TISUK CODE OF ETHICS AND CODE OF PROFESSIONAL

CONDUCT FOR WORKING WITH CHILDREN

This Code of Ethics takes into account the Children's Act 1989 and 2004.

In all decisions the practitioner makes in relation to their child client, **the child's welfare shall be the paramount consideration**
(1.1.Children's Act).

1. **General Issues:**

i. The practitioner carefully selects children or young people suitable to the type of support she or he is offering in line with the school or organisations procedures.

ii. All children and young people must participate voluntarily.

iii. At the beginning of the sessions an explicit contract must be made with the child about the rationale of sessions, restrictive and permissive ground-rules of sessions, confidentiality, timing and spacing of the sessions.

iv. Practitioners must ensure that parents are in full knowledge that their child is attending sessions with a TISUK practitioner if they are additional and different to what the child/young person's class/group is accessing. Parents must be in full agreement with this.

v. There must be open information for both children and parents **upon request**, about the practitioner's experience, qualifications and training.

vi. There must be no exploitation or oppression of the child or young person's emotional vulnerability, for the gratification of the practitioner's sexual, financial or power-oriented impulses or for any distress- determined compulsion in the practitioner.

vii. In order to work with children, the practitioner must have adequacy of preparation and training, and commitment to self and peer assessment, to supervision, to the setting of standards, to personal development and to training development.

viii. The practitioner must be open to research issues.

2. **Relationship with Children and Young People:**

i. The practitioner accepts child/young person commensurate with his/her training, skill and supervision arrangements. The practitioner should practice only within the limits of his/her professional competence. When faced with a child/young person outside the competence of the practitioner, she/he will either refer the child/young person on to a practitioner with the required skills or obtain appropriate extra supervision.

ii. The child/young person - practitioner relationship is professional. Sexual exploitation or any other exploitation of the child/young person - practitioner relationship, either financial or emotional, is considered unethical.

iii. Practitioners are open about their training, qualifications, years of experience, and other related information regarding professional competence.

iv. Practitioners maintain suitable facilities and conditions for the type of sessions provided.

v. Practitioners respect the dignity of clients and their worth as human beings.

3. **Professional Issues:**

i. Practitioners maintain professional relationships with colleagues (skill sharing, support and concern for ethical issues, promotion of the theory, research, and practice of therapeutic interventions).

ii. Practitioners should support themselves sufficiently in life and manage their practice in such a way as to avoid burnout, over tiredness, overloading, which would adversely affect their ability to be fully present in the sessions.

iii. Practitioners do not discriminate against clients in terms of race, age, gender, sexual orientation, or belief systems. Practitioners should be most cognisant in not attempting to influence their clients with their own value systems and belief systems.

iv. Advertising shall be limited to accurate information regarding qualifications and services. Demeaning and comparative statements about other trainings or Practitioners are considered inappropriate.

4. **About the Sessions Themselves:**

i. The practitioner is clear that during the sessions she/he is acting in loco parentis and has full responsibility for the safety and welfare of the child during this time in line with the school/settings procedures.

ii. Should a child wish to leave a session part way through, the practitioner will ensure that there will be adequate supervision of the child until they are returned to another responsible adult.

iii. The practitioner will ensure that the child does not hurt himself physically in any way during the session and will take all adequate measures to ensure this.

iv. The dress of the Practitioner should be appropriate, e.g., she/he should not wear sexually provocative clothing.

v. Practitioners should always maintain therapeutic boundaries.

vi. Practitioners should not work under the influence of drugs or alcohol.

vii. Practitioners should recognise when they are not able to be fully present with children/young people and take appropriate action, e.g., a holiday, consider further supervision or personal therapy.

viii. Practitioners should see that they have sufficient time to assimilate the process and content of each session, i.e., there should be a sufficient time interval between one child and the next, and days not working.

ix. Any changes to the child/young person's regular session time, or any changes to the circumstances of the session, e.g., change of venue or time, must be made well in advance where possible.

x. Any necessary interruptions or termination of the session must be told to the child/young person well in advance to allow the child/young person time to discuss and work through this where possible.

xi. The child's parents should be very clear how to contact the Practitioner. This may be via the Practitioner's place of work.

xii. Practitioners should constantly monitor the usefulness and effectiveness of the session. If she or he feels that, over time, it is not proving useful, this should be looked at in supervision before considering referring on.

5. Touch policy (updated August 2019)

TISUK is committed to establishing a safe physical and emotional learning environment where basic needs are met; safety measures are in place; and staff responses are consistent, predictable, and respectful.
Our approach to physical contact within the context of safe relationships is underpinned by research and evidence. 'Social touch is a powerful force in human development, shaping social reward, attachment, cognitive, communication, and emotional regulation from infancy and throughout life' (Cascioa et al 2019)

Touch is the earliest sense to develop and is significant in the way we perceive our own bodies and our sense of self. In the first months of life, touch is key in the development of secure attachment and the formation of relational bonds. Touch communication is associated with immediate reductions in both behavioural (Stack and Muir, 1990) and physiological (Feldman et al., 2010b) response to stress.

In the classroom, positive, contingent touch from teachers has been demonstrated to increase on-task behaviour and decrease disruptive behaviour in young children (Wheldall et al., 1986).
It is right that DfE has now stipulated that schools cannot have a no touch policy as physical intervention can have a profound impact on stressed out or dysregulated children, often preventing escalation and the need for exclusion or isolation. A "no touch policy" would be depriving to children who need to be soothed and calmed.

Legal Framework and terminology

The current legal context and guidance is informed by the following documents
DFE-00023-2014 Behaviour and Discipline in Schools (updated 2016)
DFE 00295-2013 Use of Reasonable Force (reviewed 2015)
Where touch is used to support a child/young person through reassurance, regulation at an early opportunity it is legally deemed to be '**physical intervention**'
Where the child's/young person's movement is controlled either through passive physical contact, such as standing between pupils or blocking a pupil's path, or active physical contact such as leading a pupil by the arm out of a classroom, this is legally referred to as **'restrictive physical intervention'.**
Bernard Allen 2014 Improving Guidance on Managing Risk and Restraint in Children's Services
DFE-00023-2014 gives school staff the legal right and power to use **reasonable force** in specific circumstances to prevent pupils:
• committing an offence
• injuring themselves or others

• damaging property
• disrupting good order and discipline in the classroom.

DFE 00295-2013 defines the term '**reasonable force'** to cover the broad range of actions used that involve a degree of physical contact with children and young people. Force is usually used either to control or restrain. This can range from guiding a pupil to safety by the arm through to more extreme circumstances such as breaking up a fight or where a child/young person needs to be restrained to prevent violence or injury. 'Reasonable in the circumstances' means using no more force than is needed.
Restraint means to hold back physically or to bring a pupil under control and is used in extreme circumstances where the physical safety of the child/young person or another is in question. This is also referred to as **'restrictive physical intervention'.**
Where touch is used to support a child/young person through reassurance, regulation at an early opportunity it is legally deemed to be '**physical intervention**'.
In IATE we refer to **physical intervention** as the use of **safe touch** to support and regulate a child and **restrictive physical intervention** as **supportive holding. <u>They are not different or additional to those terms defined in law.</u>**

<u>DFE and ruling on reasonable force</u>
DFE 00295-2013 permits **all** members of school staff have a legal power to use reasonable force when the situation satisfies the circumstances outlined above. This power applies to any member of staff at the school regardless of whether they have received training in restrictive physical intervention or not. It can also apply to people whom the head teacher has temporarily put in charge of pupils such as unpaid volunteers or parents accompanying students on a school organised visit or where a professional from another agency is working with the child/young person e.g., therapist
Further situations when physical intervention may be required include to
• remove disruptive children from the classroom where they have refused to follow an instruction to do so.
• prevent a pupil behaving in a way that disrupts a school event or a school trip or visit.
• prevent a pupil leaving the classroom where allowing the pupil to leave would risk their safety or lead to behaviour that disrupts the behaviour of others.
• prevent a pupil from attacking a member of staff or another pupil, or to stop a fight in the playground.
• restrain a pupil at risk of harming themselves through physical outbursts.

The decision on whether to physically intervene is down to the professional judgement of the staff member concerned and should always depend on the individual circumstances informed by the risks of using physical intervention and the risks of not.
IATE believes it is fundamental, in meeting the emotional needs of the child/young person, to provide containment and appropriate boundaries to a child/young person. This may include preventing the child/young person escalating in the destructiveness of their behaviour. This can sometimes be a call for support by the child who may not be able to articulate this in any other way.

What is appropriate Safe Touch (physical intervention)
DFE 00295-2013 guidance is clear. It is not illegal to touch a pupil. There are occasions when physical contact, other than reasonable force, with a child/young person is proper and necessary. Schools should **not** have a 'no contact' policy. There is a real risk that such a policy might place a member of staff in breach of their duty of care towards a child/young person or prevent them

taking action needed to prevent a pupil causing harm.
Used in context and with empathy, touch supports the development of strong, nurturing relationships with the children and young people we care for. It can support the development of an effective stress management system, altering a child's biochemical profile and balancing key emotional systems in the brain (Panksepp and Biven, 2012). It can also be key to developing fundamental social, behavioural and attention skills, whilst offering physical support to those children/young people who need it.

DFE 00295-2013 offers examples of appropriate use

- Holding the hand of the child at the front/back of the line when going to assembly or when walking together around the school.
- When comforting a distressed pupil.
- When a pupil is being congratulated or praised.
- To demonstrate how to use a musical instrument.
- To demonstrate exercises or techniques during PE lessons or sports coaching.
- To give first aid or medical support (administering an EPI pen or insulin injection)

In addition, /IATE supports the use of touch for the following reasons and circumstances:
Communication – touch is an important aspect of communication and plays a significant role in establishing good connection with children and young people at early communication levels. (Nind and Hewett, 2006).
Where a child displays difficulty in focusing on the human voice, touch may be necessary to gain attention or reinforce other communication (e.g., hand on shoulder when speaking) or to function as the main form of communication. Touch enables staff and pupils to respond non-verbally or to respond to another person's own use of physical contact for communication and to make social connections. Touch may steady a child/young person who desperately seeks connection with an adult, confirming they have been seen and heard.

Educational, Health and Care Tasks- Touch can also be used to direct children in educational tasks and developing skills. Physicalprompting and support, gestural and physical prompts during learning activities such as hand-over-hand support and hand-under- hand support (particularly for children who have profound or complex additional needs)
Play activities naturally include touch. TISUK supports the use of attachment play activities as targeted interventions to build and develop supportive, nurturing relationships with children and young people. These activities involve appropriate physical contact. Physical support may also be necessary to include and teach, in activities such as PE or swimming or to carry out therapy programmes such as massage, sensory integration, occupational therapy, physical therapy either by the therapist or by another member of staff carrying out a programme or following therapy advice.

Emotional and Physical Regulation Touch is an effective way to communicate acceptance and emotional warmth. It can provide
containment and reassurance, communicating safety and comfort. Touch affecting both tactile and pressure receptors stimulate the central nervous system into a state of relaxation and calm. It affects both behavioural and neurochemical indicators of stress – decreased heart rate, blood pressure, cortisol, and oxytocin levels (Field 2016) resulting in a more relaxed, attentive state.
Cautionary touch should be used with pupils who are sensitive to touch, touch defensive or may have a history of receiving negative touch.

Intimate Care- occasionally children and young people may need support with personal care skills as a result of medical or additional needs. Touch is necessary in order to carry out and support

pupils' personal care and intimate care routines. A separate **Intimate Care Policy** should detail procedures and responsibilities. Intimate care should only be carried out by staff that the child/young person is comfortable and familiar with.

Physical Intervention: Safe Touch: Key Considerations for Staff

Staff should always consider the purpose and intended outcome of the use of safe touch (**physical intervention**). It should always be with the best interest of the child/young person at heart and meet an emotional or physical need in the child.

Staff should be aware of how safe touch may be interpreted by the child themselves, and by other people. So, use of safe touch, should always be preceded by a reflective process, on the part of the child professional. Communication of effective working practice with children/young people will ensure that physical intervention practices are not misinterpreted.

To protect themselves, staff should operate an open-door policy when delivering a programme of intervention involving safe touch or when supporting a pupil's sensory needs such as with massage or sensory integration session (if appropriately trained to do the latter). Staff must not lone work when providing intimate care or personal care programmes where the child/young person will be undressing and/or requiring physical support behind a closed door.

What Constitutes Inappropriate/Unsafe Touch?

- Physical intervention should never be used as a form of punishment
- Touch that is instigated to meet a need in the adult is **not** deemed appropriate or safe e.g., to reassure the adult or make the adult feel better.
- Touch that replicates an element of a traumatic experience for a child/young person
- Any physical intervention that the child experiences as unwanted, uncomfortable, or invasive (except in the use of restrictive physical intervention where safety is paramount)
- Touch with children/young people who are identified as sensitive to touch or touch defensive e.g., children with sensory integration/processing difficulties, ASC, or traumatic associations with touch
- It is not acceptable to kiss pupils. Occasionally younger children or children with complex needs may initiate a kiss between themselves and a member of staff as a genuine, instinctual demonstration of affection. It is the role of school staff to support children to understand safe touch and develop appropriate boundaries to keep themselves safe. Staff should withdraw from the situation, gently reminding the child of their role and appropriate people to demonstrate their affection to in this way.
- It is never appropriate to touch children/young people in the following areas: genitals, chest/breast, or bottom **References**

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6 Dual Relationships:

i. Practitioners should avoid taking on a child/young person with whom they would then have a dual relationship. Thus, they should therefore avoid taking on relatives, close friends, or intimates of their existing children/young people, or of themselves, as individual clients. Family therapy sessions with existing child clients, or joint sessions with a parent and the child, do not fit into this category.

i. Practitioners should avoid seeing clients in any social circumstances outside of the sessions. If the safety or the containment of the session becomes impaired and cannot be worked through satisfactorily the sessions may need to be terminated. Where this contact happens accidentally, e.g., bumping into a child/young person on the street, the impact of this needs to be considered in the session.

ii. Practitioners should be mindful when working with a child/young person who is being seen by a therapist, counsellor, or psychotherapist .

7 Confidentiality:

a. If there is evidence of probable danger to the child/young person or any other child, e.g., when a child has made a disclosure in the session and is viewed to be at risk, the practitioner is **ethically bound** to disclose this to the appropriate body in the circumstances,

e.g., the School Head, or the Social Services Child Protection Team direct. When a child has made or is threatening to make a suicide attempt, the practitioner will follow it up with their designated safeguarding lead immediately.

b. The practitioner must therefore make it clear to the child from the outset of the sessions, that where they believe the child to be in emotional or physical danger, they will have to tell someone, which may include disclosing details of actual sessions, so that the child is not at risk. The practitioner will endeavour to talk to the child, if possible, before talking to a third party.

c. In the school setting, the practitioner should ensure that he makes himself familiar with the school policy for disclosures, and the school's set of Child Protection Procedures.

If it is the case Practitioners must be very clear that they are not trained to deal with disclosures, only to report them. In other words, it is not up to them to make any decision as to the future of the child having reported the disclosure. They have neither the training nor resources to do so. There are systems set up to protect children and the practitioners are not always part of these.

d. Practitioners must keep detailed notes on any disclosure, and write down a verbatim account of what the child has said, the practitioner is ethically bound to report any medical issues about the child to their parent or to the appropriate person in the work setting, if relevant

8 Exceptions to Confidentiality:
Apart from in the circumstances detailed above, all information provided by the child/young person in terms of exact content and process of the session is confidential. However, the following exceptions apply:
- Parents and teachers can be given:
- general impressions
- guidelines for help.

ii. Teachers and parents can of course be given information about the specifics of the session with the child's consent.

iii. When working in a multi-disciplinary team, relevant information is shared.

iv. In transfers and referrals mutually agreed between child/young person and practitioner, pertinent information may be shared with the new practitioner with the child/young person's permission.

v. For supervisory or teaching purposes, but the child/young person's identity is protected.

vi. When required by law (however courts are usually sympathetic to the desirability of keeping confidential sessions of this type confidential and, where applicable, the practitioner should ask the court for permission to do so).

vii. When any report to other professionals, e.g., GP, Psychiatrist, Child Protection Officer etc., is requested or exchanged involving disclosures of the child/young person's identity. It is of utmost importance to discuss in supervision whether or not to discuss with the child: a)the fact that the report is being written.
b)the contents of the report.

9 . Storage of Case Notes:
All case notes must be stored under lock and key.

10. Ownership and Archiving:

a. Where practitioners are not working in private practice, they should clarify with their employing body who claims ownership of their case notes.

b. Where the practitioner does not have ownership, they should be aware that this may place their case notes at risk of being used for a purpose other than a strictly therapeutic one. This is a particularly important issue where, as in the NHS, the employing body has a policy of storing records for between8 and 20 years after discharge and it is unlikely that the counsellor will have direct control over the destruction of the case notes.

11. Audio Recording and Video Taping of Sessions:
Where audio recording or video recording of sessions by the practitioner is required for supervision or examination purposes, verbal consent **must** be obtained from the child and written consent from the parent/s.

12. Case Presentations and Publishing:
The anonymity of children and young people should be protected, by disguising their identity as far as is possible, when presenting a case at professional seminars and when submitting material for publishing.

13 .Liaison with Psychiatric Profession:
Practitioners shall obtain a psychiatric assessment of a client when necessary.

Criminal Convictions:
Practitioners will not be deemed suitable to work with children if they have been convicted under the Sexual Offences Act or are List 99 offenders.

14 Code of Ethics for Equality, Diversity, and Inclusion

Graduates, trainees, trainers and all TISUK employees acknowledge the need to openly explore and question their own attitudes to difference and diversity in relation to their clinical practice and as an integral part of their on-going personal and professional development. They understand the need to reflect on and address unconscious bias on an ongoing basis,

Graduates, trainees, trainers and all TISUK employees commit to actively engaging with issues of diversity and difference in all aspects of their professional lives and activities.

Graduates, trainees, trainers and all TISUK employees must understand and be up to date with all legislation regarding diversity, difference, and acts of discrimination.

Graduates, trainees, trainers and all TISUK employees, commit to actively preventing prejudice about gender, colour, race, age, sexuality, lifestyle, social status, disability, cultural or religious beliefs

Graduates, trainees. trainers ensure they are culturally informed when working children/young people. service users.