



# Treating children

As the number of children seeking holistic, sports and beauty treatments continues to rise, therapists need to be asking themselves whether it is safe or appropriate to treat a client under the age of sixteen ...

If you have not yet been asked to treat someone under the age of 16, it will simply be a matter of time until you are. Whether it is pollution, poor diet, problems at home, peer pressure, or *Pop Idol* to blame, more children are visiting the treatment couch than ever before. Some of these children have genuine reasons for wanting a treatment, such as the little boy whose eczema has flared up because Mummy has had a new baby, or the girl who is being teased at school because of her dark facial hair. Others, however, simply want bronzed limbs or body piercings, so that they can impress their friends or make a personal statement. But whether these pint-sized clients appear to have genuine needs or not, the responsible therapist has a lot to consider before they agree to carry out a treatment ...

## 1. How old does the child have to be?

At the moment there is no legal minimum age at which a person can receive a holistic, sports or beauty treatment. However, therapists intending to treat someone under the age of 16 need to ensure that they are practising in accordance to a number of Government Guidelines and Acts<sup>1-3</sup> that are concerned with the welfare and safety of children. [As this article can only provide an overview of matters relating to the treatment of children, Members are strongly advised to carry out further research into this area if it is likely to affect their practice as a therapist.]

## 2. Do I need the child's consent?

Yes. It is important to establish that the child wants the treatment on a **voluntary** basis, and that they have not been pushed into making a decision by an over-bearing parent or guardian. If the child makes any indication that they do not wish to have a treatment, then you should not treat them under any circumstances.

## 3. Do I need written consent?

The law does not yet state that consent needs to be given in writing, but in the event of a legal battle, it may help your defence if the young client has signed their consultation form. However, a signature alone indicates very little. Consent, written or otherwise, is only valid if the client has a clear understanding of:

- what the treatment will involve
- the possible benefits and risks (including contra-actions)
- the alternatives, if there are any.

As the therapist, it is your responsibility to ensure that the young client understands all of the above *before* they consent to treatment. This means providing a simple but thorough and honest explanation of what to expect before, during, and after treatment. If it helps, show them the products you will use, and give them a 'taster' of what the treatment will feel like, particularly if it is likely to involve a degree of pain (e.g. waxing).

Providing written information that they can look through and discuss with their parents at home may also be useful. Make it clear to the client that they are entitled to change their mind at any point during the treatment. Asking them if they are 'OK' and 'comfortable' throughout the treatment is also good practice, as you are then giving the client the opportunity to query or stop the treatment if they are at all unhappy.

## 4. What if the child changes their mind?

Quite simply, the therapist needs to abandon the treatment as soon as it is practical to do so. This could well mean that the client is left with just one ear pierced, or half a leg waxed, but your priority is not to get the job 'finished' - it is

to uphold the health, safety and well-being of the client.

## 5. What if the child is physically unable to give consent?

According to the Department of Health's (DOH) *Reference Guide to Consent for Examination or Treatment*<sup>4</sup>, aimed at health care professionals: "Where a child lacks capacity to consent, consent can be given on their behalf by any one person with parental responsibility or by the court [...] The power to consent must be exercised according to the 'welfare principle': that the child's 'welfare' or 'best interests' must be paramount. Even where a child lacks capacity to consent on their own behalf, it is good practice to involve the child as much as possible in the decision-making process."<sup>1</sup> This would apply in special instances, e.g. if the child has a severe learning disability, and the parent wishes them to have a holistic treatment.

## 6. Do I need parental consent?

Yes. Unit M74, Element 4, of all VTCT Qualifications states that: "a minor should not be examined or treated unless a parent or guardian is present or has given written permission". Indeed, this is a sensible precaution, even if you are *not* VTCT qualified. As is the case with the young client, ensure that the *parent* fully understands what the treatment will involve. If the parent is not accompanying the child to the consultation/ treatment (see section 8), then written permission from that parent can be in the form of a letter.

## 7. What if I'm not convinced that the parent has provided written consent?

Under these circumstances, it would not be unreasonable to contact the parent by telephone to confirm that they have read and completed the letter themselves.

## 8. Does the child need to be chaperoned during the treatment?

Yes. Never be alone with someone under the age of 16, irrespective of whether you are providing a manicure, an initial consultation, or an aromatherapy massage. For your own protection, you need an adult to witness your actions at all times. The chaperone does not necessarily have to be the child's parent, but should be a responsible adult. If you are working on a child in a public context, where there are lots of adults and witnesses present (e.g. in a college salon or on a football pitch), then a personal chaperone is not necessary. However, you do need to advise someone in close proximity that you are treating a client under the age of 16, and that you would like them to 'witness' the work you are carrying out.

## 9. Do I need to modify the treatment?

At FHT, we provide our Members with insurance cover for the practice of over 80 treatments. To discuss how each treatment should be modified would obviously be beyond the remit of this article - particularly as other variants will be involved (such as the age of the child, their medical history, physical and mental maturity, the experience of the therapist, and so on).

However, all therapists need to bear in mind that children are generally more sensitive than adults, and therefore most treatments will need to be modified in order to take this into account. It is always best to err on the side of caution, providing young clients with the most basic and gentlest of treatments to begin with, so that you can gauge their response. Therapists should also avoid any techniques that might be construed as 'invasive', and areas such as the groin, the buttocks, and chest should not be treated unless absolutely necessary, e.g. a sports therapist may be required to work on a groin injury in a young footballer.

Where appropriate, the young client should be given a patch test in order to highlight whether or not they have a sensitivity to the products you will be using. In particular,

Aromatherapists would be well advised to keep the use of essential oils to a minimum when massaging children. Stick to: the 'safe' oils; simple blends containing just one or two pure essential oils; a 1% dilution or less, depending on age. Don't forget there are safer, alternative ways to use essential oils - e.g. in a diffuser, inhalation, drops on the pillow, etc.

## 10. What if I feel a treatment is inappropriate, even if it is 'legal'?

Remember - you are not obliged to treat any client, irrespective of who has given consent (be this the client, their parent, or their GP). If you believe a treatment is unethical, inappropriate, or potentially unsafe for somebody under the age of 16, then do not carry out the treatment. Examples may include: piercing an infant's ears; performing a bikini wax; or the provision of UV treatments. In doubt, a good measuring stick is to ask the question: "will this treatment improve the well-being of the client?"

Some therapists worry that if they refuse to treat a young client on ethical grounds, that person may then go to someone else who is less professional, or even attempt to carry out the treatment on themselves.

However, this is not a good reason for giving a treatment against ethical or professional principles.

## 11. What if I think the child is the victim of abuse?

If the child discloses that they are being (or have been) abused, the therapist has a moral and professional obligation to report this to the appropriate authorities. If you are a student or employee, you should inform your lecturer or employer, who will then take appropriate action (e.g. contact the local social services or the NSPCC). If you are self-employed, or in any doubt about who to report your concerns to, call the NSPCC Child Protection Helpline for confidential advice on: 0808 800 500. Therapists SHOULD NOT quiz the young client themselves. While it would be acceptable to make a comment such as 'that's an unusual

bruise', the therapist must not pursue the matter if the child doesn't share any details. It is also important not to jump to conclusions - bruises may be the result of a fall during play time, and withdrawn, or edgy behaviour may indicate that they are nervous about the treatment. Always try to put the child at ease, but do not make physical contact with them unless it is a necessary part of the treatment. Try to steer the young client away from inappropriate behaviour, such as cuddles or play-fighting. This may sound harsh, but you have a responsibility to protect the interests of both you and your client.

## 12. Do I need to have a 'police check' to work with children?

If you are employed by, or working under the 'banner' of, an organisation that is registered with the Criminal Records Bureau (CRB), you may be asked to apply for a 'Standard' or 'Enhanced Disclosure'. This is quite the norm if you are working for example in a college, hospital, or junior athletics club, where your work would involve contact with persons under the age of 16, or vulnerable adults. At present, therapists are unable to apply for any level of Disclosure on a voluntary basis - though this will be possible when the CRB introduce the 'Basic Disclosure' service some time in the future. However, this level of Disclosure will only contain information relating to 'unspent' criminal convictions. For more information, visit the CRB website and related links at: [www.crb.gov.uk](http://www.crb.gov.uk), or call their Information Line on: 0870 9090 811.

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1 DOH: "Reference guide to consent for examination or treatment"; Ref. no. 24811; March 2001. A free copy can be ordered from the DOH Publications Line on Tel: 08701 555 455, or downloaded from: [www.doh.gov.uk/consent/refguide.pdf](http://www.doh.gov.uk/consent/refguide.pdf)

2 DOH: "Seeking consent: working with children" Ref. no. 25752; Nov 2001. A free copy can be ordered from the DOH Publications Order Line on Tel.: 08701 555 455, or downloaded from: [www.doh.gov.uk/consent/guidance.htm](http://www.doh.gov.uk/consent/guidance.htm)

3 Relevant Acts in the UK include: Children Act 1989; Social Service Act 1970 (Section 7); Protection of Children Act 1999; Youth Justice and Criminal Evidence Act 1999; Care Standards Act 2000; The Children (Leaving Care) Act 2000; ECHR (Human Rights Act 1998); Sex Offenders Act 1997;