

Draft Final stage impact assessment

Title:

Type of measure:

Department or agency:

IA number:

RPC reference number:

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Date:

The draft Conversion Practices Bill will undergo pre-legislative scrutiny. **Costs and benefits are provisional at this stage.** The estimated costs and benefits in this version of the Impact Assessment will be updated in subsequent Impact Assessments, including through further refinement made before the final bill is introduced to Parliament. Estimated impacts may be subject to revisions due to changes in the proposed legislation or new evidence and analysis. Please note that impacts on the wider justice system are being assessed with the Ministry of Justice and will be included in future iterations of the Impact Assessment.

1. Summary of proposal

The government is proposing a draft bill that makes abusive conversion practices a criminal offence, would see the introduction of conversion practices prevention orders, and a new offence of taking someone overseas for the purpose of conversion practices. The government has committed to end the significant harm that can be caused by abusive conversion practices. Specifically, the government wishes to deter individuals from carrying out abusive conversion practices; and provide adequate protection and support for victims of these acts.

2. Strategic case for proposed regulation

The problem

'Conversion practices' is an umbrella term for a range of acts with the intention of changing an individual's sexual orientation and/or transgender identity (this is sometimes referred to or understood as gender identity in discourse and research). The government's position is that conversion practices are abuse. Such practices have no place in society and must be stopped.

A range of evidence indicates that behaviours associated with conversion practices are currently occurring in the UK. Multiple sources demonstrate that LGBT+ individuals report having been offered or experiencing forms of conversion practices (e.g. Jowett et al., 2021; Galop, 2022a; Opinium/Stonewall, 2025; OEO, 2026; Galop, 2026). Furthermore, there is growing evidence that these practices are associated with a range of severe and long-lasting harms (e.g. Przeworski et al, 2021).

Evidence of the problem

To better understand the nature of this issue, the government commissioned an assessment of the evidence base, published in October 2021, alongside the launch of a public consultation on banning conversion practices (see Jowett et al., 2021; GEO, 2021a).

The evidence base on conversion practices, while relatively limited, has been growing for over 25 years. It is dominated by international studies, mainly from North America, and has historically focused on conversion practices for sexual orientation. While the evidence for gender identity conversion practices is much newer, an increasing number of UK and international studies are now documenting and measuring these practices (GEO, 2021a).

Prevalence estimates

There are challenges to measuring the prevalence of conversion practices, largely due to its hidden and complex nature. Incidents of conversion practices are not currently captured in any official statistics or through administrative data sources. Part of the reason for this is that it is not the responsibility of any agency or body to do so. For this reason, people reporting their experience of conversion practices in a survey is likely to be the only source of quantifying its prevalence (see GEO, 2021b; Jowett et al., 2021). Consequently, existing estimates heavily rely on self-selected samples, and the analytical limitations associated with this.

The government's National LGBT Survey (2018) found that 2% of respondents said they had undergone conversion practices and a further 5% said they were offered them. Although this survey was very large, with over 100k LGBT+ respondents, it relied on a self-selecting sample. It is therefore not an accurate measure of prevalence, as the sample may not be representative of the LGBT+ population.¹

¹ Other limitations associated with the National LGBT Survey (2018) include: no clear definition of 'conversion therapy', and no attempt to distinguish between those who experienced conversion practices directed at changing sexual orientation and/or whether it was directed at changing transgender identity.

Since the National LGBT Survey, 4 further studies have been published which have attempted to measure lifetime prevalence (Stonewall 2021; Galop 2022a; Galop 2022b) and, in one case, annual prevalence (Opinium/Stonewall 2025). Across these sources, estimates of LGBT+ individuals in Great Britain or the United Kingdom who have experienced these practices in their lifetime range from 2% to 30%. Significant methodological variations and differing definitions mean these figures are not directly comparable. More recent data, using more representative survey approaches, consistently suggests that measures of prevalence may be higher than initially reported in the National LGBT Survey (2018).

Of these data sources, only the survey by Opinium, commissioned by Stonewall, provides a recent annual self-report measure of UK conversion practices from a nationally representative LGBT+ sample (Opinium/Stonewall, 2025). This suggests that approximately 11% of the LGBT+ population experienced specific types of conversion practices in the previous 12 months (each of 8 actions listed had been experienced by between 2% and 5% of respondents). While this data has limitations², in the absence of better alternative data sources, it represents the best evidence available and has been used to develop an estimation of the prevalence of CP as covered by the draft bill.

Harms associated with conversion practices

A new study from the anti-LGBT+ abuse charity, Galop (2026) reviewed of a sample of case notes from helpline calls relating to conversion practices, and showed recent and ongoing physical and psychological abuse experienced and reported by individuals. Other research, including robust evidence reviews and analysis of large-scale data, shows that conversion practices aimed at changing sexual orientation or gender identity are associated with a **wide range of self-reported harms** among study populations across mental, physical, and economic domains. These include:

- **Mental health and psychological harm** - Suicidal thoughts and/or suicide attempts (e.g. Tran et al., 2024; Mammadli et al., 2024; Anderson et al., 2023; Campbell and Rodgers, 2022; Forsythe et al., 2022; Przeworski et al., 2021; Turban et al., 2020; Blosnich et al., 2020; Green et al., 2020); depression (e.g. Tran et al., 2024; Anderson et al., 2023; Forsythe et al., 2022; Przeworski et al., 2021); substance use (e.g. Anderson et al., 2023; Forsythe et al., 2022); post-traumatic stress disorder (e.g. Tran et al., 2024); anxiety (e.g. Tran et al., 2024; Anderson et al., 2023)
- **Wider psychosocial and relational consequences** - Robust systematic reviews report that conversion practices severely affect survivors' lives, leading to family dysfunction, social isolation and loss of essential social support networks. It has also been reported to negatively affect civic participation, the ability to study and work, integration of faith or religion with sexuality and/or gender identity, and can lead to

² Limitations include that the survey did not contain a clear definition of 'conversion practices'. It asked individuals to select all actions they had experienced in response to the question, "Have you experienced any of the following with the aim to change/alter your sexuality or gender identity?" Some actions would not fall within our proposed legislation definition. Our estimation has, therefore, been developed from key actions covered by the proposed legislation, accounting for potential overlap in the number of people who have experienced different types of CP.

heightened sexual risk taking (e.g. see Anderson et al., 2023; Glassgold, 2023; Przeworski et al., 2021).

- **Physical health** - One study found that experiencing conversion practices is associated with adverse cardiovascular health indicators among sexual and gender minority young adults assigned male at birth, including elevated blood pressure, increased systemic inflammation, and higher odds of hypertension (Gibb et al., 2025).
- **Economic impact** - An economic analysis in the US estimated the cost of conversion practices at over \$650 million a year, with the associated harms creating an economic burden of \$9.23 billion (Forsythe et al., 2022).

Because experimental or prospective clinical trials are ethically impossible in this field, there is no direct causal evidence tracking these outcomes over time. Instead, the literature relies on strong, consistent correlational data across diverse studies. There is no causal evidence directly measuring the outcomes or impact of conversion practices.

Limitations of the evidence base and analytical challenges

The broader evidence base is limited by several methodological issues: the often hidden nature of these practices, a reliance on individuals' retrospective self-reports, the use of self-selected samples that do not accurately represent the LGBT+ population, and a lack of longitudinal or controlled study designs (Jowett et al., 2021; GEO, 2021a). Consequently, while a strong consensus exists across a growing body of high quality qualitative studies (with increasing numbers of studies analysing larger datasets), the evidence still tends to lack the statistical rigour needed to definitively measure prevalence or establish cause-and-effect relationships in the UK context.

Evaluating the exact number of individuals protected by this legislation presents a significant analytical challenge. Estimates are inherently constrained by the hidden nature of conversion practices, which severely limits reliable baseline data. In the absence of [empirical] evidence, projecting policy impacts requires assuming complex behavioural responses, such as police reporting rates, alongside predicting the exact proportion of practices that will meet the statutory thresholds of the draft legislation. Consequently, our projections should be treated as **indicative rather than definitive**.

To estimate costs and benefits, the Cabinet Office applied self-reported prevalence survey data on conversion practices to the broader LGBT+ population. The data used reflects two key practices from the Opinium/Stonewall (2025) survey:

- being told to ingest 'purifying' substances, and
- being given 'pseudo-scientific counselling sessions'.

These two practices were selected because they are sufficiently different in nature, that overlap, where one person has reported both, is minimised. Data for physical and sexual assault were not used because those acts are already illegal, and Home Office data suggests that there is significant overlap, where around half of people reporting sexual assault also report physical assault within the same incident (Home Office, 2025)³.

³ ONS (2025) Nature of sexual assault by rape or penetration, England and Wales: year ending March 2025. Link [here](#).

On the basis of the survey data, the annual prevalence rate has been estimated to range from 4.2% to 5.2%. As set out in Annex A, applying these percentages results in an estimate of approximately 75,000 - 93,000 people per year who experience conversion practices in England and Wales. On the basis of available data, this represents our best estimate.

Why action is needed

There is a gap in the current legislative framework that allows for some harmful practices, particularly verbal and non-physical acts. Such acts can include psychological abuse which degrades or manipulates an individual, and coercive control over an individual's everyday movements and finances. Such acts can occur as both singular activities, or in combination.

Legislation will not only ban such abusive acts, but also introduce a penalty regime for perpetrators that currently does not exist, allowing for victims to seek justice and recourse.

The definition of conversion practices, the main offence, and the primary legislative nature of the offence will also have a cascading effect across multiple agencies and professions. As a criminal offence, police, local authorities, social workers, teachers, will have a duty of care to identify and intervene in instances of suspected abusive conversion practices, providing new protection to 'at risk' individuals that is presently not captured under existing legislation or guidelines.

The second offence of encouraging and assisting an abusive conversion practice performed outside England and Wales also provides added protections not currently available, ensuring that outsourcing abuse is not an inconsequential act.

In addition, legislation will raise awareness so that victims are empowered to seek protection and that societally we send a message that these abusive acts are not acceptable.

Additionally, secondary legislative intervention has been explored and found to be lacking in its ability to close this gap. Only a primary legislative ban can provide society wide protection, a clear legal definition of conversion practices, engage safeguarding frameworks for professionals such as social workers and the police, and engage regulatory frameworks relating to the governance and application of charitable status and advertising frameworks.

Anything below a primary legislative intervention of the sort outlined would prevent the above impacts from being realised and thus not result in the closure of the gap identified in the law, nor enabling the frameworks outlined from effectively engaging in prevention and protection.

Providing a clear legislative definition of conversion practices will give clarity as to what these practices look like and help professionals working with those at risk of, or suffering from, abuse identify these practices and provide the necessary support, for example social workers and teachers.

The government has published a draft bill for pre-legislative scrutiny setting out proposals to address this gap and this will now be subject to pre-legislative scrutiny by a joint committee

of both Houses of Parliament. Without government intervention, UK citizens will continue to be subjected to harmful conversion practices and the associated harms listed in the evidence above.

3. SMART objectives for intervention

The policy objective is to deliver the government's commitment to end the harm that can be caused by abusive conversion practices. Specifically, the government wishes to:

- reduce the number of people who experience conversion practices
- introduce a penalty regime for perpetrators of abusive conversion practices, and by extension create legal recourse for victims of said practices
- deter providers of conversion practices from conducting such practices through the creation of a criminal offence and penalty regime
- provide adequate protection and support for victims of conversion practices through the creation of a primary legislative criminal offence that provides clarity and confidence to professionals in safeguarding roles (e.g. teachers) in supporting individuals who may be subjected to abusive conversion practices.

These objectives for the intervention align with government objectives articulated in the 'Break down barriers to opportunity' mission. Specifically, a commitment to a full trans-inclusive ban on conversion practices was made under the 'Respect and equality for all' sub heading of the opportunities mission in the Labour Party manifesto. The draft bill was included in the 2026 King's Speech.

The following key policy principles will underpin our approach to draft legislation:

- **Targeting change acts:** The draft bill is targeted at change acts: this will reduce the risk of unjustified interference with individuals' rights under the European Convention on Human Rights, in particular religious freedoms and respect for private and family life.
- **Scope of protection:** Measures will be symmetrical and target practices which aim to change sexual orientation or transgender identity, i.e. protect against attempts to change from non-transgender/heterosexual to LGBT+, and vice versa. We intend to utilise existing legislative definitions of sexual orientation and transgender identity.
- **Protecting legitimate healthcare:** It is important that clinicians can still assist those exploring their sexual orientation or gender identity: actions in the course of providing any healthcare service are out of scope, as long as actions do not constitute behaviour akin to gross negligence.
- **Upholding freedom of expression and belief:** It is important that our measures do not negatively impact parents, religious leaders, teachers, social workers or any individual who is supporting an individual with the exploration of their sexual orientation and/or gender identity. Equally, we must allow individuals to be able to freely express their religious or ideological beliefs. The draft bill has thresholds

which are intentionally designed to ensure they do not capture acts which should be out of scope of the criminal offences.

- **Penalties:** Our core offence targeting conversion practices in England and Wales will be an 'either way' offence. For less serious instances charged as a summary offence, the perpetrator may face up to 6 months' imprisonment or a fine of up to an unlimited amount. In cases where the action is tried as an indictable offence, the perpetrator could face imprisonment of up to 5 years. The threshold for conviction and associated sentences will be kept in line with existing legislation for similar offences, i.e. controlling or coercive behaviour in an intimate or family relationship (section 76 of the Serious Crime Act 2015).

4. Description of proposed intervention options and explanation of the logical change process whereby this achieves SMART objectives

Option 1 - Pre-legislative scrutiny of draft primary legislation and non-legislative measures to criminalise abusive conversion practices, and offer assistance to those who have been offered or undergone conversion practices.

- **Legislative:** To criminalise acts which are intended to change a person's sexual orientation or transgender identity, which amount to abusive conduct, and which cause serious harm, alarm or distress which has a substantial adverse effect on their usual day-to-day activities.
- A separate criminal offence prohibiting individuals and organisations for encouraging or assisting in taking someone overseas, or attempting to take someone overseas, with the intention of carrying out a conversion practice outside England and Wales.
- Provision for Conversion Practice Protection Orders, which allow a criminal or family law court to make an order to protect someone who is suffering from, or at risk of, a conversion practice. These Orders can be tailored depending on the facts of the specific case.
- **Non-legislative including regulatory:** recommissioning a Victim Support Service (VSS), including a helpline, to protect those affected by conversion practices; and through the introduction of a criminal offence, strengthening the Charity Commission's ability to disqualify trustees where existing offences that could constitute CP take place.

This new legislation employs methods similar to those legislated for in the Forced Marriage (Civil Protection) Act 2007 and the Female Genital Mutilation Act 2003.

Option 1 is the government's preferred option. Legislation will focus on conversion practices which constitute abusive conduct and which have the intent to change an individual's sexual orientation or transgender identity, and cause serious harm, alarm or distress which has a substantial adverse effect on their usual day-to-day activities.

The government is clear that the need to protect people from this abusive conduct must be balanced by the right to religious beliefs, different ideological perspectives, and parental rights. The government has drafted a targeted and proportionate draft bill, which fills the legal gaps while remaining tight in definitions and scope.

The draft bill includes a healthcare exemption to avoid a chilling effect on exploratory therapies and transgender healthcare. The threshold for this exemption aligns with medical gross-negligence by a healthcare professional in order to align criminal precedent in the healthcare space and to ensure we do not cut across regulatory standards. Ensuring that children and young people have access to legitimate healthcare when exploring their gender identity is important (see the independent [Cass Review report](#) on the appropriate care for those questioning their gender identity or experiencing gender incongruence or dysphoria), as is the ability of parents to have appropriate and sometimes challenging conversations with their children.

The draft bill will go for pre-legislative scrutiny where there may be further consideration of its impact. The process of pre-legislative scrutiny will mean that the government's work is closely and fully considered, with feedback helping to ensure that it is as targeted and effective as possible, and avoids any unintended consequences.

The draft bill will also include a separate offence which seeks to prohibit individuals and organisations in encouraging or assisting in taking someone overseas, or attempting to take someone overseas, with the intention of carrying out a conversion practice outside England and Wales.

Protection Orders will be included in the draft bill to provide protections for those at risk of being subjected to conversion practice. These orders will largely mirror existing regimes contained within the Forced Marriage and Female Genital Mutilation Acts.

Figure 1: Logic Model for draft Conversion Practices Bill

Inputs	Activities	Outputs	Outcomes - Impact		
			Short-term	Medium-term	Long-term
<p>Act of Parliament passed by UK parliament that:</p> <ol style="list-style-type: none"> creates an offence of performing a conversion practice creates an offence of encouraging and assisting conversion practices abroad provides for conversion practices protection orders (CPPOs) <p>Government funding for Victim Support Services (VSS) and helpline infrastructure.</p> <p>Support from LGBT+ sector, faith organisations and medical professional bodies</p> <p>Research and consultation</p>	<p>Drafting and passing the specific statutory ban into criminal law.</p> <p>Familiarising police, CPS, HMCTS, educators, healthcare professionals, charity commissioners, religious groups and LGBT+ groups to identify and report practices.</p> <p>Enforcement of the ban by police</p> <p>Setting up specialised support frameworks for victims (VSS helpline).</p> <p>Establishing clear reporting mechanisms, including proactive reporting by victims</p>	<p>A new criminal offence codified in UK law with clear penalties (fines, prison sentences).</p> <p>Statutory guidance published for schools, NHS trusts, and religious organisations.</p> <p>Training a number of police officers and prosecutors on the new legislation.</p> <p>Number of public awareness assets distributed.</p> <p>Operational victim support services actively handling calls and referrals.</p>	<p>Increased clarity: Clear legal definitions establish exactly what constitutes a conversion practice.</p> <p>Deterrence: Unregistered or informal practitioners cease operations due to fear of prosecution.</p> <p>Reporting: An increase in the reporting of conversion practices as victims feel legally protected.</p> <p>Protection: Court-ordered CP protection orders are successfully used to prevent individuals (especially minors) from being taken abroad for conversion practices.</p>	<p>Successful prosecutions: Perpetrators are held accountable through the UK legal system, setting legal precedents.</p> <p>Institutional alignment: Religious bodies, medical institutions, and community groups explicitly update their internal policies to ban these practices.</p> <p>Reduced prevalence: A measurable decline in the occurrence of conversion practices across the UK.</p> <p>Improved Support: Victims receive timely, trauma-informed mental health and legal support.</p>	<p>Eradication: Complete elimination of conversion practices in the UK and reduction of UK people experiencing abroad.</p> <p>Improved mental health: Significant reduction in psychiatric harm, self-harm, and suicide rates among LGBT+ individuals subjected to or threatened by these practices.</p> <p>Cultural shift: Broader societal acceptance of LGBT+ identities, with diminished stigma surrounding sexual orientation and gender identity.</p> <p>Human Rights affirmation: Reinforcement of the UK's commitment to international human rights standards regarding bodily autonomy and freedom from degrading treatment.</p>
<p>Assumptions</p> <p>The legislative definition of "conversion practices" is precise enough to allow for successful prosecution without inadvertently criminalising mainstream, exploratory, or psychological therapy or counselling.</p> <p>Victims feel safe enough to come forward and utilise the legal protections provided.</p> <p>Law enforcement treats reports with the necessary sensitivity and urgency.</p>			<p>External factors/Risks</p> <p>The "Underground" Shift: Practices may move further underground, online, or overseas (necessitating robust extra-territorial provisions in the law).</p> <p>Freedom of religion: Ensuring that drafting of the legislation does not criminalise standard religious activities.</p> <p>Gender Identity= Care: Ensuring that drafting of legislation does not criminalise the exploration of gender identity care.</p>		

5. Summary of long-list and alternatives

The previous government committed to ending conversion practices in 2018. This was followed by further commitments in Queen’s Speeches 2021 and 2022. During the period of 29 October 2021 to 4 February 2022, the previous government ran a consultation on potential legislative measures to introduce a ban on conversion practices. Introducing a trans-inclusive ban on conversion practices was in this government’s 2024 manifesto, and publication of a draft bill was announced in the King’s Speech in 2024 and in 2026. During this time, a number of variants of the current options 1, 2 and 3 have been developed and considered by various administrations.

6. Description of shortlisted policy options carried forward

Option 1 - Legislative and non-legislative measures to disrupt and penalise providers, and offer assistance to those who have been offered and undergone conversion practices. The details of this option have been outlined above.

Option 2 - Non-legislative measures only. This would target gaps in existing regulations without introducing primary legislation. The continued provision of the VSS helpline would provide support to individuals who have undergone conversion practices. In parallel, the government would highlight existing criminal offences and where these overlap with certain conversion practices, work with the Charity Commission to strengthen their ability to disqualify trustees, with the police to understand how existing offences may capture

conversion practices, and with regulators in advertising and broadcasting to stop promotion of practices. It has been established that only through primary legislation can secondary legislative and regulatory interventions be made possible. As such this approach would still allow for harmful conversion practices to continue, as measures would not provide a strong enough deterrent for the wide range of acts, especially non-physical acts, that could constitute a conversion practice. It would also lack the creation of a clear legal definition of a conversion practice as a form of abuse, in turn limiting safeguarding professionals' understanding of said abuse and what forms of protection could be engaged under existing legislation when it is identified. This option would rely more on gradual societal change rather than enhanced protections for victims and those at risk of CP.

Option 3 - 'Do nothing'. Make no changes to existing legislation and implement no non-legislative measures. This would allow harmful conversion practices to continue to be carried out lawfully and would not prevent, deter, or address the harm (and costs) associated with them. The option has been carried forward to act as a counterfactual for the remaining options to be measured against.

SaMBA (small and medium-sized business assessment): This policy is focussed upon individuals rather than businesses, and as such, is expected to have minimal small and medium-sized business impact. See section 7.3 for further details.

7. Regulatory scorecard for preferred option

Part A: Overall and stakeholder impacts

(1) Overall impacts on total welfare		Directional rating
		Note: Below are examples only
Description of overall expected impact	<p>We expect that the overall impact of these measures on welfare will be positive. Household impacts are expected to be positive, whereas business and public sector impacts are likely to be negative. We expect that business impacts will be small, and significantly lower than the positive welfare impact on households.</p> <p>We expect that the criminalisation of abusive and harmful conversion practices in the UK and reduction of people from the UK experiencing harmful conversion practices abroad is likely to have multiple positive impacts on LGBT+ individuals. We expect these measures to reduce physical harms being experienced by individuals (e.g. physical abuse, sexual harm), and to reduce the scale of psychological harm, self-harm, and suicide attempts associated with LGBT+ individuals being subjected to or threatened by these practices.</p> <p>The clarity provided by a legal definition and scope of harm/protection afforded will empower safeguarding</p>	Positive

	<p>professionals to better identify and safeguard those suffering from or at risk of these practices.</p> <p>Positive monetised impacts result from individuals not experiencing depression as a consequence of experiencing conversion practices. Moreover, there may be positive economic benefits associated with corresponding reductions in sick leave from work.</p> <p>The overall impact on businesses from these measures is likely to be negative. We expect that there will be one-off familiarisation costs to organisations in the private education and private healthcare sectors associated with the legislation. There are also small familiarisation costs to religious groups and the LGBT+ voluntary sector.</p> <p>We do not expect that these costs will be significant, and that they are likely to be significantly outweighed by the benefits associated with these measures. We also expect that there may be some small positive impacts on business due to decreased numbers of sick days, and increased productivity, as a result of improvements to mental health to workers affected by these measures.</p> <p>Additionally, individuals and organisations who currently profit from a small number of closely defined and harmful practices may see reductions in income. However, we have no evidence on the number or scale of these businesses, therefore reductions in income have not been estimated or included in NPSV calculations. While unquantifiable, the numbers are expected to be small, for example the public consultation on banning conversion practices (conducted 2021/22) suggested that many of those experiencing CP had received it from a family member or person in their community or a person from a faith group or organisation. However, we cannot determine from this whether any payment was involved (OEO, 2026).</p> <p>Please note that impacts on the wider justice system are being assessed with the Ministry of Justice and will be included in future versions of the Impact Assessment.</p>	
<p>Monetised impacts</p>	<p>Benefits: The economic benefits associated with reducing depression are thought to be high (see Furukawa et al., 2021). We conservatively estimate, using Quality-Adjusted Life Years (QALYs) for subthreshold depression only, that the number of people experiencing depression as a result of conversion practices on the basis of sexual orientation and/or transgender identity will be reduced with this option, creating an estimated present value of approx. £783 million over the 10-year appraisal period.</p> <p>Costs - public sector: We anticipate that this legislation will predominantly impact the public sector, in terms of costs. These 10-year costs include the renewal of the CP Victim Support Service (£0.2m), and familiarisation costs (£45.8m).</p>	<p>Positive</p>

	<p>Please note that impacts on the wider justice system are being assessed with the Ministry of Justice and will be included in future Impact Assessment.</p> <p>Costs - private sector: Our best estimate of the 10-year cost for the total private sector is £13.6m. The private education sector (including teachers, teaching assistants, further education professionals, and higher education professionals) arising from familiarisation with this legislation is £9.1 million. Our best estimate of the 10-year cost to the private healthcare sector (Psychological professions, including talking therapies; GPs and Nurses in General Medical Practices) arising from familiarisation with this legislation is £3.8 million.</p>	
Non-monetised impacts	<p>Benefits: By introducing offences related to abusive conversion practices and maintaining the CP Victim Support Service, there is likely to be a prevention of other physical and mental health impacts which have not been estimated in our monetised benefits. This is likely to include reduced anxiety, PTSD, moderate to severe depression, suicide attempts and suicidal ideation and social isolation, among the population who either experience conversion practices or are at risk of it.</p> <p>The draft bill will provide clear public messaging about protecting the human rights of people based on sexual orientation and/or transgender identity which may lead to a reduction of stigma and signal the UK's commitment to human rights, globally.</p>	Positive
Any significant or adverse distributional impacts?	No	Neutral

(2) Expected impacts on businesses

Description of overall business impact	<p>We expect that the overall impact on these measures is likely to be negative.</p> <p>There is not enough available evidence to determine the overall impact of a ban on individuals or organisations conducting abusive conversion practices. Limited qualitative research (see Jowett et al., 2021) shows that some providers, including certain religious groups and 'quack' therapists, may profit from supplying these harmful practices. However, the only businesses expected to lose income are those profiting from these harmful activities. We anticipate that only a very small number of businesses or organisations offering services that come under the scope of the main offence will be affected beyond initial familiarisation costs.</p>	Negative
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	<p>It is anticipated that there will be one-off familiarisation costs associated with understanding the offences for anyone in the private education sector (including private schools and universities) with a best estimate of £9.1m.</p> <p>It is anticipated that there will be one-off familiarisation costs for businesses providing private healthcare with a best estimate of £3.8m. In its draft bill, the government has included a healthcare exemption that makes clear that only actions akin to gross negligence by healthcare professionals will come within scope of the main offence. This will provide clarity and reassurance to healthcare professionals, especially those providing therapeutic and psychological care, ensuring that an unintended chilling effect is not introduced. As such we anticipate that the impact on public, private, and third sector organisations will be extremely limited.</p> <p>We anticipate only businesses and organisations that offer services that come under the scope of the main offence are likely to be impacted beyond initial familiarisation costs. There is a lack of evidence on the scale of such organisations, although the number is thought to be very small based on current data on the prevalence and nature of conversion practices.</p> <p>These measures may result in some small positive impacts on businesses across sectors, as a result of decreased sick days and increased productivity due to a reduction in depression rates among the target population. These benefits are likely to be modest due to the small proportion of the population that these measures are likely to impact.</p> <p>Please note that owing to the absence of any robust data on the impact of reducing conversion practices and their harmful impacts on workplace participation and productivity, we have taken a conservative approach and not included this in the directional rating.</p>	
<p>Monetised impacts</p>	<p>Familiarisation costs - private sector: There is an expected one-off familiarisation cost for the private education sector (including teachers, teaching assistants, further education professionals, and higher education professionals) - our best estimate is £9.1 million.</p> <p>There is an expected one-off familiarisation cost for the private healthcare sector (Psychological professions, including talking therapies; GPs and Nurses in General Medical Practices) - our best estimate is £3.8 million.</p> <p>There is an estimated one-off familiarisation cost for religious leaders of £0.7m, and for the LGBT+ voluntary sector of £0.05m.</p> <p>Overall, our best estimate of the 10-year impact is £13.6m.</p>	<p>Negative</p>

<p>Non-monetised impacts</p>	<p>Benefits: By introducing offences related to conversion practices and renewing the CP VSS, there is likely to be a prevention of other mental health impacts which have not been estimated in our monetised benefits. This includes reduced anxiety, PTSD, suicide attempts and suicidal ideation, social isolation and stigma. Improvements to mental health may reduce the number of sick days taken by employees, presenting a benefit to businesses. They may also result in small increases in productivity for affected employees. Due to the small proportion of the population that these measures are likely to impact, we expect that any business benefits will be small.</p> <p>Costs: There may be additional impacts that owing to a lack of data and evidence available are not monetised, but considered qualitatively for the purposes of this IA. These main affected groups include:</p> <ul style="list-style-type: none"> ○ people or organisations who take payment for conducting conversion practices will experience a loss of monetary income ○ over the long-term, it is likely that there will be a reduction of people seeking support as fewer people will experience conversion practices - however, owing to an increase in awareness and understanding of conversion practices, there may be a shorter-term increase in demand for services. 	<p>Unknown</p>
<p>Any significant or adverse distributional impacts?</p>	<p>No</p> <p>Limited research suggests some providers may generate income from conversion practices. Specific data on their numbers and revenue in the UK is not available. However, because this sector is believed to be very small, any financial impact from Options 1 or 2 is expected to be minimal.</p>	<p>Neutral</p>

(3) Expected impacts on households/ individual⁴

<p>Description of overall household⁵ impact</p>	<p>All individuals who are at risk from abusive attempts to change their sexual orientation or transgender identity may benefit from the regulation. Given that many abusive conversion practices are targeted at changing sexual orientation from a minority orientation to heterosexual, and from being transgender to non-transgender, it is highly likely that LGBT+ individuals will benefit most. This is due to the preventions of harms understood to be associated with conversion practices, such as suicide ideation, depression and anxiety, decreased self-esteem and increased self-hatred, self-blame for</p>	<p>Positive</p>
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⁴ The word 'households' is replaced by 'individuals' throughout this impact assessment.

	<p>treatment failure, substance abuse and risky sexual behaviour.⁵</p> <p>There may also be benefits to households through preventing the inability to work and subsequent loss of income caused by mental ill health.</p>	
Monetised impacts	<p>Mental health benefits: We estimate the number of people experiencing depression as a result of conversion practices on the basis of sexual orientation and/or transgender identity will be reduced with this option, creating an estimated present value of approx. £783 million over the 10-year appraisal period.</p>	Positive
Non-monetised impacts	<p>Benefits:</p> <ul style="list-style-type: none"> • Introducing offences related to abusive CP and renewing the CP VSS will likely prevent a wider range of harms. While our monetised benefits conservatively focus only on subthreshold depression, these measures will also mitigate other significant mental health impacts. These unmonetised benefits include reductions in anxiety, PTSD, social isolation, self-harm, and suicidal ideation or suicide. • The VSS currently helps all affected individuals to access support for the harm they have undergone, and provides accessible resources which may also prevent individuals from undergoing conversion practices in future. Its renewal under option 1 will continue to provide this positive impact for individuals who use it. • The draft legislation primarily seeks to protect victims, whilst also deterring perpetrators: however it is intended to have the additional non-monetised benefit of signalling publicly that there is not a preferred sexual orientation or transgender identity, and that everyone should be protected from attempts to change them in this way. The non-monetised benefits related to communications activity, alongside this draft legislation, are intended to recognise the seriousness of abusive conversion practices and that there is nothing wrong with having a particular sexual orientation or with being or not being transgender; that conversion practices do not work; and supports the wider societal view towards a more positive and tolerant attitude towards LGBT+ people.⁶ 	Positive

⁵ See for example, Jowett et al (2021); Government Equalities Office (2021) An assessment of the evidence on conversion therapy for sexual orientation and gender identity. Available [here](#).; Ryan, C., Toomey, R.B., Diaz, R.M., & Russell, S.T. (2020) Parent-Initiated Sexual Orientation Change Efforts With LGBT Adolescents: Implications for Young Adult Mental Health and Adjustment. *Journal of Homosexuality*. 67(2), 159–173. Available [here](#).; Green, A.E., Price-Feeney, M., Dorison, S.H., & Pick, C.J. (2020) Self-Reported Conversion Efforts and Suicidality Among US LGBTQ Youths and Young Adults. *American Journal of Public Health*. 101(8), 1221-1227. Available [here](#).; Higbee, M., Wright, E.R., & Roemerman, B.A. (2020) Conversion Therapy in the Southern United States: Prevalence and Experiences of the Survivors. *Journal of Homosexuality*. 69(4), 612-631. Available [here](#).

⁶Morgan, H., Lamprinakou, C., Fuller, E., & Albakri, M. (2020) 'Equality and Human Rights Commission Research Report - Attitudes to Transgender People', Available [here](#)., found that, "About three in four (76%) respondents said that prejudice against transgender people was always or mostly wrong."; National Centre for Social Research (2019) data from the nationally representative British Social Attitudes Survey, showed that in 2018 that 83% of the population stated they were 'not prejudiced at all' towards transgender people, compared with just 15% who describe themselves as 'very' or 'a little' prejudiced. (British Social Attitudes 36. Relationships and gender identity. Available [here](#)); National Centre for Social Research (2013). The proportion thinking homosexuality is 'always wrong' is now a third of that in 1987, while the 11% who took the most relaxed view possible in 1987 (that homosexuality was 'not wrong at all') has more than quadrupled to 47%. (British Social Attitudes 30. Personal Relationships - Homosexuality. Available [here](#).)

	<ul style="list-style-type: none"> There may also be benefits to households through preventing the inability to work and subsequent loss of income caused by mental ill health. While avoiding depression may also reduce the cost of treatment to those affected, this specific financial saving benefits the NHS rather than the household directly as patients are already eligible for NHS treatment at no cost. <p>Costs:</p> <ul style="list-style-type: none"> There are no significant non-monetised costs to households. The government has drafted a targeted and proportionate draft bill, which fills the legal gaps while remaining tight in definitions and scope. 	
Any significant or adverse distributional impacts?	No	Neutral

Part B: Impacts on wider government priorities

Category	Description of impact	Directional rating
Business environment: Does the measure impact on the ease of doing business in the UK?	This measure is not designed to impact on the ease of doing business in the UK.	Neutral
International Considerations: Does the measure support international trade and investment?	This measure is not designed to support international trade and investment - neither will it have a negative impact on international trade and investment.	Neutral
Natural capital and Decarbonisation: Does the measure support commitments to improve the environment and decarbonise?	This measure is not designed to support commitments to improve the environment and decarbonise - neither will it have a negative impact on these commitments.	Neutral

8. Monitoring and evaluation of preferred option

The government will consider recommendations arising from pre-legislative scrutiny and next steps.

We will monitor and evaluate the performance of the Victim Support Service over the next three years. At a minimum, this will involve analysing monitoring data, and include feedback from users and key stakeholders. A logic model and evaluation framework will be agreed with the new service provider, with appropriate and proportionate outcome measures. The nature of the service, which provides assistance and advice to vulnerable people who may wish to remain anonymous, limits our ability to monitor their data and information about service users. As a result we will be primarily focussing on demographic data that users choose to provide, the nature of conversion practices reported, and the outcomes for users who remain in contact with the service.

Additionally, through the Ministry of Justice's official statistical releases, we will seek to monitor applications for Conversion Practice Prevention Orders (CPPOs), as well as breaches of CPPOs prosecuted, and resulting convictions.

We continue to explore mechanisms to obtain a baseline measure of CP prevalence ahead of the commencement of the legislation; this could then be repeated at a later stage to assess change over time.

9. Minimising administrative and compliance costs for preferred option

It is expected that while there will be some administrative burden on key sectors (public and private) to prepare for the implementation of the proposed legislation, there is no planned compliance or reporting burden. It is anticipated that for the majority of professions requiring familiarisation with the legislation, this will either be undertaken through self-led reading of guidance, or added to existing regular safeguarding training/refresher sessions. However, we have calculated familiarisation costs for specific sectoral leaders (including religious leaders and those in the voluntary sector focused upon supporting the LGBT+ population) requiring dedicated additional time for this purpose.

Declaration

Department:

Cabinet Office

Contact details for enquiries:

conversionpracticesbill@cabinetoffice.gov.uk

Minister responsible:

Olivia Bailey MP, Parliamentary Under-Secretary of State
(Minister for Equalities)

I have read the Impact Assessment and I am satisfied that, given the available evidence, it represents a reasonable view of the likely costs, benefits and impact of the leading options.

Sign here

Signed:

Date:

Date

Summary: Analysis and evidence

For Final Stage Impact Assessment, please finalise these sections including the full evidence base.

Price base year: 2026

PV base year: 2026

This table may be reformatted provided the side-by-side comparison of options is retained	1. Do Nothing (Business as usual - baseline) (OPTION 3)	2. Do-minimum Option (OPTION 2)	3. Preferred way forward (if not do-minimum) (OPTION 1)
<p>Net present social value (with brief description, including ranges, of individual costs and benefits)</p>	<p>The net present value for this option is 0.</p>	<p>Our estimate of the NPSV for this option is -£5.7 million, and consists mainly of first year familiarisation costs for private sector organisations (-£1.4 million) and public sector organisations (-£4.1 million). It also includes costs associated with the renewal of the CP Victim Support Service.</p> <p>We have not been able to monetise any benefits from this option. As we expect that this option would be less effective in reducing the prevalence of conversion practices, we expect that the benefits would be smaller than the benefits under the preferred way forward.</p>	<p>Our estimate of the NPSV for this option is £724 million.</p> <p>We expect that the number of people experiencing depression as a result of conversion practices on the basis of sexual orientation and/or transgender identity will be reduced with this option. Our estimate of the 10-year net present value of this benefit is £783 million.</p> <p>Costs will predominantly impact the public sector. We estimate the cost to the public sector to be £46 million, which consists of first-year familiarisation costs, costs associated with the renewal of the CP Victim Support Service, and costs to the justice system. Please note that impacts on the wider justice system are being assessed with the Ministry of Justice and will be included in future versions of this Impact Assessment.</p>

			Monetised costs to the private sector are estimated to be £13.6 million, consisting solely of familiarisation time for the education, healthcare, religious and LGBT+ support sectors.
Public sector financial costs (with brief description, including ranges)	There will be no public sector financial costs for this option.	The 10-year public sector familiarisation cost for this option is £4.1m. There are costs associated with the renewal of a CP Victim Support Service, which is estimated to be £0.2m.	Public sector one-off familiarisation costs are estimated to be £45.8 million, occurring in the first year after the introduction of the legislation. There are costs associated with the renewal of the CP Victim Support Service, which are estimated to be £0.2m. Please note that impacts on the wider justice system are being assessed with the Ministry of Justice and will be included in future versions of this Impact Assessment.
Significant un-quantified benefits and costs (description, with scale where possible)	Benefits: There are no un-quantified benefits for this option. Costs: Not bringing forward legislation to ban abusive conversion practices will allow harm to individuals to continue. This will lead to continued harms for individuals who experience it, or worry they may experience it.	Benefits: The VSS is a service that helps people access support for the harm that they have undergone, or help prevent them from undergoing conversion practices Costs: Not bringing forward legislation to ban abusive conversion practices will allow harm to individuals to continue.	Benefits: Banning abusive conversion practices may reduce the likelihood of other known harms occurring. It is also likely to have further economic and financial benefits that have not been monetised. The VSS is a service that helps people access support for the harm that they have undergone, or help prevent them from undergoing conversion practices. Costs: It is possible that there are individuals or organisations in the UK currently financially profiting from abusive conversion practices, and therefore banning this will result in a loss of income. However, there is no robust evidence on who is offering and conducting conversion practices in the UK and how legitimate this business activity is. In the event of a decrease in instances of abusive conversion practices, it is possible that those who are providing treatment for victims, e.g. private therapists, may experience a small loss in income and in the

			number of clients who need support for these negative effects.
Key risks (and risk costs, and optimism bias, where relevant)	The key risks include individuals experiencing an ongoing risk of harm due to abusive conversion practices continuing.	The key risks include risk of harm due to abusive conversion practices continuing.	The risks associated with this option include: <ul style="list-style-type: none"> • risk of abusive conversion practices continuing for some individuals due to the hidden nature of this act • any potential unintended consequences of proposed legislation including in the application of the new offence.
Results of sensitivity analysis	Benefits (10 year): £0 Costs (10 year): £783m	Benefits (10 year): £0 Public Sector Costs (10 year): BEST - £4.4m LOW - £0m HIGH - £8.5m Please note that impacts on the wider justice system will need further consideration and will be included in future Impact Assessments.	Benefits (10 year): BEST: £783m LOW: £700m HIGH: £867m Costs (10 year) [including public sector costs, costs to business, and CP VSS costs. Excluding costs to the criminal justice system]: BEST - £59.7m LOW - £33.2m HIGH - £103.3m Whilst legislation banning abusive conversion practices is unlikely to improve all affected people's mental health to the point where there is no depression, if 608 fewer people per year over 10 years suffer depression as a result of conversion practices, benefits of £59.8m are calculated to arise. This would result in a positive 10-year NSPV (using the best estimates).

Evidence base

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1. EB1 Problem under consideration, with business as usual, and rationale for intervention

‘Conversion practices’ is an umbrella term for a range of acts with the intention of changing an individual's sexual orientation and/or transgender identity (this is sometimes referred to or understood as gender identity in discourse and research).

They can be:

- physical acts such as violence, assault/sexual assault, forcibly administering drugs, and ‘corrective’ rape
- non-physical acts such as exorcisms, prayer ‘healing’, online courses/online therapy, aversion ‘therapy’, coercion through economic and/or familial/community pressure such as coordinated exclusion or harassment, and camps where different forms of conversion practices take place.

There are gaps in the current legislative framework that allows for some harmful practices, particularly non-physical acts, to take place. Current legislation, such as the Sexual Offences Act (2003), the Criminal Justice Act (1988), and the Offences Against the Person Act (1861), criminalises conduct that could include conversion practices such as rape, assault, and forcibly administering drugs. However, this legislation does not cover all non-violent and non-physical conversion practices. The Protection from Harassment Act (1997), the Public Order Act (1986), The Serious Crime Act (2015) and the Domestic Abuse Act 2021 cover instances of non-physical harm such as causing distress, abusive behaviour in public, and repeated instances of abuse but the draft conversion practices legislation will seek to go further, covering instances in all settings, and one-off acts regardless of whether victim and perpetrator are ‘connected’. Therefore, there is scope for government intervention to ensure there are protections in place to address these gaps.

1.1. Evidence of the problem

To improve understanding about conversion practices, the government commissioned an [assessment of the evidence base](#), which was published in October 2021, alongside the launch of a [public consultation on banning conversion practices](#).

The evidence base on conversion practices, while relatively limited, has been growing for over 25 years. It is dominated by self-selecting surveys and international studies, mainly from North America, and has historically focused on conversion practices for sexual orientation. While the evidence for gender identity conversion practices is much newer, an increasing number of UK and international studies are now documenting and measuring these practices (GEO, 2021a).

Evidence indicates that conversion practices are currently occurring in the UK and are associated with a range of harms. Multiple sources demonstrate that LGBT+ individuals report having been offered or experiencing forms of conversion practices (e.g. GEO, 2021a; Jowett, 2021; Galop, 2022a; Trevor Project, 2024, Opium/Stonewall, 2025;

OEO, 2026). There is growing evidence that these practices are associated with a range of severe and long-lasting harms (e.g. Przeworski et al, 2021).

There are challenges in researching and measuring the prevalence of conversion practices, largely due to its hidden and complex nature. Incidents of conversion practices are not currently captured in any official statistics or through administrative data sources. Part of the reason for this is that it is not the responsibility of any agency or body to do so. For this reason, people reporting their experience of conversion practices in a survey is likely to be the only source of quantifying its prevalence (see GEO, 2021a; Jowett et al., 2021). Consequently, existing estimates heavily rely on self-selected samples, and the analytical limitations associated with this.

1.2. Prevalence of conversion practices

There is a growing body of evidence that conversion practices are taking place in the UK today. Multiple sources demonstrate that LGBT+ people experience conversion practices (e.g. National LGBT Survey, 2018; Jowett et al, 2021; Galop, 2022a; Galop 2022b; The Trevor Project. 2024; Opinium/Stonewall, 2025; OEO, 2026).

The government's National LGBT Survey found that 2% of respondents said they had undergone conversion practices and a further 5% said they were offered them. Although this survey was very large, with over 100k LGBT+ respondents, it relied on a self-selecting sample. It is therefore not an accurate measure of prevalence, as the sample may not be representative of the LGBT+ population.⁷

Since that 2018 survey, four further studies have been published which have attempted to measure lifetime and, on one occasion, annual prevalence (Stonewall 2021; Galop 2022a; Galop 2022b; Opinium/Stonewall 2025). Across these sources, estimates of LGBT+ individuals in Great Britain or the United Kingdom who have experienced these practices in their lifetime range from 2% to 30%. Significant methodological variations and differing definitions mean these figures are not directly comparable. More recent data, using more representative survey approaches, consistently suggests that measures of prevalence may be higher than initially reported in the National LGBT Survey.

Of these data sources, only the survey by Opinium, commissioned by Stonewall, provides a recent annual self-report measure of UK conversion practices from a nationally representative LGBT+ sample (Opinium/Stonewall, 2025). This suggests that approximately 11% of the LGBT+ population experienced specific types of conversion practices in the previous 12 months (each of 8 actions listed had been experienced by between 2% and 5% of respondents). While this data has limitations⁸, in the absence of

⁷ Other limitations associated with the National LGBT Survey (2018) include: no clear definition of 'conversion therapy', and no attempt to distinguish between those who experienced conversion practices directed at changing sexual orientation and/or whether it was directed at changing transgender identity.

⁸ Limitations include that the survey did not contain a clear definition of 'conversion practices'. It asked individuals to select all actions they had experienced in response to the question, "Have you experienced any of the following with the aim to change/alter your sexuality or gender identity?" Some actions would not fall within our proposed legislation definition. Our estimation has, therefore, been developed from key actions covered by the proposed legislation, accounting for potential overlap in the number of people who have experienced different types of CP.

better alternative sources, it represents the best evidence available and has been used to develop an estimation of the prevalence of CP as covered by the draft bill.

We have used data from the Opinium/Stonewall (2025) survey to estimate the incidence of CP in England and Wales in the last 12 months. This dataset represents the most current, nationally representative evidence available. It is the only source of data that isolates a 12-month window rather than confounding the data with lifetime experiences. Furthermore, it explicitly measured actions experienced 'with the aim to change/alter your sexuality or gender identity' and is uniquely suited to isolating and estimating the prevalence of specific practices targeted by the proposed legislation⁹. Consequently, it is the most accurate and relevant data available for this impact assessment.

On the basis of this data, we estimate there could be approximately 75,000 - 93,000 people per year who experience conversion practices in England and Wales.

However, this should be considered with caution as a variety of assumptions have been made for this estimate (see Annex A). We have estimated that between 4.2% and 5.2% of the LGBT+ population will experience some form of conversion practices which fall in scope of the proposed legislation each year. We then calculated the probability of undergoing conversion practices in any given year and applied to the estimate from the 2021 Census of the LGBT+ population of 1,784,842 in England and Wales. Using this data, we have generated an annual estimate of the number of LGBT+ people experiencing both physical and non-physical forms of conversion practices per year in England and Wales.

Owing to data limitations, summarised below, this estimate should be viewed with caution based on the following sensitivities (detailed further in Annex A):

- Potential overestimation: The figure may include some cases of conversion practices which would not be captured by our proposed offence.
- Potential underestimation: The estimate is restricted to specific practices from the Opinium/Stonewall (2025) survey, namely the ingestion of 'purifying' substances and 'pseudo-scientific counselling sessions'. It excludes other practices within the scope of the legislation, such as exorcisms or coercive/financial control (partially captured by threats of homelessness), provided they meet the required legal thresholds.
- Exclusion of crimes under existing legislation: data on physical and sexual assault were excluded as these acts are already illegal.

This approach provides the best conservative estimate available. Alternative data sources often use broad definitions of conversion practices which would include practices outside the scope of the legislation (e.g. non-directive prayer) and cannot be used to calculate an accurate incidence rate. By focusing on data relating to specific practices targeted by the proposed law and applying techniques to prevent double-counting, we have intentionally avoided the survey's broader headline figure of 11%.

⁹ Please note that the National LGBT Survey (2018) was not considered the most current, nor was a definition of conversion therapy included meaning we could not determine how closely aligned it was with the legislation. The public consultation (conducted 2021/22) was not used as it was not considered nationally representative and being in a consultation format was not intended for use in estimating prevalence of conversion practices. The Galop survey (2022) was assessed as largely reliable, however, the definitions included of conversion practices in this survey potentially encompassed a wider set of practices compared with that used for the National LGBT Survey.

1.3. Nature of conversion practices

The public consultation asked the approximately 800 individual respondents who reported that they had undergone conversion practices to identify **what form the conversion practices took**. The most common form they reported having undergone was spiritual, religious, or faith-based activities (such as prayer healing) (65%), followed by purported psychoanalytic therapies (such as exploring family trauma) (33%), and purported cognitive behavioural therapy (such as identifying behavioural triggers) (30%).¹⁰ References to psychoanalytic and cognitive behavioural therapies are used in this context to illustrate/reflect how the practice may have been described by the person who carried it out, or understood by the victim.¹¹

When the government's consultation on conversion practices asked respondents what the conversion practices they had undergone had aimed to change, most people reported sexual orientation only (68%).¹² This was followed by their transgender status (13%) and those who reported that conversion practices had tried to change both their sexual orientation and transgender status (12%).

The Opinium/Stonewall (2025) survey reported that individuals have experienced a range of conversion practices within the 12 months since completing the survey. These included conversion practices including physical assault (3%), so called 'corrective rape'/sexual assault (3%), being told to ingest 'purifying' substances (2%), pseudo-scientific counselling sessions (2%), exorcism (2%), being prayed over as a form of 'healing' (5%), being excluded from family, social, or community activity (4%), and being threatened with homelessness (3%).

The government commissioned evidence review by Jowett (2021) found there were three common reasons reported by those who had sought out conversion practices on the basis of their sexual orientation.¹³ These included:

- a perceived incompatibility with their religious values
- a desire to belong and feel 'normal' within a community
- external pressure or coercion by their family members or people from their faith community.

No evidence was identified that specifically examined the motivations of those who undergo transgender identity change efforts.¹⁴

Conversion practices have been reported to be carried out by a range of different providers. The National LGBT Survey (2018)¹⁵ reported that of approximately 2,640 respondents who reported that they had undergone conversion practices, 51% said that they were conducted by a faith organisation or group. Other conductors of conversion practices were reported to include:

¹⁰ Office for Equality and Opportunity (2026). Respondents could select as many people/organisations as applicable.

¹¹ The government has no intention of conflating legitimate psychoanalytic or cognitive behavioural therapies with conversion practices, or of discrediting legitimate practitioners of these important mental health services. That is why the word 'purported' is used here and in equivalent contexts throughout this document.

¹² Office for Equality and Opportunity (2026).

¹³ Jowett et al (2021)

¹⁴ Jowett et al (2021)

¹⁵ Note the limitations on this data outlined above.

- healthcare providers or medical professionals (19%)
- a parent, guardian, or other family member (16%)
- a person from their community (9%)
- another individual or organisation that was not listed (14%).¹⁶

The public consultation further reinforced this finding: of those who reported that they had undergone conversion practices, 68% reported that they had received it from a person from a faith organisation or group.¹⁷ Other people reported to have been carrying out conversion practices (from a list of response options) included:

- a counsellor (18%)
- a parent, guardian, or other family member (17%)
- a person from their community (11%)
- someone understood to be a psychiatrist (9%)
- someone understood to be a psychologist (8%)
- someone understood to be a psychotherapist (7%)
- someone understood to be another medical professional (6%)
- another individual excluding a medical professional (6%).¹⁸

Jowett et al (2021) reported that providers of conversion practices often include a group or organisation (often religious), therapist, life coach or counsellor (with or without any form of training).¹⁹ This was supported in both the National LGBT Survey and the public consultation.

The Government Equalities Office (GEO) (2021) conducted a supplementary assessment of the evidence to the work undertaken by Jowett et al (2021).²⁰ This work summarised the evidence on the nature, quality and quantity of evidence on conversion practices to change sexual orientation, and to change gender identity separately. Its findings were that:

- there is no robust evidence that conversion practices can achieve its stated aim of changing sexual orientation or gender identity
- the types of practices tend to be similar for conversion practices for sexual orientation and for gender identity – for example, non-physical acts delivered by faith groups or mental health professionals
- conversion practices were associated with self-reported harms among research participants who had experienced conversion practices for sexual orientation and/or for gender identity – for example, negative mental health effects like depression and feeling suicidal
- there is indicative evidence from surveys that transgender respondents were as likely or more likely to be offered and receive conversion practices than

¹⁶ Government Equalities Office (2018). Respondents could select as many people/organisations as applicable.

¹⁷ Office for Equality and Opportunity (2026). Respondents could select as many people/organisations as applicable.

¹⁸ This question allowed respondents to select more than one option. Government Equalities Office (2022)

¹⁹ Jowett et al (2021).

²⁰ Government Equalities Office (2021b)

non-transgender lesbian, gay, bisexual respondents, or minority sexual orientations.²¹

1.4. Harm associated with conversion practices

There is no robust evidence that conversion practices can achieve their stated aims of changing someone's sexual orientation or transgender identity and there is evidence that non-violent practices (e.g. non-physical acts) are associated with long-lasting harm²². Jowett et al. (2021) reported that some of those who experienced conversion practices also attempted suicide, self-harmed, restricted eating, engaged in substance abuse, and engaged in risky sexual behaviour, with one instance being cited by an interviewee as ultimately leading to them contracting HIV.²³ There is also evidence to suggest that conversion practices are associated with poorer educational attainment and lower weekly income.²⁴

Recent research, including robust evidence reviews and analysis of large-scale data, shows that conversion practices aimed at changing sexual orientation or gender identity are associated with a **wide range of self-reported harms** among study populations across mental, physical, and economic domains. These include:

- **Mental health and psychological harm** - Suicidal thoughts and/or suicide attempts (e.g. Tran et al., 2024; Mammadli et al., 2024; Anderson et al., 2023; Campbell and Rodgers, 2022; Forsythe et al., 2022; Przeworski et al., 2021; Turban et al., 2020; Blossnich et al., 2020; Green et al., 2020); depression (e.g. Tran et al., 2024; Anderson et al., 2023; Forsythe et al., 2022; Przeworski et al., 2021); substance use (e.g. Anderson et al., 2023; Forsythe et al., 2022); post-traumatic stress disorder (e.g. Tran et al., 2024); anxiety (e.g. Tran et al., 2024; Anderson et al., 2023)
- **Wider psychosocial and relational consequences** - Robust systematic reviews report that conversion practice severely affects survivors' lives, leading to family dysfunction, social isolation and loss of essential social support networks. It has also been reported to negatively affect civic participation, the ability to study and work, integration of faith or religion with sexuality and/or gender identity, and can lead to heightened sexual risk taking (e.g. see Anderson et al., 2023; Glassgold, 2023; Przeworski et al., 2021).
- **Physical health** - One study found that experiencing conversion practices is associated with adverse cardiovascular health indicators among sexual and gender minority young adults assigned male at birth, including elevated blood pressure, increased systemic inflammation, and higher odds of hypertension (Gibb et al., 2025).
- **Economic impact** - An economic analysis in the US estimated the cost of conversion practices at over \$650 million a year, with the associated harms creating an economic burden of \$9.23 billion (Forsythe et al., 2022).

²¹ Government Equalities Office (2018).

²² Government Equalities Office (2021b)

²³ Jowett et al (2021)

²⁴ Ryan et al (2020)

Conversion practices may also generate societal harm by promoting the idea that a minority sexual orientation and/or being transgender is an illness that needs curing. Jowett et al. (2021) reported that this may contribute to and/or reinforce “self-rejection, internalised stigma and associated negative health outcomes”.²⁵

Because experimental or prospective clinical trials are ethically impossible in this field, there is no direct causal evidence tracking these outcomes over time. Instead, the literature relies on strong, consistent correlational data across diverse studies. There is no causal evidence directly measuring the outcomes or impact of conversion practices.

1.5. International context

There are a variety of international approaches to tackling conversion practices.

Officials in the Cabinet Office regularly engage with international jurisdictions and monitor legislative approaches brought forward by counterparts around the world; while noting that ultimately the legislation developed needs to work for each country’s domestic context and legal system.

In 2026 the Office for Equality and Opportunity (OEO) undertook an internal policy review of all known national bans on conversion practices, and a select number of regional bans of note. This review directly utilised each jurisdiction’s legislative/regulatory text itself as a starting point - this is OEO’s interpretation of the legislative texts available, some may have different nuances given translations and different legal frameworks.

- As of May 2026, we estimate that there are 27 known nationwide bans on CP acts. An additional 30-40+ territorial bans also exist. These are primarily divided into two forms: legislative and regulatory. The majority of bans on CP are focussed in Europe, Australia, New Zealand and North America.
- Regulatory bans instead almost exclusively focus on healthcare specific settings and professions. The overwhelming majority of such regulatory bans are in the developing world (e.g. Fiji, India, Paraguay) or the United States (state level).
- All known national legislative bans include transgender identity/gender identity as protected alongside sexual orientation.
- Parental exemptions are rare in legislative bans. Most legislative bans include minors within the protections, with a number having enhanced protections for under-18s, such as France, Iceland, Belgium and New Zealand. To OEO’s knowledge, only Germany and Mexico have parental exemptions.
- Most legislative bans are also symmetrical (all sexual orientations and transgender/gender identity are protected) in the nature of the CP offence, though some, such as Canada, explicitly protect LGBT+ people only.
- Legislative bans in Europe, Canada and Australasia almost always carry maximum penalties of custodial sentences, with regulatory bans often confined to the loss of healthcare licensing and/or fines.
- New Zealand, like our draft bill, contains a harm test.
- Only New Zealand and Cyprus make explicit clarifications as to the rights of religious belief and expression in the context of their legislative bans. However

²⁵ Jowett et al (2021)

neither jurisdictions have exemptions and instead legislation clarifies the relationship between the ban and established rights. As far as we are aware no known national ban of a primary legislative nature contains an exemption for religious purposes.

- Extra-territorial offences appear to be rare. However, broader understanding of national legal codes may be required to clarify if extra territorial offences are contained elsewhere/allowed at all.

The above research has served to establish that the draft bill is largely in line with peer nations, with some exceptions specific to the UK's distinct legal, political, and cultural framework, namely the harm test and the proposed offence of encouraging or assisting in taking someone overseas to undergo CP. **Jowett et al (2021) found that most countries' interventions to combat conversion practices appear to apply to both sexual orientation and/or transgender identity.** Three jurisdictions (Fiji, Nauru, Samoa) apply to sexual orientation only and only where the culture is essentially already very accepting of different gender identities²⁶. The majority of jurisdictions (Albania, Argentina, Australia (Victoria, Queensland, ACT) Canada, Chile, Ecuador, France, Germany, India, Isle of Man, Malta, Norway (in progress), New Zealand, Spain, Switzerland, USA (Virginia, Washington DC) and Uruguay) include both sexual orientation and transgender identity in their bans.

1.6. Public consultation on government proposals to ban conversion practices

The government asked the public for views on policy proposals to ban conversion practices in a 14-week consultation ending in February 2022.²⁷ The proposals covered acts aimed at changing someone's sexual orientation and/or transgender status, and respondents gave their answers on that basis.²⁸ There were approximately 28,500 respondents, of which 98% (or 27,932) were from individuals and 2% (or 571) were from organisations (see Alma Economics, 2026).

The consultation found there was strong support for banning conversion practices in principle.

- Around two-thirds of all respondents (68%) agreed that the government should intervene to ban conversion practices in principle, compared with 17% who disagreed.
- Three out of five respondents (61%) agreed with proposals in the consultation to introduce a new criminal law compared with 28% who disagreed.
- Relatively, there were higher levels of support for the consultation proposals regarding physical acts (to create a sentence uplift where motivated by conversion practices) (76% vs. the 11% who did not support the physical acts proposals) than non-physical acts (61% vs. the 28% who disagreed or strongly disagreed). (The government ultimately concluded that the sentence uplifts already available in

²⁶ This may be due to different cultural attitudes such that legislation may not have been considered necessary. For example, Samoa has four recognised genders: male, female, fa'afafines and fa'afatamas.

²⁷ Alma Economics (2026) Banning Conversion Practices: Analysis of consultation responses - 2023. Office for Equality and Opportunity. Available here.

²⁸ While the consultation was open to everyone over the age of 16, the dataset only reflects the experiences of those who chose to respond. It is therefore a self-selected sample which is not representative of any wider population.

relation to physical offences, on the basis of hostility towards someone's sexual orientation or transgender identity, are sufficient).

- d. Just over a half (53%) of all respondents agreed with the consultation proposals to introduce protection orders (15% disagreed). (The government ultimately concluded that the risks of introducing protection orders outweighed the benefits).
- e. Nearly two-thirds (65%) of all respondents agreed with the proposals that anyone found guilty of carrying out conversion practices will have the case against them for being disqualified from serving as a trustee at any charity strengthened (22% disagreed).
- f. Just over one-third of respondents (35%) agreed or strongly agreed that the existing codes set out by the Advertising Standards Authority and the Committee of Advertising Practice already prohibited the advertisement of conversion practices (27% disagreed or strongly disagreed).
- g. A large majority (80%) of individuals who identified as medical practitioners agreed that the government should intervene to end conversion practices in principle, with nearly three-quarters (72%) agreeing with the government's proposal of a new criminal law to capture non-physical acts.
- h. Over a third (35%) of individuals with religious backgrounds agreed that the government should intervene to end conversion practices in principle, with over a third (35%) agreeing with the government's proposal of a new criminal law to capture non-physical acts.

1.7. Rationale for intervention and evidence to justify the level of analysis used in the IA (proportionality approach)

This assessment of costs and benefits has been informed by the best evidence and data which is currently available. There are however a number of key evidence and data gaps, which affect the assessment of costs, benefits, and risks of the policy options. These include:

- a. *Prevalence of people experiencing conversion practices.* As set out above, the estimation of 75,000 - 93,000 people undergoing conversion practices every year in England and Wales is based on a number of assumptions and sensitivities due to the data that the calculation uses (these can be found in Annex A). Most of the calculations of costs and benefits in this document are based on the above estimation as it is the best estimate based on current evidence.
- b. *Scale of organisations or individuals conducting abusive conversion practices.* Given challenges in estimating the prevalence and incidence of conversion practices and its essentially hidden nature, it is also difficult to assess the extent to which organisations (providers) are conducting abusive conversion practices. It is not clear what the scale of such provision is. This affects our ability to calculate the impact this will have on, for example, the Crown Prosecution Service and the

Police (this analysis is ongoing with the Ministry of Justice, and is not presented in this version of the Impact Assessment).

- c. *Revenue generated from abusive conversion practices among organisations (providers).* Owing to a lack of robust data it is not possible to quantify any revenue generated from abusive conversion practices. We are unable to calculate the number or size of organisations who conduct abusive conversion practices, making it very difficult to calculate the monetised costs that may be incurred to these organisations or individuals following the ban. However, we anticipate that only a very small number of businesses or organisations offering services which cause harm that come under the main offence will be significantly affected.
- d. *Length of time required for one-off training for different sectors affected.* Given there is no precedence on this subject matter, it is challenging to estimate how long the training for each relevant sector will be. The government's assumption in option 1 is that the training will be added into existing safeguarding training with varying time periods for different sectors, based on an estimated length of guidance document to be read, or an online training course (length estimated from modules use in the NHS and/or commercially marketed to the education sector for Female Genital Mutilation awareness). The assumptions of time have been reduced for option 2. See Annex B for detailed times for each sector.

In addition to the public consultation, ministers and officials have engaged with a wide range of relevant groups and individuals to inform policy development. This included those who work with victims of conversion practices and victims themselves, healthcare providers, those concerned over the impact on clinicians, parents and free speech, and religious organisations. This engagement has informed our approach, and to create a balanced policy offering that provides protection and recourse for victims, whilst preserving existing rights.

There are some gaps in the data when considering costs, benefits, and risks. These will be identified in both the relevant sections and annexes.

2. EB2 Policy objective

The government would like to make clear that conversation practices are abusive, do not work, cause harm, and that no one should be subjected to them. It is key that, in bringing forward draft legislation, the government does not negatively impact legitimate clinical care which seeks to support an individual with gender incongruence or dysphoria. It is also crucial to avoid any chilling effect that impacts exploratory discussions on sexual orientation that individuals may engage in with healthcare professionals. The government's overall objective is to:

- a. protect everyone from undergoing abusive conversion practices aimed at changing a person's sexual orientation and/or transgender identity, where these acts cause serious harm, or serious alarm or distress which has a substantial adverse effect on the individual's day to-day activities

- b. introduce a deterrent to stop those practices being carried out in the first place
- c. support those who have undergone conversion practices
- d. introduce legal recourse, namely via an appropriate penalty regime in line with similar abusive crimes.

The government is clear that the need to protect people from this abusive conduct which aims to change an individual and causes serious detrimental harm, must be balanced by the right to religious beliefs, different ideological perspectives, and parental rights.

The government considers that option 1 (introducing a legislative ban on abusive conversion practices, the preferred option) will best meet these objectives.

3. EB3 Description of options considered

3.1. Option 1 - Legislation and non-legislative package (Preferred way forward)

The preferred option is primary legislation (criminal law) that in turn will utilise existing criminal frameworks in the advertising and charitable sectors to govern and prohibit criminal activity in those spaces, as well as frameworks in the safeguarding and law enforcement spaces.

3.1.1. Draft legislative measures

Legislative interventions are set out in the draft bill to ban abusive conversion practices that are not currently covered in existing legislation. Measures will prohibit abusive conversion practices, introduce an additional offence of encouraging or assisting in taking someone overseas, or attempting to take someone overseas, with the intention of carrying out an abusive conversion practice, and introduce Conversion Practice Protection Orders (CPPOs) which can set out certain conditions to protect a person from undergoing the practice, such as removal of a passport or means of travel.

a. Criminal offence

This draft legislation will enable the prosecution of those who carry out abusive conversion practices and act as a deterrent. The draft bill creates an offence of carrying out an abusive conversion practice. We have drafted a targeted and proportionate draft bill, which fills the legal gaps while remaining tight in definitions and scope. This means for a conversion practice to be in scope of the offence it must:

1. Intend to change a person's sexual orientation or transgender identity (this what the bill refers to when it defines a "conversion practice" as any conduct carried out by a person towards an individual with the intention of causing the individual to have or not to have (or believe that they have or do not have) a sexual orientation or transgender identity).
2. Amount to abusive conduct; and

3. Causes either serious harm, or serious alarm or distress which has a substantial adverse effect on the individual's day to-day activities, resulting from the abusive conduct. In line with other areas of the criminal law, there must be evidence of harm for an act to be captured. This harm threshold is aligned with the harm test required by the existing criminal offences of: (a) actual bodily harm, in the Offences Against the Person Act 1861 and (b) controlling and coercive behaviour, in the Serious Crime Act 2015.

The penalty will not exceed 5 years imprisonment or an unlimited fine and is in line with penalties for equivalent offences.

The government would develop guidance for the Crown Prosecution Service and police to ensure these enforcement agencies can familiarise themselves with any ban. A Justice Impact Test is being carried out with the Ministry of Justice to understand the full impact of these proposals and costs identified through this will be included in future versions of this impact assessment.

b. Conversion Practice Protection Orders (civil law)

Protection orders are intended to protect individuals at risk, including where appropriate preventing them from being taken abroad to undergo abusive conversion practices.

Protection Orders will set out certain conditions to protect a person from undergoing the practice. This could be actions such as:

1. requirements that no one (could be a specific person or persons) arranges for a person to undergo abusive conversion practices in England and Wales, or elsewhere
2. that a person at risk of abusive conversion practices may apply to the court themselves, or applications could be made on behalf of an at risk individual by police officers, a chief officer, a local authority, or anyone granted leave by the court
3. the protection order would be structured around the nature of the risk experienced by the individual and may result in such acts as the removal of the at-risk individual's passport, restraining orders against potential perpetrators etc.

Each order would be tailored depending on the needs of the victim and the decision made by the court, after reviewing the case. The 'respondent' or potential perpetrator, if not in court, would be notified as soon as possible about the terms within the order and obliged to adhere to them.

The government will ensure that the following could apply to a court for a Conversion Practice Protection Order:

1. the individual who is to be protected by the order
2. a local authority
3. a chief officer of police
4. any other person with leave of the court - for example, a teacher, a friend or a family member.

The court will consider the application and, if necessary, schedule a hearing to find out more information. The court can also make orders in an emergency when the circumstances require it. Were a person to breach a protection order then there would be a penalty. This would range from a fine to imprisonment depending on the severity of the case and be determined by the court.

Conversion Practice Protection Orders apply to England and Wales only. However, if an order is breached in Scotland or Northern Ireland, then English or Welsh services should be able to try the case back where the order was raised - as with existing protection orders schemes.

The government will develop guidance for the Crown Prosecution Service and police to ensure these enforcement agencies can familiarise themselves with any ban. A Justice Impact Test is being carried out with the Ministry of Justice to understand the full impact of these proposals and costs identified through this will be captured in future versions of this impact assessment.

Penalties for breach of a protection order would include both an unlimited fine and a custodial sentence of up to 2 years.

3.1.1. Non-legislative measures

The following non-legislative interventions will be introduced:

- a conversion practice Victim Support Service (VSS).

The introduction of the criminal offence would also:

- strengthen the ability of charities to disqualify trustees
- increase the restrictions around advertising abusive conversion practices
- make profit streams from abusive conversion practices subject to the Proceeds of Crime Act 2002.

See more information on each non-legislative measure below.

a. Victim Support Service (VSS)

The support service is available for anyone who has experienced, been offered or is at risk of conversion practices. This consists of a helpline and website, signposting people affected by or at risk of practices to the appropriate support, such as counselling, options for making a report to the police, and other public services such as advice about emergency housing. The service will also provide support to professionals who may be concerned about someone undergoing or at risk of conversion practices and seeking support on what action to take.

This service initially ran for 3 years and was extended for a fourth consecutive year in 2025, then a further 6 months in 2026. As of June 2026 a tender to recontract for another two-year period (with potential for 1 year extension) was just about to be launched. The government will monitor delivery against objectives and key performance indicators before making decisions about further provision. We have therefore assumed the

support service will run for three years rather than operating for the full 10-year lifespan of the impact assessment.

b. Charity senior role disqualification

The draft bill would strengthen the case for disqualification of a charity trustee who carries out conversion practices. The Charity Act 2011 provides a discretionary power to the Charity Commission to disqualify trustees of charities in certain circumstances.²⁹ Whilst being convicted of a criminal offence does not automatically lead to disqualification, the introduction of a new criminal offence of conversion practices would strengthen the case for disqualification of a trustee who carries these acts.

c. Restrictions around advertising abusive conversion practices

The draft bill would give more power to regulators in advertising and broadcasting to stop promotion of abusive practices on their platforms. This may result in certain adverts being removed and/or groups/individuals being permanently blocked or banned from using specific platforms - this would be at the discretion of the regulator.

d. Profit streams

The draft bill would remove profit streams associated with abusive conversion practices by making them subject to the Proceeds of Crime Act 2002.

3.1.2. Enforcement

Bodies that lead on relevant regulatory frameworks will be responsible for enforcement in their respective areas. The police and CPS will be responsible for enforcement and prosecution of the new criminal law. The Charity Commission and DCMS will be responsible for upholding the Charity Act 2011 framework, with the Commission responsible for carrying out investigations when necessary.

Overall, this option is considered to be the most effective way of tackling harmful practices that are currently lawful through a robust package of legislative and non-legislative measures.

3.2. Option 2 - Non-legislative measures (Do-minimum option)

This option would bring forward only the non-legislative measures set out above (section 3.2). This would target some gaps in existing regulations without introducing primary legislation. The VSS helpline provides support to individuals who have undergone conversion practices. In parallel, the government would highlight where conversion practices constitute **existing** criminal offences and thereby work with organisations to highlight what existing offences may constitute CP. Specifically working with the Charity Commission to strengthen their ability to disqualify trustees, and with regulators in advertising and broadcasting to limit the advertising and promotion where they may implement an existing offence to carry out CP.

²⁹Charity Commission for England and Wales (2016) The discretionary disqualification power: power to disqualify from being a trustee. Available [here](#).

The government's concern is that these measures alone may not have sufficient deterrent and preventive effect to end abusive conversion practices. Whilst they would help tackle the harms caused by conversion practices, they would ultimately still allow a wide range of harmful practices to be carried out lawfully. This option alone would allow non-physical acts and/or non-violent practices to continue and would encourage individuals to continue arranging for conversion practices abroad where they may be at even greater risk of harm.

This option falls short of the government's policy objectives.

3.3. Option 3 - Do nothing (business as usual - baseline)

This approach would not protect individuals from the harm associated with abusive conversion practices.

This approach would not meet any of the government objectives to target abusive conversion practices, and would not support victims or those at risk.

4. EB4 Summary and preferred option with description of implementation plan

Office for Equality and Opportunity (OEO) officials have and remain heavily engaged with other government departments, such as Home Office, Crown Prosecution Service, the Department for Health and Social Care, in the development of the draft bill and understanding of its downstream impacts and requirements.

As such the OEO would seek to support organisations in producing statutory guidance on a for use by their safeguarding professions (e.g. teachers, police, social workers), in understanding what abusive conversion practices are, the offence of encouraging or assisting in taking someone abroad for the purposes of abusive conversion practices, and the scope of conversion practices protection orders.

Whilst the legislation itself will be under the primary ownership of the OEO, government departments (e.g. Home Office for Border Force officials), arm's length bodies (ALBs), local authorities, educational organisations and trusts which are not under local authority control, healthcare professional bodies and organisations, and the police will be responsible for the enforcement of the legislation and producing guidance.

Enforcement of measures will fall to a variety of public sector agencies. Secondary legislative elements will primarily relate to the requirement for departments, agencies, and third sector bodies to update guidance and provide (where appropriate) training for employees on the nature of the legislation, how it impacts their work, and its scope. We anticipate secondary legislative effects to include but not be limited to restrictions on advertising of abusive and harmful conversion practices and clarity on the grounds for disqualification for charity trustees whose organisations promote or engage in abusive and harmful conversion practices.

As guidance for safeguarding roles and the enforcement of criminal offences is already widely developed and understood by the aforementioned organisations, we anticipate that existing mechanisms for revision/development, dissemination and training will be updated once the draft bill goes through parliamentary passage and reaches royal assent.

5. EB5 NPSV: monetised and non-monetised costs and benefits of each shortlist option (including administrative burden)

5.1. Costs for option 1: legislative and non-legislative measures

Costs will be set out for the public sector in this section. Please find costs to business in section EB7.

5.1.1. Monetised costs to public sector

a. Familiarisation

The introduction of the draft legislation would result in public sector one-off familiarisation costs of £45.8m for the police, CPS, HMCTS, the healthcare sector, the education sector, social workers, Border Force, and the Charity Commission. Alongside the previously mentioned assumptions, this is assumed to be a one-off cost in the 12 months following the passing of the new legislation, with no further costs in the remaining 9 years which this Impact Assessment covers. A summary of these estimated costs can be found in Annex B. We have not included costs for any refresher training that may be conducted within specific professions as part of their wider 'safeguarding' refresher cycle.

Total familiarisation costs are outlined in Table 1 below.

Table 1: Total one-off one-year familiarisation costs (Constant Value)

Estimate	One-off familiarisation cost in Year One
Low estimate	£24.9m
Best estimate	£45.8m
High estimate	£82.8m

b. Costs to the criminal justice system

Please note that impacts on the wider justice system are still being assessed with the Ministry of Justice and the Impact Assessment will be updated at a later stage once these figures are known. It is expected that costs will be incurred within the Prison and Probation Service and Criminal Legal Aid divisions.

c. Cost to the government of funding the Victim Support Service (VSS) provision

The government is providing funding for a VSS which will cost a total of £0.24m (constant value). This will include the cost of the service itself and the internal government staff costs to support the service. This service initially ran for 3 years and was extended for a fourth consecutive year in 2025. As of June 2026 a tender to recontract for another two-year period (with potential for 1 year extension) was just about to be launched.

The VSS will cost £0.24m (excluding VAT) over a 36-month contract period and include a helpline and website. Due to this limited contract period, we have not assumed it will be operating for the 10-year lifespan of the impact assessment. Should the draft bill provisions be effective, it is anticipated that demand would reduce. We also need to assess the effectiveness of the service before making decisions about further provision. The period of up to 36 months allows sufficient time to set up the helpline, and to monitor the service.

5.1.2. Non-monetised costs to public sector

These potential costs are very difficult to measure or know the exact impact of or the number of people affected due to the hidden nature of this issue. Most are based on the estimation of the prevalence of conversion practices within the UK gathered from the Opinium/Stonewall (2025) survey. This provides the best evidence for an estimation of how many people are experiencing conversion practices (see Annex A).

a. Impact on client/patient volumes in voluntary sector

The introduction of proposed legislation or non-legislative measures may lead to an eventual overall reduction or increase in demand for charities who currently provide support to victims of conversion practices. This could include services specifically for conversion practices, mental health support, and/or drug rehabilitation. We expect there may be a short-term increase in demand as awareness of conversion practices increases through the measures, followed by a longer-term reduction. The reduction may be due to a potential drop in those experiencing conversion practices and therefore fewer people needing support. Those who may need support after experiencing conversion practices may utilise a service such as the VSS, which caters specifically to their experience, rather than utilising wider support from other voluntary sector organisations.

5.1.3. Other monetised costs from responses to the public consultation

The public consultation asked respondents for examples of evidence on the economic or financial costs of the proposals set out. Respondents did not provide any monetary evidence nor specific examples of costs.

5.2. Costs for option 2: non-legislative measures

5.2.1. Monetised costs - public sector

a. Cost to the government of funding the VSS provision

The government is providing funding for a VSS which includes a helpline and website. This is the same as option 1 and these costs are set out in Section 5.1.1.

b. Familiarisation - public sector

Similarly to option 1, the introduction of the non-legislative measures would result in familiarisation costs, though to a lesser extent. A best estimate of £4.1 million for option 2 would be involved for training in the public sector (the police, the healthcare sector, the education sector, social workers, Border Force, and the Charity Commission) for a smaller amount of time to familiarise them with CPPOs. Alongside the previously mentioned assumptions, this is assumed to be a one-off cost in the 12 months following the passing of any new legislation, with no further costs in the remaining 9 years which this Impact Assessment covers. A summary of these estimated costs can be found in Annex B. We have not included costs for any refresher training that may be conducted within specific professions as part of their wider 'safeguarding' refresher cycle.

Total familiarisation costs are outlined in Table 3 below.

Table 3: Total one-off one-year public sector familiarisation costs (Constant Value)

Estimate	One-off familiarisation cost in Year One
Low estimate	£0m
Best estimate	£4.1m
High estimate	£8.3m

5.2.2. Non-monetised costs

a. Impact on clients/patient volumes

The non-monetised costs for option 2 are expected to be similar to the non-monetised costs for option 1, however it is expected that there would be a reduced effect given that abusive conversion practices will likely continue at a similar rate and there will be lower levels of awareness raising of conversion practices to prevent them taking place. This may have less of an impact on the volume of clients and patients for providers of conversion practices, the voluntary sector, support services, and NHS patients than in option 1.

5.3. Costs for option 3: Do Nothing (Business as usual - baseline)

There are no known monetised costs for this option. The non-monetised costs are similar to option 2 but to a larger extent.

5.3.1. Monetised costs

There are no monetised costs associated with this option.

5.3.2. Non-monetised costs

a. Harm to individuals continuing

Not bringing forward legislation to ban abusive conversion practices will allow serious harm to individuals to continue. By not renewing the VSS, many individuals who would still be undergoing conversion practices would not have access to care or information to help them. Similarly to option 1, this may incur economic costs due to the detrimental effects this may have on individuals' ability to contribute to society.

6. EB6 Examination of monetised and non-monetised benefits

6.1. Benefits for option 1: legislative and non-legislative measures

6.1.1. Monetised benefits

a. Monetised benefit of reducing depression for conversion practice victims

We estimate the number of people experiencing depression as a result of conversion practices on the basis of sexual orientation and/or transgender identity will be reduced with this option. Our best estimate of the Net Present Value benefit from reductions in the number of people experiencing depression is £783 million, calculated over a 10-year appraisal period. As previously identified, depression has been identified in evidence as an effect of conversion practices.³⁰ We have estimated that approximately 28,500 - 35,300 people who experience some form of depression due to undergoing conversion practices each year will have reduced Quality-Adjusted Life Years (QALYs) dependent on the level of depression (see Annex C for more details).³¹ A QALY, rated one, has a 'willingness to pay' monetary value of £70,000 when an individual is healthy, but when the quality of life rating is reduced by ill health, the monetary value also

³⁰ Jowett et al (2021)

³¹ This was calculated by multiplying the percentage of people experiencing depression as a result of conversion practices using Forsythe et al (2022) by the number of people undergoing Conversion Practices each year in England and Wales using the Opinium/Stonewall survey (2025) and 2021 Census data (see Annex A). This is set out fully in Annex C. The percentage of people who are depressed as a result of CP was based on the finding from Forsythe et al (2022) that 68% of people who had undergone CP had some form of depression, whilst 27% who had not undergone CP had some kind of depression. By calculating the difference between the two we estimated that 38% of people would have some kind of depression as a result of conversion practices. Forsythe, A., Pick, C., & Tremblay, G. (2022) Humanistic and Economic Burden of Conversion Therapy Among LGBTQ Youths in the United States. *JAMA Pediatrics*. 176(5); 493-501. Available [here](#); One quality-adjusted life year (QALY) is equal to 1 year of life in perfect health. QALYs are calculated by estimating the years of life remaining for a patient and weighting each year with a quality-of-life score (on a 0 to 1 scale). National Institute for Health and Care Services (2022) Glossary. Available [here](#).

decreases.³² Given these costs, there would be a monetised benefit in reducing the number of people impacted by depression arising from conversion practices.³³

The best estimate of the monetised benefit of reducing the number of people who we conservatively estimate would have experienced depression is £74.8 million to £92.6 million (average £83.7 million) in one year. It has been estimated that for one year there would be a monetised benefit of an individual undergoing conversion practices who experiences subthreshold depression (£10,500).³⁴ Applying this to the estimated number of those who may experience depression associated with conversion practices, we have calculated a best estimate (if all those who experience depression as a result of conversion practices experience the lowest level of depression, i.e. subthreshold depression) of £83.7m in one year, after adjusting for optimism bias of 75%. More severe forms of depression have not been used in order to produce a conservative estimate.

Table 4: Total depression prevention £ benefits for CP victims in one year (Constant Value)

Estimate level	Optimism bias adjustment	Annual benefit adjusted for optimism bias	10-year present value total adjusted for optimism bias
Low CP victim estimate	75%	£74.8m	£700m
Best CP victim estimate	75%	£83.7m	£783m
High CP victim estimate	75%	£92.6m	£867m

The calculation of the monetised benefits relies on several key assumptions regarding the impact of conversion practice on depression. Depression was selected as the primary health measure due to robust and growing evidence linking conversion practices to severe psychological harm. While UK-specific data remains limited, a major US systematic review by Forsythe et al. (2022) synthesised data from 28 studies to quantify the economic consequences of sexual orientation and gender identity change efforts (SOGICE) among LGBT+ youth. The study estimated the probability of developing depression between youth who underwent SOGICE and those who did not: 65% of those exposed to SOGICE experienced depression compared with 27% who were unexposed to SOGICE, representing a 38 percentage point increase in depression risk.

In summary, the following assumptions have been made for the purposes of estimating monetised benefits:

³² HM Treasury (2022) The Green Book. p.87. Available [here](#). Willingness to Pay (WTP) refers to asking subjects about their WTP for a good or service in a hypothetical scenario. In this scenario the value of a one year of life at the maximum healthy rating of one would equate to £70,000. Therefore, when the Quality Adjusted Life Year is reduced below one, it also reduces in value.

³³ Furukawa, T.A., Levine, S.Z., Buntrock, C., Ebert, D.D., Golbody, S., Brabyn., S., Kessler., D., Björkelund, C., Eriksson., M., Kleiboer., A., van Straten, A., Riper., H., Montero-Marin., J., Garcia-Campayo., J., Phillips., R., Schneider., J., Cuijpers., P., & Karyotaki (2021) How can we estimate QALYs based on PHQ-9 scores? Equipercntile linking analysis of PHQ-9 and EQ-5D. *Health Economics*. 24; 97–101. Available [here](#).

³⁴ This is set out in Annex C and is based on QALY from three different levels of depression found in Furukawa et al (2021); subthreshold depression, mild major depression, moderate major depression, and severe major depression are the categories of varying depression levels used in this research.

- Causality / attribution: conversion practices are the sole cause of the elevated depression rates among individuals who experience conversion practices (compared with those who do not). We, however, acknowledge that the causes of depression are complex and multifaceted and may not be attributed to conversion practices in all these cases. It is also assumed for the purposes of this calculation that all instances of conversion practices for the estimated number of people will be prevented with the implementation of proposed legislation.
- Policy effectiveness: It is assumed that the implementation of the proposed legislation will successfully prevent 100% of conversion practice instances for the estimated target population.
- Health metric selection: Health benefits are modelled using the Quality-Adjusted Life Year (QALY) framework, in accordance with HMT Green Book appraisal standards. Alternative methods of modelling health benefits such as Statistical-Life Year (SLY) or Value of a Life-Year (VOLY) would not have been appropriate because they primarily capture differences in life expectancy rather than differences in life quality as captured by the QALY approach. Furthermore, a lack of evidence on the effect that this legislation would have on labour market outcomes (such as productivity or the labour supply) supported the use of a QALY health-benefits approach.

See Annex C for comprehensive calculations and sensitivity analysis.

6.1.2. Non-monetised benefits

a. Individuals no longer subject to the harms caused by abusive conversion practices

Banning abusive conversion practices may reduce the likelihood of other known harms occurring. There is evidence that victims of conversion practices suffer from harms such as suicide ideation, depression and anxiety, decreased self-esteem and increased self-hatred, self-blame for treatment failure, substance abuse, loss of financial stability, homelessness and associated risks, and risky sexual behaviour.³⁵

It is also likely to have further economic and financial benefits that have not been monetised. Some respondents to the public consultation, when asked for examples of the economic or financial benefits of the proposals, reported that they thought the proposals would have a positive impact on mental health and wellbeing, with further positive impact on employment. A ban may lead to less unemployment and/or higher productivity among

³⁵ Jowett et al (2021); Ryan et al (2020); Green et al (2020); Higbee et al (2020); Blosnich., J. R., Henderson, E.R., Coulter, R.W.S., Goldbach, J.T., & Meyer, I.H. (2020). 'Sexual orientation change efforts, adverse childhood experiences, and suicide ideation and attempt among sexual minority adults, United States, 2016–2018'. *American Journal of Public Health*, 110(7), 1024-1030. Available [here](#).; Salway, T., Ferlatte, O., Gesink., D., & Lachowsky., N.J. (2020). 'Prevalence of exposure to sexual orientation change efforts and associated sociodemographic characteristics and psychosocial health outcomes among Canadian sexual minority men'. *The Canadian Journal of Psychiatry*, 65(7), 502-509. Available [here](#).; Turban, J.L., Beckwith, N., Reisner., S. L., & Keuroghlian., S. (2020). 'Association between recalled exposure to gender identity conversion efforts and psychological distress and suicide attempts among transgender adults'. *Jama Psychiatry*, 77(1), 68-76. Available [here](#).

the impacted population as people who would have undergone abusive conversion practices will be able to continue positively in their occupations, without, for example, having to take breaks to recover from negative impacts. Due to a lack of evidence on the effect that these banning abusive conversion practices is likely to have on these economic outcomes, we have not monetised these benefits.

b. Mental health and support services improved for victims

The VSS is an existing service, which this option would renew for a further 3 years, that helps people access support for the harm that they have undergone, or help prevent them from undergoing conversion practices. The service provides support for any individuals who have undergone, or are at risk of undergoing, conversion practices. This may in turn help support with, or prevent, levels of associated harm, particularly with mental health by having immediate access to trained members of staff who can offer support. The service is expected to have a positive impact on users in a range of ways as it attempts to address individual circumstances with remedial action and support, utilising outside expertise and advice on issues such as housing, social service and police involvement, and mental health provision. The number of direct callers per year is highly variable and the helpline provider is aware that many conversion practice victims approach their service via other helplines, often due to a lack of awareness of their situation being a conversion practice, suggesting that with better understanding the numbers of service users could significantly increase. It is difficult to quantify the social benefit recorded in pure economic/financial terms.

The service may also act as a preventative measure for people who have been offered conversion practices by being provided support, feeling more informed about the nature of conversion practices, being better able to engage with other services, being better able to access information and resources, better able to understand options, and feel more positive about their options and next steps. That benefit is similarly challenging to quantify.

c. Public signalling about people's sexual orientation and/or transgender identity

The proposed legislation would support the government to signal that nobody should be made to feel shame, or somehow deficient or lacking because of their identity. It can also highlight that conversion practices do not work to change people's sexual orientation or transgender identity, which may have a wider preventative benefit. Individuals may seek conversion practices for reasons including internalised stigma and shame associated with their identity, the fear and implications of having a minority sexual orientation or identity, and pressures arising from social environments.³⁶ The measures would reduce wider societal harm by further communicating the message that LGBT+ people are valued and accepted, and that conversion practices are not acceptable and do not work, while ensuring that society is aware of the complexities of gender incongruence or dysphoria, particularly the appropriate care for children and young people who may be asking such questions but who may in fact be same-sex attracted. In addition to this, it supports the increasingly positive and tolerant general attitude towards LGBT+ people.

³⁶ Jowett et al (2021); Blosnich et al (2020).

6.2. Benefits for option 2: non-legislative measures

6.2.1. Monetised benefits

There are no known monetised benefits for option 2. The public consultation asked respondents for examples of evidence on the economic or financial benefits of the proposals set out in the consultation. Respondents did not provide any monetary evidence nor specific examples of benefits.

6.2.2. Non-monetised benefits

The non-monetised benefits of option 2 would be similar to the benefits available for option 1, but to a lesser degree as it does not include the legislative ban. The VSS will provide the same benefits for this option as in option 1 (set out in section 5.1.1). This is by providing all individuals with support and information of the harms associated with conversion practices, creating the potential to reduce the number of people affected by conversion practices and lessen demand on NHS mental health or other services as an outcome. Work with the Charity Commission to disqualify trustees and with regulators on the promotion and advertising of conversion practices would still have benefits but to a lesser degree than option 1. Whilst these non-legislative measures would send a public signal that minority sexual orientations and/or genders should be respected and thus should prevent some instances of conversion practices taking place, the legislative ban itself is a key element to increase the reach and resonance of the public messaging, overall deterrent effect and the take-up of other measures.

6.3. Benefits for option 3: Do Nothing (Business as usual - baseline)

There are no known monetised or non-monetised benefits for this option.

7. EB7 Costs and benefits to business calculations

7.1. Costs for option 1: legislative and non-legislative measures

7.1.1. Monetised costs to businesses

a. Familiarisation - private sector

The introduction of the draft legislation would result in private sector familiarisation costs of £13.6m (education, healthcare, religious organisations and the LGBT+ support voluntary sector).

It is anticipated that there is likely to be small familiarisation costs for private sector healthcare providers, mainly psychological professions (including talking therapies). While, the number of therapists specifically providing support on this subject is likely to be low, it cannot be assumed to be absent from the work of other therapists, and hence requiring familiarisation.

Alongside the previously mentioned assumptions, this is assumed to be a one-off cost in the 12 months following the passing of the new legislation, with no further costs in the

remaining 9 years which this Impact Assessment covers. A summary of these estimated costs can be found in Annex B. We have not included costs for any refresher training that may be conducted within specific professions as part of their wider 'safeguarding' refresher cycle.

Total familiarisation costs are outlined in Table 5 below.

Table 5: Total one-off one-year familiarisation costs (Constant Value)

Estimate	One-off familiarisation cost in Year One
Low estimate	£8.1m
Best estimate	£13.6m
High estimate	£20.2m

7.1.2. Non-monetised costs to businesses

There may be some impacts on businesses which have not been monetised, due to a lack of available data and evidence, but rather have been considered qualitatively for the purposes of this Impact Assessment. These main affected groups include:

- a. People or organisations who take payment for conducting abusive conversion practices which are in scope of the legislation may experience a loss of monetary income. There is a lack of data on how many individuals or businesses may be conducting abusive conversion practices. This policy is designed to prevent abusive and harmful practices, and will not prevent legitimate business activity which is not considered abusive conversion practices under this legislation.
- b. Voluntary sector organisations (including those focused on supporting LGBT+ people), individuals, and unknown organisations providing private sector support may be affected by familiarisation costs associated with the measures in the legislation. Over the long-term, it is likely that there will be a reduction of people seeking support as fewer people will experience abusive conversion practices. However, owing to an increase in awareness and understanding of abusive conversion practices, there may be a shorter-term increase in demand for services.

7.2. Costs for option 2: non-legislative measures

7.2.1. Monetised costs to businesses

a. Familiarisation

Similarly to option 1, the introduction of the non-legislative measures would result in familiarisation costs, though to a lesser extent. A best estimate of £1.4 million for option 2 would be involved for the private sector (education, healthcare, religious organisations and LGBT+ voluntary sector support organisations) who would require training only for CPPOs. Alongside the previously mentioned assumptions, this is assumed to be a one-off cost in the 12 months following the passing of any new legislation, with no

further costs in the remaining 9 years which this Impact Assessment covers. A summary of these estimated costs can be found in Annex B. We have not included costs for any refresher training that may be conducted within specific professions as part of their wider ‘safeguarding’ refresher cycle.

Total familiarisation costs are outlined in Table 6 below.

Table 6: Total one-off one-year familiarisation costs (Constant Value)

Estimate	One-off familiarisation cost in Year One
Low estimate	£0m
Best estimate	£1.4m
High estimate	£2.7m

7.2.2. Non-monetised costs to businesses

There are no anticipated non-monetised costs to businesses associated with this option.

7.3. Impact on small and micro businesses

There is not enough available evidence to determine the extent of impact on small or micro businesses (relative to larger providers). There is qualitative research that shows that conversion practice providers (including some religious groups and therapists) have been known to conduct conversion practices, meaning small or micro businesses currently profiting may experience loss of income associated with criminalising harmful practices arising from options 1 or 2. It would, therefore, not be appropriate to exempt SaMBs from this policy as the policy focus is to prevent any individual or business carrying out abusive practices on individuals which cause harm. This policy is designed to prevent a specific range of harmful practices, and will not prevent legitimate business activity which is not considered conversion practices under this legislation.

7.3.1. Providers of private healthcare to victims

It is not anticipated that there will be a significant impact on small and micro businesses providing private healthcare. Those who are providing private healthcare, such as for mental health, may be impacted if they lose clients due to a potential decrease of victims over time. Whilst this is a possible impact, due to the likely small number of clients to a single small or micro business per year, and based on the cost of private mental health services, this will not be significant. The government is mitigating the risk of adverse impacts on legitimate healthcare providers by ensuring that draft legislation included an explicit healthcare exemption to avoid any unintended impacts, such as chilling effects, on legitimate and important clinical support, provided in some cases by private practitioners, for those experiencing gender incongruence or dysphoria, or for individuals who wish to understand their sexual orientation with a healthcare practitioner in an exploratory fashion.

7.3.2. Providers of conversion practices

It is possible that there are individuals or organisations in the UK currently financially profiting from conversion practices, and therefore banning this will result in a loss of income. However, there is no robust evidence on how many individuals or businesses are conducting abusive conversion practices, nor who is offering and conducting abusive conversion practices in the UK. As set out in section 1.2, the National LGBT Survey (2018), the 2021/22 public consultation (2026), and Jowett et al (2017)³⁷ found that providers of conversion practices include a group or organisation (often religious), therapist, life coach or counsellor (with or without any form of training). Particular settings of conversion practices have been through talking therapy sessions, both one-to-one and group, and conversion practice weekend retreats or courses.³⁸ This is consistent with the public consultation, as set out in section 1.2. Although loss of income for providers of abusive conversion practices needs to be recognised in this impact assessment, the policy focus is to prevent any individual or business carrying out a specific range of abusive practices on individuals which cause harm. This policy will not prevent legitimate business activity which is not considered abusive conversion practices under this legislation.

7.3.3. Support services

If the policy results in a long-term decrease in abusive conversion practices, and victims, it is likely that the very small number of those who are providing treatment for victims (e.g. private therapists) will experience a small loss in income and in the number of clients who need support. As mentioned before, some of the negative mental health effects from conversion practices include suicide ideation, depression and anxiety, decreased self-esteem and increased self-hatred, self-blame for treatment failure. Other consequences of conversion practices have been found to include substance abuse and risky sexual behaviour.³⁹ However, there is no available evidence on the scale of how many people who have undergone abusive conversion practices utilise these services and therefore how much that loss would be.

8. Costs and benefits to households' calculations

It is not anticipated that the intervention will incur any household costs. The benefits as listed above will be to individual households who will not have mental health impacts as a result of undergoing conversion practices.

9. Business environment

It is not anticipated that the intervention will affect the attractiveness of the business environment which could encourage or hinder investment in the UK.

³⁷ Jowett et al (2021).

³⁸ Jowett et al (2021).

³⁹ Jowett et al (2021); Ryan et al, 2020.

10. Trade implications

It is not anticipated that the intervention will have an impact on international trade and investment, as it does not impact domestic markets for international goods, the attractiveness of doing business in the UK, or business profits, because of the nature of the intervention.

11. Environment: Natural capital impact and decarbonisation

It is not anticipated that the intervention will have an impact on natural capital impact and decarbonisation as it relates to a legislative intervention to ban socio-cultural practices. The very small magnitude of physical impacts relate to a helpline and to justice impacts, which are covered by existing HMG environmental policies.

12. Other wider impacts

The government has a legal obligation to consider the effects of policies on those with protected characteristics⁴⁰ under the Public Sector Equality Duty 2011 and the Equality Act 2010.

Table 7: Public Sector Equality Duty assessment

Statutory Equalities Duties	Completed
<p>The legislative measures are expected to have an overall positive impact on individuals with protected characteristics.</p> <p>Various other non-legislative measures are expected to positively impact individuals with protected characteristics.</p> <p>Overall, the proposed approach will help advance equality and reduce the harms that conversion practices create, including to those with protected characteristics.</p> <p>A full equalities assessment has been made and kept up to date to inform decision-making including by ministers on the approach being taken to both legislative and non-legislative proposals.</p>	<p>Yes</p>

The government has a legal obligation to consider the effects of policies on those with protected characteristics⁴¹ under the Public Sector Equality Duty 2011 and the Equality Act 2010.

Equality Act 2010 protected characteristics of sexual orientation, gender reassignment, religion or belief and sex are of particular relevance to the policy. We do not consider that there are any disproportionate negative impacts on equality, and we have considered appropriately the need to advance equality and foster good relations. The

⁴⁰ Age, disability, sex, gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation.

⁴¹ Age, disability, sex, gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation.

government's approach will have a beneficial impact in curtailing practices that would otherwise have an adverse effect on the basis of age, gender reassignment, and sexual orientation. The approach also ensures that freedom of religion and beliefs are protected and are not disproportionately affected. The draft bill includes a harm test which ensures that only actions that are abusive and lead to serious detrimental harm are within scope. Expression or the teaching of beliefs, or ideological views will not be inadvertently captured. The draft bill makes no distinction between minors and adults, ensuring that both are protected under the definition of conversion practices. This ensures that vulnerable people, such as minors, are afforded protection whilst balancing the rights of parents and guardians to raise their children in accordance with their beliefs. Overall, this draft bill could be an opportunity to foster good relations between groups and stakeholders who may be considered polarised; however, ensuring the bill retains sufficient balance may remain challenging due to the strength of feeling and apparent incompatibility of viewpoints from different sides.

In line with the public sector equality duty, we have made a full assessment of the equality impact anticipated from the government's approach and this informed decision-making. We will continue to take account of equality considerations throughout the pre-legislative process and as we consider next steps thereafter.

Overall, the proposed approach is likely to help advance the aims of the Equality Act 2010 and reduce harms, including for those with protected characteristics.

13. EB8 Risks and assumptions

13.1. Risks for option 1: package of legislative and non-legislative measures

The main risks identified for option 1 are set out below, including the mitigations being taken for these. The risks identified are:

- a. probable inexact calculations of costs, benefits and impact of the ban
- b. any potential unintended consequences of the legislation
- c. harm to individuals.

13.1.1. Probable inexact estimation

- a. **Number of people who experience conversion practices per year is likely to be inexact**

The estimation of the number of people who undergo conversion practices per year is based on the best evidence that is currently available. Due to the limitations associated with estimating the prevalence of CP in England and Wales using the Opinium/Stonewall survey (2025) (see Annex A) the estimated percentage of people who undergo conversion practices in our assessment may be an overestimate or underestimate. This could potentially increase or decrease the costs calculated in this Impact Assessment. This will be particularly relevant to future criminal justice system costs and the estimated benefits associated with reducing depression associated with these

practices. However, given that it is difficult to get an exact measure of prevalence of conversion practices, due to their hidden nature, and the limitations associated with the evidence base, this represents the best estimate available.

b. Projected benefits might not be fully accounted for

The benefits of a legislative ban may be higher or lower than anticipated. Due to the uncertainty of the scale and hidden nature of conversion, it is difficult to predict what the impact of a ban will be. It is possible that the benefits may be lower than anticipated if the estimate of prevalence of conversion practices is over-estimated (see Annex A for further information) or the ban is less effective at ending conversion practices than it is anticipated to be. However, the benefits may also be higher than anticipated. For example, due to the hidden nature of these practices, more people than anticipated may be prevented from undergoing conversion practices, and more people who carry out conversion practices than anticipated may be prevented from doing so. It is also very likely that the projected benefits will be higher than anticipated as we did not include those who would suffer from mild-major depression, moderate-major depression, and severe-major depression (instead using subthreshold depression only), due to the desire to keep benefits conservative. Cost-benefit analysis has included all evidence and relevant information available at the time of writing and will be updated if new evidence or sources of input data become available. To account for the significant level of uncertainty in our calculation of benefits we have applied a high level of optimism bias (see Annex C for further information).

c. Uptake of the Victim Support Service (VSS)

There is a possibility that the uptake of the VSS may be higher or lower than anticipated. This would either present a cost to the government as there would be an increase in the cost of the service per person if the estimation is higher than expected, or it may present an under-resourced service if lower than expected. While the VSS has been running for the past 3 years, its renewal to a potentially different provider may mean there is a low initial uptake due to evidence from helpline providers suggesting that it takes time for new issue-specific services to reach their targeted user base. Whilst the user number may remain low initially, as set out in section 6.1.2, the service is expected to continue to have a positive impact on users in a manner of ways. The uptake and quality of the VSS will be monitored and contract managed in the usual way.

13.1.2. Any potential unintended consequences

a. Application of the new offence

In addition to careful and considered development within government, the draft legislation will benefit from pre-legislative scrutiny from a bespoke joint committee of both Houses in Parliament. Measures have been drafted as precisely as possible with policy input from other government departments and other relevant bodies. A new offence being defined has the potential to create some unintended uncertainty, however, explanatory notes would make the legislative intent clear. The government is committed to developing legislation that avoids any 'chilling effect' on legitimate clinical practice, and does not risk unintended consequences on the ability of parents, teachers, counsellors and

healthcare practitioners to have open, exploratory, and even challenging, conversations with those exploring their sexual orientation or gender. Not only has careful consideration been given in the legislative drafting to ensure that legitimate therapies are not infringed upon but also pre-legislative scrutiny of the draft bill will allow this wording to be further reviewed, debated, and potentially for amendments or recommended changes to language to the draft bill to be proposed for the government to consider. The joint committee will also be asked to consider the current parameters of the draft bill, particularly whether it could, and should, go further in key areas, such as the threshold established by the harm test. The government will closely consider and respond to recommendations from the joint committee.

To further mitigate this risk, extensive engagement has been carried out as part of developing the measures. This includes legal experts, stakeholders, and other government departments including the Department of Health and Social Care, Ministry of Justice, Home Office, Department for Education, and the CPS, and with Parliamentary Counsel in the drafting process. The previous government carried out a 14 week public consultation to gather views on policy which this government has reviewed, and throughout policy development there has been extensive stakeholder engagement to consider concerns. Enforcement has been planned for in close collaboration with all relevant stakeholders, in particular the HO, CPS and MOJ.

13.1.3. Harm to individuals continuing

While the introduction of a ban is comprehensive, the hidden nature of acts mean that it is possible that some practices may continue and have negative impacts on some individuals. We are aware that by introducing a criminal ban some providers may simply attempt to move their activities further from public view, or for certain acts that cannot be evidenced to cause harm, to continue. However, the government's view holds that by not introducing a ban a wider range of victims would continue to experience poor outcomes overall. Additionally, the measures provided by the draft legislation, such as the criminal penalties, protection orders, and cascade effect of statutory guidance to safeguarding professionals and law enforcement, will equip those individuals best placed to identify at-risk individuals.

13.2. Risks for option 2: non-legislative measures

The main risks identified for option 2 are set out below.

13.2.1. Risk of harms continuing

There is a risk of harm due to conversion practices continuing. There would not be the same level of reduction in incidences of conversion practice as option 1. The measures should lead to increased awareness and help for victims (through immediate access to the support service with trained members of staff). By providing support, users may feel more informed, better able to engage with other relevant services, better able to access information and resources, better able to understand options, and feel more positive about their options and next steps. This may reduce cases in comparison to a 'do nothing' approach.

13.2.2. Probable inexact calculations

There is a risk of inexact calculations of costs and benefits as set out in option 1. In particular, the number of people who experience conversion practices per year is likely to be inexact due to the absence of robust data and number of assumptions associated with calculations (Section 13.1).

13.3. Risks for option 3: Do Nothing (Business as Usual - Baseline)

The main risk associated with this option is risk of harm due to conversion practices continuing. There would not be any reduction in incidences of conversion practice. There would be no increased awareness, nor help for victims (through immediate access to the support service with trained members of staff). It could also send a negative signal about sexual orientation or transgender identity to the LGBT+ population and wider society.

13.4. Assumptions and sensitivities

The below table summarises the assumptions and sensitivities associated with the calculations for the number of people undergoing conversion practices per year and the number of conversion practice court cases, offences, and sentences per year. It also looks at the assumptions and sensitivities regarding the Familiarisation costs associated with public services.

Table 8: Assumptions and sensitivities log

Area	Assumption(s)
Quality of the evidence base	<p>There is a growing body of evidence relating to conversion practice, internationally and in the UK. The evidence base for conversion practices for sexual orientation is long-established, extending over 25 years; while for transgender identity, the evidence base is newer. Most studies are from North America, fewer were specifically from the UK.</p> <p>The quality of studies that estimates the prevalence of CP and the nature of it (e.g. who carried it out and who experiences it) was considered 'average'. The evidence base as a whole is limited by clear methodological challenges in undertaking research on the population(s) of interest. Owing to the hidden nature of conversion practice, more robust research designs, such as randomised control trials (used to assess the effectiveness of health interventions) have not been possible to date.</p> <p>Evidence of the harms associated with conversion practices is considered 'good' due to a strong foundation of qualitative, lived-experience research (e.g., interviews and open responses to surveys). While these first-hand accounts provide deep insights into individual trauma that cannot be easily quantified, they do not provide the statistical data needed to estimate the prevalence or scale of these effects. Consequently, significant uncertainty remains regarding the quantified impacts within this assessment.</p> <p>Additional limitations associated with the evidence base on conversion practice, include:</p> <ul style="list-style-type: none"> ● a reliance on retrospective self-reporting

	<ul style="list-style-type: none"> ● a reliance on self-selected and potentially biased samples ● an absence of an agreed or standard definition of conversion practices. ● a lack of disaggregation between respondents reporting practices targeted as their sexual orientation, their transgender identity or both ● a lack of longitudinal studies that follow individuals over time ● the use of different (and often unreliable) measures of ‘success’. <p>It is important to note that data challenges are inherently characteristic of hidden harms, such as Forced Marriage or Female Genital Mutilation (FGM), not just conversion practices. Despite these evidence constraints, our approach to estimating costs and benefits is underpinned by the best evidence available.</p> <p>Due to the limitations of the evidence base, we have made some key assumptions, which have informed the policy options, for example:</p> <ul style="list-style-type: none"> ● that the harms associated with conversion practices have the same or similar impacts, irrespective of where in the world they take place ● that the evidence used is realistically the best evidence that can be secured at this stage, due to the unlikelihood that e.g. randomised control trials are possible, given the subject matter and the often covert, hidden nature of the behaviours in question <p>Furthermore, due to the limitations in the evidence base, we have taken a conservative approach to calculating the costs and benefits, i.e. we have overestimated the costs and underestimated the benefits. This ensures we have taken the most conservative possible approach.</p>
<p>Number of people undergoing conversion practices per year</p>	<p>Using this data, we have generated an annual estimate of the number of people experiencing CP per year in England and Wales. This total is approximately 75,000 - 93,000 people per year in England and Wales. The method of this calculation with further risks and assumptions can be found in Annex A.</p> <p>There is no representative data on the level of prevalence of conversion practices in England and Wales. The data used reflects two key practices from the Opinium/Stonewall (2025) survey: being told to ingest ‘purifying’ substances and being given ‘pseudo-scientific counselling sessions’. These two practices were selected because they are sufficiently different in nature that overlap, where one person has reported both, is minimised. Data for physical and sexual assault were not used because those acts are already illegal, and the Crime Survey for England and Wales⁴² suggests that there is significant overlap, where around half of people reporting sexual assault also report physical assault within the same incident. On the basis of the limitations listed in the section above and the assumptions listed below and the Opinium/Stonewall (2025) survey, we have estimated that between 4.2% and 5.2% of the LGBT+ population will experience conversion practices annually.</p> <p>Using this, the probability of undergoing conversion practices each year was applied to an estimate of the LGBT+ population over the age of 16 (which</p>

⁴² ONS (2025) Nature of sexual assault by rape or penetration, England and Wales: year ending March 2025. Link [here](#). Crime Survey for England & Wales March 2025 found that 48.3% of victims of sexual assault said the perpetrator used physical force, such as holding them down, to make them have sex with them. Therefore we estimate that 52% of individuals who experienced CP by sexual assault did not also experience CP by physical assault. By adding this estimation for CP by sexual assault alone to the number of individuals who experienced CP by physical assault, we avoid double counting.

includes transgender individuals who identify as LGB+) of approximately 1,780,000 in England and Wales, using the 2021 Census data for sexual orientation and gender identity and ONS estimates from 2023 (Please see Annex A for more information on estimations).⁴³

Key assumptions relating to these estimates include:

Assumptions about the target population (at risk of undergoing conversion practices):

- Data from the Opinium/Stonewall (2025) survey is sufficiently representative of the LGBT+ population that any differences between the sample and the population are likely to be small scale
- Those who identify as 'other sexual orientation' comprise part of the LGBT+ population
- Transgender people with an LGB+ sexual orientation are captured in the sexual orientation data in the 2021 Census data
- There are no effects from the difference in time when source data was collected. We have adjusted for geography (country) so that the estimates relate to England and Wales only.

Assumptions about prevalence of conversion practices:

- Prevalence of the experience of conversion practices reported in the Opinium/Stonewall (2025) is the same as in the LGBT+ population.

Calculations - Please note that assumptions carry weighted risks to varying degrees. Please see Annex A for further detail.

- The likelihood of someone undergoing conversion practices is independent of whether they have undergone it before.
- There are no cohort or ageing effects⁴⁴
- The estimate of people experiencing conversion practices may be less as the calculation is based on the Opinium/Stonewall (2025) survey which includes respondents from Scotland and Northern Ireland who may have experienced conversion practices in these counties rather than in England and Wales
- The minimum age at which people experience conversion practices (which affects calculation of likelihood of not experiencing conversion practices per year) is taken as 16 years⁴⁵
- Calculations of case numbers of conversion practices are not specific to/indicative of cases that would be prosecuted under the proposed offence - i.e. the latter is a small subset of the former
- Communications around the new offences may have a deterrent effect and/or may result in an increase in the number of people reporting conversion practices. Neither of these factors are considered in the calculation.

⁴³ ONS (2021) Sexual orientation, England and Wales: Census 2021. Available [here](#); ONS (2023) Estimates of the population for England and Wales. Link [here](#). Please note that due to widely publicised data quality issues with the 2021 Census gender identity dataset, our estimate of the transgender population relies on a specific combination of responses. We included individuals who stated that their gender identity is the same as their sex registered at birth, alongside anyone who provided a write-in response (including "trans man," "trans woman," and "all other gender identities"). Individuals who indicated that their gender identity differs from their sex registered at birth, but did not provide a specific identity, were excluded from this calculation.

⁴⁴ Cohort effects describe how studying populations in different 'cohorts' — having been born in a different time or region or having different life experiences — can alter the outcomes of studies. However, an age effect involves changes of social experience as individuals age.

⁴⁵ While there is evidence from the previous government's consultation on conversion therapy, of respondents under-16 reporting that they had experienced CP, we have not included these age ranges in our calculations.

<p>Familiarisation costs</p>	<p>Familiarisation costs are calculated by applying the assumed number of hours it will take for one-off training against the cost of labour for each profession. If any of the below assumptions are incorrect, these could lead the variations in the presented estimates:</p> <ul style="list-style-type: none"> ● This is a one-off cost in year 1 of the introduction of the proposed legislation ● The police will need to read guidance to have an understanding of how the new law should be applied. They will also need to familiarise themselves with the safeguarding guidance when dealing with people affected by conversion practices, and how to provide support to those impacted. This will be integrated into existing training sessions ● The CPS will need to read guidance to familiarise themselves with the legislation, the new criminal law and sentencing guidelines ● The Courts will apply sentencing to individuals found guilty of the new offence. We assume HMCTS will need to familiarise themselves with the proposed legislation and how to correctly apply the above ● Psychological professions (including talking therapists), GPs and nurses in primary care are used as a proxy for healthcare workers who provide relevant support. They will need to read guidance to familiarise themselves with the new legislation and how to correctly apply it ● Teachers and teaching assistants/support staff that work in a school or Further Education setting and academics in a teaching role in higher education and take part in safeguarding training will need to familiarise themselves with the proposed legislation. Similarly to the police, we assume this will be largely integrated into existing training sessions. ● Social workers will take part in safeguarding training and will need to familiarise themselves with the proposed legislation. Similarly to the police, we assume this will be largely integrated into existing training sessions. ● Border Force employees will take part in safeguarding training, and to and will need to familiarise themselves with the proposed legislation, particularly the offence of assisting abroad. Similarly to the police, we assume this will be largely integrated into existing training sessions. ● Religious leaders, particularly those providing pastoral support to people questioning their identity will need to familiarise themselves with the new legislation to ensure they have a full understanding of what constitutes illegal conversion practices, and how to remain confident they can provide independent guidance when discussing sexual orientation and/or gender issues. ● LGBT+ support organisations will require at least one leader/manager (and in the case of larger organisations, many staff) to familiarise themselves with the legislation, to both ensure their own work remains compliant with legislation, and so that they can identify and advise upon any potential breaches of legislation reported to them.
<p>Calculation of depression prevention benefits</p>	<p>This is based on a number of assumptions set out in Annex C, which if incorrect may increase or decrease the estimations and therefore the monetary calculations. These assumptions include:</p> <ul style="list-style-type: none"> ● Estimation of the number of conversion practice cases in England and Wales each year ● The introduction of the ban will stop people from experiencing conversion practices on the basis of sexual orientation and/or transgender identity ● For the purposes of this calculation, no one experiences mild-major, moderate-major, or severe-major depression as a result of conversion

	<p>practices.⁴⁶</p> <ul style="list-style-type: none"> • All people who experience subthreshold depression as a result of conversion practices only experience that specific level of depression. (e.g. people who experience subthreshold depression do not experience severe major depression). • The rate of depression found in young people undergoing conversion practices in the US studies is the same as those experiencing conversion practices in England and Wales. • The rates of depression are representative in Quality Adjusted Life Year (QALY) years to England and Wales specifically. • Calculation of the monetary benefit associated with the prevention of depression as a result of conversion practices. Depression was chosen as a measure due to evidence suggesting that being a victim of conversion practices has been associated with depression. Conversion Practices can impact quality of life through other mental health effects, such as anxiety, substance abuse, suicidal ideation, etc. However, due to the evidence base and to keep estimations conservative, we have only monetised the effect through conversion practice's incidence on subthreshold depression. • Evidence suggests that there is an association between conversion practices and depression. It is assumed however, for the purposes of estimating monetised benefits, that conversion practices are the sole cause of depression among under 18s who experience conversion practices. We, however, are aware that the causes of depression are complex and multifaceted and may not be attributed to conversion practices in all these cases. To counteract this and avoid overestimation, we have applied a generous level of optimism bias to the listed benefits. • It is also assumed for the purposes of this calculation that all instances of conversion practices for individuals in the estimation will be prevented with the implementation of legislation. Whilst there is a risk to using this approach, we have adopted this approach due to lack of centrally recorded data on the instances of conversion practices and effectiveness of the legislation in preventing it. This was factored into the overall optimism bias adjustments to capture the fact that there may still be instances of conversion practices that aren't prevented by this legislation.
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14. EB9 Costs, risks, and benefits appraisal by option

This section provides a comparator of the costs, risks, and benefits for each of the three options. Option 3 as the 'do nothing' scenario is mostly the absence of identified costs, risks and benefits but some additional points are included in the commentary.

Table 9: Summary of costs, benefits, and risks by option

	Option 1 - Legislative and Non-legislative measures	Option 2 - Non-legislative measures only
Costs		

⁴⁶ Please note that there is evidence to suggest that individuals who experience conversion practices experience varying levels of depression. Only subthreshold depression has been used in the interest of keeping cost-benefit analysis conservative.

Monetised - public		
Familiarisation costs	The present value best estimate of £45.8m for familiarisation costs for training the police (£3.7m), CPS (£0.2m), HMCTS (£0.2m), healthcare sector (£3.3m), education sector (£36.6m), social workers (£1.6m), Border Force (£0.2m) and the Charity Commission (£0.0005m).	The present value best estimate of £4.1m for familiarisation costs for training the police (£0.4m), healthcare sector (£0.3m), education sector (£3.2m), social workers (£0.2m), Border Force (£0.03m) and the Charity Commission (£0.0001m).
Criminal justice system	Please note that impacts on the wider justice system are still being assessed with MOJ and the Impact Assessment will be updated at a later stage once these figures are known.	There are no criminal justice costs associated with this option.
Victim Support Service (VSS) costs	The present value of implementing the VSS is £0.2m (excluding VAT) over 36 months.	The present value of implementing the VSS is £0.2m (excluding VAT) over 36 months.
Total cost of each option	Present Value - £46.0m	Present Value - £4.4m
Monetised - business		
Familiarisation costs	The present value best estimate of familiarisation costs for the private sector of £13.6 million, comprising the private education sector (£9.1m), healthcare (£3.8m), religious organisations (£0.7m), and LGBT+ support organisations (£0.05m).	The present value best estimate of familiarisation costs for the private sector of £1.4 million, comprising private education sector (£1.0m), healthcare (£0.3m), religious organisations (£0.1m) and LGBT+ support organisations (£0.004m).
Total cost of each option	Present Value - £13.6m	Present Value - £1.4m
Non-monetised - public and business		
Impact on providers and support services	<p>Providers of conversion practices Any people or organisations conducting harmful conversion practices in scope of this legislation may suffer a loss of monetary income, however, the scale of this activity and monetary amount involved are unknown and have not been monetised as the purpose of the legislation is to end harmful, abusive practices.</p> <p>Charities and private healthcare and support services Charities and private healthcare and support individuals and organisations will be affected by familiarisation costs associated with the proposed</p>	<p>Providers of conversion practices A much reduced effect compared with option 1 but the VSS and non-legislative measures against promotion/advertising of already illegal physical conversion practices may lead to reduced demand.</p> <p>Charities and private healthcare and support services As in option 1 but to a lesser degree as a ban won't be in place so familiarisation costs will be lower and we would expect less change to numbers of people needing support.</p>

	<p>legislation.</p> <p>These organisations may also be affected by a long-term reduction in demand for support to CP victims and therefore possible funding, if the number of people experiencing CP decreases.</p>	
Benefits		
Monetised benefits		
Reducing depression as a result of conversion practices	<p>The monetised benefit of reducing depression as a result of CP has a best 10-year estimate of £783m (PV). This reflects a one-year estimated cost of between £74.8m and £92.6m (average £83.7m)</p>	<p>There are no known monetised benefits associated with this option</p>
Total 10- year benefit of each option	Present Value: £783m	Present Value: £0m
Non-monetised benefits		
Individuals no longer subject to the harms caused by conversion practices	<p>Individuals will be protected from the harms caused by practices seeking to change their sexual orientation and/or transgender identity.</p>	<p>It is likely that most conversion practices will continue without a legislative ban, however, non-legislative measures such as the VSS may reduce the number somewhat by providing individuals with information and support, in comparison to a do nothing approach.</p>
Mental health and support services improved for victims	<p>Expected long-term reduction in conversion practices and therefore how many people suffer the negative mental health consequences as a result. This could also lead to less referrals to mental health, drug counselling services, etc., saving the money of referrals and treatment to the NHS.</p> <p>A renewed VSS would also continue to provide specialised support to all victims. This would help overall wellbeing and possibly support those offered abusive conversion practices not to proceed, having a preventive effect.</p>	<p>A renewed VSS would also continue to provide specialised support to all victims. This would help overall wellbeing and possibly encourage those offered abusive conversion practices not to proceed, having a preventive effect.</p>
Sending message that seeking to change a person's	<p>By criminalising certain acts, the government will be sending the message that it is not acceptable to</p>	<p>The government will send the same message through non-legislative measures and the VSS but the</p>

<p>sexual orientation and/or transgender identity is wrong</p>	<p>attempt to change a person’s sexual orientation and/or transgender identity through conversion practices.</p>	<p>message will not reach and resonate to the same degree without a legislative ban.</p>
<p>Risks</p>		
<p>Risk of conversion practices continuing for all individuals</p>	<p>Whilst criminalising conversion practices will act as a deterrent, it may not necessarily stop all instances of the practice being carried out.</p>	<p>Allowing some instances of conversion practices to remain legal will allow harm to individuals to continue, though some of the non-legislative measures may help to reduce this in comparison to a do nothing approach.</p>
<p>Probable inexact estimation</p>	<p>The estimate of the number of people who undergo conversion practices per year is likely to be inexact Lack of robust evidence on how many people experience CP as defined by the draft bill may lead to an underestimation or overestimation of costs.</p> <p>Overestimation of health benefit valuation The projected health benefits rely on international data to quantify the reduction in depression risk. If UK-specific baseline prevalence rates or causal links differ from these international benchmarks, the actual realised benefits could vary significantly from the current estimate.</p> <p>Projected benefits may not be fully realised Due to the quality of the underlying evidence used to calculate benefits, the actual outcomes may be higher or lower than anticipated. For example, benefits may be overestimated if the baseline prevalence is overestimated (see Annex A). Conversely, benefits are likely to be underestimated overall due to our conservative methodology, which applies a high optimism bias adjustment and relies solely on subthreshold depression.</p> <p>Uptake of VSS may be lower or higher than anticipated.</p>	<p>The estimate of the number of people who undergo conversion practices per year are likely to be inexact This should not impact the calculations estimated for this option.</p> <p>Overestimation of health benefit valuation. This should not impact the calculations estimated for this option.</p> <p>Projected benefits may not be fully realised As for option 1.</p> <p>Uptake of VSS may be lower or higher than anticipated. As for option 1.</p>

	<p>An overestimation of demand for the VSS would present a cost to the government who would be overpaying for a VSS (with potential mitigation via contract management). Alternatively, increased public awareness of the legislation could lead to a surge in demand for the VSS (and other LGBT+ helplines), outstripping capacity.</p>	
<p>Any potential unintended consequences of proposed legislation</p>	<p>Application of the new offence Extensive engagement has been carried out to test and develop the proposals including to avoid a ‘chilling effect’ on legitimate healthcare providers.</p> <p>Pre-legislative scrutiny will further inform the government's next steps. After any legislation is implemented the government would monitor prosecutions and ensure post-legislative scrutiny is undertaken. Enforcement has been discussed with relevant stakeholders, in particular the CPS and MOJ.</p> <p>Introducing a legal ban may push CP providers away from physical venues and onto cross-border digital platforms, messaging apps, or online forums, making enforcement significantly harder for UK authorities.</p>	<p>Application of the new offence Does not apply to this option</p>

Given the comparison of the costs, risks, and benefits of option 1 and 2 in comparison to a ‘do nothing’ approach (option 3), the first option (a legislative and non-legislative package) is preferred (see sections 5, 6 and 7). Whilst it incurs the most monetised costs, it also offers the most monetised and non-monetised benefits. Whilst option 2 does offer benefits of a VSS and some other measures to help victims, it would also allow abusive conversion practices to continue.

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Annex A - Estimating the annual numbers of people experiencing conversion practices

1. Summary

For the purposes of this Impact Assessment, we estimate that **approximately 75,000 to 93,000 people each year** in England and Wales experience conversion practices (CP) based on their sexual orientation or gender identity. This is derived from an estimate of CP incidence ranging between 4.2% and 5.2% based on the Opinium/Stonewall survey (2025) conducted in 2024.

The Opinium/Stonewall survey dataset was selected as the most robust source of prevalence data for this assessment due to the following factors:

- national representativeness: the sample is representative of the LGBT+ population, featuring weighting for LGB respondents using Annual Population Survey (APS) data
- definition of conversion practices: the survey measures eight specific actions within a clear timeframe (the preceding 12 months) specifically with the aim of altering/changing the individual's sexual orientation or gender identity.⁴⁷

The overall estimate (including lower and higher bounds) was calculated based on the **proportion of LGBT+ respondents who reported experiencing these listed actions in the last year**, as detailed below:

- **lower estimate (4.2%):**
 - those being told to ingest 'purifying' substances', *plus*
 - those being given 'pseudo-scientific counselling sessions'
 - *minus 0.5 percentage points*
- **higher estimate (5.2%):**
 - those being told to ingest 'purifying' substances, *plus*
 - those being given 'pseudo-scientific counselling sessions'
 - *plus 0.5 percentage points*

These incidence rates were then applied to 2021 Census data estimates for the total LGBT+ population aged 16 and over in England and Wales.

All calculations described in this annex represent a 'snapshot' estimate of the number of people experiencing CP within a 12-month period. They are informed by the most recent relevant data available. They do **not** consider future changes to the inputs of the

⁴⁷ Opinium/Stonewall (2025) Press Tables, available [here](#). We note that one article in the Spectator questioned the survey's perceived high estimation of incidence of 'exorcism' (which was not defined in the survey, so may have been misinterpreted by some respondents) and for which no national cross-denominational data is available. However the same article concluded that Opinium's sample and weighting was unlikely to be at fault, but that responses about exorcism may be 'satisficing' (rushing to complete the survey without paying sufficient attention) or be motivated by wider anti-religious sentiment. Spectator (2025) 'Have a tenth of all gay people really had an exorcism?' Available [here](#).

calculation which could result from factors such as changes in the size or composition of the LGBT+ population or reductions in lifetime prevalence of CP due to the effect of changes in legislation.

Estimating the lower and higher estimates rationale:

There is no robust estimate of the prevalence of CP in the UK. To obtain a conservative estimate in our calculations, we only used Opinium/Stonewall survey data relating to respondents who reported being told to ingest purifying substances and undergoing pseudo-scientific counselling in response to the question, “Have you experienced any of the following with the aim to change/alter your sexuality or gender identity?”.

The Opinium/Stonewall (2025) survey allowed respondents to indicate multiple types of conversion practice that they had experienced. The data used reflects two key practices from the Opinium/Stonewall survey: being told to ingest ‘purifying’ substances and being given ‘pseudo-scientific counselling sessions’. These two practices were selected because they are sufficiently different in nature that overlap, where one person has reported both, is minimised. Data for physical and sexual assault were not used because those acts are already illegal, and the Crime Survey for England & Wales⁴⁸ suggests that there is significant overlap, where around half of people reporting sexual assault also report physical assault within the same incident.

Owing to serious data limitations, there are a number of assumptions made in these calculations. These are summarised later in this Annex.

2. Methodology

In order to estimate the number of people who have experienced CP in a given year, the following calculations were performed:

- Estimate the best estimate of non-physical practices i.e. those who reported being told to ingest ‘purifying’ substances to those who have been given ‘pseudo-scientific counselling sessions’ in the last year within this survey (4.7%).
- To account for uncertainty and potential variance in the estimation, we applied a margin of error of plus or minus 0.5% points to the percentage of individuals experiencing CP:
 - Lower estimate - adding the percentage who reported being told to ingest ‘purifying’ substances to those who have been given ‘pseudo-scientific counselling sessions’ in the last year within this survey, minus 0.5% points (4.2%).
 - Higher estimate - adding the percentage who reported being told to ingest ‘purifying’ substances to those who have been given ‘pseudo-scientific counselling sessions’ in the last year within this survey, plus 0.5% points (5.2%).

⁴⁸ ONS (2025) Nature of sexual assault by rape or penetration, England and Wales: year ending March 2025. Link [here](#). Crime Survey for England & Wales March 2025 found that 48.3% of victims of sexual assault said the perpetrator used physical force, such as holding them down, to make them have sex with them. Therefore we estimate that 52% of individuals who experienced CP by sexual assault did not also experience CP by physical assault. By adding this estimation for CP by sexual assault alone to the number of individuals who experienced CP by physical assault, we avoid double counting.

- Calculate the LGBT+ population in England and Wales aged 16+ in the most recent year using the 2021 Census - 1,784,842.⁴⁹
- To calculate the lower estimate - multiply the lower percentage estimate (4.2%) by the 2021 Census LGBT+ population estimate.
- To calculate the upper estimate - multiply the higher percentage estimate (5.2%) by the 2021 Census LGBT+ population estimate.

Based on this calculation, the estimate ranges from approximately **75,000** to **93,000** individuals.

Key assumptions

Key assumptions relating to the target population, the prevalence of CP in this population, and the calculations themselves are set out below.

Assumptions about the target population (at risk of undergoing CP):

- the data from the Opinium/Stonewall (2025) survey is representative of the LGBT+ population
- those who identify as 'other sexual orientation' and 'all other gender identity' are a sexual minority comprising part of the LGBT+ population
- no cohort or ageing effects
- for the purposes of this calculation, despite the policy covering all people irrespective of their sexual orientation and gender identity, for the purposes of this estimate only, heterosexual people who are not transgender have not been included - owing to a lack of evidence and data on CP practices against heterosexual people who are not transgender. Based on engagement with stakeholders, we also expect the number of heterosexual people who are not transgender affected by conversions to be low

Assumptions about calculating the types of CP (pseudo-scientific counselling and ingestion of 'purifying' substances CP):

- the prevalence of the experience of conversion practices reported in the Opinium/Stonewall (2025) survey is the same as in the LGBT+ population
- prevalence of the conversion practices (e.g. pseudo-scientific counselling and ingestion of 'purifying' substances) reported in the Opinium/Stonewall (2025) survey is the same as in the LGBT+ population in the UK
- some 'physical' and 'non-physical' conversion practices for the purposes of this estimate would not fall within the legislation
- there is no reliable estimate of the prevalence of CP, nor the prevalence of different types of CP, in the UK

⁴⁹ We estimate the most up-to-date LGBT+ population in England and Wales over the age of 16 by calculating the rate of LGBT+ in England and Wales using 2021 ONS Census (3.53%). Please note that due to widely publicised data quality issues with the 2021 Census gender identity dataset, our estimate of the transgender population relies on a specific combination of responses. We included individuals who stated that their gender identity is the same as their sex registered at birth, alongside anyone who provided a write-in response (including "trans man," "trans woman," and "all other gender identities"). Individuals who indicated that their gender identity differs from their sex registered at birth, but did not provide a specific identity, were excluded from this calculation. This rate was then applied to the mid-2023 ONS population estimate for males and females over 16 in England and Wales (50,492,073). ONS (2023) Estimates of the population for England and Wales. Link [here](#).

- to obtain the best and most conservative estimate possible data for physical and sexual assault were not used because those acts are already illegal. The estimate does not include other ‘physical’ and ‘non-physical’ practices, such as financial/coercive control (covered in part within the survey by threats of homelessness) and exorcism, which would be within the scope of the definition of CP in the proposed legislation if it met the appropriate thresholds. This still remains the best conservative estimate compared with other sources which often include an extremely broad definition of conversion practices which would not be considered in the legislation (such as non-directive prayer or gender-affirming care) and do not enable accurate 12-month prevalence to be calculated.

Assumptions for calculations:

- the likelihood of someone undergoing CP is independent of whether they have undergone it before
- communications around the new offences may have a deterrent effect while work to raise awareness of CP may result in an increase in the number of people experiencing CP - neither of these factors are considered in the calculation.

Limitations / risks in estimates

A list of possible risks and limitations have been provided below. This list does not include risks which are likely to have small impacts on overall estimate. Where possible, we have taken steps to take these limitations into consideration when calculating a prevalence rate.

Table 10: Limitations and Risks

Current estimate or assumption	Possible alternative outcome	Likelihood of impact on calculation	Effect of possible alternative outcome
Calculations of number of people who experience CP in a given year are not specific to instances of CP which could be criminalised under new laws.	A proportion of those reporting that they’ve experienced some types of CP (e.g. exorcism or being made homeless) were not included in the calculation for CP prevalence estimate despite the likelihood that it would be able to be penalised under the proposed legislation. This was to account for possible overlap in the Opinium/Stonewall survey and to keep any estimations conservative.	HIGH - likely to impact accuracy of estimation.	Increase or decrease in estimates, however, we do not believe they will have substantial impacts on costs and benefits in this impact assessment.
The prevalence of CP in England and Wales	The estimate of people experiencing CP may be different	LOW - unlikely to impact accuracy of	Increase or decrease in estimates.

<p>is the same as that in the Opinium/Stonewall survey (2025).</p>	<p>to that in the Opinium/Stonewall survey (2025) which may include respondents from Scotland and Northern Ireland who may have experienced conversion practices at different rates to those in England and Wales</p>	<p>estimation as survey is nationally representative.</p>	
<p>The prevalence rates for non-physical conversion practices (specifically the ingestion of 'purifying' substances and 'pseudo-scientific counseling sessions') observed in the Opinium/Stonewall survey (2025) are reflective of the broader UK LGBT+ population.</p>	<p>The estimate of those experiencing these non-physical acts of CP in the Opinium/Stonewall survey (2025) may be higher or lower than the national average.</p>	<p>HIGH - likely to impact accuracy of estimation.</p>	<p>Increase or decrease in estimates.</p>
<p>Some 'physical' and 'non-physical' conversion practices for the purposes of this estimate would not fall within the legislation.</p>	<p>There is evidence to suggest that many people experience non-physical acts of conversion practices in England and Wales including therapies and exorcism. This would fall within the scope of the legislation.</p>	<p>HIGH - likely to impact accuracy of estimation as we know that non-physical acts fall within the scope of the proposed legislation.</p>	<p>Increase in estimates.</p>
<p>Calculations use the 'other' sexual orientation and gender identity category along with those who are LGBT.</p>	<p>Excluding those who have a non-LGBT sexual orientation or gender identity, but report that they are 'other' sexual orientation or gender identity. This might for example, result in the exclusion of asexual or pansexual individuals.</p>	<p>LOW - unlikely to impact accuracy of estimation.</p>	<p>If removed, decrease in estimate.</p>
<p>People with a sexual orientation or gender identity recorded as "don't know or refuse" do not experience CP.</p>	<p>People with a sexual orientation or gender identity recorded as "don't know or refuse" may experience CP.</p> <p>In the National LGBT Survey (2018), some non-transgender people with a sexual orientation recorded as "don't know" or</p>	<p>LOW - unlikely to impact accuracy of estimation.</p>	<p>Increase in estimate.</p>

	“prefer not to say” had experienced CP		
No cohort or ageing effects within the target population.	There are strong cohort effects within the population. As younger generations, who identify as LGBT+ at significantly higher rates in Census data, grow older and replace older people, the total LGBT+ population, and consequently the target population protected by this policy, will steadily expand over time.	MEDIUM - if there are ageing effects then this will likely impact the accuracy of the estimation, however, as this would happen over a longer time period, it would not have a high impact.	Increase or decrease in estimates.
The minimum age at which people experience CP is 18 years	There are individuals under the age of 18 who are experiencing CP.	HIGH - there is evidence from a variety of sources including the National LGBT Survey (2018) and the public consultation which shows young people report experiencing CP. However, there is not robust enough data to attempt to calculate the number of individuals under the age of 18 who experience CP.	Increase in estimates.
For the purposes of this estimate only, given lack of evidence, heterosexual people who are not transgender do not experience conversion practices to turn them into LGBT+ people.	Heterosexual people who are not transgender experience conversion practices to turn them LGBT+.	LOW - There is a lack of evidence and data on CP practices against heterosexual people who are not transgender. Based on engagement with	Increase in estimates.

		stakeholders, we also expect the number of heterosexual people who are not transgender affected by conversions to be low.	
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Annex B - Summary of how the familiarisation costs were calculated

The costs of familiarisation will only take place in the first year of implementation, with no further costs in the remaining 9 years that this Impact Assessment considers. We have not included costs for any refresher training that may be conducted within specific professions as part of their wider 'safeguarding' refresher cycle.

Option 1: Legislative ban and non-legislative measures

Public service costs

Table 11: Familiarisation costs to public bodies

Best, low, and high estimate familiarisation costs (present value)

Profession	Best	Low	High
Police	£3.7m	2.5m	£5.0m
CPS	£0.2m	£0.1m	£0.2m
HMCTS	£0.2m	£0.1m	£0.3m
Healthcare - Psychological professions	£1.2m	£0.6m	£1.8m
Healthcare - GPs	£1.5m	£1.0m	£2.0m
Healthcare - Nurses in General Practice	£0.6m	£0.4m	£0.8m
Education - Teachers, Teaching Assistants, Further Education	£36.6m	£19.1m	£70.3m
Social workers	£1.6m	£1.1m	£2.2m
Border Force	£0.2m	£0.1m	£0.2m
Charity Commission	£0.0005m	£0.0002m	£0.0007m
Year 1 cost	£45.8m	£24.9m	£82.8m

Police

As at 31 March 2025, there were approximately 11,000 ranked inspector or above and 136,000 officers ranked sergeant or below⁵⁰. The unit cost of police time is £47.69 per hour for inspectors and above, and £32.93 per hour for sergeants and below⁵¹. The police will be

⁵⁰ Home Office (2025a). Police workforce, England and Wales. Table H2. Available [here](#).

⁵¹ ONS (2025). Earnings and hours worked, occupation by four-digit SOC: ASHE. Provisional Edition of data set. Table 14.6a. Hourly Pay - Excluding Overtime 2025. Available [here](#). The median senior police officers (code 1162) annual

the main enforcement body of the new criminal law. Therefore, they will need to read the guidance to have an understanding of how the new law should be applied. They will also need to familiarise themselves with the safeguarding guidance when dealing with people affected by conversion practices, and how to provide support to those impacted. Our best estimate assumes this will be integrated into existing training sessions that occur in police forces and is likely to take 45 minutes, resulting in a one-off cost of £3.7m.

Crown Prosecution Service (CPS)

In 2024/25, the Crown Prosecution Service reported that there were approximately 2,400 'in-house solicitors' who are responsible for deciding whether to prosecute a case⁵². The unit cost of solicitors and lawyers time according to ONS is £43.55 per hour⁵³. The CPS also reported that there were 570 barristers employed and used by them⁵⁴. The unit cost of a barristers time according to ONS is £45.53 per hour⁵⁵. The CPS also reported that there were 1,210 paralegals employed and used by them⁵⁶. The unit cost of a paralegal's time according to ONS is £25.66 per hour⁵⁷. The CPS will be the prosecuting body in charge of the new criminal law. Therefore the CPS will need to read the guidance to familiarise themselves with the new criminal law and sentencing guidelines. The contents of the legislation will be fairly simple, as a result our best estimate assumes it will take legal professionals at the CPS approximately one hour to familiarise themselves with the legislation, resulting in a one-off cost of £0.2m.

HM Courts and Tribunals Service

In 2025, there were approximately 15,000 magistrates and 3,250 judges at the HMCTS in England and Wales⁵⁸. The unit cost of their time (where an allowance is paid to self-employed individuals) according to Courts and Tribunals Judiciary is £16.87 per hour for magistrates⁵⁹ and according to the ONS is £45.53 for judges.⁶⁰ The Courts will be in charge of applying sentencing to individuals found guilty of conducting conversion practices or assisting taking an individual abroad for conversion practices. The Courts will also have a role in applying a court order in the new protection orders scheme, including when individuals breach a protection order that is put in place. Therefore, HM Courts and Tribunals Service will need to familiarise themselves with the new legislation and how to correctly apply the above. The government assumes the familiarisation will be similar for the sentencing council at the HMCTS as the prosecutors at the CPS. Our best estimate assumes it will take approximately 30 minutes, resulting in a one-off cost of £0.2m.

Healthcare sector

Psychological and talking therapy professionals who may provide support to people questioning their identity will need to familiarise themselves with the new legislation to ensure they have a full understanding of what constitutes illegal conversion practices, and

salary was used for those ranked inspector and above, and the median police officers (sergeant and below) (code 3312) was used for those ranked sergeant and below - each with 39% on-costs added.

⁵² CPS (2025). Breakdown of CPS legal staff. Accessed 21/05/2026. Available [here](#).

⁵³ ONS (2025). The median annual salary for solicitors and lawyers (code 2412) plus 39% on-costs was used for this group.

⁵⁴ CPS (2025).

⁵⁵ ONS (2025). The median annual salary for solicitors and lawyers (code 2412) plus 39% on-costs was used for this group.

⁵⁶ CPS (2025).

⁵⁷ ONS (2025). The median annual salary for legal professionals (code 2419) plus 39% on-costs was used for this group.

⁵⁸ Ministry of Justice (2025a) Diversity of the judiciary: 2025 statistics. Diversity of the judiciary 2025 statistics: data tables. Table 3.6 for magistrates and Table 3.3 for Judges. Available [here](#).

⁵⁹ Courts and Tribunals Judiciary (2025). Magistrate Expenses Policy. Accessed on 21/05/2026. Available [here](#). This has been unchanged since April 2021. As an allowance for the self-employed, on-cost have not been added, however loss of business turnover may occur, but has not been monetised

⁶⁰ ONS (2025). The median annual salary for barristers and judges (code 2411) plus 39% on-costs was used for judges.

how to remain confident they can provide independent advice when discussing sexual orientation and/or gender issues, and when a patient discloses experiencing conversion practices. They should also familiarise themselves with any safeguarding guidance and how to support people impacted by conversion practices. To estimate the familiarisation cost the government assumes psychological professionals, talking therapists, GPs, and nurses in general medical practices will need to familiarise themselves.

It is estimated that there were approximately 32,000 psychological professionals (including talking therapists) working in England and Wales⁶¹. The unit cost of their time according to ONS is £37.19 per hour⁶².

In 2025, NHS England estimated that there were approximately 42,000 fully qualified GPs in England, while the Welsh Government reported 1,600 GPs in Wales⁶³. The unit cost of their time according to the ONS is £48.12 per hour⁶⁴. In 2025, NHS England estimated that there were approximately 24,000 nurses in general medical practices in England, while the Welsh Government reported there were 1,000 nurses in general medical practices in Wales⁶⁵. The unit cost of their time according to the ONS is £32.64 per hour⁶⁶.

Our best estimate assumes this familiarisation will be added to existing training in the healthcare sector surrounding safeguarding and is likely to take one hour for psychotherapists and cognitive behavioural therapists, 45 minutes for GPs, and nurses in general medical practices, resulting in a one-off cost of £3.3m (£1.2m for psychological professionals (including talking therapists), £1.5m for GPs, and £0.6m for nurses in general medical practices).

Education sector

It is estimated that in 2024, there were approximately 1,150,000 staff members with teaching/pastoral care responsibilities working in schools, and FE across England. This includes approximately 540,000 school teachers in England and Wales⁶⁷, 430,000 school teaching assistants in England and Wales⁶⁸, and 170,000 Further Education workforce⁶⁹.

⁶¹ To calculate the number of psychological professionals (including talking therapists) in England we used NHS England (2025a) Psychological professions National Workforce Census. Available [here](#). To calculate the number of psychotherapists in Wales (262), we used the Royal College of Psychiatrists (2026) Number of NHS psychiatrists and psychotherapists in post - Wales psychotherapists only). Available [here](#).

⁶² ONS (2025). The median annual salary for Psychotherapists and cognitive behaviour therapists (code 2224) plus 39% on-costs was used for this group.

⁶³ To calculate the number of GPs in England (40,174), we used NHS England (2026) NHS General Practice Workforce Statistics - April 2026. Number of All GPs in table 1b. Available [here](#). To calculate the number of GPs in Wales (1,602) we used Welsh Government (2026) General Practice Workforce: as at 30 September 2025. Page 3. Available [here](#).

⁶⁴ ONS (2025). The median annual salary for Generalist medical practitioners (2211) plus 39% on-costs was used for this group.

⁶⁵ To calculate the number of nurses in GP practices in England (22,714), we used NHS England (2026) NHS General Practice Workforce Statistics - April 2026. Number of All Nurses in table 1b. Available [here](#). To calculate the number of nurses in GP practices in Wales (981), we used Welsh Government (2026) General Practice Workforce: as at 30 September 2025. Page 3. Available [here](#).

⁶⁶ ONS (2025). The median annual salary for nursing professionals (223) plus 39% on-costs was used for this group.

⁶⁷ To calculate the number of teachers in England (513,434), we used DfE (2025a). School workforce in England. Available [here](#). We filtered by England in 2024/25 with the school type 'total state funded'. To calculate the number of teachers in Wales (25,115), we used the Welsh Government (2025) School Workforce Census results: as at November 2024 (official statistics). Available [here](#).

⁶⁸ To calculate the number of public teaching assistants in England (401,892), we first used DfE (2025a). School workforce in England. Available [here](#). We filtered by England in 2024/25 with the school type 'total state funded'. To calculate the number of teaching assistants in Wales (29,250), we used the Welsh Government (2025) School Workforce Census results: as at November 2024 (official statistics). Available [here](#).

⁶⁹ To calculate the number of further education workforce in England (209,549), we used DfE (2025b). Further education workforce. Available [here](#). To calculate the number of further education teachers in Wales (6,588), we used Education Workforce Council (2025). Annual Education Workforce Statistics for Wales 2025. Available [here](#).

The unit cost of their time is £40.84 for teachers, £23.55 per hour for teaching assistants, and £34.41 per hour for further education teaching professionals. Teachers and school staff will need to familiarise themselves with the legislation and safeguarding guidance, to understand the impacts of how their profession may support those impacted by conversion practices. Our best estimate assumes this will be added to existing training in the education sector surrounding safeguarding and is likely to take 1 hour for teachers and teaching assistants and 45 minutes for those involved in further education, resulting in a one-off cost of £36.6m.

Social Work

We have estimated that there were approximately 66,000 social workers in England and Wales in 2024/25.⁷⁰ We have assumed that the unit cost of their time is £32.97 for social workers⁷¹. Social workers will need to familiarise themselves with the legislation and safeguarding guidance, to understand the impacts of how their profession may support those impacted by conversion practices. Our best estimate assumes this will be added to existing training in the social work sector surrounding safeguarding and is likely to take 45 minutes, resulting in a one-off cost of £1.6m.

Border Force

We have estimated that there were approximately 11,000 Border Force officials in England and Wales in 2024/25.⁷² We have assumed that the unit cost of their time is £30.19 for Border Force⁷³. Border Force staff will need to familiarise themselves with the legislation and safeguarding guidance, particularly to understand the criminal offence of taking an individual abroad. Our best estimate assumes this is likely to take 30 minutes, resulting in a one-off cost of £0.2m.

Charity Commission

The Commission will be responsible for considering legislation when providing charitable status to new organisations, as well as during the process to disqualify an individual from being a trustee in a charity and when a charitable status may need to be removed. Therefore, the Commission will need to familiarise themselves with the new legislation and how that may affect their processes.

The government assumes this will require one team of 28 people within the Commission, with the staff distribution listed below and will take 30 minutes. This will consist of:

- three senior civil service level employees with a unit cost of their time at £74.77 per hour
- five grade 6 and 7 employees with a unit cost of their time at £43.42 per hour
- ten SEO and HEOs with a unit cost of their time at £26.84 per hour
- five EOs with a unit cost of their time at £21.90 per hour, and
- five administrative officers and assistants with a unit cost of their time at £19.57

Our best estimate assumes that a 30 minute session with each average hourly rate results in a one-off cost of £459⁷⁴.

⁷⁰ The number of social workers in the adult social care sector in England is estimated to be 21,500 ([Skills for Care, 2025](#)). The number of social workers in the children's social care sector in England is estimated to be 41,600 ([Department for Education, 2025d](#)). To estimate the number of social workers across England and Wales, these figures were uplifted in line with the English and Welsh 16+ populations from Census 2021.

⁷¹ ONS (2025). The median annual salary for Social Workers (2461) plus 39% on-costs was used for this group.

⁷² This was estimated by using the statistic from Home Office (2025c) which estimated the average number of full-time equivalent persons employed in Border Force in the UK during the 2024/25 were 11,985. To estimate England and Wales, we applied a rate of 89% based on Census 2021 16+ population statistics

⁷³ ONS (2025). The median annual salary for Protective Service Associate Professionals (3319) plus 39% on-costs was used for this group.

⁷⁴ Cabinet Office (2025). Civil service statistics - Table 25 - Charity Commission salaries. Available [here](#).

Private sector costs

We have estimated that the main costs that may come to the private sector are through independent educational institutions. We estimate an overall familiarisation cost of £9.1m to the private education sector.

Table 12: Familiarisation costs to private sector

Best, low, and high estimate familiarisation costs (present value)

Profession	Best	Low	High
Education - Teachers, Teaching Assistants, Further Education, and HE Academics	£9.1m	£5.7m	£13.6m
Healthcare - Psychological professions	£3.7m	£1.8m	£5.5m
Healthcare - GPs	£0.1m	£0.1m	£0.1m
Healthcare - Nurses in General Practice	£0.02m	£0.01m	£0.03m
Religious leaders	£0.7m	£0.5m	£0.9m
LGBT+ support sector	£0.05m	£0.03m	£0.08m
Year 1 cost	£13.6m	£8.1m	£20.2m

Education sector

It is estimated that in 2024, there were approximately 318,000 staff members with teaching/pastoral care responsibilities working in independent schools, FE and HE across England. This includes 52,000 independent school teachers in England and Wales⁷⁵, 10,000 independent school teaching assistants in England and Wales⁷⁶, 42,000 independent Further Education workforce⁷⁷, and 213,000 academics in Higher Education.⁷⁸

⁷⁵ To calculate an approximation of the number of independent school teachers in England (51,497), we used DfE (2025a) - available [here](#). School workforce in England data to calculate the overall number of teachers in England (513,434). We then used the DfE (2025c) Explore education data tool (available [here](#)) to calculate the number of independent schools in England in 2024/25 (2,456) relative to the overall number of schools in England (24,479). We then applied this rate of 10.03% to the school workforce to create an approximation of the number of teachers who may be working in independent schools in England. This assumes that the same number of teachers work in each school. To calculate the number of teachers in Wales (25,115), we used the Welsh Government (2025). We believe this figure to be more accurate than the [ISC Census and Annual Report 2025](#), which reports FTE in member schools responding to its annual survey (however, that provides accurate data on the TA to Teacher ratio in that sector).

⁷⁶ To calculate the approximate number of independent school teaching assistants in England (9,908), we applied the ratio of Teaching Assistants to Teachers seen in the [ISC Census and Annual Report 2025](#) to the estimated number of teachers in independent schools).

⁷⁷ We estimate the number of independent further education workforce in England (40,298), using the further education total Independent Training Provider (ITP) headcount in England in DfE (2025b). This includes teachers, support, admin, managers, and leaders. We estimate the number of independent further education teachers in Wales (1,988), using the Education Workforce Council (2025).

⁷⁸ HESA (2025) HE Staff Data. Table 1 - HE staff by HE provider and activity standard occupational classification 2014/15 to 2024/25. Available [here](#). To calculate, we estimate the total number of academics in the UK (244,755) and remove those based in Scotland (27,855) and Northern Ireland (3,755) to create an estimate for England and Wales (213,145).

The unit cost of their time is £37.02 for teachers, £21.35 per hour for teaching assistants, £31.19 per hour for further education teaching professionals, and £37.27 per hour for higher education professionals⁷⁹. Teachers and school staff will need to familiarise themselves with the legislation and safeguarding guidance, to understand the impacts of how their profession may support those impacted by conversion practices. Our best estimate assumes this will be added to training sessions in the education sector surrounding safeguarding and is likely to take 1 hour in schools and 45 minutes in FE and HE (due to different delivery models), resulting in a one-off cost of £9.1m.

Healthcare

As within the NHS, psychological, talking therapy and counselling professionals in the private sector will need to familiarise themselves with the new legislation to ensure they have a full understanding of what constitutes illegal conversion practices, and how to remain confident they can provide independent advice when discussing sexual orientation and/or gender identity issues, and when a patient discloses experiencing conversion practices.

Counselling and psychotherapy is not a regulated profession, and there is no single register. However, there are a number of different accredited registers with the Professional Standards Authority (PSA), and we use the numbers on those registers to estimate the total size of the private sector psychological, talking therapy and counselling workforce.⁸⁰ While it is not known whether there is duplication between registers, or the number of registrants outside of England and Wales, we take the sum of known registrants as a conservative estimation of the size of the workforce: 109,000. The unit cost of their time according to the ONS is £33.71 per hour.⁸¹

In 2025, the Private GP Forum website estimated that there were around 2,000 private GPs in the UK (predominantly England), however when revisited in June 2026, the article [‘How many private GPs are there in the UK?’](#) simply said ‘there are several thousand private GPs spread across the nation’. We therefore have added 50% to the previous estimate, to give a best-guess of 3,000 private GPs.⁸² The unit cost of their time according to the ONS is £43.62 per hour.⁸³ However, given the wide range of settings in which GPs employed in the private sector work (increasingly via online consultation), we have estimated the ratio of nurses to GP in general medical practice to be much lower than in

⁷⁹ ONS (2025). The median annual salary for teachers (code 23), higher level teaching assistants (3231), Further education teaching professionals (code 2312), and Higher education teaching professionals (code 2311).

⁸⁰ [The Partnership of Counselling and Psychotherapy Bodies \(PCPB\)](#) is a collaboration of six counselling and psychotherapy bodies which between them represent approximately 75,000 therapists (ACC - Association of Christians in Counselling and Linked Professions; BACP - British Association for Counselling and Psychotherapy; BPC - British Psychoanalytic Council; HGI - Humans Givens Institute; NCPS - National Counselling and Psychotherapy Society and UKCP - UK Council for Psychotherapy). Other accredited registers and membership numbers include: AEP - the Association of Educational Psychologists (4,000); [BPS - British Psychological Society \(see p 8\)](#) (20,000 Full/Chartered members within a total membership of 60,000 - we estimate 30,000 to be engaged in therapy/counselling); [BABCP - British Association for behavioural and Cognitive Psychotherapies](#) (20,000); [COSRT - College of Sexual and Relationship Therapists](#) (875); and [UK Association of Humanistic Psychology Practitioners](#) (60)

⁸¹ ONS (2025). The median annual salary for Psychotherapists and cognitive behaviour therapists (code 2224) plus 26% on-costs was used for private sector employment.

⁸² In 2025, the Private GP Forum website estimated that there were around 2,000 private GPs in the UK (predominantly England), however when revisited in June 2006 the article ‘How many private GPs are there in the UK?’ simply said ‘there are several thousand private GPs spread across the nation’. ‘Unlike the NHS, where GP numbers are clearly tracked and often reported, the private healthcare sector does not have such centralised counting mechanisms. Many private GPs operate a mix of private and NHS practice, further complicating the numbers. Additionally, private GPs often have diverse roles, such as working in private hospitals or offering services from their own practice, potentially increasing the count in some estimations.’

⁸³ ONS (2025). The median annual salary for Generalist medical practitioners (2211) plus 26% on-costs was used for private sector employment.

the NHS, at one to three, therefore we estimate 1,000 nurses in private GP practices. The unit cost of their time according to the ONS is £29.59 per hour.⁸⁴

Religious leaders

There is evidence of LGBT+ individuals reporting conversion practices being undertaken by religious leaders, and many religious leaders will be asked to discuss issues of sexual orientation and gender identity with members of their communities. Therefore, religious leaders who may provide pastoral support to people questioning their identity will need to familiarise themselves with the new legislation to ensure they have a full understanding of what constitutes illegal conversion practices, and how to remain confident they can provide independent guidance when discussing sexual orientation and/or gender issues.

There is no single consistently structured data source for the numbers of religious leaders / pastoral support leads across the many religions and denominations in the UK. The Annual Survey of Hours and Earnings (ASHE) notes that the 'job count' provided in tables 'are intended to provide a broad idea of the numbers of employee jobs but they should not be considered accurate estimates'. Data that could be sourced (only covering some religions groups) indicates approximately:

- 20,000 clergy in the Church of England
- 5,000 in the Catholic Church
- 5,000 in other Christian denominations
- 2,000 in Islam
- 250 in Judaism
- 200 in Hinduism.

No data was found for Sikh or Buddhist clerics. However, given these figures, the ASHE data was considered a reasonable basis for estimating familiarisation costs for religious leaders.

The unit cost of their time is £21.02 per hour according to ONS.⁸⁵ Our best estimate assumes 45 minutes per person, resulting in a one-off cost of £0.7m.

LGBT+ support sector

There are a wide range of voluntary sector organisations providing support to LGBT+ individuals covering a wide range of activities including local area Pride committees. The LGBT Consortium alone has at least 750 member organisations. We have estimated that 1,000 voluntary sector LGBT+ support organisations will require familiarisation with the new legislation, including what constitutes illegal conversion practices, how to advise individuals who may have been subjected to CP and how to remain confident they can provide independent advice when discussing sexual orientation and/or gender issues.

We have assumed that all LGBT+ support organisations will require one leader/manager to familiarise themselves with the legislation. In the absence of a register of all LGBT+ organisations in England and Wales, given variations in size and scale of operation, we have estimated that 30% will require two leaders/managers to familiarise themselves (1,300 leaders/managers). Additionally, the remaining 20% are likely to require a higher number of staff who provide direct support to individuals (e.g. through helplines, webchats and in-person contact), with an estimated number of 10 support workers per organisation of this type (800 workers).

⁸⁴ ONS (2025). The median annual salary for nursing professionals (223) plus 26% on-costs was used for the private sector.

⁸⁵ ONS (2025). The median annual salary for clergy (2463) plus 26% on-costs was used for this group.

The unit cost of LGBT+ support organisations leaders/managers is £28.48⁸⁶, and the unit cost of support workers is estimated at £18.03⁸⁷ per hour. Our best estimate assumes 1 hour per person, resulting in a one-off cost of £0.05m.

Option 2: Non-legislative measures only

Table 13: Familiarisation costs to public bodies

Best, low, and high estimate familiarisation costs (present value)

Cost profile

Profession	Best	Low	High
Police	£0.4m	£0.0m	£0.8m
Healthcare - Psychological professions	£0.1m	£0.0m	£0.2m
Healthcare - GPs	£0.2m	£0.0m	£0.3m
Healthcare - Nurses in General Medical Practice	£0.1m	£0.0m	£0.1m
Education - Teachers, Teaching Assistants, and Further Education	£3.2m	£0.0m	£6.4m
Social workers	£0.2m	£0.0m	£0.4m
Border Force	£0.03m	£0.0m	£0.1m
Charity Commission	£0.00008m	£0.0m	£0.00015m
Year 1 cost	£4.1m	£0m	£8.3m

Police

The number of police officers and their hourly rate are the same as in option 1. Our best estimate assumes this will be integrated into existing training sessions that occur in police forces and is likely to take 5 minutes, resulting in a one-off cost of £0.4m.

Healthcare sector

The number of psychological professions (including talking therapies), GPs and nurses in general medical practices and their hourly rates are the same as in option 1. Our best estimate assumes this familiarisation will be integrated into existing training sessions that occur in the healthcare sector surrounding safeguarding and is likely to take 5 minutes, resulting in a one-off cost of £0.3m (£0.1m for psychological profession, £0.2m for GPs and £0.1m for nurses in general medical practices).

⁸⁶ ONS (2025). The median annual salary for Managers and Proprietors in Other Services (code 125) plus 26% on-costs was used for LGBT+ support organisation leaders/managers.

⁸⁷ ONS (2025). The median annual salary for Caring personal service occupations (code 61) plus 26% on-costs was used for LGBT+ support workers.

Education sector

The number of teaching and other education professionals and their hourly rate are the same as in option 1. Our best estimate assumes this will be integrated into existing training sessions that occur in the education sector surrounding safeguarding and is likely to take 5 minutes, resulting in a one-off cost of £3.2m.

Social work

The number of social work professionals and their hourly rate are the same as in option 1. Our best estimate assumes this will be integrated into existing training sessions that are likely to take 5 minutes, resulting in a one-off cost of £0.2m.

Border Force

The number of Border Force workers and their hourly rate are the same as in option 1. Our best estimate assumes this will be integrated into existing training sessions that are likely to take 5 minutes, resulting in a one-off cost of £0.03m.

Charity Commission

The number of people on the Charity Commission and their grade and hourly rate are the same as in option 1. Our best estimate assumes that a 5 minute learning and development with each average hourly rate results in a one-off cost of £0.00008m.

Private sector costs

We have estimated that the main costs that may come to the private sector are through independent educational institutions. We estimate an overall familiarisation cost of £1.0m to the private education sector.

Table 14: Familiarisation costs to private sector

Best, low, and high estimate familiarisation costs (present value)

Cost profile

Profession	Best	Low	High
Education - Teachers, Teaching Assistants, Further Education, and Academics	£1.0m	£0.0m	£1.9m
Healthcare - Psychological professions	£0.3m	£0.0m	£0.6m
Healthcare - GPs	£0.01m	£0.0m	£0.02m
Healthcare - Nurses in General Practice	£0.002m	£0.0m	£0.005m
Religious leaders	£0.1m	£0.0m	£0.2m
LGBT+ support orgs	£0.004m	£0.0m	£0.009
Year 1 cost	£1.4m	£0.0m	£2.7m

Education sector

The number of teaching and other education professionals and their hourly rate are the same as in option 1 private sector calculations. Our best estimate assumes this will be integrated into existing training sessions that occur in the education sector surrounding safeguarding and is likely to take 5 minutes, resulting in a one-off cost of £1.0m.

Healthcare sector

The number of psychological professions (including talking therapies), GPs and nurses in general medical practices and their hourly rates are the same as in option 1. Our best estimate assumes this familiarisation will be integrated into existing training sessions that occur in the healthcare sector surrounding safeguarding and is likely to take 5 minutes, resulting in a one-off cost of £0.3m (£0.3m for psychological profession, £0.01m for GPs and £0.002m for nurses in general medical practices).

Religious leaders

The number of religious leaders and their hourly rates are the same as in option 1. Our best estimate assumes 5 minutes per person, resulting in a one-off cost of £0.1m.

LGBT+ support sector

The number of LGBT+ support staff and their hourly rates are the same as in option 1. Our best estimate assumes 5 minutes per person, resulting in a one-off cost of £0.004m.

Annex C - Depression prevention benefits calculation

1. Overview

We estimate that the proposed legislative ban on conversion practices will yield a significant monetisable benefit by reducing the healthcare and societal costs associated with depression.

There is robust, growing evidence of the profound harm **associated** with conversion practices. Studies consistently show that attempting to change an individual's sexual orientation or gender identity is associated with severe self-reported psychological harm (e.g., Blosnich et al., 2020; Salway et al., 2021; Stonewall, 2021; Tran et al., 2024) by promoting the rejection of immutable aspects of identity, these practices reinforce social prejudices and stigmas. This can create deep psychological conflict and internalised stigma, resulting in feelings of personal failure, shame, and hopelessness (Przeworski et al., 2021). Evidence of self-reported harms associated with conversion practices include depression, anxiety, eating disorders, self-harm, and suicidality (see note on evidence section below).

While data on these impacts in the UK is relatively limited, a key US systematic review by Forsythe et al. (2022) synthesised data from 28 studies to quantify the economic consequences of sexual orientation and gender identity change efforts (SOGICE) among LGBT+ youth. The study estimated the probability of developing depression between youth who underwent SOGICE and those who did not. It found that 65% of those exposed to SOGICE experienced depression, compared with 27% who were unexposed to SOGICE. This indicated a 38 percentage point increase in depression risk directly associated with SOGICE. For the purposes of our estimations, we have assumed SOGICE is equivalent to conversion practices, and apply this 38% net risk increase to estimate the number of individuals who develop depression from conversion practices in England and Wales.

Using methodology in section 2, we estimate that the monetised benefit of reducing depression among individuals protected by the legislation will range from £74.8 million to £92.6 million per year, with a best estimate of £83.7 million per year. This range reflects the estimated range of the number of people experiencing depression from conversion practices each year.

2. Method

To calculate the 10-year monetary benefit of preventing depression associated with conversion practices, we used the following five-stage process:

- Stage 1: estimate the baseline number of annual CP cases in England and Wales.
- Stage 2: estimate the number of individuals within that group who would avoid depression as a result of a CP ban, using the 38% risk factor from Forsythe et al. (2022).
- Stage 3: estimate the Quality-Adjusted Life Year (QALY) value of depression.
- Stage 4: monetise the annual and 10-year cumulative health benefits using HM Treasury Green Book guidelines.
- Stage 5: apply optimism bias to the benefits to reflect the degree of uncertainty.

Stage 1: Annual prevalence baseline

The number of people experiencing CP each year in England and Wales is estimated to be approximately 75,000 to 93,000 cases.

Stage 2: Avoided case of depression

To isolate depression cases directly caused by conversion practices (rather than baseline environmental or genetic factors) we used data from the Forsythe et al. (2022) systematic review. By subtracting the baseline depression rate of unexposed LGBT+ youth with depression (27%) from the rate of those exposed to SOGICE with depression (65%), we isolated a 38% net risk increase attributable strictly to experiencing conversion practices.

Applying this 38% rate to our target beneficiary population (74,963 to 92,812 individuals) indicates that the proposed legislation will prevent between 28,486 and 35,268 cases of depression each year in England and Wales.

Stage 3: Quality-Adjusted Life Years (QALY) valuation.

To calculate the economic benefit of avoiding depression on an individual's quality of life we used Quality-Adjusted Life Years (QALYs)⁸⁸ based on the study by Furukawa et al. (2021) assessing QALYs based on depression scales.⁸⁹

We took the mean QALY of subthreshold depression (0.85) as our estimate. As we had to calculate the benefit of the depression that would not occur if conversion practices did not take place, we took the difference of the level of depression QALY from a healthy quality of life year of 1. The QALY benefit we used was therefore 0.15. We have chosen to use the QALY of subthreshold depression, rather than more severe forms of depression, to mitigate the risk of overestimating the benefits of this legislation. It is likely that this will produce a conservative estimate, given that instances of mild-major, moderate-major, and severe-major depression are associated with significantly lower QALYs (0.25, 0.4, and 0.7) respectively.

Table 1: QALY weights by depression type and derived annual health benefits per person

Depression Level	Upper EQ-5D-3L (QALY)	Lower EQ-5D-3L (QALY)	Average (Mean) EQ-5D-3L (QALY)	Difference from healthy QALY	Monetary benefit of one year
Subthreshold depression (chosen value)	0.9	0.8	0.85	0.15	£10,500
Mild major depression	0.8	0.7	0.75	0.25	£17,500
Moderate major depression	0.7	0.5	0.6	0.4	£28,000
Severe major depression	0.6	0	0.3	0.7	£49,000

⁸⁸ One quality-adjusted life year (QALY) is equal to 1 year of life in perfect health. QALYs are calculated by estimating the years of life remaining for a patient and weighting each year with a quality-of-life score (on a 0 to 1 scale). National Institute for Health and Care Services (2022) Glossary. Available [here](#).

⁸⁹ Furukawa et al (2021). QALY years were measured as EQ-5D-3L index values. PHQ-9 scores are a measure of depression.

Converting mental health scores into financial health values is complex and remains an area of economics debate. The framework by Furukawa et al. (2021) provides a clear, practical, and peer-reviewed way to monetise the costs to individuals of mental health problems. To ensure we do not overestimate the benefits of the legislation, we have completely **excluded mild-major, moderate-major, and severe-major depression** from our monetised benefits. As such, these estimates may be conservative.

Stage 4: Total monetised benefits

Following HM Treasury Green Book guidelines, the financial value of one healthy year of life (known as a QALY) is set at £70,000 (in 2020/21 prices).⁹⁰ To find the financial benefit of preventing depression, we multiply the health score gained by keeping a person well by this £70,000 standard, as outlined in Table 1.

We then applied these individual values to the number of people in England and Wales expected to avoid depression each year as a result of the legislation, which is estimated at between 28,486 and 35,268 individuals.

We have calculated a low, best, and high estimate based on the estimated range of CP victims avoiding depression as a result of these measures, as detailed above. This uses the subthreshold depression QALY value, and is therefore likely to be a conservative estimate.

This results in a best estimate of the annual benefits of £334.7 million, with a low estimate of £299.1 million and a high estimate of £370.3 million.

Table 2: Total Estimated Benefits

Estimate level	Annual benefit
Low CP victim estimate	£299.1m
Best CP victim estimate	£334.7m
High CP victim estimate	£370.3m

Stage 5: Adjust for optimism bias

We have applied an optimism bias adjustment rate of 75% to our monetised health benefits of this policy. This is due to a significant level of uncertainty in the following assumptions used in the calculations of these benefits:

- the prevalence of conversion practices
- the rate of depression amongst the target population that is due to conversion practices
- the monetary value of preventing depression.

As such, we have applied a large optimism bias to our calculations to ensure that monetised figures do not overrepresent the likely benefits of this policy.

⁹⁰ HM Treasury (2022). As the most recent Green Book does not offer a QALY monetary value, we have used the most recent estimate provided.

Table 3: Total Estimated Benefits with Optimism Bias (best estimate)

Estimate level	Optimism bias adjustment	Annual benefit adjusted for optimism bias	10-year present value total adjusted for optimism bias
Low	75%	£74.8m	£699.9m
Best	75%	£83.7m	£783.3m
High	75%	£92.6m	£866.6m

3. Assumptions and sensitivities

The key risks and limitations of this benefit calculation are outlined below. To mitigate these uncertainties, a strictly conservative approach has been applied throughout the modeling of prevented depression cases.

Table 4: Assumptions or estimates and their sensitivities

Current Estimate or Assumption	Possible Alternative Outcome	Effect of possible alternative outcome
Prevalence baseline: Estimation of the number of conversion practice cases that are occurring in England and Wales each year.	The estimated number of people who experience conversion practice each year in England and Wales is inexact.	Increase or decrease in monetary value.
Attribution: Treating conversion practices as the sole cause of depression ignores complex clinical realities (e.g. genetic, environmental, and psychosocial baseline factors).	In reality, clinical depression is multi-causal. If baseline depression is entirely attributed to CP, the calculated monetised benefits of the ban will be overinflated.	Decrease in monetary value
Duration of harm: Someone undergoing conversion practice will experience depression for one year.	People who have experienced depression as a result of conversion practice are more likely to have recurring depression longer than one year. Forsythe et al assumed a 3-year period of depression, suggesting our approach is conservative.	Increase in monetary value.
Depression severity: No one experiences severe depression as a result of conversion practice.	People who experience depression as a result of conversion practice may experience severe depression.	Increase in monetary value.
Single, discrete experience of depression: All people who experience depression as a result of conversion practice experience	People who experience depression as a result of conversion practice will have depression on different levels.	Increase or decrease of the monetary value of each of the low/best/high estimates if a higher or lower number of people

<p>only that single form of depression not multiple forms of depression or harms at the same time.</p>		<p>experienced each of the levels.</p>
<p>Form / severity of conversion practice: Same likelihood of depression for everyone regardless of the form or severity of conversion practices method experienced</p>	<p>Some forms or severity of conversion practices are associated with depression more than others, and may be distributed unevenly in the target population.</p>	<p>Increase or decrease in monetary value depending on distribution of form and severity of conversion practices in the target population</p>
<p>Causality: While there is evidence of an association between depression (and other harms) associated with conversion practices, there is no robust evidence on causality. For the purposes of this assessment CP causing depression has been assumed.</p>	<p>Depressed people could be more likely to experience CP</p>	<p>Decrease in the monetary value, due to depression not reducing at the expected rate.</p>
<p>Geographic differences: It is assumed that the experiences of this sample of LGBT+ individuals in the US (from the Forsythe et al study) is representative of all LGBT+ individuals in England and Wales, irrespective of age.</p>	<p>Those in England and Wales do not experience depression at the same rate, or there is variation by age.</p>	<p>Increase or decrease in the monetary value of each of the low/best/high estimates if the rate of depression in those who undergo conversion practice is higher or lower. There is no evidence on how many people who undergo conversion practice in England and Wales experience depression.</p>
<p>The US economic model simulation in Forsythe et al., (2022) is sufficiently robust While this study has some limitations, it represents the best available evidence to estimate how many individuals may be experiencing depression as a result of CP. Key limitations include:</p> <ul style="list-style-type: none"> - <i>External validity:</i> the external validity of this study is not clear. - <i>Confounding factors:</i> owing to data limitations, the study did not control for confounding factors in the model - <i>Drop out rates:</i> studies reported high drop-out rates, which may have led to attrition bias. <p>Please see study details for more</p>	<p>The study is not sufficiently robust to estimate the scale of depression associated with CP in the target population</p>	<p>Increase or decrease in the monetary value, depending on assumptions made about the scale of depression associated with CP in the target population</p>

information about limitations.		
QALY transferability: The rates of depression are representative in QALY years to England and Wales specifically.	People who experience different levels of depression have a different rate of QALY in England and Wales.	Increase or decrease of the monetary value dependent on which way it changed. There is no evidence specific to the UK on the QALY of depression. The estimates have been based on an initial systematic review of randomised clinical trials across 12 countries (mainly Western).

Optimism Bias

Even though conservative estimates and use of the best available evidence, as described above, have been used throughout for mental health benefits, considerable uncertainty remains. A high level of adjustment for optimism bias has therefore been applied to benefits at the level of 75%, reflecting uncertainties regarding:

- the reduction in the number of LGBT+ people becoming depressed. When conversion practices are illegal, other harsh measures, including expulsion from family, home, church or social group, may be used instead
- the potential for double counting if the same sub-set reported depression as a result of conversion practices in multiple years
- the average length of the depression avoided
- the extent to which legislation will change behaviour
- the application of QALYs to depression is uncertain
- it is possible that conversion therapies commonly used in US studies are not identical to those in the UK.

Optimism bias has not been applied to the costs because there is far less uncertainty. Well established methodology has been used for calculating familiarisation costs. The costs of the Victim Support Service are also known. At every stage in the calculations the best estimate cost scenario has been used in preference to a lower cost scenario.

Note on evidence: Summary of the evidence on harm associated with conversion practices

Studies consistently show evidence of self-reported harms relating to conversion practices for sexual orientation and conversion practices attempting to change an individual to or from being transgender (e.g., Salway et al., 2021; Stonewall, 2021).

A number of studies in the UK show that experience of conversion practices is associated with a range of self-reported harms: anxiety and depression, self-harm, eating disorders, suicidal thoughts and attempted suicide (Ozanne Foundation, 2019; The Trevor Project, 2024). Jowett et al., (2021) reported that some of those who experienced conversion practices also attempted suicide, self-harmed, restricted eating, engaged in substance abuse, and engaged in risky sexual behaviour, with one instance being cited by an interviewee as ultimately leading to them contracting HIV. The Trevor Project survey of young LGBT+ people in the UK found threats or experience of conversion practices was

associated with higher self-reported rates of considering, and attempting, suicide in the past year (76% and 42% respectively); self-harming (76%); recent depressive symptoms (78%) and anxiety symptoms (82%) (The Trevor Project, 2024).

International evidence strongly indicates that conversion practices are associated with significant harm across mental, physical, and economic spheres. Robust analysis of large-scale datasets suggests that exposure to conversion practices is linked to, and associated with, a wide range of negative outcomes, including:

- **Mental health and psychological harm** - Suicidal thoughts and/or suicide attempts (e.g. Tran et al., 2024; Mammadli et al., 2024; Anderson et al., 2023; Campbell and Rodgers, 2022; Forsythe et al., 2022; Przeworski et al., 2021; Turban et al., 2020; Blosnich et al., 2020; Green et al., 2020); depression (e.g. Tran et al., 2024; Anderson et al., 2023; Forsythe et al., 2022; Przeworski et al., 2021); substance use (e.g. Anderson et al., 2023; Forsythe et al., 2022); post-traumatic stress disorder (e.g. Tran et al., 2024); anxiety (e.g. Tran et al., 2024; Anderson et al., 2023)
- **Wider psychosocial and relational consequences** - Robust systematic reviews have also reported that conversion practice has had an effect on survivors' family dysfunction, social isolation and loss of essential social support networks, civic participation, ability to study and work, integration of their faith or religion with their sexuality and/or gender, and heightened sexual risk taking (e.g. see Anderson et al., 2023; Glassgold, 2023; Przeworski et al., 2021)
- **Physical health** - conversion practice is associated with elevated cardiovascular adverse cardiovascular health indicators, including elevated blood pressure, increased systemic inflammation, and higher odds of hypertension, among sexual and gender minority young adults assigned male at birth (Gibb et al., 2025)
- **Economic impact** - An economic analysis in the US estimated the cost of conversion practices at over \$650 million a year, with the associated harms creating an economic burden of \$9.23 billion (Forsythe et al., 2022).

There is no causal evidence directly measuring the outcomes or impact of conversion practices.

Therefore, while uncertainties remain in the calculations (above), there is a sound and developing evidence base that conversation practices cause harm, and that reducing the prevalence of CP can reduce harm, resulting in wellbeing benefits.