





VISION

That everyone can access high quality psychosexual and relationship support regardless of their background or context.

MISSION

To improve knowledge around psychosexual and relationship issues, increase practice and training standards, and shape effective policy.

GOOD THERAPY FOR ALL - COSRT STRATEGY 2019 - 2022

This has been edited for plain English. Published August 2019.

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WHO WE ARE

COSRT is the professional body for psychotherapists and counsellors specialising in psychosexual and relationship therapy.

- \bullet We work to set and monitor professional standards for practitioners.
- We oversee a comprehensive conduct procedure and codes of ethics and practice.
- We develop and provide Continuing Professional Development offers.
- We accredit third-party training courses to ensure quality.
- We support high quality research including our own international peer reviewed journal.
- We give comprehensive advice and guidance to the public.

WHAT NEEDS TO CHANGE?

COSRT operates in a shifting landscape. People's behaviours, attitudes and choices are constantly changing, influenced by factors as diverse as technology and social movements. Traditional support networks such as family units and social circles are often eroded. New societal challenges are emerging and issues such as personal identity are becoming more visible. Political discourse and energy are focused on the country's place in Europe and beyond. Economic pressures continue to impact on the structures and organisations that people rely on for help, from the NHS to charities. In this context COSRT works not just to continue business as usual, but also to tackle the barriers impeding people receiving the very best care and support that they deserve.

UNDERSTANDING OF PSYCHOSEXUAL AND RELATIONSHIP ISSUES MUST IMPROVE

The evidence is clear that many people face significant sex and relationship challenges.

National surveys indicate that almost one in six people have had a health condition that affected their sex life in the past year, yet less than one in four of these men and one in five of these women said that they had tried to get help or advice from a healthcare professional. Sexual difficulties were found to be common even in young people, with one in five men and women in a relationship saying that their partner had experienced sexual difficulties in the past year. Importantly people in poorer health

were less likely to have had sex recently, and less likely to say that they were satisfied.¹

All the while relationship breakdowns and problems continue at an alarming rate. As of 2019 42% of marriages end in divorce, whilst the dissolution of civil partnerships has increased by over 50% since 2012.2 Yet there can be stigma attached to discussing what are often sensitive and highly personal issues, even when people are in real need of help. Sometimes it is the language used that can create barriers. For example, the words sex, psychosexual and therapy itself can be variously intimidating, embarrassing or even meaningless to some. At the same time there is a challenge to ensure health and social care professionals have the knowledge required to adequately signpost or refer people to the help they need. Much must be done to build awareness, and to translate high-quality research into meaningful evidence and information for the public and practitioners.

SEXUAL AND RELATED ISSUES SHOULD BE INTEGRAL TO HEALTH AND SOCIAL CARE

Sexual health, sexuality and relationships should be an integrated dimension of people's individual health and social care. They underpin and interrelate with so many aspects of our lives that to compartmentalise them makes little sense. Yet evidence suggests that there have been persistent difficulties in translating theory into good healthcare practice.³ Studies have previously indicated how health professionals can be reticent and uncomfortable in approaching sexual matters and assessing patients' sexuality and intimacy needs.⁴ Yet rather than investing in specialist staff and services, psychosexual therapy provision is increasingly under threat. Provision is uneven across the UK, and continued budget challenges in the NHS and local government threaten the services that do exist.

COSRT Members have encountered situations where despite providing services with excellent performance indicators and high levels of referrals, services are being decommissioned. One challenge is that commissioning bodies are increasingly being forced to prioritise sexual health provision that is clearly required within guidance. For example, contraception or STI treatment. Yet such services do not tackle the direct or indirect consequences of often severe psychological issues affecting many people. Another challenge is the fragmented way in which services are commissioned.

Some services are funded by Public Health England via local authorities, some by Clinical Commissioning Groups, and some are provided by retained staff within the system. Work must be done to improve the evidence base for psychosexual and relationship therapy interventions to ensure all stakeholders are aware of the impact of and need for these invaluable services.

TRAINING AND PRACTICE STANDARDS MUST BE STRINGENT

Psychotherapy and counselling across the UK are currently unregulated – there are no set standards for qualifications and training for practitioners. Anyone can call themselves a psychotherapist or counsellor and treat those in need, regardless of their qualifications or skills. Yet when someone receives medical assistance they are protected. Doctors, Nurses, Psychologists, Dieticians and a range of other professions are legally regulated. Practitioners within these fields must meet stringent requirements to use protected job titles and are subject to legally binding rules and expectations.

Where specialist training does exist for psychotherapists and counsellors it is often outside the Higher Education environment, with variable accreditation and evaluation. Numerous professional bodies provide forms of accreditation or guidance on standards but there is variation even across these, and they often focus on generic rather than specialised skills. As a result, the public face challenges in identifying professionals with the appropriate skills and experiences to provide the support they need.

There is therefore ongoing work to be done to set stringent standards for professional practice and training. Collaboration between professional and statutory bodies can help ensure standardisation and clarity. And more can be done to help inform the public of what good looks like, and how they can secure the best possible services with the protection they deserve and need.

PSYCHOSEXUAL AND RELATIONSHIP ISSUES SHOULD BE PART OF SOCIO-ECONOMIC POLICY

People's ability to engage in sexual relationships is a key component of wellbeing. And the successful nurturing of relationships underpins our societal model. But public policy and practice development can disregard impacts and outcomes in these areas.

The NHS' Five Year Forward View for Mental Health acknowledges that, for example, lesbian, gay, bisexual and transgender people are at greater risk of mental health issues. Similarly, it requires local areas be clear on how they address sexuality in their plans. Yet there is no meaningful discussion of psychosexual or relationship challenges nor the need to tackle them within broader mental health policies.

Broader policies and

diverse as housing,

interventions in areas as

social exclusion, technology and education can have lasting effects on

 $^{^{\}rm 1}\,{\rm Sexual}$ attitudes and lifestyles in Britain: Highlights from Natsal-3

 $^{^2\} ons. gov. uk/people population and community/births deaths and marriages$

³ Cort, E. Attenborough, J. and Watson, J. P. An initial exploration of community mental health nurses attitudes to and experience of sexuality related issues in their work with people experiencing mental health problems. Journal of Psychiatric and Mental Health Nursing 2001; 8:489-500.

⁴ Nursing in Practice - Psychosexual awareness: an invaluable skill for nurses



people's relationship outcomes. And vice versa. But little attention is paid to questions of sexual and relationship issues in political debate. Consequently, opportunities for early intervention or prevention are missed. This is astounding when one considers that it is estimated that family

breakdown (as one example) costs the taxpayer over £50bn per year due to increased costs such as childcare, benefits and social services.⁵ There is therefore much to be done with policy makers to understand and address the impacts of and interrelationships between policies.

WHAT BETTER LOOKS LIKE

COSRT aims for a gradual, consistent approach to improving outcomes in these key areas of concern.

This builds on our unrivalled capacity to work closely with professionals providing psychosexual and relationship therapy. Our ability to pull together evidence on what works from academics across the world. The way in which we have built and maintain a network of training providers. And of course, our framework of rigorous professional standards which help protect the public.

By gathering and analysing the evidence, by listening to the experiences of the public and professionals alike, and by reaching out to other organisations in pursuit of common goals, we're able to drive change across the system to make things work better for all. We build partnerships and train those who work directly with those in need of support.

We help other organisations understand what good training looks like. All to make sure that changes are long lasting.

So, when we say COSRT aims to ensure everyone gets the proper support they need, we know what we mean and what it takes.

 We mean spreading the very best training courses across the country, working with universities and others to increase standards of content and teaching.

- We mean setting exacting standards for all professionals providing psychosexual and relationship therapy, so the public always receives only the best.
- We mean acting as a convener bringing together academics, service users, practitioners and policy makers to create interventions based on true need and evidence.
- We mean campaigning to promote awareness of psychosexual and relationship issues and disseminating high quality information to all stakeholders.
- We mean pushing ourselves to continually improve, building our visibility and impact through new methods of communication.

And we can do this because our approach is needs and evidence-based, collaborative and rooted in the explicit desire to protect the public. This helps us gain the trust of charities, decision makers, the NHS and other partners to create the change we need.

This document is our vision. Our vision not just for our own organisation but for the system in which we operate — a future where everyone can get the proper support they need when they need it, regardless of their background or situation.

HOW WE WILL GET THERE

We want everyone in the UK to benefit from easy access to excellent support to deal with psychosexual and relationship issues when needed. To do this we will focus on four key priorities:

- 1. Ensure all stakeholders have access to comprehensive, high quality information and evidence around psychosexual and relationship issues.
- Set and maintain the highest possible professional standards for professionals working in and around psychosexual and relationship therapy.
- Improve access to and quality of psychosexual and relationship therapy training.
- Influence legislation, policy and practice to make sure it reflects needs and evidence.

1. MAKING EVIDENCE COUNT

Over the past 40 years we have sought to build knowledge of psychosexual and relationship issues in the UK and beyond. A key element of this has been the provision of information to the public through tailored documents and signposting. We also have a well-respected international academic journal 'Sexual and Relationship Therapy' which continues to develop a theoretical evidence base.

Today however, the world is changing, and it is imperative that all stakeholders have the information needed to respond. For example, the relationship between medical treatments or health conditions and the need for psychosexual and relationship therapy must be explained. Similarly, factors affecting people's wellbeing such as technology can be better understood. And information on effective personal behaviours or what treatments work is improving but must be shared. We will work tirelessly to ensure that people make choices based on the best available information.

- We will gather, tailor and disseminate information to help guide the choices of the public and professionals alike. This will involve building links to organisations producing new knowledge, developing easily understood guidance, and building an accessible multimedia library.
- We will drive academic research through the Sexual and Relationship Therapy Journal and support for new research initiatives. We will continually review the scope of the journal and its governance to maximise relevance and impact. And we will actively promote innovative and rigorous research to increase its scale and impact.
- We will identify gaps in knowledge such as outcomes indicators for interventions and service user experiences, focusing on hidden unmet needs of societal groups. And we will fill these gaps through original research.

2. SETTING PROFESSIONAL STANDARDS

We are dedicated to setting and monitoring the best possible standards for those working in psychosexual and relationship therapy. Today our members must adhere to a detailed code of ethics, conduct procedure, and membership criteria. But there is no doubt that more can be done.

The landscape is complex. The public are faced with thousands of therapists with diverse qualifications, aligned with multiple organisations. There is often little clarity on what organisational affiliations mean. And it is inevitable that non-specialist therapists deal with psychosexual and relationship issues in the course of their activities.

Another consideration is the legislative context. A Counsellors and Psychotherapists (Regulation) and Conversion Therapy Bill 2017-19 was presented to Parliament in 2018. If passed, such legislation would require protected titles for psychotherapists and counsellors, along with Health and Care Professions Council (HCPC) regulation and standards setting – aims that COSRT fully supports.

COSRT wants the public to be protected, knowing that anyone providing psychosexual and relationship therapy has the proper knowledge and skills.

- We will actively support legislation that leads to regulation of the profession.
- We will develop and continually review our membership processes and criteria, including setting minimum qualification and experience levels for all categories.
- We will work closely with other professional bodies to ensure consistency of standards and processes.
- We will influence organisations including the NHS to ensure clinical pathways include commissioning of and signposting to the most appropriate specialist therapists.
- We will pursue Professional Standards Authority accreditation for a COSRT member register, and/or HCPC regulation of psychosexual therapists including protected title.



3. IMPROVING TRAINING AND EDUCATION

Training and education are inextricably linked to our work around standards and evidence. For many years we have accredited short and long-form courses provided by third parties. Whilst we have also provided a range of CPD events ourselves to allow members to improve their skillset.

The range of formal education courses available in the fields of psychosexual, relationship and related therapies is limited. And there is significant variation in quality between those that do exist. Consequently, the public are often treated and supported by professionals without the adequate specialist, or most up to date knowledge.

When people graduate from university courses in fields such as psychology, they often do so without awareness of professional pathways to psychosexual and other forms of counselling therapy. And still the public is all too often unaware of what constitutes truly high-quality specialist training.

We are focused on ensuring that those working in or seeking to work in the fields of psychosexual and relationship therapy have ready access to high quality training throughout their careers.

- We will work closely with existing training providers to roll out existing courses across the UK in underserved geographical areas. And we will support the development of new, innovative courses from those already providing high quality education.
- We will build formal relationships with the academic sector to link COSRT course accreditation with university standards through joint policies and processes.
- · We will seek to increase awareness of specialist training, education and related career opportunities by proactively sharing information with medical schools across the UK.
- · We will build on our position as a provider of highquality CPD to become a recognised training provider. This will include diversifying short-form





4. INFLUENCING POLICY AND PRACTICE

We work in and around a system where a diverse range of public policy affects people's mental, sexual and relationship outcomes. In recent years we have sought to influence specific areas of policy including, for example, LGBT rights. This has however, been limited in its scope and visibility.

Today there is more to be done, and more that must be done. In 2020 Relationship and Sexual Education must be provided in all schools, bringing questions around effective curricula, and out of school follow up. Technology brings easy access to content which can negatively affect people's attitudes, behaviours and perceptions. Related safeguards can be improved, with support better signposted. Identity is constantly evolving, so public policy must better support individuality and equality. And wider challenges such as deprivation, exclusion, health inequalities and access to treatment all require policy and practice which takes account of true need.

COSRT will build its influencing activities to better inform the development and implementation of policy, as well as health and social care practice.

- We will develop strategic partnerships with professional bodies and specialist interest organisations to input into debate. This will include coordinating consultation responses, developing joint policy positions, and co-creating thematic campaigns.
- · We will build organisational positions on a range of key, contemporary issues and use these to influence decision makers and partners. These positions will also underpin increased media engagement to provide immediate and specialist input into current affairs debate.
- · We will have an annual thematic focus for the organisation which will reflect an issue of strategic importance requiring effective lobbying and change. These themes will shape events, communications and wider activities.
- · We will complement our existing events portfolio with a range of thematic events aimed at awareness raising and influencing. These events will include both policy and practice-focused events aimed at national and regional audiences. In some instances, they will be delivered alone, whilst in many instances they will be in partnership.
- We will increase our direct engagement with parliament through relevant All-Party Parliamentary Groups, enquiries and individual politicians.

5. CROSS CUTTING PRIORITIES

In order to achieve our goals over the coming years, we must also undertake enabling activities. These are focused on adapting the organisational shape and capabilities of COSRT to allow future success.

INCREASE MEMBERSHIP NUMBERS

COSRT is a membership organisation. Membership numbers have gradually increased over recent years with numbers in mid-2019 standing at circa 1000. To increase the impact of our work it is imperative that we continue to increase our size, ensuring as we do so that more and more therapists uphold the standards that we set. Our activities will focus on increasing numbers across all membership categories by:

- Increasing awareness of student membership and its benefits.
- Promoting organisational membership to providers of therapy services.
- Targeting health and social care professionals who do not directly provide psychosexual and relationship therapy, but who are involved or interested in the field.
- Incentivising and promoting progression through membership categories.

INCREASE VISIBILITY AND AWARENESS

The success of all aspects of the COSRT strategy require an increase in our visibility. As we begin to look outward to build relationships, influence others and grow so we must communicate better outside our own boundaries. Our activities will focus on increasing external awareness of COSRT and its work by:

- Creating a proactive, fast acting social media presence across multiple platforms.
- Reviewing and revising the design and branding of all existing and future outputs and products.
- Building on existing media links to enable more pro-active media activity.
- Developing new events focused on engaging with external stakeholders.
- Producing a range of new products to disseminate information such as magazines, podcasts, online CPD and edited books.

DIVERSIFY INCOME

We rely on membership for much of our income. This works and has done for many years, but to diversify our activity we need to build our financial base. There is the potential to secure income related to specific activities and broad programmes of work from numerous sources.

Our activity will focus on increasing income by:

- Creating clear cases for support related to outcomesbased activities with clear public benefit.
- Reviewing UK-based trusts and foundations to identify the most suitable potential donors.
- Regularly reviewing calls for proposals from major funders to identify grant opportunities.
- Increasing existing corporate links to secure suitable corporate partnerships.





College of Sexual and Relationship Therapists (COSRT)

Registered charity number: 1101961

Company number: 4998207. Registered in England

For more information see www.cosrt.org.uk Contact info@cosrt.org.uk