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

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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.