

# Embedding Context, Identity, and EDI in Training:

## *Guidance for Provision, Design and Delivery*

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**Audience:** Primarily for helping professionals, educators, training providers, and training organisers, though the ideas are also applicable to general discourse, research, supervision and other educational fields.

**Quickstart:** Unless already familiar, readers should read the “[Wholeness solution approach](#)” section before reading this document for a quick-start primer on the wholeness approach, its relational model, language, and additional resources.

**Feedback:** email [newintro@tadf.uk](mailto:newintro@tadf.uk) including requests for change or adaptation

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Traditionally, mainstream training has not formally nor consistently embedded consideration of access, accessibility, or contextual understanding (e.g., social identities, embodiment, resource constraints, and lived-in culture) and their implications. As a result, these aspects have often been addressed through separate, secondary, deprioritised, or add-on learning (e.g., cultural or trauma-informed approaches, training focused on specific social identities, mind–body differences, diverse gender and sexualities, or EDI training).

Although specialised topics have intrinsic value, treating them separately rather than embedding them into *all* mainstream training reduces the completeness and inclusiveness of knowledge and learning experiences (e.g., access needs, knowledge, self-development, concepts, lived experiences, conceptualisation, skills). As well as the risk of damage to provider reputation, this separation increases the likelihood of neglect, unequal opportunity, underrepresentation, and harm, particularly for attendees, students, or clients who are vulnerable, different, or in (super)marginalised positions. Further, since everyone is contextual, lives within a context (culture,

resource) and has aspects of various self-contexts that may be considered normative (e.g., men, middle class, individualised family culture), different, or diverse, it makes sense to formally adopt a more whole embedded approach as standard with less reliance on separate add-ons or adaptations.

Therefore, the overarching guidance is:

***All training, whether delivered as a whole program, as submodules (e.g., grief, substance abuse), or focused on specific topics (e.g., erotic transference, anger, shame) including CPD/Conferences, must be provisioned, designed and delivered with careful consideration to embed context, access\*, accessibility, drawing on (usually a multiplicity of) of both normative and different contextual perspectives.***

*\*Training access considerations must consider the impact on underrepresented and underserved intersecting groups. This includes socially (super-)marginalised populations, vulnerable, as well as the underrepresentation of male (inclusive of diverse identities) and their marginal intersections.*

To support a whole-solution approach to training, this document provides overarching self-assessment guidance with additional resources to support whole embedded training provision, design, and delivery. This approach aligns with ethical practice (see Ref [4]) such as fairness and justice, and SCoPED competencies which mandate the embedding of context, difference, and diversity throughout training and practice as well as worldviews, culture, power considerations, in an anti-oppressive manner (see References [5]).

### **Reader notes**

- 1. This guidance is not a replacement for embodied self-development or formal training.*
- 2. Contextual considerations do not override client autonomy, beneficence, or the focus on client experience as central; rather, they interact with both intrapersonal and interpersonal factors.*
- 3. Examples provided are not comprehensive but are intended to illustrate the overarching guidelines and their meaning. A detailed list of individual considerations can be found in the resources section.*
- 4. The term 'trainer' is used as standard in this document, but it may actually refer to a training provider, tutor, organiser, designer, or planner, depending on the context.*
- 5. The term relationship refers to whole contextually embedded relationships (not only person to person) – see Whole solution approach section and Reference [1].*

*The revised relational scope of the relationships is essential for an embedded approach.*

6. *A whole embedded approach retains the integrity of mainstream modality theory by focusing on the relationship and practice.*

## Quick start and structure

**Quick-start:** Unless already familiar, readers should consult the “**Wholeness solution approach**” section before reading this document for a quick-start primer on the wholeness approach, its relational model, language, and additional resources.

This document is organised into the following sections:

- **Introduction:** This section highlights the rationale and need for an embedded approach to context, identity, and EDI.
- **Guidelines:** The core guidelines are split into the following subsections:
  - **Summary checklist:** A quick-reference tool for assessing focus areas and considerations.
  - **Positionality and self-development:** Guidance for trainer self-development, including positionality and group relational facilitation.
  - **Training provision:** Guidance for providing training, whether as a tutor, training organisation, host, or organiser.
  - **Training design:** Guidance on creating an effective teaching, learning, and, where relevant, assessment experience.
  - **Training delivery (including assessment):** Guidance on running training so that learning outcomes, aims, and objectives are achieved in a relationally safe manner without compromising challenge.
  - **Training assessment:** Guidance on assessing participants.
  - **Continuous improvement:** Guidance on collecting and using training feedback for ongoing improvement.
- **Whole solution approach:** A prerequisite primer on the whole solution approach and key artefacts. Read first if you are not familiar with the Wholeness Solution.
- **References:** used in this document.

## Guidelines

### Summary checklist

Trainers, training providers, organisers, and designers can use the following guidelines to self-assess the key considerations they need to focus on in their specific training context.

Domain	Ref	Description
Self-development	1	The trainer should engage in reflection and reflexivity to understand their own (WICKET) positionality and its impact on experience and relationships
	2	Trainers should be able to facilitate supportive relational groups using a whole-relational, power attuned approach
Provision	3	Consider how training provision can reduce access barriers
	4	Advocate for and implement outreach efforts that promote a more representative profession
	5	Create sustainable access funding routes
	6	Be relational in all communication, from the initial contact through to the completion of training
	7	Embed access, accessibility, and adjustments as standard practice
	8	Provide early identification of exception-based learner support needs
	9	Create safe and welcoming hosting and accessible training environment
Design	10	Consider how the positionality of those designing and/or delivering the training may impact its content and delivery.
	11 / 11.1	Embed access, adjustments, accessibility (including communication)  <i>Includes “Consider different ways of teaching, learning and assessment”</i>
	12	Where needed, co-design and review materials with individuals and communities who are not represented
	13	Scope and identify context embedded requirements.
	14	Consider and embed contextual aspects (WICKET) into aims and objectives.
	15	Provide representative knowledge, research, and lived experiences across a wide positional (WICKET) spectrum within the defined scope.
	16	Trainers should assess their subject and subtopic materials using the WICKET model to support embedded contextual inclusion within knowledge.

<b>Delivery</b>	17	Trainers must be able to facilitate supportive relational groups using a whole-relational approach
	18	Training must contract the space
	19	Trainers continually monitor and adapt the accessibility and adjustment needs of attendees
	20	Trainers must role model, invite and welcome voices from a wide range of perspectives and positionalities
<b>Delivery (Assessment)</b>	21	Consider who might be excluding by proposed or existing assessment approaches
	22	Assessment (delivery) must be accessible and adjustable (flexible).
	23	Assessment must embed contextual, access and accessibility aspects (not just universal)
	24	Consider alternative course pathways that provides less emphasis on academia and more on experiential without compromising proficiency.
<b>Continuous Improvement</b>	25	Collect training feedback, evaluate it, and take action to implement change.

## Positionality and self-development

This document does not provide in depth guidance on trainer self-development. The areas highlighted should be seen as a beginning point for prerequisite key areas of self-development which may be missed (*See References [1] for in depth coverage*).

**The trainer should engage in reflection and reflexivity to understand their own (WICKET) positionality and its impact on experience and relationships**, and commit to ongoing development to identify any blinkered areas, embodied biases or prejudices, knowledge gaps (including gaps in lived experience), or relational gaps that may influence teaching, training design and delivery, knowledge presentation, and, where applicable, learner assessment. This includes understanding their own and others' WICKET normative and difference positions, worldviews, knowledge, and associated power dynamics, as well as the implications of intersectionality, trauma, and potential harm.

This ongoing activity helps trainers understand relationships and identify who or what may be excluded in access, teaching, and learning. Since perspectives from vulnerable, (multi)marginalised, or less empowered individuals have historically been overlooked, it gives trainers a positional viewpoint to recognise what might be missed, hidden, or unknown in relation to attendees and the knowledge being shared or facilitated.

*Example: The trainer is conscious of their positionality when students describe contexts that differ from their own in terms of gender, class, and belief systems. This awareness informs how the trainer responds, their language and potential embodied bias in how they interprets students' experiences.*

**Trainers should be able to facilitate supportive relational groups using a whole-relational, anti-oppressive approach.** They must manage group dynamics while understanding power, intersectionality, communication, learning and processing styles, and harm dynamics at personal, cultural, and social levels, including those related to intersecting social identities or other contextual aspects of WICKET.

*Example: A super-marginalised student is put on the spot to educate others. The tutor recognises societal and in-room power dynamics and reframes the request as an open invitation to the entire group.*

## Training provision

Training is usually organised by the organising provider, which may be an individual tutor. Even when some responsibilities are delegated, the organising provider usually remains accountable for the full cycle: identifying and impacting access, accessibility, and learning needs; designing the training and its environment; delivering and hosting it; and evaluating its impact.

For the purpose of this section, organising training provision is focused on enrolment, onboarding, hosting, and the training environment.

**Consider how training provision can reduce access barriers.** Consider and assess who may be included or excluded by the proposed entry criteria and access methods, and why. This assessment should also take account of training costs and in consideration of the training topic and its scope.

*Examples: Barriers related to cost, location, physical building, schedule, mind–body differences, or digital access are to be addressed.*

**Advocate for and implement outreach efforts that promote a more representative profession.** These efforts encompass underrepresented and underserved groups defined by multiple intersecting identities and factors, including male students, and ensure representation across both normative and diverse intersections with race, class, disability, and neurodivergence.

*Example: The organisation reaches out to specific underrepresented or underserved community groups when marketing its services and importantly demonstrates proficiency in working with those groups.*

**Create sustainable access funding routes.** A key policy concern is ensuring that individuals from less affluent socio-economic backgrounds can access initial and

ongoing therapy training. Training providers should therefore prioritise the development of affordable and equitable models within their programmes, including sliding fee scales, paid placements or internships, institutional and community bursaries, multiple pathway options, combined student/paid roles (e.g., functional positions within the organisation), income-based payment structures, allied funding sources, and systemic advocacy measures. Governments may be lobbied to establish targeted bursaries, provide government-backed subsidies, or implement loan-repayment thresholds and loan-forgiveness schemes to support access. Sustainable funding and business models may further include social-enterprise therapy clinics that reinvest profits into trainee support, collective or cooperative training programmes in which providers pool resources, and partnerships with charities, healthcare systems, and public mental health services to sponsor trainees from underserved communities.

**Be relational in all communication, from the initial contact through to the completion of training.** The relationship of welcome, trust, and inclusivity begins at first contact and continues through to the delivery of the training service. It should also be embedded in all marketing (including imagery), the training environment, and communications. All communication must be transparent, clear, inclusive, respectful, and written in plain language. Information should be provided in accessible formats, and all digital content must meet accessibility standards. Alternative methods of contact, accessing information, and enrolling should also be offered.

*Example: training organisations provide clear and transparent understanding of training costs and any additional cost additional requirements upfront. What is and isn't included is explicit and upfront.*

**Embed access, accessibility, and adjustments as standard practice.** They should be expected, not exceptional. This applies to all communication, marketing, enrolment processes, and the training environment. Any exceptions may be assessed by gathering attendees' needs upfront.

*Example: The training provider publishes the available accessibility and adjustments available as standard in consideration of specific groups.*

**Provide early identification of exception-based learner support needs** and work with disability or learning support services to put appropriate reasonable adjustments in place. These may include extra time, assistive technology, or alternative formats, and should be recorded and monitored to ensure they remain effective.

*Example: The training provider asks attendees for any further adjustments and support needs as part of the training onboarding process.*

**Create safe and welcoming hosting and accessible training environment.** Implement steps to create a welcome, safe, inclusive and accessible environment.

*Example: Physical and sensory accessibility, diverse cultural imagery, inclusive food and drink options.*

## Training design

Training design is the process of creating an effective teaching, learning and if relevant assessment experience. It involves planning what learners need to know, how they will learn it, and how success will be measured.

**Consider how the positionality of those designing and/or delivering the training may impact its content and delivery.** Reflect on how positionality may impact the design and delivery of training, potentially reproduce prejudice, exclude knowledge, voices, or create other blinkered areas of knowing. The trainer should consider whether they have lived experience (insider) or not (outsider) of a particular subject or subtopic, and any implications this has for training design and delivery. This does not mean that trainers cannot teach without lived experience, but the implications should be acknowledged with humility. It is recommended to openly state positionality of the training designer and/or trainer at the start of the training.

*For example, a trainer who is not disabled but discusses the experiences of disabled people holds an outsider positionality and teaches or designs from that perspective.*

**Embed access, adjustments, accessibility (including in communication)** within the training design, materials and teaching, learning and assessment methods. Exceptions to standard processes should be defined.

*Examples: Consider different ways of teaching, learning and assessment such as based on different learning, mind-body differences and communication styles. Teaching should use varied and accessible methods, such as presenting information in multiple formats, offering different ways for learners to participate (e.g., in group, breakouts, offline peer groups) and demonstrate understanding, and designing flexible, differentiated activities such as discussions, groupwork, practical exercises and digital tools. Teaching should ensure communication is accessible, include varied perspectives, promote fair and just collaboration, and create safe, predictable environments that are informed by whole self-relationships.*

**Where needed, co-design and review materials with individuals and communities who are not represented** in the training's knowledge base or lived experience, or due to trainer positionality, taking into account the scope and needs assessment. Trainers should ally with groups to fill gaps (e.g., ERG groups or allied marginalised communities), respecting, reciprocating, and compensating them for their time and contribution.

**Scope and identify context embedded requirements.** Clearly define the training scope, including target audiences and client groups, to guide content, materials, and



delivery, even for universal training. Then consider who might be disadvantaged or excluded by the materials, knowledge, teaching and assessment approach, particularly in terms of positionalities (WICKET) and intersectional social identities and address gaps.

*For example, if grief is a topic intended for all, it must include knowledge, voices, and case examples from a wide range of positionalities. In contrast, a topic such as “Eating disorders in Autistic ESEA communities” is narrower in scope but still should include case examples from a wide range of positionalities within that narrower context.*

**Consider and embed contextual aspects (WICKET) into aims and objectives.** This approach guides the training design right from the beginning. The aims and objectives can also be used to clarify the scope and constraints of the training.

*For example: “Grief rituals and worldviews will be explored from multiple cultural and belief perspectives” instead of “Explore grief rituals and worldviews”.*

**Provide representative knowledge, research, and lived experiences across a wide positional (WICKET) spectrum within the defined scope.** The training design should incorporate lived experiences, case studies, research, role-plays, and viewpoints that reflect intersecting normative, diverse, and marginalised positions. These experiences should not rely solely on the experiences of the trainer or audience, as this may favour normative perspectives. Instead, actively seek out case examples and knowledge from a variety of perspectives that may otherwise be excluded. In most cases, knowledge, research, and examples should include, at a minimum, intersections of race, ethnicity, nationality, gender, class, and mind–body differences (disability and neurodivergence).

*For example: instead of simply stating that men have higher suicidality rates than women, it is important to unpack whether those figures reflect marginalised men and women (as a comparison) based on race, ethnicity, social class, disability, neurodivergence, and whether they include trans men and trans women. Avoid singular lens in communicating research e.g., male only.*

**Trainers should assess their subject and subtopic materials using the WICKET model to support embedded contextual inclusion within knowledge.** The model can help identify typical training gaps that are essential yet often overlooked from both normative and different perspectives. A simple way to assess is to ask whether the training considers the impact of diverse contexts or focuses primarily, normative, or universal assumptions. Universal knowledge may reflect a normative viewpoint, so it is important to include a wide range of perspectives. One practical approach is to formulate questions based on the WICKET model (see *Use of WICKET: Example usage in Wholeness solution approach section*), which can be applied to topics and subtopics across areas such as causation, self-development, theory, relationships, skills, practice

and reflective practice, lived experiences, supervision, and research. Ask whether the following considered for relevance from both normative and different perspectives?

- How are normative and different **worldviews** reflected in the topic?
- How are normative and different (intersecting) **identities** reflected in the topic (e.g., R/S communities, sexualities)
- How are normative and different lived-in **contexts** (e.g., cultures, family configurations, barriers, resource deficits, sociocultural) reflected in the topic?
- How are normative and different **knowledge** bases impact the topic? Including that within theories.
- How are normative and different mindbodies (**embodiment**) reflected into the topic (including accessibility)?
- How does the embodied accumulation of **time** (personal, lifestages, intergeneration and collective histories) impact the topic and the contexts above?

## Training delivery

Training delivery refers to the process of running training so that learning outcomes, aims and objects are acquired in a whole relational and safe manner without compromising challenge necessary to meet levels of proficiency in alignment with aims.

**Trainers must be able to facilitate supportive relational groups using a whole-relational approach.** They must manage group dynamics including understanding power, intersectionality, communication, learning and processing styles, and harm dynamics at personal, cultural, and social levels, including those related to intersecting social identities or other contextual aspects of WICKET.

*Examples: Awareness of insider/outsider positionality, boundary management, use of relational language (particularly to account for differences in WICKET positions), contextual empathy, environmental and relational adjustments, avoiding assumptions, inviting contributions from all participants, using multi-participation formats, supporting quieter voices when needed, addressing stereotypes, establishing boundaries, providing encouragement, and creating safe conditions in the learning space.*

**Training must contract the space.** This is an opportunity to set the culture and tone of the training especially in terms of scope (and how it relates to inclusivity), whole relational approach, safety, confidentiality, sharing, discussion, breakouts, after care and so on.

*Example: group attendees are invited to contract in a collaborative manner*

**Trainers continually monitor and adapt the accessibility and adjustment needs** of attendees seeking feedback associated with training (e.g., pace). Needs should be

recognised as standard and group should be allowed to ask for accessibility adjustments as a continual process, e.g., break duration/cameras off, as a continuous process.

*Example: The trainer checks in with the group and invites individuals to provide feedback on these needs during the session, including one-to-one feedback.*

**Trainers must role model, invite and welcome voices from a wide range of perspectives and positionalities.** Where relevant people should be proactively invited to bring in their own lived and positional (WICKET) lived in and diverse experiences e.g., theoretical viewpoints, own minoritised lived-in experience, limited resources, class struggles, mindbody difference experiences, cultures and worldviews, and be received with (contextual) empathy, understanding and humility. Non-normative experiences must not be dismissed or sidelined as separate topics but part of the whole.

*For example, diverse WICKET experiences and understandings of grief, relationships, sexuality, experienced should be prized in enrichment of understandings. Individuals, and particularly form perspectives of difference or marginalisation should not put on the spot or asked to disclose for purposes of educating others but permissively invited in as part of whole group experiences.*

## Training assessment

**Consider who might be excluded by proposed or existing assessment approaches** and design alternatives if suitable without compromising on quality of proficiency and learning outcomes.

*Example: Those that are more academic, different levels of literacy, or those whose window tolerance may be significantly compromised due to large group observation.*

**Assessments must be accessible and adjustable (flexible).**

*For example: Clear and transparent criteria and assessment questions, flexible demonstration of skills, multiple assessment formats (e.g., written, oral, recorded), environmental adjustments (e.g., sensory and trauma informed), time duration, continuous versus high-pressure assessment.*

**Assessment must embed contextual and access and accessibility elements** in assessment rather separate. For example, in roleplays, group work, case studies, essays, dissertations, and supervised client placement work.

*For example: How do different worldviews and embodied relationships impact grief? In what ways can normativity lead to exclusion, including within access and accessibility, even for people considered to be in more normative positions? How would you apply WICKET considerations to the working alliance?*

**Consider alternative course pathways that provides less emphasis on academia and more on experiential without compromising proficiency.** Recognise that effective formal proficiency may not always dependent on formal in depth academic study or specific methods of assessment. Be open to diverse learning pathways, learning styles, mindbody needs, and natural aptitudes, and consider flexible, context-sensitive approaches to training assessment. Focus on outcomes and rather than unjustified rigid methods. Regularly question whether existing learning and assessment pathways truly serve learners and ultimately clients, and actively work to reduce barriers that limit representation, inclusivity in the training and its impact on serving the whole population.

*Example: advocating for differential but equal proficiency pathways in training*

## Continuous improvement

**Collect training feedback, evaluate it, and take action to implement change.** Collect feedback to evaluate the training by asking whether participants felt respected and represented (including knowledge representation), whether the environment and training were welcoming, comfortable, psychologically safe, and inclusive, whether materials were accessible, and whether any relational power imbalances arose that caused difficulty. Importantly, gather suggestions on changes needed to strengthen whole inclusion, including accessibility and adjustments in future sessions. Review the feedback and take action, ensuring input is considered from as wide a representation as possible.

*Example: An attendee who was visually impaired reported that their needs were not met because the instructor did not prompt or read the slides. This feedback was incorporated into the design of future trainings.*

## Wholeness solution approach

This section is a primer of the Wholeness solution which embed context, normativity/diversity and EDI into knowledge and practices. It is from “A New Introduction to Counselling and Psychotherapy” (see References [1]) readers should be familiar with in reading this document.

**Readers note:** *This section is not a complete overview, readers should familiarise themselves with additional resources (see References [1] and [2]- A video overview in particular) to understand the overarching approach to embedding context, identity, and EDI. The Wholeness Solution and its systematic approach as well as its use in a base embedded curriculum that includes causation, self-development, theory, relationships, skills, and practice is described in the book “A New Introduction to Counselling and Psychotherapy” (see Reference [1]).*

To support training provision, design and delivery, the Whole self (WICKET), Whole Equity Framework, and Whole Relational Framework provide a shared language to capture and assess the embedding of contextual aspects and equity by design in training that are often overlooked. The model has been developed with careful consideration of areas that are often overlooked as formative of the self (e.g., embodied relational patterns and social identities). Understanding them is central to being able to assess training.

The Whole Self (WICKET) model (Figure 1) is a central tool for assessing training subjects, subtopics and knowledge. WICKET stands for: **Worldviews, Identities, Lived Context** (e.g., culture, climate, access/ibility barriers), **Knowledge (e.g., by experience)**, **Embodiment** (or Mind–Body), and **Time** (e.g., lifespan, genetic, intergenerational effects). The model identifies six contextual categories that intersect and influence human experiences. Each category and lower-level dimensions can also be considered from normative, different, inequitable, or marginalised perspectives (e.g., belief systems, healthcare, climate, communication styles, or social identities). While social identities (e.g., race, gender, class, neurodiversity, disability) and intersectionality remain important (the **Identity** Context), WICKET recognises that experiences are also shaped by these as well as other contexts, which interact with and influence each other.

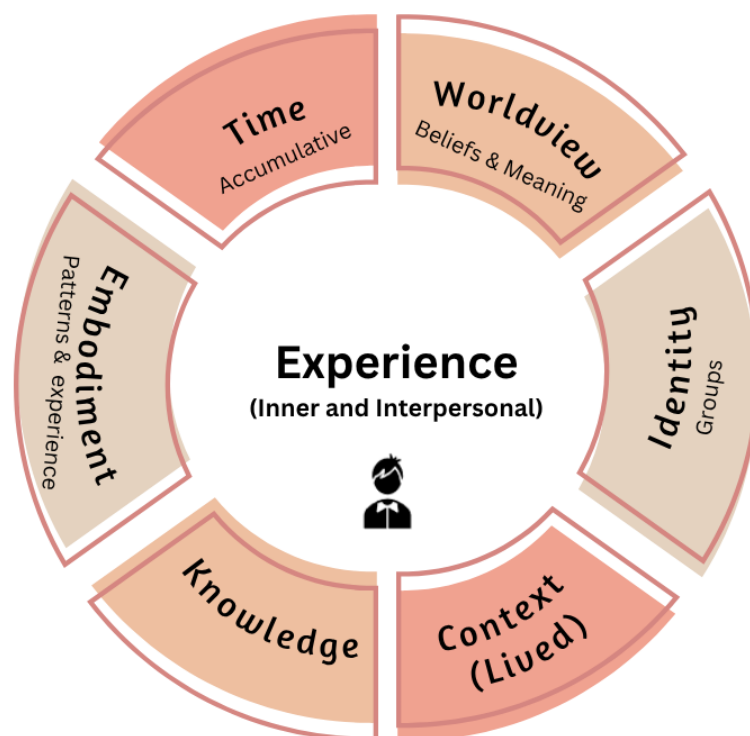


Figure 1 - Whole self (WICKET)

This model combined with whole equity-building blocks and the relational model (see *Resources in this section*), offers an accessible and practical way to systematically assess and embed wholeness into training provision, design and delivery. Further, the

Whole Self (WICKET) formally increases relational empathic scope (Ahmad, 2025, pg.176) by being embedded into relationships [see *Resources section*].

## Use of WICKET: Example usage

This is an example of how to *begin* identifying contextual gaps using “Grief” training as an example. Of course, the same model can be used generatively in client work, supervision, and research. For each context the training may include both normative and diverse perspectives, including within case studies, theories and knowledge.

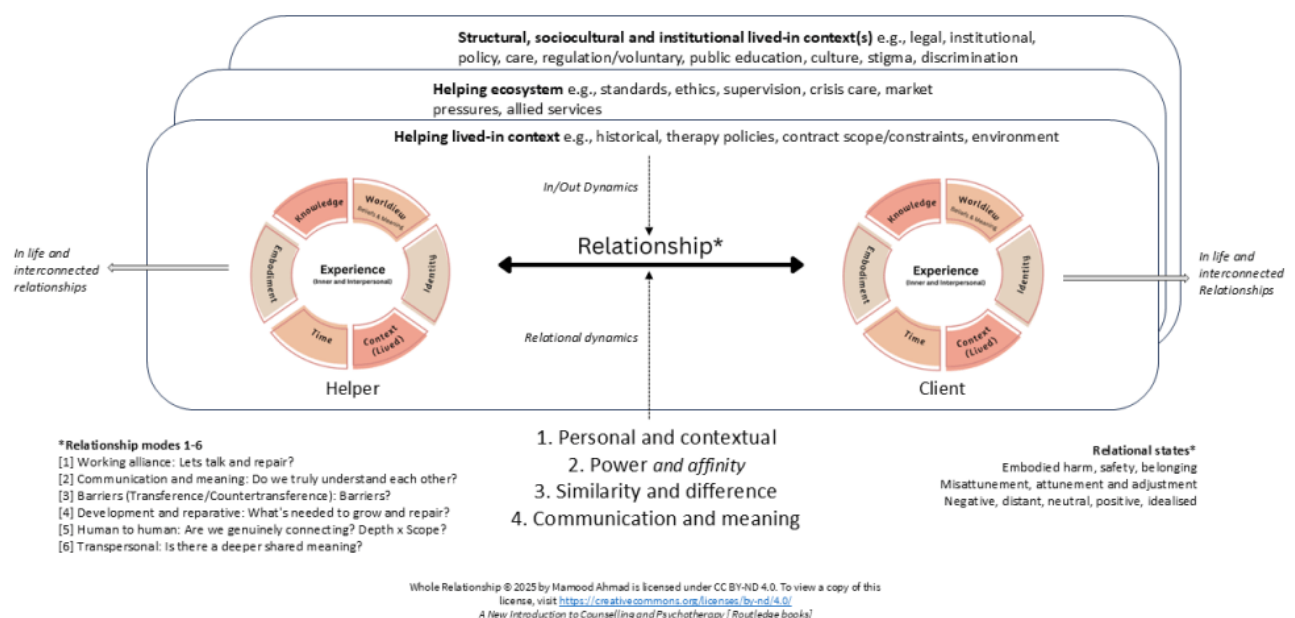
<b>Worldview</b>	How normative and varied worldviews influences meaning of loss, life and death, beliefs about justice, fairness and forgiveness, coping, and resilience.
<b>Identity</b>	How do personal and social identities and their norms and expects impact grief experiences, roles, and expectations.  <i>For example, personal role identity, race, class, gender, disability and neurodivergence</i>
<b>Context (lived) – e.g., Culture</b>	<i>How do cultural norms, expectations, and values impact grief (e.g., within society, religious communities, or families)? For example, consider norms of expression (stoic vs. emotional), rituals, gendered roles, and grief hierarchies (e.g., who is considered more deserving of grief or experiences disenfranchised grief).</i>
<b>Knowledge</b>	<i>What knowledge forms the basis of beliefs about grief? This includes what is known, propagated, or understood, including religious/spiritual perspectives, non-Eurocentric perspectives, scientific knowledge, theories (including personal theories), and knowledge gained from personal experiences.</i>
<b>Embodiment</b>	<i>How does grief embody including in self-embodied experiences, relational patterns, relational experience, relational depth, style of grieving (seek support or avoid).</i>
<b>Time</b>	<i>What is the impact of grief over life stages (child, teenage, adult), intergenerational and collective?</i>

## Whole relational model

The whole relational solution model embeds the WICKET contexts as embedded into the relationship, rather than treating them as separate. Therefore relational dynamics are personal and/or contextual and are mediated by power, affinity, similarity, and

difference. Furthermore, dynamics may occur WICKET to WICKET, for example, between worldviews, embodied experiences, and identities.

It also includes relational interconnections across life contexts (e.g., personal life relationships, groups, institutions, and the planet) as interconnected. Further, it recognises the influence of external dynamics (e.g., law and organisational policy), as well as the therapeutic space itself, in shaping the relationship (e.g., sensory elements). All of these are embedded within the relationship (e.g., barriers to relationship and alliance) and are therefore potentially part of exploration, attunement, and, where appropriate, conceptualisation. An added benefit of this approach is that it maintains mainstream theoretical integrity while simply and formally expanding the relational scope.



## Use of the Whole equity framework: Key Questions

Use these to evaluate training, learning and assessment needs based on fair access, service, knowledge, and culture

Barriers	<p><b>Who won't be able to access or use the service?</b></p> <p>Which individuals and intersecting groups will be excluded or disadvantaged by the service? Consider also populations based on worldviews, mindbody differences, and access methods.</p>
Access	<p><b>How can the service mitigate barriers to access?</b></p> <p><i>For example, slide cost options or physical ramps.</i></p>



Accessibility	<p><b>How can the service mitigate barriers and be more usable.</b></p> <p><i>Examples: accessible formats of course material, different ways of communicating. Allowing opt-outs for certain techniques (e.g., mindfulness), incorporating movement and breaks, closed captions, accommodating sensory needs, and permitting recordings for playback.</i></p> <p><i>Accessibility is applicable in training design, delivery, assessment, in the relational learning environment and teaching methods.</i></p>
Adjustments	<p><b>How can the service mitigate barriers by being more usable and more flexible (ideally as standard).</b></p> <p><i>Examples: Adjustments are applicable in training design, delivery, assessment, in the relational learning environment and teaching methods. <b>Adjustments by exception</b> are those that are not standard.</i></p>
Knowledge	<p><b>How can the service improve usability, and enhance proficiency by representing more complete, normative, and diverse knowledge and lived perspectives through embedding context, identity, and EDI (The Wholeness Solution), as outlined in this guideline?</b></p>
Training Culture	<p><b>How can the service improve its culture of safety and whole person relationality,</b> fostering protection from embodied enacted prejudice and creating equal opportunities for all, including the expression of knowledge both from normative and particularly diverse positionalities?</p>

## Key terms

**Barriers** are anything that prevents a person or (intersecting) group(s) from fully accessing, participating in, or benefiting from an environment, service, or opportunity. Barriers may be overcome as far as possible by delivering services that mitigate barriers as fairly and equitably as possible through access, accessibility, adjustment, knowledge proficiency (including knowledge equity), training culture, and a whole relationally embedded culture.

**Access** refers to how service will address barriers in accessing the service e.g., training costs.

**Accessibility and adjustments** refer to how usable the service is once access is available. However, lack of accessibility and adjustments may still prevent access if clients' mandatory needs are not met.



**Accessibility.** Examples: accessible formats of course material, learning and assessment methods. Accessibility is applicable in training design, delivery, in the relational learning environment and teaching methods.

**Adjustments (expected and normal).** What can be adjusted without exception? Examples: Allowing opt-outs for certain techniques (e.g., mindfulness), incorporating movement and breaks, closed captions, accommodating sensory needs, and permitting recordings for playback. Adjustments are applicable in training design, delivery, in the relational learning environment and teaching methods.

**Adjustments (exceptions).** What adjustments are available on request? Adjustments are applicable in training design, delivery, in the relational learning environment and teaching methods.

**Diversity** refers to the *presence, recognition, and representation* of differences within a group, organisation, or society. Any difference of WICKET positionalities.

**EDI / DEI:** Equality, Diversity and Inclusion. Principles and practices that promote fair treatment, value diversity, and create inclusive environments where all people have equal access and opportunity.

**ERG (Employee Resource Group):** Voluntary, employee-led groups formed around shared identities or experiences that provide support, foster inclusion, and influence organisational DEI efforts.

**Knowledge equity** is the fair representation of knowledge in a particular domain such as by embedding context, identity and EDI from both normative and different perspectives. The central subject of this document.

**Normativity.** Refers to the *dominant or taken-for-granted social norms* that shape who is seen as “normal,” “typical,” or “the default” including in WICKET contexts. It influences systemic inclusion and exclusion.

**Positionality.** The awareness of a counsellor’s own WICKET contextual factors and how these influence their perceptions, interactions, relationships, ethics, openness and humility, training, supervision, research, and professional practice.

**Whole relationship** refers to whole contextually (WICKET) embedded relationships (not only person to person) – see Resources including Ref 1.

## References

[1] Ahmad, M. (2025) *A New Introduction to Counselling and Psychotherapy: Embedding Context, Diversity and Equity Into Practice*. Abingdon: Taylor & Francis Ltd.

- See Chapter 13 Practice, organisation and equity improvements – List of possible barriers, access, accessibility and adjustments.
- See Introduction for description of Wholeness solution (Whole practice framework)

[2] Overview of wholeness solution: [https://youtu.be/VHzDEk\\_QJM8](https://youtu.be/VHzDEk_QJM8)

[3] Wholeness image artefacts: <https://tadf.co.uk/the-wholeness-solution-images/>

[4] BACP (2018) Ethical Framework for the Counselling Professions [Online].

Lutterworth: BACP. Available at: <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/> (Accessed: 4 December 2025).

[5] Whole practice resources and lessons. Available at <https://www.tadf.uk/courses/newintro>

[6] PCPB (2025) SCoPEd Framework January 2022 (amended 2025), Partnership of Counselling and Psychotherapy Bodies, London