

BAPT

British
Association of
Play
Therapists

An
**Ethical Basis for
Good Practice
in Play Therapy**

Third Edition

CREDITS

The Ethical Principles, Core Competencies and Code of Good Practice were compiled and written by Robert Dighton of the BAPT National Executive Committee in 2002, and revised in 2006 and again in 2008 for the Board of Directors by Mary Carden, Lisa Gordon Clark and the Communications & Public Relations sub-committee.

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The BAPT Complaints procedure is also available for download from the BAPT website:
<http://www.bapt.uk.com/baptcomplaints.htm>

An Ethical Basis for Good Practice in Play Therapy

Introduction

The British Association of Play Therapists has a duty to afford the highest possible standards of protection to the public and to promote the best standards of personal and professional conduct within the Play Therapy profession. The Ethical Basis for Good Practice in Play Therapy contains advice and guidance to Members of the British Association of Play Therapists and the general public on ethical principles, standards of competence, good practice and procedures for complaints.

The Ethical Basis for Good Practice in Play Therapy (2008) replaces all earlier codes of ethics and practice and complaints procedures for Play Therapists and is applicable to all those using Play Therapy or Play Therapy related services.

Within this document, the term 'Play Therapist' is generally used to refer to anyone undertaking the role of a Play Therapist, Trainee Play Therapist, Supervisor, Trainer, Researcher or Manager of Play Therapy or related services. The term 'client' is used as a term to refer to any person who receives Play Therapy or related service(s) from a member of the British Association of Play Therapists.

The Ethical Basis for Good Practice in Play Therapy is not a static set of rules and regulations covering every aspect of behaviour. The practice of Play Therapy requires the acceptance of responsibility and the exercise of professional judgement.

This document has been produced to guide Play Therapists towards achieving the highest standards of practice and will be used to inform the British Association of Play Therapists Complaints Procedure, as revised in 2008. This document contains:

- **Ethical Principles**
- **Core Competencies of a Play Therapist**
- **Code of Good Practice in Play Therapy**
- **Complaints Procedure**

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Ethical Principles

The establishment of dynamic Ethical Principles for Play Therapists' work-related conduct requires both a personal commitment and acceptance of responsibility to act ethically and to encourage ethical behaviour by students, supervisors, supervisees, employees, colleagues and associates.

These Ethical Principles are intended to guide and inspire Play Therapists towards achieving the highest ideals of the profession. Ethical Principles, as opposed to Standards or Codes, do not represent obligations in their own right. However, all Play Therapists are obliged to consider their practice with direct reference to each of these Ethical Principles.

PRINCIPLE A: RESPONSIBILITY

These Principles are aspirational but are considered good, ethical practice for a Play Therapist. Play Therapists need to be motivated, concerned and directed towards good ethical practice. They are required to take responsibility to maintain these standards and Play Therapists should always accept responsibility for their professional behaviour and actions. Play Therapists are concerned about the ethical compliance of their own practice and their colleagues' professional conduct. When ethical conflicts occur, Play Therapists attempt to resolve these conflicts in a responsible manner. Play Therapists are also aware of their professional responsibilities towards their clients, society and to the communities in which they work.

PRINCIPLE B: BENEFICENCE

Play Therapists strive to benefit those with whom they work, acting in their best interests and always working within their limits of competence, training, experience and supervision. This principle involves an obligation to use regular and on-going supervision to enhance the quality of service provision and to commit to enhancing practice by continuing professional development. An obligation of the Play Therapist is to act in the best interests of clients and this is the paramount consideration for Play Therapists since clients are generally non-autonomous and dependent on significant others. Ensuring that the client's best interests are met requires monitoring of practice and outcomes and accordingly BAPT has set down standards for supervision which all members of BAPT should follow.

PRINCIPLE C: NON-MALEFICENCE

Play Therapists are committed to not harming those with whom they work. Because Play Therapists professional judgements and actions may affect the lives of others, they are aware, concerned and committed to guard against personal, financial, social, organisational, emotional, sexual or political factors that may lead to a misuse of their influence or exploitation of those with whom they work. This may involve not providing services when unfit to do so due to personal impairment, including illness, personal circumstances or intoxication. Play Therapists have a responsibility to challenge the incompetence or malpractice of others and to contribute in investigations or adjudications concerning the professional practice and/or actions of others.

PRINCIPLE D: FIDELITY

Play Therapists establish relationships of trust with those with whom they work. Play Therapists honour and act in accordance with the trust placed in them. This principle obliges Play Therapists to maintain confidentiality and restrict disclosures of confidential information to a standard appropriate to their workplace and legal requirements.

PRINCIPLE E: JUSTICE

Play Therapists recognise that fairness and justice is an entitlement for all persons. This obliges Play Therapists to ensure that all persons have fair and equal access to and benefit from the contributions of Play Therapy and to equal quality in the services being conducted and offered by Play Therapists. Play Therapists exercise judgement and care to ensure that their potential biases, levels of competence and limitations of their training and experience do not directly or indirectly lead to unjust practices.

PRINCIPLE F: RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY

Play Therapists respect the dignity and worth of all people and the rights to privacy, confidentiality and autonomy. Play Therapists who respect the autonomy of those with whom they work ensure accuracy of advertising and delineation of service information. Play Therapists seek freely the informed consent of those legally responsible for

clients and, where possible, assent from clients, engage in clear and explicit contracts, including confidentiality requirements and inform those involved of any foreseeable conflicts of interest. Play Therapists are aware that special safeguards may be necessary to protect the rights and welfare of clients who are non-autonomous and dependent on significant others.

PRINCIPLE G: RESPECT FOR PEOPLE'S NEEDS AND RELATIONSHIPS

Play Therapists respect the needs of individuals, including emotional, psychological, social, financial, educational, health and familial needs. Play Therapists who respect people's needs and relationships are aware that clients may be dependent upon significant others and that autonomous decision-making may not be possible. Play Therapists respect the client's relationships and ensure that, where possible, those in significant relationships to the client are included in the decision making processes.

PRINCIPLE H: SELF RESPECT

Play Therapists apply all of these principles to themselves. This involves a respect for the Play Therapist's own knowledge, needs and development. This includes accessing opportunities for personal and professional development. There is a responsibility to use supervision for development and to seek training for continuing professional development (see BAPT's Continuing Professional Development documents). Ensuring Play Therapists are appropriately safeguarded by insurance is also a requirement for this principle.

Competent Practice

The effective deployment of skills and knowledge in Play Therapy are of the up-most importance to clients, families, the public and the profession. Play Therapists must ensure that their practice is based on clear and coherent competence. The core competencies of Play Therapists are defined as a set of professional and personal qualities that are a prerequisite of good practice. A Play Therapist's core competencies are:

Professional Qualities

Assess need

To assess the emotional, psychological and social needs of clients.

Plan and contract Play Therapy

To formulate clear, meaningful and appropriate therapeutic contracts, including therapeutic aims, goals, boundaries and rules.

Intervene and provide

To intervene and provide Play Therapy to achieve therapeutic change. This necessitates knowledge of Play Therapy approaches and formal/informal assessment approaches, and the capacity to formulate treatment plans

Initiate and plan endings

To provide planned and coherent opportunities to enable work to end with clients in a therapeutic manner.

Ability to utilise agents of change

To implement and use agents of change to effect therapeutic change and meet defined aims and goals.

Maintain rules and boundaries

To maintain clear professional, personal and therapeutic boundaries.

Maintain and uphold confidentiality and privacy

To maintain the confidentiality and privacy required by clients and significant others; meeting both legal and ethical standards and therapeutic aims and goals.

Work effectively with different client groups

To be able to practise effective Play Therapy with diverse client groups.

Communication

To communicate effectively, through non-verbal and verbal expression, with clients and significant others Also to have the ability to collaborate and communicate (in writing and/or verbally) with other professionals.

Listen

To listen actively to the verbal and non-verbal communications of clients and significant others.

Engage and facilitate therapeutic relationship

To engage and facilitate the therapeutic relationship with clients and significant others.

Utilise supervision

To utilise supervision in an appropriate and effective manner.

Utilise personal therapy and support

To utilise personal therapy and support in an appropriate and effective manner.

Work effectively in different settings

To contribute effectively to the work of organisations.

Specific knowledge and understanding

To have clear and coherent understanding and knowledge of Play Therapy, childhood development, child protection, child mental health and other relevant areas. To understand developmental perspectives, both normal and psychopathological.

Knowledge and understanding of therapeutic change and agents of change

To have understanding and knowledge of agents of change and change process within the Play Therapy process.

Knowledge and understanding of other therapeutic modalities

To have understanding and knowledge of other therapeutic modalities.

Knowledge and practice of working with parents/carers.

To have the ability to articulate/translate Play Therapy practice/process and if appropriate to engage with the child's parents/carers in therapeutic process via Filial Therapy or other recognised treatment models.

Knowledge and understanding of laws relating to Play Therapy

To uphold and maintain legal child protection standards for working with clients and significant others in Play Therapy.

Knowledge and understanding of ethical practice relating to Play Therapy

To uphold and maintain ethical standards for working with clients and significant others in Play Therapy.

Knowledge and understanding of multicultural and Equal Opportunities issues

To uphold and maintain non-discriminatory practice in Play Therapy, grounded in awareness of equal opportunities legislation, policies and principles.

Personal Qualities

Humility

To assess, review and consider own competencies, strengths and weaknesses as a Play Therapist.

Self responsibility

To operate and practise efficiently within own level of competencies.

Empathy

To empathise with the emotional and psychological expressions, experiences and needs of clients and significant others.

Sincerity

To have commitment to being honest and genuine to self and others.

Integrity

To act in a whole and sound manner towards self and others.

Respect

To acknowledge and show esteem to people's understanding, experiences and abilities.

Courage

To be able to disregard fear and act upon own convictions and beliefs.

Wisdom

To be able to apply knowledge and experience critically.

Congruence

To be congruent with clients and significant others.

Compassion

To be sympathetic, caring and concerned towards others.

In-depth personal reflection

To reflect upon the emotional, social and psychological world of clients, significant others and the Self

Develop Professionally

To continue professional development in a responsible and effective manner.

Develop personally

To continue personal development in a responsible and effective manner.

CODE OF GOOD PRACTICE IN PLAY THERAPY

All people are entitled to good standards of practice and care from Play Therapists in delivering their services. Good standards of practice and care require a commitment and adherence to the Ethical Principles and Code of Good Practice.

1. STARTING TO PRACTISE

1.1 Registration

Play Therapists do not practise Play Therapy or related services in a name other than that which appears in the British Association of Play Therapists membership lists.

1.2 Professional Indemnity

Play Therapists who intend to offer services to the public must be indemnified against claims of professional negligence.

1.3 Continuing Professional Development

Play Therapists are required to keep up to date with current methods, research and knowledge around Play Therapy and related subjects.

The recording of all continuing professional development activity is the responsibility of the individual Play Therapist. A CPD logbook is provided by BAPT in which to complete such records.

Play Therapists who fail to maintain and update professional knowledge and skills or whose practice falls short of the standards expected by the public and profession may not be entitled to renew their Full membership. They may also be liable to a charge of professional misconduct.

1.4 Supervision

All Play Therapists, including Supervisors, are required to receive on-going, appropriate, formal and regular clinical supervision independently of their managerial relationships.

Supervisors have a responsibility to maintain the good practice of Supervisees and to protect clients from harm and bad practice.

Supervision must be provided by an appropriately qualified and experienced Play Therapist, especially for all newly trained Play Therapists and ideally for all Play Therapists. Only in exceptional circumstances, when no such Play Therapist exists in the geographical region, may supervision be provided by an appropriately qualified and experienced Child Therapist.

Supervision must involve face to face contact, except in circumstances where physical distance between the Play Therapist and an available Supervisor precludes such contact.

Play Therapists must receive supervision adequate to maintaining their level of competency, functioning and good practice.

2. WHAT THE PUBLIC EXPECTS

2.1 Personal conduct

Play Therapists adhere to the appropriate standards of personal and professional conduct.

Any behaviour or activity by a Play Therapist that may bring the profession into disrepute or undermine public confidence in the profession may lead to a charge of professional misconduct.

2.2 Avoidance of false or deceptive statements

Play Therapists do not make false or deceptive statements concerning:

1. Their qualifications, training or experience.
2. Their credentials.
3. Their professional affiliations.
4. Their services.
5. Their fees.
6. Their publication of research findings.
7. The evidence for, or results of, their services.

2.3 Protecting the public

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

3. WHAT THE CLIENT EXPECTS

3.1 Acting in the best interests of clients

Play Therapists act in the best interests of those with whom they work. Play Therapists have a responsibility to put the interests of clients as paramount.

3.2 Making referrals

Play Therapists accept a duty of care towards their clients. This includes making referrals for further professional advice, care or treatment when the needs of the client are beyond the limits of their competence or level of functioning.

3.3 Maintaining confidentiality

Play Therapists maintain, uphold and take reasonable precautions to protect the confidentiality rights of clients.

3.4 Providing information of the limits of confidentiality

Play Therapists discuss with clients and the person holding legal responsibility for the client the limitations on confidentiality and the foreseeable uses of the information generated.

Discussions of confidentiality occur prior to starting Play Therapy, unless it is not feasible or possible and then occurs as soon as is possible.

3.5 Disclosures and consent

Play Therapists only disclose information without the consent of the client and person holding legal responsibility for the client for a valid purpose such as to:

1. Refer to needed professional services.
2. Obtain appropriate professional advice.
3. Protect the client, Play Therapist or others from harm.

3.6 Use of confidential information for other purposes

Play Therapists do not disclose in their writings, lectures or other public situations, confidential, sensitive personal information or identifiable information concerning their clients or client's family members unless:

1. Reasonable steps are taken to disguise the client's identity
2. The client has assented and the person holding legal responsibility for the client has given consent
3. There is an ethical or legal requirement to do so.

3.7 Service information

Play Therapists' provide accurate and honest information relating to their services that maintains the good reputation of the profession.

Play Therapists clarify the terms and details of their services in advance of the client entering into any financial obligations or other costs or liabilities.

3.8 Arrangement for fees and costs

Agreements regarding fees, costs, billing, payment and compensation occur prior to starting services.

Play Therapists' fees and costs are consistent with consumer and related laws.

Play Therapists' do not misrepresent or manipulate their fees and costs.

Limitations to services that may occur due to limitations in financing are discussed as early as is feasible.

3.9 Informed consent

When Play Therapists provide Play Therapy or other related services, they obtain informed consent of the client or if legally incapable, the person holding legal responsibility for the client using language that is reasonably understandable to that person. The specific content of informed consent will depend on many circumstances, but requires that the person has:

1. The capacity to make a voluntary choice between alternatives, where these are available
2. The understanding of the boundaries, rules, aims,

costs, benefits and drawbacks of services and any available alternatives

3. Given their voluntary and continuing permission for their involvement

4. Had the opportunity to ask questions and receive answers regarding the services.

For clients who are legally incapable of giving informed consent, Play Therapists nevertheless seek:

1. The client's assent
2. To provide an appropriate explanation, including the boundaries, rules, aims, benefits and drawbacks
3. To consider the client's preferences and best interests.
4. To protect the client's welfare, dignity and rights
5. To provide an opportunity to ask questions and receive answers regarding the services.

When Play Therapy services are court ordered, Play Therapists inform the client, and if appropriate the person holding legal responsibility for the client, of the nature of the services and any limits of confidentiality before proceeding.

Play Therapists document written and oral consent, permission and assent.

When the Therapist is a trainee, the client and the person holding legal responsibility for the client are informed that the Therapist is in training.

3.10 Treating difficult clients

Play Therapists do not accept intimidation or abuse from those with whom they work. When faced with a client who is putting themselves or others at risk, Play Therapists consider ending the session, making an appropriate explanation to the client and the person holding legal responsibility for the client and arranging future appointments for the client.

3.11 Extended absence

Play Therapists who are absent for an extended period make arrangements to notify clients and for clients to receive appropriate care.

3.12 Informal complaints

Play Therapists make every effort to resolve complaints at an informal level.

4. WHAT THE PROFESSION EXPECTS

4.1 Conflicts between Code of Conduct and law

If Play Therapists' ethical responsibilities conflict with law, Play Therapists will take steps to resolve the conflict. If the conflict is unresolvable, Play Therapists may adhere to the requirements of the law.

4.2 Conflicts between Code of Conduct and organisations and employers

If the demands of an organisation, employer or authority that the Play Therapist is associated with conflict with this Code of Good Practice, Play Therapists attempt to resolve the conflict in a way that permits adherence to the Code of Good Practice.

4.3 Informal resolution

Play Therapists who believe that there has been an ethical violation by another Play Therapist will attempt to first resolve the issue informally, unless the violation is such that it needs immediate referral to the professional association (BAPT) and the person holding legal responsibility for the client.

4.4 Reporting ethical violations

If informal resolution is unsuccessful and/or the apparent ethical violation has harmed or is likely to harm a person, Play Therapists take further action appropriate to that situation. This action will include a formal Complaint to the British Association of Play Therapists and may also include referral to other appropriate Associations and Authorities.

4.5 Co-operating with Complaints Procedures

Play Therapists co-operate with Complaints Procedures and resulting actions of the BAPT, including co-operating with any sanctions imposed by the Complaints Committee. Failure to co-operate is in itself a violation of this Code of Good Practice.

4.6 Inappropriate complaints

Play Therapists do not issue, report or encourage the issuing or reporting of Complaints that are made with reckless disregard for or blatant ignorance of facts that would disprove the allegation(s).

4.7 Levels of competence

Play Therapists provide Play Therapy, supervision, teaching and conduct research with client groups and in areas only within the level of their competence, based on their training, practice experience and supervisory experience.

Play Therapists intending to provide Play Therapy, supervision, teaching and conduct research with client groups that are new to them, undertake relevant training, supervision and consultation.

4.8 Maintaining competence

Play Therapists undertake efforts to maintain their competence at an appropriate level.

4.9 Limits of competence

Play Therapists refuse to provide Play Therapy, supervision and undertake research with client groups or areas that are beyond the limits of their competence. Play Therapists will ensure that an

appropriate referral is made in such circumstances.

4.10 Personal issues and circumstances

Play Therapists refrain from practice when there is likelihood that their personal issues and circumstances will prevent them from performing their practice at an appropriate level of competence.

When Play Therapists become aware that their own personal issues, levels of functioning or circumstances may prevent them from performing their practice at an appropriate level of competence, they seek guidance and advice to determine whether they should limit, suspend or terminate their practice.

4.11 Unfair discrimination

Play Therapists do not engage in any form of unfair discrimination.

4.12 Sexual harassment

Play Therapists do not engage in any form of sexual harassment.

4.13 Other harassment

Play Therapists do not harass or demean persons with whom they work.

4.14 Avoiding harm

Play Therapists take reasonable steps to avoid harming those with whom they work.

4.15 Conflicts of interest

Play Therapists refrain from working or engaging with persons when personal, legal, financial or other interests may reduce their ability to perform at an appropriately competent level.

4.16 Multiple relationships

Play Therapists do not enter into multiple relationships with their clients.

Play Therapists ensure that they do not enter into any role other than that of the Play Therapist with the client.

Play Therapists ensure that there is no planned contact outside of the therapeutic relationship with the client.

Play Therapists ensure that their role is clearly delineated from any other roles or responsibilities within their employing institution, practice or service provision.

4.17 Exploitation

Play Therapists do not exploit persons over whom they have authority or control; such as clients, those in close relationships to the client, supervisees, students, research participants and employees.

4.18 Working with other professionals

When appropriate, Play Therapists work and cooperate with other professionals in order to meet the client's needs and best interests.

4.19 Interruption of Play Therapy

Play Therapists make reasonable efforts to plan for circumstances when interruption of Play Therapy is inevitable.

4.20 Sexual intimacies with clients, clients' relatives and significant others

Play Therapists do not engage in sexual contact or intimacies with current or former clients.

Play Therapists do not engage in sexual intimacies with individuals they know to be the parents, carers, spouses, significant others or siblings of current or former clients. Play Therapists do not terminate Play Therapy to circumvent this standard.

4.21 Recording

Play Therapists obtain informed consent from the person holding legal responsibility for the client and assent from the client prior to recording the voice and/or image of clients. Prior to requesting informed consent and assent, Play Therapists provide information that includes:

1. Rights of refusal.
2. Reasons and use for intended recording.
3. Planned storage of recording.
4. Ownership of recording.
5. Planned copies/transcriptions of recordings.
6. Planned destruction or storage of recordings, copies and transcriptions.
7. Rights to access the recording, copies or transcripts.

All recordings, copies and/or transcriptions not destroyed are stored in the client's case notes.

Play Therapists conform to relevant laws and institutional regulations when recording, storing or destroying the voice or image of clients.

Play Therapists do not put pressure on or coerce those with whom they work to gain consent or assent for recordings.

Play Therapists only record the voice or image of clients when required for training or institutional purposes.

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

4.22 Testimonials

Play Therapists do not request or solicit testimonials from current clients or client's family members who

because of their circumstances are vulnerable to undue influence.

4.23 Documentation and maintenance of records

Play Therapists create, maintain, store and dispose of records and data relating to their clients in order to:

1. Facilitate provision of services later by them or by other professionals.
2. Meet institutional requirements.
3. Ensure compliance with law.

Play Therapists maintain confidentiality in creating, storing, accessing and disposing of records under their control.

5. RESEARCH

5.1 Ethical approval

Research must be approved by an appropriate Ethics Committee prior to the Research commencing.

Play Therapists obtain ethical approval from Ethics Committees from the institution(s) in which the research will be conducted.

Play Therapists conduct research in accordance with the approved research protocols stipulated within the Ethics Committee application. No part of the research may be amended without prior approval from the Ethics Committee.

5.2 Informed consent

Play Therapists do not put pressure on or coerce clients to participate in research.

When Play Therapists undertake research that involves participants, they obtain informed consent of the participant or if legally incapable, the person holding legal responsibility for the participant using language that is reasonably understandable to that person. The specific content of informed consent will depend on many circumstances, but ordinarily requires that the person has:

1. The capacity to make a voluntary choice.
2. The understanding of the research aims, objectives, methods and procedures.
3. Given their voluntary and continuing permission for their involvement.
4. Had the opportunity to ask questions and receive answers regarding the research.

For participants who are legally incapable of giving informed consent, Play Therapists nevertheless seek:

1. The client's assent.
2. To provide, in an appropriate and accessible form, information relating to research aims, objectives, methods and procedures.

3. To consider the client's preferences and best interests.
4. To protect the client's welfare, dignity and rights.
5. To provide an opportunity to ask questions and receive answers regarding the research.

5.3 Refusal to participate in research

When Play Therapists conduct research with former or current clients, they take steps to protect the prospective participants from adverse consequences of declining or withdrawing from the research.

Play Therapists ensure that withdrawal or refusal to participate in research does not affect the Play Therapy services offered.

5.4 Reporting research results

Play Therapists do not fabricate data.

If Play Therapists discover significant errors in their published data, they take reasonable steps to correct such errors.

6. EDUCATION AND TRAINING

6.1 Content of training

Play Therapists responsible for education and training take reasonable steps to ensure that the courses are designed to provide the appropriate knowledge and proper experiences to meet the requirements of accreditation and Full Membership of the British Association of Play Therapists.

6.2 Description of training

Play Therapists responsible for education and training take reasonable steps to ensure that there is a current and accurate description of the course content, training goals and objectives, and requirements that must be met for satisfactory completion of the course. This information should be made available to any interested party.

6.3 Personal therapy

When individual or group therapy is a training requirement, teaching staff allow students the option of selecting such therapy outside the University.

Teaching staff, including clinical supervisors, who are or are likely to be responsible for evaluating students' academic performance do not provide that personal therapy.

6.4 Assessment

In academic and supervisory relationships, Play Therapists establish a clear and specific process for providing feedback to students. Information regarding this process is provided to the student at the beginning of the training and supervision.

6.5 Sexual relationships with students and supervisees

Play Therapists do not engage in sexual relationships with students or supervisees who are in their department, agency or University.

COMPLAINTS PROCEDURE

1. INTRODUCTION

1.1 The establishment of a Complaints Procedure is part of the continuing commitment of the British Association of Play Therapists ('BAPT') to ensure the professional practice of its members. Its purpose is as follows:-

- To safeguard and promote the welfare of the child;
- To provide a means of considering any complaint about an infringement of the BAPT Code of Ethics and Good Practice (Code of Ethics) on the part of a student or full member of BAPT;
- To protect the child, the Complainant and the member of BAPT.

1.2 Use of Language in this Document

- The person bringing the complaint shall be referred to as 'the Complainant';
- The person against whom the complaint is made shall be referred to as 'the Respondent';
- 'The Chair Person' means the Chair Person of the Complaints Committee;
- The Complaints Committee shall be 'the Committee';
- 'The Chair' means the Chair Person of BAPT (who is also the Chair Person of the Board of Directors);
- 'The Code of Ethics' means the BAPT Code of Ethics and Good Practice;
- 'The Sitting Committee' means those persons selected from the Committee members by the Chair Person to hear and determine a complaint at Stage 3 of these procedures.
- 'The Board' shall mean the Board of Directors of BAPT.
- 'Days' shall mean working days.

1.3 When it is not appropriate to use the Complaints Procedure

The Complaints Procedure should not be used about any child protection issue. Child protection complaints should always be made to the Area Child Protection Committee (ACPC) for the area in which the child resides. Please note that the ACPC will be replaced by the Local Safeguarding Children Board when the National Service Framework for Children is implemented.

2. MAKING A COMPLAINT

2.1 The Complainant must put their complaint in writing to the Chair Person. If a child or young person under the age of sixteen wants to make a complaint, the complaint should be put in writing on behalf of that child or young person by a responsible adult.

2.2 Any complaint must be lodged within three years of the alleged breach (or the alleged breach coming to light) unless the Complainant is a child and then it is within three years of his / her majority.

2.3 Any expenses and costs incurred by the Respondent and the Complainant shall be met by themselves and shall not be met by BAPT.

2.4 To initiate the Complaints Procedure the Complainant must present a signed and dated letter which includes the following:

- (1) The name and address of the Complainant
- (2) The name and address of the client (if not the Complainant)
- (3) The name and work address of the Respondent
- (4) Details of the services used (i.e. dates of contact with the Respondent and any other relevant details concerning the services used)
- (5) A summary of the complaint
- (6) Any other relevant information

3. CRITERIA FOR ACCEPTING A COMPLAINT

3.1 The following are the criteria that the Committee will consider in deciding whether to accept a complaint:

- The Respondent is a student or full member of BAPT;
- The timescale is adhered to;
- The complaint concerns a breach of a clause or clauses of the relevant Code of Ethics;
- The complaint is within the jurisdiction of BAPT;
- When the complaint is under investigation by the police or within the jurisdiction of any court or tribunal BAPT will not usually accept and investigate the complaint; and
- The Complainant must have either used the services of the Respondent or is complaining on behalf of a child or young person with whom the Respondent has worked.

3.2 If the complaint is being investigated under the Complaints Procedure of another body/bodies, the Committee may decide to await the outcome of that procedure before making a decision about whether to accept and investigate the complaint

Preliminary Evaluation of Complaint

3.3 The Committee shall review each complaint to determine if the complaints criteria have been met. If the criteria have not been satisfied in full, the Committee shall not hear the complaint.

3.4 Other Requirements and Limitations

Complaints by Members or Non members

3.4.1 Anonymous complaints – the Committee will not proceed with any anonymous complaint

3.4.2 Complaints against non-members – if the complaint does not involve a full or student member of BAPT, the Committee shall inform the Complainant that it will not hear such a complaint and may suggest alternative associations or agencies that may hold jurisdiction.

Simultaneous complaints

3.4.3 When there is more than one Complainant against the Respondent, the Committee may in its sole discretion choose to combine the cases or to keep them separate.

Complaints of its own motion

3.4.4 When ever the Committee is made aware of an apparent breach by one of its members (full member or student member) of the Code of Ethics, the Committee reserves the right in its sole discretion to invoke the Complaints Procedure of its own volition and investigate such apparent violation of the Code of Ethics as if a Complainant had brought a complaint against the member in question.

4. THE COMPLAINTS COMMITTEE: COMPOSITION AND PROCESS

4.1.1 Committee members will be appointed by the Board, to be ratified by the professional membership at the next AGM following his / her appointment or the next EGM, whichever is the sooner;

4.1.2 Committee members will form a Pool from which a Panel / Committee to consider a complaint at its different stages shall be selected. No Committee member shall form part of the pool unless they have first undertaken training except where this condition would make it impossible to proceed with the consideration of a Complaint;

4.1.3 For three years from the AGM of 2008 one third of the Committee in place in 2005 shall stand down annually in rotation and be eligible for re-election to serve a further two years. Where more than one third of the Committee is due to stand down, this shall be decided by drawing lots;

4.1.4 Excepting the arrangements at 4.1.3 above, Committee members including the Chairperson and Vice-chairperson shall serve for a maximum of five years from the time of joining the Pool subject to re-election by the Membership of BAPT at the next General Meeting after three years of joining the Pool;

4.1.5 Trained Committee members who stand

down shall be invited to form a reserve pool from whom selection may be made to consider a complaint in the event that it is not possible to put together a Panel or Committee of members who do not know the Respondent;

4.2 The Committee shall include the following:

- (1) A Chair Person who shall not be a member of the Board;
- (2) A Vice Chair Person who may be a member of the Board but who may not be the Chair;
- (3) Committee members who will be full members of the Association;
- (4) A lay member or members at such time as it shall become feasible for the Board to make such an appointment or appointments;

4.3 An administrative secretary will be available to take minutes of the proceedings and copies of these minutes will be provided to both the Complainant and the Respondent.

4.4 Subject to the proviso at 15.1.1 below the Chair Person and in his / her absence the Vice Chair Person will sit as the Chair Person in any proceedings to hear a formal complaint.

4.5 The Committee shall have the right to access legal advice as it deems necessary at all stages of the proceedings.

5. CORRESPONDENCE AND DOCUMENTATION

5.1 Use of Correspondence

5.1.1 The Committee shall conduct as much of its business as is practicable through written correspondence;

5.1.2 The Committee shall make limited use of email with the following conditions and provisos:

- The Chair Person and Committee members all have access to email and agree its use under the conditions set out below;
- Any member of the Committee sending an email also forwards it to the administration office of BAPT who then forwards it to all other members;
- The name of the Respondent shall not

- appear in any part of the email;
- The name of the Complainant shall not appear in any part of the email;
- The name of the person who holds legal responsibility for the Complainant (if the Complainant is under sixteen years of age) shall not appear in any part of the email.

5.2 Personal Response

5.2.1 The Committee recognises the right of the Respondent to legal representation. If the Respondent instructs solicitors and if the Committee is notified who is acting on the Respondent's behalf, further correspondence may be conducted through the Respondent's legal representative.

5.2.2 The Respondent must respond to any charges and recommendations of the Committee either personally or through their legal representative.

5.3 Transcription of Audio Tapes and Video Tapes

It shall be the responsibility of the individual or entity submitting to the Committee an audio tape, video tape or similar data compilation to provide an accurate transcription of the information it contains. Copies of these should always be provided to the other party. The Chair Person may reject any audio tape, video tape or similar compilation if unaccompanied by a transcription.

5.4 Delivery of Documentation

5.4.1 All documentation must be sent recorded delivery to the administration office at BAPT as stated in the BAPT's publications from time to time;

5.4.2 All email must be forwarded to the administration office at BAPT: info@bapt.uk.com.

6. STAGE ONE – EVALUATION OF THE COMPLAINT

In accordance with the Data Protection Act 1998, the Respondent's home address will not be divulged without their express permission, with the exception, in some cases, that the home address will be the work address.

6.1 On receipt of the initial written complaint from the Complainant the Chair Person shall within ten working days acknowledge the complaint in writing to both the Complainant and the Respondent.

6.2 The Chair Person (or in his/her absence the Vice Chair Person) in consultation with two other members of the Committee shall review each complaint to determine whether the criteria for accepting the complaint has been met and if so whether there is a case to answer. The Committee shall notify the Complainant and the Respondent in writing within 30 days of the receipt of the written complaint (or within 30 days of receipt of the additional information under 6.4 below) if there is a prima facie case to answer.

6.3 If the complaint received is of such serious nature to suggest that users of the services provided by the Respondent may be at particular and immediate risk the Chair Person in consultation with the Vice Chair Person and two other members of the Committee may issue an Order to temporarily suspend membership to BAPT and shall inform the Chair of the action taken. The Respondent will have 7 working days to reply against suspension before any final decision is made.

6.4 If there is insufficient information to determine whether the criteria have been met the Chair Person shall write to the Complainant requesting additional information. The Complainant will have 30 days to respond.

6.5 The Respondent shall be informed in writing of any such request and its outcome.

6.6 If the Committee under 6.2 above notifies the Complainant and the Respondent that there is no case to answer then the complaint and the relevant proceedings will be terminated with immediate effect.

6.7 If the Committee under 6.2 above notifies the Complainant and Respondent that there is a case to answer then the notification under 6.2 shall contain the specific Principle or Principles of the Code of Ethics which the Committee considers to have been contravened. The Respondent shall also be sent a copy of the complaint with

the notification letter and will be asked by the Committee to submit an initial written response.

6.8 The Respondent shall have thirty working days from the date of the notification under 6.2 and 6.7 above within which to submit his/her initial written response to the Committee.

7. STAGE TWO – INFORMAL RESOLUTION OF THE COMPLAINT

7.1 Within ten working days of receipt of the Respondent's written initial response under 6.8 (or expiry of the period allocated for the submission of an initial response) the Chair Person together with two Committee members shall consider the complaint and the response to assess whether it would be appropriate to attempt to resolve the complaint informally.

7.2 If informal resolution is deemed appropriate the Chair Person shall invite both / all parties to consider this, and offer mediation without prejudice by an independent person who may or may not be a member of BAPT acceptable to all parties.

7.3 If all parties accept this course the mediator may set up an informal meeting of the parties within thirty working days of being appointed to try without prejudice to reach a resolution of the complaint. If a settlement is reached that settlement of the complaint shall be recorded in writing, dated and signed by all parties, and shall be submitted to the Committee for its approval. If the Committee approves the settlement, this shall be recorded in writing, signed and dated by the Chair Person and the complaint and the relevant proceedings shall be terminated. If the settlement is not approved by the Committee this shall also be recorded in writing together with the reasons, and shall be signed and dated by the Chair Person.

7.4 If the Committee determines that the complaint is of a serious nature or if the parties have not been able to reach a resolution informally within 30 working days of the Chair Person's invitation to consider mediation under 7.2 above or if the Committee does not approve the settlement under 7.3 above then the

complaint shall move to Stage Three of these procedures. The invocation of Stage 3 of these procedures shall be notified to the Complainant and the Respondent in writing.

8. STAGE THREE - THE SITTING COMMITTEE

8.1 The Sitting Committee shall comprise a minimum of three persons selected by the Chair Person (or in his/her absence the Vice Chair Person), to include (wherever possible) one or two lay people, to hear and determine this Stage of the complaint.

8.2 The Chair Person will ensure that the proposed Sitting Committee members do not have a conflict of interest and appear otherwise able to apply fairly the Code of Ethics based solely on the record in the particular case.

8.3 It shall be the responsibility of the Chair Person to review all the documentation that has been received and to request any further documents that may be needed from the Complainant, the Respondent or any other person. The Complainant shall have thirty working days from the notification under 7.4 in which to submit a response to the Respondent's initial response (if any) made under 6.8 and/or any additional evidence the Complainant deems appropriate and pertinent to the complaint.

8.4 The Respondent shall be sent a letter enclosing a copy of the Complainant's written submissions made under 8.3. If no response is made by the Complainant under 8.3 the Respondent shall be informed of this fact and invited to supply any additional information / evidence he or she considers appropriate within thirty working days. A copy of the Respondent's additional evidence will be made available to the Complainant.

8.5 The letter under paragraph 8.4 above shall contain a precise description of the alleged behaviours at issue and identify the specific section(s) of the Code of Ethics that the Respondent is alleged to have breached.

8.6 The Chair Person shall enclose a copy of the evidence submitted to date by the

Complainant or on the Complainant's behalf that will be included in the record before the Sitting Committee; a copy of the Code of Ethics and the Complaints Procedure will also be provided.

8.7 Documentation should be submitted in the expectation it will be shared fully with both / all parties to the complaint.

8.8 Full documentation will be circulated to the Sitting Committee including any further documentation that the Complainant and Respondent wish to submit at this stage.

8.9 In the event that one or neither party submits further documentation the Sitting Committee shall proceed on the basis of the information before it.

8.10 The Respondent may wish to seek professional advice and guidance. It may also be appropriate for the Respondent to obtain legal advice.

8.11 When the thirty working days period under 8.4 has expired the Chair Person shall within ten working days set a date for the complaint to be heard, whether or not further documentation has been received, and shall ensure that a bundle of all documents is provided to both parties and the members of the Sitting Committee. It shall be at the Chair Person's discretion whether to accept late submitted documentation.

9. THE HEARING BY THE SITTING COMMITTEE

9.1 The convening of the Sitting Committee shall take place within thirty working days of the date of notification to the Respondent and the Complainant;

9.2 The Complainant and Respondent shall within 10 working days of receiving the letter notifying them of the date of the Hearing confirm to the Chair Person their attendance at the Hearing.

9.3 The Respondent has the right to legal representation or lay support at the Hearing. The Sitting Committee has the right to refuse the attendance of witnesses at the convening of the Sitting Committee if their attendance is deemed inappropriate.

9.4 The Sitting Committee expects the

attendance of the Respondent, Complainant and/or the person who holds legal responsibility for the Complainant (if the Complainant is under sixteen years of age). Failure to attend without good reason or notice will mean the Chair Person shall have the power to decide:

- (1) To proceed with the Hearing;
- (2) To adjourn the Hearing to a date not less than thirty working days in advance;
- (3) To terminate the proceedings; or
- (4) To refer the matter for consideration to the Board.

9.5 Where any witnesses are to be called by the Respondent or the Complainant, a written statement of their views shall have been submitted during the relevant phases of Stage 3, and any witnesses not having provided such a statement can only be heard at the hearing with leave of the Sitting Committee.

9.6 The Sitting Committee will not rely upon information submitted unless it has been shared with the Respondent and the Complainant and they have had a chance to respond thereto.

9.7 The Sitting Committee shall review the information before it and on a unanimous decision may adjudicate as follows:

- (1) That there is insufficient evidence to support a finding of one or more breaches to the Code of Ethics and there is no case to answer;
- (2) There is sufficient evidence to support a finding of one or more breaches of the Code of Ethics and the complaint is upheld.

10. THE FINDINGS OPEN TO THE SITTING COMMITTEE

10.1 Professional Misconduct

A finding of professional misconduct signifies that the practitioner has contravened the ethical and behavioural standards that should reasonably be expected of a member of the profession of Play Therapists. Misconduct is defined as acting in contravention of the written and unwritten rules of the profession.

10.2 Professional Malpractice

A finding of professional malpractice signifies that the services for which the Play Therapist is responsible have fallen below the standards that would reasonably be expected of a Play Therapist exercising reasonable care and skills. Examples of malpractice include, but are not restricted to: incompetence, negligence, recklessness, the provision of an inadequate professional service.

A finding of serious malpractice is appropriate if the malpractice is of sufficient seriousness to merit a period of suspension of membership of BAPT.

10.3 Bringing the Profession into Disrepute

10.3.1 A finding of bringing the profession into disrepute signifies that the practitioner has acted in such a disgraceful way that the public's trust in the profession might reasonably be undermined if they were accurately informed about the circumstances of the case.

10.3.2 A finding under this heading must amount to "disgraceful conduct in a professional respect". This involves consideration of three elements:

- (1) Conduct that is regarded as "disgraceful" need not amount to moral turpitude or be restricted to acts of serious immorality;
- (2) The conduct must have been conduct that has some connection with the Professional role in order to be considered as "failing within a professional respect". It ought not to be concerned with matters that can reasonably be viewed as solely personal and private.
- (3) "Conduct in a professional respect" is not confined to conduct in pursuit of the profession in question.

11. SANCTIONS

11.1 If the Sitting Committee concludes that the Respondent is in breach of the Code of Ethics and that a sanction should be imposed, then it will decide on one or more of the following:

(1) Advisory Consultant Requirement:

This is someone who is appointed by BAPT (and paid for by the Respondent) who will oversee the work of the Respondent and at the end of a three month period shall give a report to the Board on whether there remain any concerns about the Respondent's practice as a Play Therapist.

If the Respondent is a BAPT Registered Supervisor, his or her registration as a supervisor may be withdrawn indefinitely or for a period and they will need to make a re-application to become a Supervisor in the future.

(2) Supervised Practice

The Respondent is advised that they will need to undertake a period of supervision by a qualified and experienced play therapist that is approved by BAPT as a registered supervisor for a period of not less than six months, at the end of which a report on the practice of the Respondent shall be submitted to the Board. This report will address and give consideration as to whether the Respondent has satisfied the supervisor that the concerns raised in their practice have been addressed and there are no longer any concerns about their practice as a Play Therapist.

If there remain concerns about the Respondent the Board may:

- a) Require the Respondent to continue to receive supervision from a very experienced supervisor approved by BAPT for a further defined period.
- b) Remove the Respondent's name from the BAPT Register of BAPT approved supervisors, if therein listed. The Respondent's name can be removed if necessary only for a defined period but the Respondent will be required to make a fresh application to the Board to be a supervisor again if their name has at any time been removed.
- c) Inform an employer or training establishment of any decision to remove the Respondent's name from the Register of BAPT approved supervisors, if the Respondent fails to do this themselves within 30 days.
- d) Recommend that the Respondent is not

suitable to practise as a Play Therapist and terminate the Respondent's membership.

The Respondent will be under a probationary period whilst 1 or 2 above is in process.

(3) Suspension of Membership

The Respondent's membership will be suspended for a specified period of time to be followed by a review, where there are concerns that suggest the Respondent needs further training before resuming practice as a Play Therapist.

11.2 No Sanction imposed

The Sitting Committee can decide that there has been a breach of the Code of Ethics and issue no specific sanction or the Board may issue a written warning outlining areas of poor practice.

12. NOTIFICATION OF FINDINGS

12.1 The Complainant and Respondent will be notified of the decision and, where applicable, of the sanction within fifteen working days of the Hearing.

12.2 Any decisions made with regard to (a) the removal of the Respondent's name from the register and (b) a referral to the register of people who are not suitable to work with children and vulnerable adults will, in every circumstance, be based on the consideration of public interest and the severity of the findings.

12.3 If the complaint is upheld by the Sitting Committee (and Appeals Panel) details of the decision and sanction will be published on the BAPT website and in the Magazine.

12.4 The notification of findings under this section is subject to the right of appeal as outlined below.

13. APPEAL AGAINST THE COMMITTEE'S DECISION

13.1 Any appeal must be in writing specifying under what grounds it is submitted and accompanied by any supporting documentation. It must be served on the Chair

within 28 working days of the date of the written notification of the decision and/ or sanction of the Sitting Committee.

13.2 Whilst the appeal is lodged then all external notification of sanctions including publication in the Magazine is held until the outcome of the appeal is determined.

13.3 The parties have a right to seek legal / professional advice.

13.4 Where the sanction the Respondent has received by the Sitting Committee is a suspension of membership, then the Respondent shall remain suspended from practising as a BAPT-registered Play Therapist until the outcome of the appeal.

14. GROUNDS FOR APPEAL

14.1 The Respondent may appeal on any of the following grounds:

(1) The facts were found against the weight of the evidence;

(2) There is evidence to suggest that a procedural impropriety may have had a material effect on the finding and the decision of the Sitting Committee; or

(3) There is new evidence which was not previously available to the Committee.

14.2 The documentation will be considered by an Appeals assessor who will decide whether there are grounds for the appeal. If a decision is made that grounds exist, both parties will be informed.

15. APPEALS PANEL PROCEDURE

15.1 Composition of the Appeals Panel

15.1.1 Upon the receipt of the application for appeal, the Chair shall designate an Appeals Panel of three people, which may include the Chair and where possible at least one lay person, who have not been involved at any previous stage in the hearing of the complaint.

15.1.2 The Chair shall notify the other party of the Appellant's decision to appeal, the date when the appeal will be heard and the grounds on which the appeal is made;

15.1.3 Both parties shall have the right to be present at the Appeal hearing at their own expense;

15.1.4 Where the appeal is made on the basis of new evidence brought by the Appellant a copy of this evidence shall be sent to the other party who shall have the right to submit a written response which must be received at least 10 working days before the Appeal hearing.

15.2 Consideration and vote by Appeals Panel

Within thirty days of receipt of the Appellant's application to appeal the members of the Appeals Panel shall meet to hear the appeal. Having heard or in other manner received the submissions of all parties, the Appeals Panel shall confer with each other and, on the basis of the verbal representation and written documentation provided and deliberations among themselves, shall decide:

- 1) There is sufficient evidence to satisfy any grounds for an appeal, in which case the Appeals Panel shall vote to take one of the following actions:
 - (a) Overturn either the decision and/or the sanction/s imposed by the Sitting Committee
 - (b) Modify the sanction/s imposed
 - (c) Allow for a re-hearing
- 2) There is sufficient evidence to uphold the original Sitting Committee decision and sanction/s, in which case these decisions and sanctions will be accepted and adopted.

15.3 Notification

15.3.1 The Chair of the Appeals Panel will notify the Chair of BAPT in writing of the decision of the Appeals Panel;

15.3.2 The Chair of BAPT shall inform the Respondent and the Complainant of the Appeals Panel's decision.

15.3.3 The decision of the Appeals Panel shall be final.

16. LAPSED MEMBERSHIP

Failure to renew membership or resignation of membership to BAPT during a complaints investigation will not terminate or invalidate the process of the Complaints Procedure.

17. EFFECTIVE DATE

The Complaints Procedure of the BAPT will apply to all complaints received after 10th June 2008 and shall replace all previous Complaints Procedures.

18. SUPPORT FOR RESPONDENTS

18.1 BAPT recommends that all members who become the subject of a complaint should be supported and have the entitlement to select the manner of support they require during the course of the enquiry into the complaint against them. This help and advice may be provided by a member of the Board provided that such member of the Board informs the Chair of their involvement and does not become a member of the Committee, Sitting Committee and/or Appeals Panel whilst the complaint is subject to these procedures. Support may be provided by an ordinary member of BAPT, subject to the same exclusions from involvement in the complaint procedures.

18.2 The Chair should provide protection for members of the association in the face of fictitious and persistent complaints.

18.3 Written guidance should be provided to all members of BAPT which describes the Complaints Procedure and their rights and responsibilities within it.

19. CONSIDERATION OF DIVERSITY ISSUES

The principle and practice of maintaining and upholding equality in respect of ethnic, cultural and religious diversity, gender, age and sexual orientation shall be maintained throughout the Complaints Procedure to enable those conducting complaints to be alert to the possibility of discrimination in the initiation of the complaint and within the investigatory process itself. The Complaints

Procedure adheres to a clear condemnation of oppressive and discriminatory behaviour, and it is BAPT's determination neither to collude nor to tolerate such behaviour in any form.

NOTES

NOTES

Set up in 1992, BAPT aims to promote and develop standards of training and practice in Play Therapy, to encourage sharing of information, experience and skills and to provide a national resource for its members. For over 16 years BAPT has provided support, guidance and professional validation for Play Therapists and Training Institutions. Throughout each year, BAPT offers regular newsletters, training information, conferences, guidance on professional issues and many other essential tools for qualified, student and prospective Play Therapists.

In 2005 BAPT was registered as a Company Limited by Guarantee. In 2006 it was awarded Charity Status, with the object: "To relieve the needs of children, young people and adults suffering emotional and behavioural difficulties by promoting the art and science of Play Therapy and promoting high standards in the practice of Play Therapy for the public benefit".

For further information, please contact BAPT at:

BAPT

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An
Ethical Basis for
Good Practice
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