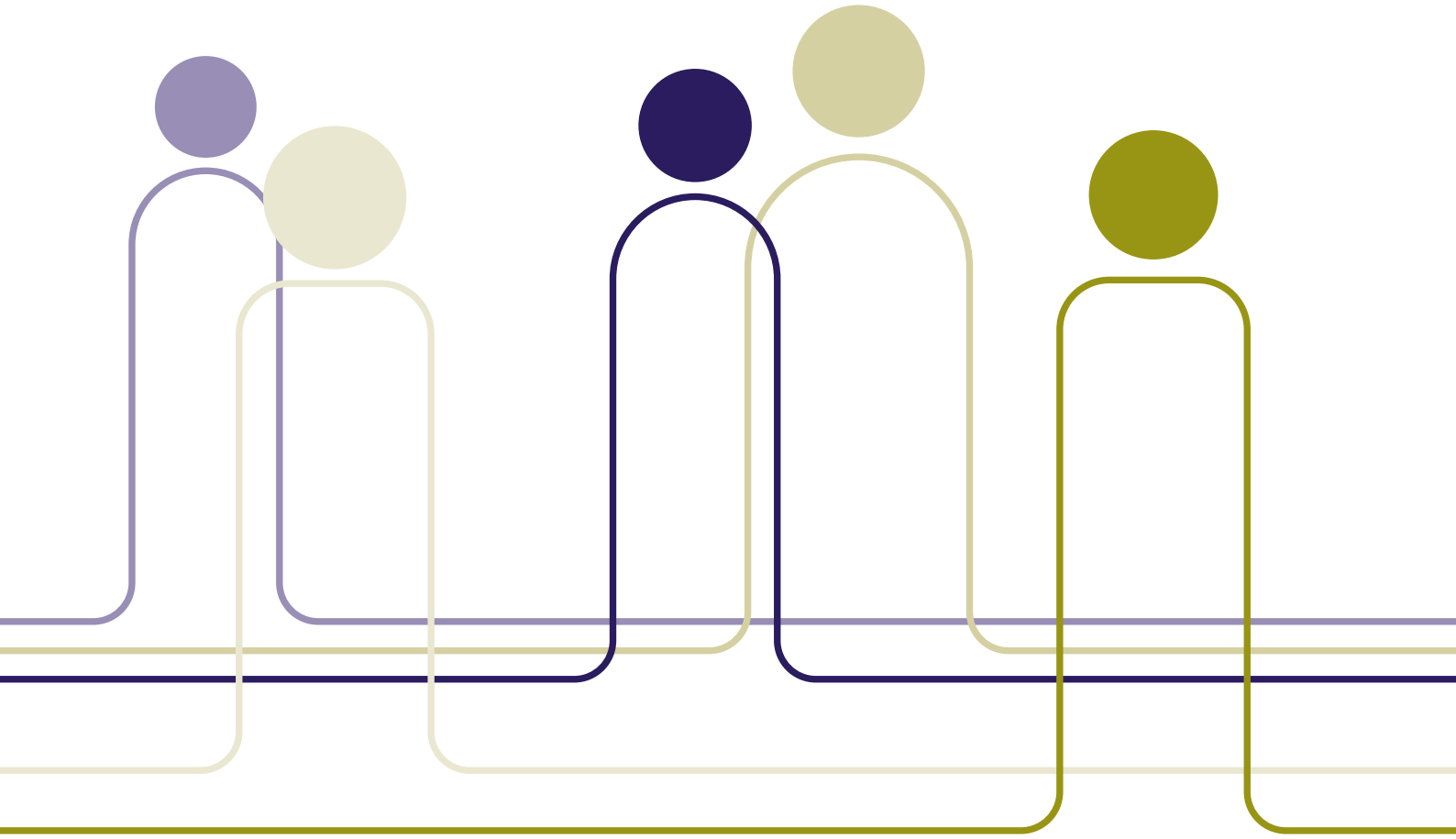
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# Reasonable adjustments in the counselling professions



Fact sheet

Ethics in Practice

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**Fact Sheet**

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**T:** 01455 883300 **E:** bacp@bacp.co.uk **www.bacp.co.uk**

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# Using Fact Sheet resources

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.

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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.

In these resources, the word 'therapist' is used to mean specifically counsellors and psychotherapists, and 'therapy' to mean specifically counselling and psychotherapy.

The term 'practitioner' is used generically in a wider sense, to include those who work in the practice of counselling, psychotherapy, coaching and pastoral care.

# 1 Introduction – what is a reasonable adjustment?

A reasonable adjustment is defined as 'practical changes made by employers or service providers to remove or reduce disadvantages faced by people with disabilities or physical and mental health conditions' (ACAS, 2025).

In this context, a disability is defined as 'a physical or mental impairment and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities' (Office for Equality and Opportunity). There are approximately 16 million disabled people in the UK. Of these, nine out of 10 disabled people who had experienced negative attitudes or behaviour said it had a negative effect on their daily lives (Scope, 2022).

The aim of providing equality and inclusion to all, through measures such as reasonable adjustments was formalised in the Equality Act 2010. Within this legislation, aspects of our lives including disability were identified as 'Protected Characteristics', and that 'it is illegal for any service provider to discriminate against someone who has protected characteristics' (Office for Equality and Opportunity). Therefore, as practitioners it is a legal requirement for us to be able to consider requests for reasonable adjustments that our clients, supervisees and other people accessing our services might make. It is also an ethical requirement if we are to ensure that we are working ethically within relationships in accordance with the Ethical Principles (EP) and Core Responsibilities (CR) of the *Ethical Framework* (EF) (BACP, 2026).

Whilst it is important that we have knowledge and awareness of reasonable adjustments, it is vital that, where possible, any decision is made in collaboration with the individual requesting the adjustment. It is important that we don't make assumptions about whether a reasonable adjustment is required as some disabilities will not always be visible.

In addition, we should resist making assumptions about what type of reasonable adjustment may be appropriate, for example, assuming that working online will be more accessible than working in person or presuming that a blind person will automatically want information to be provided in Braille format.

We have a responsibility to be informed by the experiences of our client and that we are influenced as little as possible by any pre-conceived ideas about disability. It is equally important that we do not think of disabilities in isolation. So we can account for our ethical decision-making, provide solid reasons for any decisions made, and justify planned future courses of action, we must work collaboratively with the people accessing our services (BACP, 2026).

How we do that will differ depending on whether we work within an organisation or within private practice, as well as according to the range of clients that we are working with. In an organisation, it can be expected that policies and procedures will be in place, although that should never be taken for granted. In private practice, it is the responsibility of the individual practitioner, and the same ethical and legal legislations apply. This can feel daunting, but necessary, given the wide range of adjustments that could be required and the competence and confidence that is required to have these conversations with clients. Using this resource will equip practitioners with the essential grounding needed to integrate knowledge of reasonable adjustments into their practice in a genuinely holistic way.

This resource is written from the perspective of therapists and supervisors relating to their clients and supervisees, but it is important to consider other contexts in which the concepts may apply. Trainee counsellors may also need reasonable adjustments to ensure they have equal opportunity to meet the same competence levels as their non-disabled peers. It is important to note that BACP is recognised by the Professional Standards Authority (PSA) through their Accredited Register programme. If a course leads to graduates joining an accredited register, the training provider must maintain minimum standards for learning, ethical practice and public protection. These standards exist to make sure all BACP registered counsellors and psychotherapists have the knowledge, skills, and experience to work safely with clients. The eligibility requirements for BACP registration include core professional competences for working with clients in-person (in the same room).

These competences are achieved and assessed through experience of working effectively and safely face-to-face with clients in the same room within a supervised, placement setting.

This placement must be integral to the core training course. The PSA approves and monitors our standards for the Register, which include these core professional competences. All BACP members need to have demonstrable competence to work in-person with clients in the same room to be eligible for entry onto the BACP Register (BACP, no date).

The resource is written through the lens of the social model of disability – it's not someone's condition or impairment that disables them; it's the barriers created by society. The language used throughout this resource is social model language – 'disabled people' and not 'people with a disability' when referencing a group, and 'person with a disability' not 'disabled person' when referencing individuals. The author acknowledges that not everybody identifies with these terms, respects people's individual choices and would never challenge someone if they use a different term.

# 2 Reasonable adjustments and the *Ethical Framework*

The *Ethical Framework 2026* encourages practitioners to demonstrate fairness, equality and justice by working ethically within relationships and in line with the BACP's DEIB Strategy (BACP, 2026). Equally, we should be proactive in our considerations of how we can make our services accessible. Equality Act 2010 – Explanatory Notes Considering the Ethical Principles that underpin all therapeutic services, alongside the fundamental principles of practice that make up the Core Responsibilities (EF 2026) that enable us to provide reasonable adjustments for people accessing our services is a neat encapsulation of one way we can do that.

It is important to consider that people from minoritised backgrounds, including those facing ableism, may have experienced previous trauma when accessing healthcare.

Therefore, we should always approach these conversations from an anti-oppressive and trauma-informed perspective. Working in collaboration with the people accessing our services can help towards mitigating inequalities and harmful power dynamics which could otherwise be a barrier to them getting the support that they need. Offering compassion and a respectful approach to conversations can help towards creating a safe space for disclosures to be made.

# 3 How do Ethical Principles and Core Responsibilities inform our rationale about reasonable adjustments?

Ethical Principles are elements '*that facilitate and enable the relationship at a process level*' (BACP, 2026). When used alongside the Core Responsibilities, which form the basis for good practice, within the wider context of working ethically within relationships, they can help us to clarify our ethical rationale and inform how we make ethical decisions.

We can see how providing reasonable adjustments to the people accessing our services not only demonstrates our commitment to the Ethical Principles but is also informed by them. Confidentiality is central, from the conversations we have with the people accessing our services to the way we document any decisions that we make as a result.

Any information shared should only be with informed consent and where the sharing of such information would enable the reasonable adjustment to be facilitated. Conversations around reasonable adjustments require honesty and transparency, with clarity around what adjustments are possible, how they may be implemented, and any limitations to implementing them, in order that an individual can make an informed decision around their engagement with our services. Alongside this, we as practitioners may need to have honest and transparent conversations with our supervisors and therapists about any unconscious biases we hold around disability and working with disabled people. The principle of do no harm is central – failing to provide an adjustment can prevent an individual from engaging with our services safely. Being proactive in our offer to provide reasonable adjustments embodies fairness and respect, recognising that a truly accessible practice requires flexibility in our approach. This is inherently an anti oppressive stance, challenging structural inequalities and reducing the risk of replicating societal marginalisation that service users may have experienced in other settings. Having the willingness to be open to exploring these needs in collaboration with our service users can contribute towards building trust, strengthening the therapeutic relationship. Providing reasonable adjustments demonstrates our commitment to compassion and kindness, acknowledging human diversity and responding with sensitivity rather than rigidity. Finally, providing reasonable adjustments demonstrates integrity, showing that we are committed to working with our ethical frameworks and legal obligations and that our values are enacted consistently across our practice.

We can now consider how the Core Responsibilities – the fundamental principles of good practice – relate to reasonable adjustments.

Having the knowledge, competence and confidence to have candid conversations with the people accessing our services around the need for reasonable adjustments can work towards building appropriate relationships (Core Responsibility 1). Indeed, Core Responsibility 1.1.d states that we must '*make reasonable adjustments and ensure fair and impartial provision of services*' (BACP, 2026). We must proactively provide information that will enable people to make decisions about working with us, and crucially in the context of reasonable adjustments, be honest about what is possible, and what limitations there may be (Core Responsibility 1.2). We must respect people's boundaries, (Core Responsibility 1.3), for example the level of detail about their disabilities that they may be comfortable sharing -we only need to know that adjustments may be needed and work in collaboration with individuals to establish what reasonable adjustments are required and how they might be put in place. We might also need to consult with our supervisors and carefully consider our ethical rationale in any decisions that we do make (Core Responsibility 1.4).

We must be able to keep ourselves, any colleagues and those using our services safe. Whilst providing appropriate reasonable adjustments can be a way of doing this, we must ensure that we are competent to work with each individual, and work in partnership with people around their own safety needs and to do that ethically and safely (Core Responsibility 2) . Should it be deemed that an adjustment could be the use of assistive software for example, we must ensure that we have fully assessed the risks of any digital or AI tool, or online platform, before using them with our clients (Core Responsibility 2). Vitally, we must not use AI tools to make decisions about what reasonable adjustments could be implemented – we must always work in collaboration with the people using our services and always be able to demonstrate the rationale for any decisions that we make. We must be honest if anything that has not gone to plan (Core Responsibility 2.2) – for example where an adjustment is not possible for practical reasons for example, such as cost. In such a situation it may be prudent to research what other local services may exist that may meet the person's needs, particularly given our responsibility to meet legal obligations (Core Responsibility 2).

It is important that we maintain our own health and wellbeing, therefore it is possible that we may need our own reasonable adjustments to enable us to do this.

This could involve seeking professional support and services such as Occupational Health, our supervisors and other health professionals (Core Responsibility 2.3). We must protect any adults at risk and children and young people from harm, which depends upon us having adequate training, and safeguarding policies and procedures in place. When working with disabled people it is important not to make assumptions about any barriers to engaging in therapeutic services their disabilities may pose, but instead to work in collaboration with individuals, and where appropriate, their caregivers.

Central to any exploration of reasonable adjustments is the need for us to understand and act upon our legal and professional responsibilities. Alongside legislation, we must consider how we can do this whilst protecting an individual's confidentiality and right to privacy (understand and comply with data protection responsibilities) and ensure that all information is communicated in a clear and accessible way in our privacy notice (Core Responsibility 3.1). We must keep appropriate records including '*all communications, notes and other information held relating to clients or service users*' (Core Responsibility 3.2). In the context of reasonable adjustments, this could include correspondence with suppliers of assistive devices, medical evidence or notes of our rationale in making the decision to provide the reasonable adjustment. We must act on our responsibilities in reporting serious crime or safeguarding concerns (Core Responsibility 3.3). We must do this with an awareness of additional contextual and intersectional considerations.

Disabled people are more vulnerable to domestic violence, can experience domestic abuse for longer periods of time, and experience more severe and frequent abuse than non-disabled people (Public Health England, 2015). Alongside this, research carried out by The Office for Equality and Opportunity (2026) found that disabled people, and those with long-term health conditions or impairments, are over-represented among suspects, defendants or detainees in the justice system, concluding that that '*there remains more experiential evidence about disabling barriers than about enabling solutions*'.

Finally, we must always be able to deliver services to high professional standards by having the appropriate qualifications, training and experience necessary to competently deliver the services we offer (and by using supervision to explore our competence to undertake work with specific client groups and contexts), without othering or marginalising (Core Responsibility 4). We must consider the legal obligations of the place where we provide our services, as well as the country of residence of those using our services. We need to keep in mind that whilst the Equalities Act, and so the duty to make reasonable adjustment, includes the whole of the UK, its application can vary across England, Northern Ireland, Scotland and Wales. In any individual circumstances, if specific guidance is needed about either the interpretation or application of the law or the duty to make reasonable adjustment, it is important that you contact an advice service that can provide specific guidance. We must have appropriate professional indemnity and liability insurance in place (Core Responsibility 4.2.a) for all modalities and places of our work.

Woven throughout this resource is the emphasis on the value of supervision when working with any challenges or dilemmas, particularly around ethical decision-making (Core Responsibility 4.3). We must also confirm that our supervisors have the appropriate skills to supervise our work in line with the BACP Supervision Competence Framework (BACP, 2021).

Treating people fairly is at the core of our ability to provide reasonable adjustments to those accessing our services. We must never unlawfully discriminate against people on the grounds of their protected characteristics, must understand and comply with equality, diversity and inclusion obligations and be flexible and make reasonable adjustments for those we work with, where necessary and possible (Core Responsibility 4).

It is also important to consider how we manage breaks and endings in ways that minimise the impact for clients and service users (Core Responsibility 4.5).

This could be particularly relevant if an individual faces barriers to accessing services that you have provided reasonable adjustments for, but others may not be able or willing to, in which case managing a transition could be more difficult.

Note: Whilst there is a duty to make reasonable adjustment across the whole of the UK, the Equalities Act 2010 does not apply to Northern Ireland which has its own equalities legislation, and the application of this duty can vary across England, Northern Ireland, Scotland and Wales.

# 4 Application to practice

## 4.1 Introduction

This section gives you an opportunity to reflect on ethical issues that can arise when supporting disabled people accessing our services, and the importance of relational ethics in practice. There are questions at the end to help you engage with the ethical questions raised by the case study. The case study and questions could also be explored within supervision as a reflection exercise.

## 4.2 Case study

Louise is a counsellor in private practice. She has been qualified for seven years, works mainly online, and has recently secured access to a room for in person sessions. Louise has a full caseload, seeing between five and six clients per day with short breaks in between. This often leaves her without time to complete paperwork after each session, meaning she can frequently fall behind. Her busy schedule also means she is now financially secure, allowing her to offer concessionary rates to new clients who request them.

Although Louise is an experienced counsellor, she is relatively new to running her own practice, having previously worked in a small multidisciplinary NHS team.

She attends monthly supervision and is part of a peer supervision group that meets every three months. Due to her heavy caseload and working alone, Louise can struggle with the administrative demands of her practice.

She plans to update her website to show that she now offers in person sessions but has decided that informing all her existing clients and managing any resulting changes would be too time consuming. She reasons that if anyone wanted in person sessions, they would already have asked or chosen a different counsellor.

One of Louise's clients is Jordan, a 32 year old cis gender woman. Louise has been working with Jordan for around four months, seeing her weekly with occasional breaks when Jordan has been unwell. Jordan began counselling after a period of prolonged workplace stress that led to burnout. Alongside therapy, she has been receiving support from her GP, which Louise has encouraged but not explored in depth.

Recently, Louise noticed that Jordan had missed more sessions than usual. After discussing this with her supervisor, she planned to raise the pattern with Jordan in their next session. Before she could do so, Jordan emailed to explain that she had been diagnosed with fibromyalgia and referred for Autism and ADHD assessments. She went on to say:

*I also want to tell you that unfortunately I can't continue our sessions. I find them so helpful but the weekly schedule is hard for me to keep up with and some days I'm in so much pain that I can't think straight – I know I can cancel sessions but when I don't do this within the 48 hour notice period I still have to pay, which I totally understand but means that it's getting too expensive on the days that I can't come. I think having the sessions online was OK at the start, but when I have brain fog and I'm feeling fidgety and the light behind your screen is too bright I find it even harder to concentrate on what you're saying and sometimes leave the sessions feeling as though I haven't got anything from them. That's not a criticism; I know that these are my issues and perhaps I won't be able to have counselling until I've figured these out. Thank you so much for all of the help so far.*

Louise is shocked when she reads the email – she had no idea Jordan had been experiencing the sessions this way. She feels angry that Jordan hadn't shared this earlier, especially given how busy she is and how frustrating the late cancellations had become. From her NHS experience, Louise is familiar with Autism and ADHD and knows a little about fibromyalgia, but she cannot see how these would prevent Jordan from continuing therapy. She assumes that online work should make things easier. Louise begins drafting a reply but notices she has only five minutes until her next client, so decides to leave it until later.

When Louise returns to the email, she feels differently. She wonders whether she could have done anything more: *Should I have asked Jordan about her absences sooner? Should I have been more curious about the medical support she was seeking? Could her experience in our sessions have mirrored what she was experiencing at work? Oh no – have I made her burnout worse?*

Louise realises she may have missed opportunities to support Jordan, and that perhaps working with so many clients has affected her ability to be fully present. She also considers discussing her initial reaction with her supervisor, as it now feels unfair and unkind. She decides to reply to Jordan first and drafts the following message:

*Hi Jordan,*

*Thanks for your email, and for the updates about fibromyalgia, autism and ADHD. I am sure that is a lot for you to process. I am so sorry that our sessions have been difficult to engage in lately. I completely understand your decision, but I have looked into it and I was wondering whether there is anything I could do differently that could help you to continue with our sessions? I appreciate that as these diagnoses/ suggestions are new to you, you may not know either, but I would be happy to look into options and get some advice from my supervisor if that would be helpful? Off the top of my head, we could try having sessions fortnightly instead of weekly. Also, I didn't mention this earlier but I do have a room now, so we would have the option to meet in person if that would be better.*

*I'm also able to offer concession rates, or perhaps more flexibility with my cancellation policy in light of your diagnosis, if that would help?*

*Let me know what you think.*

*Best wishes, Louise.*

## 4.3 What's my view?

- How does the *Ethical Framework 2026* and the Equality Act 2010 inform Louise's responsibility to Jordan, and other clients?
- Was Louise right to ask Jordan to reconsider, and make the suggestions that she made?
- Louise told Jordan that she had 'looked into it' before making the suggestions that she made. Is there a risk that Louise has underestimated the complexities of Jordan's conditions, and disabilities in general?
- If Jordan does continue with the sessions, how can Louise use the *Ethical Framework* to support Jordan more effectively?
- What is Louise's relationship with her supervisor? Is there a reason why Louise didn't tell her supervisor about Jordan's absences sooner, or wait to speak to her before replying to Jordan?
- Does Louise feel as though she has the competence to support Jordan, and other clients with disabilities? Does Louise need to prioritise more CPD if she is going to offer to keep working with Jordan? Does Louise's supervisor have the competence to support Louise if she does?

- Should Louise have been more curious about Jordan's physical health, and considered how they may interact with her mental health?
- Should Louise reflect on the assumptions she made about clients' preferences for online sessions, and her decision not to inform her existing clients that she has access to a room?
- Has Louise considered accessibility issues with her new room? Does she have a good awareness of what can make a room inaccessible?
- Should Louise have offered Jordan the concession rate, and the flexibility with cancellation? If so, should Louise offer this to all of her clients?
- Is Louise over-stretched in her practice? Could this risk her working unsafely?

## 4.4 How does it apply to my practice?

Having reflected on the case study and in the context of the *Ethical Framework*, consider the following points about your own practice:

- Considering the Core Responsibilities and Ethical Principles of the *Ethical Framework*, do I ask potential clients about any reasonable adjustments they may need in my initial counselling assessments? Could I be more proactive in doing this, and having examples of what these could be?
- Do I invite the opportunity for clients I am already working with to raise any issues that may require reasonable adjustments throughout the period of working together?
- Do I mention reasonable adjustments, accessibility or any relevant training or experience that I have to support disabled people accessing my services on my website or directory listings?
- Am I able to use supervision as a space to explore all my client work honestly and transparently without fear of judgment or criticism?
- Do I have a thorough understanding of what reasonable adjustments I could offer, and how I could implement them? If I work in an organisation, am I familiar with their reasonable adjustment policy?
- Do I have a good understanding of my own biases about disability, and disabled people accessing my services? Could these impact my understanding of a client's experience?

- Am I aware of my own response to receiving feedback, and any defensiveness that I may have that could be a barrier to engaging in collaborative decision-making?
- Should I be more proactive in reviewing sessions or inviting feedback from clients?
- Is there a risk that I might abuse the power dynamic of a counselling relationship if I deem what reasonable adjustments might be appropriate?
- Am I having adequate and regular supervision with a supervisor who has the competences to support me?
- Am I engaging in enough relevant CPD activities?

## 4.5 Further reflection space and questions for reflection

- Do I monitor my relationships with my clients regularly enough?
- Do I need more information or guidance around reasonable adjustments? If not, do I know where I can find this information?
- Is my relationship with my supervisor meeting my needs? Should I invite a reflection or review considering the new *Ethical Framework*?
- Are there any gaps in my competence around supporting disabled people accessing my services?
- Do I feel confident in my understanding of the legal responsibilities I have?
- Am I communicating my policies and procedures to my clients in an accessible and written format?
- What do I do when collaboration in ethical decision-making is not possible?

# About the author

**Steve Rattray** is a senior accredited counsellor and senior accredited supervisor of individuals; he worked in an NHS Palliative Care Unit's Bereavement Counselling service and was a member of BACP's Professional Ethics and 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.

The reviewer, **Angie Fell**, is a practising supervisor and an accredited counsellor in private practice specialising in neurodivergence and gender, sexuality and relationship diversity. She is experienced in delivering training and is a BACP Ethics in Practice resource author.

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# Further reading

All BACP Ethics in Practice resources available at: www.bacp.co.uk/eip.