

# Gypsy, Roma and Traveller Communities

**Mental health needs and access  
to counselling**



## Policy Pack Briefing 03

British Association for Counselling and Psychotherapy | 15 St John's Business Park, Lutterworth, Leicestershire, LE17 4HB

In consultation with Rebecca Wilde, Founder of the Gypsy, Roma and Traveller+ Therapists Network.

# Gypsy, Roma and Traveller Mental Health

Gypsy, Roma and Traveller communities in the UK are among the most marginalised and underserved populations, shaped by a history of persecution and systemic exclusion. They experience significantly worse mental health outcomes compared to the general population and remain underrepresented in formal mental health and counselling services as practitioners, clients and service users.

This briefing, co-produced with the *Gypsy Romany Traveller+ Therapists Network*, outlines the scale and nature of mental health needs within Gypsy, Roma and Traveller communities, identifies barriers to accessing support and presents policy recommendations to improve access to counselling.

Health inequalities and disparities within Gypsy Romany Traveller communities are underpinned by complex and interrelated factors, including systemic barriers, racism, oppression and cultural barriers.

The evidence and statistics in this briefing are drawn from the following reports.

[Mental illness and suicidality among Roma and traveller communities in the UK, Ireland, and other countries \(2025\)](#)<sup>1</sup>.

[Tackling Mental Health Inequalities for Gypsy Roma and Traveller People \(2024\)](#)<sup>2</sup>.

[Inequalities in Mental Health Care for Gypsy, Roma, and Traveller Communities Identifying Best Practice \(2023\)](#)<sup>3</sup>.

[Hate: As Regular as Rain, A pilot research project into the psychological effects of hate crime on Gypsy, Traveller and Roma communities \(2020\)](#)<sup>4</sup>.

For policy work relating to Gypsy, Roma and Traveller mental health, these sources should be consulted for further detailed information and data.

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## Identity Terminology and Legal Recognition

The terms Gypsy, Roma and Traveller refer to a diverse range of ethnic groups and individuals with nomadic traditions rooted in both historical and contemporary ways of life. These communities do not constitute a single homogenous group but represent distinct cultures, languages and belief systems.

The following groups are recognised as protected ethnic minorities under the Equality Act 2010 or through legal precedent:

- Romany Gypsies
- Irish Travellers
- Scottish Gypsy Travellers (recognised in Scottish case law)
- Roma (protected under race and nationality provisions). Note that Roma migrants are not exclusively European; the term encompasses an international diaspora.

Other groups share nomadism through employment or lifestyle, including but not limited to:

- Travelling Showpeople/ Showmen
- Liveaboard Boaters
- Waterway Travellers
- New Travellers

While these groups may experience similar barriers to access and discrimination, they are not currently recognised as ethnic minorities under the Equality Act. Nonetheless, they are entitled to human rights protections, fair treatment and equitable service provision under broader legal frameworks<sup>3</sup>.

Romani refers to a broad ethnolinguistic group with shared ancestry originating from northern India, encompassing diverse communities across Europe and beyond. It includes distinct subgroups that each have their own cultural traditions, dialects and identities, including:

- Sinti, Kale, Romanichal, Kalderash, Lovari and Manouches.

Best practice is to avoid the acronym 'GRT', which originated in policy and research discourse outside Gypsy, Roma and Traveller communities<sup>6</sup>. The term is increasingly regarded as reductive and oppressive, echoing the pitfalls of the term 'BAME'. As noted in the Tackling Mental Health Inequalities report, 'GRT' risks oversimplifying distinct identities and obscuring the diversity within these communities<sup>2</sup>.

The acronym 'GTRSB' is used in policy, education, advocacy settings and within community publications to reflect a broader spectrum of communities including Gypsy, Traveller, Roma, Showmen and Boaters. It appears in initiatives such as the GTRSB into Higher Education Pledge, which aims to improve access, inclusion and outcomes for these groups in universities and colleges ([Margret Greenfield into HE pledge](#))<sup>6</sup> therefore in some government documents this acronym is used.

In accordance with recent community publications, this briefing uses the full term 'Gypsy, Roma and Traveller' when referring to the collective. Specific group identities are named when presenting data or research relevant to a particular community.

## UK Demographics

91% of English local authorities have Gypsy, Roma and Traveller presence<sup>7</sup>. Although ethnicity was recorded in the UK census for the first time in 1991, 'Gypsies and Travellers' were first able to self-identify in the England and Wales Census in 2011, with 'Roma' added as a separate category in 2021. The 2021 UK Census concludes that Romany Gypsy, Roma and Traveller people make up 0.5% or 1 in 200 of the population.

71,400 people identified as Gypsy or Irish Traveller (0.1% of the population), and 103,100 identified as Roma (0.2%). When this figure is added to data from Scotland (3,300) and Northern Ireland (2,600) the estimated UK-wide population is 77,300<sup>8</sup>.

Census data estimates there are 107,800 people who identify as Roma in the UK, mostly living in England and Wales (103,100)<sup>8</sup>.

Combining the census data for the Gypsy, Traveller and Roma, suggests and estimate UK population of 185,100<sup>8</sup>, however it is widely believed that, due to underreporting and distrust of official systems the real figure is as high as 500,000.

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## Ethnicity Recording and Reporting Data issues

Current census categories are inaccurate, overly broad and insufficient, yet they remain the benchmark for data collection across statutory services and organisations. For Gypsy, Roma and Traveller communities, the absence of explicit categories forces many to select 'White Other', erasing ethnic identity and producing incomplete datasets. This invisibility is compounded by underreporting driven by fear of discrimination, leaving population size and service needs obscured.

The lack of accurate, representative data excludes these communities from health planning, policy development, funding allocation and recognition. Without visibility in datasets, it is impossible to assess access, effectiveness or impact of mental health interventions, perpetuating systemic inequities and cycles of unmet needs<sup>3</sup>.

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## White Presenting: Safety, Stigma and Psychological Impact

It's important to recognise that each person's relationship with their ethnicity and culture is deeply personal and unique. Some embrace and proudly celebrate their heritage, while others, often due to concerns about safety, discrimination, or access to opportunities may choose to conceal their identity. A 2023 survey found 62% of Gypsies and Travellers had experienced racial abuse<sup>8</sup>, underscoring why many hide their identity.

For Gypsy, Roma and Traveller individuals, concealing their identity or being assumed white can provide temporary safety and social ease by reducing exposure to discrimination. Yet this conditional inclusion often comes at the cost of erasure, internal conflict and cultural disconnection along with anxiety about being 'found out'. Ethnic concealment also renders communities invisible in census, NHS and service monitoring data, limiting recognition and mental health needs.

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## Mental Health Inequalities in Gypsy, Roma and Traveller communities

Gypsy, Roma and Traveller communities face a critical public health crisis, with individuals disproportionately affected, as documented by community-representative organisations<sup>10</sup>.

A 2024 UK study evidenced that Gypsies and Irish Travellers have the highest suicide mortality rates of any ethnic group<sup>11</sup>, a pattern previously evidenced by Public Health England (2018)<sup>5</sup>. In addition to elevated suicide risk, they experience higher prevalence of depression, anxiety, substance misuse and self-harm. These factors contribute to multiple and complex experiences of bereavement and loss from childhood onwards.

### Research and Statistics:

- 90% of Gypsy, Roma and Traveller people experience daily discrimination<sup>2</sup>.
- The enduring impact of slavery and heritage trauma is experienced by Roma communities<sup>3</sup>.
- 100% of Welsh Gypsies, 82% of Irish Travellers, 80% of Scottish Travellers, and 32% of Romani Gypsies reported having relatives who had attempted suicide in the previous five years<sup>4</sup>.
- 94% of respondents experienced exclusion and discrimination from and within services such as health, and education<sup>4</sup>.
- 72% of Gypsy and Irish Traveller people reported 'good' or 'very good' health, compared with 82% across England and Wales<sup>8</sup>.
- 31.2% of Gypsies and Irish Travellers were within the socio-economic group for "never worked or long-term unemployed", the highest percentage of all ethnic groups<sup>13</sup>.
- 23% of Roma beneficiaries experienced schizophrenia or psychosis, compared with the UK average of 1%<sup>14</sup>.
- 32% of Roma suffer from anxiety compared with 20% incidence rate across the UK<sup>14</sup>.
- Gypsies and Travellers are 3 times more likely to experience anxiety, and over twice as likely to experience depression<sup>15</sup>.
- 11% of all deaths in the Traveller community are due to suicide<sup>16</sup>.
- Men are 7 times more likely to die by suicide<sup>16</sup>.
- Women are 6 times more likely to die by suicide<sup>16</sup>.
- Gypsy, Roma and Traveller women are 20 times more likely to experience the death of a child as a mother, when compared to the wider population<sup>15, 16</sup>.
- The communities face the highest mental health impacts linked to unpaid care, according to studies of carers' hours<sup>17</sup>.
- Life expectancy is up to 10 years lower than the national average<sup>20</sup>.

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## Barriers to mental health support

Gypsy, Roma and Traveller communities face systemic and cultural barriers to accessing mental health services. Contributing factors include socioeconomic deprivation, such as challenges in housing, education, employment and discrimination, alongside poor physical health and wider barriers within healthcare systems<sup>12</sup>.

### Systemic Barriers

Systemic barriers are structural obstacles within policies, practices and institutions that consistently limit access, opportunities, or fair treatment for certain groups. For the Gypsy, Roma and Traveller Communities this includes but not limited to:

Gypsy, Roma and Traveller communities experience disproportionately high levels of psychological and physical health inequalities, rooted in historic and systemic harm. Fear of institutions such as the NHS and social services persists, particularly due to past child removals and kinship care practices that placed children outside their ethnic communities, leading to disrupted family ties and loss of cultural identity.

When research consistently fails to generate meaningful change, distrust becomes an unavoidable consequence. Despite extensive evidence documenting high prevalence of mental health needs, recommendations from studies and reports are frequently unimplemented, leaving communities with little visible improvement in outcomes and reinforcing scepticism toward external interventions.

Gypsy, Roma and Traveller communities regularly experience racism, discrimination and inequality when accessing public services<sup>4</sup>. A lack of cultural awareness, knowledge and training among mental health professionals further compounds these barriers, restricting access to appropriate support. Research consistently highlights the absence of professionals' cultural understanding despite well-documented disparities. Gypsy, Roma and

Traveller mental health remains largely excluded from equality, diversity and inclusion programmes therefore perpetuating systemic inequities and disproportionate outcomes.

The experience of not being listened to or understood deters people returning to services if they have a bad experience. Opportunities to

adapt services to be more receptive to Gypsy, Roma and Traveller community members are often missed due to lack of cultural understanding and awareness reinforcing beliefs in the community that mental health services are not for them<sup>2</sup>.

Roma and Traveller communities share significant socioeconomic similarities, including disproportionately low income, limited educational attainment during adolescence and elevated unemployment rates in adulthood. Barriers to accessing essential infrastructure, combined with insufficient support from government and wider society, continue to impede their socioeconomic development<sup>1</sup>.

Long waiting times remain a significant barrier to healthcare access for Gypsy, Roma and Traveller communities. Administrative and communication challenges are compounded by nomadic lifestyles and the absence of regular postal addresses. While around 75% of Romany people live in housing, 25% continue to reside on Traveller sites, in caravans, chalets, or roadside settings<sup>22</sup>.

Low literacy or no literacy constitutes a systemic barrier to accessing mental health support, particularly where services depend on written correspondence such as appointment letters. Literacy proficiency is shaped by historic barriers to schooling and education rather than individual choice and is more prevalent among older generations. Past school experiences have often included institutionalised bullying by staff and peers, exclusion, differential treatment and entrenched biases about Gypsy and Traveller abilities<sup>23</sup>.

Young people who are neurodivergent, living with unmet mental health needs, carrying the weight of trauma, enduring multiple complex bereavements, and subjected to racial bullying are too often reduced to the label of 'misbehaved' within mainstream education. This misrecognition perpetuates inequalities in both educational attainment and access to essential services.

Current research continues to highlight digital exclusion as a barrier to accessing health and support services for Roma communities. Limited internet connectivity and low digital literacy prevent many from engaging with the online support platforms<sup>10</sup>. These barriers are compounded by recent UK legislation under the Online Safety Act (2025), which requires age verification through formal ID, thereby excluding individuals without documentation in accessing web sites. Evidence from the Roma Support Group<sup>14</sup> and NHS Race & Health Observatory<sup>3</sup> underscores that digital exclusion remains a systemic obstacle to equitable access to healthcare and mental health support.

## Cultural Barriers

As in wider society, stigma surrounding mental health remains a persistent barrier, discouraging open discussion and help-seeking.

Within Gypsy, Roma and Traveller communities, mental health difficulties are often met with shame and secrecy due to stigma, external discrimination reinforces a barrier to accessing support. Furthermore concerns about judgement, reputation and cultural norms influencing attitudes toward therapy and willingness to seek help<sup>10</sup>.

Family holds a central place of value, offering loyalty, pride, security and kinship. This strong support network can serve as a protective factor,

yet it may also inhibit disclosure due to fears of family disruption or intervention by social services. Reluctance to disclose is further shaped by a collective history of trauma linked to social service practices, including institutionalisation, which has fostered mistrust and heightened anxieties around family separation. In addition, the disclosure of mental health difficulties may be constrained by concerns relating to reputation, marriage prospects and social standing. While such dynamics are evident across cultures, they are particularly reinforced within Gypsy, Roma and Traveller communities as a result of extensive experiences of exclusion and discrimination<sup>4</sup>.

Internal debates around ancestry, mixed heritage and cultural authenticity affect individuals' sense of belonging. Ethnicity-related imposter syndrome (e.g., questioning whether one is "Traveller enough" when living in bricks and mortar housing) can exacerbate mental health struggles and create barriers to accessing community focused support.

Many community members avoid disclosing their ethnicity in services due to prior experiences of racism and discrimination, limiting access to culturally inclusive and specific support services.

Some Gypsy, Roma, and Traveller individuals express a preference for healthcare professionals of the same gender<sup>2</sup>, particularly in relation to female intimate health needs.

Although NHS England promotes patient voice and choice regarding practitioner gender, members of these communities may be unaware that such provisions exist or may feel unsafe in requesting them. Consequently, avoidance of professional support services can occur, as individuals are left unable to effectively advocate for their own needs.

Language presents a significant barrier to accessing mental health support in the UK, particularly for Roma communities. The 2021 Census found that only 27.8% of Roma in England and Wales reported English as their main language<sup>22</sup>, with many speaking it as a second, third, or even fifth language. Accurate communication therefore requires independent Romanes-speaking interpreters. In their absence due to issues of access, availability, or organisation, families are often relied upon to translate sensitive mental health content. This reliance creates further

barriers, as discussions may involve cultural taboos, age and gender dynamics, or privacy concerns, reducing the likelihood that non-English-speaking individuals will disclose mental health difficulties to professionals.

## Gypsy, Roma and Traveller children and young people

Gypsy, Roma, and Traveller children and young people face longstanding systemic and historical inequalities and remain the most marginalised group in education, consistently attaining the lowest outcomes of any ethnic minority<sup>5</sup>.

Nine in ten report racial abuse, with two-thirds experiencing bullying or physical violence<sup>5</sup>. They are twice as likely to experience failure across all stages of education compared to peers, a disparity linked to high parental unemployment<sup>2</sup>.

While academic success does occur, it is often unrecognised when ethnicity is concealed, particularly given that nine in ten Gypsy, Roma and Traveller children report racial abuse, with two-thirds experiencing bullying or physical attacks<sup>5</sup>.

In 2020/21, over 50% were persistently absent, and they continue to have the highest suspension and exclusion rates of all ethnic groups, further limiting educational progress and access to school-based mental health support<sup>3 4 5</sup>.

Exclusion and early departure from education reduce opportunities for learning, including access to school-based mental health services and support, with lifelong consequences for engagement with mental health provision.

These experiences undermine equity and inclusion, encourage concealment of identity, and create long-term barriers to accessing mental health services. Emotional Based School Avoidance (EBSA) is a common outcome of sustained bullying. Perpetrators include both peers and, in some cases, school staff<sup>23</sup>. A survey found that 78% of respondents identified school bullying as a significant hate-related incident, demonstrating how early victimisation begins<sup>4</sup>. Such persistent inequities significantly heighten the risk of developing mental health conditions<sup>2</sup>.

Historical negative parental experiences of discrimination in schools, fears of cultural erosion, and wider exclusion further impact engagement. For young people, the compounded effects of trauma, parental mental ill health and multiple bereavements disproportionately affect children from Gypsy, Roma and Traveller communities, reinforcing barriers to equitable educational outcomes.

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## Intersectional Identities

Intersectionality highlights how systemic barriers are not experienced in isolation but interact to intensify inequities, underscoring the need for services that are culturally informed, inclusive and responsive to diverse lived realities.

LGBTQ+ Gypsy, Roma and Traveller individuals experience varying levels of belonging and acceptance within their communities, reflecting patterns seen across wider society. However, compounded challenges arise from cultural gender roles, marriage expectations and family roles, which further impact mental health. The absence of intersectional representation for queer Gypsy, Roma and Traveller people heightens isolation, while barriers to accessing LGBTQ+ spaces are reinforced by the prevalence of racism and

potential pre-existing mental health difficulties such as anxiety and depression. Community-led initiatives, including [Traveller Pride](#)<sup>24</sup>, provide essential networks of guidance, peer support and practical resources such as binders, with regional collectives in Northern Ireland and among Boater communities offering similar spaces of solidarity. Artist collectives such as [Zhuzh The Yog](#)<sup>25</sup>, composed of queer Travellers from diverse backgrounds, foster belonging and celebrate heritage and culture have emerged most recently.

These community led efforts underscore the importance of culturally aware, intersectional approaches that validate identity and strengthen wellbeing; though accessibility, reach and awareness of such initiatives for those they aim to service require continued consideration.

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## Community Self-Empowerment and Advocacy

NHS case studies highlight the importance of co-production, with services most effective when led collaboratively by community and non-community staff. Educational disadvantage limits access to professional roles, reinforcing the need for investment in adult literacy, culturally informed practice and informal drop-in initiatives. Local and national mental health and suicide prevention plans must be customised to Gypsy, Roma and Traveller needs.

Community advocacy has mobilised campaigns such as [Drive 2 Survive](#)<sup>26</sup> and [Right to Roam](#)<sup>27</sup>, which challenge discriminatory legislation. These community-led initiatives have driven positive progress in areas including education<sup>6</sup>, identity recognition, and housing rights, with demonstrable benefits for the mental health and wellbeing of community members. It is therefore essential to recognise and celebrate these achievements, ensuring that Gypsy, Roma and Traveller communities are not framed solely through narratives of victimisation.

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## Policy Recommendations:

- **Design Culturally Responsive and Flexible Counselling Pathways:** Through the principles of co-production, design and deliver counselling services that are acceptable to Gypsy Roma Traveller communities. Co-produce community-based counselling pathways—delivered through trusted third-sector organisations, with flexible appointments, non-clinical settings, and appropriate language support, including the offer of translators. Such approaches reduce practical and cultural barriers, build trust, and significantly improve engagement and retention.
- **Take action to make Gypsy, Roma and Traveller Mental Health Visible in Data and Commissioning**  
Ensure inclusion of distinct ethnicity recording across NHS and third sector data, requiring commissioners to identify and fund these needs explicitly and include community-led research to address underreporting. Without accurate data and clear duties, GRT communities remain excluded from service planning and evaluation.
- **Specialist Training:** Promote the delivery of culturally competent training on Gypsy, Roma and Traveller communities across education, charities and professional roles, delivered through community partnerships and established programmes e.g. [Romani and Travellers Social Work Association](#) free online training modules<sup>28</sup>, GATE Herts Practitioner Programme, The Traveller Movement and Friends, Families and Travellers.
- **Mental Health Planning and Policy Inclusion:** Ensure national and local mental health and suicide prevention plans explicitly address GRT communities' experiences.
- **Anti Oppressive Practice:** Ensure robust engagement with local and national bodies so statutory services and public authorities understand the extent of racism, exclusion and discrimination faced by Gypsy, Roma, Traveller, Showmen, New Traveller and Boater communities and uphold their duties under the Equality Act.

# Further information and resources

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4 Hate: As Regular as Rain, A pilot research project into the psychological effects of hate crime on Gypsy, Traveller and Roma communities (2020).

5 House of Commons Library (2019): *Gypsies and Travellers*, page 4.

6 GTRSB into Higher Education Pledge.

7 Centre on the Dynamics of Ethnicity (2023) *Racism and inequality in a time of crisis*.

8 House of Commons Library (2024) *Gypsies, Roma and Travellers: Statistics*.

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11 *Ethnicity and suicide in England and Wales: a national linked cohort study 2024*; 11: 611-19.

12 Public Health England (PHE) (2018). *Local Action on Health Inequalities: Understanding and Reducing Health Inequalities*

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18 Friends, Families and Travellers (2022) *How to tackle health inequalities in Gypsy, Roma and Traveller communities*

19 *Racism and Ethnic Inequality in a Time Of Crisis Findings From The Evidence For Equality National Survey (2023)*

20 European Union Agency for Fundamental Rights *Roma and Travellers in Six Countries (2020)*.

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28 [Romani and Travellers Social Work Association](#)

## About the British Association for Counselling and Psychotherapy (BACP)

BACP has over 75,000 members working to the highest professional standards in a range of settings. BACP is recognised by legislators, national and international organisations and the public as the leading professional body and the voice of counselling and psychotherapy in the UK.

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