Good Practice in Action 129
Clinical Reflections for Practice

Reasonable adjustments in the counselling professions in private practice

bacp | counselling changes lives

Good Practice in Action 129
Clinical Reflections for Practice

Copyright information:

Good Practice in Action 129 Clinical Reflections for Practice: *Reasonable adjustments in the counselling professions in private practice* is published by the British Association for Counselling and Psychotherapy, BACP House, 15 St John's Business Park, Lutterworth, Leicestershire, LE17 4HB.

t: 01455 883300 **e:** bacp@bacp.co.uk **www.bacp.co.uk**

BACP is the largest professional organisation for counselling and psychotherapy in the UK, is a company limited by guarantee 2175320 in England and Wales, and a registered charity, 298361.

Copyright © 2023 British Association for Counselling and Psychotherapy.

BACP and the BACP logo are registered trade marks of BACP.

Permission is granted to reproduce for personal and educational use only.

Commercial copying, hiring and lending are prohibited.

Design by Steers McGillan Eves.

Contents

1 Introduction 4

2 Reasonable adjustments 5

3 A reasonable adjustment checklist 6

4 Introducing Fran and her clinical practice 7

5 Vignettes 8

6 General observations for practice 16

7 Summary 19

Acknowledgement 19

About the author 20

References 20

1 Introduction

The membership agreement with BACP establishes a contractual commitment by members to abide by the *Ethical Framework for the Counselling Professions*, which includes a responsibility for members to keep the skills and knowledge relevant to their work up to date.

The BACP Good Practice in Action resources are solely intended to support good practice by offering general information on specific topics based on legal principles and policy applicable at the time of writing. They are intended for information purposes only and are not a substitute for professional advice. BACP and the author accept no responsibility for and accept no liability as a result of any person acting or refraining from acting on the basis of the resources.

Practice issues and dilemmas are often complex, and may vary depending on clients, particular models of working, the context of the work and the therapeutic interventions provided. We therefore strongly recommend consulting your supervisor, and also, wherever necessary, a suitably qualified practitioner or lawyer. Some professional insurers will provide legal advice as part of their service.

BACP and the author make no representation or warranty as to the completeness or accuracy of the information contained in the resources. References in this resource were up to date at the time of writing but there may be changes in particular to the law, government departments, government policies and guidance, websites and web addresses. Organisations and agencies may also change their practice or policies, so please be alert for any changes that may affect your therapy practice.

This resource outlines some different ways members in private practice can respond when asked to make an adjustment to ensure their practice is accessible to all. Firstly the term 'reasonable adjustment' is explained together with clarification of what reasonable adjustments are, who can request them and who takes the final decision on what is 'reasonable'. To demonstrate what reasonable adjustments may look like in practice, there then follows a series of fictional vignettes, which demonstrate how Fran adapts her practice for people who have various disabilities and accessibility needs.

In order to create vignettes that were grounded in the experience of people with disabilities, they have been shaped by the experience of counsellors, supervisors and practice support staff. Additionally, input has been sought from the wider disabled community, social services teams, third sector organisations, NHS clinicians and NHS medical databases. The vignettes are set in the same fictional setting as used within Good Practice in Action 063 Clinical Reflections for Practice: Equality, diversity and inclusion (EDI).

It is important to remember that the above are solely illustrations and do not comprise an exhaustive list. People are unique and will have differing needs, which must be considered on a case-by-case basis.

2 Reasonable adjustments

The profile of disability and the practical challenges which it can bring have had a growing presence in society for many years, leading to the development of both the social and medical models of disability. These models identified the need for adaptations to be made and support services to be provided to create an inclusive society, culminating with the passing of the Equalities Act in 2010 (Government UK: Equalities Act 2010).

In this legislation, in order for disabled people to be treated fairly, the law introduced the need to make 'reasonable adjustments' so that accessibility barriers could be removed and an inclusive society exist. Under the legislation, somebody is seen as having a disability if they are experiencing a loss of hearing or sight, are having mobility problems or rely on a wheelchair or have a mental health condition; provided the impact will be long term, lasting for 12 months or more, a reasonable adjustment request can be made to ensure that they receive equal treatment in society.

When a person with a disability feels that adjustments need to be made so they can access a counselling service or help to deliver counselling, it can lead to some difficult conversations. They will need to be willing to recognise and candidly talk about the practical challenges they experience in trying to live an independent life, but the final decision as to what adjustments can be made rests with the service provider which may mean difficult decisions.

Practitioners need to keep in mind that if they wait for someone to request an adjustment it can be difficult to make inclusion a reality. There is a need to be open to understanding difference and how services can be made as accessible as possible.

If you would like to gain more clarity about the Equality Act, its application and the presence and profile of reasonable adjustments in clinical practice our website resources GPiA 063, GPiA 080 and GPiA 096 may help. Additionally, the use of sign language is considered in GPiA 080 with the models of disability being explored in GPaCP 007.

Alternatively, if you'd like to know more about the legal definitions and application of both disability and reasonable adjustment, government websites to access would be:
www.gov.uk/definition-of-disability-under-equality-act-2010 and
www.gov.uk/government/publications/reasonable-adjustments-a-legal-duty/reasonable-adjustments-a-legal-duty.

3 A reasonable adjustment checklist

There now follows four areas for you to give some thought to in order to ensure that adjustments can be made, so that your practice is genuinely accessible to all potential disabled clients.

Things to consider when setting up your practice:

- What will your physical space be like?
- Are there more accessible spaces which you could consider using if needed?
- Have you undertaken training to help you reflect on the scope of disability and neurodiversity?
- Have you reflected on your understanding of the different models of disability?
- How are you addressing the potential for you to have unconscious presumptions about disabled people?
- What will you be including on your website and other advertising to help disabled clients understand what adjustments you can offer?

When a client first makes contact

- How will you facilitate a safe and honest dialogue for them to raise any adjustments they may need?
- Would you be able to provide them with more information about the counselling space in a range of formats if it was needed?
- Will you be able to consider a range of different ways to provide counselling?
- Will you be willing to complete an extended assessment where physical and virtual accessibility can be considered and adjustments agreed?

Assessment

- Is an extended assessment appropriate?
- Are you confident that you will be able to work with any neurodivergence that the client has?
- Can you and the client agree on the steps to be taken to make your service accessible?
- Do you need to reflect on any requests issues and/or seek supervision before going on to work with the client?

- Does the client need time to decide if they are comfortable with what you are offering them?
- What formats for your contract and any other documentation will you need to have available?

Ongoing

Remaining open to difference and how it impacts both us as counsellors and our clients is challenging. Many potential clients who require adjustments to fully access counselling services have often experienced negative and dismissive responses in the past. Having addressed these in the first stages of the relationship with our client, we need to remain mindful of the potential for them to recur and be willing to make further adjustments to ensure that accessibility is not lost.

4 Introducing Fran and her clinical practice

Fran is a woman in her early 40s who was drawn to providing counselling having been part of a charity supporting sexual abuse survivors for over a decade. She felt attracted to counselling as she knew it would be a way to be more supportive of these survivors.

When she began her training almost a decade ago, she secured a placement at an independent counselling provider called ABT Community Engagement. It's a counselling service close to where Fran lives, and it works hard to be inclusive of all parts of society. They use a building split on two levels, the ground floor being offices, and spaces for groups with counselling based upstairs through a separate entrance.

As ABT is very close to where she lives and has a real sense of community among the counsellors, Fran remains part of the service on a voluntary basis, but as her experience has grown she decided to develop a private practice.

Fran focuses her work at ABT on a Friday and Saturday, with a counselling room booked for private practice clients between 9am and 1pm every Saturday and sees clients who contact her via her website, where they are asked to confirm both their personal details and why they are seeking counselling. She also takes on clients who are referred to her via the 'Other Services' section of ABT's website, where clients can confirm basic personal information and they will be contacted by one of the private practitioners registered with them to arrange an assessment.

As Fran starts to see private clients, she puts in a real effort to make sure that she is ready to work with everybody and is always pleased to receive referrals from all parts of society.

5 Vignettes

There now follows five fictional vignettes where Fran takes on clients who may meet the definition of being disabled and need a reasonable adjustment to be made. Each vignette is followed by some questions for you to give some thought to.

5.1 Vignette one Aleesha

When Fran has a free space which will work for Aleesha, she accesses her referral notes and it states that Aleesha is an Asian woman in her mid-20s who is feeling a bit socially isolated as she has hearing loss. Before she arranges Aleesha's first session, Fran checks out with a colleague what she might need to do to make the counselling room as accessible and supportive of Aleesha as it can be. In order to get a sense of what being in the room might be like for Aleesha, Fran sits in her room trying to listen to an audio book on low volume while the waiting area is busy with chatting people.

When Aleesha arrives for her first session, Fran collects her from the waiting area and, on entering the counselling room, asks how they could move the seating to make it easier for them to hear each other. Aleesha is a bit surprised by this offer but, as noise from the waiting area can be a bit intrusive, they decide to move the seat positioning and it's changed to get them as close to an external wall as possible. Fran also turns the seating slightly so it's easier for them to retain eye contact, and she can read Aleesha's body language more easily.

When they are settled, Aleesha begins to reflect on what her hearing problems have been like and how they have affected her life. She doesn't know what caused it but her hearing loss began when she was a child, and while she says she doesn't need to use sign language or a hearing aid, when she is in a busy space it can be really difficult to interact with others. She speaks of the impact it had on her self-confidence while she was at University, as she would often struggle to keep up to date with both the teaching and interact with the other students. She had hoped her confidence would improve once she graduated but it has remained low.

As her sessions progress, Fran explores with Aleesha different ways that she could build her self-confidence, and she acknowledges that she rarely discloses to anybody she shares her life with the challenges she faces. She accepts that this is made a bit worse by her being reluctant to genuinely consider the steps which might need to be taken to improve her sense of inclusion.

Despite her and Fran's best efforts, her sessions sometimes remain a struggle when the sound levels from the adjacent rooms and waiting area become intrusive, and her sessions end early as she doesn't hear or feel heard. Following a session when this had a real impact on Aleesha, Fran is in contact with her local rehabilitation service who agree to loan her a hearing amplification device, which can remain on hand throughout her remaining sessions. At the start of her next session Fran introduces it to Aleesha, confirms it should be worn throughout her remaining sessions and it proves invaluable as Aleesha works on ways she could be candid with others about the reality of her hearing loss.

Questions for reflection

Would you have done the same as Fran in preparing for Aleesha's first session?

Aleesha seemed surprised at being able to shape the counselling room, do you think this was a positive or negative response?

Did Fran involve Aleesha in deciding what adjustments may be needed?

Did Fran manage to make all the adjustments which were needed when Aleesha's session began?

Did she retain awareness of the challenges which Aleesha might face in their work together?

Are there any other adjustments, which Fran could have made to make things more accessible and inclusive for Aleesha?

Did Fran facilitate a collaborative selection and use of the hearing amplification device during their sessions?

5.2 Vignette two Curtis

Curtis's referral notes stated that he was a single man in his late 30s and that he was registered severely sight impaired due to having early onset glaucoma. As Fran hadn't worked with somebody with little sight before, she checked in with Maria, one of the other counsellors at ABT who had had a lot of experience of working with people experiencing sight loss.

Fran called Curtis to arrange his first session and became concerned when he didn't arrive and was a bit surprised when she could hear somebody knocking on the counselling entrance door. Having popped down, she found Curtis hitting the door, really frustrated that the keypad he had to use was smooth and he didn't know where the numbers were. Fran apologised, explained the route they needed to follow, followed him up the stairs before offering him her arm to head to the counselling room. Once they made it in, she read out the contract to him before explaining exactly where he needed to sign it.

Curtis reflected on what life had been like with reducing sight, it had been fading since he was in his teens but it hadn't been diagnosed until he was in his early 30s because his family had convinced him his sight wasn't going to get worse. He became quite upset when he said that the diagnosis had come too late for it to be treated, and he now had only light perception remaining and work was becoming an increasing challenge.

Fran explored with him what work was like, and he often became angry when he spoke about how his employers were unwilling to be supportive or make any changes which would make it an accessible space for him. The impact which his work was having was a core theme of his sessions, and he was upset when he came in for a session and let Fran know that, after being threatened with disciplinary actions as he was no longer able to do everything his job required of him, he had resigned as he had been told that if he didn't he would be fired. So that she could remain supportive of him, Fran offered to reduce how much he needed to pay her until he found a new job.

In his sessions Curtis began to explore what he would like his new job to be like, the settings he would like to work in and the roles he would like to fulfil.

After a couple of months he found a new post and was relieved when they reviewed with him what the work would entail and what changes might be needed to make it accessible for him. Curtis reflected on how this was something he had rarely experienced.

Fran's fees returned to the usual rate, and the focus of their sessions broadened to explore all the different events of his life and how he may be able to grow as a person.

Questions for reflection

As Curtis's visual impairment had been included in his referral notes, did Fran manage to plan all the reasonable adjustments which were needed?

Do you think that there are other things which Fran could have done to make things inclusive for Curtis?

Do you think there are any other adjustments which will need to be made for other visually impaired clients to ensure their sessions are accessible?

Do you think that ABT need to make any adjustments to ensure that their buildings are accessible to visually impaired clients?

5.3 Vignette three Kate

Knowing she'd be seeing Kate for the first time, Fran had a few read throughs of the information Kate had put onto Fran's website, and while most of it was clear confirming all her personal details, in the reason for seeking counselling section it only says she's coming for help adapting to the traumatic impact of recent events. As it didn't include any clarification or confirmations about what this may have been, Fran tried to get in touch with Kate but her emails weren't answered.

Fran regularly checked the waiting area when Kate's first session was due to take place but became a little concerned when she didn't arrive; one of the other clients tapped on her door asked if she was Fran and said there was a woman outside who needed to speak to her. Fran went down to find her in a wheelchair. She confirmed she was Kate but the entry keypad was too high to reach, and there was a step up she couldn't get up. Fran told her that there wasn't a lift to the first floor and then checked the downstairs entry and alternative, downstairs rooms. These were all locked so Fran had to tell Kate that it wasn't possible to have her first session today and agreed she would check for access next week and let her know. Fran then called Kate on Monday to say that she had secured an accessible room for the following week and would meet her at the main entrance.

Kate was waiting outside the following week and they went through to one of the meeting rooms, it wasn't ideal but was accessible for her. Kate explained that she had been injured in a bike accident , had her spine shattered and was now paralysed from the waist down. She became increasingly upset when she spoke of the impact it had had on her life and how she couldn't stick with her old working life as physical activity was beyond her. She became tearful when she spoke of waking some days believing it was a nightmare until she started trying to move, and it overwhelmed her.

Fran worked with Kate to get a sense of what she would like to do in the future, seeking groups with shared experiences she could be part of as they would be the only ones who would really understand what her life was like.

She was pleased when she let Fran know that she had found a group, which met on a Saturday and their sessions were moved to bi-weekly and she began to explore workplaces, which would be accessible and willing for her to be part of.

In her sessions with Fran, Kate starts to explore what goals she could have for the future and, having decided to take part in a marathon, steps back from their therapy work to allow her and her fellow wheelchair-using participants to undertake all the training they need to complete it.

Questions for reflection

Did the lack of awareness of Kate's disability have a negative impact on their work?

Did the adjustments which Fran was able to make create an inclusive setting?

Are there any other alternatives which Fran could have offered to Kate which may have worked?

Does Fran need to make changes to her website to be clear about the rooms available?

Does ABT need to make any adjustments to the building and the rooms to create a more inclusive space?

5.4 Vignette four Pete

Pete was referred to Fran's private practice via ABT as he was seeking counselling on a Saturday morning, and the notes stated that he needed support following his wife's death.

When Fran went to the waiting area she met both him and a woman who introduced herself as Diana, his niece. Before escorting him to Fran's room she confirmed that she would be bringing him along on a Saturday, as she had encouraged him to seek counselling after she'd found a glass of tablets in his kitchen.

When Fran and Pete were alone in her room, Pete was quiet, avoiding eye contact and reluctant to speak, he appeared to be overwhelmed by the sadness following his wife's death. At the end of his session, Diana returned to help him up and take him home saying how much she hoped it had gone well.

Over his next few sessions Pete reflected on how he and his wife had been together from primary school until just before their 60th birthdays. He acknowledged that she had been a wonderful person, helping to make all the challenges he experienced manageable; whenever they were apart life was always an increasing struggle. His sadness began to overwhelm him when he spoke about falling apart, with nobody to support or help him, and he has just given up trying to have a life.

As his sessions progressed Fran started to work on his sadness and tried to focus on ways to reduce its impact. He acknowledged that he was overwhelmed by the memory of seeing her lifeless body and began to try and develop more balanced memories so that there were some things which made him smile as well as sad; he acknowledged that he was starting to imagine that she was still with him.

As their sessions progressed, when he met with Fran, his mood lifted and he became ever more excitable. He acknowledged he was finding it increasingly difficult to sleep and felt an urge to be more active. When Fran tried to make an intervention in a session, he would often be talking so fast that he did not stop to hear and react to what she was saying.

As Diana wasn't able to bring him along to his sessions for a couple of weeks, there was a break in their work. When Fran next saw Pete he forcefully recounted what he had been doing at home, the room clearances, the memorial rooms he had created, and how he was fighting off other people's input as they were trying to stop him being with the person who had always helped give him a life. When he walked out from their session, Diana explained that she and her sisters were worried that things seemed to be getting worse as it felt like he was changing everything in his home, spending money which he couldn't afford and claiming that he knew that Jade, his wife, was still there as he would often walk round the house, talking to her and getting her feedback on things that he needed to do.

When Fran next met with Pete, Diana let her know that a niece would always be living with him now to make sure he stayed OK and managed to live his life, feeding back when his behaviour and perceptions began to spiral again. With a more even mood, he started working with Fran to remember Jade in a balanced and positive way.

Questions for reflection

Thinking about how Pete is during their sessions, is he the way we would expect somebody to be who is experiencing grief?

Does Pete show signs of having a mental health condition?

Did Fran find an effective way of working with Pete?

Is there anything else which Fran could do to make his counselling more accessible?

5.5 Vignette five Val

Fran was contacted by Val via her personal website where she provided all the details which Fran needed, and let her know that there were a number of different aspects of her life which she was struggling with including osteoarthritis. As Fran had just had a session freed up which was Val's preferred time, she quickly got in touch and they agreed that they would start to meet the following Saturday.

As Fran got ready to welcome Val for her first session, she was surprised at just how busy the waiting area was as all the rooms had been booked all morning. While she waited for Val to arrive, Fran heard some slightly raised voices on the staircase and heard somebody speaking more loudly at people pushing past saying she didn't feel safe. Fran approached the top of the stairs and met Val who had been struggling to get up the stairs using her crutches as the stairs weren't all the same height and width. Val was breathless when she reached the waiting area and asked to catch her breath before her session started but seeing how busy the seating area was, Fran invited her to come into the counselling room a little early so that she could feel a bit better before her session started.

Having given Val a few minutes to catch her breath, Fran checked in to see if she was OK, and Val spoke of the pain in her joints, her knees were tearing her apart and her hands and wrists were getting worse as she was reliant on using crutches. Fran had become concerned about how Val may be experiencing the counselling room and, when Val confirmed her fears about what it would be like to stand up again as the seats didn't have arm rests and were a little low, Fran said that she would be more than happy to help her up.

At the start of her session Val spoke of the impact which the death of her aunt was having on her, as she was somebody she had been really close to throughout her life, becoming tearful but was unable to reach the tissue box to dry her eyes. As she reflected on losing her aunt, Fran attempted to reflect on her loss but often didn't feel heard as Val was clearly in pain, both physical and emotional.

As the end of her session approached, Val asked for some help getting to her feet but Fran apologised saying that she didn't think it would be appropriate as she might not do it properly. Val struggled to her feet, wincing in pain, relying on her crutches, she managed to stand and make her way to the stairs. Unfortunately, the staircase was becoming increasingly crowded with people leaving the other counselling rooms often leaving her feeling unsafe.

When Fran checked her emails the following week, she found confirmation that payment had been received from Val for her session. However, she had also received an email from Val letting her know that her sessions would not be continuing, as she was in pain for many hours after her session and it didn't feel like there was any desire to make things accessible for her.

Questions for reflection

Did Fran work appropriately in offering to give physical assistance with the seating but not providing it when needed?

What can Fran do to ensure that this doesn't happen again?

Did Fran make all the adjustments which Val needed?

Did Fran give sufficient consideration as to what Val might need to access counselling?

Are there any other adjustments which Fran could plan for which would make the space more supportive and accessible to other clients with arthritis?

Are there any adaptations which ABT should make so the counselling rooms become more accessible?

Did Fran take all the steps needed to understand osteoarthritis and the impact it has on Val?

6 General observations for practice

6.1 Making reasonable adjustments

Across the vignettes we've seen how the need to make reasonable adjustments may be experienced by a counsellor, and the different ways which they can be addressed. In some cases the adjustments which will be needed are confirmed prior to counselling commencing while, for others, the need to make them doesn't become clear until the sessions have begun.

For Curtis and Val it had been confirmed that they both had accessibility needs when they requested a time to talk with Fran but, for them both, some access barriers remained.

For Curtis as he has early onset glaucoma (NHS Direct: Condition – Glaucoma, www.nhs.uk/conditions/glaucoma), while he could find the entrance, he couldn't find the buttons on the keypad he needed to press as it was a flat screen. For Val as she has osteoarthritis (NHS Direct: Condition Arthritis, the barriers weren't related to gaining entry to the building, but, rather, to reach the counselling room. The impact which reaching and using the counselling space had on Val undermined the clinical relationship, and it may have been appropriate for Fran to gain clarity over the impact, which osteoarthritis can have on a person, prior to their first session so that she could have tried to create a more accessible space. Additionally, knowing that she had osteoarthritis, Fran could have checked in with her prior to her session to see what accessibility needs she had to ensure that an inclusive service was experienced.

In some cases, making reasonable adjustments was also limited by the physical space – while Val fought her way up the stairs, Kate was stuck outside. While her preference not to disclose her reliance on her wheelchair made it difficult for her counselling to begin, this would not have been necessary if a more inclusive space was provided by including either a wheelchair lift to the upper floor or a more appropriate and accessible counselling room remained available on the ground floor. Fran could also have considered the different accessibility aspects of her private practice when she was in the planning phase and could also have established online and/or telephone counselling so that she would have been able to work with Kate using an approach which would work for her.

Additionally, for Aleesha and Pete, barriers to being part of society are present but a specific diagnosis isn't clear as, for Aleesha, the cause of her hearing loss is undiagnosed but her willingness to share the challenges she faces does make it possible to make the adjustments she needs to experience an inclusive service. In her sessions with Fran, she found the hearing device which Fran secured for her to be an effective means of addressing her hearing loss but it may have been more appropriate if Fran had left deciding when it should be worn with Aleesha rather than stipulating it should be worn throughout their remaining sessions. For Pete, things remain unclear as, while he has symptoms that could indicate a range of mental health conditions (NHS Direct), it's unclear whether he has had a formal diagnosis as his family have created ways of supporting him which have mitigated his symptoms for decades.

For ABT, Fran could also feedback on the accessibility needs she has become aware of which are impacting the inclusivity of her private practice. As well as providing a way for Kate to reach the first floor, they could also convert any documentation which the counsellors need into accessible formats. For those experiencing sight loss, they could make them available in braille or a personalised font, as this would mean they won't be reliant on their counsellor to read things out to them. Additionally, if the entry keypad is revised to include a tactile confirmation of where the different numbers can be found, it will be possible for clients to independently enter the building, also that its positioning is lowered so it's accessible for wheelchair users. For people with hearing problems, the device which Fran gained from the local rehabilitation service could be bought and kept on site, to ensure it is always available for people to use. It is important also to give some thought to those people who have lost their hearing and rely on a sign language translator, and arrangements should be put in place to ensure their availability and the confidentiality which would be needed. Finally, for people with mobility issues who are able to reach the first floor, it would be supportive of them if they could have a range of seating options to ensure that they will be able to use it without it leaving them with intense and long lasting pain.

6.2 *Ethical Framework for the Counselling Professions*

The expectation that we will be willing to make reasonable adjustments to make our counselling service accessible to all is consistently present in the *Ethical Framework for the Counselling Professions* (BACP, 2018).

Whether it is through our commitment to 'Work to professional standards by: collaborating with colleagues to improve the quality of what is being offered to clients' (Commitment 2c), Show respect by: valuing each client as a unique person' (Commitment 3a), 'agreeing with clients on how we will work together' Commitment 3c) or our value calling us to commit to 'respecting human rights and dignity' by 'appreciating the variety of human experience and culture' (Ethics, point 3) or not being presumptive about our client's physical or mental capacity, which will support the creation of an appropriate relationship with them (Good Practice, points 30-36).

The need to ensure that the counselling services we offer are accessible also comes under the scope of our ethical principle of 'Justice: the fair and impartial treatment of all clients and the provision of adequate services.'

Our personal moral qualities (point 12) reflect this too, where we are encouraged to:

'...Care: benevolent, responsible and competent attentiveness to someone's needs, wellbeing and personal agency.

Empathy: the ability to communicate understanding of another person's experience from that person's perspective.

Respect: showing appropriate esteem for people and their understanding of themselves'.

The *Ethical Framework*, also commits us to be mindful in our practice when considering how a service can be made accessible to all, it calls on us to:

'... respect our clients as people by providing services that:

a. endeavour to demonstrate equality, value diversity and ensure inclusion for all clients

b. avoid unfairly discriminating against clients or colleagues

c. accept we are all vulnerable to prejudice and recognise the importance of self-inquiry, personal feedback and professional development

d. make adjustments to overcome barriers to accessibility, so far as is reasonably possible, for clients of any ability wishing to engage with a service

e. recognise when our knowledge of key aspects of our client's background, identity or lifestyle is inadequate and take steps to inform ourselves from other sources where available and appropriate, rather than expecting the client to teach us.' (Good Practice, points 22a-c,f,g).

And calls on us to:

'...take the law concerning equality, diversity and inclusion into careful consideration and strive for a higher standard than the legal minimum'. (Good Practice, point 23)

and that:

'We will challenge colleagues or others involved in delivering related services whose views appear to be unfairly discriminatory and take action to protect clients, if necessary.' (Good Practice, point 24)

To ensure that we are providing an inclusive service it's essential that we, consider what changes may be needed to ensure inclusivity and gain the sources of both advice and guidance which may be needed to make them real.

7 Summary

The aim of this resource is to consider the steps which need to be taken to make reasonable adjustments to ensure accessibility for everyone. Unfortunately, it's not possible for us to provide a definitive list of the adjustments, which will be needed, as they will always call for a unique and personal adjustment but rather, its aim is to provide a process, which could be used to make the provision of reasonable adjustment a reality in all settings.

Acknowledgement

The author would like to express his thanks to all the contributors who helped shape this resource, your insights were invaluable.

About the author

Steve Rattray is a senior accredited counsellor and senior accredited supervisor of individuals, working in an NHS Palliative Care Unit's Bereavement Counselling service and was a member of BACP's Professional Ethics & Quality Standards Committee between 2011 and 2015. Away from his clinical practice, he works collaboratively with a range of third sector organisations, health and social care services to support the enablement, empowerment and rehabilitation of people experiencing sight loss.

References

BACP (2018) *Ethical Framework for the Counselling Professions.* Lutterworth: BACP. www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions (accessed 2 February 2023)

Government UK: definition of disability www.gov.uk/definition-of-disability-under-equality-act-2010 (accessed 11 March 2023) www.gov.uk/search/all?keywords=Equalities+Act&order=relevance)

Government UK: reasonable adjustments a legal duty www.gov.uk/government/publications/reasonable-adjustments-a-legal-duty/reasonable-adjustments-a-legal-duty (accessed 11 March 2023)

Government UK: Equalities Act 2010 www.gov.uk/search/all?keywords=Equalities+Act&order=relevance (accessed 11 March 2023)

NHS Direct: Mental Health www.nhs.uk/mental-health/conditions (accessed 23 May 2023)

NHS Direct: Condition – Arthritis www.nhs.uk/conditions/arthritis (accessed 2 February 2023)

NHS Direct: Condition - Bipolar disorder www.nhs.uk/mental-health/conditions/bipolar-disorder/overview (accessed 2 February 2023)

NHS Direct: Condition – Glaucoma www.nhs.uk/conditions/glaucoma (accessed 2 February 2023).