concerning purpose, exploration, assessment and autonomy. The draft distinguishes conduct directed towards changing or suppressing sexual orientation or gender identity from open-ended exploration and other protected professional activity.

[8] PCPB, *Working Definition of Conversion Practices*, principle concerning exploration. PCPB states that open-ended exploration of sexual orientation or gender identity is not conversion practice where it is not directed towards a predetermined outcome, while making clear that use of the term 'exploratory' does not itself determine the character of the work.

2.2 Assessment, formulation and diagnosis

PCPB also states that assessment, formulation and diagnosis do not in themselves constitute conversion practices, although they may form part of one where they are used to pursue a predetermined outcome.[9]

This is an important safeguard. Assessment and formulation may require practitioners to consider different explanations, relevant circumstances and competing factors rather than assuming that a client's initial interpretation is the only clinically relevant one.

Clinical uncertainty is not an ethical failure requiring correction; it is often the reason therapeutic exploration is necessary.

Professional guidance should therefore preserve clinical curiosity while maintaining the prohibition on using assessment or formulation as a means of directing a client towards a preferred identity outcome.

2.3 Autonomy and client-led decisions

PCPB recognises that supporting autonomous decisions concerning relationships, sexual behaviour, religious observance, personal conscience, identity labels, transition, detransition and non-transition does not itself constitute conversion practice.[10]

This establishes an important distinction between **supporting a client in making a decision and making the preferred decision for the client**.

Respect for autonomy does not require every belief, interpretation or proposed course of action to remain beyond therapeutic exploration. Equally, exploration should not become persuasion towards an alternative preferred by the practitioner.

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[9] PCPB, *Working Definition of Conversion Practices*, principle concerning assessment, formulation and diagnosis. PCPB states that assessment, formulation and diagnosis do not in themselves constitute conversion practices, although they may form part of one where used to pursue a predetermined outcome.

[10] PCPB, *Working Definition of Conversion Practices*, principle concerning autonomy. PCPB identifies autonomous decisions concerning relationships, sexual behaviour, religious observance, personal conscience, identity labels, transition, detransition and non-transition as matters that do not themselves indicate conversion practice.

The aim should be to preserve space in which clients can examine their experiences, values, uncertainties and options while retaining ownership of their eventual decisions.

2.4 Belief and professional conduct

The draft also recognises that holding philosophical, religious, moral, cultural, political or clinical beliefs does not itself constitute conversion practice. Expression or imposition of those beliefs may become relevant where it forms part of conduct directed towards a predetermined outcome. [11]

This distinction is particularly important where practitioners and clients hold different understandings of sexuality, sex, gender, religion or morality.

Professional standards should regulate professional conduct rather than require uniformity of belief.

The more difficult question is how the final framework will distinguish legitimate professional or therapeutic discussion from the use of belief to direct a client towards a preferred outcome. That boundary is considered later in this briefing.

2.5 Professional standards and criminal law

PCPB appropriately distinguishes its proposed professional and ethical definition from statutory or criminal thresholds. It recognises that conduct falling outside a statutory definition may nevertheless raise professional, ethical or safeguarding concerns.[12]

That distinction is legitimate. A professional body may establish standards that differ from the minimum threshold for criminal liability.

[11] PCPB, *Working Definition of Conversion Practices*, principle concerning beliefs. PCPB states that holding philosophical, religious, moral, cultural, political or clinical beliefs does not itself constitute conversion practice, while their expression or imposition may form part of such a practice where used to pursue a predetermined outcome.

[12] PCPB, *Working Definition of Conversion Practices*, 'Professional and ethical status'. PCPB distinguishes its proposed professional and ethical definition from statutory tests and recognises that legal thresholds concerning matters including abuse, coercion or harm may differ.

It also makes clarity especially important. A professional definition may influence ethical codes, supervision, complaints, disciplinary processes and practitioners' understanding of permissible practice even where no question of criminal liability arises.

The existence of safeguards in a definition is not, therefore, the same as demonstrating that practitioners can reliably identify their boundaries in practice.

Where therapeutic purpose may be inferred from the overall character of the work, including outcomes encouraged or discouraged, and where a client's own request does not determine whether work falls within the definition, those boundaries require particular clarity.[13]

A professional framework intended to protect clients should enable therapeutic curiosity without therapeutic coercion, and client autonomy without practitioner direction.

[13] PCPB, *Working Definition of Conversion Practices*, principle 1, 'Purpose rather than label or setting', and glossary, 'Predetermined outcome'. PCPB provides that purpose may be assessed from the overall character of conduct, including recorded aims, methods, communications, patterns of behaviour and outcomes encouraged or discouraged, and that an individual's request for a particular outcome does not itself justify practice directed towards changing or suppressing sexual orientation or gender identity.

3. The Evidence in Overview

There is evidence that people report serious harms arising from attempts to change or suppress sexual orientation or gender identity. Protect and Teach does not dispute that such experiences warrant serious professional and safeguarding concern. The Government-commissioned 2021 evidence assessment found consistent evidence of self-reported harm associated with sexual-orientation change efforts and more limited evidence concerning gender-identity change efforts.[14]

The evidential question for this consultation is narrower:

How far does the available evidence support the particular professional boundary PCPB proposes?

That requires attention not only to whether harmful experiences have been reported, but to **what conduct was studied, how it was defined, the strength of the evidence and how far the resulting findings can reasonably be generalised to other forms of therapeutic activity**.

3.1 What the evidence establishes

The 2021 Government-commissioned review identified no robust evidence that conversion practices successfully change sexual orientation. It identified no studies examining the effectiveness of attempts to change gender identity within its 2000–2020 search period. The review also found evidence associating exposure to conversion practices with adverse outcomes, including poorer mental health, suicidal thoughts and suicide attempts.[15]

Those findings should not be dismissed simply because much of the evidence is observational or based upon self-report. Qualitative evidence and accounts of lived experience can provide important information about

[14] Adam Jowett and others, *Conversion Therapy: An Evidence Assessment and Qualitative Study* (Government Equalities Office 2021), Executive Summary and ss 6–8. The review found consistent evidence of self-reported harm associated with sexual-orientation change efforts and more limited evidence concerning gender-identity change efforts.

[15] Jowett and others, *Conversion Therapy*, Executive Summary and s 6.2. The review found no robust evidence that conversion therapy changes sexual orientation and identified no studies examining the effectiveness of conversion therapy aimed at changing gender identity within its January 2000–June 2020 search period.

the nature and consequences of practices that may otherwise be difficult to identify.

Equally, the limitations of the evidence remain relevant when determining precisely what conclusions can be drawn from it.

The 2021 assessment identified a lack of prospective controlled studies, reliance upon retrospective self-reporting and self-selected samples, limited longitudinal evidence, differing measures of outcome and substantial variation in the practices grouped together as conversion therapy. The authors also recognised that randomised controlled trials would be practically and ethically difficult to conduct.[16]

The appropriate conclusion is therefore neither that the evidence is worthless nor that its limitations can be disregarded. The evidence can support conclusions about reported experiences and associations with harm while providing less certainty about **causation, prevalence and the relative risks associated with particular forms of conduct**.

The Government's 2026 impact assessment similarly acknowledges that there is no direct causal evidence tracking outcomes over time and that the evidence base remains affected by retrospective self-report, self-selection and the absence of longitudinal or controlled study designs.[17]

3.2 Sexual orientation and gender identity

The evidence base is not evenly distributed between sexual orientation and gender identity.

As noted in Section 1, 40 of the 46 studies identified by the 2021 review concerned sexual-orientation change efforts, five concerned gender-

[16] Jowett and others, *Conversion Therapy*, s 3.3 and Appendix 2. Identified limitations included the absence of prospective controlled studies, reliance upon retrospective self-report and self-selected samples, lack of longitudinal evidence, differing measures of 'success' and heterogeneity of practices; the authors also noted the practical and ethical difficulties of conducting randomised controlled trials.

[17] Cabinet Office, *Draft Conversion Practices Bill: Final Stage Impact Assessment* (2026), 'Limitations of the evidence base and analytical challenges'. The assessment identifies reliance upon retrospective self-report, self-selected samples and the absence of longitudinal and controlled study designs, and states that the literature does not provide direct causal evidence tracking outcomes over time. Government — Draft Final Stage Impact Assessment

identity change efforts and one addressed both. The review described the evidence concerning gender-identity change efforts as relatively limited.[18]

The Government's 2026 assessment continues to recognise this distinction, describing the evidence concerning gender-identity conversion practices as newer and noting that the wider evidence base has historically focused principally upon sexual orientation.[19]

This does not establish that attempts to change or suppress gender identity are harmless, nor does it prevent professional bodies from adopting ethical standards concerning them.

It does mean, however, that **equivalent professional principles should not automatically be presented as resting upon equivalent empirical evidence bases**.

Where evidence from sexual-orientation change efforts is relied upon to support principles concerning gender identity, the basis for that generalisation should therefore be made clear.

3.3 Harm, causation and therapeutic boundaries

Evidence of association with harm is particularly important, but association and causation answer different questions.

The Government's 2026 assessment expressly recognises that the literature provides correlational evidence rather than direct causal evidence tracking outcomes over time.[20] That limitation does not negate reported harm. It affects the degree of certainty with which particular outcomes can be attributed to particular practices and, importantly for

[18] Jowett and others, *Conversion Therapy*, ss 3.1, 3.3 and 8.3. Of the 46 studies identified, 40 concerned sexual-orientation change efforts, five gender-identity change efforts and one both; the review identified relatively little published evidence concerning gender-identity change efforts.
[19] Cabinet Office, *Draft Conversion Practices Bill: Equality Impact Assessment* (2026), 'Evidence base'. The assessment describes the evidence base as historically focused upon sexual orientation and the evidence concerning gender-identity conversion practices as newer. Government — Draft Equality Impact Assessment
[20] Cabinet Office, *Draft Conversion Practices Bill: Final Stage Impact Assessment* (2026), 'Harms associated with conversion practices'. The assessment characterises the available evidence as correlational and states that direct causal evidence tracking outcomes over time is unavailable.

this consultation, how far those findings can be extended to other forms of professional conduct.

The 2021 review also concluded that the evidence did not robustly establish whether particular techniques or practices were more or less harmful than others.[21]

That distinction matters because PCPB's proposed framework may apply to counselling, psychotherapy, pastoral support, mentoring, assessment and exploratory work depending upon their **purpose, content, context and direction**.

Evidence concerning coercive, explicitly predetermined or historically recognised attempts to alter sexual orientation or gender identity cannot, without further analysis, establish that every form of therapeutic conduct potentially falling within a broader professional definition carries an equivalent risk of harm.

The relevant question is therefore not simply whether harmful conversion practices exist. The evidence supports taking that concern seriously.

The more difficult question is **where the professional boundary should be drawn**.

3.4 Evidential transparency

PCPB's final guidance would be strengthened by distinguishing clearly between:

- propositions supported by empirical research;
- conclusions derived principally from professional consensus or expert opinion;
- normative ethical judgements about appropriate professional conduct; and
- areas in which material evidential uncertainty or professional disagreement remains.

[21] Jowett and others, *Conversion Therapy*, Executive Summary and s 3.3. The review concluded that there was evidence that conversion therapy could be harmful but no robust evidence identifying whether particular techniques or practices used by conversion therapists were more or less harmful than others.

These categories can all legitimately contribute to professional guidance. They are not, however, interchangeable.

Professional bodies may decide that particular conduct is ethically unacceptable even where empirical evidence is incomplete. Where that occurs, the ethical judgement should be identified as such rather than presented as though the empirical literature has independently resolved the question.

This is particularly important when evidence concerning demonstrably directional practices is used to construct rules governing therapeutic exploration at the boundary of the definition.

A large evidence base is not necessarily a precise evidence base. The relevant question is not how many publications can be cited, but how directly and reliably they answer the proposition for which they are being cited.

Recommendation

PCPB should:

- identify clearly the principal empirical evidence supporting the proposed definition;
- distinguish evidence concerning sexual orientation from evidence concerning gender identity where material differences exist;
- distinguish evidence of association from evidence capable of supporting causal conclusions;
- distinguish empirical findings from professional consensus and normative ethical judgement; and
- explain the evidential basis for extending findings concerning established conversion practices to therapeutic conduct close to the boundary of its proposed definition.

4. Exploratory Therapy and Clinical Uncertainty

PCPB expressly protects open-ended exploration of sexual orientation and gender identity where the work is not directed towards a predetermined outcome. It also recognises that assessment, formulation and diagnosis do not themselves constitute conversion practices.[22]

These are important safeguards. The difficulty lies not in the principle, but in determining how reliably the distinction can be applied in practice.

4.1 Open-ended exploration

Therapeutic exploration does not necessarily proceed neutrally in the sense of avoiding difficult questions, alternative explanations or challenges. A practitioner may explore the origins, meaning and development of a client's feelings; examine relationships between identity, distress and other experiences; test assumptions; or consider different possible explanations without seeking to produce a predetermined identity outcome.

PCPB's proposed definition appears capable of accommodating such work. Its emphasis is upon **purpose and direction**, rather than upon whether questioning, challenge or change occurs during therapy.[23]

The difficulty arises because PCPB also provides that purpose may be inferred from the overall character of the conduct, including recorded aims, methods, communications, patterns of behaviour and the outcomes encouraged or discouraged.[24]

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[22] Partnership of Counselling and Psychotherapy Bodies (PCPB), *Working Definition of Conversion Practices* (consultation draft, August 2026), principles concerning exploration and assessment, formulation and diagnosis. PCPB provides that open-ended exploration is not conversion practice where it is not directed towards a predetermined outcome and that assessment, formulation and diagnosis do not themselves constitute conversion practices.

[23] PCPB, *Working Definition of Conversion Practices*, core definition and principles concerning purpose and exploration. The proposed framework distinguishes conduct by reference to its purpose, content, context and direction rather than treating questioning, exploration or a change in the client's understanding as determinative.

[24] ibid, principle 1, 'Purpose rather than label or setting'. PCPB provides that purpose may be assessed from the overall character of conduct, including recorded aims, methods, communications, patterns of behaviour and outcomes encouraged or discouraged.

That creates an important evidential question. A practitioner may regard work as genuinely exploratory while a client, complainant or subsequent reviewer may interpret the same questions or interventions as demonstrating preference for a particular outcome.

The final guidance should therefore identify sufficiently objective indicators by which the distinction can be made.

The fact that a practitioner explores an explanation does not, by itself, establish that the practitioner is attempting to produce it. Equally, describing work as exploratory should not protect a process that is in reality directed towards a predetermined outcome.

4.2 Clinical uncertainty

Uncertainty may be a legitimate starting point for therapeutic work.

Clients may themselves be uncertain about the meaning of their experiences, the identity labels they use, the relationship between distress and identity, or the course of action they wish to take. Assessment and formulation may likewise identify several potentially relevant factors requiring further exploration.

PCPB appropriately recognises this by excluding assessment, formulation and diagnosis from the definition where they are not being used to pursue a predetermined outcome.[25]

This protection should remain meaningful where exploration produces information that complicates, rather than confirms, a client's initial understanding. Otherwise, there is a risk that open-ended exploration is protected in principle while particular lines of enquiry become difficult to pursue in practice.

The Government has separately recognised the importance of preserving legitimate exploration. Its 2026 Impact Assessment states that clinicians must remain able to assist people exploring sexual orientation or gender

[25] Partnership of Counselling and Psychotherapy Bodies (PCPB), principle concerning assessment, formulation and diagnosis. PCPB states that assessment, formulation and diagnosis do not themselves constitute conversion practices, although they may form part of one where used to pursue a predetermined outcome.

identity and identifies avoidance of a chilling effect on exploratory therapies as an objective of the proposed healthcare exemption in the Draft Conversion Practices Bill.[26]

The statutory and professional frameworks are different, and PCPB is not required to reproduce the criminal-law threshold. The Government's recognition is nevertheless relevant to the underlying professional problem: **a framework intended to prevent predetermined therapeutic direction should not inadvertently discourage legitimate therapeutic enquiry.**

4.3 Hindsight and therapeutic outcomes

Particular care is required where the character of therapy is assessed retrospectively.

A client may change how they understand or describe their sexual orientation or gender identity during or after therapy. They may transition, detransition or decide not to transition. They may adopt, reject or change an identity label.

None of those outcomes, without further evidence, establishes the practitioner's original purpose.

PCPB's own definition supports this distinction. A predetermined outcome concerns an outcome regarded as preferable in advance by the practitioner, service or other person; a goal or aspiration identified with the individual is not, by itself, a predetermined outcome.[27]

Assessment should therefore focus upon evidence of therapeutic purpose and direction **at the relevant time**, rather than reasoning backwards from the client's eventual outcome.

This becomes particularly important in complaints or disciplinary processes. If professional permissibility depends substantially upon

[26] Cabinet Office, *Draft Conversion Practices Bill: Final Stage Impact Assessment* (2026), 'Protecting legitimate healthcare'. The Government states that clinicians must remain able to assist people exploring sexual orientation or gender identity and describes the healthcare exemption as intended to avoid a chilling effect on exploratory therapies and transgender healthcare.

[27] PCPB, *Working Definition of Conversion Practices*, glossary, 'Predetermined outcome'. PCPB distinguishes an outcome regarded as preferable in advance by the practitioner, service or other person from a goal or aspiration identified with the individual.

purpose, practitioners and reviewers need sufficiently clear criteria for distinguishing evidence of predetermined direction from the ordinary record of exploration, questioning and clinical formulation.

A practitioner should not require hindsight to discover whether an intervention was ethically permissible.

4.4 What PCPB should clarify

The proposed definition would be strengthened by explaining more precisely:

- what conduct constitutes evidence that exploration has become directed towards a predetermined outcome;
- how legitimate questioning, challenge, assessment and formulation should be distinguished from attempts to change or suppress sexual orientation or gender identity;
- how purpose should be assessed where practitioner and client subsequently disagree about the character of the work;
- what weight should be attached to contemporaneous clinical records, agreed therapeutic goals and the wider course of therapy; and
- that a client's eventual identity or therapeutic outcome is not, without further evidence, proof of the practitioner's original purpose.

Recommendation

PCPB should retain its express protection for open-ended exploration, assessment and formulation, while providing clearer objective criteria for distinguishing those activities from practice directed towards a predetermined outcome.

The final guidance should make clear that **therapeutic questioning, uncertainty, challenge or change do not themselves establish conversion practice**. The relevant issue is whether the evidence demonstrates that the practitioner directed the work towards changing or suppressing sexual orientation or gender identity because a particular outcome was preferred.

Professional guidance should preserve clinical curiosity rather than inadvertently reward premature certainty.

5. Client Autonomy, Consent and Therapeutic Goals

PCPB recognises that clients may make autonomous decisions concerning relationships, sexual behaviour, religious observance, personal conscience, identity labels, transition, detransition and non-transition. Supporting such decisions does not, by itself, constitute conversion practice.[28]

At the same time, the proposed definition states that consent does not determine whether conduct constitutes conversion practice and that an individual's request for a particular outcome does not itself justify practice directed towards changing or suppressing sexual orientation or gender identity.[29]

Both propositions can be ethically coherent. Consent does not make coercive, abusive or professionally improper conduct acceptable. Equally, respect for autonomy requires meaningful scope for competent adults to determine their own goals and seek therapeutic assistance in understanding or pursuing them.

The difficulty is therefore not whether consent should provide a complete defence to professional misconduct. It should not. The question is **what forms of assistance a practitioner may legitimately provide when the client's autonomous goal intersects with conduct PCPB describes as changing or suppressing sexual orientation or gender identity**.

5.1 Client-led goals and practitioner direction

PCPB's distinction between a predetermined outcome and a goal or aspiration identified with the individual is important. A predetermined

[28] Partnership of Counselling and Psychotherapy Bodies (PCPB), *Working Definition of Conversion Practices* (consultation draft, August 2026), principle concerning autonomy. PCPB recognises autonomous decisions concerning relationships, sexual behaviour, religious observance, personal conscience, identity labels, transition, detransition and non-transition.

[29] PCPB, *Working Definition of Conversion Practices*, principles concerning consent and autonomy, and glossary, 'Predetermined outcome'. PCPB provides that consent does not determine whether conduct constitutes conversion practice and that an individual's request for a particular outcome does not itself justify practice directed towards changing or suppressing sexual orientation or gender identity.

outcome is one regarded as preferable in advance by the practitioner, service or other person; a client's own goal or aspiration is not, by itself, a predetermined outcome.[30]

This distinction should remain central to the final guidance.

A client may enter therapy with an existing objective. They may wish to understand their sexuality or gender identity, decide whether to transition, explore doubts about transition, consider detransition, remain celibate for religious reasons, change aspects of their sexual behaviour or decide whether to adopt or cease using a particular identity label.

The existence of such a goal does not require the practitioner to endorse it uncritically. Nor does it establish that the practitioner has imposed the goal.

The relevant distinction is between **helping a client explore or make autonomous decisions concerning a goal** and **directing the client towards an outcome preferred by the practitioner**.

5.2 Consent is relevant even where it is not determinative

PCPB is right to avoid treating consent as conclusive. Professional obligations cannot necessarily be displaced simply because a client requests particular conduct.[31]

It does not follow, however, that consent and autonomous choice are irrelevant.

There is a significant difference between an outcome imposed or encouraged by a practitioner and an objective brought to therapy by a competent adult and explored without coercion or practitioner preference. The client's wishes, reasons, capacity for autonomous decision-making and freedom to reconsider are therefore relevant to understanding the

[30] PCPB, *Working Definition of Conversion Practices*, glossary, 'Predetermined outcome'. PCPB distinguishes an outcome regarded as preferable in advance by a practitioner, service or other person from a goal or aspiration identified with the individual.
[31] PCPB, *Working Definition of Conversion Practices*, principle concerning consent. PCPB provides that consent does not determine whether conduct constitutes conversion practice.

character of the therapeutic relationship, even where they do not determine the ethical analysis.

The final guidance should distinguish clearly between saying that **consent is not sufficient** and suggesting that **consent is not relevant**.

5.3 Behaviour, identity and suppression

The boundary becomes particularly difficult where a client does not seek to change how they experience their sexual orientation or gender identity, but seeks assistance concerning behaviour or the way they live.

PCPB recognises autonomous decisions concerning matters including relationships, sexual behaviour, celibacy, religious observance and personal conscience.[32] It also defines suppression by reference to inhibiting or preventing the expression, acknowledgement or development of sexual orientation or gender identity, while identifying circumstances that do not themselves amount to suppression.[33]

This creates a boundary requiring particular clarity.

A competent adult may, for example, decide for religious, moral, relational or personal reasons not to act upon particular sexual feelings. Another may wish to alter an identity label without seeking to alter the underlying feelings they experience. A client may also seek assistance in understanding whether a behavioural choice reflects autonomous preference, external pressure, conflict, fear or some combination of factors.

Therapeutic exploration of those questions should remain possible without either assuming that the client's stated goal must be implemented or presuming that choosing not to express a particular aspect of sexuality or identity necessarily demonstrates impermissible suppression.

[32] PCPB, *Working Definition of Conversion Practices*, principle concerning autonomy. The draft recognises autonomous decisions concerning relationships, sexual behaviour, religious observance, personal conscience and other specified matters.

[33] PCPB, *Working Definition of Conversion Practices*, glossary, 'Suppression'. The draft defines suppression by reference to inhibiting or preventing expression, acknowledgement or development of sexual orientation or gender identity and specifies matters that do not themselves constitute suppression.

The central question remains whether the practitioner is **supporting autonomous exploration and decision-making or directing the client towards changing or suppressing sexual orientation or gender identity because the practitioner regards that outcome as preferable**.

5.4 The competent adult who asks for help

The proposed definition would benefit from addressing directly the difficult case of a competent adult who persistently and autonomously requests assistance towards a goal that may involve limiting the expression of sexual orientation or gender identity.

PCPB's present formulation establishes two principles: the client's request does not itself make directed change or suppression permissible, while autonomous decisions concerning a range of behaviours, beliefs and identity-related choices may legitimately be supported.[34]

What remains insufficiently clear is the space between them.

Practitioners need to know what they may **do**, rather than merely what they may discuss. If a client's autonomous objective may be explored but certain forms of assistance towards that objective are professionally impermissible, the final guidance should identify that boundary expressly.

Without that clarification, practitioners may be left uncertain whether respecting autonomy requires them to support the client's chosen goal, explore it without assisting its implementation, decline particular forms of assistance, or refer the client elsewhere.

5.5 What PCPB should clarify

The final guidance should explain:

- how client-led therapeutic goals are distinguished from practitioner-directed outcomes;
- what relevance should be given to a competent adult's autonomous and persistent request;

[34] PCPB, *Working Definition of Conversion Practices*, principle concerning autonomy and glossary, 'Predetermined outcome'. The draft recognises specified autonomous decisions while providing that an individual's request does not itself justify practice directed towards changing or suppressing sexual orientation or gender identity.

- what forms of practical therapeutic assistance may legitimately be provided towards client-led goals;
- how decisions concerning behaviour, celibacy, relationships, religious observance and identity labels are distinguished from impermissible suppression;
- how practitioners should respond where they consider a client's requested goal potentially harmful or inconsistent with professional standards; and
- whether, and in what circumstances, a practitioner should decline, continue exploring or refer where the client's requested goal falls close to the boundary of the definition.

Recommendation

PCPB should retain the principle that consent does not, by itself, determine whether conduct constitutes conversion practice. It should also make clear that **client autonomy, consent and therapeutic purpose remain relevant to determining the character of the work**.

The final guidance should distinguish more precisely between supporting autonomous decisions, exploring a client's requested goal and directing practice towards changing or suppressing sexual orientation or gender identity.

Protecting clients from practitioner-imposed outcomes should not require treating competent adults as though their own therapeutic goals are professionally irrelevant.

6. Children and Young People

The application of PCPB's proposed principles to children and young people requires particular clarity.

Children and adolescents may seek therapeutic support while experiencing uncertainty, distress or conflict concerning sexual orientation or gender identity. Their circumstances may also involve family relationships, mental health, neurodevelopment, safeguarding concerns and questions about social or medical intervention.

PCPB's consultation expressly applies to psychological professionals working with adults and/or children.[35] The principles must therefore be capable of operating in circumstances where the client's developing autonomy exists alongside professional safeguarding responsibilities and, where appropriate, parental responsibility.

The central principle should remain the same: **therapeutic work should not be directed towards an identity outcome predetermined by the practitioner or another person**. Applying that principle to children, however, requires attention to developmental context and the responsibilities of adults involved in their care.

6.1 Exploration and developmental uncertainty

Open-ended exploration may be particularly important where a child or young person is uncertain about how they understand or describe their experiences.

The fact that a young person uses a particular identity label should not, by itself, require therapy to produce or preserve a particular eventual outcome. Equally, uncertainty should not be used as a reason to steer the young person away from an identity preferred by neither the practitioner nor another adult.

[35] Partnership of Counselling and Psychotherapy Bodies (PCPB), 'Consultation opens into conversion practices and GSRD guidelines' (25 August 2026). PCPB states that the work applies to psychological professionals working with adults and/or children.

PCPB's protection of open-ended exploration provides an appropriate starting point.[36] The final guidance should make clear that genuine exploration may include listening, questioning, considering different explanations, discussing uncertainty and allowing a young person's understanding to develop without requiring a predetermined conclusion.

The Government's 2026 Impact Assessment similarly recognises the importance of children and young people having access to legitimate healthcare when exploring gender identity.[37]

The statutory and professional contexts are different, but the underlying concern is relevant to PCPB's work: **protecting children from directed identity change should not require practitioners to treat uncertainty itself as something that must immediately be resolved.**

6.2 Safeguarding

A prohibition on predetermined therapeutic direction should not displace ordinary safeguarding practice.

A practitioner may encounter concerns involving abuse, exploitation, coercion, family conflict, bullying, self-harm, mental ill-health or other risks. Where such concerns arise, they must remain capable of being assessed on their own merits rather than being treated as illegitimate merely because they arise during work concerning sexual orientation or gender identity.

PCPB's recognition that assessment and formulation do not themselves constitute conversion practices is therefore particularly important in work with children and young people.[38]

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[36] PCPB, *Working Definition of Conversion Practices* (consultation draft, August 2026), principle concerning exploration. PCPB provides that open-ended exploration of sexual orientation or gender identity is not conversion practice where it is not directed towards a predetermined outcome.

[37] Cabinet Office, *Draft Conversion Practices Bill: Final Stage Impact Assessment* (2026), 'Protecting legitimate healthcare'. The assessment states that ensuring children and young people have access to legitimate healthcare when exploring gender identity is important and refers in that context to the independent Cass Review.

[38] PCPB, *Working Definition of Conversion Practices*, principle concerning assessment, formulation and diagnosis. PCPB provides that assessment, formulation and diagnosis do not themselves constitute conversion practices, although they may form part of one where used to pursue a predetermined outcome.

Safeguarding enquiry may require practitioners to ask difficult questions, test accounts, consider contextual factors and distinguish between different possible explanations for distress. None of those activities should, without evidence of directional purpose, be treated as an attempt to change or suppress sexual orientation or gender identity.

Conversely, safeguarding language should not provide a means of disguising conduct genuinely intended to produce a predetermined identity outcome.

The relevant distinction remains one of **purpose, evidence and professional conduct**, not the terminology attached to the intervention.

6.3 Parents and carers

Work with children may also involve parents or carers.

The Government's 2026 Impact Assessment expressly recognises both the importance of legitimate healthcare for children exploring gender identity and the ability of parents to have appropriate and sometimes challenging conversations with their children.[39]

PCPB's professional framework raises a related but distinct question: how should a practitioner respond where the views of the child, parent and practitioner differ?

A parent may seek information, raise concerns, question an interpretation, request further assessment or disagree with a proposed course of action. None of those actions establishes, without more, an intention to change or suppress a child's sexual orientation or gender identity.

Equally, parental involvement should not permit a child to be subjected to therapeutic conduct directed towards an outcome preferred in advance by the parent.

The final guidance should therefore distinguish between **parental involvement, questioning and safeguarding on the one hand, and using**

[39] Cabinet Office, *Draft Conversion Practices Bill: Final Stage Impact Assessment* (2026), 'Protecting legitimate healthcare'. The assessment refers both to legitimate healthcare for children and young people exploring gender identity and to parents' ability to have appropriate and sometimes challenging conversations with their children

therapeutic intervention to pursue a predetermined identity outcome on the other.

6.4 Disagreement between child, parent and practitioner

The most difficult cases are unlikely to involve complete agreement between everyone concerned.

A child or young person may want one outcome, a parent another, while the practitioner considers that further exploration or assessment is required. A young person's wishes may also change during therapy.

In such circumstances, the mere existence of disagreement should not itself determine whether conversion practice has occurred.

PCPB's framework instead requires attention to purpose and therapeutic direction.[40] That principle should be developed specifically for work with minors.

The final guidance should explain how practitioners should proceed where:

- a young person's expressed wishes differ from those of a parent or carer;
- the practitioner considers further assessment or exploration necessary;
- safeguarding concerns coexist with questions concerning sexual orientation or gender identity;
- a young person's understanding or stated goals change during therapy; or
- a parent requests an outcome that the practitioner considers inconsistent with open-ended practice.

Without such clarification, practitioners may understand the general prohibition on predetermined outcomes while remaining uncertain about how to apply it in precisely the complex cases in which professional guidance is most valuable.

[40] PCPB, *Working Definition of Conversion Practices*, core definition and principle 1, 'Purpose rather than label or setting'. PCPB's proposed framework focuses upon the purpose and overall character of conduct in determining whether it is directed towards changing or suppressing sexual orientation or gender identity.

6.5 What PCPB should clarify

PCPB should explain:

- how open-ended exploration should operate with children and young people;
- how developmental uncertainty can be explored without directing a young person towards or away from a particular identity outcome;
- how ordinary assessment, formulation and safeguarding responsibilities interact with the proposed definition;
- how practitioners should distinguish legitimate parental involvement from attempts to use therapy to impose a predetermined outcome;
- how disagreements between children, parents and practitioners should be managed; and
- that safeguarding enquiry, questioning or further assessment do not themselves establish conversion practice without evidence of the required directional purpose.

Recommendation

PCPB should include specific guidance on applying its principles to children and young people.

That guidance should preserve the prohibition on therapeutic work directed towards a predetermined identity outcome while recognising the importance of **developmentally appropriate exploration, assessment, safeguarding and appropriate parental involvement**.

The framework should enable practitioners to protect children from coercive or predetermined practices without making legitimate uncertainty, safeguarding enquiry or disagreement professionally suspect.

Children require protection from predetermined outcomes, not predetermined answers to questions they may still be exploring.

7. Transition, Detransition and Non-Transition

PCPB expressly recognises autonomous decisions concerning transition, detransition and non-transition. Its working definition states that choosing any of these pathways does not, by itself, indicate the presence of a conversion practice.[41]

This is an important principle because the ethical character of therapeutic work should not depend upon **which eventual outcome occurs**.

For the purposes of this briefing, Protect and Teach uses the terms *transition*, *detransition* and *non-transition* descriptively, reflecting the terminology used in PCPB's consultation materials and by people describing their own experiences. Their use should not be understood as taking a position on contested conceptual questions concerning sex and gender identity.

The relevant professional question is narrower: **can a practitioner remain genuinely open to different outcomes, and can clients explore, reconsider or change previous decisions without one pathway being treated in advance as the therapeutically preferred destination?**

7.1 No pathway should be predetermined

PCPB's proposed principles state that practitioners should avoid directing individuals towards a preferred outcome concerning gender, sexuality or relationships. They also recognise that understandings of gender or sexuality may be clear and stable for some people while developing, changing or becoming clearer over time for others.[42]

[41] Partnership of Counselling and Psychotherapy Bodies (PCPB), *Working Definition of Conversion Practices* (consultation draft, August 2026), principle 6, 'Support for individual autonomy', and glossary, 'Suppression'. PCPB states that autonomous behavioural choices concerning identity labels, transition, detransition or non-transition do not of themselves indicate conversion practice and expressly includes these matters within its explanation of autonomous decision-making.
[42] PCPB, *Good Practice Principles for Working with Gender, Sexuality and Relationship Diversity* (consultation draft, August 2026), principle 1(5) and principle 2(7)–(8). The draft recognises that understandings may be stable for some individuals and develop or change for others, and states that support should not be based upon assumptions about desirable identities or developmental pathways.

Applied consistently, this means that therapeutic work should not begin with an assumption that transition, detransition or non-transition is the outcome that therapy ought to produce.

This does not require practitioners to regard every possible intervention as clinically appropriate or evidentially equivalent. PCPB itself recognises that self-determination does not require a practitioner to provide every intervention requested or to set aside assessment, evidence, professional judgement, ethical responsibilities or legal requirements.[43]

That distinction is important.

Openness to different therapeutic outcomes is not the same as clinical neutrality about every proposed intervention.

A practitioner may properly consider evidence, risks, benefits, uncertainty, safeguarding concerns and the limits of their own competence without thereby directing the client towards a predetermined identity outcome.

7.2 Transition

A client considering transition may require space to explore what they understand transition to mean, what they hope it will achieve, the sources and nature of any distress, the alternatives available and the potential consequences of different decisions.

PCPB's good practice principles support discussion of the potential benefits, challenges, losses and consequences associated with different options, provided that the work remains responsive to the individual's experiences, values, needs and choices and does not treat a particular identity or outcome as preferable.[44]

That protection is important.

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[43] PCPB, *Good Practice Principles for Working with Gender, Sexuality and Relationship Diversity*, principle 2(8). PCPB states that self-determination does not require practitioners to provide every requested intervention or disregard assessment, evidence, professional judgement, ethical responsibilities or legal requirements.

[44] PCPB, *Good Practice Principles for Working with Gender, Sexuality and Relationship Diversity*, principle 3(14). PCPB states that open exploration may include discussion of the potential benefits, challenges, losses and consequences associated with different options, while remaining responsive to the individual and avoiding treatment of a particular outcome as preferable.

Therapeutic exploration should therefore permit questions about a client's reasons, expectations, uncertainties and wider circumstances without the asking of those questions itself being characterised as an attempt to prevent transition.

Equally, therapeutic exploration should not assume that transition is the outcome towards which uncertainty should ultimately be resolved.

The same principle applies in both directions: **assessment should inform decision-making rather than be used to secure a predetermined identity outcome.**

7.3 Detransition and reconsideration

PCPB expressly includes detransition among the autonomous decisions that do not themselves indicate conversion practice.[45]

That recognition should be preserved clearly in the final guidance.

A person who reconsiders an earlier decision, changes how they describe themselves, ceases or reverses aspects of transition, or seeks therapeutic support in understanding those experiences should be able to receive appropriate support without the direction of their decision being treated, by itself, as evidence that conversion practice has occurred.

The same should apply to uncertainty. Reconsideration does not necessarily imply that an earlier decision was wrong, nor does an earlier decision establish what the person should decide subsequently.

PCPB's own principles recognise that understandings may develop, change or become clearer over time and that there is no single developmental pathway or timetable applicable to everyone.[46]

[45] PCPB, *Working Definition of Conversion Practices*, principle 6, 'Support for individual autonomy'. PCPB expressly identifies transition, detransition and non-transition among behavioural choices that do not of themselves indicate conversion practice.

[46] PCPB, *Good Practice Principles for Working with Gender, Sexuality and Relationship Diversity*, principle 1(5). The draft states that understandings of gender or sexuality may be clear and stable for some people while developing, changing or becoming clearer over time for others, and that these experiences do not necessarily follow a common developmental pathway or timetable.

The professional task should therefore remain responsive to the person as they present at the relevant time.

7.4 Non-transition

Non-transition requires equivalent clarity.

A person may explore questions concerning gender identity and decide not to pursue social or medical transition. Another may remain uncertain. Another may decide that changes in presentation, relationships or other aspects of life are sufficient for them.

PCPB expressly identifies non-transition as an autonomous decision that does not itself indicate conversion practice.[47]

The final guidance should ensure that this protection operates substantively rather than merely linguistically. A practitioner should not be treated as having engaged in conversion practice simply because open-ended therapeutic work is followed by a decision not to transition.

Conversely, describing an intervention as supporting non-transition cannot protect conduct that was in reality directed towards producing that outcome from the outset.

Again, **the outcome is not the test; therapeutic purpose and direction are**.

7.5 Evidence, uncertainty and professional judgement

This area also illustrates why PCPB's recognition of evidential uncertainty is important.

Its draft good practice principles acknowledge that research relevant to some areas of GSRD practice may be evolving, limited, conflicting or contested. Practitioners are encouraged to consider the quality, relevance and applicability of evidence and to be transparent with clients about relevant uncertainties.[48]

[47] PCPB, *Working Definition of Conversion Practices*, principle 6 and glossary, 'Suppression'. PCPB expressly recognises non-transition within its provisions concerning autonomous decisions.
[48] PCPB, *Good Practice Principles for Working with Gender, Sexuality and Relationship Diversity*, principle 6(27)–(29). PCPB recognises that evidence in some areas may be evolving, limited,

That principle should apply fully to therapeutic work concerning transition, detransition and non-transition.

Acknowledging uncertainty about evidence, discussing possible risks and benefits, considering alternative explanations or recommending further assessment should not themselves be interpreted as evidence that a practitioner prefers a particular identity outcome.

Equally, professional judgement should not become a means of disguising predetermined therapeutic direction.

The distinction again depends upon whether assessment and exploration remain genuinely responsive to the individual rather than being organised around an outcome the practitioner has decided in advance is preferable.

7.6 What PCPB should clarify

PCPB should make clear that:

- transition, detransition and non-transition are all outcomes that may follow genuinely open-ended therapeutic work;
- none of those outcomes is, by itself, evidence that conversion practice has occurred;
- practitioners may discuss the potential benefits, risks, challenges, losses, uncertainties and consequences associated with different options;
- further assessment, therapeutic questioning or acknowledgement of evidential uncertainty do not themselves demonstrate opposition to or support for a particular identity outcome;
- people reconsidering previous decisions should have access to non-judgemental therapeutic support;
- practitioners should not direct clients towards transition, detransition or non-transition as a predetermined outcome; and
- retrospective assessment of therapeutic conduct should examine evidence of purpose and direction rather than infer improper purpose merely from the client's eventual decision.

conflicting or contested and calls for attention to the quality, relevance and applicability of evidence and transparency concerning relevant uncertainties.

Recommendation

PCPB should retain its explicit recognition of transition, detransition and non-transition within its autonomy provisions and make the symmetry of that protection unmistakable.

The final guidance should protect a client's ability to **explore, proceed, pause, reconsider or change direction** without treating any particular pathway as inherently demonstrating either good therapeutic practice or conversion practice.

It should equally preserve practitioners' ability to undertake appropriate assessment, discuss uncertainty and exercise evidence-informed professional judgement without those activities being treated as directional merely because they do not affirm a particular proposed course of action.

A genuinely open therapeutic process must remain open to the possibility that the client's understanding, decisions or goals may change; in any direction, without the practitioner determining that direction in advance.

8. Safeguarding and Parental Responsibility

Safeguarding and parental responsibility create a particularly important test of whether PCPB's proposed definition can operate clearly in practice.

PCPB intends its principles to support safe and ethical practice with both adults and children.[49] Where children and young people are concerned, therapeutic work may take place alongside safeguarding responsibilities, family relationships and the involvement of parents or carers.

Those responsibilities should not be displaced merely because concerns arise in the context of sexual orientation or gender identity.

Equally, neither safeguarding nor parental involvement should provide a means of disguising therapeutic conduct genuinely directed towards changing or suppressing sexual orientation or gender identity because a particular outcome is preferred.

The necessary distinction is therefore between **legitimate safeguarding, parental involvement and professional assessment on the one hand, and predetermined therapeutic direction on the other**.

8.1 Safeguarding must remain safeguarding

Practitioners working with children and vulnerable people may encounter concerns that require further enquiry, assessment, recording, consultation or referral.

Those concerns may involve abuse, neglect, exploitation, coercion, bullying, family conflict, self-harm, mental ill-health or other risks. Their relevance does not disappear because questions concerning sexual orientation or gender identity are also present.

[49] Partnership of Counselling and Psychotherapy Bodies (PCPB), 'Consultation opens into conversion practices and GSRD guidelines' (25 August 2026). PCPB states that the proposed work applies to psychological professionals working with adults and/or children and is intended to support ethical, safe and consistent practice.

PCPB's recognition that assessment, formulation and diagnosis do not themselves constitute conversion practices is important in this context.[50]

Safeguarding practice may require a practitioner to ask questions that a client finds difficult, consider information from more than one source, explore competing explanations and assess whether another person is exerting pressure or influence.

None of those activities should, without further evidence, establish a purpose to change or suppress sexual orientation or gender identity.

The converse is equally important. Describing an intervention as safeguarding cannot make it so. Where safeguarding terminology is being used to pursue an identity outcome preferred in advance, PCPB's purpose-based test should remain applicable.

The relevant question is what the practitioner is actually doing and why, not which professional label is attached to it.

8.2 Parental responsibility and disagreement

Parents ordinarily play a significant role in children's lives and may be involved in obtaining therapeutic support, providing information and participating in decisions concerning their welfare.

PCPB's framework should not treat parental questioning, concern or disagreement as equivalent, without more, to an attempt to change or suppress a child's sexual orientation or gender identity.

A parent may question a child's interpretation of their experiences, seek further assessment, express concern about a proposed course of action, ask about alternatives or consider that a child requires more time before making a significant decision.

The existence of such disagreement does not establish its purpose.

[50] PCPB, *Working Definition of Conversion Practices* (consultation draft, August 2026), principle concerning assessment, formulation and diagnosis. PCPB provides that assessment, formulation and diagnosis do not themselves constitute conversion practices, although they may form part of one where used to pursue a predetermined outcome.

The Government has confronted a related issue in developing the Draft Conversion Practices Bill. Its 2026 Impact Assessment recognises the importance of parents being able to have appropriate and sometimes challenging conversations with their children, while maintaining that abusive conduct should remain capable of intervention.[51]

PCPB's professional framework is different from the proposed criminal law. Nevertheless, the distinction illustrates the same practical difficulty: **protecting children from coercive or harmful conduct without treating ordinary parental discussion, questioning or disagreement as inherently improper**.

8.3 Parental preference must not become therapeutic direction

Recognition of parental involvement does not mean that a parent's preferred outcome should determine therapy.

A parent may favour a particular interpretation or outcome. A child or young person may favour another. The practitioner may consider that neither should determine the therapeutic process before appropriate exploration or assessment has occurred.

PCPB's emphasis upon predetermined outcomes provides a useful principle here. The relevant question should remain whether therapeutic work itself is being directed towards an outcome regarded as preferable in advance.[52]

Where a parent requests that therapy produce a particular identity outcome, the practitioner should not simply adopt that objective as their own.

[51] Cabinet Office, *Draft Conversion Practices Bill: Final Stage Impact Assessment* (2026), discussion of protections for legitimate conversations and parental interactions. The Government's assessment addresses the need to protect ordinary and potentially challenging conversations while distinguishing them from conduct meeting the proposed statutory threshold.

[52] PCPB, *Working Definition of Conversion Practices*, core definition and glossary, 'Predetermined outcome'. PCPB distinguishes an outcome regarded as preferable in advance by the practitioner, service or other person from a goal or aspiration identified with the individual.

Equally, declining to adopt the parent's preferred outcome does not require the practitioner automatically to adopt the child's initial interpretation as the therapeutic destination.

Open-ended practice requires the practitioner to preserve therapeutic space rather than choose which participant's predetermined answer should prevail.

8.4 Safeguarding concerns about other people

PCPB should also clarify how its principles apply where a practitioner is concerned that a client's decisions or beliefs may be affected by another person.

Its proposed framework appropriately considers coercion, pressure and the wider context in which conduct occurs.[53] That makes it important that practitioners remain able to explore possible influence from family members, partners, peers, communities or other individuals without the enquiry itself being characterised as conversion practice.

This principle should operate consistently.

Practitioners should be able to explore whether a person is experiencing pressure **towards or away from** a particular identity, relationship, behaviour or course of action.

The purpose of such enquiry should be to understand the client's circumstances and protect autonomous decision-making, not to substitute the practitioner's preferred outcome.

8.5 Safeguarding thresholds and professional definitions

PCPB appropriately distinguishes professional and ethical standards from statutory and criminal thresholds.[54]

[53] PCPB, *Working Definition of Conversion Practices*, principles concerning purpose, autonomy and coercion or pressure. The proposed framework treats the overall context and character of conduct, including coercion or pressure, as relevant to determining whether conduct constitutes conversion practice.

[54] PCPB, *Working Definition of Conversion Practices*, 'Professional and ethical status'. PCPB distinguishes its professional and ethical definition from statutory and criminal thresholds and

That distinction becomes particularly important in safeguarding.

A practitioner does not need evidence sufficient to establish a criminal offence before responding appropriately to a safeguarding concern. Conversely, the fact that a concern has been raised does not establish that abuse, conversion practice or professional misconduct has occurred.

Professional guidance should therefore avoid collapsing the stages of **identification, enquiry, assessment and conclusion**.

A concern may justify further assessment. Further assessment may establish that intervention is necessary. It may instead establish that the initial concern was not substantiated or had a different explanation.

Maintaining those distinctions is important both for safeguarding people who may genuinely be at risk and for avoiding premature conclusions about families, clients or practitioners.

8.6 What PCPB should clarify

PCPB should make clear that:

- ordinary safeguarding assessment, enquiry and referral do not themselves constitute conversion practice;
- safeguarding concerns involving sexual orientation or gender identity should be assessed on their evidence and circumstances rather than presumed to demonstrate a particular motive;
- parental questioning, concern or disagreement does not, without further evidence, establish an intention to change or suppress a child's sexual orientation or gender identity;
- parental responsibility does not permit a parent to determine a predetermined therapeutic outcome;
- practitioners should remain able to explore possible coercion or pressure towards **or away from** particular identity-related outcomes;
- disagreement between a child, parent and practitioner should not itself determine whether conversion practice has occurred; and

recognises that professional, ethical and safeguarding concerns may arise under different standards.

- safeguarding concerns, allegations and findings should be clearly distinguished.

Recommendation

PCPB should provide specific guidance on the relationship between its proposed definition, ordinary safeguarding practice and parental involvement.

The final framework should ensure that practitioners remain able to **identify risk, ask difficult questions, seek further information, undertake assessment and respond to genuine safeguarding concerns** without those activities being treated as conversion practice merely because sexual orientation or gender identity is involved.

It should equally make clear that safeguarding terminology or parental authority cannot legitimise therapeutic conduct genuinely directed towards an outcome preferred in advance.

Safeguarding requires enquiry before conclusion. A framework designed to protect people from harm should preserve that distinction.

9. Protected Beliefs and Professional Disagreement

The proposed definition contains several important safeguards. PCPB does not treat all discussion of sexual orientation or gender identity as conversion practice, nor does it suggest that therapeutic exploration must result in a particular conclusion.

Therapeutic relationships do not take place in a context of universal agreement about sexuality, relationships, sex, gender, religion or personal identity.

Clients and practitioners may hold religious, philosophical, ethical or other beliefs that differ substantially from one another. Some of those beliefs may engage protections under equality law. PCPB's existing SCoPEd framework recognises the Equality Act 2010 protected characteristics, including religion or belief, sex, gender reassignment and sexual orientation.[55]

PCPB's proposed definition also recognises that holding, expressing or discussing beliefs does not itself constitute conversion practice.[56]

That distinction is important. Professional standards may regulate **conduct** without requiring complete ideological agreement between practitioner and client.

The relevant question should therefore be whether a practitioner's beliefs are being imposed through therapeutic conduct directed towards a predetermined outcome, rather than whether the practitioner holds a particular belief at all.

[55] Partnership of Counselling and Psychotherapy Bodies (PCPB), *SCoPEd Framework January 2022 (amended 2025)*, glossary, 'Equality Act (2010)'. The framework identifies the nine protected characteristics under the Equality Act 2010, including religion or belief, sex, gender reassignment and sexual orientation.

[56] PCPB, *Working Definition of Conversion Practices* (consultation draft, August 2026), principle concerning beliefs. The draft distinguishes holding, expressing and discussing beliefs from conduct directed towards changing or suppressing sexual orientation or gender identity.

9.1 Belief is not therapeutic direction

A practitioner may hold religious or philosophical beliefs concerning sexuality, relationships, sex or gender that differ from those of a client.

The existence of such beliefs does not establish that therapy is directed towards changing or suppressing the client's sexual orientation or gender identity.

Equally, describing a position as a religious or philosophical belief cannot protect therapeutic conduct that does satisfy PCPB's substantive definition of conversion practice.

The distinction should therefore remain between **holding or expressing a belief and using the therapeutic relationship to impose an outcome derived from that belief**.

This principle should operate consistently regardless of the practitioner's underlying worldview.

9.2 Clients' beliefs and values

The same protection is required for clients.

As discussed in Section 5, PCPB recognises autonomous decisions concerning matters including relationships, sexual behaviour, religious observance and personal conscience.[57] A client may therefore bring religious, philosophical or moral commitments into therapy and wish to explore how to live consistently with them.

Those commitments should neither automatically determine the course of therapy nor be treated as obstacles that therapy is expected to remove.

A practitioner may appropriately explore whether a client's stated goal is autonomous, whether it reflects pressure from others, whether it is causing distress and whether the client wishes to reconsider it.

[57] PCPB, *Working Definition of Conversion Practices*, principle concerning autonomy. The draft recognises autonomous decisions concerning matters including relationships, sexual behaviour, religious observance and personal conscience.

That is different from beginning with the assumption that the client's belief itself represents a therapeutic problem requiring correction.

Open-ended exploration must permit clients to examine their beliefs as well as their identities without requiring either to reach a predetermined conclusion.

9.3 Professional disagreement

Professional disagreement also requires protection.

PCPB's consultation is intended to promote ethical, safe and consistent practice and its final outputs may inform future policy and professional expectations.[58]

Consistency, however, should not be confused with requiring practitioners to reach identical conclusions about every contested clinical, ethical or conceptual question.

PCPB's draft good practice principles recognise that relevant evidence may in some areas be evolving, limited, conflicting or contested.[59] Where genuine evidential or professional uncertainty exists, practitioners should remain able to discuss it, critically evaluate evidence and exercise professional judgement within their competence.

Disagreement with another practitioner, professional body, client or prevailing professional position does not by itself establish conversion practice.

Conversely, describing a position as professional disagreement should not protect conduct that is in fact directed towards a predetermined outcome.

[58] PCPB, 'Consultation opens into conversion practices and GSRD guidelines' (25 August 2026); PCPB, 'Project launched to develop definition of conversion practices and good practice principles for GSRD work' (17 June 2026). PCPB states that the work is intended to support ethical, safe and consistent practice and that the outputs will inform future policy and professional expectations.
[59] PCPB, *Good Practice Principles for Working with Gender, Sexuality and Relationship Diversity* (consultation draft, August 2026), principle concerning evidence and uncertainty. The draft recognises that relevant evidence may in some areas be evolving, limited, conflicting or contested.

The test should remain focused upon **what the practitioner did, the purpose and direction of the therapeutic work, and the evidence supporting that conclusion**.

9.4 Respect does not require agreement

PCPB should distinguish respectful professional practice from compulsory agreement.

Practitioners should treat clients with dignity, avoid discrimination and practise within relevant ethical and professional requirements. A practitioner should not demean a client, attempt to impose personal beliefs or manipulate therapy towards an outcome preferred because of the practitioner's worldview.

None of those requirements necessarily means that practitioner and client must share the same beliefs or conceptual understanding.

This distinction is particularly important where language itself reflects contested philosophical or conceptual propositions. Professional guidance should be sufficiently precise to distinguish **respectful treatment of a person from mandatory affirmation of every belief, description or interpretation advanced within therapy**.

That does not give practitioners licence to behave disrespectfully. It preserves something more fundamental to therapeutic work: the possibility of discussing disagreement without treating disagreement itself as evidence of harm.

9.5 Referral and conscientious disagreement

Difficulties may arise where a practitioner concludes that they cannot ethically or competently provide the form of assistance requested by a client.

PCPB should clarify how its principles interact with existing professional obligations concerning competence, conflicts, referral and continuity of care.

A practitioner should not abandon a client or use referral as a disguised mechanism for attempting to change or suppress sexual orientation or gender identity.

Equally, requiring practitioners to work outside their competence or to provide an intervention they consider professionally inappropriate would not resolve the underlying ethical difficulty.

The relevant question should be how disagreement can be managed **without discrimination, coercion, abandonment or predetermined therapeutic direction**.

9.6 What PCPB should clarify

PCPB should make clear that:

- holding, expressing or discussing a religious or philosophical belief does not itself constitute conversion practice;
- protected belief does not provide an exemption for conduct that otherwise meets the definition of conversion practice;
- clients may bring religious, philosophical, moral and other commitments into therapy and explore how those commitments relate to their lives;
- practitioners should not presume that a client's beliefs require therapeutic correction;
- professional or evidential disagreement does not itself demonstrate conversion practice;
- respectful professional practice does not necessarily require practitioner and client to share the same beliefs or conceptual framework; and
- the final guidance should explain how competence, conscientious disagreement, referral and continuity of care should be managed where practitioner and client cannot agree upon the requested therapeutic work.

Recommendation

PCPB should preserve a clear distinction between **belief, disagreement and professional conduct**.

The final guidance should protect clients from practitioners imposing religious, philosophical or other beliefs through predetermined therapeutic direction, while equally recognising that neither clients nor practitioners should be required to abandon lawful beliefs merely in order to participate in therapeutic work.

Where beliefs or professional judgements conflict, the framework should focus upon conduct, competence, autonomy and ethical practice rather than treating disagreement itself as evidence of conversion practice.

Professional respect requires ethical conduct towards people with whom we disagree. It does not require the disappearance of disagreement.

10. Professional and Regulatory Consequences

The clarity of PCPB's proposed definition matters not only for therapeutic practice but also for the professional processes that may follow an allegation that conversion practice has occurred.

PCPB states that the final definition will inform future policy work and that the good practice principles will support participating organisations in updating expectations for members and registrants.[60] Its partner organisations also operate complaints or fitness to practise processes through which concerns about professional conduct may be investigated and determined.[61]

The proposed framework may therefore have consequences beyond the immediate therapeutic relationship.

That makes clarity, evidential discipline and procedural fairness particularly important.

10.1 Professional standards must be knowable in advance

Practitioners should be able to understand the professional standards governing their conduct before undertaking therapeutic work.

As discussed throughout this briefing, PCPB's framework depends substantially upon distinctions between open-ended exploration and predetermined direction; client-led goals and practitioner preference; autonomous behavioural choices and suppression; legitimate assessment and attempts to produce a particular identity outcome.

Those distinctions are capable of being meaningful.

[60] Partnership of Counselling and Psychotherapy Bodies (PCPB), 'Consultation opens into conversion practices and GSRD guidelines' (25 August 2026). PCPB states that the final definition will inform future policy work and that the good practice principles will support participating organisations in updating expectations for members and registrants.

[61] PCPB, 'Complaints and outcomes'. PCPB states that each partner organisation operates its own complaints or fitness-to-practise process and publishes information concerning professional outcomes.

They must also be sufficiently clear to be applied consistently by practitioners, clients, supervisors and those subsequently considering complaints.

A professional standard should not depend primarily upon retrospective interpretation of an outcome or upon assumptions about what a practitioner must have intended.

If purpose is central to the definition, the evidence capable of establishing purpose should be sufficiently clear for practitioners and decision-makers alike.

10.2 Allegation, investigation and finding

PCPB itself distinguishes the consultation from complaints about individual practitioners and directs such concerns to the existing complaints or professional-conduct procedures of the relevant organisations.[62]

PCPB also confirms that each partner organisation is responsible for its own complaints or fitness-to-practise process and that the way concerns are considered, investigated and determined may therefore differ between organisations.[63]

That makes an important distinction necessary:

an allegation is not a finding.

A concern may justify enquiry. An enquiry may justify investigation. An investigation may result in a finding that professional standards were breached; or that they were not.

These stages should not be collapsed.

This is particularly important where the alleged conduct depends upon disputed therapeutic purpose. A disagreement about the meaning of questions asked during therapy, the significance of clinical records or the

[62] PCPB, 'Consultation opens into conversion practices and GSRD guidelines'. PCPB states that the consultation is not a complaints process and directs concerns about individual practitioners, organisations or services to the relevant existing complaints or professional-conduct procedures.
[63] PCPB, 'Complaints and outcomes'. PCPB states that each partner organisation is responsible for its own complaints and fitness-to-practise process and that the manner in which concerns are considered, investigated and decided may differ between organisations.

character of therapeutic exploration may require careful assessment before conclusions can properly be drawn.

10.3 Evidence of purpose

PCPB's proposed definition allows purpose to be inferred from matters including the overall character of the conduct, intended outcomes, recorded aims, methods, communications, outcomes encouraged or discouraged and patterns of behaviour.[64]

That provides potentially relevant evidence, but the final guidance should explain how such evidence is to be evaluated.

Contemporaneous clinical records may be important. So may the agreed therapeutic goals, the practitioner's communications, the client's account, supervision records and the wider course of therapy.

No single factor should automatically determine the conclusion.

In particular, an eventual decision to transition, detransition or not transition should not retrospectively establish the practitioner's original purpose. Nor should the presence of a particular religious, philosophical or professional belief establish that therapy was directed towards implementing that belief.

The question remains whether the evidence demonstrates **predetermined therapeutic direction**, rather than merely permitting it to be alleged.

10.4 Consistency between professional bodies

PCPB describes the purpose of the project as supporting ethical, safe and **consistent** practice across the psychological professions.[65]

Yet its partner organisations retain their own complaints and fitness-to-practise arrangements. PCPB states expressly that the manner in which

[64] PCPB, *Working Definition of Conversion Practices* (consultation draft, August 2026), principle concerning purpose. The draft identifies the overall character of conduct, intended outcomes, recorded aims, methods, outcomes encouraged or discouraged, communications and patterns of behaviour as matters potentially relevant to determining purpose.
[65] PCPB, 'Consultation opens into conversion practices and GSRD guidelines'. PCPB states that the project aims to support ethical, safe and consistent practice across the psychological professions.

concerns are considered, investigated and decided may differ between organisations.[66]

This creates a practical question for implementation.

If participating organisations incorporate the final definition or principles into their professional expectations, PCPB should consider how materially different interpretations of the same concepts will be avoided.

Terms such as ***predetermined outcome***, ***suppression***, ***open-ended exploration***, ***coercion*** and ***purpose*** should not acquire substantially different meanings depending upon which professional body considers a complaint.

Consistency does not require identical procedures. It does require sufficient commonality in the substantive standard being applied.

10.5 Professional uncertainty and chilling effects

Unclear professional boundaries may affect practice before any complaint is made.

A practitioner who is uncertain whether legitimate questioning, exploration or assessment could subsequently be characterised as conversion practice may avoid particular subjects, questions or therapeutic approaches.

That possibility does not establish that such an effect will occur. Nor should concern about professional consequences prevent bodies from setting appropriate standards against harmful or unethical conduct.

It does mean that PCPB should consider whether the final framework gives practitioners sufficient confidence to distinguish prohibited predetermined direction from legitimate professional activity.

Existing PCPB standards already expect practitioners to operate within professional, legal and ethical frameworks, respond to ethical dilemmas,

[66] PCPB, 'Complaints and outcomes'. PCPB states that its partner organisations retain their own complaints and fitness-to-practise processes and that procedures may differ between organisations.

use supervision appropriately and take account of clients' values and worldviews.[67]

The new principles should complement those responsibilities rather than create uncertainty about whether careful assessment, supervision or professional disagreement may itself expose a practitioner to sanction.

10.6 Published outcomes and reputational consequences

PCPB states that its partner organisations publish fitness-to-practise or professional-conduct outcomes through their respective procedures.[68]

Publication serves legitimate purposes including transparency and public protection.

It also reinforces why findings involving conversion practices should rest upon a clearly articulated standard and adequate evidence.

The purpose is not to create an unusually protective standard for practitioners. It is to ensure that **serious professional findings are distinguishable from allegation, disagreement or unresolved uncertainty**.

The same clarity protects clients. A framework that identifies prohibited conduct precisely is more useful to people seeking to understand whether their treatment fell below professional standards than one whose boundaries remain uncertain.

10.7 What PCPB should clarify

PCPB should make clear:

- how the final definition is expected to interact with participating organisations' professional standards and complaints processes;

[67] PCPB, *SCoPEd Framework January 2022 (amended 2025)*, Theme 1, competences 1.1.A, 1.7.A–1.10.A. The framework addresses operation within professional, legal and ethical frameworks, ethical dilemmas, supervision and consideration of clients' identity, culture, values and worldview in ethical decision-making

[68] PCPB, 'Complaints and outcomes'. PCPB identifies the published outcomes or professional-conduct information maintained by its individual partner organisations.

- what evidence may establish that therapeutic work was directed towards a predetermined outcome;
- that therapeutic outcome alone does not establish the practitioner's original purpose;
- that allegation, investigation and substantiated finding are distinct stages;
- how common interpretation of key concepts will be promoted across participating organisations;
- how practitioners should use records, supervision and agreed therapeutic goals where work approaches a difficult boundary; and
- how the framework will be reviewed if evidence emerges that legitimate exploratory, safeguarding or assessment activity is being inhibited.

Recommendation

PCPB should accompany the final definition and good practice principles with sufficiently clear implementation guidance for practitioners, supervisors and participating professional bodies.

Where the framework may inform professional expectations, complaints or fitness-to-practise decisions, its central concepts should be **knowable in advance, capable of consistent application and assessed by reference to evidence rather than therapeutic outcome or assumed motive**.

This is important for practitioners, but equally for clients. Clear standards make harmful conduct easier to identify, legitimate practice easier to distinguish and professional decisions easier to justify.

A professional framework should make the boundary clearer before a complaint arises, not discover it through the complaints process afterwards.

11. Recommendations

Protect and Teach supports PCPB's attempt to distinguish harmful practices directed towards predetermined outcomes from legitimate therapeutic exploration, assessment and client-led support.

The central concern identified throughout this briefing is not the principle that practitioners should not seek to impose preferred outcomes concerning sexual orientation or gender identity. It is whether the proposed definition and good practice principles provide a sufficiently clear and workable boundary between such conduct and legitimate professional practice.

Before finalising the framework, Protect and Teach recommends that PCPB make the following changes.

11.1 Define the boundary by conduct and purpose

PCPB should retain its focus upon the **purpose and direction of therapeutic conduct**, rather than relying upon labels, settings, practitioner beliefs or eventual client outcomes.

The final guidance should make clear that questioning, challenge, uncertainty, assessment, formulation, safeguarding enquiry or change during therapy do not themselves establish conversion practice.

Where purpose is inferred, the framework should identify sufficiently objective indicators capable of distinguishing predetermined therapeutic direction from legitimate exploration.

11.2 Strengthen the protection for open-ended exploration

PCPB should retain its express protection for open-ended exploration and explain more clearly how that protection operates in practice.

Practitioners should remain able to explore competing explanations, ask difficult questions, discuss uncertainty and consider information that complicates a client's initial understanding without those activities being presumed to demonstrate a preferred outcome.

Exploring a possibility is not the same as attempting to produce it.

11.3 Distinguish client-led goals from practitioner-imposed outcomes

The final framework should distinguish more clearly between:

- a goal brought to therapy by the client;
- exploration of that goal;
- therapeutic assistance concerning autonomous decisions; and
- an outcome preferred and pursued by the practitioner.

Consent should not operate as a complete answer to whether conduct is professionally appropriate. Equally, a competent adult's wishes, values and autonomous choices should remain relevant to understanding the purpose and character of therapeutic work.

11.4 Clarify the meaning and limits of suppression

PCPB should provide clearer guidance on the boundary between impermissible suppression and autonomous decisions concerning behaviour, relationships, celibacy, religious observance, personal conscience, identity labels and other aspects of a person's life.

Choosing not to express or act upon a feeling does not necessarily establish that another person is attempting to suppress it.

The framework should therefore focus upon evidence of **coercion, pressure or predetermined therapeutic direction**, rather than infer suppression solely from the client's eventual behaviour.

11.5 Preserve genuine openness concerning transition, detransition and non-transition

PCPB should retain its express recognition that transition, detransition and non-transition may each follow autonomous decision-making.

No one of these outcomes should, by itself, be treated as evidence either of good therapeutic practice or of conversion practice.

Practitioners should remain able to discuss evidence, risks, benefits, uncertainties, alternatives and consequences, undertake appropriate

assessment and recommend further exploration without the direction of the eventual decision being used retrospectively to infer improper purpose.

11.6 Provide specific guidance for work with children and young people

The final framework should explain how its principles operate where developing autonomy, parental responsibility, professional judgement and safeguarding obligations intersect.

It should distinguish:

- legitimate exploration from predetermined direction;
- parental involvement from attempts to impose a therapeutic outcome;
- safeguarding enquiry from assumptions about motive; and
- disagreement from evidence of conversion practice.

Children should be protected from coercive or predetermined practices while retaining access to developmentally appropriate exploration, assessment and safeguarding.

11.7 Protect ordinary safeguarding practice

PCPB should state expressly that safeguarding enquiry, assessment, information gathering, professional curiosity and referral do not themselves constitute conversion practice.

Concerns involving sexual orientation or gender identity should be assessed according to their evidence and circumstances, just as other safeguarding concerns should be.

The framework should preserve the distinction between **concern, enquiry, assessment and substantiated conclusion**.

11.8 Distinguish belief from professional conduct

PCPB should retain its recognition that holding, expressing or discussing religious or philosophical beliefs does not itself constitute conversion practice.

Protected belief should not excuse conduct that otherwise meets the definition. Equally, disagreement with a client's beliefs, a practitioner's beliefs or a prevailing professional position should not itself establish improper therapeutic purpose.

Professional standards should regulate **professional conduct**, rather than require ideological agreement.

11.9 Clarify how professional disagreement and referral should be managed

The final guidance should explain how practitioners should respond where they cannot ethically or competently provide the intervention requested by a client.

Existing duties concerning competence, referral, non-discrimination, continuity of care and avoidance of abandonment should remain applicable.

Referral should neither become a mechanism for imposing a preferred outcome nor be treated as inherently improper simply because practitioner and client disagree.

11.10 Ensure professional consequences rest upon clear standards and evidence

If the final definition and principles are to inform future professional expectations, PCPB should ensure that their central concepts are sufficiently clear to be understood and applied consistently across participating organisations.

In particular, complaints and fitness-to-practise processes should distinguish **allegation, investigation and substantiated finding**.

Findings concerning conversion practice should rest upon evidence of the practitioner's conduct, purpose and direction rather than assumptions derived from therapeutic outcome, identity, belief or disagreement.

11.11 Build review into implementation

PCPB should review the operation of the framework after implementation.

That review should consider whether the principles are successfully identifying and preventing genuinely predetermined or coercive practice while preserving legitimate exploration, assessment, safeguarding and client-led therapeutic work.

Particular attention should be given to evidence that practitioners are avoiding legitimate lines of enquiry because professional boundaries are unclear, alongside evidence that prohibited practices are escaping identification because the definition is too narrow.

The purpose should be to test whether the framework is working **in practice**, rather than assuming that publication alone demonstrates success.

Overall recommendation

Protect and Teach recommends that PCPB retain the central distinction between **predetermined therapeutic direction and open-ended, client-centred professional practice**, but strengthen the framework substantially at the boundary between them.

The final definition should enable a practitioner, client, supervisor or complaints panel to answer the same basic question:

> **What evidence demonstrates that this work crossed from legitimate exploration, assessment, safeguarding or client-led support into conduct directed towards changing or suppressing sexual orientation or gender identity because a particular outcome was preferred?**

If that question cannot be answered consistently from the final guidance, the boundary remains insufficiently clear.

The objective should not be to make harmful practice harder to identify. It should be the opposite: **a precise definition makes prohibited conduct easier to identify while reducing the risk that legitimate therapeutic work is wrongly captured.**

12. Conclusion

PCPB is attempting to address a legitimate professional question: how should psychological professionals distinguish practices directed towards changing or suppressing sexual orientation or gender identity from legitimate therapeutic exploration, assessment and support?

Protect and Teach considers that the proposed framework contains important safeguards. In particular, it recognises open-ended exploration, distinguishes assessment and formulation from conversion practices, acknowledges client autonomy, and states that transition, detransition and non-transition do not themselves establish that conversion practice has occurred.

The remaining difficulty is the **boundary between those protections and the conduct PCPB proposes to prohibit professionally**.

Across this briefing, the same issue repeatedly emerges. Concepts such as *purpose*, *predetermined outcome*, *suppression*, *open-ended exploration*, *autonomy* and *coercion* carry substantial weight within the proposed framework. Their practical application will determine whether practitioners can distinguish legitimate professional activity from conduct regarded as conversion practice.

That distinction becomes particularly important where therapy involves uncertainty, client-led goals, children and young people, safeguarding, parental involvement, transition or detransition, religious or philosophical beliefs, professional disagreement, or subsequent complaints and fitness-to-practise proceedings.

Protect and Teach therefore recommends that PCPB strengthen the final definition and good practice principles by providing **clearer, objective and consistently applicable criteria for determining when legitimate therapeutic exploration crosses into a predetermined therapeutic direction**.

This is not an argument for weakening professional protection against coercive or genuinely predetermined practices. Greater precision should strengthen that protection. A clear boundary assists clients, practitioners, supervisors and professional bodies alike by making prohibited conduct

easier to identify while preserving legitimate assessment, safeguarding, professional judgement and open-ended therapeutic work.

The central question remains:

> ***What evidence demonstrates that therapeutic work crossed from legitimate exploration, assessment, safeguarding or client-led support into conduct directed towards changing or suppressing sexual orientation or gender identity because a particular outcome was preferred?***

PCPB's final framework should enable that question to be answered prospectively and consistently, rather than principally through retrospective interpretation after disagreement or complaint.

Professional guidance is strongest when both the protection it provides and the boundary it creates are clear.

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Draft definition of conversion practices and GSRD good practice principles consultation response form

When filling out the feedback form, please provide one comment per row and complete the columns as follows:

- **Section:** State the section to which the comment relates, for example, "1. Purpose rather than label or setting". If the comment concerns the document as a whole, enter "General".
- **Paragraph number:** Provide the relevant paragraph number where applicable. This may be left blank for a general comment.
- **Original text:** If commenting on particular wording, copy and paste the relevant text into this column. This may be left blank if the comment does not relate to particular wording.
- **Comment:** Explain your comment and, where possible, indicate any change you would like us to consider.

Please return your comments to PCPBproject@bacp.co.uk by no later than midday on Tuesday 17 November, 2026.

Conversion practices definition

Section (if a general comment then please state general)	**Paragraph number (if applicable)**	**Original text (if applicable)**	**Comment**

Good practice principles

Section (if a general comment then please state general)	**Paragraph number (if applicable)**	**Original text (if applicable)**	**Comment**

Protect and Teach CIC: Consultation Feedback

Conversion practices definition

Section	Paragraph number	Original text	Comment
General			Protect and Teach supports protection from coercive, abusive or genuinely predetermined practices intended to change sexual orientation. We are opposed to the creation of new criminal conversion-practices legislation and have separately published our evidence and legal analysis of the Draft Conversion Practices Bill. We recognise that PCPB's present exercise is different: the draft expressly states that its definition is for professional and ethical purposes and is not intended to determine legal liability. Our principal concern here is whether the proposed professional definition draws a sufficiently clear, objective and workable boundary between prohibited predetermined practice and legitimate therapeutic exploration, assessment, safeguarding, professional judgement and client-led support. The final framework should protect people from coercive or predetermined practice **without creating a chilling effect on open therapy**.

Definition	**20–23**	"Conversion practices involve conduct directed towards an individual with the purpose of changing or suppressing their sexual orientation or gender identity because one sexual orientation or gender identity is treated as preferable to another."	The definition appropriately places **purpose** at its centre. However, because professional consequences may depend upon whether purpose is subsequently inferred, PCPB should state expressly that questioning, challenge, uncertainty, assessment, formulation, safeguarding enquiry, disagreement or a change in the client's understanding do not themselves establish the required purpose. The definition should be capable of distinguishing predetermined direction from legitimate therapeutic enquiry prospectively, rather than principally through retrospective interpretation.
1. Purpose rather than label or setting	**25–40**	"The purpose of a practice should be assessed by reference to its overall character and intended outcomes rather than solely by the stated intentions of those involved."	We agree that a practitioner's description of their own work cannot be conclusive. However, paragraphs 33–40 permit purpose to be inferred from aims, methods, encouraged or discouraged outcomes, communications and patterns of conduct. PCPB should provide clearer objective criteria for evaluating those factors. In particular, exploring an explanation, asking challenging questions or recording a clinical hypothesis should not itself demonstrate that the practitioner is attempting to produce that outcome. The guidance should identify what additional evidence distinguishes

			legitimate exploration from predetermined direction.
2. Predetermined outcomes	**41–47**	"Conversion practices are characterised by a preferred predetermined outcome regarding a person's sexual orientation or gender identity."	This is one of the most important concepts in the definition and requires greater precision. PCPB should distinguish explicitly between **considering an outcome, discussing an outcome, collaboratively identifying a possible goal and directing therapy towards an outcome preferred by the practitioner**. A practitioner should not require hindsight to discover whether exploratory work was professionally permissible.

4. Exploration is not in itself a conversion practice	**61–70**	"Open-ended exploration of identity, experiences, feelings, values, beliefs, relationships, or goals does not constitute a conversion practice where it is not directed towards a predetermined outcome…"	We strongly welcome this protection. It should be strengthened by stating expressly that open exploration may include difficult questioning, challenge, uncertainty, consideration of alternative explanations, discussion of conflicting evidence and information that complicates the client's initial understanding. Open therapy cannot operate effectively if practitioners reasonably fear that asking a clinically relevant question may subsequently be characterised as evidence of an unstated conversion purpose.
5. Assessment is not in itself a conversion practice	**71–79**	"Assessment, formulation and diagnosis do not in themselves constitute conversion practices."	We strongly support this provision. PCPB should clarify that comprehensive assessment, consideration of alternative explanations, recommending further assessment and reaching a formulation that differs from the client's initial interpretation remain protected professional activities unless evidence demonstrates that they are being used to pursue a predetermined outcome. This is particularly important where presentations are complex or where safeguarding, mental-health, developmental or other factors may also require consideration.

6. Support for individual autonomy	**80–94**	"Support that assists an individual to make autonomous decisions regarding relationships, sexual behaviour, religious observance or other matters of personal conscience does not in itself constitute a conversion practice."	This is an important safeguard and should be retained. PCPB expressly recognises autonomous choices concerning relationships, sexual activity, celibacy, identity labels, transition, detransition and non-transition. The unresolved boundary is what assistance a practitioner may provide when a competent adult asks for therapeutic help in pursuing such a choice. PCPB should distinguish a **client-led goal** from a **practitioner-imposed outcome** and explain what forms of practical therapeutic support remain permissible.
7. Practices rather than beliefs	**95–103**	"The holding of philosophical, religious, moral, cultural, political or clinical beliefs does not in itself constitute a conversion practice."	We welcome this distinction. The final framework should remain focused upon conduct rather than ideological agreement. Holding, expressing or discussing a religious, philosophical, moral, political or clinical belief should not itself establish conversion practice; equally, a belief should not protect conduct genuinely directed towards a predetermined outcome. Professional respect should require ethical conduct towards people with whom a practitioner disagrees, not compulsory agreement about contested philosophical or clinical questions.

8. Consent and conversion practices	**104–109**	"Whether a person requests, consents to or voluntarily participates in a practice does not, in itself, determine whether it constitutes a conversion practice."	We agree that consent cannot by itself make professionally improper conduct ethical. However, the final wording should distinguish clearly between saying consent is **not determinative** and suggesting it is **irrelevant**. The client's wishes, reasons, freedom from coercion, capacity for autonomous decision-making and ability to reconsider are relevant to determining the context and character of therapeutic work.
Status and relationship to professional ethics and standards	**110–120**	"Whether particular conduct constitutes a breach of a professional code requires separate assessment under the applicable standards and procedures."	We welcome the distinction between this definition, statutory thresholds and separate professional disciplinary assessment. Because the definition may nevertheless influence professional expectations, PCPB should ensure its concepts are sufficiently clear to be known before therapy occurs. Complaints processes should distinguish **allegation, enquiry, investigation and substantiated finding**, and findings about purpose should rest upon evidence rather than assumptions derived from therapeutic outcome, practitioner belief or disagreement.

Glossary — Suppression	**145–154**	"Suppression does not include supporting a person to make autonomous decisions about identity, relationships, sexual behaviour, including celibacy, religious observance, transition, detransition or non-transition…"	This exclusion is essential and should be retained. PCPB should clarify how autonomous decisions not to express or act upon particular feelings are distinguished from prohibited suppression. Choosing celibacy, changing an identity label, deciding not to transition or making another personal decision should not itself establish that the practitioner has suppressed an aspect of the client. The test should remain whether the support is responsive to the client's wishes or is instead directed towards an outcome preferred by the practitioner.
Glossary — Predetermined outcome	**155–161**	"A goal or aspiration identified with the individual at the outset of the work is not in itself a predetermined outcome…"	We welcome this clarification, but the following sentence creates a difficult practical boundary: an individual's request does not justify practice directed towards changing or suppressing sexual orientation or gender identity. PCPB should explain what a practitioner **may actually do** when a competent adult autonomously requests assistance towards a goal affecting behaviour or expression. Practitioners need to know when they may explore, support, decline or refer. Without that clarification, the autonomy protection risks being narrower in practice than it appears in principle.

Protect and Teach strongly supports paragraphs (10)–(14). For these provisions to operate meaningfully, practitioners must be confident that genuine open exploration will not subsequently be characterised as conversion practice merely because it involved challenge, alternative explanations, developmental considerations, uncertainty or an outcome different from that initially anticipated. The final guidance should state expressly that these activities are legitimate when undertaken without predetermined direction. Otherwise, the express protection for open exploration risks being undermined by uncertainty about how the conversion-practices definition will subsequently be applied.

Good practice principles

Section	Paragraph number	Original text	Comment
General			Protect and Teach welcomes the draft's recognition of self-determination, open exploration, professional judgement, evidential uncertainty and safeguarding. These protections need to operate substantively alongside the proposed definition of conversion practices. The final principles should make clear that legitimate questioning, challenge, assessment, formulation, safeguarding enquiry, discussion of alternative explanations and acknowledgement of evidential uncertainty do not themselves demonstrate conversion practice. The framework should protect people from coercive or predetermined practice without creating a chilling effect in which practitioners become reluctant to

			undertake legitimate therapeutic enquiry.
Principle 1: Respect for diversity and human dignity	**(5)**	"It is important to recognise that some people may have clear and stable understandings of aspects of their gender or sexuality from an early age, while for others these understandings may develop, change or become	We welcome recognition that people's understandings may develop or change and do not necessarily follow a common developmental pathway or timetable. This principle should be applied consistently throughout the guidance. A practitioner should not be expected to presume either permanence or transience, or to treat a client's initial description as determining the eventual therapeutic outcome. This is particularly important for children and young people and for people who subsequently reconsider earlier understandings or decisions.

		clearer over time."	
Principle 2: Supporting self-determination and agency	**(7)**	"It is important that support be guided by the individual's needs and circumstances rather than assumptions about which identities, relationships or developmental pathways are desirable."	We strongly support this principle. It should operate symmetrically. Practitioners should neither direct clients towards nor away from a particular identity, relationship or developmental pathway. PCPB should clarify that exploring personal, relational, cultural, religious or social influences does not itself undermine autonomy. The distinction should be between legitimate exploration of influences and coercion, pressure or practitioner-directed outcomes.

Principle 2: Supporting self-determination and agency	**(8)**	"Supporting self-determination does not require practitioners to provide every intervention or course of action requested, or to set aside relevant assessment, evidence, professional judgement, ethical responsibilities or legal requirements."	This is an essential safeguard and should be retained. PCPB should make it equally explicit that exercising assessment, evidence-informed professional judgement or ethical responsibilities does not itself demonstrate opposition to a client's identity or preferred course of action. Practitioners must remain able to say that further exploration or assessment is appropriate without fearing that doing so will subsequently be characterised as conversion practice.
Principle 2: Supporting self-determination and agency	**(9)**	"When working with children and young people, support for agency should be developmentally appropriate and should recognise their evolving capacities, needs, rights	We welcome the recognition of developing capacity and parental or carer responsibilities. The final guidance should provide more practical clarity where a child, parent and practitioner disagree. Parental questioning, concern or a request for further assessment should not itself be characterised as an attempt to change or suppress sexual orientation or gender identity. Equally, parental involvement should not enable therapy to be directed towards an outcome preferred in advance by the parent.

		and circumstances alongside the roles and responsibilities of parents, carers and others involved in their care."	
Principle 3: Supporting open exploration	**(10)–(14)**	"It is important for practitioners to remain open to multiple possible understandings of an individual's experiences or concerns…" and "Open exploration is distinct from conversion practices because it is not directed towards suppressing or changing a person's	**Protect and Teach strongly supports these provisions.** For them to operate meaningfully, practitioners must be confident that genuine open exploration will not subsequently be characterised as conversion practice merely because it involved challenge, alternative explanations, developmental considerations, uncertainty or an outcome different from that initially anticipated. PCPB should state expressly that open exploration may include difficult questions, testing assumptions, considering competing explanations and discussing evidence that complicates a client's initial interpretation. Otherwise, the express protection for open exploration risks being undermined by uncertainty about how the accompanying conversion-practices definition will subsequently be applied.

		sexual orientation or gender identity, or towards producing another preferred identity outcome."	
Principle 3: Supporting open exploration	**(12)**	"Where relevant, these experiences should be considered within the broader context of the individual's development, wellbeing, relationships and life circumstances."	We strongly support consideration of the whole person. The final guidance should make clear that examining mental health, development, relationships, family circumstances, trauma, neurodevelopment or other clinically relevant factors is legitimate where relevant to assessment or therapeutic formulation. Considering such factors should not itself be interpreted as an attempt to disprove or change a client's sexual orientation or gender identity.

Principle 3: Supporting open exploration — children and young people	**(13)**	"When working with children and young people, exploration may involve consideration of developmental processes, family and peer relationships, emotional development and changing understandings of self."	This is particularly important and should be retained without dilution. It expressly recognises uncertainty, ambiguity and developmental change. PCPB should ensure that the accompanying conversion-practices definition cannot be interpreted in a manner that makes practitioners reluctant to undertake precisely the developmental enquiry paragraph (13) says may be appropriate. **Developmentally informed exploration cannot be protected in principle while becoming professionally hazardous in practice.**
Principle 3: Supporting open exploration	**(14)**	"This does not preclude collaboratively identifying goals or aspirations with the individual or discussing the potential benefits, challenges, losses and consequences associated with different options."	We strongly support this wording. PCPB should clarify that meaningful discussion of different options may include potential benefits, risks, limitations, uncertainties, alternatives, losses and consequences. Such discussion should not become evidence of conversion practice merely because it affects the client's eventual decision. The relevant question should remain whether the practitioner was genuinely exploring options or directing the client towards an outcome preferred in advance.

Principle 4: Understanding social contexts, stigma and marginalisation	**(15)–(19)**	"Experiences of gender, sexuality and relationships are shaped by wider social, familial, religious, cultural and other relevant contexts."	Social context can plainly be relevant, and we welcome recognition that family and other relationships may provide both support and pressure. The analysis should, however, remain open to influence from **all relevant directions**. Practitioners should be able to explore family, peer, community, cultural, religious, online and other influences without assuming in advance whether those influences are supportive or harmful. Context should be investigated rather than its effect predetermined.
Principle 5: Creating inclusive, supportive and non-stigmatising environments	**(23)**	"Individuals may approach services with differing expectations or concerns… including fears that they will be encouraged towards or away from particular identities, relationships or outcomes."	This is an important acknowledgement of the need for therapeutic neutrality concerning outcomes. PCPB should make clear that a commitment to "open-ended and non-coercive practice" includes freedom for clients to question, reconsider or change how they understand themselves without fearing practitioner judgement. It should equally reassure clients that practitioners will not treat a particular identity or outcome as the expected destination of therapy.

Principle 6: Evidence-informed and competent practice	**(27)**	"Practice should be informed by the best available evidence, professional standards, ethical guidance and professional judgement, while taking account of the individual's needs, values, preferences and circumstances."	We strongly support evidence-informed practice. PCPB should distinguish clearly between empirical evidence, professional consensus, ethical judgement and areas of unresolved professional or evidential disagreement. All may legitimately inform professional standards, but they are not interchangeable. Where a recommendation rests principally upon an ethical position or professional consensus rather than direct empirical evidence, this should be transparent.
Principle 6: Evidence-informed and competent practice	**(28)**	"Practitioners should recognise the limits of their competence and seek supervision, additional training or referral where appropriate."	PCPB should clarify how referral operates where a practitioner concludes that they cannot competently or ethically provide the assistance requested. Referral should not be used to impose a preferred identity outcome or abandon a client. Equally, appropriate referral should not itself be characterised as discriminatory or as conversion practice merely because practitioner and client disagree about the requested therapeutic work.

Principle 6: Evidence-informed and competent practice	**(29)**	"Research evidence relevant to some areas of GSRD practice may be evolving, limited, conflicting or contested."	**We particularly welcome this acknowledgement.** It should be reflected throughout the final framework. Practitioners should be able to communicate material evidential uncertainty, critically evaluate research and distinguish stronger from weaker evidence without such discussion being characterised as hostility towards a client's identity or as evidence of predetermined direction. PCPB should also distinguish evidence concerning sexual orientation from evidence concerning gender identity where the underlying evidence bases materially differ.
Principle 6: Evidence-informed and competent practice	**(30)**	"It is important for practitioners to reflect on how their assumptions, values, beliefs, worldviews, experiences and potential biases may influence their work…"	Reflective practice should apply consistently regardless of the practitioner's underlying worldview or preferred clinical approach. Practitioners should consider whether their assumptions might direct a client **towards or away from** any particular identity or outcome. The principle should not operate on an assumption that bias is relevant only where a practitioner questions or challenges a client's initial interpretation.

Principle 7: Safeguarding, promoting consent and protecting from harm	**(31)–(32)**	"Gender, sexuality or relationship diversity should not in itself be treated as a safeguarding concern" and practitioners "should consider the individual's circumstances without assuming either that GSRD is itself the cause of distress or that distress arises solely from the responses of others."	We strongly support the second part of this formulation. Safeguarding assessment should neither presume that sexual orientation or gender identity is itself the cause of distress nor presume that distress must arise solely from external stigma or the responses of others. Practitioners should remain able to investigate the individual's actual circumstances, including competing or multiple explanations for distress.

Principle 7: Safeguarding, promoting consent and protecting from harm	**(33)**	"Practitioners should be attentive to issues of consent, bodily autonomy, power and vulnerability."	We welcome the emphasis on power and consent. The principle should recognise that clients may also experience pressure or influence from family, peers, partners, communities, institutions or other sources. Practitioners should be able to explore possible coercion or pressure **towards or away from** particular identities, relationships, behaviours or courses of action. Such enquiry should protect autonomous decision-making rather than presume which outcome demonstrates autonomy.
Principle 7: Safeguarding — children and young people	**(34)**	"In work with children and young people, relevant considerations include the individual's age, maturity and evolving capacity, parental or carer responsibility, and the individual's participation rights."	We welcome the explicit recognition of age, maturity, evolving capacity, parental responsibility and developmental and safeguarding requirements. PCPB should provide practical guidance for cases in which these considerations point in different directions. Neither a child's expressed preference nor parental disagreement should automatically determine the professional conclusion. Practitioners must remain able to assess capacity, safeguarding, development and the wider circumstances of the individual case.

Principle 7: Safeguarding — capacity and vulnerability	**(35)**	"A learning disability, neurodivergence or cognitive impairment does not in itself establish a lack of capacity…"	We agree. Disability or neurodivergence should neither establish incapacity nor be treated as irrelevant where it materially affects communication, decision-making needs, vulnerability or the support required to participate in decisions. Assessment should remain individualised and evidence-based rather than proceeding from assumptions in either direction.
Principle 7: Safeguarding, promoting consent and protecting from harm	**(37)–(38)**	"Attention to an individual's gender, sexuality or relationships does not remove the need to consider other relevant risks, vulnerabilities or support needs."	**We strongly support these concluding provisions.** They should inform interpretation of the entire framework. Sexual orientation or gender identity should not displace ordinary professional curiosity, safeguarding assessment or consideration of other clinically relevant needs. The final guidance should expressly protect appropriate enquiry into those matters from being characterised as conversion practice merely because it may complicate an identity-related presentation.