

Relate Code of Ethics & Practice

Title of Document:	Relate Code of Ethics and Practice
Type of Document:	This is a corporate document – i.e. it applies across all areas of Relate service delivery.
Who is this Document for:	All staff and volunteers, who deliver services to clients
Date Document approved:	18 th July 2018
Review Date:	March 2022
This policy should be read alongside:	Relate Code of Conduct. Clinical Supervision & Consultation Policy. Equal Opportunities Policy. Whistleblowing Policy.
Lead Director:	Ben Collins, Director of Services
Policy Lead / Author:	Senior Practice Team
Date / Version	18.7.2018. v 1.0

Relate Code of Ethics & Practice

- 1.** This Code of Ethics and Practice applies to any activity that a practitioner working for a Relate Centre/Area or Relate National undertakes professionally or personally which may affect their professional practice either directly or indirectly with all clients who receive a service from Relate.

2. Terminology

- 2.1. For ease of expression 'counselling' is used in this document to cover the activities of counselling, psychosexual therapy, and other therapeutic interactions with clients undertaken by Relate practitioners with adult individuals and couples; children, young people and families.
- 2.2. For clarity and ease of expression, the third person plural pronoun is used in this document as a non-gendered pronoun for "Practitioner": so "they" is used for "she/he" and "their" for "her/his".
- 2.3. 'Relate' is used throughout to refer to a Relate Centre/Area or Relate National.

3. Introduction

- 3.1. This Code of Ethics and Practice applies to all practitioners delivering or supervising a service to clients for or on behalf of Relate.
- 3.2. All practitioners will be provided with this Code as part of their Induction. Practitioners will be required to sign a declaration that they have read and will comply with the latest version of the Code. A copy of the declaration will be retained by the practitioner and by Relate.
- 3.3. Practitioners are responsible for complying with the latest version of this Code.
- 3.4. Other Relate members of staff should familiarise themselves with this Code of Ethics and Practice and should adhere to Relate's policies and guidelines.

4. Universal ethical principles governing therapeutic work with clients

- 4.1. These principles are central to the BACP/COSRT/AFT approach to ethics and are widely acknowledged throughout the counselling sector.
- 4.2. **Trustworthiness:** Practitioners should act in a professional manner and in accordance with the trust placed in them by their clients. This includes ensuring that clients' expectations are appropriately explored and responded to.
- 4.3. **Autonomy:** Clients' autonomy and their right to be self-governing within therapy should be respected by practitioners working with them. However practitioners must appropriately use their professional judgement and experience to explore whether therapy is the most helpful and timely intervention.
- 4.4. **Beneficence:** Practitioners should commit to promoting the client's well-being, and to acting in the client's best interests based on professional assessment. An obligation to act in the best interests of a client may become paramount when working with clients whose capacity for autonomy is diminished because of immaturity, lack of understanding, extreme distress, serious disturbance or other significant personal constraints. Beneficence requires monitoring of outcomes and practice, using regular supervision and committing to updating practice through professional development.
- 4.5. **Non-maleficence:** Practitioners should commit to avoiding harm to clients through sexual, financial or any other form of client exploitation. Practitioners have an obligation to challenge, where appropriate, incompetence or malpractice in others.
- 4.6. **Justice:** All clients should be treated fairly and impartially and issues of diversity and equality should be considered in all aspects of their work. Practitioners must not allow their professional relationships with clients to be prejudiced by personal beliefs about a client's sex, age, colour, race, disability, sexuality, social, economic or immigration status, lifestyle, religion or culture.

5. Relate's Ethical Principles

- 5.1. Whilst it is acknowledged that the ethical principles listed above are applicable to all forms of therapeutic work with clients there are additional considerations that arise because of the work Relate undertakes when working with multiple clients e.g. couples and families. These include a commitment to:
- 5.2. Enhancing the quality of relationships between people where possible.

- 5.3. Prioritising the safety of clients and other vulnerable people over the provision of counselling when necessary. Relate promotes the ethos of 'safety before therapy' and in therapy with multiple clients this may mean at times that the risk faced by one person needs to be prioritised over the therapeutic need of another.
- 5.4. Contracting and ongoing case management must reflect the above and this means that while client autonomy is important it will not always be safe to offer work to the combination of people presenting. For example, Relate does not offer family counselling where there is Domestic Abuse between the adult couple but may see the couple for further assessment while offering young people counselling separately.
- 5.5. Changes to a contract requested by an individual client need to be considered in the context of the welfare of all the clients. For example, a lone client wanting to now move to couple counselling could be problematic when trying to ensure neutrality. Options including transferring to a new practitioner and the length of the work need to be considered and consultation sought.
- 5.6. Risk assessment may not be safe or thorough when other people are present. therefore individual time with clients is important in all Relate services. In couple therapy the offer of individual sessions is mandatory and any requests from clients for individual time should be facilitated as standard practice in all services. Additional effort is made to speak to clients individually if cause for concern arises, for example a post session welfare call.
- 5.7. Practitioners will sometimes need to hold information that one person has shared. While their autonomy should be respected the impact of not sharing information that is pertinent to the joint work should be explored with the disclosing partner. Moving to individual work or ending the work may need to be considered. Supervision is important here in avoiding collusion and ensuring practitioners consider complex ethical issues while giving precedence to safe practice.
- 5.8. Mixed agendas are common when working with multiple clients. It is important to apply the ethical principles of beneficence and justice by working to establish a shared agenda in order for the couple or family work to be productive.
- 5.9. Maintaining an appropriate neutrality when working with couples and families. This means that where safety concerns expressed above are not present that we give equal weight to multiple truths and conflicting accounts.
- 5.10. Appreciating the variety of human experience and culture that contributes to how people make relationship choices. This means holding a non-judgemental approach to various relationship configurations when working with clients,

especially where they may be perceived by society as alternative, for example polyamorous. This requires practitioners to be aware of their own positioning in order to explore in supervision how to respond when their values are challenged by clients' presentations. It is not appropriate to take a moral stance on any relationship that presents.

6. Guidance on Ethical Practice

6.1. Fitness to Practise:

6.1.1. Physical, Psychological and emotional health and fitness to practise must be maintained at a level that ensures the provision of an effective service to clients.

6.1.2. A practitioner who is fit to practise should be able to demonstrate:

6.1.3. The capacity to effectively form and maintain a therapeutic alliance with clients

6.1.4. Emotional capacity, availability and robustness

6.1.5. Reflexivity and self-awareness

6.1.6. Effective use of supervision

6.2. A practitioner's fitness to practise in this regard will be monitored in the first instance by the practitioner and their supervisor who will involve the line manager when appropriate.

6.3. If the above is brought into question then:

6.3.1. Where a practitioner's effectiveness becomes impaired they should consider withdrawing from practice until their fitness to practise returns. Any decisions taken in such circumstances should be made in conjunction with their supervisor and line manager.

6.3.2. A situation may arise in which a practitioner does not recognise their own impaired ability to practise and in such circumstances the supervisor and line manager may recommend a temporary cessation of practice in order to protect the wellbeing of the practitioner and clients. HR advice should always be sought before any action is taken.

6.3.3. Where a line manager and/or supervisor, for whatever reason, becomes concerned about a practitioner's fitness to practise it is the responsibility of the line manager to access HR advice and act upon it regarding any required temporary cessation of practice, in order to protect the wellbeing of clients, the practitioner and reputation of Relate.

6.3.4. Safe practice requires high levels of reflexivity. All practitioners are expected to engage in activities that promote and maintain such a level of reflexivity in their professional work and to discuss how this can be achieved and maintained with their supervisor and others as applicable.

6.3.5. Practitioners must behave with honesty and integrity at all times, so that they justify the trust placed in them by clients, colleagues and other agency partners. They must ensure that their personal and professional behaviour and activities do not damage the public's confidence in them, in Relate or in the profession.

6.3.6. Practitioners who have a break in practice are responsible for ensuring that they are competent to practise when they return to work, following assessment and agreement with their supervisor and line manager. HR advice should be sought in this context.

7. Clinical Competence

7.1. Supervision is an essential part of assuring clinical competence. Practitioners must have regular and ongoing formal supervision for their clinical work to the level required by Relate (detailed in the Supervision Policy). Practitioners must only access this with a supervisor who is registered on the Relate Directory of Practitioners to provide supervision for the services the practitioner is delivering. This will ensure that Relate's clinical work can be quality controlled to maintain Relate's quality standards.

7.2. Supervisor Consultation is an essential and unique feature of Relate's quality assurance framework. Supervisors must engage with regular consultation for their supervisory work to the level required by Relate (see Clinical Supervision & Consultation Policy).

7.3. Practitioners should regularly monitor and review their work in supervision. This should include a periodic overview of their caseload and regular sampling of client records in order to quality assure practice and compliance with Relate policy.

7.4. Practitioners must recognise the boundaries and limitations of their expertise and knowledge. It is their responsibility to consult when they become aware that they may be reaching the limits of their competence and consider referral to a more appropriate Relate or external service.

- 7.5. Clients will be informed before receiving our service that Relate is a training organisation and that they may be seen by a practitioner in training. Qualified practitioners should be prepared to be transparent with clients regarding their qualifications when asked.
- 7.6. Practitioners should be aware of any legal requirements arising from their casework and must consult with the Practice Helpline and/or their supervisor and Manager when such issues arise.
- 7.7. Practitioners must undergo continuing professional development to the level required by Relate, in order to keep up to date with latest knowledge and respond to changing circumstances.

8. The Therapeutic Relationship

- 8.1. An agreed focus of work is an essential component of all therapeutic work but is of particular importance when working with couples and families. It is the responsibility of the practitioner to ensure that the focus of work is verbally agreed with clients and recorded in the client notes.
- 8.2. When working with multiple clients the forming of a therapeutic relationship with each person is particularly important and can be complex. Practitioners need to be aware of, and manage, their own responses to individual clients whilst maintaining the relational focus. Additionally unconscious dynamics such as transference and projection can impact negatively on neutrality and need to be explored in supervision.
- 8.3. Practitioners commit to respect, protect and preserve the confidentiality of each individual client. There may, however, be circumstances where a disclosure report is made to the appropriate person or authority. The disclosure report will be limited to relevant and essential information. Such a disclosure report should only be made following consultation with a supervisor, Manager or the Practice Helpline. In exceptional circumstances when disclosure is necessary without prior consultation discussion about the decision should occur as soon as possible thereafter.
- 8.4. Practitioners must safeguard the anonymity of clients when any form of publication of clinical material is considered and should always obtain verifiable consent where the anonymity of a client may be compromised. On occasion when Relate practitioners are undertaking additional training external to Relate it may be necessary to discuss or present case material. If this is required, care should be taken to anonymise the material so that individuals and their difficulties cannot be

recognised and that all such presentations are treated respectfully. Practitioners must discuss such situations with their supervisor and/or Manager.

- 8.5. Practitioners must not abuse or exploit their client's trust in order to gain sexual, emotional, financial or any other kind of personal advantage. Relate works with its clients' relationships and so it is extremely important that the counselling relationship between client and practitioner is of the highest possible level of trust and integrity. It is therefore not acceptable for a Relate practitioner to engage in sexual relations with anyone who is or has been their own client. 'Sexual relations' includes intercourse, any other type of sexual activity or sexualised behaviour. This also applies to supervisors and their ex-supervisees.
- 8.6. Practitioners should not enter into personal or business relationships with clients and should think carefully about, and exercise considerable caution before entering into such relationships with former clients. If such relationships are being considered the practitioner should always discuss their intentions with their supervisor, who may if appropriate, share the information with the Manager.
- 8.7. Practitioners should ensure that they have carefully considered the implications of any dual or multiple relationships with other Relate personnel. The potential personal and professional consequences should be fully explored, discussed and agreed with a supervisor or line manager.

9. Organisational Issues

- 9.1. Record Keeping: Record keeping is necessary and expected in order to evidence good practice. Arrangements for the safekeeping and, where necessary, transportation of client records must be in line with current legal requirements, Relate Policy and practice guidance.
- 9.2. Concurrent working: Practitioners working outside Relate either in private practice or for other agencies must not work concurrently with their Relate clients. If a client wishes to contact the practitioner in their private capacity at the end of a Relate contract of work a 6 month period should have elapsed before the private contract commences. There may be exceptions to this protocol but these must be thoroughly discussed and agreed with the Manager.
- 9.3. Advertising: Practitioners working outside Relate need to give careful thought to how they describe themselves when advertising their private practices and must not give misleading information regarding their Relate training, or qualifications. Clients approaching a Relate trained practitioner in their private capacity must be given clear information that the practitioner is not providing a Relate service.

- 9.4. Accountability and candour: Practitioners, supervisors and managers should engage in activity to monitor the effects and impact of interventions upon clients.
- 9.5. Research: Relate takes a positive approach to clinical research and may invite users of our services to participate in research activity or for anonymised data to be used for research purposes. The principles of transparency, informed consent and client autonomy will define these activities. All research activity should be subject to some form of research ethics scrutiny prior to commencement.

10. Professional Integrity

- 10.1 Small tokens of appreciation such as flowers, chocolates and cards are acceptable at the close of therapy. However practitioners need to be cautious about accepting gifts from clients at earlier stages of therapy and should explore the meaning of these with them and in supervision.
Items of greater financial value should be generally refused or only accepted in the form of a donation to the centre/area.
- 10.2 In recent years the counselling profession has had to consider the impact of online behaviour and social media on both the counselling process and the practitioner-client relationship. Online contact falls outside of the professional relationship and contract with clients. Practitioners should not have contact with clients via social media nor search for information about them online. If contact is initiated by the client, for example, via a Facebook/LinkedIn request to add a client as a friend, such requests should be declined and addressed in the next session with the client depending upon who else is present.
- 10.3 The other issue for careful consideration is how practitioners' personal use of social media could affect the therapeutic relationship; whilst they may engage in social media activity for personal use they should be mindful of how their online behaviour could be perceived by clients. Practitioners should be fully aware of privacy settings and other mechanisms that limit accessibility to their personal material online.