

Child Therapeutic Wellbeing Practitioners for Children, Young People, Organisations and Communities

Practice Guidance for Professional Conduct

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Introduction to Child Therapeutic Wellbeing Practice

Definition of a Child

A child is defined here as a person under the age of eighteen and a young person can be up to the age of twenty-five.

Child Therapeutic Wellbeing Practitioners are informed by the theory of change that children form and transform in relationships. They are committed to early intervention, providing opportunities to promote positive mental health, social relationships and emotional wellbeing. They build on children and young people's agency and resilience, helping to alleviate suffering, optimise life choices, inspire creative potential and increase the chances of recovery from adversity in childhood. Child Therapeutic Wellbeing Practice is trauma-informed, mental health-informed, attachment-informed and adversity-informed. All practitioners are also research-informed in their approach to practice.

Practitioners work within many different settings in health, education, youth justice and social care, statutory, independent, charity and voluntary sectors, sharing influence from youth work, social work, mental health, participatory arts, therapy, and education. They are supervised by appropriately qualified and registered therapeutic professionals who

are usually UKCP registered psychotherapists who have relevant experience with children and young people.

As a reliable and consistent therapeutic presence and role model, they promote the participatory voices of children, young people, families and communities to support with the identification of children's needs, co-producing creative and therapeutic approaches which maximise on positive outcomes for healing, growth and learning.

In promoting inter-disciplinary communication and multi-disciplinary practice, practitioners can seek support from, and make referrals to, other professionals as required. Child Therapeutic Wellbeing Practice is informed by humanistic philosophy, holistic, developmental, relational, integrative and systemic perspectives underpinned by cognitive, social and affective neuroscience.

Child Therapeutic Wellbeing Practitioners can offer professional and organisational consultation, promoting cultural change as well as mentoring, key-working and creative group work. Where appropriate this can incorporate meaningful activities including sports, participatory arts, leisure, nature, animal assisted and communications technology.

Child Therapeutic Wellbeing Practitioners embody principles of professional practice informing conduct and ethics in working with children, young people, parents, carers, organisations and communities as well as health, education and social care professions. They adhere to the codes of ethics of the United Kingdom Council for Psychotherapy

Practice guidance for professional conduct defines and reinforces the ethos, qualities and standards expected for the delivery of child therapeutic wellbeing practice wherever children live, learn and play.

Promoting ethical conduct and aspiring to child-centred values and principles are fundamental to the training and education of Child Therapeutic Wellbeing Practitioners to ensure safe and effective practice in a diverse range of approaches to wellbeing practice.

The standards informing the practice guidance have evolved out of many years of consultation with professionals and research from a wide range of disciplines as well as learning from vulnerable children and young people how to care better.

The aim is to represent the best interests of the children and young people, parents, carers, families, organisations, and communities as well as to communicate with health, education and social care providers, employers, regulators, researchers. This includes informing students in trainings, psychoeducation for carers and multi-professional colleagues.

These guidelines are to be understood in conjunction with the UKCP Code of Ethics with distinctive information for professional Child Therapeutic Wellbeing Practitioners informed by relevant UK legislation including the United Nations Convention on the Rights of the Child (UNCRC).

The following principles inform ethics and practice guidance:

Avoiding Harm

Duty of care is central to professional practice. Overriding priority must be to avoid harm and damage to clients

Benevolence

The object of therapy is to exercise professional knowledge and skills to perform the function of good work which benefits others

Candour

This includes openness and transparency with all relevant people. When things do not proceed as they should, being proactive in providing information about what has happened, providing full, truthful information, giving reasonable support and where appropriate apologising

Competence

Ensuring capability to deliver standards of competence appropriate to area(s) of practice, education and research, and that standards of proficiency and performance match competence

Honesty

Professional relationships are founded in trust. Trust will be compromised if there is not honesty on all sides and it justifies the trust placed in you, and in the profession, by acting with honesty and integrity

Human Rights and Social Justice

Acting in all circumstances to promote equality and celebrate diversity

Personal Accountability

Personal accountability for conduct, actions and professional practice

Leisure, Recreation, Activities and Insurance

The Child Therapeutic Wellbeing Practitioner values recreational time, personal freedom and creative opportunities as a key to wellbeing, happiness and success. Child Therapeutic Wellbeing Practice can be delivered in the context of a wide range of leisure activities which are meaningful to children and young people. If there are specific areas in which the work is taking place which involve greater physical risks or demands it is important to be aware of the insurance implications and to liaise with the insurer in advance of participation. This may include adventure play, holiday visits, travel or vacations, working outdoors, being in nature, sports, sailing, swimming, cycling etc-

Animal Assisted Therapeutic Support

This is recognised as a specialist area and it is essential to seek consultation, guidance and support from appropriately qualified and experienced practitioners to supplement reflective practice.

1. Personal Qualities and Values Promoted in Child Therapeutic Wellbeing Practice

Child Therapeutic Wellbeing Practitioners promote the following:

- 1.1 Responsibility – personal and professional
- 1.2 Respect – in relationship to others
- 1.3 Compassion – empathy and sincerity
- 1.4 Humility – self-awareness and public service
- 1.5 Wisdom – in evaluation and judgement
- 1.6 Courage – overcoming fears and challenges
- 1.7 Honesty – truthfulness and trustworthiness
- 1.8 Dependability – consistency and reliability
- 1.9 Openness – transparency in decision making
- 1.10 Clarity – in thought and communication
- 1.11 Objectivity – in observation and analysis
- 1.12 Integrity – morality, fairness and justice
- 1.13 Accountability – answerable for actions and practice
- 1.14 Informed – decisions based on knowledge
- 1.15 Effectiveness – competency and skill
- 1.16 Resilience – endurance and resourcefulness
- 1.17 Creativity – innovation, imagination and originality
- 1.18 Autonomy – initiative and independence
- 1.19 Safety – trust, quality of care and duty of care
- 1.20 Evaluation – grounded in practice-based evidence

- 1.21 Diligence – in aptitude and discipline
- 1.22 Equality – in diversity and difference
- 1.23 Collaboration – mutuality and authenticity
- 1.24 Beneficence – generosity and altruism
- 1.25 Non-maleficence – no intentional harm or exploitation
- 1.26 Unconditional positive regard – congruence
- 1.27 Patience – sensitivity and centeredness
- 1.28 Emotional regulation – insight and awareness of feelings
- 1.29 Mindfulness – self-awareness, reflexivity and calm
- 1.30 Esteem – self-esteem and professional satisfaction

It is understood that practitioners may encounter a diverse range of sensations, images, feelings and thoughts, (SIFT), in their perception and experience that are contrary to these listed above. Supervision is essential to sift through, express and contain complex and contradictory issues, aspiring towards professional values and principles in practice.

2. Promote Clear Contracting and Management of the Working Alliance

Child Therapeutic Wellbeing Practitioners promote the following qualities and ethical values:

- 2.1 Adhere to principles that nurture and enable personal growth and self-responsibilities including fostering self-concept, self-awareness, self-confidence and trust, self-esteem and self-worth, communication and social skills, emotional regulation, agency, motivation and purpose, coping skills and self-efficacy, meaning, belonging, resilience and recovery, creativity and human potential.
- 2.2 Provide accurate information about scope of practice and level of qualification including what may be expected in promoting the wellbeing of children and young people parents, carers, families, communities and organisations.
- 2.3 Communicate clearly about their qualifications and experience providing accurate and up-to-date information in advance as well as declaring openly any conflicts of interest that could be relevant.
- 2.4 Do not intentionally mislead people in establishing expectations about wellbeing practice or claims about impact.

- 2.5 Ensure advertising is accurate, informative, clear and accessible conveying clarity of purpose in context.
- 2.6 Establish clear contracts for funding and arrangements for finances in voluntary, independent or statutory sectors.
- 2.7 Provide appropriate resources to facilities and ensure safe and effective practice including ratios of responsible adults and practitioners to children and young people which may vary in accordance with the specific needs of each child or situation.
- 2.8 Obtain informed consent from children and young people as well as their parents or carers wherever appropriate for voluntary participation in therapeutic approaches to wellbeing practice
- 2.9 Identify needs and practice in accordance with limits of competence making appropriate referral where necessary.
- 2.10 Establish clear working alliances suitable for each child, young person, family, community or organisation in accordance with the development of trust and with respect for age appropriate and culturally sensitive language as well as communication which is sensitive and aware of additional needs including neurodiversity.
- 2.11 Accurately assess and develop specific plans for the promotion of therapeutic wellbeing practice with each child or young person in accordance with their presenting issues and individual needs, ensuring priority for their safety and wellbeing.
- 2.12 Avoid disclosing personal information about themselves that could be confusing or detrimental and only share information in the interests of the child.
- 2.13 Work flexibly in complex situations with ethical care in advocating for the best interests of the child or young person in communicating with parents, carers and professionals.
- 2.14 In the case of remote working, ensure that issues have been considered for appropriate professional care, in accordance a wide range of issues in contacting, and with awareness of

implications for safeguarding, risk assessment age appropriateness, resilience and the use of online platforms.

- 2.15 Do not change the terms and conditions of therapeutic wellbeing practice without due process, advance-warning and a necessary time scale to consider appropriate issues in preparation for endings.
- 2.16 Make provision for children, young people or individuals to be sensitively informed in the event of absence or change of arrangements with advanced communication and preparation.
- 2.17 Ensure there is provision for communication in the event of unforeseen circumstances or unanticipated change including the possibility of unexpected illness, accident or death of the Child Therapeutic Wellbeing Practitioner.
- 2.18 Promote emotional intelligence in managing contracting and working alliances and guard against emotionally negative communications, relational enactments or group dynamics in relationships with other relevant adults in contact with children. (Continuing Professional Development is essential to maintaining self-awareness, reflexivity, ongoing learning and personal growth and to safeguard the best interests of children and families. Reflective practice can prevent any distraction or preoccupation with the practitioner's own wellbeing needs or personal issues).
- 2.19 Are responsive to the rights, needs and responsibilities of children and young people with respect for their subjective lived experience and perceptions.
- 2.20 Maintain commitment to honouring agreements made with children and not setting up unrealistic expectations or making promises which cannot be kept.

3. Promote Children and Young People's Participation and Collaboration

- 3.1 Support children and young people to participate in reflecting on their needs and capabilities as self-responsible agents of change at whatever age as experts by experience.

- 3.2 Collaborate with children and young people as well as those who are responsible for them towards developing interventions tailored to their individual needs, capabilities and best interests.
- 3.3 Remain committed to child-centred, age appropriate and sensitive communication with children and young people ensuring that they understand and engage in relationships.
- 3.4 Provide a range of creative resources for communication, dialogue and exchange so children and young people can convey accurately their emotions, perceptions, opinions and experiences effectively, be listened to in depth and heard.
- 3.5 Respect the voice, feelings, opinions and ideas of children and young people, including their own definitions and views on their own problems and challenges as well as best interests.
- 3.6 As far as possible with recreational play and spontaneous improvisation, which can be unpredictable, seek informed consent for any new experimentation or developments in creative and relational approaches to child therapeutic wellbeing practice.
- 3.7 Share information and communicate knowledge, insight and expertise in the service of enabling informed choices and decisions including collaboratively agreed aims and objectives for child therapeutic wellbeing practice and evaluation of outcomes.
- 3.8 Understand, appreciate and respect that in many cases emotional and behavioural difficulties can be forms of communication about their lived experience and relationships with others, which can provide useful and valuable information in gaining insight into the challenges, circumstances, history and needs of a child
- 3.9 Evidence commitment to collaborating with children and young people in monitoring and review, including engaging their contribution to evaluation of outcomes, quality assurance, feedback and appraisal processes.
- 3.10 Respect freedom and safety in establishing age appropriate restrictive and permissive boundaries which are empowering

and enabling but do not allow a child or young person to cause harm to self, others or property.

4. Risk Management in Creative and Relational Approaches

- 4.1 Work in accordance with Health and Safety Regulations and procedures appropriate to the activities, setting, context, presenting needs and wishes of the children and young people.
- 4.2 Participate in risk assessment in safeguarding, child protection, mental health, additional and special needs, physical and emotional safety taking measured risks in accordance with the rights of the child, potential and limits of any situation.
- 4.3 Recognise that children and young people have the right to take risks and be supported to identify and manage potential and actual risk, while at the same time seeking to ensure their safety and wellbeing in not harming themselves or others.
- 4.4 Enable children to participate in decision which affect them and make informed choices, promote autonomy, agency, independence and self-expression provided this does not conflict with safety or with the rights of others.
- 4.5 Provide clear and age appropriate information, guidance and support about whatever is required including information about personal, social and emotional development, recreational and creative opportunities, meaningful activities ensuring there is communication about any risks attached.
- 4.6 Avoid unsafe practice, which could be detrimental to the health and wellbeing of any child or individual with whom there is a duty of care to make accurate risk assessments in accordance with individual issues in context.
- 4.7 Consider the needs and capabilities of each child or young person individually, encouraging collaborative participation in risk assessment.
- 4.8 Provide consistent therapeutic boundaries with awareness of their implications for the development of each child or young person at different developmental stages as well as ground rules with consequences related to safety and conduct.

- 4.9 Take into consideration the attachment needs of each child or young person in managing beginnings and endings as well as preparation for new experiences and closure with due process.
- 4.10 Ensure that agreed working alliances can take into account attachment styles in children or young people and any ruptured attachments due to circumstances beyond the control of the practitioner are adequately communicated about in practice.
- 4.11 Remain aware of symbolic aspects of unconscious process or behaviour as communication, reflecting on what is being conveyed emotionally through self-destructive, disruptive, anti-social, oppositional, resistant or defiant relational styles listening to the possibility of deeper issues being expressed.
- 4.12 Aware of the definitions and implications of lone working, consulting in supervision to evaluate risks, safeguarding children, young people, self and others.

5. Promote Safeguarding and Child Protection

- 5.1 Will provide up-to-date evidence of checks for criminal convictions, Disclosure and Barring Service (DBS).
- 5.2 Ensure safeguarding practice is integral to child therapeutic wellbeing practice informed by relevant up to date legislation and procedures in each setting.
- 5.3 Are committed to the implementation of child protection procedures if the child or young person is at risk of significant harm and evidence a conscientious and vigilant approach in observations, reporting and monitoring any causes for concern.
- 5.4 Provide transparent and accurate information with clear contracting about matters of confidentiality and the necessary exchange of information wherever appropriate, including evidence of risk of significant harm to the child or young person.
- 5.5 Maintain professional commitment to child protection and safeguarding policies and procedures in practice, appropriate to the setting and in accordance with legal statutory requirements.

- 5.6 Adhere to child protection policies and procedures in the event of disclosures with awareness of clear lines of accountability relevant to each setting in health, education, social care, charity or independent sectors.
- 5.7 In the event of disclosures obtain consultation and refer to the relevant appointed professional responsible for child protection.
- 5.8 In the event of disclosure keep careful, detailed and accurate notes using only the words of the child.
- 5.9 Do not take responsibility for decisions about child protection autonomously but ensure verbatim accounts of any disclosures are passed to the relevant professional responsible for child protection and ensure this is taken to supervision.
- 5.10 With insight into emotional defences and self-regulation will not, under any circumstances, force a child or young person against their will to do anything they do not want to do, respecting their right to choose and ensuring their dignity in all communications.
- 5.11 If children or young people are at risk of significant harm effective communication and liaison is initiated and maintained until appropriate outcomes have been achieved or further referrals made to relevant personnel for accountability.
- 5.12 Manage risk assessments with reference to child welfare, safety and wellbeing in Child Therapeutic Wellbeing Practice including any issues related to lone working.
- 5.13 Are aware of issues related to lone working

6. Promote Equality, Diversity and Equal Opportunities

- 6.1 Understand and recognise that prejudice, discrimination and social exclusion exist, remaining mindful and sensitised to the individual emotional impact this can have on children and young people who may have been negatively affected by these factors in their life history or current circumstances.
- 6.2 Are receptive to emotional distress and pain which can be caused by the emotional challenge of inequality, injustice or

exposure to abuses of power including literal or symbolic experiences of violence or exclusion in their lives.

- 6.3 Accept responsibilities to recognise Adverse Childhood Experiences (ACES), inter-sectionality, promote social justice and endeavour to challenge prejudice or discrimination always, based on age, gender, race and culture, religion, sexuality, mental health, special needs, socio-economic background, cognitive and physiological difference or other reasons.
- 6.4 Ensure anti-oppressive and anti-discriminatory practice remain fundamental and integral to their practice and approach including in the planning and management of creative and relational approaches to wellbeing in groups.
- 6.5 Evidence ability to recognise own capacity for prejudice or assumptions using this insight and awareness of projection and stereotyping to avoid forms of active exclusion or discrimination.
- 6.6 Remain self-aware, empathic, un-defensive and reflexive in the wake of challenge related to accurate or perceived prejudice or discrimination, showing the willingness to critically inquire into self and re-examine approaches to professional practice.
- 6.7 Adhere to equal opportunities policies with respect for difference in planning, managing and reviewing practice.
- 6.8 Ensure issues related to diversity, inclusivity, inter-sectionality and access are considered carefully in identifying needs and developing projects which consider both complexity and adversity.
- 6.9 Are aware of the destructive impact of prejudice or assumptions and remain mindful of the use of language in power relations and vulnerability in communication skills.
- 6.10 Recognising children and young people's rights to self-determination resist making value judgements about choices and remain conscious of any attempts to influence their lives through imposing on them other belief systems, values or views.
- 6.11 Evidence commitment to strategies that promote equality and value diversity in creative ways with awareness that attunement

and therapeutic communication skills can be central to recovery from abuses of power and achieving goals.

7. Promote the Role of Multi-Disciplinary and Multi-Agency Practice

- 7.1 Encourage communication, collaboration, dialogue and liaison in inter-disciplinary, multi-disciplinary and multi-agency practice with respect for equality and diversity of opinion.
- 7.2 Value communication and exchange of information between people and professionals in the interests of the child or young person engaging the participatory voices of the parents, carers, teachers and most particularly the voice of the child.
- 7.3 Consult with others and advocate on behalf of children and young people to support awareness of their challenges and wherever appropriate the voice of the child being heard.
- 7.4 Value the exchange information with obtained consent and accountability concerning confidentiality agreements.
- 7.5 Take time to communicate the implications of shared information, seek consent with sensitivity and act with discretion in the interests of the child or young person.
- 7.6 Carefully consider the implications of multiple roles and dual relationships with awareness of conflicts of interest or confusion about roles and responsibilities.
- 7.7 Avoid behaviour which could impact negatively on relationships. Trust, working alliances and the wellbeing of the child including demeaning or comparative statements about other allied health social care professions and their approaches to practice.
- 7.8 Maintain professionally appropriate interactions avoiding contributing negatively to any interpersonal group dynamics.
- 7.9 Avoid the misappropriation or misapplication of knowledge or techniques from other fields of practice.
- 7.10 Liaise with mental health professionals if concerned about mental illness including a psychiatrist if required.

- 7.11 Inform a relevant health professional in the event of a child or young person disclosing the intention to commit suicide as distinct from suicidal ideation or with the deliberate intention to cause significant harm to others as distinct from destructive fantasies about them. This may include informing a medical doctor, consulting the safeguarding lead and/or manager to ensure actions have been considered within the setting or area of provision.

8. Promote Record Keeping, Notes and Data Protection

- 8.1 Manage information in accordance with legal requirements for data protection as well as confidentiality, professional discretion and freedom of information in accordance with procedures and law.
- 8.2 Maintain accurate and up-to-date records and notes of work in progress which can be made available if requested by children, young people, parents, families, carers or in the context of multi-disciplinary practice, research, audit or the contact of the courts as required.
- 8.3 Store notes and records including digital photographs under lock and key or in password protected areas.
- 8.4 Present case material in training and education as part of the research and evaluation process relevant to supervision which provides quality assurance through in-depth reflection and analysis and is integral to professional reflective practice.
- 8.5 Gain written consent for digital filming or audio recordings of work with children and young people from both them and the adult parent or carer who has responsibility.
- 8.6 In presenting material for supervision or assessment in training and education the identity of the child or young person must be disguised and protected to ensure anonymity.
- 8.7 Avoid using information for purposes that are different from the agreed and stated reasons it was initially given with consent.

- 8.8 Ensure that consent is obtained in documenting work for publication from the child or young person and adult with parental responsibility. It is essential that names are changed, and descriptions are not identifiable for confidentiality and anonymity as well as seeking ethical consultation.

9. Promote Professional Standards and Public Relations

- 9.1 Promote emotional regulation and wellbeing in interactions with others being mindful of the impact of feelings, communication and relationship.
- 9.2 Raise awareness of the need for sensitivity and respect in communicating with other in the interests of the child.
- 9.3 Seek to balance effectively the dynamic between challenge and support in relationships with children, young people and families as well as relationships with other professionals.
- 9.4 Promote public relations and professional standards in communication and conduct with awareness of the implications for reputation and public confidence.
- 9.5 Avoid personal conduct which could compromise professional reputation with awareness of responsibilities.
- 9.6 Ensure no form of exploitation or abuse of children, young people or families from those who are professionally engaged for recreation to provide therapeutic wellbeing services including sexual, emotional or financial gain.
- 9.7 Protect the child or young person and commit to considering their wellbeing including challenging the inappropriate professional conduct of others if required.
- 9.8 Avoid omissions in addressing ethical issues or colluding with any form of behaviour, conduct or practice which could be harmful or detrimental to the welfare of the child or young person.
- 9.9 Desist from practicing when capacities of assessment and evaluation are impaired by the impact of alcohol, drugs or any distorting influences including prescribed medication.

9.10 Advocate on behalf of children and young people, parents, families and carers where appropriate with the child or young person's welfare being of paramount importance and consideration in circumstances and decision making.

10. Promote 'Fitness to Practice' and Self-Support in Child Therapeutic Wellbeing Practice

10.1 Ensure that adequate and appropriate threshold standards for training and education are achieved to be fit for purpose.

10.2 Enable adequate and appropriate self-support to ensure personal health and wellbeing are promoted and maintained.

10.3 Value on-going supervision, reflective practice and consultation as integral to practice, reflecting in-depth on experiences of relationships with children, young people and those responsible for their care and wellbeing.

10.4 Access relevant training as well as Continued Professional Development (CPD) in accordance with developmental needs and self-appraisal including up to date research and practice.

10.5 Avoid becoming overworked, overly stressed or burning out owing to lack of planning, self-support or self-care.

10.6 Actively seek and participate in activities and relationships to support creative inspiration, physical health, fitness and emotional wellbeing.

11. Promote Professional Frameworks for Accountability

11.1 Accept professional responsibility for quality and standards in professional conduct and ethics with reference to practice and research

11.2 Ensure professional knowledge, training, education, and research is commensurate with scope of practice and up to date with developments in theory and practice.

- 11.3 Maintain quality of care in communicating with others and in maintaining ethical conduct with reference to research and evaluation
- 11.4 Attend regular supervision or reflective practice and seek consultation when required from management and where appropriate other regulatory committees
- 11.5 Engage with on-going CPD and participate in the independent self-regulatory framework or professional regulation
- 11.6 Maintain professional relationships with colleagues for support and guidance ensuring standards in ongoing developments in training, education, theory, research and practice
- 11.7 Ensure professional insurance arrangements are well-managed and up to date in accordance with organisations and regulatory requirements.
- 11.8 Gain information about developments in policy, procedure and ethical guidance in different settings informed by different quality assurance systems
- 11.9 Co-operate with any grievances or complaints procedures.
- 11.10 Engage with and promote the field of practice as well as participating in research wherever possible respecting evidence-based practice and practice-based evidence.

12. Touch Policy: Child Therapeutic Wellbeing Practitioners

- 12.1 Are aware that it is important to be sensitive to inter-cultural issues, respect the rights, wishes and needs of individual children and young people, monitoring through verbal consent if touch is an integral and supportive aspect of a specific relationship. Seek consent before touching and talk about it afterwards asking for permission and feedback throughout any physical contact and where appropriate ensure a witness is present.
- 12.2 Do not seek, in principle, to promote or restrain from touch seeking to replicate as far as possible ordinary human

relationships and as far as possible 'I-thou' or person-to-person relating maintaining professional boundaries and codes of conduct.

- 12.3 The interactions can be intimate and personal within an objective or impersonal framework. Practitioners can sometimes intentionally use touch as a medium to promote wellbeing and adhering to specialist guidance for example, in massage, sports or adventure play. As a general principle there is respect for personal space and boundaries in the working alliance in whatever activity is taking place.
- 12.4 Understand the importance of the unique and specific needs of each child or young person in providing or abstaining from any form of appropriate contact through touch which can be named and talked about. This is relevant where children or young people may have experienced physical, emotional or sexual abuse in the past or be at risk of significant harm in the present.
- 12.5 Recognise that the meaning of touch can be experienced differently and that what is intended in one way can be interpreted in another or misinterpreted in different ways. It is therefore essential to be cautious about physical contact. It may be appropriate to spontaneously touch a child or young person by the arm to warn or prevent against accident or danger. Equally to hold a person's hand or to hug can register emotional support or comfort.
- 12.6 Are informed by interpersonal neurobiological research and recognise that to withdraw from the use of touch can be detrimental to wellbeing. Some therapeutic approaches particularly advocate the use of touch as a vehicle for communication or support for emotional attunement or affective regulation when children or young people can become hyper-aroused, dis-regulated or dissociated.
- 12.7 Are aware it is crucial to consider the implications of touch for each child or young person and to discuss and communicate about any physical contact in reflective practice or supervision. It is necessary to consider the transference and counter-transference relationship as well as developmental needs.

- 12.8 Recognise in creative group work, playing games or engaging through drama, dance, movement or contact sports touch may be integral to the relational process. There are likely to be many witnesses to touch in these settings which can generate a quality of safety, which is reassuring. In 1:1 relationships where there is less likely to be a witness, Child Therapeutic Wellbeing Practitioners are advised to be conscientious and restrained in the use of touch.
- 12.9 Touch is not prescribed or forbidden but is also not encouraged or recommended either so that Child Therapeutic Wellbeing Practitioners can make informed choices in collaboration with young people.
- 12.10 Practice with sensitivity, mindfulness, self-awareness and self-reflection in considering the use of touch for wellbeing as well as any specific guidelines and procedures relevant to the context.
- 12.11 'To touch' and 'to be touched' literally and symbolically is part of human experience and cannot be systematically ruled out, repressed or denied in principle due to fear or anxiety about potential negative consequences. Touch of any kind of needs to be considered in the interests of the child or young person and not used to gratify the wishes or needs of the Child Therapeutic Wellbeing Practitioner.
- 12.12 Due care and consideration is required to ensure self-disciplined and self-responsible use of touch with children and young people in practice so that everyone including the practitioner can communicate and reflect to make informed choices. All decisions about touch are considered within the touch policies of different settings as well as within the context of different inter-cultural considerations which may require further consultation with others and use of supervision.