TISUK Code of Ethics

Professional conduct for working as a Trauma Informed Practitioner with children and young people

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

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

Criminal convictions

Practitioners will not be deemed suitable to work with children if they have been convicted of an offence that has subsequently barred them from working with children, such as sexual offences or violence against children, and are therefore on the Children's Barred List.

General issues

- All children and young people (cyp) must participate voluntarily.
- Practitioners are open about their training, qualifications, years of experience and other related information regarding professional competence.
- In order to work with cyp as a TISUK practitioner, the person must have trained in TISUK's trauma informed interventions and have sound knowledge of TISUK's theory of change, how cyp recover from traumatic life experience and the model of PRRR.
- There must be commitment to self and peer assessment, to supervision, (appropriate to their setting whether school or otherwise) to personal development and to CPD.
- The practitioner commits to learning about new research on trauma, attachment, child development, theory of change.
- Practitioners should support themselves sufficiently in life in such a way as to avoid burnout, over tiredness, overloading, which would adversely affect their ability to be fully present as an emotionally available adult (EAA) with a child.
- Practitioners do not discriminate against cyp 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.
- Practitioners will ensure that the cyp does not hurt themselves physically in any way during one-to-one time and will take all adequate measures to ensure this.
- Practitioners should ensure that they have sufficient time to assimilate the content of any one-to-one time with a child/young person. Therefore, there should be a sufficient time interval between one Reflect session and the next.
- If a child has a regular session to talk and there are any changes to the time, venue or circumstances of the session, these must be made well in advance where possible.
- Any necessary interruptions or termination of relationship with the practitioner as emotionally available adult, must be told to the cyp well in advance to allow the cyp time to discuss and work through this where possible.
- Practitioners should not work under the influence of drugs and alcohol.
- Practitioners should recognise when they are not able to be fully present emotionally, with cyp and if so, take appropriate action, e.g. a holiday, consider further supervision or personal therapy.
- Practitioners should constantly monitor the usefulness and effectiveness of their work with cyp. Over time, if they feel that it's not proving useful, this should be looked at in supervision before considering referring on.
- Practitioners maintain professional relationships with colleagues (skill sharing, support with ethical issues, safeguarding issues, promotion of theory, research and practice of therapeutic interventions).
- Demeaning and comparative statements about other trainings or practitioners are considered inappropriate.

Reflective supervision in schools

We strongly believe that supervision is a vital component of a Trauma Informed School community. We consider the effective, integrated practice of Reflective Supervision to be one spoke in a wheel of support around the child as the hub, or central focus. The cyp's capacity to develop maximally, and within the education system, is largely dependent on their ability to remain emotionally regulated and open to relational support or interaction. For some children, the quality and consistency of relationship with trauma informed practitioners will be a key component to this dynamic.

Reflective supervision is a supportive, respectful and purposeful process. It is fundamentally concerned with how to best support practitioners, to best support the children with whom they work alongside. Reflective Supervision is an interactive experience that is achieved by a trained facilitator holding a boundaried space in which emerging themes in the work can be thought about and reflected upon, especially whilst applying the theoretical model of PRRR that underpins TISUK training.

Clinical supervision in specialist services with cyp suffering from severe trauma

Those practitioners working in specialist services with severe trauma should ensure they have clinical supervision (clinical psychologist or UKCP/BACP reg psychotherapist) at least once a month. This may be more frequent as recommended or required within their setting. Furthermore, practitioners must ensure they follow the clinical lead/therapeutic treatment planning set by the Director within the service.

Limits of Competence:

The practitioner should practice only within the limits of their professional competence. When faced with a child/young person outside their competence, they will refer the cyp on to a practitioner with the required skills. Practitioners should refer on, those cyp with severe mental ill-health issues e.g. those experiencing hallucinations, delusions, severe dissociation: derealisation, depersonalisation, mania, severe paranoia, catatonic depression.

Practitioners in schools should ask for a psychiatric assessment to take place when they are concerned that a cyp is presenting with a serious mental health issue.

Working with a child's trauma story

It is vital that a working alliance is established before reflective conversations about painful life experiences take place. But once this is in place, if we deny/deprive cyp the support they are so often asking for, to reflect on their lives with our trained EAAs in order to make the unmanageable manageable, their untold trauma story will be enacted on self- and/or others. This is in evidence everywhere in the sufferings of society. With our EAAs, countless cyp have moved from enacting their trauma history in destructive ways on self and others, to reflecting on it.

That said, no practitioner should ever coerce a cyp to share their trauma story or pressurise them to go deeper into their pain, in other words, crashing through defences. If a child says, "Don't talk to me about feelings," (or equivalent) this should always be respected. Work on strengthening the working alliance and emotional regulation should ensue.

Contra-indications for working with a child's trauma story

Reflective trauma work should not take place with cyp who have severe mental health problems (see above). These cyp are not emotionally and cognitively well enough to be able to engage in a reflective conversation. Their hold on reality is often very fragile. Trying to engage them in reflecting on what has happened to them can be deeply triggering and distressing. The need to soothe and regulate these cyp is of paramount importance.

Working in alternative settings, secure children's homes (SCHs)

Cyp are placed in secure children's homes or PRUs because sadly things have built up, with no one helping them make sense of the trauma they have suffered. Some may now be at a point when they are at significant risk to themselves or others. In other words, their trauma story and the hell in their minds is being enacted not reflected on in ways that harm self-and/or others. As stated, 'If you don't transform your pain, you will inflict it on self/ others.' (Greg Boyle)

When cyp in alternative settings or SCHs are deemed to be of sound mind and want to actively talk about what happened to them, then with the support of the clinical team and appropriate supervision, the practitioner can indeed respond in ways that help them make sense of their past. In this sense TISUK follow Ofsted guidance for SCHs on this: "Good SCH providers explore what brought children to this crisis point in their lives, done well, this work helps children to make sense of their past:" (Ofsted Social care 2020)

In SCHs there should be a clear clinical lead from psychiatric/ psychological services to ascertain the specific psychological needs and mental health of each cyp.

Confidentiality and safeguarding

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, 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. As with all safeguarding concerns, practitioners must follow their safeguarding policies and procedures within their organisation and liaise with the designated safeguarding lead. Where required, practitioners may also need to liaise with other appropriate services such as social care and the police.

The practitioner must therefore make it clear to the child from the outset of any formal Reflect/talk time 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 the 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.

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

Disclosures

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.

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.

Parent consent

We have a duty of care to provide, in whole class provision, the universal approaches that will support the child – the reasonable adjustments we make to meet a child's needs so they can access the curriculum.

The practitioner should gain parental consent (see parent consent form) for anything that is additional to or different from the whole class provision e.g. formal ongoing Reflect/ talk time sessions as opposed to occasional therapeutic conversations.

Exceptions to confidentiality

Apart from the circumstances detailed above, all information provided by the child/young person in terms of exact content and process of the talk time is confidential. However, the following exceptions apply:

- Parents and teachers can be given general impressions and guidelines for help.
- Teacher and parents can of course be given information about the specifics of what the child has said, with the child's consent.
- When working in a multi-disciplinary team, relevant information is shared.
- 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.
- For supervisory, teaching or training purposes, the child/ young person's identity is protected.
- 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).
- 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 and b) contents of the report. Where safe and appropriate to do so, parents should also be consulted regarding the sharing of information to other professionals.

Using material from work with children in case presentations

Practitioners need to ask the child's permission to use some of the therapeutic work they have done together in their case presentation. Explain that they will be entirely anonymised, this is about respecting the child's right to choose how their work will be used as it is their information. There should be additional permission, to include any pictures of work too, as in, ask specifically, can I use this and why. It is possible alternatively to use a simulation of artwork sand play. Those who are working on a more formal one to one sessional basis will use the parent consent form for the permission along with child consent.

When presenting a case at professional seminars or when submitting material for publishing, the anonymity of children and young people should be protected by disguising their identity as far as is possible. Additional consent should be gained for these purposes.

Storage of notes and record keeping

All notes must be stored under lock and key. Practitioners should clarify with their employing body who claims ownership of these notes. 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 between 8 and 20 years after discharge and it is unlikely that the practitioner will have direct control over the destruction of the case notes. With regards to recording sessions and keeping notes, as a TISUK Practitioner, as Practitioners are not counsellors, they will follow their school/ organisations' requirements around record-keeping. If safeguarding concerns become apparent during conversations, practitioners will follow their safeguarding policies and procedures and make a detailed record as directed by Keeping Children Safe in Education (KCSiE) within England and will follow the equivalent statutory guidance in Wales, Scotland and Ireland. Any counselling by those suitably trained, should follow the BACP/ UKCP protocols and use parent child consent forms.

Use of touch

Please refer to the Safe Touch Policy and Guidance for more information.

Equality, diversity and inclusion

Graduates, trainees, trainers and all TISUK employees acknowledge the need to:

1) 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.

2) commit to actively engaging with issues of diversity and difference in all aspects of their professional lives and activities.

3) understand and be up to date with all legislation regarding diversity, difference and acts of discrimination.

4) actively prevent prejudice about gender, colour, race, age, sexuality, lifestyle, social status, disability, cultural or religious beliefs.

5) Ensure that they are culturally informed when working with children/young people.

(Ref Secure children's homes – helping the most vulnerable children Ofsted Social Care 2020)
https://socialcareinspection.blog.gov.uk/2020/06/09/secure-childrens-homes-helping-the-most-vulnerable-children/