

# Code of Practice and Professional Conduct for Psychotherapeutic Counselling and Psychotherapy with Children.



## 1. INTRODUCTION.

The purpose of this code is to define the principles and standards of professional conduct for psychotherapeutic work with children and to protect children when they are accessing such services. It must be read in conjunction with the Northern Guild's Code of Ethics and Practice.

This Code of Ethics is designed to meet the 2008 requirements set out by the United Kingdom Council for Psychotherapy (UKCP) for Organisational Members to draw up Codes of Practice for psychotherapeutic practice with children. It is underpinned by UKCP's, *Guidelines for Sections for the Development of Codes of Practice and Professional Conduct for Working with Children*. These run in conjunction with UKCP's, *Ethical Guidance for Psychotherapeutic Work with Adults*.

In this document the term practitioner will be taken to include all practising child psychotherapeutic counsellors and child psychotherapists who are members of the Northern Guild for Psychotherapy and Counselling including trainers, supervisors, students and graduates.

Practitioner's work within the law and specific English law and guidance is referred to in this document. Practitioners outside of England will need to familiarise themselves with their countries relevant legislation and guidance.

## 2. DEFINITIONS.

### **Definition of Child Psychotherapy.**

Integrative Child Psychotherapy and Child Psychotherapeutic Counselling draws on a broad range of theories, approaches and therapeutic techniques that meet the developmental stage of children and their presenting problems. The centrality of the therapeutic relationship underpins all practice. Child Psychotherapy builds on Child Psychotherapeutic Counselling training in understanding the development of psychopathology in children's development and practising in this area.

### **Definition of a Child.**

The legal definition of a child is any person under the age of 18. Within this, the law recognises that there are different levels of maturity and competence in a child's ability to make decisions for themselves. (*Information Sharing: Practitioners Guide*)

Young people are aged 16 and over and may consent to their own therapy in their own right, without reference to an adult parent or carer. Children twelve or over may generally have sufficient understanding to give or refuse consent. Under twelve's may also have sufficient understanding. Dependent child is used in this document to refer to a child who has been assessed as not being able to give informed consent. In all cases children's ability to give consent will be informed by the practitioner's assessment and demonstration of a child under sixteen having sufficient understanding of what they are consenting to.

### **Definition of a Client.**

Client is used to refer to any person who receives psychotherapeutic help from a practitioner covered by these requirements.

## **3. PUBLIC RESPONSIBILITY.**

### **3.1 Professional and personal conduct.**

At all times practitioners adhere to the appropriate standards of personal and Professional conduct.

### **3.2 Avoidance of False or Deceptive Statements.**

Child psychotherapeutic counsellors and child psychotherapists do not make false or deceptive statements in relation to their:

- Qualifications, training and experience.
- Credentials
- Professional affiliations
- Services offered.
- Fees
- Publication of their research findings
- Evidence for and results of their services.

### **3.3. Upholding the integrity of the profession.**

Any behaviour or activity by child psychotherapeutic counsellors/psychotherapists that may bring the professional into disrepute or undermine the confidence in the professional may lead to a charge of professional misconduct.

### **3.4 Safeguarding Children.**

All practitioners must act at all times in a manner which safeguards all children and promotes their welfare as the paramount consideration. At all times they act in the best interests for those they work with. All practitioners must be trained in safeguarding procedures and have a duty to keep themselves up to date with the developments and requirements in this field.

### **3.5. Protecting the public.**

All practitioners must act to protect the members of the public when there is reason to believe that they are threatened by a colleague's conduct, performance or health.

### **3.6 Non-discriminatory practice.**

Child psychotherapeutic counsellors and child psychotherapists recognise that individuals are entitled to fairness and justice and seek to actively engage with issues of equality and diversity. They are aware that working with young clients who are non autonomous and dependent on significant others poses particular challenges in this area and use personal reflection and supervision to address this. They do not discriminate against clients in terms of race, age, gender, sexual orientation or belief systems.

## **4. RESPONSIBILITY OF THE THERAPIST.**

The guiding principle that underpins all psychotherapeutic work with children is that the welfare of the child is paramount. (Children's Act 1989, 2002.) All practitioners are accountable in the law and required to practise within the national guidelines for child protection and child protection legislation.

### **4.1 Working context.**

It is the duty of practitioners to have knowledge of their specific responsibilities in their work setting. They must be familiar with their organisations Child Protection Policy. Those in private practice must consider how they address this and must discuss their child protection arrangements in supervision.

### **4.2 Client's safety.**

The well being and safety of the child is of paramount importance. Practitioners act in loco parentis during their time with the child and have full responsibility for the safety and welfare for the child during this time. Specific issues around the health and safety of the child and therapist need to be assessed and addressed for individual children including:

- Parents/carers waiting if the child is likely to need support with personal care.
- An agreed response to child putting self or therapist's safety at risk.
- Response to the child leaving a session.

Practitioner's works within their limits of competence and level of functioning. They will seek further professional advice, or refer the client on to an appropriate practitioner if the limit of their professional competence has been exceeded. They will seek help and/or withdraw from client work, at times when they do not have the personal resources to help clients and take appropriate action to minimise the impact of this on clients. Practitioners do not work under the influence of drugs or alcohol.

All practitioners must have suitable indemnity insurance.

### **4.3 Appropriate therapeutic environment.**

The therapeutic environment provided will consider what is developmentally and age appropriate for the child. Children will be made aware of what is permissible in this environment and practitioners will maintain these therapeutic boundaries. If a child cannot maintain these boundaries and is putting themselves or the practitioner at risk, the practitioner will consider ending the session in a way that is respectful and provide an explanation to the child and if appropriate the person holding parental responsibility for the child.

### **4.4 Non-exploitative practice.**

Child psychotherapeutic counsellors and psychotherapist's maintain appropriate boundaries with their clients. They must not exploit their clients, current or in the past, in any way. This includes, financially, sexually or emotionally. It is acknowledged that children are particularly vulnerable and practitioners must not exploit this power difference.

### **4.5 Avoidance of dual relationships.**

Child psychotherapeutic counsellors and psychotherapist do not enter into multiple relationships with their clients, family members or carers. They ensure that they only enter into a professional role with their clients and those directly related to them. They ensure there is no planned contact outside of the therapeutic relationship. They ensure that their role is clearly communicated to clients, their families, their employer and any other agencies working with their client and family.

### **4.6 Compliance with the law regarding previous criminal convictions.**

All child psychotherapeutic counsellors and psychotherapists must have an enhanced Disclosure and Barring Service Check, which must be kept up to date.

### **4.7 Supervision.**

All practitioners are required to receive on-going, supervision independent of their managerial relationships. Supervisors have the responsibility to maintain the good practice of their Supervisees and protect clients from harm and bad practice. The level of supervision needs to reflect not only the experience of the practitioner but also the complexity of the cases that the practitioner is holding. UKCP's *Guidelines for Supervision of Child Psychotherapists* must be adhered to. This includes the requirement of a minimum of 1.5 hours per month of supervision, which is in line with BACP requirements.

### **4.8 Continual Professional Development.**

All child psychotherapeutic counsellors and psychotherapist must demonstrate their commitment to keep up to date with current methods, research and knowledge around psychotherapeutic practice. They must meet the guidelines set out by their professional body

(UKCP and/or BACP) for working with children in order to keep their registration / accreditation up to date.

#### **4.9a Personal Support**

Providing psychotherapeutic help to children can place particular demands on practitioners and trigger powerful emotional responses. Practitioners need to take responsibility for seeking therapeutic help for themselves at such times. They also need to take responsibility to care for themselves by engaging in activities outside of their work that are nourishing and replenishing.

#### **4.9b. Professional Will**

Practitioners recognise that there may be circumstances whereby they have no control over being able to practice. Agencies must ensure that there are systems in place for informing clients and their families when an unexpected break needs to take place. E.g. due to illness, disability or death. Records need to ensure that essential information is kept for this to take place, and if necessary for the client to be transferred to another practitioner. In private practice, practitioners will need to set up a clinical executor who is suitably qualified to carry out these responsibilities. Practitioners need to inform clients of any predictable breaks in terms of being able to offer psychotherapeutic help, giving enough time for alternative services to be accessed. E.g. maternity leave.

### **5. WORKING ARRANGMENTS WITH CHILDREN AND YOUNG PEOPLE.**

#### **5.1 Safeguarding policy.**

- **Knowledge of procedures.**

All practitioners working with children and young people and their families must take all reasonable measures to ensure that the risk of harm to children's welfare is minimised. Where there are concerns about a child's or young person's safety and welfare they must take appropriate action to address these concerns, working to agreed policies and procedures in full partnership with local agencies. (*Working Together 2006, Every Child Matters 2003, What To Do If You Are Worried That a Child Is Being Abused 2006*)

- **Government law and guidelines.**

All practitioners work within current legislation and government guidance in relation to children and follow any specific guidance in relation to therapeutic work with children and young people. (*E.g. Practice Guidance for the Provision of Therapy prior to a Criminal Trial 2001*)

- **Touch policy.**

Practitioners are aware that the use of touch with children is complex. It is acknowledged that there are benefits of therapeutic touch and there can be situations when the abstinence

would be unkind and have the potential to cause psychological or neurobiological damage. However, touch can also be experienced as intrusive and unwanted, particularly for those who have been sexually or physically abused.

Practitioners will therefore use supervision to think through their use of touch including the possibility that the use of touch may satisfy their own needs rather than the clients.

Practitioners consider carefully the use of “safe holding” with children who are hurting themselves, others or damaging property and only use this if they have had specific training in this area and when no other action has been successful.

Practitioners will negotiate with children around their use of touch and also with those with parental responsibility when working with a dependent child.

## **5.2 Service information.**

- **Description of Services Offered.**

All practitioners provide accurate and honest information relating to their services that maintain the good reputation of the profession.

- **Terms and Conditions.**

All practitioners are honest about their training, qualifications, years of experience, and other related information regarding their professional competence. They clarify the terms and details of their services including, frequency of sessions, any fees, emergencies, holidays, cancellation of sessions by the client (or client’s parent/carer), and cancellation of sessions by the practitioner and any notice period required.

## **5.3 Contracting with children and young people.**

- **Informed consent.**

Child psychotherapeutic counsellors and psychotherapists will seek to obtain all children’s assent in accessing their services and if possible their informed consent. They recognise that due to children’s dependence on adults that they have a responsibility to work in partnership with a child’s parents/carers and those with parental responsibility. Alongside this they recognise that children can make up their own minds when they have sufficient understanding and intelligence to understand fully what is being proposed and they can access psychotherapeutic services independently. (*Information Sharing: Practitioners Guide*) However, good practice would recognise that wherever possible it is always best to inform and obtain consent from those with parental responsibility and this must be obtained for any dependent child. Consideration should be given to obtaining written consent.

- **Confidentiality**

Child psychotherapeutic counsellors and psychotherapists maintain, uphold and take reasonable precautions to protect the confidentiality of clients. They identify and agree the “circle of confidentiality” when establishing any new piece of work. They are guided in their decisions by the Home Office Guidance *Information Sharing: Practitioners Guide*.

Liaison with other professionals is frequently a feature of working therapeutically with children. This may involve the need to liaise with schools and colleges when it is necessary for children to have time out in order to attend psychotherapeutic help. The *Common Assessment Framework* places responsibilities on all those working with children to share information in order that children’s needs can be identified and met. There is therefore a need to inform clients and those with parental responsibility their role in any professional network and consider in any liaison, the child’s and families rights to privacy, along with the child’s wishes and feelings in relation to what is shared, and the child’s maturity to understand the value of such information sharing due to their level of dependency. Written consent should be obtained from the child (if able to give informed consent) and/or from the person with parental responsibility when sharing information about the child and their family.

When psychotherapy services are ordered by the court practitioners will inform the client, and if appropriate the person with parental responsibility of the nature of these services and any limits of confidentiality.

Children accessing psychotherapeutic service who are being witnesses in a Criminal Trial will together with the persons holding parental responsibility be informed of limits around confidentiality.

Child psychotherapeutic counsellors and psychotherapists should document all consent obtained and obtain written consent when breaking confidentiality with the clients or those with parental responsibility’s consent.

- **Limits to Confidentiality.**

The practitioner must make it clear to the child and if appropriate the persons with legal responsibility the limits of confidentiality. They only disclose information without the consent of the child, if they are able to give informed consent, or without parental consent when there is a clear safeguarding issue or are required under a specific court order.

Practitioners need to consider when deciding to break confidentiality without informed consent the following: the child and families rights to privacy (*Data Protection Act 2018, General Data Protection Regulations and the Human Rights Act 1998*), over the protection and welfare of the child. Practitioners must address whether the proposed disclosure is a proportionate response to the need to protect the welfare of the child. The amount of confidential information disclosed, should be no more than is strictly necessary to meet the public interest of protecting the health and well-being of the child. Guidance in weighing up such questions should therefore be sought through a relevant line manager or supervisor.

Practitioners should always seek to inform children and those with parental responsibility for a dependent child of the need to share such information unless this places the child at further risk of harm.

- **Use of Confidential Information for Other Purposes.**

Child Psychotherapeutic Counsellors and Psychotherapists do not disclose in their writing, lectures or other public situations, confidential, sensitive personal information or identifiable information concerning their clients or their family members unless:

1. reasonable steps have been taken to disguise the client's identity, or
2. the client has given their informed consent if of sufficient age and understanding to give such consent, otherwise parental consent has been obtained, or
3. there is an ethical or legal requirement to do so.

#### **5.4 Record Keeping**

Records should be kept of all psychotherapeutic work with children. These should be respectful and provide basic information about the contractual arrangements, progress and content of therapy.

- **Data Protection.**

Unless the work is undertaken within the NHS (when the relevant legislation and regulation concerns access to medical record) all recording and data protection generally is covered by the Data Protection Act 2018 and General Data Protection Regulations which the practitioner must adhere to.

- **Access to Records.**

Agencies and practitioners offering psychotherapeutic support should have a clear policy regarding whom the record belongs and how long records are kept for and when they will be destroyed. Looked After children till 75<sup>th</sup> anniversary of child's birth or for fifteen years after their death. Decisions about access to record should then be based on the agencies policy and what is in the best interests of the child. Under the Data Protection Act (2018) clients have a right to access most of their records kept about them. Practitioners are advised to discuss such requests in supervision or with their line manager to understand the meaning of such a request. Consideration of whose record it is needs to be given in work involving children and their parents. Practitioners need to be guided by the ethical principle of Do No Harm alongside their assessment of the child's level of understanding of the request and who is able to give informed consent.

Access to records may be asked for by a court of law and practitioners should consider seeking legal advice in responding to such requests. Practitioners need to be aware that not responding to a court subpoena is a criminal offence.

- **Audio/Video Recording of Sessions.**

Practitioners need to consider carefully the use of audio or video taping when working with children. They need to be mindful of the increasing use of technology in the abuse of children and how children may view being recorded. If a practitioner wants to record sessions, they must first ensure they have the informed consent of the client if the child is of sufficient age and maturity to understand the nature of this. If not the consent of the person with parental responsibility must be obtained and the assent from the child. It must be made clear the purpose of such recording and the use of such recordings, whether they will be kept and for how long and where they will be stored securely.

Practitioners do not photograph, videotape, film or record the image or voice of clients for advertising or personal use.

## **6. TRAINING, RESEARCH AND PUBLICATION.**

### **6.1 Research.**

Practitioners will clarify with child clients and those with parental responsibility the purpose, conditions of any research they are asking the child and their family to be part of. Verifiable consent and appropriate Research Ethics Committee approval needs to be obtained prior to any research commencing.

Practitioners ensure that any client participating in research does not suffer adverse consequences if they decline or withdraw from this research.

Practitioners do not fabricate research data. If they discover a significant error in their published data, they take reasonable steps to correct such errors.

### **6.2 Training and Publications.**

Child Psychotherapeutic Counsellors and Psychotherapists do not disclose in their writing, lectures or other public situations, confidential, sensitive personal information or identifiable information concerning their clients or their family members unless one of the following has been met:

1. Specific action has been taken to fully disguise the client's identity and the requirement to only include material within a composite case if the practitioner has not been able to obtain specific consent to present.
2. The client has either assented or given their consent if they are able to give informed consent or the person with parental responsibility have given their informed consent. Even when consent is given the case needs to be anonymised enough to ensure the identity of the client and their family is protected.

3. There is a serious ethical or legal requirement to do so.

#### **References.**

Adoption and Children Act (2002) LONDON: The Stationary Office (TSO).

Arrangements for Placement of Children (General) Regulations 1991. Statutory Instrument No. 890. LONDON: The Stationary Office. (TSO).

Children's Act (1989) LONDON: Her Majesty's Stationary Office (HMSO)

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Common Assessment Framework: Manager and practitioners' guides. (2006) LONDON: Department of Education and Skills (DFES)

Data Protection Act (2018) LONDON: The Stationary Office (TSO).

Every Child Matters Green Paper (2003) LONDON: The Stationary Office. (TSO).

Home Office, Crown Prosecution Service, Department of Health (2001) *Practice Guidance of the Provision of Therapy for Child Witnesses Prior to a Criminal Trail*. LONDON: Her Majesty's Stationary Office (HMSO)

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The Northern Guild for Psychotherapy Code of Ethics

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United Kingdom Council for Psychotherapy with Children Committee Guidelines for the Supervision of Child Psychotherapist (2008)

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