



Beyond reasonable adjustments

Improving accessible therapy

by Melani Halacre

Most of us are aware of the legal requirements enshrined in the Equality Act 2010 for disabled clients: public and private therapy services are both classed as a 'service' and so all therapists have a duty to make reasonable adjustments and to *anticipate* the requirements of disabled people. However, beyond the Equality Act there is a much larger story that needs to be told.

One story is around the practical, physical aspects of disabled people accessing therapy and the huge emotional labour and toll entailed in doing so. The other story is around disabled clients receiving accessible therapy: therapy that is empowering and affirming of disability, something that doesn't always happen.

Mel Halacre and Steve Dent run Spokz People CIC, a non-profit social enterprise specialising in psychological support for disabled adults, their spouses and family members and carers/PAs (personal

assistants). Steve has a high-level spinal cord injury which means he requires support daily. Mel draws on her family's experience of disability as well as childhood experiences of being from a religious and cultural minority, and medical trauma.

PHYSICAL ACCESS

When it comes to physical access, many private therapy spaces are still inaccessible. This might mean steps into the building or a lack of disabled toilets or parking. But it could also mean noise from surrounding offices or therapy rooms, bright lights, cluttered meeting rooms or anything else that may negatively impact someone's impairment. There is also a major issue around therapist directories presently. Katy Evans, a disabled client with cerebral palsy and complex trauma (a wheelchair user), has contacted more than 120 therapists to find accessible premises. Sadly, this is not an uncommon experience.

Most directories do not have a search criterion 'wheelchair access' so disabled clients must ask *each* therapist individually! In the one directory that did have this search option, when Katy searched for local in-person support she found 505 therapists initially, but when she selected 'wheelchair access' only 141 of these were accessible (less than 30%). This 30% reduces further in the short-listing process we then all go through trying to find a therapist who understands us and with whom we are able to form a therapeutic relationship. Many of the therapists Katy contacted said her needs were too complex, or that they were unable to offer the flexibility she needed. The complexity was more due to her trauma background than disability needs, although her mental health 'diagnosis' would also be covered under the Equality Act.

Sadly, many therapists were unapologetic that their premises were inaccessible, although



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We may need to change when and where we meet, we may need to involve other parties in therapy because they have a large influence on the disabled person's life. For example, clients who are unable to drive may need a parent to drive them. What happens if the parent stops bringing the adult client because they don't like the fact that their adult child is becoming more assertive? This happens and can be prevented by working more flexibly and holistically. Katy has a PA to attend many meetings and has often had the experience that therapists will (without her consent) disclose session content to her PA.

Difference is something we all find hard, because human beings have a natural instinct to categorise and stereotype. We have to

This process is explained and facilitated via this link, which you may find helpful:

<https://www.sensorytrust.org.uk/resources/guidance/creating-an-access-statement>

LACK OF TRAINING IN DISABILITY

Disability is rarely discussed in counselling and psychotherapy training, and when it is, it is usually from the standpoint of a medical or individual approach and rarely highlights the complexity of disabled life. When you ask a disabled person what affects their mental health most, *research shows that most say it is not their individual impairment, but rather the experiences they have in society:* the segregation, the repetitive assessments, the negative messages they receive from both the media, members of the public and sometimes even their own families (Oliver, 1995). Because disability is rarely discussed in training in a holistic way, there is very little opportunity to explore how we may need to work differently with disabled clients. We are trained to be very clear with boundaries as therapists, and yet blurred boundaries are very common in disabled lives, and sometimes even necessary for people to experience effective therapy.

thankfully there were some who were willing to look for a new venue when it came into their awareness that they were excluding disabled clients. *With almost 22% of the British population being disabled, how many clients could each of us unknowingly be excluding?*

Most directories don't have wheelchair access in their filters. Katy has attachment trauma from early life experiences and all these rejections, as well as the huge emotional labour that goes into seeking a therapist, have had a major negative impact on her mental health. This is actually called iatrogenic harm: psychological harm caused by the process of therapy (seeking it as well as receiving it). Even in the therapy field she is made to feel different, 'too much' and not deserving of the support that is available to most people.

DO YOU HAVE ACCESSIBLE PREMISES?

Writing an access statement

If you have accessible premises, please do highlight this on your website homepage and in your directory listings. If you do not have accessible premises, consider changing venues as it is only when we as therapists put pressure on venues that we can work towards accessibility for all. Obviously, if you work from home, this is harder to achieve, but you can still write a short access statement with photos of your front door and toilet, or even better a tour video, so that disabled clients can decide for themselves whether it is worth them contacting you. Some wheelchair users carry their own ramps and many can walk a few steps, for example, so it is best to let disabled people decide for themselves what they can or cannot manage, using your images/videos.

Preparing and providing access statements reduces a lot of the labour that disabled people have to go through to find a therapist.



consciously learn to respond in a different way. We can become more comfortable with disability through training, reading, learning about disability arts and culture, watching documentaries and movies on disability (if they are produced with/by disabled people) and meeting disabled people around us.

WORKING MORE AFFIRMATIVELY

We can support clients by helping them to change their thoughts, feelings and behaviour towards their impairment. However, in the early days of building rapport with a new client, often what is more effective is to validate any anger and frustration they may experience, to truly 'hear' them when they share what it is like to live in an inaccessibility and ableist society. Mostly, disabled clients want a therapist who understands that it may have taken them four hours to get ready for their one-hour session, someone who understands the psychological impact of the constant scrutiny and assessments by government bodies such as social services,

NHS continuing healthcare, DWP, Motability, Access To Work etc., someone who understands the daily hassles that come with living with disability, yet can also see their potential, and the wisdom and learning that can come out of this experience. Wisdom not just for the client, but for us as disabled and nondisabled therapists too.

NEW TO DISABILITY?

If you have not had any disability training or are new to working with disabled clients, the best thing to do is to share this with the client at the time of enquiry; to own it. Then you can offer/agree to work together at a reduced rate, acknowledging that the client is educating you on the job. Most disabled people are obligated to educate others about their lives and be an 'ambassador' for disability, but this is not by choice and costs a lot of time and energy. It's important that as therapists we do not add to this. Alternatively, you can support them to find a more suitable therapist, but do bear in mind Katy's experience which is common: that onward referral is not easy, and see if you

can support them in their search. With so few therapy services being physically accessible and/or provided by therapists who 'get' the disability experience, with the client's agreement you can work with them to provide a service and educate yourself with training and disability-specific supervision. Often clients can suggest resources for you as well.

HOW YOUR ACCESS STATEMENT CAN HAVE A CONSIDERABLE IMPACT

We suggest as part of your access statement that you state what reading or training you have done around disability and/or what reasonable adjustments you can offer. Here's an example:

'I was not trained in outdoor therapy, but during Covid, when it became apparent that working online was not suitable for all my clients, I offered clients the choice to experiment with working outdoors. Many welcomed the experience of being in nature, having the choice to avoid eye contact more easily if they wished. Some expressed a sense of freedom not being trapped in a space where they are dependent on someone else to open the door.'

As therapists, part of our role is to address injustices that our clients experience. Challenging disablism in society begins in the therapy room. It's about bringing our awareness of 'disablism' into the therapy room and inviting the client to share their experiences. We will be exploring what ablism and disablism at the forthcoming ACC Conference.

FAITH

Faith is something that requires careful consideration when working with disabled clients. Some find faith post-disability; others have lost their faith because of their experiences; others' faith has been strengthened. Unfortunately for many people there have been negative experiences around faith, especially



in regards to healing when this was not needed or wanted. Steve, for example (as well as many of our clients), has been pulled out of his wheelchair by well-meaning faith healers. These experiences are traumatic because of fear around safety (falling on the floor), intrusion of privacy and personal space, being touched and/or prayed for without consent, and the underlying message that they are not OK as they are.

LEARN MORE?

There are many other helpful ways we can explore faith and disability with our clients and church members. There are several ways of doing so:

- We have a reading list available that people can request, at info@spokzpeople.org.uk
- You are welcome to join us on Facebook on **Spokz People** or our new group aimed at professionals: **DPPN: disability psychological practitioners' network**, where we post new

information and articles around working with disabled clients.

- For additional support, you can also join our new training hub: <https://spokzpeople.org.uk/prereg-page-plp/> to learn more about working in an empowering and affirming way with disabled clients and their carers, personal assistants and families.

SUPPORT FOR YOUR DISABLED CLIENTS

If you have disabled clients, they may benefit from our online well-being platform: <https://spokzpeople.org.uk/register/>. It is tailored to disabled people and their families, and enables them to work with a peer and a qualified therapist to improve their mental health and wellbeing. It includes information and tool kits on how to improve self-esteem, build resilience, find meaning in life and manage the many challenging situations being disabled brings. There is a forum, chat room,

regular live events and Q&As, and videos from disabled people, including *The Last Leg* presenter Alex Brooker, disability advocate and *Gogglebox* star Simon Minty, and disabled influencer and Co-founder of Disability Horizons Martyn Sibley.



Mel Halacre

About the author

Mel Halacre is clinical director, founder and therapist at Spokz People CIC, a non-profit organisation developing a disability affirmative therapy approach.



ACC Conference, October 2022

Mel Halacre, Katy Evans and Pippa Mundy will be offering a day of sessions around working with disability. We hope you will join us.

- Mel will be exploring how Spokz People's therapy approach differs from generic counselling and sharing more about disabled clients' experiences of therapy as well as our own personal relationship to disability.
- Katy will be sharing in more depth around her experiences as a disabled client, as well as drawing on her work as a disability advocate, writer and activist. Her talk will be on equipping therapists with the tools and confidence to create welcoming and accessible therapy spaces for disabled

people by being supported to explore and reflect on the lived experiences of a disabled client.

- Pippa will be sharing her personal experiences of faith, access and being a church goer and how to support disabled clients with the questions around faith.

If you are unable to attend the ACC Conference, a lot of the workshop information is available on our training hub:

<https://spokzpeople.org.uk/prereg-page-plp/>.

ACC members can access Module 1 and a year's forum support for the reduced rate of £32 (normally £40) using the code ACCtwentyoff.

